WISH
standing together

TRUSTEE APPLICATION PACK

Autumn 2023



WELCOME TO WISH

Thank you for your interest in becoming a Trustee at WISH.

In 1987, a group of women with experience in the criminal justice and mental healthcare systems joined together to make a change. Each of these women intimately understood just how poorly these systems dealt with women's experiences and how traumatising that could be.

Things have changed since 1987. But we have consistently fought for women's voices to be heard in systems that simply aren't set up for them.

We are a small charity but we continue to have big plans. To take forward our plans and maximise the impact we have for the women we work with we need your help. Having a diverse. skilled and active Board of trustees is the difference that makes the difference.

Join us!



Joyce Kallevik,
Director,
WISH

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The Trustee Role

ABOUT US

WISH is a user-led women's mental health charity. We develop pioneering support services for under-served women, share evidence of what works to improve outcomes for all women, and campaign together for social justice.

Our gender-specific and trauma-informed services include intensive community-based support for women leaving prison, gender-specific advocacy for women in secure hospitals, and free long-term counselling for women in the community to help direct them away from the criminal justice and mental health systems.

Throughout our work, we aim to increase women's participation in the services they receive, building their self-esteem, confidence and self-advocacy as they forge their own positive pathways. We do this by providing long-term, sustainable and consistent relationships with women they can trust and by building on their own strengths, abilities and ambitions.

We envision a world where every woman can step into her own power to make positive change happen.

Our mission is to ensure all women with mental health needs have access to effective services and support.

In addition to our own front-line services, WISH delivers training to professionals in statutory and third sector organisations to help them better understand and work with women with multiple complex mental health needs. We are also investing in our monitoring and evaluation strategies to demonstrate what works so that we can share it more widely.

WISH has a small but committed staff team based in London and working nationally with a range of partner organisations. We currently support over 200 members and work with them to build the lives they want.

Our Values

USER-LED: We empower women with lived experience of mental distress at all levels of our organisation to lead our work and services, from our board and users, to our staff and volunteers, advisory panels and steering groups.

GENDER-SPECIFIC: We design services that are suited to diverse women's lives and needs, respect them as experts in their own experience, acknowledge the intersectional nature of the discrimination they face, are non-judgemental, and seek to give women a stronger voice on a personal level through advocacy and self-advocacy, and at a wider level through our campaigns.

TRAUMA-INFORMED: We provide services that are developed in collaboration with women and avoid asserting power over them, offer safety and trust in the relationships and environments we build together, offer all women choice, flexibility, power and control about how they work with us, and prioritise empowering women as agents of their own change.

RELATIONAL SECURITY: We stand by women at Wish throughout their recovery and rehabilitation, including through any relapses or reoffending, providing trusted sources of support, advice and information whenever we are needed.



Our Theory of Change

In order to achieve our vision and mission, we recognise that we need to help women build their own positive pathways for change at three interrelated levels. We:

- develop pioneering support services for under-served women, focusing on areas of greatest need, & where there is the greatest potential for innovation & impact.

- share evidence of what works with other providers through our networks & training services to improve outcomes for all women.

- campaign together for social justice, & to have women's voices heard at the policy level.



Our Theory of Change

AIMS

Support women to forge their own positive pathways built on improved coping,resettlement & resilience strategies.

Drive changes to policy & practice to improve services for women based on insights into their needs, abilities & ambitions.

INPUTS

Community Link

Counselling

Advocacy

Training

Membership

Campaigns

INITIAL OUTCOMES

Validated by trusted, secure & positive peer relationships. Starting to tell story in own words. Rejecting shame & stigma. Reduction in stress & distress. Engaged in ongoing emotional support.

Building strength & resilience. Taking responsibility. Managing own physical & mental health. Functioning. More on an even keel. Addressing harmful behaviours (e.g. addiction / self injury)

Understanding difficult past & present experiences. Coping with difficult situations & re-traumatising events. Learning how to deal with ongoing change, challenge & crisis.

Building confidence & self-advocacy. Improved awareness of rights. Improved insight into own mental health. Improved communication skills. Empowered to make a positive impact on own treatment & care.

