FamilyWelfare

# ANNUAL REPORT

& ACCOUNTS 2018



## CELEBRATING 60 YEARS

SINCE 1958

# Mission

**Wigan Family Welfare provides a high standard of service and support to vulnerable people of all faiths and none, through counselling, advocacy and community development.**

## Aims and purposes

We are a long established Christian organisation whose membership is drawn from across the Churches and Communities of the Wigan Borough. Working in partnership we seek to serve the whole community, of all faiths and none, by celebrating the gift of family life in all its variety and helping heal where it is bruised and broken.

The services we offer focus on support for families, and their individual members, in all the situations of modern life from birth to death. This can mean helping rediscover what is life giving in the family environment or, when necessary, helping individuals value themselves in new circumstances.

## Our service to individuals and families is:

- Respecting the Individual
- Respecting family life as we encounter it in all its variety and imperfection
- Strengthening Communities
- Working in Partnership
- Identifying and using local resources effectively
- Learning from experience
- Remaining independent in the face of changing times

We believe that by working together and planning ahead we can achieve better and more accessible services to make the Borough a better place for all.

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# The structure of the organisation

# Our organisation engages with a wide range of stakeholders.




**Chairman**
Fr Conor Stainton-Polland

**Treasurer**
Alan Johnson

**Trustees**
Revd Will Gibbons
Cameron Latham
Jessica Murdoch
Sara Cole

**Advisors to the Board**
Legal – Mr Gary Shepherd, Alker, Ball, Healds Solicitors
I.T – RatwareUK Limited
Telephone System – Elantelecom Ltd
Brand Management - Zerogap Creative Marketing Ltd
Database Management – Bespoke Internet

# Chair's report

**I was looking at a timeline of 1959, 60 years ago, to see what was going on when this organisation had its first AGM. Well aside from little things like John XXIII calling the second Vatican Council, Fidel Castro taking over Cuba and GI Elvis almost being kidnapped by the Russians at the East German border it seems not much happened.**

As I read on though I came across a quotation from then US President Eisenhower, in the days before twitter President's used to actually speak in comprehensible sentences you see, and Dwight said the following:

**"Men make history and not the other way around. In periods where there is no leadership, society stands still. Progress occurs when courageous, skilful leaders seize the opportunity to change things for the better."**

I paused and recalled another anniversary for the organisation this year, twenty years since Stuart Parsons became our Chief Executive Officer. That line on leadership seemed to me anapt reflection on the leadership Stuart has given the organisation during years when "history" might have left lesser leaders lost in its wake. We've had economic collapses, funding cuts, increases in competition, in fact revolutions in the whole way of working and funding our charity lives in. Now, look at this report, look around you at the AGM. Wigan Family Welfare has far from stood still, it has grown to help thousands in our borough through the hardest moments of life. From the child struggling at school to the elderly person facing confused the changes in their life. Leadership can be a lonely calling, decisions to be made will not suit everyone, sometimes we have to be shaken from our comfort zone. "Progress occurs when courageous, skilful leaders seize the opportunity to change things for the better" Look at the feedback we receive, look at the lives changes, look at the growth in outreach (already achieved and enthusiastically being planned) and I think it's fair to say we've been blessed in the leader we've had for the last twenty years. Stuart all that simply means is, thank you.



Fr Conor Stainton-Polland, Chair

# Chief Officers report

**Each year I relish this time when we are all writing reports for the Annual General Meeting. It forces me to stop for a while and reflect. As Chief Officer you can imagine I don't get much time to stop and take a deep breath these days. However, when I do it is always with great delight when I look back on another busy and fruitful year. In fact this moment of reflection this year is even more enjoyable by the very fact that this is my 20th year as Chief Officer of Wigan Churches Association for Family Welfare (or Wigan Family Welfare as it is now affectionately known) and it is also the 60th AGM for this exciting, vibrant and forward looking organisation.**

Much has changed since I arrived at Evanshome with 3 other members of staff. At present, Wigan Family Welfare employ 29 individuals. I remember well arriving in August 1999 to work in a two up two down house in the middle of the Borough of Wigan. I was so important I had the back bedroom! We had one advocate, one counsellor and two part time admin staff.

After 20 years of funding entirely by the churches of Wigan and a further 20 years of funding by the Anglican Diocese of Liverpool a decision had been made in 1999 to end this funding. Many Organisations funded by the Anglican Diocese either changed or closed their doors for the last time. A leap of faith in Wigan meant that a Lottery bid had been put in by the then Board of Trustees and was successful. It was then that I arrived. I had three years to make Wigan Churches Association for Family Welfare a success or see it close after 43 years of service to the families of the Wigan Borough. A heavy responsibility indeed. However, the project was so successful that I was able to secure another three years from the Lottery.

At my sixth year point after Lottery funding had ended, this marvellous Organisation was at the stage of being independent of charitable trusts. It has worked ever since using commissioning to become this professional, forward looking and proactive Organisation it is today. Each year it reinvests any surplus it makes back into its communities by increasing its services.

In my first year we worked with 400 people. In 2018 we worked with 2772. It is with great pleasure and humility that I can state that in my time with "Wigan Family Welfare" the organisation has worked with 41,859 individuals and families. In total since I have been Chief Officer the Organisation has provided approximately 134,000 individual face to face sessions to help people. This doesn't include all the pain staking work behind the scenes of admin, typing case notes and telephone calls. Our DNA rate for the whole service has never been above 7% and in my 20 years we have never had a higher cancellation rate than 6%. This is a 20 year comparison.

Clearly our model of working has stood the test of time and has proved effective both to the families we work with and cost effective to all who commission us.

It has been an honour to be the head of an organisation that has touched so many people's lives and in turn how many of others' lives have been touched as a result. The ripples of the work we do continue to help so many lives.

**Wigan Family Welfare has worked with**

**41,859**

**individuals and families in the last 20 years.**

I have worked with many Board members and had the pleasure and honour of working with excellent Chairs. I have also seen staff who have come to us as volunteers or trainees grow in ability, confidence and commitment to this Organisation. Staff who start as part time workers moving into full time employment. Staff moving up to become senior workers and managers. We sometimes forget the chances given to people inside the Organisation and the lives changed as a result. **Continued...**

# Continued...

When I look back at this journey from there until now, much has changed. Both inside the organisation and outside. It is the outside that has often affected so much of the inside. The economic crisis, restructuring, politics, all has an impact on this little charity diligently working away to make a difference to families in Wigan. In the Borough of Wigan over the years Wigan Family Welfare has adapted, changed, morphed, shrunk and grew. It has shown it can adapt to change and be a valued partner in a variety of settings. All of the work and adaptability would not have been possible without my Board of Trustees, Managers, staff and volunteers. When I look back on those I have known and some who are not with us anymore my heart is glad to have known them. I too have grown as a person for their guidance and friendship.

In my time I have worked in 3 offices, Evanshome, St Nathaniel's and finally for the last 11 years, St Catharine's. It now looks like I will be adding another name to my list as we will be moving soon. Sadly I wish I could give you the name of our new offices but to date we do not have one.

As well as all the hard work in 2018, with 2772 people seen, we have forged new links and even stronger partnerships. I can honestly say that the organisation has a great reputation within Wigan and especially in 2018 we began to gain the reputation beyond our borders. With the power increasingly invested in Greater Manchester institutions, Wigan Family Welfare has taken the opportunity to work closer with partnerships further afield. This opportunity has allowed us to share good practice and improve the services we offer to an even greater extent. For me, it has allowed me to reflect on the service we offer and I am proud to say we match up well with the best of what Greater Manchester can offer.

The increased partnerships and the pending move has made the organisation look forward to a view of how can we future proof the organisation in a changing world? How can we improve on an already excellent service?

There is no question that change is inevitable and even more is on the way. Let's embrace it and take advantage of the opportunities it gives us. Even though we haven't moved yet it hasn't stopped us looking at ways in which we can take advantage of the move and streamline the services we offer. More efficient and effective, new ways of working, more agile working, less accommodation space and even more sessions being offered in the community.

**2018 has been an exciting time as we begin for positive change. 2019 will be even more exciting. A positive challenge to take advantage of.**

The last 20 years has been a life's work. Touching so many lives. Making a real difference. This work has not finished yet. As I end this report, I can't help but smile and think of the lives we can still touch, those we can still help. I am thankful for the opportunity to be of service.

As my Chair Father Conor said last year, on the day of reckoning when the Lord asks me what I have done with my life. I will look up and smile and say "I worked for Wigan Family Welfare".



Stuart Parsons, Chief Officer

**In 2018 Wigan Welfare helped over**

**2,772**

**people in the borough.**



# Annual Statistics

**28%**

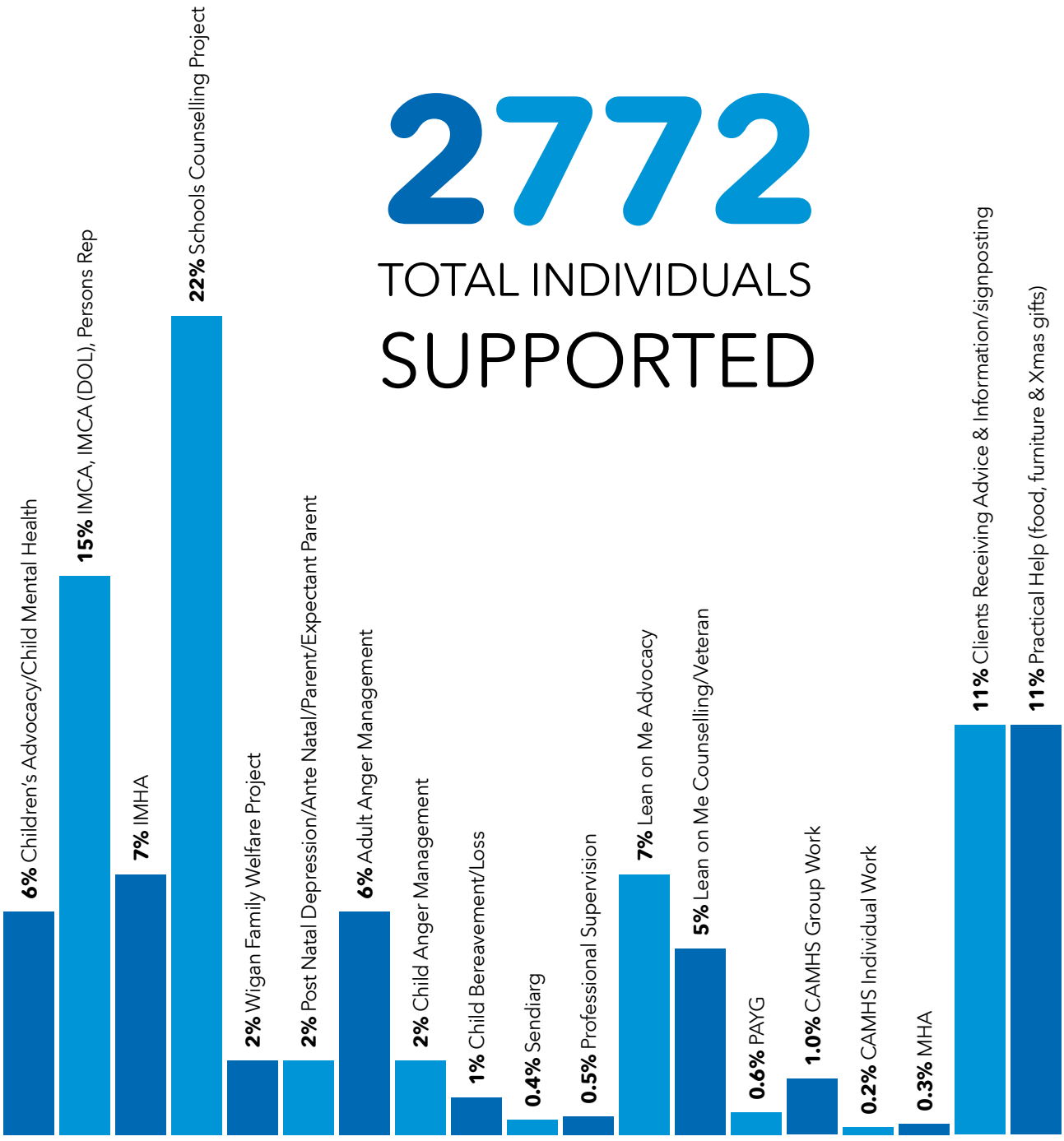
of our referrals are from Leigh, Atherton, Tyldesley, Astley and Westhoughton areas.

# Referrals for Jan/Dec 2018

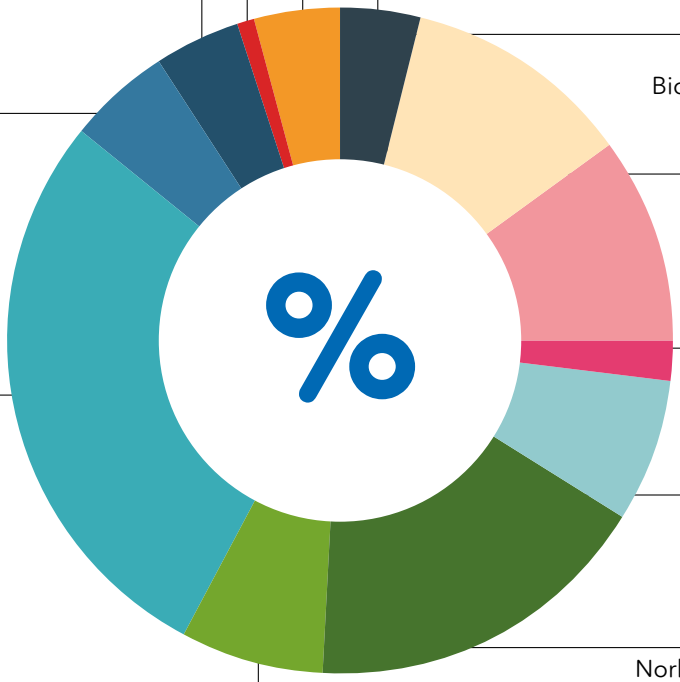
We strive to **improve** our results each year.

**2772**

TOTAL INDIVIDUALS SUPPORTED



# Areas covered




**1%**
Farnworth, Bolton

**4%**
Orrell, Billinge, Upholland

**5%**
Lower Ince, Platt Bridge, Springview, Abram

**28%**
Leigh, Atherton, Tyldesley, Astley, Westhoughton

**6%**
Standish, Shevington, Aspull, New Springs, Appley Bridge

**2%**
Outside Wigan Metropolitan Area not known

**11%**
Higher Ince, Hindley, Hindley Green

**10%**
Ashton, Bryn, Garswood, Bickershaw, Golborne, Lowton

**2%**
Worsley Mesnes, Highfield, Winstanley, Goose Green, Poolstock

**7%**
Norley Hall, Worsley Hall, Marsh Green, Kitt Green, Pemberton

**17%**
Scholes, Beech Hill, Swinley Whelley, Wigan

**7%**
Norley Hall, Worsley Hall, Marsh Green, Kitt Green, Pemberton

"The services we offer focus on support for families, and their individual members, in all the situations of modern life from birth to death. This can mean helping rediscover what is life giving in the family environment or, when necessary, helping individuals value themselves in new circumstances."

Stuart Parsons, Chair

# Our projects in more detail

We achieved a total of

**290**

SESSIONS SUPPORTING CHILD ANGER

We achieved a total of

**6,594**

SCHOOL COUNSELLING SERVICE SESSIONS

| Schools Counselling Service | |
|---|---|
| Admin | 622 |
| Cancellation | 66 |
| Casework | 39 |
| DNA | 62 |
| Session | 6444 |
| Telephone Contact | 15 |
| Drop in Session | 22 |
| **Total Sessions Offered** | 6594 |
| **DNA Rate** | 1% |
| **Cancellation Rate** | 1% |

| Child Bereavement/Loss | |
|---|---|
| Admin | 21 |
| Cancellation | 15 |
| DNA | 24 |
| Session | 251 |
| Telephone Contact | 7 |
| **Total Sessions Offered** | 318 |
| **DNA Rate** | 7.5% |
| **Cancellation Rate** | 13.5% |

| Children's Mental Health Advocacy | |
|---|---|
| Admin | 2 |
| Agency or Committee Meeting | 26 |
| Case Work | 16 |
| Home Visit | 18 |
| School Visit | 27 |
| Telephone Contact | 30 |

| Post Natal Depression/Ante Natal/ Parent, Expectant Parent | |
|---|---|
| Admin | 3 |
| Cancellation | 43 |
| Casework | 155 |
| DNA | 24 |
| Session | 251 |
| Telephone Contact | 7 |
| **Total Sessions Offered** | 318 |
| **DNA Rate** | 7.5% |
| **Cancellation Rate** | 13.5% |

| Child Anger | |
|---|---|
| Admin | 52 |
| Cancellation | 12 |
| DNA | 10 |
| Session | 268 |
| Telephone Contact | 14 |
| **Total Sessions Offered** | 290 |
| **DNA Rate** | 3.4% |
| **Cancellation Rate** | 4.1% |

| Lean On Me Advocacy | |
|---|---|
| Admin | 192 |
| Case Work | 600 |
| Home Visit | 326 |
| Telephone Contact | 1094 |
| Travel Time | 167 |
| Other | 182 |

| CAMHS Individual Counselling | |
|---|---|
| Admin | 42 |
| Casework | 10 |
| School Visit | 2 |
| Cancellation | 9 |
| DNA | 6 |
| Session | 209 |
| Telephone Contact | 45 |
| **Total Sessions Offered** | 224 |
| **DNA Rate** | 2.6% |
| **Cancellation Rate** | 4% |

| Sendiarg Advocacy | |
|---|---|
| Agency Meeting | 4 |
| Casework | 4 |
| School Visit | 1 |

| Children's Advocacy | |
|---|---|
| Admin | 21 |
| Agency or Committee Meeting | 105 |
| Case Work | 118 |
| CPPC | 2 |
| Home Visit | 80 |
| LAC Review | 4 |
| Office Meeting | 5 |
| Telephone Contact | 87 |
| School Visit | 127 |

| PAYG | |
|---|---|
| Admin | 5 |
| Cancellation | 5 |
| DNA | 1 |
| Meeting Parents | 2 |
| Session | 95 |
| **Total Sessions Offered** | 101 |
| **DNA Rate** | 1% |
| **Cancellation Rate** | 4.9% |

| Wigan Family Welfare | |
|---|---|
| Admin | 88 |
| Cancellation | 59 |
| DNA | 37 |
| Session | 325 |
| **Total Sessions Offered** | 421 |
| **DNA Rate** | 8.7% |
| **Cancellation Rate** | 14% |

| Adult Anger Management | |
|---|---|
| Admin | 376 |
| Cancellation | 91 |
| Casework | 1 |
| DNA | 60 |
| Session | 461 |
| Telephone Contact | 9 |
| **Total Sessions Offered** | 612 |
| **DNA Rate** | 9.8% |
| **Cancellation Rate** | 14.8% |

| Lean On Me CBT Counselling | |
|---|---|
| Admin | **249** |
| Cancellation | **66** |
| DNA | **41** |
| Session | **338** |
| Telephone Contact | **15** |
| **Total Sessions Offered** | **445** |
| **DNA Rate** | **9.2%** |
| **Cancellation Rate** | **14.8%** |

| Lean On Me Veteran Counselling | |
|---|---|
| Admin | **19** |
| Cancellation | **12** |
| DNA | **12** |
| Session | **106** |
| **Total Sessions Offered** | **130** |
| **DNA Rate** | **9.2%** |
| **Cancellation Rate** | **9.2%** |

| CAMHS Group Counselling | |
|---|---|
| Admin | **26** |
| Case Work | **26** |
| Home Visit | **14** |
| Cancellation | **0** |
| DNA | **1** |
| Session | **98** |
| Telephone Contact | **4** |
| **Total Sessions Offered** | **99** |
| **DNA Rate** | **1%** |
| **Cancellation Rate** | **0%** |

| Professional Supervision | |
|---|---|
| Professional Supervision | **8** |
| **Total Sessions Offered** | **8** |
| **DNA Rate** | **0%** |
| **Cancellation Rate** | **0%** |

We achieved a total of

# 612

ADULT ANGER MANAGEMENT SESSIONS

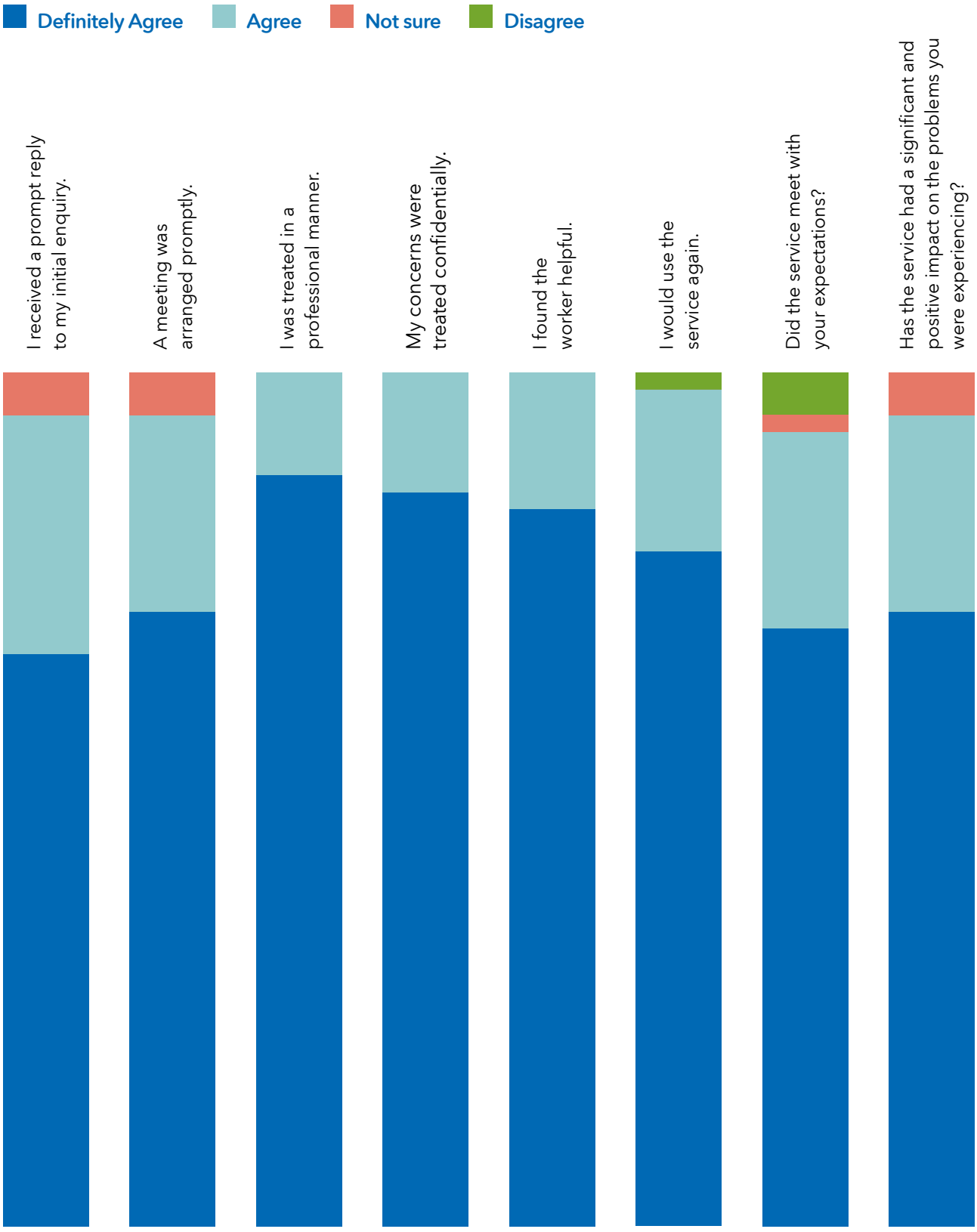
| IMCA | |
|---|---|
| Admin | **713** |
| Best Interest Meeting | **74** |
| Cancellation | **12** |
| Care Home Visit | **68** |
| Case Conference | **1** |
| Case Review | **19** |
| Casework | **64** |
| Home Visit | **88** |
| Hospital Visit | **40** |
| IMCA Report | **95** |
| Multi Disciplinary Meeting | **7** |
| Office Meeting | **3** |
| Preparation | **4** |
| Telephone Contact | **452** |
| Travel Time | **127** |
| Professionals Meeting | **3** |

| IMHA (DOL) | |
|---|---|
| Admin | **5** |
| Care Home Visit | **6** |
| Case Review | **2** |
| Casework | **2** |
| Telephone Contact | **12** |
| Travel Time | **2** |

| IMHA | |
|---|---|
| Travel | **2** |
| Admin | **244** |
| Best Interest Meeting | **12** |
| Case Review | **0** |
| Casework | **0** |
| Home Visit | **15** |
| Hospital Visit | **471** |
| Letters | **3** |
| Manager's Hearing | **1** |
| Multi Disciplinary Meeting | **1** |
| Telephone Contact | **130** |
| Ward Round | **109** |
| Professionals Meeting | **9** |

| Person's Representative | |
|---|---|
| Admin | **718** |
| Care Home Visit | **877** |
| Case Review | **103** |
| Case Work | **131** |
| IMCA/DOL Report | **4** |
| Telephone Contact | **437** |
| Travel | **383** |
| Best Interest Meeting | **8** |
| Safeguarding Meeting | **0** |

# Client feedback Jan/Dec 2018



# Referrer feedback Jan/Dec 2018

Definitely Agree | Agree | Not sure | Disagree

I received a prompt reply to my initial referral.

