



The Maya Centre
counselling for women

**The Maya Centre Strategic Plan
2018- 2021**

***Playing our Part in Developing
a Safer, Healthier Community***

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Introduction

The Maya Centre celebrates 34 years of services to women's mental health in 2018. We deliver excellent quality therapy to more and more women, with greater efficiency and demonstrably good outcomes despite limited and short-term funding. The demand is ever increasing. We are all determined to be resilient, surviving and growing in the face of adversity, just as we would wish for the many women we serve.

Having achieved many of the priorities from our previous strategic plans, we go into 2018 with an established director and staff team, a new lease on good quality premises we have been in since 2013, talented and committed trustees and patrons, and a varied funding portfolio. These are great assets in difficult times.

This updated Strategic Plan reflects the ambition of the Maya Centre and sets out our vision for the coming years, and our plans for delivering our priority outcomes.

Our Vision / Mission:

The Maya Centre exists to enhance resilience and increase wellbeing in women who have experienced mental health issues stemming from experiences such as trauma and gender based violence, domestic violence, physical abuse or sexual abuse in childhood, experiences of war and conflict and harmful traditional practices.

We support and enable women towards:

Recovery: *reduced impact of trauma and greater ability to enjoy life and plan for the future.*

Resilience: *reduced isolation, increased willingness to talk about and report abuse; increased sense of self-worth and self-esteem.*

Prevention: *reduced risk to self and others, changed patterns of behaviour and reduced likelihood of remaining in or re-entering abusive relationships.*

Wider community: *improved relationships with children and family, and more engaged in community activities, education, training and employment.*

As an organisation, we will educate and inform partners and public about the impact

on women of gender based harm and the need for therapy to redress that harm.

Our values and priorities

The Maya Centre has always based its work on providing access to *quality* therapy based on well-established psychodynamic principles and practice, delivered by well trained and well supervised counsellors. We value equity and *equality in access* to skilled mental health treatment: our service is for women who need but would not otherwise be able to afford therapy, so we prioritise women who are over 18 and on benefits or benefit level income (including part time or low paid employment). We open for four days and one evening a week. We provide same-language counselling where possible, usually having ten or more languages available.

We pay attention to gaining objective assessment of the quality of our work through *external accreditation* by BACP (British Association for Counselling & Psychotherapy) and APPTS (Accreditation Programme for Psychological Therapies Services). We collect data through a validated system CORE (Clinical Outcomes in Routine Evaluation) to make visible how well we support our clients to achieve good outcomes; we aim to be a learning organisation – growing our expertise through the experiences of our clients and the work of our staff to improve outcomes.

Alongside the individual and group therapy, we recognise the challenging social context of our clients' lives and apply a holistic, complementary approach, arranging tailored '*wrap around*' supports where needed, including legal, benefits and housing advice, and supportive activities and groups through our community development work. Through this approach we work with and make referrals to other agencies and services. We also offer group work for Black women and for survivors of child sexual abuse, and art therapy and dance movement therapy to *embed and extend* the personal learning and development achieved in the individual sessions.

Details of our achievement in delivering more sessions and improving waiting times and non-attendance can be found in our Annual Report - *include hyperlink here*
Our priority is to *grow our services*, thoughtfully, to meet the needs of our core client groups, and to do so effectively and cost efficiently.

Our specialist expertise

Issues that we consistently work with include:

- Mental health issues including depression, suicidal ideas or behaviour, anxiety, panic attacks, diagnosis of schizophrenia and personality disorders, psychotic episodes, low self-esteem, lack of confidence, negative self-concept, shame, self-blame, fear and isolation;
- Childhood experiences of physical and/or sexual abuse,
- Trauma through experiences of war and conflict overseas,
- Maternal deprivation, loss and separation, particularly through children being taken into care,
- Inter-generational trauma, in which experiences perpetuate throughout generations, creating familial patterns of abuse,
- Domestic violence, whether physical, sexual, financial or emotional abuse, and as adults themselves, or as children witnessing domestic violence in their families of origin.
- Sexual abuse, rape, forced marriages, trafficking, female genital mutilation and other harmful traditional practices.

This specialist expertise is valuable and hard-learned; *our priority* is to seek funding from other places where there are women who need it but are unable to reach us.

Our clients' lives are improved through their work with The Maya Centre; more women should have the opportunity to benefit, and their stories should be heard more widely.

Action: Create more opportunities to have the voices of our clients heard by funders and the public, to encourage others to seek help if needed and let the wider community gain greater understanding and respect for the difficulties some women live with.

Action: Enable funders and policy makers more widely to appreciate the importance of the work and make funds available to meet the needs of more women.

Action: To carry out pilot work on live video and telephone counselling during 2018-19 as a step along the way to make it practical for our specialist expertise to serve clients unable to leave their homes or living in other areas of London and beyond, subject to funding.