Improved housing, financial & personal situations. Rejecting abusive relationships. Dealing with impact of discrimination & systemic inequalities. Access to resources. Stability.

LONGER-TERM OUTCOMES

Improved self-efficacy. Belief in the possibility of change & not giving up. Setting & pursuing goals. Feeling trust, hope, & kindness. Desisting from crime. Determined.

Feeling in control of the day to day. Engaged & assertive. Taking responsibility. Able to seek help & be heard effectively. Managing life. Sense of normality. Independence.

Improved social situation & leisure activities. Building supportive close relationships with friends & family. Avoiding harmful relationships. Demanding rights & respect.

Able to explore, access & engage with additional services. Able to connect with, care for & contribute to the wider community. Reduced isolation & exclusion.

Enhanced skills, attributes & opportunities. Able to address own priorities for continued self-development, education, training or employment.

IMPACT

Women are able & confident to forge their own positive pathways, benefiting from involvement in their own support, treatment & care, sustained access to trusted peer networks & avoidance of harmful behaviours / reoffending.

Services for women are gender-specific & trauma-informed, providing relational security throughout women's journeys to meet their needs, optimise their potential & support them through any setbacks.

Our Impact

We have pioneered gender-specific and trauma-informed services and we were at the forefront of the development of the gender-specific advocacy model in secure hospitals in 2002.
We helped push for the closure of the women's wings of Broadmoor and Ashworth, profiling the desperate need for gender-specific services. And we have spent the last 36 years working with women, centering their experiences, and standing with them as they make positive changes in their lives.

Independent evaluation of our Community Link resettlement support service by Dr Louise Livesey (University of Gloucestershire) has shown positive change across three dynamic domains (mental health, offending issues and background social and functional issues).

**Almost 80% of the client group reported improvements in confidence, independence, and self-advocacy (79.5%),
72% in engagement with other support services,
64% in demonstrable behavioural changes,
46% achieved stable accommodation/finances, and
26% decreased substance abuse.**

Overall, analysis demonstrates that Wish's Community Link programme is able to produce consistent results across all levels of complex needs. Of course, in evaluation methodologies it is possible to lose sighxt of the individual women and the level of trust, engagement and change that is achieved.

90%

of the women we work with have shown improvements across the complex needs domains.
Of those who had made change, all improved within two or more domains; 40% saw positive change in all three domains.

An internal evaluation conducted via therapist assessment found that

66% of women receiving counselling reported substantial positive improvement in both Anxiety and Depression

*using the GAD7 and PHQ9 scales.



“Suddenly there was a group of women that I could go and talk to who had shared many of my experiences.

Just people that treat you like a human being.

They’d make you a coffee and have a chat, they got to know you and that was lovely. I hadn’t had that for a long time.”

R, WISH member

“When I first went into prison I was 18 years old, I felt all lost and confused.

Then this lovely person came up to introduce herself as Penny. And I have been with Wish ever since.
Now I volunteer myself to speak up for the women in prison.
Because everyone needs a voice and I've been where they are so I know how difficult it is to not hear from family or friends for weeks and months on end. ”

M, WISH member

Who are the women we work with?

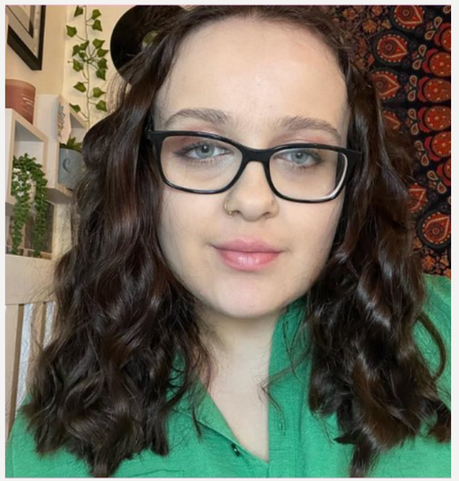


To this day, WISH is a user-led charity – meaning that women with lived experience are at the heart of every decision we make, every issue we campaign on, and every service we develop.