Whilst making the referral do you feel you were treated in a professional manner?

I found the person taking the referral helpful.

I would use the service again.



Wigan Family Welfare

HAS PROVIDED APPROXIMATELY

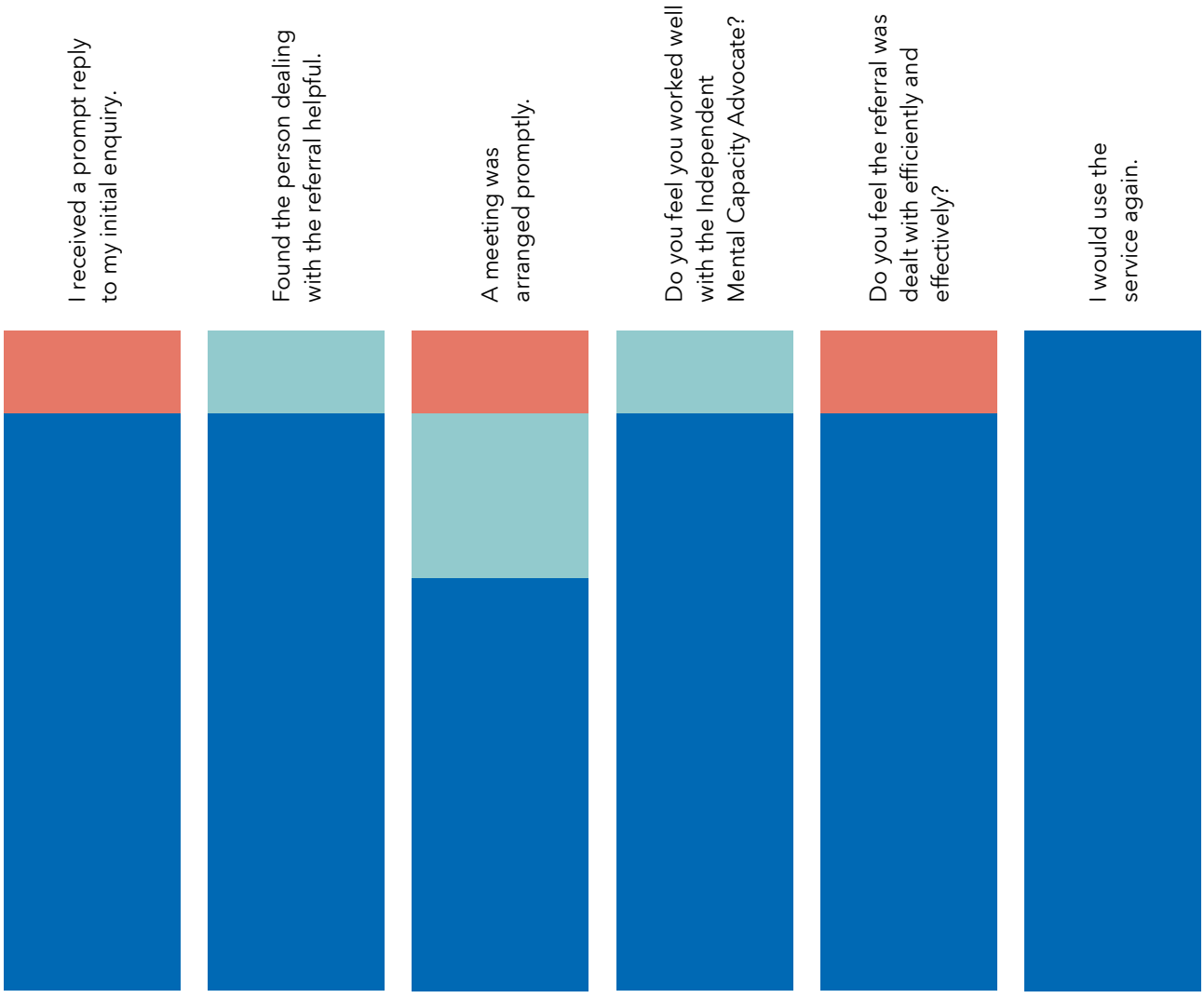
**134,000**

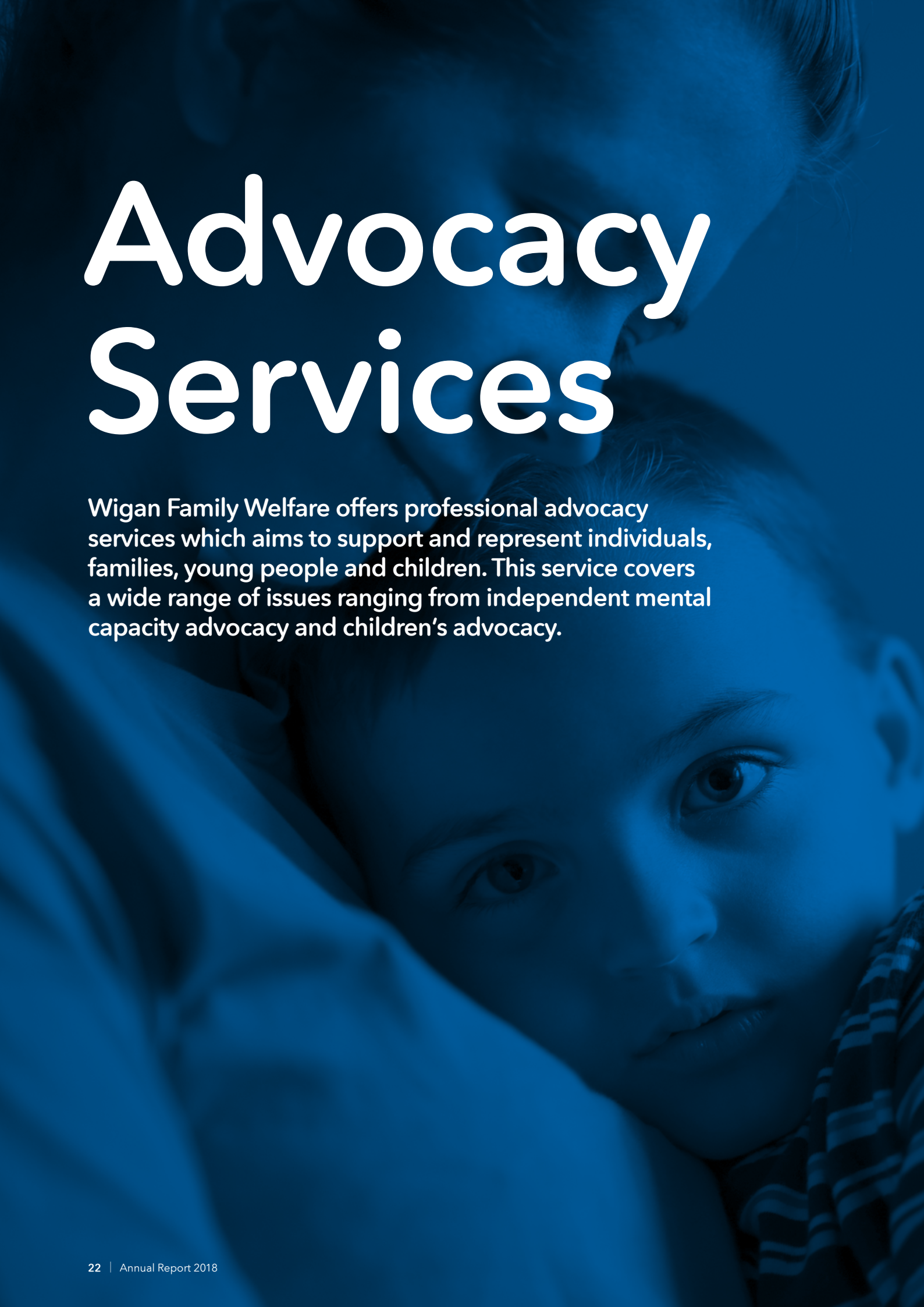
individual face to face sessions to help people in the last 20 years alone!

# IMCA feedback Jan/Dec 2018

Definitely Agree  Agree  Not sure  Disagree

OVER
**452** TELEPHONE CONVERSATIONS





# Advocacy Services

Wigan Family Welfare offers professional advocacy services which aims to support and represent individuals, families, young people and children. This service covers a wide range of issues ranging from independent mental capacity advocacy and children's advocacy.



# Advocacy Services Manager's report

Advocacy Manager

Sue Mapson

**It is hard to believe that almost a year has gone by since I was preparing to give an overview to the audience of our last AGM of the advocacy service at Wigan Family Welfare. We presented an explanation with slides of all the different advocacy roles, giving examples of case studies with a view of bringing to life our work and the support that we offer. There were also guest speakers who related their experience of either working with or receiving support from the advocacy service which was very powerful in highlighting the value of advocacy to partner agencies and individuals. The presentation was hugely successful and has received very positive feedback and much praise for the work of the service.**

So what of the year since, the latter part of it has been difficult in terms of meeting the demand for the Independent Mental Capacity Advocacy (IMCA) and Deprivation of Liberty Safeguards, (Dols) referrals. This was due to losing a member of staff and the rest of the team stepped up and covered the high case load for a further 3 months until the Local Authority agreed to further funding for a full time advocate and another IMCA came on board. The organisation had met the cost of providing additional IMCA support, (3 days) to meet the demand for two years previous to this which highlights the commitment from Wigan Family Welfare to the vulnerable people of the borough.

The work can become quite difficult and complex in terms of, for example serious medical treatment decisions that are often referred at very short notice due to the nature of the condition or often Do not attempt resuscitation orders. (DNAR's) which have to be prioritised. Some doctors and consultants are still not conversant with the Mental Capacity Act and the correct process is sometimes not followed which we will then take to the DNAR steering group for discussion and ways to improve. The group meets every 3 months and we are represented on the group along with other professionals involved in end of life decisions. Every person who is subject to a Dols must have a Relevant Persons Representative, (RPR). The RPR is described in the DoLs Code of Practice as a crucial role in the Dols process and the supervisory body must appoint an RPR for every person to whom they give a standard authorisation for deprivation of liberty. Our role as RPR is to:

Maintain contact with the relevant person and:

To represent and support the relevant person in all matters relating to the DoLs, including if appropriate, triggering a review, using an organisations complaints procedure on the persons behalf or making an application to the Court of Protection. Furthermore as RPR's or IMCA's we are often asked to act as Litigation friend in the Court of Protection for those who do not have capacity to litigate. Not only does this involve usually a full day in court but lots of preparation work beforehand, such as being certain of the clients wishes and feelings if possible to gain, liaising with solicitors and other professionals and preparing of a witness statement and ensuring that the client is at the centre of the process. Our work in the Court of Protection has increased this year, giving advocates a greater insight into how the court resolves these matters as well as vulnerable people being able to have their say in decisions that affect their lives.

We have delivered mental health advocacy in the borough for many years, but since 2007 advocacy was placed on a statutory footing. The Independent Mental Health Advocates, (IMHA's) are mainly based on the wards at Atherleigh park in Leigh, however they also meet with those on community treatment orders who live at home and also visit the independent hospitals. Their work is mostly supporting patients to have their say and advising them of their rights whilst detained. Advocates will attend ward rounds to meet with clinical staff and psychiatrists and spend time with the patients to discover any concerns or issues they may have.

We have also helped to train two student social workers, both on placement with our team who were keen to understand the Mental Capacity Act, the Mental Health Act and the Deprivation of Liberty Safeguards and how all three help to protect and empower vulnerable people and promote their human rights.

One of the trainee social workers had a particular interest in mental health so she gained insight and experience by shadowing the IMHA's and understanding not only what troubles those who are sectioned but also the role that advocacy can play in alleviating the concerns of those who are detained.

We have continued to offer training regarding our roles in the Mental Health Act, Mental Capacity Act and Dols and have presented this on the mental health wards as well as in care homes, hospices, hospitals and to the CCG matrons. This is ongoing and helps raise awareness of statutory advocacy as well as improving good practice amongst professionals.

The services we deliver are both statutory and non-statutory with the most recent being the Lean on Me project which commenced in 2017 and funded for 2 years. The aim of this project is to alleviate people's reliance on statutory services, such as emergency services, GP's, mental health etc. The project helps people who feel isolated, forgotten about or who are not aware of what help there is 'out there' for them, so continue to contact services that are not always appropriate for their needs. The project includes advocacy as well as counselling elements which include cognitive behavioural therapy and counselling for veterans, it will run for two years but will be extended if it can meet the criteria for lowering the demand and therefore reducing the burden on public services. The project has been very successful and we are waiting to learn if further funding is available to continue this service.

The other non-statutory project is Children's Advocacy, promoting the voice of the child in areas such as looked after children, child protection and mental health. Referrals were down in 2018, however this is explained and justified by Commissioners wishing us to work with more complex and substantive needs of children. Further justification is provided by the Advocacy Ambassadors training with care homes, equipping the key workers with knowledge to manage low level referrals and advocating on behalf of young people in their care thus lowering the demand for an Independent Advocate. As this has now been so successful the training is ready to be implemented in schools in the Wigan Borough. A further development is advocacy has been integrated into the working model of ATOM, a specialist team that work with young people in care aged 12 and over.

**The advocacy service at Wigan Family Welfare will continue to provide support within the Wigan Borough; with the focus on quality and professionalism evidenced by external quality marks such as the Quality Performance Mark, and will continue to aim to respond quickly and effectively to represent our individual clients' needs.**

This is made possible by the support from the team, my line manager Stuart Parsons who I am grateful to for his support and belief in me as a manager, the office manager Cath Lester and administrator Joanne for their help with all my IT issues and of course the advocacy team, Gemma, Susan, Smitha, Matthew, Danny and Stuart for all their very hard work, dedication and commitment over the last 12 months.

**"Their work is mostly supporting patients to have their say and advising them of their rights whilst detained.**

# Independent Mental Capacity Advocate (IMCA) report

IMCA

Susan Martindale

**The Independent Mental Capacity Service (IMCA) was set up by the Mental Capacity Act 2005 and implemented in 2007). Local Authorities and NHS Bodies have a legal duty to refer to the Service when decisions about long-term accommodation or serious medical treatment need to be made for someone who lacks the capacity to do this for themselves and they have no family or friends to represent them.**

The Independent Mental Capacity Service (IMCA) was set up by the Mental Capacity Act 2005 and implemented in 2007). Local Authorities and NHS Bodies have a legal duty to refer to the Service when decisions about long-term accommodation or serious medical treatment need to be made for someone who lacks the capacity to do this for themselves and they have no family or friends to represent them.

Independent Mental Capacity Advocates (IMCA) may also be involved in safeguarding cases or care reviews if they have on-going work with the person at that time. Some individuals may qualify for an IMCA if they have family members but they are not acting in the person's best interests or do not have any involvement in their life due to the distance between them or personal circumstances. This trend is likely to continue due to social changes in family life, fractured relationships and people moving away from their communities. These situations can be difficult as the IMCA needs to remain independent whilst gathering the views of everyone and avoid finding themselves in a position of mediator.

Wigan Family Welfare has a small team of specially trained Advocates who deliver the IMCA service throughout the Wigan Borough. The Advocacy Manager also carries a case load, keeps the Team informed of any changes brought about by case law and provides regular supervision. Our work takes place mainly in care homes, NHS settings across the Borough ,and sometimes peoples' homes. We continue to maintain a good working relationship with professionals involved in the care of individuals and those responsible for making decisions in someone's best interest. However, there is an acknowledgement that the IMCA may challenge decisions made which do not appear to be in a person's best interests or the least restrictive option. The IMCA must also ensure that the correct best interest process has been followed and all options explored.

The advocacy team responds quickly to referrals particularly when serious medical treatment is being considered or when patients are ready to be discharged from hospital to a permanent place of residence. Although our clients may the lack capacity to make such decisions themselves, the IMCA ensures their views are taken into account based on the available options. This can be challenging if the person has limited communication or they are unwilling to engage with us. Time is also spent gathering information from other sources and evaluating how the decision is likely to impact on the person's future quality of life. In doing this, the Advocate may find that they are in a position to suggest other alternatives for consideration.

Extensive research is often done by the IMCA when trying to understand the complexities of a medical condition and proposed treatments when a decision is being made about serious medical treatment. We ask questions of the Clinicians to try to evaluate how each option may affect the person's life and impact on their future well-being. Sometimes it is appropriate for an Advocate to request further tests before a decision is made or in a minority of cases ask for a second opinion. There have recently been concerns regarding the process used to apply 'Do no attempt cardio-pulmonary resuscitation' (DNACPR) in hospital settings which has highlighted the need for training and particularly when an IMCA should be involved. Training has also been delivered to members of the Clinical Commissioning Group (CCG) to clarify the use of the Mental Capacity Act (MCA) in their work and the IMCA role.

Similarly, staff in a number of care homes across the borough have benefited from training in carrying out capacity assessments and making best interest decisions for day to day care of their clients who lack capacity.

A total of 113 referrals were made to the service during 2018. Of these, 81 related to a change of accommodation, 10 for serious medical treatment (including end of life plans and Do not attempt cardio-pulmonary resuscitation), 2 care reviews and 5 safeguarding. Although the Service is for people who are 'unbefriended' i.e. have no family or friends, we have also supported people where there are family members but there is evidence that they are not working in the person's best interests or have little involvement with the person as they now live a distance away from the local area. These situations can be difficult as the IMCA needs to remain independent whilst gathering the views of everyone and avoid finding themselves in a position of mediator.

For accommodation decisions, there seems to be less options available to people due to increased demand e.g. rise in the number of people with dementia. This presents a challenge for the IMCA in terms of the pushing forward the person's wishes and feelings. There is close working with decision makers to ensure that everything is done in the person's best interests and in the least restrictive way. The work has often to be completed quickly due to the competition of secure properties in the community and obtaining Care Homes placements.

Whilst there is no statutory duty to involve an IMCA at the time of a medical emergency, we are often required to attend medical appointments and hospital ward rounds at short notice as decisions need to be made for individuals as soon as possible. The work may involve researching medical conditions and understanding treatment options in the context of someone's quality of life. There are still some issues around when to involve an IMCA if considering a 'Do not attempt resuscitation order' (DNAR) and the process to be used but we continue to work with health professionals to resolve these.

Other factors which have impacted on the Team during this period have been the amount of work from Deprivation of Liberty Safeguards authorisations (see separate Report) particularly Court work. We also lost a member of staff at the end of September and were unable to advertise for a replacement until the current Contracts were extended. Two student social workers have been able to assist with the visiting Clients subject to a DOLS, but time has also been spent ensuring they have the correct training and in addition to meeting their academic targets. We are grateful to the professionals who have provided opportunities for them to shadow during this time. Training continues to be available for all health professionals if it is felt they would benefit from this in terms of understanding the Mental Capacity Act and/or the role of the IMCA.

This year, a further 2 IMCAs have attained the City & Guilds Independent advocacy qualification (IAQ) including two specialist units covering Independent Mental Capacity Advocacy and the Deprivation of Liberty Safeguards.



**The IMCA service provided by Wigan Family Welfare is excellent and if there are any very serious cases that need an IMCA provided more quickly, they will try and provide this as much as possible.**

Advanced Practitioner

## CASE STUDY 1 / Accommodation

This Case involved a Client who had been hospitalised following a deterioration of her medical condition and a decision needed to be made about where her future needs could be met. Although the lady had a husband and adult children, the disagreements between them were such that it had been difficult for a decision to be made at a Best Interest meeting. All family members wanted the best for her, but were unwilling to work with each other to reach a compromise. The IMCA service accepted this referral because it was felt that the lady's wishes & feelings were getting 'lost' and it appeared difficult for her to maintain a healthy relationship with them all and this was important to her. The family's relationship with the Social Worker was fragile due to actions that had to be taken relation to safeguarding and finance.

The IMCA gathered the views of all family members and considered these in the context of what the client appeared to want, although this was not always clear. They also compared the care and support that could be provided in each of the proposed settings and how the client's long term needs could be met. By remaining independent, but liaising closely with the Social Work er it was possible to reach a solution which worked well for everyone – the lady's needs were met in a Care Home she seemed happy with and all the family could remain in regular contact with her.

## CASE STUDY 2 / Serious medical treatment

This case typically involved a hospital patient with swallowing difficulties. There was a proposal to provide an alternative method of feeding by way of a Percutaneous Endoscopic Gastronomy Tube (PEG) due to the risk of choking. The gentleman had a diagnosis of severe end stage Korsakoffs dementia/ psychosis with secondary diagnosis of advanced dementia. Prior to admission he was on a pureed diet and custard thick fluid with dietetic input.

The IMCA researched the proposed procedure in order to weigh up the likely benefits and burdens of inserting the PEG or resuming oral intake of food and drink. They spoke to a range of people including the Consultant, Speech & Language Therapist, Nutrition Nurse and Ward staff and also attempted to obtain the view of the Patient although this was not possible due to the extent of his cognitive decline and communication difficulties.

The IMCA's findings were considered by the clinical team when deciding what would be in the Patient's best interests. Although oral feeding/drinking presented risks of choking it was felt that in this instance it was the best option for this gentleman. This decision took into consideration the fact that he was in the late stages of a progressive illness and the PEG would not completely eliminate the risk of choking or prolong his life. The decision to 'Feed at Risk' meant that he could retain the pleasure of eating & drinking and would not need to undergo intrusive surgery along with the associated risks. The Patient was also able to be discharged back to the Care Home where he had been settled for a number of years.

**"The whole process in regards to best interest and least restrictive option progressed in a seamless fashion from start to finish.**

**Social Worker**



# Relevant Persons Representative report

Advocate

Gemma Copeland

**"It can't be that time of year again!" Was my response at being informed the 2018 Annual report was due, I seem to have blinked and there it is, a total of 9 years at Wigan Family Welfare is upon me.**

2018 has been a year that has seen an increase in the amount of Deprivation of Liberty Safeguards referrals going before the Court of Protection which indicates the complexities that we face as Relevant Persons Representatives.

When instructed to provide the RPR role in a particular complex case, we strive to resolve disagreements of where a person should live and be lawfully deprived of their liberty more informally through the best interest process. If this produces the same outcome and the person is still unhappy at being deprived of their liberty living in a care home that they are unhappy at then the RPR initiates the section21a appeals process to the Court of Protection. This means we have been using a variety of trained legal representatives including Solicitors and Barristers to challenge the Deprivation of Liberty Safeguards when it has been unsuccessful at being resolved at a more informal level. As Relevant Persons representative we ensure that the rights of the clients we support are put foremost and although the outcome they wish for is not always achieved it is about supporting them on their journey through the process.