The Impact of our work

As a result of the Maya Centre's work, vulnerable women with multiple disadvantages who have experienced gender-based harm will:

- be better able to meet their own needs;
- have increased self-esteem;
- be better able to set limits and boundaries;
- have a better understanding of the impact of past trauma on present behaviour;
- reduce self-injuring behaviours;
- have improved ability to function and solve problems;
- have improved relationships with others

We want to understand in more detail what difference we make - how well are we are doing and can we do better? We aim to build breadth and depth into our measurement of the impact of our client work, gaining greater understanding of our clients' experience over time.

We want to share what works with our partners and more widely.

Action: to refine our data collection and analysis during 2018-19 to gain better understanding of the positive impacts on our clients' lives; to make our findings about the impact of therapy better known.

Research and Evaluation

We aim to be a learning organisation, to reflect on how we operate and on what works best for our clients, and to learn from their experiences.

Our clients' experiences are reflected in empirical research about how social and economic trends affect women's mental health. For example, the most recent Adult Psychiatric Morbidity Survey¹, showed that common mental health disorders, such as anxiety and depression, are more prevalent in women. The World Health Organisation 2016 has identified a number of risk factors for common mental health disorders which help to explain how and why they may disproportionately affect women. These include: socioeconomic disadvantage; gender based violence; low

1 McManus, Bebbington, Jenkins & Brugha, 2014

income and income inequality; low social status or subordinate social status; and their roles as family carers.

We recognise the evidence that women from Black and Minority Ethnic (BME) backgrounds are disproportionately represented as part of these risk factors, for example, some are more likely to have poorer health and have reduced access to health care services compared to the majority of the white population²

Maya service evaluation and internal audit

To understand the effectiveness of our own service, the Maya Centre worked with University College London (UCL) during 2017 to evaluate our clinical outcomes and the impact on the women who use the service, using the data we gather through CORE-OM, the routine national data collection tool for psychological therapies.

The main findings were:

- the women who are accessing the Maya Centre service have severe levels of psychological distress and impairment as measured by the CORE-OM.
- around 50% of women who engaged with treatment recovered or improved in their symptoms and functioning following therapy as measured by the CORE-OM.
- qualitative feedback suggests that women found the Maya Centre therapeutic, helpful, and a place to enhance their self-esteem and self-worth.

These independent findings on our treatment outcomes are particularly impressive when considering the complexity and severity of mental health problems which women bring to the Maya Centre. *More details are available here – insert hyperlink.*

We would like to evaluate the effectiveness of our approach in further depth, so that we can learn and improve, and share our findings more widely. While we are not in a position to lead a trial, our plan is to collaborate further with academic studies to gain objective feedback on the effectiveness of what we do, and fine-tune our approaches accordingly.

Action: To seek further academic partnership in 2018 with a focus on qualitative data and client feedback, and to consider further such projects in future years.

Action: To continue providing supervision and tailored Continuous Professional Development for our counsellors and staff in order to deliver high quality therapy.

² Inside Outside – Improving Mental Health Services for Black and Minority Ethnic Communities in England, 2013.

Increasing service user involvement

We want to go further in learning from our clients' experience both in the design of services, and in feedback on services used. Some have told their stories through our 'My Voice' project, and the recordings they made and edited have been heard widely at two major events, one at the House of Lords, the other at the FreeWord Centre, making a strong emotional impact. We want more women to give their views and be involved in the Centre in different ways.

We have started a regular programme of Open Evenings, where service users have shared their experiences, and along with staff, trustees, patrons and others have shared and learnt from each other. The feedback from clients has been very positive about how well we interact with them as well as the range of services provided. We will build on these events, and work with clients to put their skills to good use in improving our work for women in future, and also to make their stories heard more widely to funders and the general public. The 2017 UCL study made recommendations on how we collate feedback at the end of therapy to assess its effectiveness, and to consider how to improve how we operate.

Action: Continue our programme of three Open Evenings each year, and expand opportunities for clients to be more involved, and to have their voices heard.

Action: to review our feedback mechanisms during 2018 and refine our ways of learning from clients' experiences.

Making best use of our income, and growing it

In 2016 Mosaic Consultancy carried out an organisational review of the Maya Centre that led to making improvements in our governance with increased scrutiny of financial systems and procedures. We already work in collaboration with three other counselling organisations through the ACCEPT contract with Islington NHS and Social Care, and have had discussions with the sister organisations over the last year about whether other opportunities for joint working might offer efficiencies or

cost saving. We have also approached Cranfield Institute for some charity management consultancy in this area.

We are pleased that our Annual Report for 2016-17 showed our improving waiting times and greatly reduced DNA rates. We aim to gain maximum front-line benefit for all our income.

But referrals almost doubled last year so we also need to increase our income year on year to meet this increasing need. Longer periods of funding would help reduce the burden of constant fundraising, and we started another push on bids to a wide range of charitable funders in late 2017, and will need to continue.

Action: To work in 2018 with Cranfield Institute on the pros and cons of further collaboration and partnership.

Action: To extend the 2017 program of funding applications to local, London and national bodies, and to make approaches to other public and private sources during 2017-18 and beyond.

Action: To engage service users, friends and supporters in fundraising for the centre.