During 2018 we have seen an increase in the amount of cases we have taken to the Court of Protection and ensure that people subject to the Deprivation of Liberty Safeguards Authorisation have had their rights upheld. In some circumstances this has produced a positive outcome and the person has either returned home with care they require or they have moved to a lesser restrictive environments. Unfortunately, it is not the case for all the people we support and the Judge at the Court of Protection will ultimately decide that it is in the person's best interest to be deprived of their liberty where the National Health Service, Clinical Commissioning Group or the Local Authority has decided to place them. In this case it is not the outcome that is focused on but the journey we have taken with the client and the process of having their voice heard.

## **CASE STUDY /** Court of protection

A long standing case of an 83 year old lady constantly objecting to residing in care home for 2 years now has been brought to the attention of the Court of Protection in November 2018. Prior to the Court Hearing a request to adjourn the hearing was submitted by the client's solicitor in order for proceedings to be paused to ascertain the client's wishes and feelings due to a recent deterioration with their diagnosis of dementia. The Judge denied this and was critical of the case being brought before her. The Barrister involved questioned why the RPR had not brought the case to the COP sooner. This has been an extremely complex case involving numerous best interests meetings prior to the initiation of the 21a appeal to the COP and gives some understanding of the challenges that an RPR faces. Due to a delay in transfer of the initial instructed solicitor from organisation to another, delay in legal aid, non-cooperation from family member and deterioration in clients dementia have all attributed to how the Judge perceived the case. RPR and Solicitor re-visited the client in the care home and gained the views required to move the case forward and ensure that it needed to be pursue at that formal level. The client continues to object and she is having her rights exercised as per the deprivation of liberty safeguards authorisation despite critique from those in a higher position. It was pursued at formal level and as a result of the client deteriorating and unable to return home the RPR acting as litigation friend had agreed with the Local Authority that it was in the best interests for her to remain at the care home.

Due to the high intake of RPR referrals and with agreement from the Supervisory Body, The RPR service continues to provide 6-8 weekly visits to those subject to a DOLS authorisation in order to meet demand. The Managing Authorities are becoming more and more aware of this and are informed that should circumstances change in-between these RPR visits they can contact Wigan Family Welfare and an additional visit can be made to ensure the Relevant Persons rights are still be upheld in-between visits. The organisation was commissioned with an additional day per week which commenced in January 2018 and this has already proven effective as we have no referrals on the waiting list currently and as result it has been agreed to continue for a further 18 months. We are the only advocacy service that provides the role outside of normal office hours and this has been beneficial provided emergency Independent Mental Capacity Advocate role at the hospital on a Saturday.

Recent case law is changing when an RPR is to apply to the Court of Protection (CoP). Collectively as a team we aim to remain current with relevant case law which improves the effectiveness of the RPR service delivered by the organisation. Lord Justice Baker and the cases of RD & ORS has provided general guidance that the RPR must consider whether the Relevant Person wishes or would want to apply to the CoP. The RPR must consider is The Relevant Persons behaviour constitute an objection and recognise that P may want to apply to the CoP even if they don't say so. As a result of this recent case law, the request for dols authorisation reviews are also on the increase as this attempts to achieve the least restrictive outcome in a more informal way. This is proving to be cost effective and utilising this more informal approach is more beneficial to the client as quite often they can become anxious when informed their challenge is being heard in the CoP due to a lack of understanding this is different from the Criminal Justice system. At the end of Dols authorisations we are continuing to liaise with the Best Interest Assessors and provide the feedback of the care home visits, advise if the Managing Authorities have met the conditions and the views of the Person that has been deprived.

Regarding Future objectives, Dols as we know it is changing. In July 2018, the Government published a Mental Capacity (Amendment) Bill, which if passed into law will reform the Deprivation of Liberty Safeguards (Dols), and replace them with a scheme known as the Liberty Protection Safeguards (although the term is not used in the Bill itself). It is predicted to when the Bill will be passed but it is in the process of many changes. These include looking at making dols more transferable from one place of residence to another and increasing the time frame that a dols can be authorised as currently it is a maximum of 12 months but if the bill is passed it could be increased to 3 years. The Bill also suggests that care home managers should have greater responsibility in assessing capacity and determining a dols should be applied for but this has been met with a negative response. Regarding the RPR/IMCA service for DOLS this will remain in place to ensure that people subject to being deprived of their liberty continue to have their rights upheld by having independent representation.

**A rise in Dols applications in England from 13,000 in 2013-14, to 227,400 in 2017-18, with a backlog of 125,630 at the end of the year was produced by the outcome of the Supreme Court Judgement in 2014 which lowered the threshold for what constituted a deprivation of liberty in care. The LPS is the government's way of dealing with this so we will have exciting times to come!**

# Independent Mental Health Advocacy (IMHA) report

Advocates

Smitha Shashidhara
Danny Hall

**The IMHA service has continued to place a strong focus on maintaining high levels of communication within the service. The project is shared between two Advocates, working three days and two days respectively and both Advocates have been essential in providing support quickly and efficiently. Occasions when one Advocate has not been available to attend a meeting due to prior appointments have been resolved through the other Advocate stepping in on their behalf.**

A trend which has seemed to re-occur throughout the year is that certain clients have preferred to work with a male or a female Advocate. The benefit of being able to meet this need has allowed for a smooth transition with allocating clients to the most appropriate Advocate and has meant that the clients have felt more comfortable throughout the process.

Wigan Family Welfare continues to support clients wishing to access the service whilst at the acute psychiatric wards, through home visits, as well as here at the office in a private and confidential setting. Although the other Advocacy projects are also operating with a high case load, there have been opportunities to provide joint visits offering an important level of support between projects and increasing the quality of support provided through increased experience. Over the twelve month period there have been 190 IMHA referrals received. Within that figure there have been 136 Section 2 referrals, 42 Section 3 referrals and clients that were under a supervised community treatment order, a Section 37/41 or were conditionally discharged restricted patients. In real terms, the majority of the people referred to Wigan Family Welfare received representation at a very vulnerable time in their lives, whilst detained under the Mental Health Act. These individuals benefited from the support of an IMHA in different ways. Some clients prefer to feel supported during the meetings by an Advocate that remains quiet. Some people prefer to be prompted by the Advocate who may refer to written notes drafted prior to the meeting. Whereas some clients request that the Advocate speak up on their behalf as they feel unable to do so. The fact that the client knows they have someone there for them who can support and represent them and who isn't involved with the services caring for them, is greatly appreciated. There have been a number of clients that have been supported for a long period of time and through complex situations, the support received from the Advocacy managers and Advocacy team has been invaluable in supporting the clients in the most informed way. The working relationships between the IMHA project and relevant agencies has continued to develop and clients have continued to request support through their regular ward rounds and in expressing their rights. An example of this is through appealing against their section with the support of an IMHA and along with a detailed explanation of these rights to the client. Forming links with other service providers such as social care providers and residential care homes has allowed clients the opportunities to communicate directly with the agencies concerned with the care they receive and the reassurance that they are entitled to the care appropriate to them. Certain clients continue to self-Advocate during meetings and appointments and benefitted from the support provided by the presence of an Advocate who respectfully listens to their point of view.

The good work of IMHA was recently show-cased by one of the client's verbal feedback who stated that: "The Advocate was a Life Line during hospital admission". Further client appreciated that the Advocate was always focused and put the client's interest first and liaised with other professionals. This constant support and highlighting the client's interest has helped the client to focus and rethink about options. As a result the client is currently volunteering as a helper in arts and craft on the wards.

Communication across the varied agencies has prompted appointments to take place quickly and in doing so has brought resolution to situations which may have taken much longer to arrange and organise.

Balanced within the high demand of client work, the IMHA's have continued to work towards achieving the Independent Advocacy Qualification. This important qualification ensures best practice and a standardised level of achievement across the Advocacy team and will in turn positively impact on the experiences of the clients. The qualification has recently been achieved by both of the IMHA's which is cause for celebration. Wigan Family Welfare has been able to build greater relationships on the wards at Atherleigh during this time. The strong working relationship with the nursing staff and other agencies remains and the IMHA's have completed 8 sessions of training at Atherleigh Park hospital with the ward staff and other professionals to enable the staff from other agencies to better understand the role of an IMHA. This extra consideration of the role of an IMHA may prove invaluable and will hopefully shine a light on the importance of upholding the rights of clients to support from an Advocate and this was thoroughly explained within the sessions. The staff members that attended the training engaged well and asked relevant questions which will hopefully inform their decisions to refer more frequently for Advocacy support. Continuing to form links with other service providers such as social care providers and residential care homes has allowed clients the opportunities to communicate directly with the agencies concerned with the care they receive and the reassurance that they are entitled to the care appropriate to them.

## **CASE STUDY 1** / Mental health

Mr X is a 65 year old man who has a diagnosis of mood disorder and Schizophrenia along with learning disabilities. He lacks capacity and due to a deterioration in his mental health was placed under a Section 3 of the Mental Health Act and detained on a Psychiatric ward.

A referral to the IMHA service was made on Mr X's behalf by a member of the ward staff to support him to voice his wishes and feelings and to help to gain his views. Mr X was detained for a number of months and received support through meetings and reviews across this time. Throughout this time it was clear that he wanted to leave hospital and live an independent life.

Social service involvement focussed on the care needs of Mr X with specific regard to his individual situation and as the time drew nearer to a decision it was felt appropriate by the IMHA to make a referral on behalf of Mr X for an IMCA to support his wishes in specific regards to his accommodation. There was a period of time in which correspondence between the different agencies and difficulty in arranging meetings for Mr X resulted in a delay which increased both his frustration on the ward and an increased feeling of depression. His IMHA focussed their efforts on contacting the numerous agencies and along with Mr X, wrote a letter to express how anxious and depressed his increased stay on the ward had made him.

The effect this had prompted proceedings to occur more swiftly and bring into focus the need to prioritise Mr X's case. After a long time on the ward the accommodation was highlighted, an appropriate care plan put in place and a successful transition into the new place of residence. It was important that Mr X's views were echoed by the IMHA and the communication between agencies and typed letter expressing concerns had a positive impact on the speed at which arrangements took place.

It is sometimes difficult to successfully organise meetings promptly between agencies and this is not through a lack of efforts to make this happen. However the effect this can have on the individual at the centre of the meetings and plans can go unnoticed and relaying back the most current stage of the case is another area that the IMHA is very important. It is extremely difficult for clients to accept that their freedom is placed under conditions whilst under a section and is therefore vital that they have the opportunity to exercise their rights and that an IMHA be involved if it is appropriate and in keeping with the client's wishes. Mr X actively engaged with the IMHA and it was his wish that this support happen and was extremely important to him that his feelings were heard throughout.

## CASE STUDY 2 / IMHA Support

Mrs A is 35 years of age who called WFW for IMHA service asking for Guardianship support. Following the telephone conversation with Mrs A, a self-referral was made.

Mrs A requested that IMHA do not contact the social worker as the relationship had broken and informed that she has complained about the social worker.

Mrs A was upset that the social worker had said that she lacked capacity. She did not agree with this and had complained to the Council. She was keen that IMHA met her first. IMHA reiterated the legal rights under Act and reassured Mrs A that IMHA would only take instructions from their client and act upon their client's instructions. This reassured Mrs A and an appointment was arranged to meet Mrs A at her residence along with a student social worker.

On the day of appointment IMHA and the student social worker introduced themselves. IMHA explained role as an Advocate and legal rights of Mrs A under the Mental Health Act.

Mrs A expressed wish to appeal against Guardianship. She also stated that she was not happy with her current psychiatrist. IMHA explained that she has legal right to complain if she was not happy with the service provider and IMHA can help to draft a letter.

Mrs A agreed and requested support to draft a letter against her treating psychiatrist and request for a change in psychiatrist as she felt she was not listened to, and was being asked questions that made her uncomfortable and angry. She agreed to visit WFW to draft a letter to this effect.

IMHA supported Mrs A with drafting the letter and explained that the questions asked by the psychiatrist were of a personal and sexual nature that made her uncomfortable, embarrassed and angry, following which she could not carry on with the consultation.

She was also upset that both her doctor and social worker thought she lacked capacity. Her passport was held by the social worker against her will. As a result Mrs A could not apply for GP registration and did not have a proof of ID.

Further, Mrs A was unsure of her benefit entitlements. IMHA explained that Mrs A could contact Citizens' Advice Bureau for their advice and support in applying for benefits.

A Tribunal was held in response to her letter and a ruling made in her favour, removing the Guardianship.

An arrangement was made with the social services to organise transfer of Mrs A's prescriptions to a pharmacy local to her.

**During the whole time IMHA was much focused and followed instructions from Mrs A. IMHA listened to Mrs A throughout the process, channelling all resources to provide the best service to Mrs A. Mrs A was very happy with the outcome and was grateful for all the support received from IMHA.**



**I felt that I was listened to in a sympathetic and understanding manner and that I was understood.**



# Children & Young Person's Advocacy report

Advocate

Stuart Entwistle

**My role as Independent Children's Advocate with Wigan Family Welfare has changed significantly over the past couple of years. The work that I am involved with has become increasingly more 'in depth' than in previous years and involves subjects that are of concern not only to services, but to schools, services and families.**

I am increasingly working with children and young people that lack resilience and parents too who lack that resilience. The service received 171 referrals in 2018. So many services are under pressure, the long term austerity measures are hitting hard and to the credit of the Local Authority, they remain committed to this project. We are now entering a period of sustained increases of reported self-harming by young people, increased referrals to Child & Adolescent Mental Health Services (CAMHS), and increased cases of diagnosis of ADHD and Autism. This results in a greater demand on the service but importantly a greater number of enquires that are not appropriate for the service but require an informed response with appropriate sign-posting.

The provision the Local Authority provides for Children Looked after by the Authority has been under a review and re-structure...This is now known as ATOM. Advocacy has been integrated into the working model of the service and discussions are about to take place as to how this can be at its most effective. This is an exciting development in my view and one which we should welcome and participate in fully.

A significant number of referrals received in to the service are for Early Help cases that are catered for within this project as we voluntarily accept them under the umbrella of Child Protection, as is the case with Child in Need cases. These are situations that allow me to work in a preventative way as opposed to a reactive way...and in many occasions, the intervention of Independent Advocacy prevents cases escalating to child protection proceedings.

## Moving forward the Advocacy Ambassadors project that was so successful within Children's Care Homes is ready to be implemented in schools in Wigan Borough.

Three of Four schools have been identified to 'lead' in their particular area, and training will be provided by me relating to advocacy, promoting the voice of the child, and ensuring that children and young people are consulted in the decision making processes relating to them. The schools identified at this time are Standish High School, The Dean Trust, Pemberton, and St Mary's High School, Astley.

## CASE STUDY

**'X' is a care leaver aged 20 currently attending University. This young person had been previously living in University accommodation but decided to take up the offer of shared accommodation in a house with friends.**

Previously during holiday periods funding had not been required for accommodation as the young person would have resided with her Father and his partner but this relationship had broken down so holiday time accommodation would be required but funding was refused by the relevant Team based on their view that the young person had made themselves homeless during holiday periods by leaving University accommodation without discussing this with them. Despite appropriate protestations the relevant Team were adamant that they were under no obligation to pay rent for holiday periods causing the young person much distress. The advocate took up the matter with the relevant Team and initially this was met with a complete refusal to provide the funding but offered clothing vouchers and a bus pass instead. The young person had already made it clear that they did not require local transport and also did not need to buy any clothes and that this was not a solution to the rent needing to be paid for the holiday periods. The young person had also contacted the Children's Commissioner's Office for England who contacted the advocate with regard to the matter and they were assured to find that the matter was being dealt with locally by the service, who was requested to provide a letter of support containing the Children's Commissioner's views on the matter. In addition a letter with the opinion of the appropriate Association was sought and provided.

After much communication backward and forward the advocate spoke with senior Social Care management. A few days later the advocate received word from the relevant team that the matter had been reconsidered and that payment would now be made. The young person was advised that funding would be forthcoming which provided huge relief to them. It is my view that this will now be able to be used as a precedent to show that the legislation is enacted to ensure funding for those appropriate to receive it.

Finally, throughout all the busyness of all that we do, I value the continued support of my colleagues. Their professionalism, enthusiasm and commitment, is a never ending source of encouragement and my admiration for the work that they do is sincere.

Finally may I give my personal thanks to my manager Sue Mapson for her support through thick and thin, her advice and her guidance, her encouragement for all that I do.



# Lean on Me Project Co-ordinator report

Advocate

Ian Henderson

## In July 2017 Wigan Family Welfare were awarded £300,000 from Wigan Council's Deal for Communities Investment Fund in order to deliver the Lean on Me project for two years.

The Lean on Me was developed in conjunction with the Local Authority to prevent individuals and families from reaching crisis point and therefore accessing Statutory Services. The project targeted the most vulnerable individuals in our communities including: the elderly, disabled, those living with mental health issues, dementia and carers, those bereaved by suicide or individuals who are leaving the armed forces.

From the outset, project management at Wigan Family Welfare identified considerable financial savings to the Local Authority, with the intention to demonstrate the effectiveness of the exercise through cost benefit analysis. The analysis would then form the basis of discussions with the Local Authority to take the project on as a commissioned partner.

Over the past twelve months, staff at Wigan Family Welfare have worked with the Joint Intelligence Unit Manager to produce an evaluative Cost Benefit Analysis of the intervention to demonstrate both the fiscal and public value generated from the original Deal for Communities Investment.

**Some of our achievements can easily be summed up below where we have successfully supported people:**

- **To Know** 'what is out there' in the local community and beyond and assist them to access these and engage. Our 'clients' take the lead here and we facilitate, based on their desires and wishes – one of the truly fantastic elements of this project in tackling social isolation and being part of what's going on locally.
- **To Be** empowered and participate in meetings that are very challenging: For example, parents whose children are subject to child protection; those desperately trying to access support; people who were unhappy with getting a raw deal and facing horrendous situations like becoming homeless, being denied information and facts, when it was their right to know and usually feeling bewildered by over-complex systems and procedures.
- **To Challenge** benefits decisions and increase their income. We have plugged gaps when people have really needed the support by filling in forms, attending assessments and Benefits Tribunals.
- **To Receive** convenient and accessible advocacy support – we prioritise our clients and take their needs into account. Imagine having agoraphobia, for example, and being denied support because you feel too terrified to leave your own home!
- By providing a listening ear and taking action with the clients and not taking over and giving advice or opinions.
- Through working with them when they lived in parts of the borough that we were not funded to work in. Here we Exceeded expectations and provided added value on a tight budget.
- **To achieve** valuable change. We used a range of innovative tools and techniques and included clients in assessing their own health improvements – physically, mental and emotionally.
- **To benefit** from accessing non-statutory support, thus saving money in these times of austerity.
- **To achieve** paid work, access education and volunteer - with us and other agencies.

## More in depth findings

The results of the model illustrate the service delivered significant savings relating to the NHS (Non-Elective Admissions), Greater Manchester Police (Reduction in Domestic Abuse) and the Local Authority (reduced contact with the mental health rehabilitation unit). The details below show aggregate fiscal savings attributable to public services.

| Financial Case (Fiscal CBA) | |
|---|---|
| **The cost of running the project** | £254,237 (pro-rated to 18 months) |
| **Total benefits delivered** | £391,444 |
| **Net impact** | £137,207 |
| **Return on investment – For every £1, £1.54 returned in fiscal benefit** | |

In addition the model also calculated significant social value achieved by the intervention. An aggregated assessment of the routine outcomes measures indicated there was a significant increase in the confidence and self-esteem of service users on project.

| Economic Case (Societal Value CBA) | |
|---|---|
| **The cost of running the project** | £254,237 (as above) |
| **Total benefits delivered** | £1,030,252 |
| **Social value** | £776,015 |



**555**

**REFERRALS IN YEARS 1 & 2**

## Added value for money

1. Lean On Me was originally funded to work in all areas of Wigan, except Leigh, Atherton, Tyldesley, Golborne and Lowton. In less than 5 months into Year One, we decided to extend this provision across the entire borough at no extra cost.
2. In Year Two, the Veteran's Project extended to include counselling for partners, children and families of veterans (at no extra cost).
3. There has never been a waiting list for Advocacy or the Veteran's Counselling project and over 90% of the time, clients had their first appointment within one week of referral; sometimes within days. There has always been a high demand for Cognitive Behavioural Therapy (CBT) and only in mid-January 2019 was there a need for a waiting list.
4. During 2018, Lean On Me extended their provision to support people affected by suicide and sudden death and produced specific literature, which was circulated across the borough. Lean On Me and Wigan Family Welfare continue to regularly attend the quarterly multi-agency Suicide Prevention Group meetings.

## Targets for Years One and Two

| **Referrals** | **400 referrals** |
|---|---|
| Achieved: | 550 referrals |
| | (+42 others unopened/signposted) |
| **Volunteers** | **20** |
| Achieved: | 10 |
| **Clients in LSOA*** | **20%** |
| Achieved: | 42% (median percentage) |

* Lower Super Output Area (the most deprived areas of the borough)

## Advocacy

» 83% improved in ROMs and community involvement.

» 15% reasonable or little change.

» 2% got worse.

## Change of demand on statutory services:

» Reduced demand 82%

» Same demand 7%

» Increased demand on services whilst advocacy is being provided 3%

» Ongoing cases with no end score yet 8%

For the future, who knows what else is possible? I believe in the value of this project and the outcomes speak for themselves, as does satisfaction for those who really matter – the people of the Wigan borough and their families.

**"Thank you for coming to the meeting with me, without you there I wouldn't have got through it. I feel like I have been listened to for the first time in ages.**

**"Thanks for your continued support. I have been in a bad place and it has been good to have someone that I trust supporting me.**



# Lean on Me Advocacy report

**Advocate**

**Matthew Ainsworth**

**I have been working for Wigan Family Welfare for nearly two years. It has been extremely enjoyable and rewarding to see the Lean on Me project grow in terms of referrals but, also with regard to its' standing amongst professionals and the third sector in the Wigan Borough.**

Last year, I explained how rewarding it was to work with people to try and achieve outcomes that they felt were insurmountable, or objectives they believed impossible. Whilst this is not the case for every person we work with, working with people to try and ensure that their voice is heard by those making decisions, continues to be extremely rewarding from both a professional and personal perspective. The second year of working with the project has only reinforced what a force for good Lean on Me has been and it is a concern that the project is due to finish at the end of June '19. I sincerely hope that positive news from the local authority is forthcoming in the near future.

There are a couple of specific cases on which I have worked that convince me that the Lean on Me Project is invaluable. Firstly, I was working with an individual who was going through the Child Protection Framework, and whilst unbeknown to myself, services or anyone else, was experiencing domestic violence. At one time, there was a distinct possibility that the individual would lose custody of her child and continue in the unhealthy relationship she was in. However, I supported her in a meeting with her solicitor and barrister, where the individual admitted being in the aforementioned relationship and it was subsequently explained to her what the consequences of her continuing the relationship would be. This led to a dramatic turnaround in her engagement with services and ultimately keeping custody of her child and vastly reduced input from all statutory services. I received the following feedback near the end of this case.

## **CASE STUDY /** A success story

The service that has been provided to me has helped me to remain calm during meetings. I have also been able to gain any reassurance and explanation where required.

I have learned how to take my time processing information discussed in meetings, and am learning that not everything stated requires me to defend it, thanks to the assistance and advice of Matthew along with his explanations of how the meetings have gone.

I do feel much better about being able to tackle issues by myself, however I am not a confident person in general.

Having the support throughout the proceedings has really helped me. This has been because Matthew has thoroughly explained anything as many times as needed, whilst offering the support and advice that is needed.

The involvement from social, since Matthew first became involved, has drastically reduced.

**I am extremely grateful for the support and assistance of Matthew Ainsworth.**

## Being a 'Lean on Me' advocate

Another satisfying aspect of being a Lean on Me advocate is successfully supporting individuals who have fallen foul of the benefits system, and struggle to navigate the appeals process. On one occasion I supported a young man who lives with autism to appeal the removal of his PIP payments. Whilst it was a laborious process, we eventually attending Court just before Christmas 2018. Prior to attending Court, I sought guidance from a member of staff at Leigh CAB, whose input was invaluable. When at Court, the young man was late and an adjournment appeared likely. Part of his condition involved time-keeping and obsessive behaviours which significantly impacted on his ability to leave the house on time. However, when at Court, we employed the advice given and subsequently overturned the DWP's decision to remove his PIP payments. Because of the significant period it had taken for the hearing to take place, my client was due approximately 12 months back-pay, as well as the re-introduction of his monthly payments going forward.

As a gesture of his acknowledgement of support from Lean on Me, we received a card and financial donation to Wigan Family Welfare.

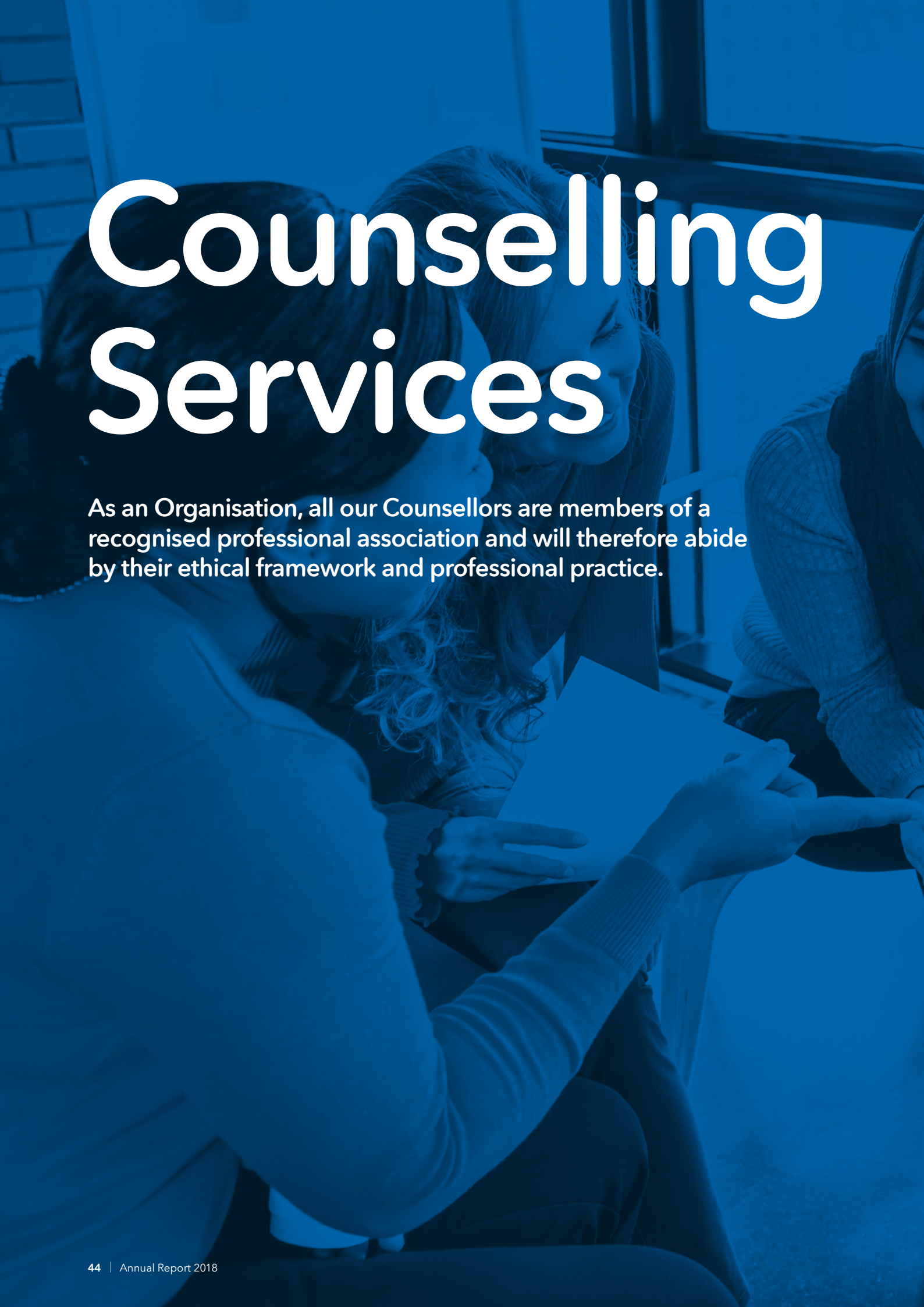
**Once again, I would like to thank all my colleagues I have worked with over the last twelve months. They continue to be supportive, skilled and compassionate people, to whom I'm grateful to have worked alongside.**



**1,094**

**Telephone calls were made in 2018.**

We are aiming to reach out to even more people in 2019/20.



# Counselling Services

**As an Organisation, all our Counsellors are members of a recognised professional association and will therefore abide by their ethical framework and professional practice.**



# Counselling Services Manager's report

Counselling Services Manager

Helena Burke

**I always start my report by saying how busy the year has been and this year is no exception, it has been a busy year. We have grown, changed, moved and demonstrated our flexibility yet again but somehow this year seems to have shown just how as an organisation we embraced and exhibited this quality that has ensured our survival over the last 60 years.**

This year also marks a milestone in our evolution, 20 years ago Stuart Parsons became the Chief Officer of Wigan Family Welfare. This heralded a major change, we gained Lottery funding, year on year we have witnessed, growth, diversity and flexibility. We have gained a reputation for quality, reliability and achieving results. We became known as an organisation that offers an honest and transparent service which 'does what it says on the tin'.

To achieve this we have worked as a team for the good of the clients we serve, everyone doing more than they are paid for, always going the extra mile. Stuart has steered this organisation in hard times, lean times, in times that has seen other organisation's fail and fall away, strong leadership and an ever supportive Board making the difference between survival and extinction.

**Our organisation has a forward facing focus, investing in quality training for the next generation of counsellors that will carry our values, beliefs and standards onto the future for the people of Wigan, Leigh and the people we work with outside of the Borough.**

This year we have welcomed three trainees to our team, Jon, Raveen and Wayne, all very different characters, but have found their own place to fit within the team. Each have worked hard offering generic counselling to clients that the organisation have no funding to support. This is Wigan Family Welfare giving back to the community we serve.

This year we have also used money from our surplus to provide generic counselling. Louise Chambers filled this role for a while, later in the year Louise took over as the counsellor offering Bereavement and Anger counselling to young people throughout the borough. Louise offers the service at the point of need, mostly in schools but where needed the service has been offered in the home. St Catharine's House and community. The use of routine outcome measures has demonstrated how effective Louise's interventions have been. This project like most of our services has a very small amount of DNA's and cancellations.

Natalie Collier acts as senior counsellor, perinatal counsellor and school counsellor. She gained employment with the organisation 11 years ago after completing her training placement with us, like the organisation she has also grown, flourished and evolved in her time with here. She too has had to be flexible to meet the demands of her ever changing roles. Natalie's professional development demonstrates the scope and opportunities that this organisation offers, from student to senior counsellor and managing her own project.

We have lost some members of our team this year, this is very unusual, but people need to move for personal reasons. Clare left in July to become the manager of a counselling service in Preston. Chris left to work from home, hoping to expand his private practice as he was about to adopt a child.

Tracy gained a position working with the National Health Service in Blackpool. Dawn retired with exciting plans for her future in another part of the country and Graham left to work as a Pastoral manager in school, this was a position he is ideally suited for and for him a dream job. We wish them all the very best in their new posts and endeavors. Our thanks also goes to them for the love and commitment they have shown to this organisation and clients that have benefited from their care and their skills.

The School Counselling Project did sustain some losses in September but these where small, we also made some gains which meant that we remained stable. We welcomed new head teachers and members of staff who have become supportive of the project and our organization, as others retired we lost some old friends too. This year I have worked two days in The Westleigh School, this was only possible with the help support of Natalie who has deputised for me while I was out in school. I have loved my two days in school doing what I trained to do, satisfy the passion I feel for my profession. As the services we deliver grows, expands and becomes more diverse I may not be able to sustain this level of counselling.

The evaluation presented to schools in September 2018 showed that we delivered a total of 6,594 individual counselling sessions through the School Counselling project and that we worked with 1030 children and young people on this project alone.

**The young people themselves tell us that 88% of the issues they brought to counselling improved, that 11% of issues stayed the same and only 1% of issues deteriorated.**

As part of the evaluation the children and young people give their feedback on the service they received and share how the counselling intervention helped them, please see this in the evaluation report.

As an organisation we welcome and embrace change, this year also brought us new and exciting changes. After our last AGM we entered a new area of work, working in partnership with CAMHS to reduce their waiting list, offering sessions to groups of young people who were experiencing depression and anxiety. Carlos headed up the team that offered this intervention. The young people who attended gave wonderful feedback on their experience and growth.

As a direct result of the work we undertook for CAMHS at the end of last year Stuart and I entered into discussions as to how we could again work in partnership to see children and young people on an individual bases to reduce their waiting list further. Before the end of 2018 Stuart and I interviewed and appointed Michelle (known as Chellie) Minnie on a sessional basis to undertake this work.



# 9,552

**individual counselling sessions were delivered throughout all of the Counselling projects in 2018.**

We are aiming to reach out to even more people in 2019/20.

The Lean on Me project has gone from strength to strength. After Dawn's retirement Vickie Grant joined the team working in schools and providing two days counselling for Veterans and their families. Vickie has worked with a passion on this to develop a good working relationship, to get the project known in the locality and increase referrals.

We extend our warm welcome to our new members of staff and our thanks too for their commitment, for the fresh dynamic they bring and for enhancing The Wigan Family Welfare community of counsellors.

I have not mentioned all the members of the counselling team in this report, but each and every one of them are valued for their care, commitment, their professionalism and generosity. Each and every one of them go above and beyond what they are called upon to do in the course of their work. Our team of counsellors do this individual basis, wishing to facilitate the changes that brought the client to seek help in the form of a therapeutic intervention.

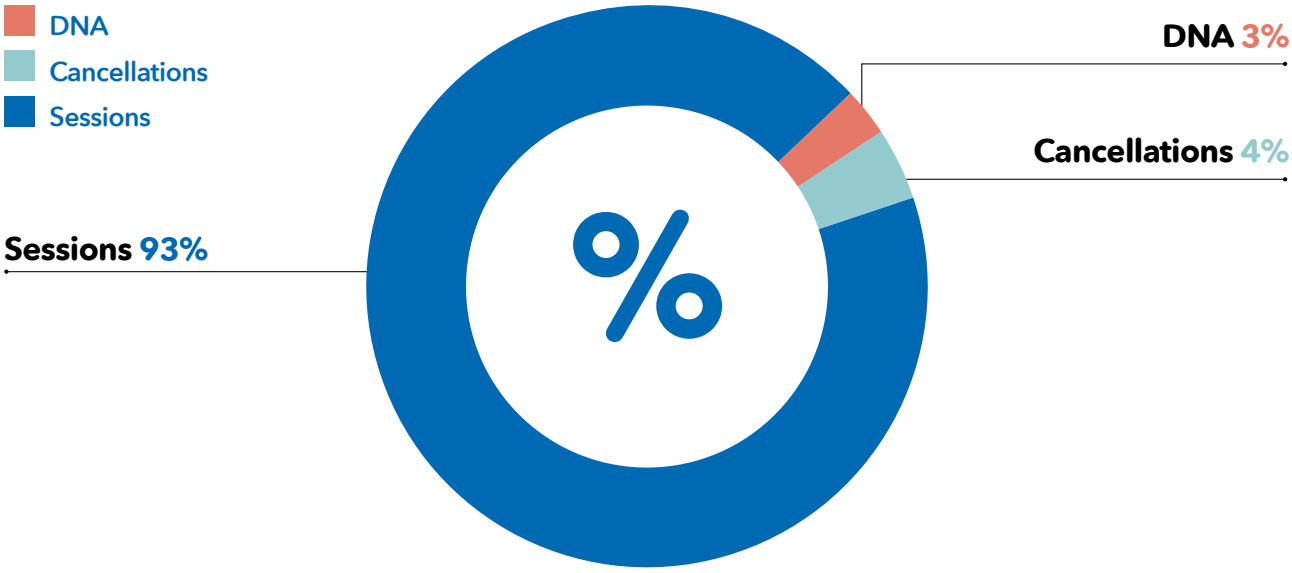
I always shudder when asked to write my AGM report but it is always a very satisfying experience. I start by wondering what has happened in the last year, followed by an in-depth conversation with Stuart, Cath and Jo to investigate this. My AGM report furnishes me the opportunity to stand back and marvel at the work and service we have provided as a team. To survey the changes that have happened one at a time. The changes that we are busy adapting to and covering for, re doing the jig saw that is our counselling map, or to acknowledge our organisation evolving, but it is our continuity that forms our evolution. None of this happens without the help and support of a strong team, the love, support, belief and trust of the Chief Officer and the Board. This year I have to say a special thank you to them all as I have especially needed (and experienced) their love support, understanding and prayers. The support this organisation has given me has been a huge part of my recovery.

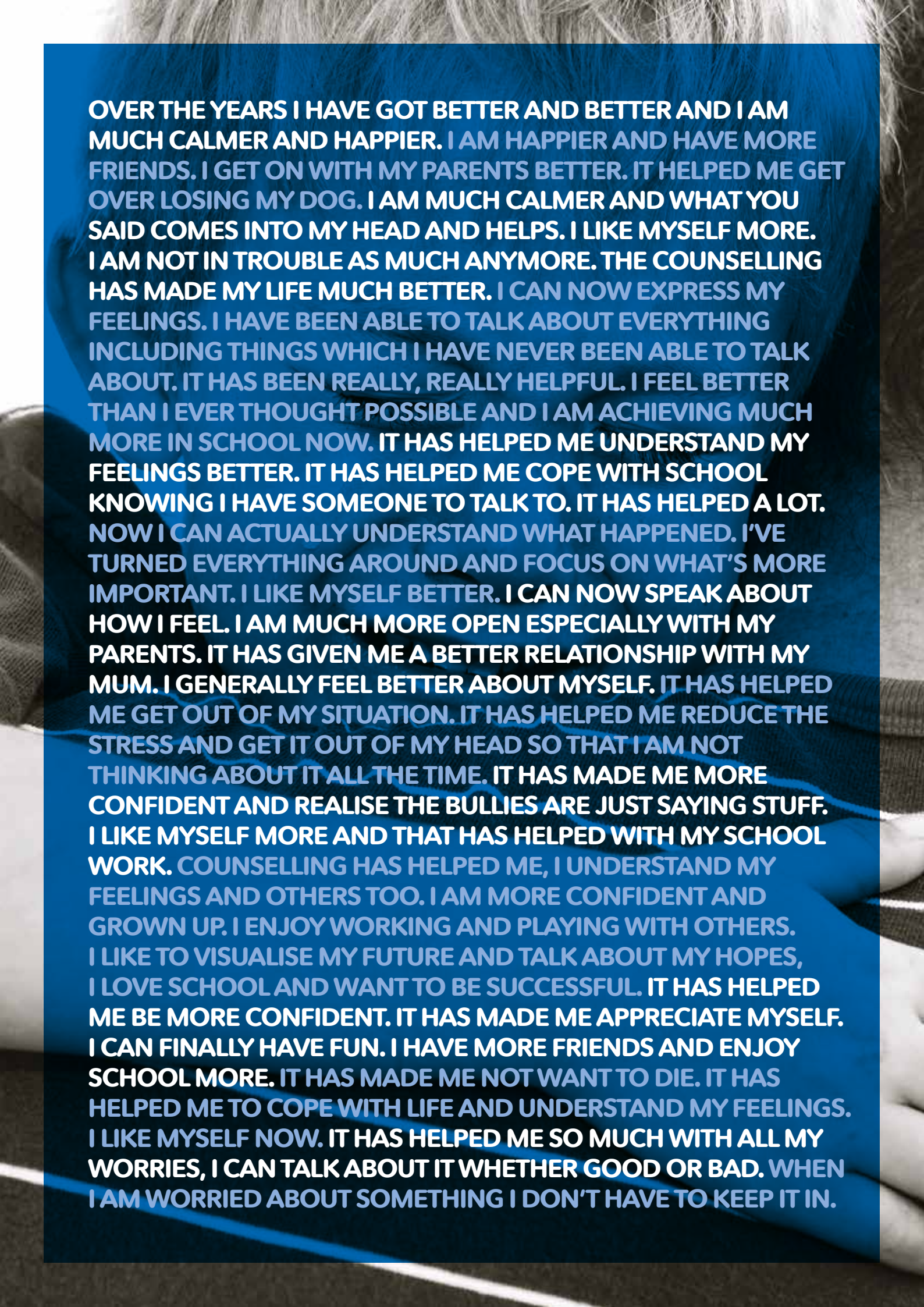
It is with pride that I share the statistics of The Wigan Family Welfare counselling teams.

As a whole the counselling team has worked with 1,185 clients. The pie chart below shows we have a minuscule DNA rate of 3% and a cancellation rate of 4%, a staggering 93% of all sessions offered were attended in this period, this in itself is a great validation for the service that Wigan Family Welfare offers.

**A local service for local people.**

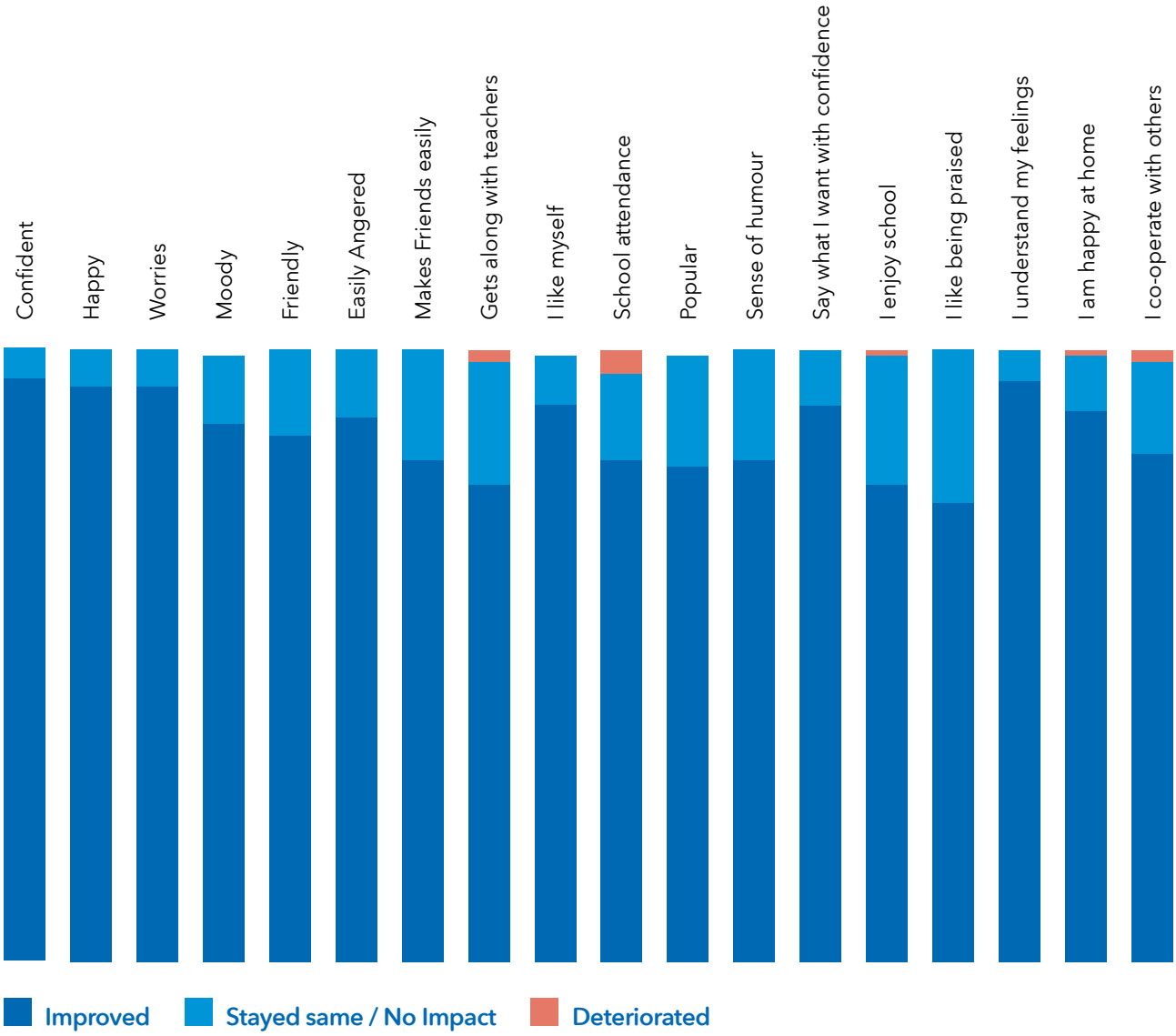
**I just wanted to say thank you for listening to me this past year and letting me tell you all my troubles and how to deal with them and thank you for helping me take my mind off things when I needed to. I have enjoyed and found it helpful talking to you about everything so thank you!**





OVER THE YEARS I HAVE GOT BETTER AND BETTER AND I AM MUCH CALMER AND HAPPIER. I AM HAPPIER AND HAVE MORE FRIENDS. I GET ON WITH MY PARENTS BETTER. IT HELPED ME GET OVER LOSING MY DOG. I AM MUCH CALMER AND WHAT YOU SAID COMES INTO MY HEAD AND HELPS. I LIKE MYSELF MORE. I AM NOT IN TROUBLE AS MUCH ANYMORE. THE COUNSELLING HAS MADE MY LIFE MUCH BETTER. I CAN NOW EXPRESS MY FEELINGS. I HAVE BEEN ABLE TO TALK ABOUT EVERYTHING INCLUDING THINGS WHICH I HAVE NEVER BEEN ABLE TO TALK ABOUT. IT HAS BEEN REALLY, REALLY HELPFUL. I FEEL BETTER THAN I EVER THOUGHT POSSIBLE AND I AM ACHIEVING MUCH MORE IN SCHOOL NOW. IT HAS HELPED ME UNDERSTAND MY FEELINGS BETTER. IT HAS HELPED ME COPE WITH SCHOOL KNOWING I HAVE SOMEONE TO TALK TO. IT HAS HELPED A LOT. NOW I CAN ACTUALLY UNDERSTAND WHAT HAPPENED. I'VE TURNED EVERYTHING AROUND AND FOCUS ON WHAT'S MORE IMPORTANT. I LIKE MYSELF BETTER. I CAN NOW SPEAK ABOUT HOW I FEEL. I AM MUCH MORE OPEN ESPECIALLY WITH MY PARENTS. IT HAS GIVEN ME A BETTER RELATIONSHIP WITH MY MUM. I GENERALLY FEEL BETTER ABOUT MYSELF. IT HAS HELPED ME GET OUT OF MY SITUATION. IT HAS HELPED ME REDUCE THE STRESS AND GET IT OUT OF MY HEAD SO THAT I AM NOT THINKING ABOUT IT ALL THE TIME. IT HAS MADE ME MORE CONFIDENT AND REALISE THE BULLIES ARE JUST SAYING STUFF. I LIKE MYSELF MORE AND THAT HAS HELPED WITH MY SCHOOL WORK. COUNSELLING HAS HELPED ME, I UNDERSTAND MY FEELINGS AND OTHERS TOO. I AM MORE CONFIDENT AND GROWN UP. I ENJOY WORKING AND PLAYING WITH OTHERS. I LIKE TO VISUALISE MY FUTURE AND TALK ABOUT MY HOPES, I LOVE SCHOOL AND WANT TO BE SUCCESSFUL. IT HAS HELPED ME BE MORE CONFIDENT. IT HAS MADE ME APPRECIATE MYSELF. I CAN FINALLY HAVE FUN. I HAVE MORE FRIENDS AND ENJOY SCHOOL MORE. IT HAS MADE ME NOT WANT TO DIE. IT HAS HELPED ME TO COPE WITH LIFE AND UNDERSTAND MY FEELINGS. I LIKE MYSELF NOW. IT HAS HELPED ME SO MUCH WITH ALL MY WORRIES, I CAN TALK ABOUT IT WHETHER GOOD OR BAD. WHEN I AM WORRIED ABOUT SOMETHING I DON'T HAVE TO KEEP IT IN.

# Whole Service Statistics




**The counselling service we buy from yourselves has had a huge impact on the lives of both children and staff at our school. The service is outstanding and the children all love going to their sessions. As a school we are able to see a positive outcome at the end.**

Nicola Goulding

Headteacher
St. Catharine's C.E. Primary School

**At St John's we feel our counsellor, Joanne Edwards, has an extremely professional yet caring approach to working with our children. She has a lovely manner with the children, which enables them to feel comfortable and relaxed during the sessions.**

Wendy Morris

St John's Primary School

**WFWS – is a massive asset to our school and are now 'part of the furniture' - Natalie attends on a weekly basis and interacts with, and helps our children in a positive way. Lots of our children have many different issues and we feel we can always call upon your service to support and assist us in helping our children to address, accept and understand their issues.**

Jill McDermott

Pastoral Manager
Meadowbank School Atherton

**Our Counsellor, Danny Hall, is extremely professional. He is punctual and polite, and provides appropriate feedback and liaison, whilst always maintaining confidentiality, including raising any Safeguarding concerns.**

Anne Nelson

Twelve Apostles RC Primary School



**We have a DNA rate of only**

# 3%

**and a cancellation rate of 4%.**
This shows an effective and efficient service

# Post Natal Depression (PND) report

Senior Counsellor

Natalie Collier

**This is the tenth AGM report I have completed for Wigan Family Welfare detailing the support given to Mums and Dads within the Wigan Borough. Having more than ten years' service within Wigan Family Welfare I have witnessed growth and change within the organisation as well as within the Perinatal Counselling Service Project. We were originally part of the larger Surestart offer but we became independent from this in 2009 and piloted a home visiting service in 2013 which continues to this day.**

## Referrals

Our referrals for the Perinatal Counselling Service come from the clients themselves, Family Nurse Partnerships and Children's Centre Perinatal Mental Health Champions, Band 7 Midwives, Well Women in Leigh, Psychological Therapies, Ward 2 Leigh Infirmary, Schools and the community, Panda Leigh, GP Surgeries, Health Visiting Teams, Complex Dependency Team, Pause and most recently the GM Perinatal Infant Mental Health Team (Cluster 2). Working in partnership with these health care professionals enables us as an organisation to support or signpost as many clients as possible.

## Outcomes

The Perinatal Counselling Service consists of three parts, counselling for post natal depression, counselling in pregnancy and counselling for new and expectant partners. Below is the total statistics for the whole project.

From January until December 2018 the service received a combined total of 62 new referrals, we offered to these clients 318 sessions of which 251 (78.93%) were attended, 24 (7.54%) DNA and 43 (13.52%) was cancelled. We also had eight clients who when approached felt that it was not the right time for them to be using the service and 5 clients whom we were unable to contact. We are still the only counselling service for perinatal clients that offers sessions within the clients homes in the borough of Wigan.

This year we are starting to see a change in the funds available for perinatal provisions across Greater Manchester and Wigan Family Welfare find ourselves very well placed in this. I have attended both Clinical Practice Days at Prestwich Hospital and in November I also attended the Perinatal Infant Mental Health Conference in Manchester to enable our service to stay up to date with current thinking and plans for the future in this field. I am happy to say that as a service we are now embedded in as part of Cluster 2 provision for perinatal mental health and I will update you with further news on this on our facebook page. I have again this year attended the Mental Health Market in Leigh to promote our counselling services and thanks go out to the Recovery Team for organising this event.

In 2018 the service received a combined total of

**62 NEW REFERRALS**

## Mental health

Mental health is currently prominent in the news with focus on dispelling myths and encouraging individuals to talk about how they are feeling. Social media is also involved in this with instagrams **#itsokaynottobeokay** campaign. Very often it is perceived that the unrealistic expectations that individuals place upon themselves is fuelled by our celebrity culture Below are just a few highlights of the struggles that some celebrities have had with their own mental health in the perinatal period. I feel the article highlights how society can have perceived that if you are rich and famous you have nothing to be worried or depressed about. Issues with mental health can and do affect anybody at anytime in their lives. *The full article is available at https://www.thecut.com/2017/04/quotes-from-15-famous-women-on-postpartum-depression.html*

### Gwyneth Paltrow

"I felt like a zombie. I couldn't access my heart. I couldn't access my emotions. I couldn't connect. It was terrible. It was the exact opposite of what had happened when Apple was born. With her, I was on cloud nine. I couldn't believe it wasn't the same [after Moses was born]. I just thought it meant I was a terrible mother and a terrible person…The hardest part for me was acknowledging the problem. I thought postpartum depression meant you were sobbing every single day and incapable of looking after a child. But there are different shades of it and depths of it, which is why I think it's so important for women to talk about. It was a trying time. I felt like a failure."

**Good Housekeeping, February 2011**

### Marie Osmond

"I had severe postpartum depression. When I got to the point of postpartum depression, there was no reason to get out of bed; I was too overwhelmed to get dressed. It was just so dark. I think that's the only word I can explain. I finally just handed my baby to the babysitter, I gave her my credit cards and cash, and I said, 'Something's wrong with me.' And I just got in the car and drove away … I think I was trying to drive my car off a cliff probably five times. But, you know what, I was raised a very religious person – I'm Christian, and I knew here [points to head] that was the stupidest thing in the world, but I knew here [points to heart] it felt so right. That I really felt that everybody would be better off without me. That is the biggest lie of depression"

**The Dr. Oz Show, April 2016**

### Drew Barrymore

"I didn't have postpartum the first time so I didn't understand it, because I was like, 'I feel great!' The second time, I was like, 'Oh, whoa, I see what people talk about now. I understand.' It's a different type of overwhelming with the second. I really got under the cloud."

**People, October 2015**

### Courteney Cox

"I went through a really hard time – not right after the baby, but when [Coco] turned 6 months. I couldn't sleep. My heart was racing. And I got really depressed. I went to the doctor and found out my hormones had been pummelled."

**USA Today, July 2005**

### Diana, Princess of Wales

"Then I was unwell with [postpartum] depression, which no one ever discusses … you have to read about it afterwards, and that in itself was a bit of a difficult time. You'd wake up in the morning feeling you didn't want to get out of bed, you felt misunderstood, and just very, very low in yourself… I never had had a depression in my life. But then when I analysed it, I could see that the changes I'd made in the last year had all caught up with me, and my body had said: 'We want a rest."

**BBC1, November 1995**

### Brooke Shields

"I really didn't want to live anymore. [I would think,] 'I just want to leap out of my life,' but then the rational side of me [would say], 'You're only on the fourth floor. You'll get broken to bits and then you will be even worse.' …It was like this weird alien overtook my body and every appropriate response was answered with the antithesis of what you would assume…Postpartum depression takes certain truths and turns them into the worst version of the truth. The truth is, your life is changed forever when you have a child, but what you don't factor in is that it might be better it meant be more enriched".

**WebMD Magazine, April/May 2005**

# Adult Anger Management report

Trainee Counsellor

Jon Emanuel

**The figures show that there has been a reduction in the number of sessions attended in 2018 when compared to 2017. This is, in part, due to the previous counsellor leaving Wigan Family Welfare and the Anger Management Project being taken up by three other counsellors. In the transition period of October – December 2018, fewer sessions were offered as the waiting list was rebuilt. This has been a fantastic opportunity for the new counsellors to continue the project with fresh enthusiasm and each has settled into the project well.**

Attendance, cancellation and DNA rates for 2018 are almost identical to 2017. When considering the fact that this has been achieved whilst making the transition to new counsellors, we can only expect this to improve as the project develops into 2019.

The average wait time from referral to assessment (10 days) includes weekends, which demonstrates that we are currently providing a quick response to referral requests. As the number of clients requesting counselling increases, we can expect the time between referral and initial appointment to increase – however the counsellors are committed to working with referrals in a timely, organised manner, to provide the best service to clients.

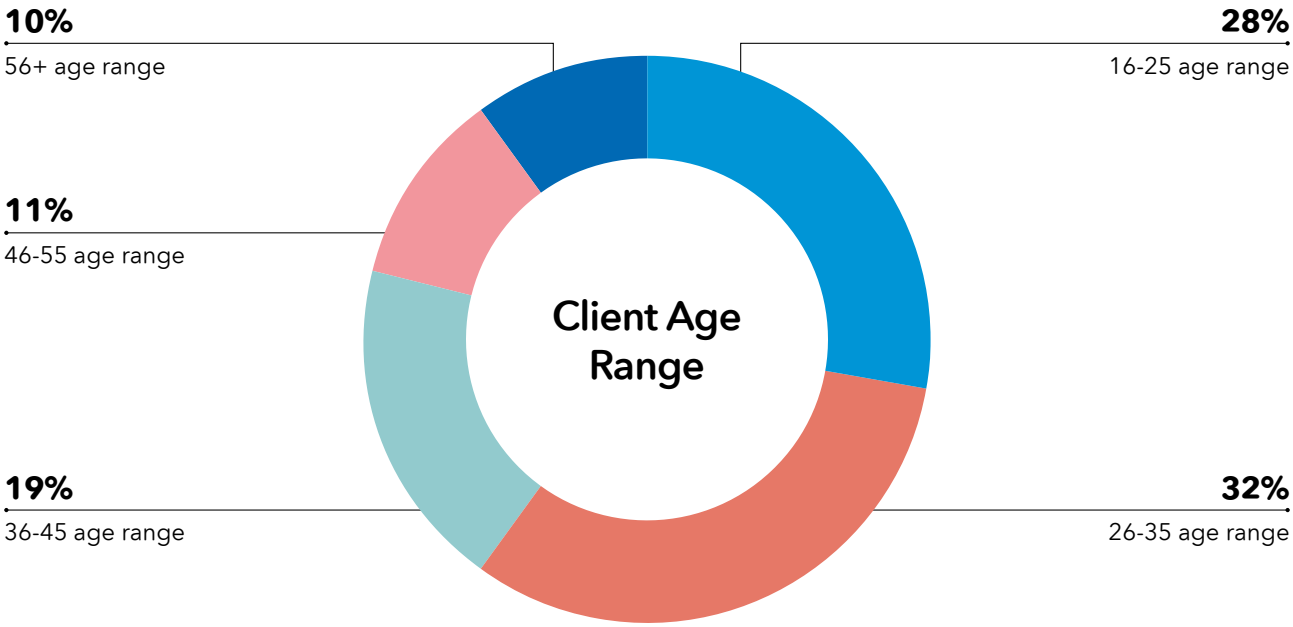
| Previous Annual Figures (2017) | | |
|---|---|---|
| Number of referrals | 202 | |
| Sessions attended | 552 | 78.8% |
| Sessions cancelled | 99 | 14.1% |
| Sessions not attended (DNA) | 50 | 7.1% |

| Current Year Annual Figures (2018) | | |
|---|---|---|
| Number of referrals | 176 | |
| Cases closed | 39 | |
| Sessions Attended | 394 | 77.7% |
| Sessions cancelled | 74 | 14.6% |
| Sessions not attended (DNA) | 39 | 7.7% |
| Average sessions per client | 3 | |
| Average time from referral to assessment | 10 Days | |

## Client Demographics 2018

### Gender




The number of male clients far outweighs the number of female clients, as it has for the life of the Anger Counselling Project. There are both male and female counsellors now working on the Anger Management Project, giving clients the freedom of choice, if they have a specific preference.

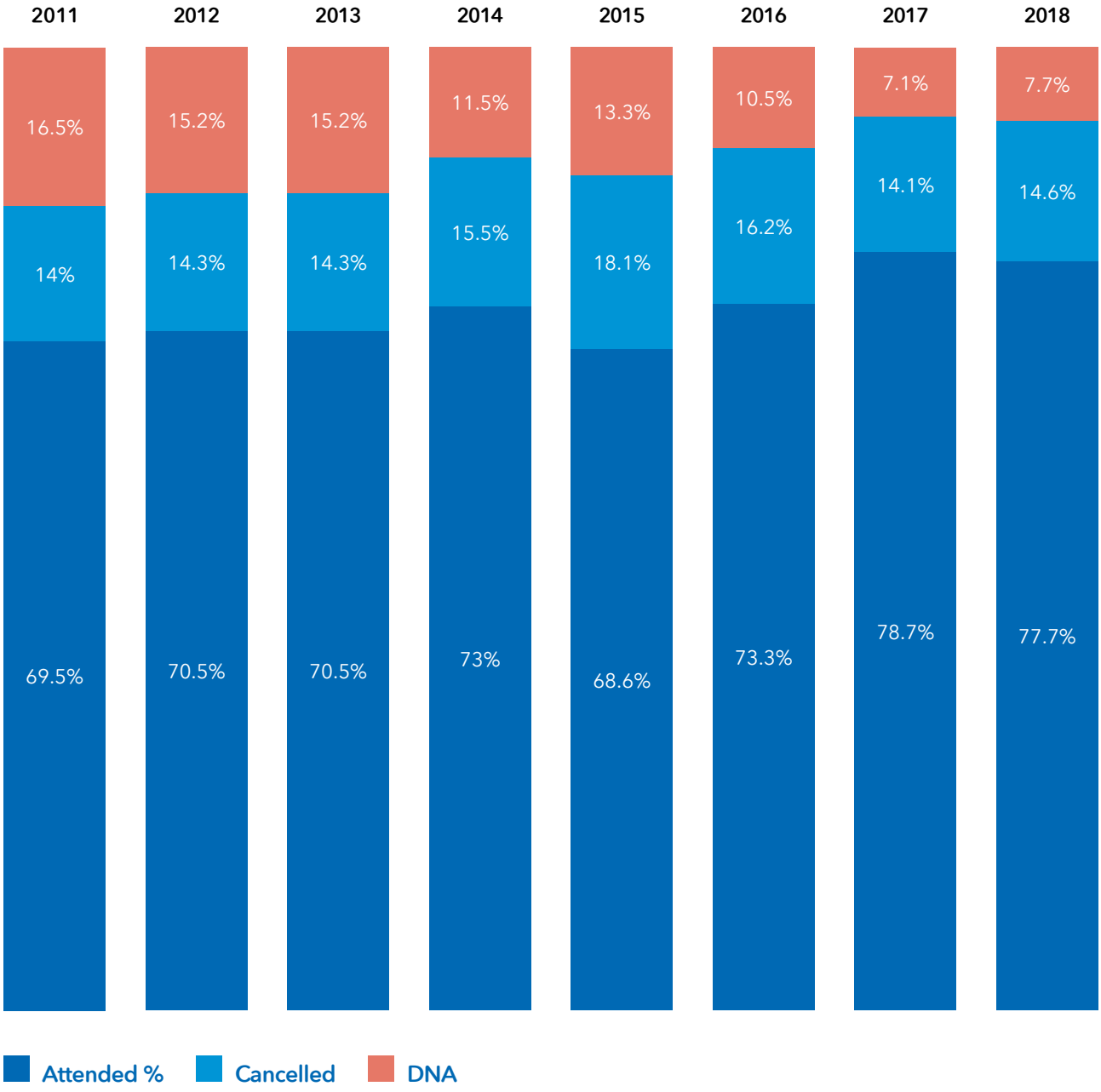
Likewise, the age ranges of clients we have seen in 2018 have followed the pattern of previous years, with the majority of clients being in the 16-35 age range.



## Client Anger Measurements/Outcome

Client outcomes are still showing a positive impact of counselling on clients, but there is a less pronounced difference between 2017 outcomes and 2018 outcomes. Going forward, there are two proposed changes. Firstly, all outcomes will be recorded in a central monitoring spreadsheet, for ease of reporting. Secondly, we will conduct outcome questionnaires with clients during every session. So, if a client leaves unexpectedly, we will have more data/outcomes on which to report. This will allow us to keep a more accurate – up to date – record of client outcomes.

## Yearly Attendance Comparison




This comparison demonstrates the continuing reduction in cancellation and DNA rate. Figures for 2017 and 2018 are almost identical, but as the three counsellors continue to settle into the project, we would expect this attendance rate to continue improving into 2019.

## **CASE STUDY /** Anger Management

Tom explained that he lives on his own and that his wife had passed away 4 years ago, but he was not sad about that.

Tom said that his son lives in Wigan but he does not see that much of him and his family. Tom said that during his last visit his daughter in law said that he needed to change otherwise they did not want to spend time with him.

Tom explained that he feels angry when he is in the car. He said that he cannot stop himself he said that he mainly shouts in the car but sometimes he does open his window and shout at other people.

Tom explained that he has a daughter who has recently married another woman he said that she is queer Tom said I know I should say gay but I can't he said I do not care if I offend people. Tom said that he was angry with himself that he had gone to their wedding he said that he wished he hadn't gone.

Tom said that he had borrowed his daughter and her wife some money and they had not paid him yet and he was thinking of seeking legal advice.

Tom explained that he has experienced some issues with the local neighbours and the police had been to his house to speak with him about some of these issues.

Tom said that he is becoming more frustrated with things that he could do before but he is finding them very difficult now.

### Progress

- Tom is seeing more of his son at his own home
- Tom has seen the GP on a at least 2 occasions to discuss health concerns
- Tom is now purposefully drinking less as he is aware of the impact it has on his day to day wellbeing

### Ongoing work

- Working on feelings of anger towards family in particular daughter.
- Working on anger whilst driving
- Health needs



**"Counsellors are committed to working with referrals in a timely, organised manner, to provide the best service to clients.**

# Child Anger, Bereavement and Loss report

Counsellor

Louise Chambers

## This is my first year working on the Child Anger, Bereavement and Loss project. The previous counsellor Tracey Heaton, unfortunately, left in August 2018 after four years of working on this project.

I began at the beginning of the Academic year in September 2018. I am excited to undertake this role and promote this service so that more children and young people have access to psychological help. It has been shown through outcome measures and feedback from the children using the service, that the counselling sessions can be invaluable. I endeavour to reach as many children and young people who may be struggling with bereavement and loss or dealing with feelings that present as Anger, as I can. During the Initial two weeks I spent time preparing, familiarising myself with the project and focusing on how to retain efficiency during busy periods.

This has been a busy time of adjusting and learning for me and realising just how much is involved in this project.

For this report I will combine the statistics from both Tracey and myself to give a complete picture of the full year.

Some of the changes since Tracey's last report are that the YP Core database that went live in February 2017 and was being monitored, is no longer being used.

We have also decided to discontinue using the parent RCAD [Revised Child Anxiety and Depression Scale] and SDQ [Strengths Difficulties Questionnaire] forms as part of the outcome measures because parents were not returning enough forms for us to compare. After many attempts to improve this we decided to concentrate our attentions on the child's outcome measures alone, cutting down on admin hours and freeing up more time to see children. However, the beginning RCAD and SDQ forms for parents continue to be completed so we have a fuller picture of the child's wellbeing from the parent's perspective.

From September 2018 to Dec 2018 counselling has been offered to Sixty seven people. Sixteen of these were already open on the system and were asked if they would like to continue with counselling. Six of these clients refused and ten continued.

In total, there has been eighty six new referrals this year, nine of the referrals did not take up the offered sessions for various reasons and the remaining seventy seven did.

In 2018 we had a total of

**86 NEW REFERRALS**

## Below is some statistics for different sections of the year.

**From Jan 2018 - Dec 2018**

### Child Bereavement and loss

Admin 1
Cancellations 11
DNA 1
Counselling sessions 95

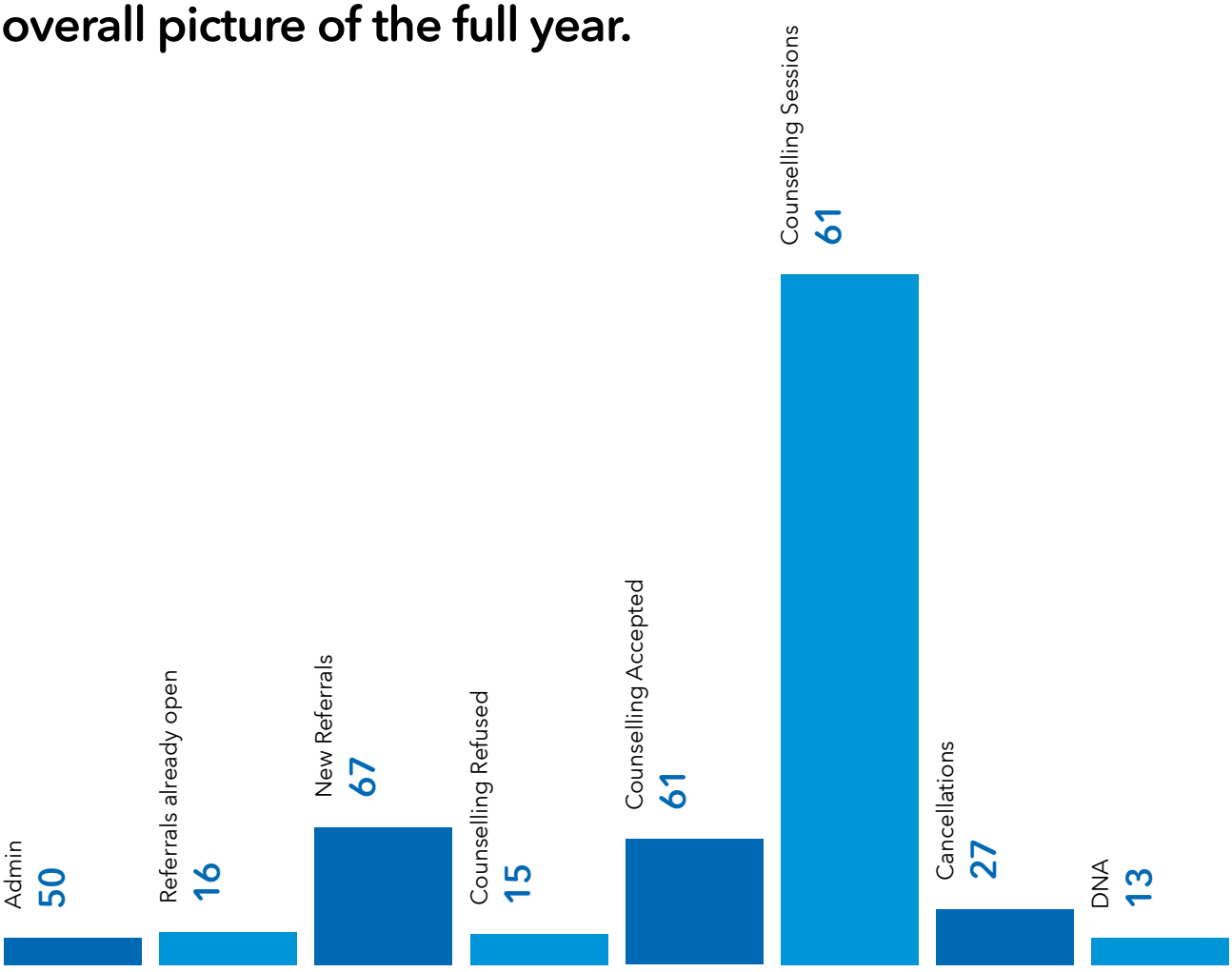
### Child Anger

Admin 8
Cancellations 19
DNA 2
Counselling sessions 182

## Statistics overview

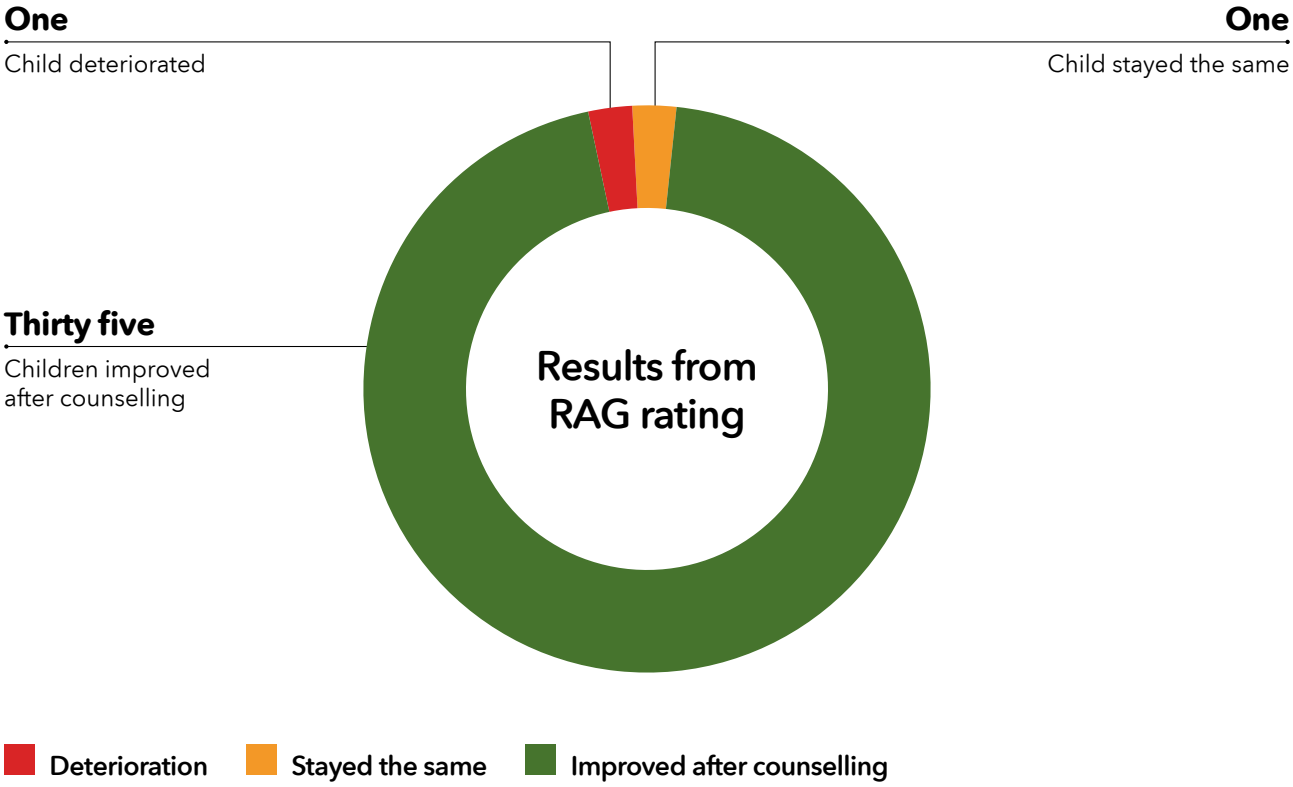
**(January 2018 to December 2018)**

# The bar chart shows the combined statistics to give an overall picture of the full year.



## RAG (September 2018 to Dec 2018)

We also record the outcome measures using a RAG [Red Green Amber] rating. Red means the child has deteriorated, Amber means there has been no change and Green means there has been a shown improvement] Children who are aged under 8 are not asked to complete the RCAD and SDQ forms.




**It was useful to have the chance to talk about my feelings without being judged and Louise knew exactly what I meant. That means a lot when you are feeling very low and with no confidence. She helped me immensely. I was very sad when she left.**

[Child Bereavement]

**I stop and think, don't react. Yeah, I think before I act upon it now and I can just ask. My Mums noticed a difference as well, she says I'm not aggressive anymore, more responsible.**

Thirteen year old male [Anger]



Since September we have visited

# 27 Schools

Between Jan 18 - Dec 18 we have had

# 95 Counselling sessions

for Child Bereavement and loss

Between Jan 18 - Dec 18

we have had

# 182 Child Anger

**Counselling sessions**

"

**It's been good having someone to speak to. Someone who listens to me and not just everyone else.**

Thirteen year old male [Anger]

# Lean on Me Cognitive Behavioural Therapy report

CBT Therapist

Rachel Latimer

**In July 2017, the Lean on Me Project was set up for individuals who were at a critical point in their lives and needed short term support. I currently work two days on the Lean on Me Project, offering Cognitive Behavioural Therapy (CBT) for adults living in the Wigan Borough.**

**CBT has been offered to adults presenting with a range of difficulties which have included:**

- Depression
- Generalised Anxiety Disorder
- Obsessive Compulsive Disorder
- Panic Disorder
- Agoraphobia
- Social Anxiety
- Post-Traumatic Stress Disorder
- Phobias
- Body Dysmorphic Disorder
- Stress
- Low self-esteem

## Referrals

Due to an influx of referrals when the project started, in early 2018, some of the CBT referrals were allocated to another practitioner working on the Lean on Me Project.

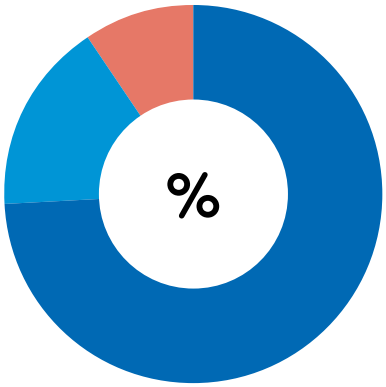
In 2018, we jointly had 109 referrals for CBT. Whilst the majority of these referrals accessed our service, there were some individuals who had decided not to access therapy once they were contacted to arrange their initial appointment. Referrals came from a wide range of organisations in 2018, including self-referrals, GP surgeries, Live Well Team, Startwell, Safeguarding Team at Wigan Police Station, Access to community Services, Recovery Team, Wigan Wellbeing and Resilience, Colleges as well as a number of others. We also worked closely with the Lean on Me Advocates and received internal referrals from other professionals working on the project.

**"I want to thank you so much. It feels different to other services because I can trust you. I feel more at ease telling you what is wrong, which has helped me improve because you know the full story so can do your job properly and help.**

**"It is difficult to sum up just how amazing this service is. The support I have received and the work that the CBT Therapist has done has given me back my life. I can't thank you enough for this help.**

## Statistics

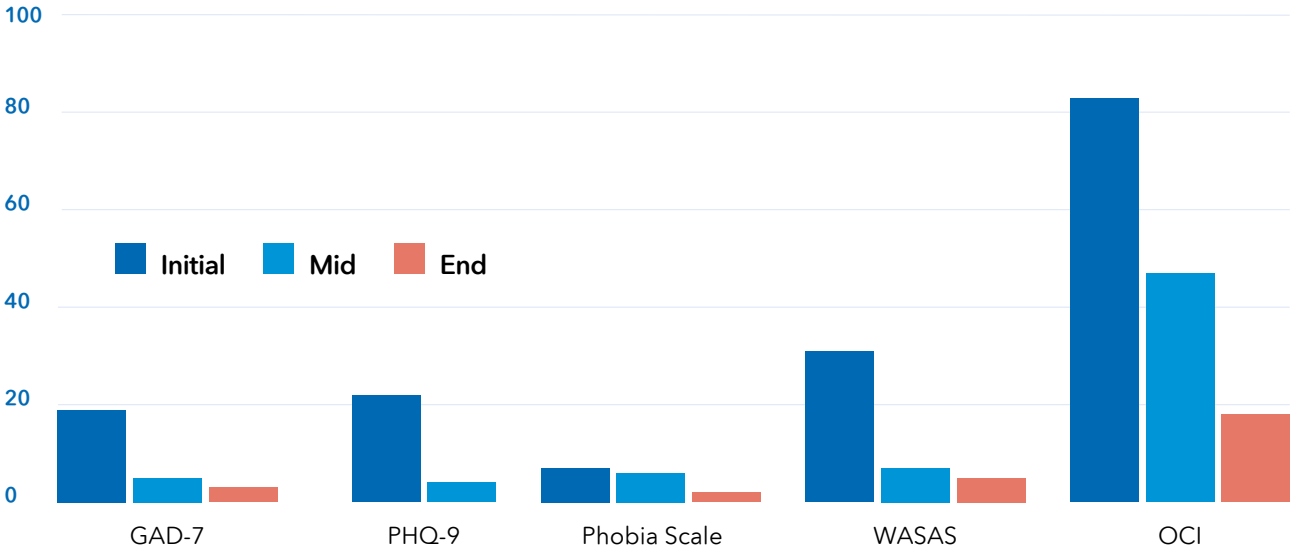
Throughout the whole of 2018, 276 sessions were offered to clients. Of these, **74.2%** of sessions were attended, **16.4%** were cancelled and **9.4%** did not attend. Please see pie chart below to display this:




**In 2018, 61% of the referrals have been females and 39% have been males.**

Attended Cancelled DNA

## A graph to show a change in ROMs scores over the course of therapy




## CASE STUDY

One client started therapy very distressed. She had Obsessive Compulsive Disorder and had been struggling with this throughout her life. The client's intrusive thoughts had changed over time and she had been having recent intrusive thoughts about harming others. She believed that as she was having the thought, there must be some truth in it and she would check her memory throughout the day and if she had any blank spots in her memory she would become preoccupied with the thought that she had in fact harmed someone, which would lead to severe anxiety. The client had become very avoidant of situations, especially going to places on her own as she feared she would have a thought and not be able to get reassurance from others that it could not have been true as they were with her. She even started to avoid small tasks at home where she would be on her own, including taking the bins out or playing with her children in the street. Through therapy, the client said she was able to accept that a thought is just a thought and it does not mean it is true. She had stopped avoiding the majority of places and said she felt much more at ease in herself. She also stopped experiencing the physical symptoms of anxiety, such as the knot in her stomach which she described when she first attended.

The client was contacted 3 months after discharge and she said she could not believe how much her life had changed. She says she felt much more at ease and just did things without worrying about whether she would get an intrusive thought.

# Lean on Me Veterans Counselling report

**Counsellor**

**Vickie Grant**

## I have been working for Wigan Family Welfare since August 2018 working on the Lean on me project as Veterans Counsellor.

After an initial settling in period of reading policies and procedures I spent my initial few weeks networking, introducing myself to different organizations in the hope I would establish a reliable network of professionals who would refer ex-military into the service for counselling. After attending a few mental health markets and gaining a few professional contacts the referrals started to steadily appear.

As the projected developed over the coming months it was highlighted whilst working with the ex-military there was a strong need for support through counselling for the spouses and their children. It was agreed with management that the service would be extended to the families and children which lead to me contacting schools to make them aware of the service. The services has been greatly received by the individuals of the Wigan and Leigh boroughs and demand continues to grow.

### Referrals

Referrals have steadily increased from a wide range of new services like Doctors surgeries, self-referrals, The Royal British legion, Military Veterans service, Ed's home, complex dependency team, Wigan Military headquarters, wellbeing and resilience team, internal referrals, social care officer and Veterans champion, High schools and primary across the boroughs.

Person Centred Counselling has been offered to adults and children presenting with a range of difficulties which have included:

### Presenting issues

- Post-traumatic stress disorder
- Loss
- Anxiety
- Divorce
- Separation
- Depression
- Bereavement
- Trauma
- Relationship difficulties
- Low self esteem
- Addiction issues
- Self-harm
- Low mood

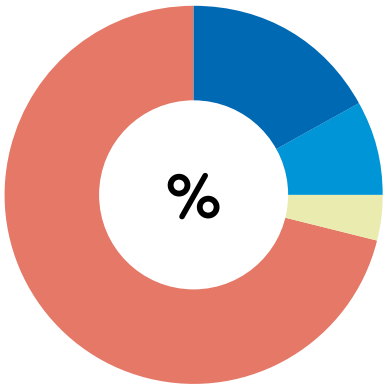
Our team delivered

**106** **Counselling sessions**

in 2018

## Statistics

From when I started in August 2018 there have been 31 referrals made to the Veteran counselling service. There have been 130 counselling hours offered of which 12 hours cancelled and 7 hours DNA which is displayed in the pie chart below.




**In 2018, 35% of the referrals have been females and 65% have been males.**

Admin Cancelled DNA Sessions

## CASE STUDY

We received a referral from the Doctors to work with a male who was experiencing anger issues. Whilst engaged in therapy the veteran was able to speak openly without the fear of being judged.

The veteran explored his feelings of not feeling like he fitting in and always having a sense of missing his Brotherhood that he had in the army.

The client also opened up about his early childhood, the trauma he experienced as a child and how he feels being raised in care he never really he had a family but when he went into the army he dreamed of belonging to what he perceived as a family.

This obviously had a massive impact on the client's emotional and mental health and he deteriorated into risk taking behaviours that led to him being imprisoned. After he served his time in prison he felt he was slipping back into old behaviours that led to his arrest so he turned to his Doctor for guidance. The client was made aware of the service on offer and engaged in the Veterans counselling service. The client engaged well once he realised the sessions to be a safe place to explored his feelings and past traumas from child hood and whist serving in the forces.

The client was able to work through his perceived ideas of what a family is and experience for the first time his difficult emotions around loss that he had been suppressing, how angry he felt towards the army as he perceived the army discarded him after he left the service due to an injury he received whilst on patrol.

The session helped the client to acknowledge his hurt and anger and started to acknowledge what he had achieved in his time served in the army and life in spite of the obstacles he faced as a child in care.

The client was able to work through past traumas which he reports to have helped him accept and move forward in life. He reported of feeling less angry and able to acknowledge his strengths that he can carry through to a new career on Civilian Street and through therapy he was able to become self-aware and more mindful of the negative thoughts that had been holding him back.

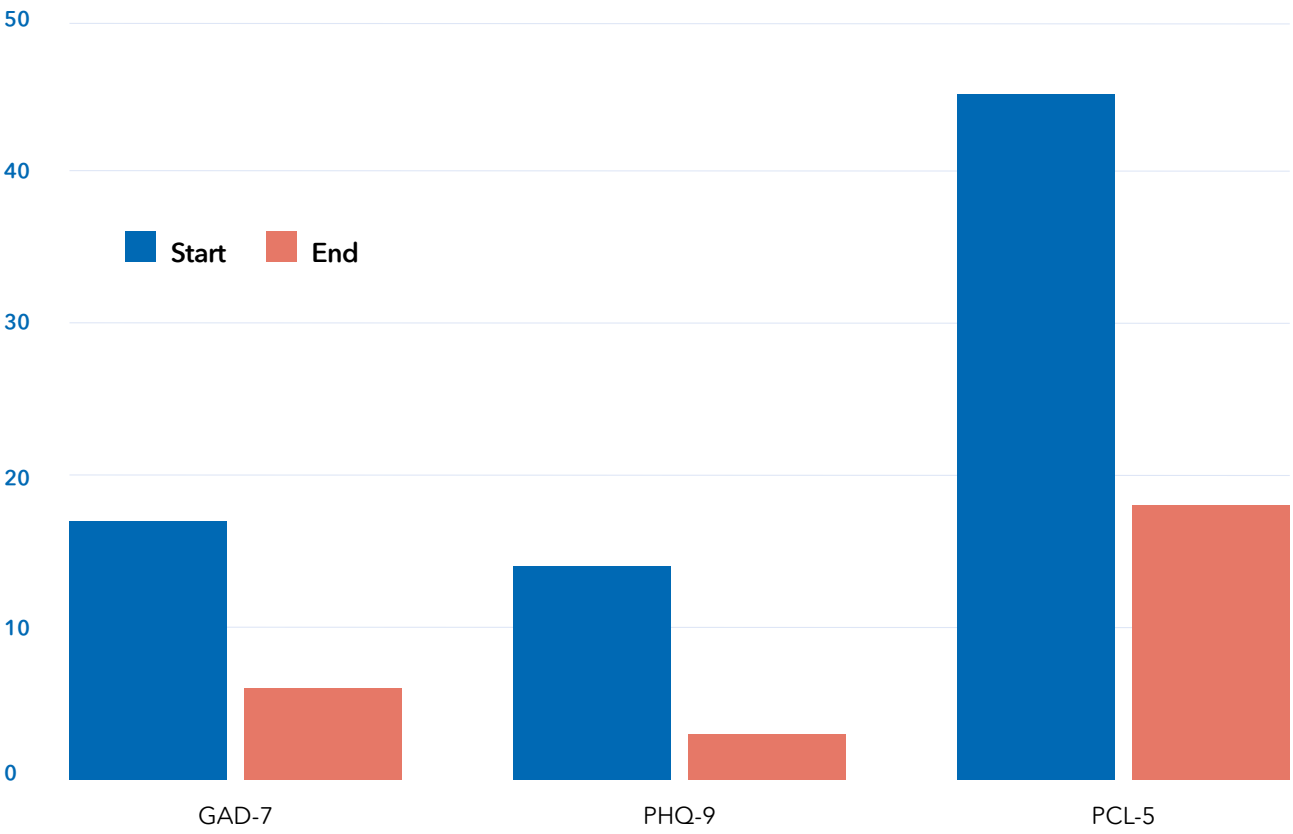
**The client said**

**"I am so grateful for the service that I was able to refer into, thankfully I only had to wait a week to be seen by Vicki. I do not know where I would be now if it wasn't for the help I received, I dread to think. My life has improve so much since starting therapy and I know I have a bright future ahead of me. I feel able to achieve anything I set my mind to now".**

**After engaging in therapy the client felt confident to access other services and interventions as he was no longer afraid to speak up about his mental health and emotional difficulties.**

The client is currently volunteering at the new headquarters and is feeling hopeful of gaining employment in the near future.

## Outcome Measures




## CASE STUDY 2

I received a referral from a primary school to work with a young person who was struggling to settle into his new primary school after moving due to his Dad leaving the military. The young person had become aggressive with Mum in the morning during school drop off due to separation anxieties. The parents reported they felt worried and anxious due to the Child's behaviour which was also having an impact on the family as on a whole.

During our time together the child was able to talk about his nightmares he was having around something bad happening to his Mum and Dad. The young person said he felt this way every time his Dad was deployed overseas. The young person spend time processing those memories. Having a space to explore what it has been like to move around to different places and change schools appeared to allow the young person a chance to acknowledge the loss off friendships formed and how he struggled with the uncertainty about Dads safety when he was deployed.

Mum reports that the young person used the strategies learned within session which helped him feel calmer and less anxious when leaving Mum in a morning to go to school.

Mum and Dad also report their Son was able to sleep better at night and his nightmares had stopped.

**The young person said:**

**"I'm not as angry anymore and not as worried about something bad happening to Mum and Dad. When I am worried I can now understand why and I know I can talk to my Mum and Dad which is helping, I thought I was naughty but now I know I'm not which makes me happy"**

# Summary of CAMHS anxiety and low mood group

School Counsellor

Carlos Sampson

## CAMHS asked Wigan Family Welfare if we could arrange group work for young people who were on their list for support for their anxiety and low moods. We have been running the group for two years from 2017.

Originally the group was to have 12 young people and 3 facilitators. The groups have been on average 6 young people in the group, but some have been smaller.

The group ran weekly for 12 sessions on a Thursday (some of the groups were done on a Tuesday) apart from school holidays when we had the full break.

Sessions had a theme each week and started with an icebreaker to get the young people comfortable with each other and to encourage speaking about themselves in positive terms. Sessions 2-5 covered: Introduction to Anxiety, Choices and Coping, Negative and Positive Behaviours.

Session 6 was a Review of the techniques and skills learnt so far; and also to find out what they might need for future sessions. Sessions 7 to 11 covered: Learning about Limits, Situation Stepladder, Anger, Panic Attacks, Unhelpful Thinking Styles and Positive Self Talk.

Session 12 was a review of the whole sessions and also our ending and celebration.

Each week that the groups ran, the young people completed three short assessments including the Generalised Anxiety Disorder-7 (GAD-7), Patient Health Questionnaire-9 (PHQ-9) and Anxious in Social Situations Questionnaire, to measure severity of generalised anxiety, depression and social phobia.

Longer assessments including The Revised Children's Anxiety and Depression Scale (RCADS) and Strengths and Difficulties Questionnaire (SDQ) were also administered at the home visits prior to the groups, week 4, week 8 and the last week of the groups.

**The results of these assessments were varied in their outcomes, although for the majority of young people, the scores on these measures decreased (many significantly) over the course of the groups.**

Feedback from the young people, their family and facilitators indicated that the group enjoyed a degree of success as the young people left with numerous strategies to better manage their anxiety and depression. Anecdotal feedback and observations suggest a more favourable outcome than indicated in the questionnaires completed.

Here are two anecdotes; e.g. There was a participant in the 1st group who was at college (D) – when talking at last session he told us about going to the Arndale Centre being challenged and then followed by security but still going there & doing what he needed to do – before the sessions he said he would have gone home. There was (J) a girl who came to group 6 saying she would come but not talk – first few sessions rarely spoke but as sessions progressed spoke more and even challenged facilitators. There's lots of other anecdotes that spring to mind of change being demonstrated in their lives although the questionnaire didn't reflect it.

Throughout the time of the groups, CAMHS have offered support and when referrals were not appropriate they have taken young people to give additional support. The groups have been successful in that the majority of the young people did not need to have CAMHS input after they finished. They were able to continue their lives after being in the group with the knowledge of how to cope and a more positive attitude to themselves.

# Counselling Placement 1 at Wigan Family Welfare

Trainee Counsellor

**Raveen Walton**
/ Bolton College

## I started my placement at Wigan Family Welfare back in February 2018 – I am really pleased to say that my placement here has enabled me to develop my counselling skills, meet some fascinating new people and have a better idea of what it means to be a counsellor.

I started my own journey in 2016 when I decided to retrain as a counsellor; leaving behind a long career in Adult Social Care, in favour of a new life as a counsellor. I completed the certificate in counselling in 2017 - which was a stepping stone to access the diploma in counselling at Bolton College.

As an adult learner, return to college life and assignments brought with it - it's own challenges. However, I am pleased to say that I have been able to survive the course and can now see the finish line! Most importantly for me, my placement was able offer the right level of support to ensure that I was safe but also enough space so that I could make decisions and grow as a counsellor.

I recall my first session in February 2018 I was nervous to meet my first client but I managed to dig deep and think positively about my reasons for doing this and began to believe in myself. I walked out of the first session about 10ft tall - I remember thinking wow you did it and it was OK.

It is now April 2019 and I have completed my mandatory 100hrs (the first to do so on my course) I have also completed and submitted my placement portfolio which has catalogued my work here and has demonstrated connection between theory and practice (college and placement)

It is only by reading this portfolio that I am able to fully appreciate the opportunity I have had to work with a wide range of clients. Since completing my 100hrs and demonstrating the required level of competence I have been offered the opportunity to work with young people in secondary and primary school. I have also supported the running of group-work for young people awaiting access to CAMHS. To say that I have really enjoyed these experiences would be a total understatement.

My colleagues within the counselling service have always made me feel welcome and have answered my questions. My manager Helena is always available to me to talk to and run things passed. Helena has always been happy listen to me and offer me the right amount of support and guidance to not only pass my course but to challenge my own thinking and gain a better understanding. This support has been extended to my supervision which I believe has made me a better counsellor even in this relatively short period of time.

I am due to complete my course in June 2019 - wherever this journey takes me from there I will always be grateful to WFW for this opportunity. I feel privileged to have been offered a place here - it is only when I talk to other candidates on the course that I am fully able to appreciate what an outstanding placement looks like.

**Thank you Stuart Parsons and Helena Burke for this opportunity.**

# Counselling Placement 2 at Wigan Family Welfare

Trainee Counsellor

Jon Emanuel

**My initial reaction to Wigan Family Welfare was a positive one, from the day I had my interview for a placement. I arrived with the intention of being completely and openly myself, which I believe is the main reason I was successful in my application. It has been easy to just be Jon whilst at Wigan Family Welfare, and I have appreciated the fact that I have not needed to be anything other than genuine in order to be successful here.**

Whilst on placement I have worked alongside a good variety of clients, in terms of age, gender and presenting issues. This variety has given me a great start to my counselling journey, and has been invaluable in helping me to work towards becoming a fully rounded counsellor. It has also been an honour to work with clients from the local community, in many of whom I have seen positive growth and development. Being given the opportunity to work in my Person-Centred approach has allowed me to develop a trust in the counselling process – I have seen how beneficial it can be for clients – so being on placement has been the key difference in understanding the theory and experiencing it in action.

Support whilst on placement has been excellent. I have felt able to ask for guidance from the experienced counsellors I have met, all of whom have given me practical, helpful advice and direction on best practice. For example, my confidence in record-keeping and reporting has developed greatly during my time at WFW. As a result of support from my mentor, as well as senior counsellors, I have properly maintained case notes, and followed correct procedures in dealing with a safeguarding concern. This, alongside regular supervision, has helped me towards becoming a fully-rounded counsellor.

The fact that I have had access to the Online College whilst on placement has meant I have been able to work on my CPD alongside my client work. Having access to this resource is over and above what I had expected when starting my training – and I have been able to enhance my knowledge of safeguarding in adults and children, online safety and recognising signs of abuse. It is fair to say that some of my peers at college have found themselves at placements where they turn up, see clients and go home, with the aim of simply having 100 hours signed-off.

**At Wigan Family Welfare, I have felt like I am performing the full duties of a counsellor, whilst receiving all of the support and development that requires.**

# Office Manager's AGM Report

Office Manager

Cath Lester

**This year is our 60th year as an organisation. I have worked here for the last 20 years and in that time the organisation has grown extensively. Staff have increased from 5 people to 29 over the years.**

In 2018 we had a completely new website designed for us which now enables us to receive online referrals from the public. This website also links to social media accounts which enables us to keep the people of Wigan and Leigh informed of any events they may wish to attend or organisations that they may wish to contact.

We continue to offer counselling in 45 schools and our case management system is continually being improved to retrieve more information for the benefit of the schools. We have also taken on two new social workers in training who will be spending 100 days with us, shadowing our advocates and gaining valuable experience from our advocacy team.

Sadly, we lost 5 counsellors and 1 advocate last year who have moved on to new jobs. We wish them well in their endeavours. I am pleased to report we secured agreement at the end of the year to increase our advocacy provision and secure more permanent funding for another full time advocate. As a result of counsellors leaving we were able to offer positions to 5 new counsellors. All have settled in well and are appreciative of the opportunities we can offer.

As always, we continue to be supported by RatwareUK, Elantelecom & Bespoke Digital for our IT and telephone requirements. Our grateful thanks go to both organisations for all their help and support over the last 12 months. We now have the pleasure of working closely with Zerogap who have recently taken over the web-hosting of our new website and any graphic design work requirements. We are extremely grateful to Wayne and his team for all his recent help and support and look forward to working with them for many years to come.

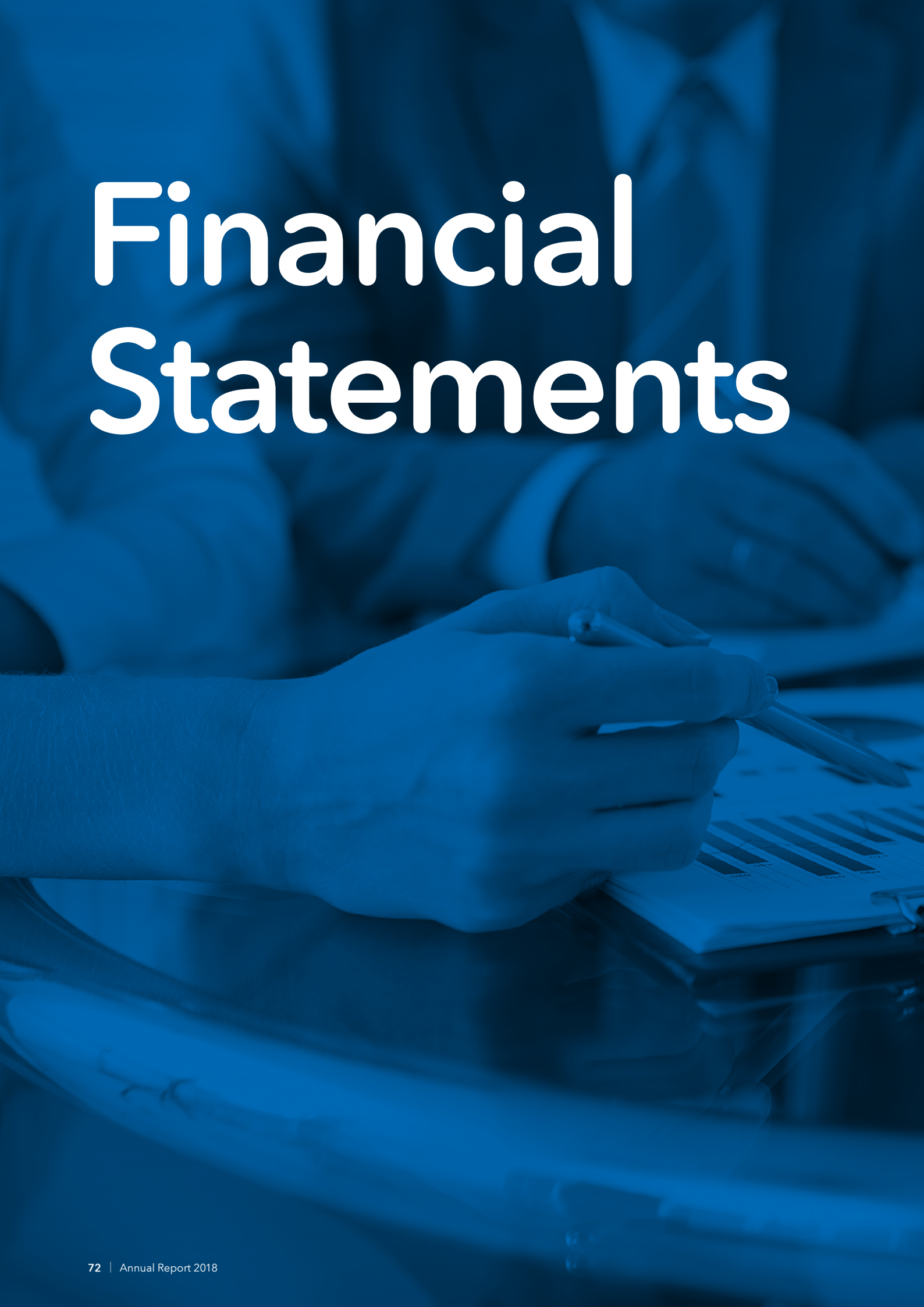
I would like to thank our administrator Joanne for her continued support, help and friendship that she gives to me continually. I would also like to thank the whole team at Wigan Family Welfare, it is an absolute pleasure to work with a team who are extremely valued by all services, the feedback we receive is very positive. My thanks to Stuart Parsons, Sue Mapson and Helena Burke for all their help and support over the year. We look forward to hopefully a year full of progress and growth.



We continue to offer counselling in

# 45 schools

and our case management system is continually being improved to retrieve more information for the benefit of the schools.



# Financial Statements



# Report of the Trustees

**The trustees who are also directors of the charity for the purposes of the Companies Act 2006, present their report with the financial statements of the charity for the year ended 31 December 2018. The trustees have adopted the provisions of Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2015).**

## Objectives and Activities

### Objectives and aims

The charity is a long established Christian organisation whose membership is drawn from across the churches and communities of the Wigan Borough. Working in partnership the charity seeks to serve the whole community, of all faiths and none, by celebrating the gift of family life in all its variety and helping heal where it is bruised and broken.

The services we offer focus on support for families, and their individual members, in all the situations of modern life from birth to death. This can mean helping rediscover what is life giving in the family environment or, when necessary, helping individuals value themselves in new circumstances.

To underpin this work we have established eight key principles that drive all that we do:

1. To respect family life as we encounter it in all its variety and imperfection.
2. Respecting the Individual.
3. Strengthening Communities.
4. Working in Partnership.
5. Identifying and using local resources effectively.
6. Learning from experience.
7. Remaining independent in the face of changing times.
8. We take referrals from (or support) people regardless of their ethnicity, sexuality, disability or creed/religion/non-religion and age.

We believe that by working together and planning ahead we can achieve better and more accessible services to make the Borough of Wigan a better place for all.

**The charity's objects are as follows;**

1. To promote any charitable purpose for the benefit of families and individuals and in particular the relief of poverty through the provision of financial help and other resources which include information, advice and support.
2. To promote the advancement of education for the benefit of families and individuals through the provision of guidance, advice, counselling and training relating to family relationships.

**In furtherance of the objects but not otherwise the charity may exercise the following powers:**

1. To draw, make, accept, endorse, discount, execute and issue promissory notes, bills, cheques and other instruments and to operate bank accounts in the name of the charity.
2. To raise funds and to invite and receive contributions; provided that in raising funds the charity shall not undertake any substantial permanent trading activities and shall conform to any relevant statutory regulations.
3. To acquire, alter, improve and (subject to consents as may be required by law) to charge or otherwise dispose of property.
4. Subject to 5 below to employ such staff, who shall not be directors of the charity as are necessary for the proper pursuit of the objects and to make all reasonable and necessary provision for the payment of pensions and superannuation to staff and their dependents.
5. To establish or support any charitable trusts, associations or institutions formed for all or any of the objects.
6. To co-operate with other charities, voluntary bodies and statutory authorities operating in furtherance of the objects or similar charitable purposes and to exchange information and advice with them.
7. To pay out of the funds of the charity the costs, charges and expenses of and incidental to the formation and registration of the charity.
8. To do all such other lawful things as are necessary for the achievement of the objects.

**Assessment of aims and achievements**

The charity is a highly successful charity based on clear key performance indicators agreed with those who commission its services at the point of tendering. It uses random outcome measure and wellness scales (the same as its colleagues in both adult and young peoples Improved Access to Psychological Therapies) to show significant change in its therapies. These are published in the charity's Annual Report which is a public document as well as being given to commissioners on a quarterly basis. The charity in its advocacy work also abides by legislation and the guidance given thus being able to identify its achievements.

In order to reinforce the above clients and referrers are also asked to give feedback on the services they have received. Once again in an attempt to be fully transparent these are published in the charity's Annual Report.

To further its aims it welcomes representatives of its service users on to the Board of Trustees.

## The charity offers advocacy and counselling to both adults and children. The counselling provided is in a variety of settings from secondary schools to Sure Start children centres.

## Key statistics for the 2018 financial year were as follows;

- Counselling services were provided to 1377 individuals.
- Advocacy services were provided to 786 individuals.
- Practical help both materially and financially was provided to 309 individuals.
- Advice and information/signposting was offered to 300 individuals.

**Descriptions of the scope and aims of the various projects which resulted in the delivery of the above services are as follows;**

| Project Name | Scope of service | Aim of project |
|---|---|---|
| **Independent Mental Capacity Advocate/ Deprivation of Liberty Safeguards(IMCA/DOLS)** | The focus of this role is to provide representation to some of the most vulnerable people in our society that may be deprived of their liberty under the provisions of the Mental Capacity Act (the Act) and Deprivation of Liberty Safeguards. | To give information or make submission to assessors, which assessors must take into account. To consider any concerns about the outcome of the assessment process. To apply to the Court of Protection if necessary. |
| **Person's Representative** | A crucial role provided in the deprivation of liberty process, providing the relevant person with independent representation and support. | To provide and maintain contact with the relevant person. To represent and support the relevant person in all matters relating to DOLS. To access and organisations complaints procedure if necessary. To provide and maintain contact with the relevant person.To represent and support the relevant person in all matters relating to DOLS. To access and organisations complaints procedure if necessary. To apply to the Court of Protection if necessary. |

| | | |
|---|---|---|
| **Independent Mental Health Advocacy (IMHA)** | The purpose of the IMHA project is to empower and support people who qualify to speak up about their views around care and treatment under the Mental Health Act. This includes supporting those detained under the Mental Health Act (including those on Community Treatment Orders and Guardianship) to understand their rights. This statutory role is provided to and for people regardless of whether there are relatives involved or not. IMHA workers can support people who qualify regardless of their capacity - or lack of - at any point of the detention. IMHA workers are afforded rights such as accessing relevant notes and interviewing professionals involved in care. | To support people in speaking up to professionals within health and social care. To support clients in understanding their rights under the Act, including the role and rights of the nearest relative. To facilitate access to appropriate records regarding care and treatment under the Act. To increase understanding of the relevant parts of the Act. To help clients understand the reasons for medical treatment. To represent a person's rights and views in accordance with their wishes, e.g. verbally and/or in writing. To act in accordance with an individual's wishes unless working in a non-instructed capacity. To provide confidential and independent advocacy support whilst ensuring there is no conflict of interest. To provide signposting to other organisations where appropriate. To work in an open and transparent way. |
| **Children's Advocacy** | Advocacy is a service which will help children and young people aged under 18 put their views across to other people or Organisations. | To promote positive parenting. To build parents' self-esteem and skills to use at home or workplace. To build confidence and aid in personal development. To listen to views and opinions. To ensure children are empowered to speak for themselves. To act if necessary on a child's behalf. Including attending meetings.To assist with understanding forms and letters. |
| **Counselling in Schools** | The organisation offers a generic counselling service working with young people who have social, emotional or behavioural problems. The ability to provide the service in school offers equal access to all. | To minimise disruption to a young person's education.To ensure sessions are rotated throughout the timetable ensuring that the same lesson is not missed on a regular basis. |

| | | |
|---|---|---|
| **PND Sure Start Counselling Peri Natal** | This service provides counselling to those experiencing post natal depression. | To provide ten weekly sessions enabling clients to discuss their feelings and experiences in a safe and non-judgemental environment. |
| **Counselling for children and young people experiencing loss and bereavement** | This service provides counselling to those experiencing childhood bereavement. This can be a risk factor on later difficulties including anxiety, depression, teenage pregnancies and involvement in crime. | To provide support to children and young children aged 5-19. To help young people to understand and cope with their loss. To promote the health and well being of each child. |
| **Counselling for adults with difficulties controlling their anger** | There is a growing body of evidence that links anger to a range of emotional, social and physical problems. Anger has been linked to coronary disease, cancer, stroke and general poor health. This service seeks to mitigate against these risk factors by provision of counselling to those aged 19+. | To improve their anger management skills. To improve social interaction and relationships. To reduce episodes of verbal and physical aggression. |
| **Counselling for children and young people with difficulties controlling their anger** | This project aims to work with children and young people with difficulties controlling their anger. | To prevent exclusion from the education system due to anger issues. This, will then enable more positive outcomes in later life. |
| **CAMHS (Child and Adolescent Mental Health Services)** | In partnership with CAMHS we offer group work and individual counselling sessions to young people on the CAMHS waiting list. | This service not only supports CAMHS services but also increases access to mental health provision for young people within the Borough of Wigan. |
| **Lean on Me** | This project aims to work with adults by providing both advocacy and counselling. | To prevent the need for individuals to access statutory services. |

## Achievement and performance

This year the charity worked 2759 new individuals and families, offering 10,108 individual face to face sessions. The charity's DNA and cancellation rate remains at 2.73% and 4.01% respectively. This level is the envy of statutory and 3rd sector organisations alike. This year has seen increased partnership working especially with Children and Adolescent Mental Health services. The initiatives begun in 2018 will mean we will be able to work with even more young people in the years to come. We have witnessed a change in staff also this year allowing more new professionals to gain experience with this vibrant and forward thinking organisation.

From a school counselling perspective 88% of all young people seen showed an improvement and 11% stayed the same with only 1% deteriorating. This is based on a wellbeing scale administered at the beginning and end of therapy.

## Financial review

### Financial position

The financial statement show a surplus of £65,951 for the year. The charity has significantly changed its financial monitoring in order to improve its awareness of its financial position at any time during the financial year. This has already began to show benefits.

### Reserves policy

The Trustees have examined the charity's requirements for reserves and it was agreed that the level of reserves at any time should be enough to cover six months running costs, in order to achieve a controlled exit strategy should the need arise.

This is believed to be financially prudent as well as morally correct in protecting the employment of its staff (and their families) and continuity of work with clients. Six months would allow work with clients to be finished or a reasonable and measured transfer of cases to other organisations to be arranged.

At the reporting date the charity had reserves of £470,572 or which £194,085 relates to restricted funds. As the organisation is due to move in the near future this surplus will be kept to support the move and the new accommodation.

### Funds in deficit

At the reporting date the post natal depression fund was in deficit by £3,356. This deficit is expected to be reduced in subsequent years.

## Future plans

The charity has published a five year Business plan for 2018 detailing its short term and longer term objectives.

The 2020 financial year will see the charity entering a new round of tendering.

The charity now has more control over its finances than ever before. The surplus made in 2018 has been dedicated to the impending move to new premises not yet identified.

The charity plans to expand outside of the Borough of Wigan in order to bring more finances into the Wigan Borough and therefore help more families, individuals and children. This will commence in the next financial year.

Training with other organisations will be a focus in 2019. Whether that be working with care homes or training for children's advocacy ambassadors the demand for our expertise and experience is definitely there.

The charity will invest in the new financial year in IT systems to improve service delivery and agile working arrangements for its staff.

Stronger relationships with partners are envisaged. We will continue to work with children and adolescent mental health services to reduce their waiting lists in Wigan.

### Lessons learnt from past or current activities

The charity has a long history (formed in 1958) and prides itself on learning from the past. This year has been no different. It has identified that tighter controls are needed overs its financial management strategy. The improved controls are already showing an immense benefit.

The charity has learnt in the current financial and political environment to be more adaptable to changes.

## Structure, Governance and Management

### Governing document

The organisation is a charitable company, limited by guarantee, incorporated on 20 May 1999 and registered as a charity on 31 July 1999. The company established under a memorandum of association which established the objectives and powers of the charitable company and is governed under its articles of association. In the event of the company being wound up, members are required to contribute an amount not exceeding £5.

### Recruitment and appointment of new trustees

The Trustees who served during the year and since the year end are set out below. Trustees are appointed each year at the annual general meeting.

Trustees are recruited from the charity's membership or from users of the service.

The charity is a fully independent organisation and does not allow external bodies to appoint its trustees.

Training is offered to Trustees at the point of induction and ongoing as identified.

The charity currently has Trustee indemnity insurance cover of £100,000.

### Organisational structure

The organisational structure consists of a minimum of five and no more than twelve Trustees on the Board of Trustees at any one time.

The Chief Officer Stuart Parsons is responsible for the day to management of the charity. He has three managers allocated to counselling, advocacy and administration. All other staff and volunteers report to their designated line manager.

### Induction and training of new trustees

All new Trustees have a full induction to the organisation in line with staff and other volunteers. This includes roles and responsibilities both financial and those under charitable law.

## Structure, Governance and Management

**Key Management Remuneration**

In August of each year the Board of Trustees review the renumeration of key management personnel and authorise any increments.

## Reference and Administrative details

**Registered Company Number**

03773810 (England and Wales)

**Registered Charity Number**

1076830

**Registered Office**

St Catharine's House
Catherine Terrace
Scholes
Wigan
Lancashire
WN1 3JW

## Trustees

Chairman / Rev Fr C Stainton-Polland
Treasurer / A Johnson
Reverend B Matthews - resigned 31/3/2018
Reverend W Gibson - appointed 28/6/2018
C D Latham
Ms J Murdoch
Ms S Cole

## Company Secretary

S Parsons

## Independent examiner

Gary Edgerton FCA Cert PFS
Institute of Chartered Accountants
in England and Wales

**Fairhurst Chartered Accountant**s
Douglas Bank House
Wigan Lane
Wigan
Lancashire
WN1 2TB

## Bankers

**The Cooperative Bank**
P O Box 250
Skelmersdale
WN8 6WT

## Solicitors

**Healds Solicitors**
Moot Hall Chambers
8 Wallgate
Wigan
WN1 1JE

## Chief Officer

Stuart Parsons

This report has been prepared in accordance with the special provisions of Part 15 of the Companies Act 2006 relating to small companies and approved by order of the board of trustees.

## Independent examiner's report to the trustees of The Wigan Churches' Association for Family Welfare ('the Company')

I report to the charity trustees on my examination of the accounts of the Company for the year ended 31 December 2018.

**Responsibilities and basis of report**

As the charity's trustees of the Company (and also its directors for the purposes of company law) you are responsible for the preparation of the accounts in accordance with the requirements of the Companies Act 2006 ('the 2006 Act').

Having satisfied myself that the accounts of the Company are not required to be audited under Part 16 of the 2006 Act and are eligible for independent examination, I report in respect of my examination of your charity's accounts as carried out under section 145 of the Charities Act 2011 ('the 2011 Act'). In carrying out my examination I have followed the Directions given by the Charity Commission under section 145 (5) (b) of the 2011 Act.

**Independent examiner's statement**

Since your charity's gross income exceeded £250,000 your examiner must be a member of a listed body. I can confirm that I am qualified to undertake the examination because I am a registered member of Institute of Chartered Accountants in England and Wales which is one of the listed bodies.

I have completed my examination. I confirm that no matters have come to my attention in connection with the examination giving me cause to believe:

1. accounting records were not kept in respect of the Company as required by section 386 of the 2006 Act; or
2. the accounts do not accord with those records; or
3. the accounts do not comply with the accounting requirements of section 396 of the 2006 Act other than any requirement that the accounts give a true and fair view which is not a matter considered as part of an independent examination; or
4. the accounts have not been prepared in accordance with the methods and principles of the Statement of Recommended Practice for accounting and reporting by charities [applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102)].

I have no concerns and have come across no other matters in connection with the examination to which attention should be drawn in this report in order to enable a proper understanding of the accounts to be reached.

Gary Edgerton FCA Cert PFS
Institute of Chartered Accountants
in England and Wales

**Fairhurst Chartered Accountants**
Douglas Bank House
Wigan Lane
Wigan
Lancashire
WN1 2TB

# Statement of Financial Activities

(Incorporating an income and expenditure account) for the year ended 31 december 2018

| | Notes | Unrestricted funds £ | Restricted funds £ | 2018 Total funds £ | 2017 Total funds £ |
|---|---|---|---|---|---|
| **Income and Endowments from** | | | | | |
| Donations and legacies | 3 | 3 | (5) | 3,386 | 3,787 |
| **Charitable activities** | 5 | | | | |
| Counselling & Advocacy | | 380,260 | 505,523 | 885,783 | 816,335 |
| Investment income | 4 | 1,269 | - | 1,269 | 1,000 |
| **Total** | | **384,920** | **505,518** | **890,438** | **821,122** |
| **Expenditure on** | | | | | |
| **Charitable activities** | 6 | | | | |
| Counselling & Advocacy | | 399,158 | 425,329 | 824,487 | 672,421 |
| Other | | - | - | - | 122,636 |
| **Total** | | **399,158** | **425,329** | **824,487** | **795,057** |
| **Net income/(expenditure)** | | (14,238) | 80,189 | 65,951 | 26,065 |
| **Transfers between funds** | 18 | 56,983 | (56,983) | - | - |
| **Net movement in funds** | | 42,745 | 23,206 | 65,951 | 26,065 |
| **Reconciliation of funds** | | | | | |
| Total funds brought forward | | 233,743 | 170,878 | 404,621 | 378,556 |
| **Total funds carried forward** | | **276,488** | **194,084** | **470,572** | **404,621** |

# Statement of Financial Position

At 31 December 2018

| | Notes | Unrestricted funds £ | Restricted funds £ | 2018 Total funds £ | 2017 Total funds £ |
|---|---|---|---|---|---|
| **Fixed Assets** | | | | | |
| Tangible assets | 12 | 22,059 | - | 22,059 | 26,782 |
| **Current Assets** | | | | | |
| Debtors | 13 | 7,000 | 54,682 | 61,682 | 78,780 |
| Cash at bank and in hand | | 459,238 | 204,409 | 663,647 | 598,893 |
| | | **466,238** | **259,091** | **725,329** | **677,673** |
| **Creditors** | | | | | |
| Amounts falling due within one year | 14 | (11,417) | (35,679) | (47,096) | (40,167) |
| **Net Current Assets** | | 454,821 | 223,412 | 678,233 | 637,506 |
| **Total Assets less Current Liabilities** | | 476,880 | 223,412 | 700,292 | 664,288 |
| **Total Assets less Current Liabilities** | 17 | (200,393) | (29,327) | (229,720) | (259,667) |
| **Net Assets** | | 276,487 | 194,085 | 470,572 | 404,621 |
| **Funds** | 18 | | | | |
| Unrestricted funds | | | | 276,487 | 233,743 |
| Restricted funds | | | | 194,085 | 170,878 |
| **Total Funds** | | | | **470,572** | **404,621** |

# Statement of Financial Position

At 31 December 2018

**The charitable company is entitled to exemption from audit under Section 477 of the Companies Act 2006 for the year ended 31 December 2018.**

The members have not required the company to obtain an audit of its financial statements for the year ended 31 December 2018 in accordance with Section 476 of the Companies Act 2006.

The trustees acknowledge their responsibilities for

a. ensuring that the charitable company keeps accounting records that comply with Sections 386 and 387 of the Companies Act 2006 and

b. preparing financial statements which give a true and fair view of the state of affairs of the charitable company as at the end of each financial year and of its surplus or deficit for each financial year in accordance with the requirements of Sections 394 and 395 and which otherwise comply with the requirements of the Companies Act 2006 relating to financial statements, so far as applicable to the charitable company.

These financial statements have been prepared in accordance with the special provisions of Part 15 of the Companies Act 2006 relating to charitable small companies.

The financial statements were approved by the Board of Trustees.

# Statement of Cash Flows
for the Year Ended 31 December 2018

| | Notes | 2018 £ | 2017 £ |
|---|---|---|---|
| **Cash flows from operating activities** | | | |
| Cash generated from operations | 1 | 47,728 | 42,597 |
| **Net cash provided by (used in) operating activities** | | 47,728 | 42,597 |
| **Change in cash and cash equivalents in the reporting period** | | 47,728 | 42,597 |
| **Cash and cash equivalents at the beginning of the reporting period** | 2 | 591,424 | 548,827 |
| **Cash and cash equivalents at the end of the reporting period** | 2 | 639,152 | 591,424 |

# Notes to the Statement of Cash Flows
for the Year Ended 31 December 2018

## 1. Reconciliation Of Net Income / (Expenditure) To Net Cash Flow From Operating Activities

| | 2018 £ | 2017 £ |
|---|---|---|
| **Net income/(expenditure) for the reporting period (as per the statement of financial activities)** | 65,951 | 26,065 |
| **Adjustments for:** | | |
| Depreciation charges | 4,721 | 6,616 |
| Decrease/(increase) in debtors | 17,100 | (15,074) |
| (Decrease)/increase in creditors | (40,044) | 24,990 |
| **Net cash provided by (used in) operating activities** | **47,728** | **42,597** |

## 2. Analysis Of Cash And Cash Equivalents

| | 2018 £ | 2017 £ |
|---|---|---|
| Cash in hand | 1,157 | 689 |
| Notice deposits (less than 3 months) | 662,490 | 598,204 |
| Overdrafts included in bank loans and overdrafts falling due within one year | (24,495) | (7,469) |
| **Total cash and cash equivalents** | **639,152** | **591,424** |

# Notes to the Financial Statements
for the Year Ended 31 December 2018

## 1. Statutory Information

The Wigan Churches' Association for Family Welfare is a charitable company, limited by guarantee, registered in England and Wales. The charitable company's registered number and registered office address can be found in the Report of the Trustees.

## 2. Accounting Policies

**Basis of preparing the financial statements and assessment of going concern**

The financial statements of the charitable company, which is a public benefit entity under FRS 102, have been prepared in accordance with the Charities SORP (FRS 102) 'Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2015)', Financial Reporting Standard 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland' and the Companies Act 2006. The financial statements have been prepared under the historical cost convention.

The principal accounting policies adopted in the preparation of the financial statements are set out below.

The Trustees consider that there are no material uncertainties regarding the charitable company's ability to continue as a going concern.

**Income**

All incoming resources are included on the Statement of Financial Activities when the company is entitled to the income and the amount can be quantified with reasonable accuracy.

Income from schools counselling services is recognised at the fair value of the consideration receivable for services provided. Income is recognised according to the period to which it relates. Amounts invoiced in advance of the service being performed are accounted for as deferred income and recognised as income when the service has been performed.

Grant income is accounted for under the accruals model. Grant income is recognised at the fair value of consideration received in the period which it is received. Where performance related conditions are specified income is recognised to the extent that the conditions have been met.

Donations are recognised upon receipt, unless the donor either requests that income be utilised in a future accounting period or the charitable company reaches a certain performance level. In such cases donation income is deferred until these conditions are met.

Investment income is recognised on a receivable basis upon notification of the amount payable by the bank.

**Expenditure**

Liabilities are recognised as expenditure as soon as there is a legal or constructive obligation committing the charity to that expenditure, it is probable that a transfer of economic benefits will be required in settlement and the amount of the obligation can be measured reliably. Expenditure is accounted for on an accruals basis and has been classified under headings that aggregate all cost related to the category. Where costs cannot be directly attributed to particular headings they have been allocated to activities on a basis consistent with the use of resources.

**Governance costs**

Governance costs are those incurred in connection with administration of the charity and compliance with constitutional and statutory requirements.

**Support costs**

Support costs include those relating to human resource, administration expenses, finance, and information systems.

**Tangible fixed assets**

Fixed assets are stated at cost less accumulated depreciation and impairment losses.

Depreciation is provided at the following annual rates in order to write off each asset over its estimated useful life.

Plant and machinery etc - 20% on reducing balance and 15% on reducing balance.

**Taxation**

The charitable company is exempt from taxation on activites relating to its primary trading purpose.

**Fund accounting**

Unrestricted funds can be used in accordance with the charitable objectives at the discretion of the trustees.

Restricted funds can only be used for particular restricted purposes within the objects of the charity. Restrictions arise when specified by the donor or when funds are raised for particular restricted purposes.

**Pension costs**

Contributions payable to employees personal pension schemes are charged to the Statement of Financial Activities in the period to which they relate.

**Financial instruments**

The company has elected to apply the provisions of FRS 102 Section 11 'Basic Financial Instruments' to all of its financial instruments.

The following assets and liabilities are classified as financial instruments; bank accounts, trade debtors, trade creditors and accruals.

Financial instruments that are payable or receivable within one year are measured initially and subsequently at the undiscounted amount of the cash or other consideration that is expected to be paid or received.

## 3. Donations and Legacies

| | Unrestricted funds £ | Restricted funds £ | 2018 Total funds £ | 2017 Total funds £ |
|---|---|---|---|---|
| Donations | 2,840 | - | 2,840 | 3,365 |
| Subscriptions | 551 | (5) | 546 | 422 |
| **Total** | **3,391** | **(5)** | **3,386** | **3,787** |

## 4. Investment Income

| | Unrestricted funds £ | Restricted funds £ | 2018 Total funds £ | 2017 Total funds £ |
|---|---|---|---|---|
| Bank interest receivable | 1,269 | - | 1,269 | 1,000 |

## 5. Income from Charitable Activities

| | 2018 Counselling & Advocacy £ | 2017 Total Activities £ |
|---|---|---|
| Grants | 281,657 | 208,659 |
| Childrens' fund | 50,064 | 47,946 |
| Sure Start | 20,340 | 20,340 |
| Schools counselling | 350,198 | 378,788 |
| IMCA | 183,524 | 160,602 |
| **Total** | **885,783** | **816,335** |

## 6. Charitable Activities Costs

| | Direct costs £ | Support costs (See note 7) £ | Total costs £ |
|---|---|---|---|
| Counselling & Advocacy | 634,588 | 189,899 | 824,487 |

## 7. Support Costs

| | Management costs £ | Governance costs £ | Total costs £ |
|---|---|---|---|
| Counselling & Advocacy | 71,300 | 118,599 | 189,899 |

## 8. Net Income/(Expenditure)

| | 2018 £ | 2017 £ |
|---|---|---|
| Net income/(expenditure) is stated after charging/(crediting): | | |
| Independent examination costs | 3,000 | 3,000 |
| Depreciation - owned assets | 4,723 | 6,616 |

## 9. Trustees' Remuneration and Benefits

There were no trustees' remuneration or other benefits for the year ended 31 December 2018 nor for the year ended 31 December 2017.

**Trustees' expenses**

There were no trustees' expenses paid for the year ended 31 December 2018 nor for the year ended 31 December 2017.

## 10. Staff Costs

| | 2018 £ | 2017 £ |
|---|---|---|
| Wages and salaries | 636,571 | 591,726 |
| Social security costs | 51,673 | 48,003 |
| Other pension costs | 31,440 | 31,701 |
| **Total** | **719,684** | **671,430** |

| The average monthly number of employees during the year was as follows: | 2018 | 2017 |
|---|---|---|
| Management and administration | 6 | 6 |
| Counsellors | 16 | 16 |
| Advocates | 6 | 6 |
| **Total** | **28** | **28** |

No employees received emoluments in excess of £60,000.

The charity considers its key management personnel comprise the trustees and the Chief Officer. The total remuneration of the key management personnel including pension contributions was £53,544 (2017: £52,722).

The company paid £31,440 (2017: £31,701) into employees personal pension schemes during the reporting period. There were pension commitments of £3,002 (2017: £5,828) at the reporting date.

## 11. Comparatives For The Statement Of Financial Activities

| | Unrestricted funds £ | Restricted funds £ | Total funds £ |
|---|---|---|---|
| **Income and Endowments from;** | | | |
| Donations and legacies | 3,785 | 2 | 3,787 |
| **Charitable activities** | | | |
| Counselling & Advocacy | 409,039 | 407,296 | 816,335 |
| Investment income | 1,000 | - | 1,000 |
| **Total** | **413,824** | **407,298** | **821,122** |
| | | | |
| **Expenditure On;** | | | |
| **Charitable activities** | | | |
| Counselling & Advocacy | 359,506 | 312,915 | 672,421 |
| Other | 109,505 | 13,131 | 122,636 |
| **Total** | **469,011** | **326,046** | **795,057** |
| | | | |
| **Net Income/(Expenditure)** | (55,187) | 81,252 | 26,065 |
| **Transfers between funds** | 40,317 | (40,317) | - |
| **Net movement in funds** | **(14,870)** | **40,935** | **26,065** |
| | | | |
| **Reconciliation Of Funds** | | | |
| **Total funds brought forward** | 248,611 | 129,945 | 378,556 |
| **Total Funds Carried Forward** | **233,741** | **170,880** | **404,621** |

## 12. Comparatives For The Statement Of Financial Activities

| | Fixtures and fittings £ | Computer equipment £ | Totals £ |
|---|---|---|---|
| **Cost** | | | |
| At 1 January 2018 and 31 December 2018 | 45,463 | 100,472 | 145,935 |
| **Depreciation** | | | |
| At 1 January 2018 | 38,419 | 80,734 | 119,153 |
| Charge for year | 1,056 | 3,667 | 4,723 |
| At 31 December 2018 | 39,475 | 84,401 | 123,876 |
| **Net Book Value** | | | |
| At 31 December 2018 | 5,988 | 16,071 | 22,059 |
| At 31 December 2017 | 7,044 | 19,738 | 26,782 |

## 13. Debtors: Amounts Falling Due Within One Year

| | 2018 £ | 2017 £ |
|---|---|---|
| Trade debtors | 56,953 | 74,802 |
| Prepayments and accrued income | 4,729 | 3,978 |
| **Total** | **61,682** | **78,780** |

Trade debtors relate to restricted funds of £52,342 (2017: £58,254) and unrestricted funds of £4,611 (2017: £16,548).

Prepayments and accrued income relate to restricted funds of £2,389 (2017: £1,528) and unrestricted funds of £2,340 (2017: £2,450).

## 14. Creditors: Amounts Falling Due Within One Year

| | 2018 £ | 2017 £ |
|---|---|---|
| Bank loans and overdrafts (see note 15) | 24,495 | 7,469 |
| Creditors and Accruals | 22,601 | 32,698 |
| **Total** | **47,096** | **40,167** |

Bank loans and overdrafts relate to balances on restricted funds in both 2018 and 2017.

Creditors and accruals relate to restricted funds of £11,186 (2017: £2,829) and unrestricted funds of £11,415 (2017: £29,869).

## 15. Loans

An analysis of the maturity of loans is given below:

| | 2018 £ | 2017 £ |
|---|---|---|
| **Amounts falling due within one year on demand:** | | |
| Bank overdraft | 24,495 | 7,469 |

## 16. Leasing Agreements

Minimum lease payments under non-cancellable operating leases fall due as follows:

| | 2018 £ | 2017 £ |
|---|---|---|
| Within one year | - | 7,469 |

## 17. Accruals And Deferred Income

| | 2018 £ | 2017 £ |
|---|---|---|
| Accruals and deferred income | 229,720 | 259,667 |

Deferred income relates to amounts invoiced up to the reporting date in respect of counselling services to be provided after the reporting date.

Deferred income relates to unrestricted funds of £200,393 (2017: £220,264) and restricted funds of £29,327 (2017: £39,403).

During the year all of the income deferred at 31 December 2017 was recognised in the Statement of Financial Activities.

## 18. Movement In Funds

| | At 1/1/18 £ | Net movement in funds £ | Transfer between funds £ | At 31/12/18 £ |
|---|---|---|---|---|
| **Unrestricted funds** | | | | |
| Core Funds | 134,957 | (67,601) | 92,004 | 159,360 |
| Schools Couselling | 97,617 | 53,362 | (35,021) | 115,958 |
| Designated funds | 1,169 | - | - | 1,169 |
| | **233,743** | **(14,239)** | **56,983** | **276,487** |
| **Restricted funds** | | | | |
| Post Natal | (4,653) | 3,331 | (2,034) | (3,356) |
| Adult Anger | 37,866 | 27,074 | (6,757) | 58,183 |
| Child Anger - | | (2,191) | 2,191 | - |
| Child bereavement | 38,241 | 10,803 | (6,980) | 42,064 |
| Child Advocacy | 52,328 | 9,481 | (3,830) | 57,979 |
| Imca dol, rep, imha | 24,155 | 7,699 | (17,260) | 14,594 |
| Lean on me | 4,214 | 16,911 | (15,000) | 6,125 |
| CAMHS | 18,727 | 7,082 | (7,313) | 18,496 |
| | **170,878** | **80,190** | **(56,983)** | **194,085** |
| **Total Funds** | **404,621** | **65,951** | **-** | **470,572** |

Net movement in funds, included in the above are as follows:

| | Incoming resources £ | Resources expended £ | Movement in funds £ |
|---|---|---|---|
| **Unrestricted funds** | | | |
| Core Funds | 34,722 | (102,323) | (67,601) |
| Schools Couselling | 350,197 | (296,835) | 53,362 |
| | **384,919** | **(399,158)** | **(14,239)** |
| **Restricted funds** | | | |
| Post Natal | 20,339 | (17,008) | 3,331 |
| Adult Anger | 45,045 | (17,971) | 27,074 |
| Child Anger | 11,362 | (13,553) | (2,191) |
| Child bereavement | 24,356 | (13,553) | 10,803 |
| Child Advocacy | 50,064 | (40,583) | 9,481 |
| Imca dol, rep, imha | 172,601 | (164,902) | 7,699 |
| Lean on me | 150,000 | (133,089) | 16,911 |
| CAMHS | 31,752 | (24,670) | 7,082 |
| | **505,519** | **(425,329)** | **80,190** |
| **Total Funds** | **890,438** | **(824,487)** | **65,951** |

## Comparatives for movement in funds

| | At 1/1/17 £ | Net movement in funds £ | Transfer between funds £ | At 31/12/17 £ |
|---|---|---|---|---|
| **Unrestricted funds** | | | | |
| Core Funds | 124,213 | (67,452) | 78,196 | 134,957 |
| Schools Counselling | 124,398 | 45,204 | (71,985) | 97,617 |
| Designated funds - | - | (32,937) | 34,106 | 1,169 |
| | **248,611** | **(55,185)** | **40,317** | **233,743** |
| **Restricted funds** | | | | |
| Post Natal | (6,928) | 4,309 | (2,034) | (4,653) |
| Adult Anger | 27,356 | 17,267 | (6,757) | 37,866 |
| Child Anger | 4,223 | (4,280) | 57 | - |
| Child bereavement | 32,557 | 9,325 | (3,641) | 38,241 |
| Child Advocacy | 49,019 | 7,139 | (3,830) | 52,328 |
| Imca dol, rep, imha | 23,718 | 16,497 | (16,060) | 24,155 |
| Lean on me | - | 11,714 | (7,500) | 4,214 |
| CAMHS | - | 19,279 | (552) | 18,727 |
| | **129,945** | **81,250** | **(40,317)** | **170,878** |
| **Total Funds** | **378,556** | **26,065** | **-** | **404,621** |

Net movement in funds, included in the above are as follows:

| | Incoming resources £ | Resources expended £ | Movement in funds £ |
|---|---|---|---|
| **Unrestricted funds** | | | |
| Core Funds | 35,034 | (102,486) | (67,452) |
| Schools Couselling | 378,789 | (333,585) | 45,204 |
| Designated funds | - | (32,937) | (32,937) |
| | **413,823** | **(469,008)** | **(55,185)** |
| **Restricted funds** | | | |
| Post Natal | 20,340 | (16,031) | 4,309 |
| Adult Anger | 45,047 | (27,780) | 17,267 |
| Child Anger | 11,365 | (15,645) | (4,280) |
| Child bereavement | 24,477 | (15,152) | 9,325 |
| Child Advocacy | 47,945 | (40,806) | 7,139 |
| Imca dol, rep, imha | 160,601 | (144,104) | 16,497 |
| Lean on me | 75,000 | (63,286) | 11,714 |
| CAMHS | 22,524 | (3,245) | 19,279 |
| | **407,299** | **(326,049)** | **81,250** |
| **Total Funds** | **821,122** | **(795,057)** | **26,065** |

**A current year 12 months and prior year 12 months combined position is as follows:**

| | At 1/1/17 £ | Net movement in funds £ | Transfer between funds £ | At 31/12/18 £ |
|---|---|---|---|---|
| **Unrestricted funds** | | | | |
| Core Funds | 124,213 | (135,053) | 170,200 | 159,360 |
| Schools Couselling | 124,398 | 98,566 | (107,006) | 115,958 |
| Designated funds | - | (32,937) | 34,106 | 1,169 |
| | | | | |
| **Restricted funds** | | | | |
| Post Natal | (6,928) | 7,640 | (4,068) | (3,356) |
| Adult Anger | 27,356 | 44,341 | (13,514) | 58,183 |
| Child Anger - | 4,223 | (6,471) | 2,248 | - |
| Child bereavement | 32,557 | 20,128 | (10,621) | 42,064 |
| Child Advocacy | 49,019 | 16,620 | (7,660) | 57,979 |
| Imca dol, rep, imha | 23,718 | 24,196 | (33,320) | 14,594 |
| Lean on me | - | 28,625 | (22,500) | 6,125 |
| CAMHS | - | 26,361 | (7,865) | 18,496 |
| | **129,945** | **161,440** | **(97,300)** | **194,085** |
| **Total Funds** | **378,556** | **92,016** | **-** | **470,572** |

A current year 12 months and prior year 12 months combined net movement in funds, included in the above are as follows:

| | Incoming resources £ | Resources expended £ | Movement in funds £ |
|---|---|---|---|
| **Unrestricted funds** | | | |
| Core Funds | 69,756 | (204,809) | (135,053) |
| Schools Couselling | 728,986 | (630,420) | 98,566 |
| Designated funds | - | (32,937) | (32,937) |
| | **798,742** | **(868,166)** | **(69,424)** |
| | | | |
| **Restricted funds** | | | |
| Post Natal | 40,679 | (33,039) | 7,640 |
| Adult Anger | 90,092 | (45,751) | 44,341 |
| Child Anger | 22,727 | (29,198) | (6,471) |
| Child bereavement | 48,833 | (28,705) | 20,128 |
| Child Advocacy | 98,009 | (81,389) | 16,620 |
| Imca dol, rep, imha | 333,202 | (309,006) | 24,196 |
| Lean on me | 225,000 | (196,375) | 28,625 |
| CAMHS | 54,276 | (27,915) | 26,361 |
| | **912,818** | **(751,378)** | **161,440** |
| **Total Funds** | **1,711,560** | **(1,619,544)** | **92,016** |

Unrestricted funds are available to spend on any of the purposes of the charity.

Adult and Child anger - Grant funding is received from Wigan CCG with the restrictive purpose of providing counselling services to individuals who have problems controlling their anger. The funds held at the reporting date will be utilised to continue to expand and improve these services.

IMCA - Grant funding is received from Wigan MBC with the restrictive purpose of providing independent mental capacity advocacy services to referred residents in the Wigan Borough. Funds held are designated to increase future services by three days per week.

Child bereavement - Grant funding is received from Wigan CCG with the restrictive purpose of providing counselling services to bereaved children in the Wigan borough. The funds held at the reporting date will be utilised to continue to expand and improve these services.

Child Advocacy - Grant funding is received from Wigan MBC with the restrictive purpose of providing advocacy services to looked after children and children with mental health issues in the Wigan borough. The funds held at the reporting date will be utilised to provide increased training to professionals in Wigan.

CAMHS (Child and Adolescent Mental Health Services) - Grant funding is received from Wigan CCG with the restrictive purpose of providing counselling services to children and young people who are on existing CAMHS waiting lists. This is a relatively new fund and the funds held at the reporting date will be utilised to provide both group and individual counselling services to children and young people who are on existing CAMHS waiting lists.

Lean on Me - Grant funding is received from the Community Investment Fund with the restrictive purpose of providing generic advocacy and counselling services to people looking for alternatives to statutory services. The funds held at the reporting date will be utilised to provide these services for a further year.

**Transfers between funds**

Transfers from restricted funds to unrestricted core funds of £56,983 (2017: £40,317) were made during the year in respect of management charges and transfer of deficit balances on restricted funds.

## 19. Related Party Disclosures

There were no related party transactions for the year ended 31 December 2018.

## 20. Control

The company is under the control of the trustees.

# Detailed Statement of Financial Activities

for the Year Ended 31 December 2018

| | 2018 £ | 2017 £ |
|---|---|---|
| **Income And Endowments** | | |
| **Donations and legacies** | | |
| Donations | 2,840 | 3,365 |
| Subscriptions | 546 | 422 |
| | **3,386** | **3,787** |
| **Investment income** | | |
| Bank interest receivable | 1,269 | 1,000 |
| **Charitable activities** | | |
| Grants | 281,657 | 208,659 |
| Childrens' fund | 50,064 | 47,946 |
| Sure Start | 20,340 | 20,340 |
| Schools counselling | 350,198 | 378,788 |
| IMCA | 183,524 | 160,602 |
| | **885,783** | **816,335** |
| **Total incoming resources** | **890,438** | **821,122** |
| **Expenditure** | | |
| **Charitable activities** | | |
| Wages | 557,627 | 514,661 |
| Social security | 44,700 | 40,611 |
| Pensions | 26,876 | 27,137 |
| Training fees | 5,385 | 6,270 |
| | **634,588** | **588,679** |
| **Support costs** | | |
| **Management** | | |
| Rent rates and water | 8,603 | 7,076 |
| Insurance | 3,842 | 3,856 |
| Light and heat | 4,785 | 4,007 |
| Telephone | 5,673 | 4,496 |
| Postage and stationery | 8,080 | 12,207 |
| Travelling and subsistence | 15,211 | 15,826 |
| Computer costs | 16,833 | 23,752 |
| Repairs and renewals | 3,552 | 5,905 |
| Fixtures & fittings depreciation | 1,055 | 1,244 |
| Computer equipment depreciation | 3,666 | 5,373 |
| | **71,300** | **83,742** |

| | 2018 £ | 2017 £ |
|---|---|---|
| **Governance costs** | | |
| Wages | 78,944 | 77,065 |
| Social security | 6,973 | 7,392 |
| Pensions | 4,564 | 4,564 |
| Auditors' remuneration | - | - |
| Auditors' remuneration for non audit work | 3,000 | 3,000 |
| Sundries | 10,135 | 9,909 |
| Accountancy fees | 14,983 | 19,003 |
| Professional fees | - | 1,703 |
| | **118,599** | **122,636** |
| **Total resources expended** | **824,487** | **795,057** |
| | | |
| **Net Income** | 65,951 | 26,065 |

# ANNUAL REPORT

## & ACCOUNTS 2018

The Wigan Churches' Association for Family Welfare is a registered charity in England and Wales (1076830). Company number 3773810.

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Design & Print by **Zerogap Creative Marketing Ltd.**

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