Who are the women we work with?- Composite Story

Carly was the youngest of three children with two elder siblings. Her mother suffered from depression and was under the care of mental health services. Her father drank heavily but denied he had a problem. Her parent's relationship was volatile and Carly and her siblings were exposed to domestic violence at times. Occasionally Carly's mother would go out to the pub with her father leaving Carly and her siblings with a babysitter. The babysitter was kind and Carly particularly liked Matt, her babysitter's boyfriend. Matt spent time reading with her whilst the babysitter watched television with her elder siblings. When Carly was 10 years old she was sexually abused by Matt. She felt ashamed and the belief that she was somehow to blame prevented her from speaking to anyone about this.

At 11 years old Carly was superficially self-harming and restricting her eating. Her weight plummeted and her parents took her to see her GP who referred her to a specialist Eating Disorder Service. They waited a number of weeks for an appointment however at the assessment they were informed that due to Carly's BMI being in the lower part of 'normal range' and no purging behaviour was indicated she was not accepted for treatment. The family was then advised to go back to her GP and request a referral to CAMHS. Being rejected from the Eating Disorder Service left Carly feeling embarrassed and humiliated. This triggered feelings she had tried to suppress since being sexually abused. She was angry with her parents and angry that she had been rejected by the Eating Disorder Service. Initially she refused to see her GP again however her mother was able to persuade her to attend an appointment. On return to the GP a referral to CAMHS was made, however the referral was coded routine rather than urgent. When the appointment finally came through two months later, Carly refused to attend as she was fearful that she may be rejected again. Carly attempted to restrict her food intake further however she began to binge and self-induce vomiting. Her self-harm escalated and her parents took her to A&E following one episode of self-injury. The nurse who saw Carly had an abrupt manner which added to Carly's shame and embarrassment.

Carly had always been shy and had endured intermittent bullying throughout her school years but despite this she had a small group of friends. Carly avoided spending time with them as they began to question why she was skipping lunch or was going straight to the toilet following eating. Without her friends around her the bullying intensified and again Carly felt ashamed and humiliated.

When Carly was 12 years old she tied a ligature around her neck and the following day she was admitted onto a general CAMHS acute ward. As she refused to remain as an Informal patient she was assessed and detained for up to 28 days under Section 2 of the MHA.

Carly received a welcome pack from the ward. She met her named nurse who explained that she would see her for a 1:1 session at least weekly and that she could speak with her or any of the staff if she was struggling at any time. After a couple of weeks Carly began to feel comfortable in the hospital, she was getting on well with her mixed peer group and had developed some friendships. She got on well with the majority of staff and particularly liked her named nurse.

Who are the women we work with?- Composite Story

Upon admission to the hospital Carly had been visited by the Education Officer, who worked with Carly to identify her strengths and needs and these were incorporated into a personalised timetable. Carly welcomed the support from the teachers who had good knowledge of both subjects and mental health. Carly felt more comfortable in the smaller class sizes, her confidence and self-esteem grew and she felt able to take on the challenging, yet achievable work given to her.

During a 1:1 session with her named nurse Carly disclosed the abuse. Carly was relieved to have confided in someone after so long and was reassured when she was told that the hospital had a procedure for dealing with this. She was asked to see the ward psychologist but she found speaking with him difficult. She explained that although she got on well with other male staff, she didn't feel comfortable working him. The psychologist didn't appear to be LISTENING. Carly discussed her concerns with her named nurse who spoke with him. He explained that various research has been conducted on this matter, mainly around PTSD and sexual abuse, and the results were inconclusive. He informed her named nurse that some studies indicated that a same-sex therapist might, in some cases, facilitate the engagement process. However other studies suggested that a therapist of the opposite sex has to be preferred as this could provide a corrective role model and therefore restore the trust in the other sex. He believed that there was no current reason for the hospital to provide a female psychologist. Her named nurse argued that the relationship that she had developed with the male ward manager and ward staff was already creating these positive role models and reiterated that Carly would be more comfortable working with a female but the psychologist continued to disagree.

Carly then raised the issue with her advocate who spoke with the Head of the Psychology Department. Carly was seen by the Lead Psychologist the following day and it was agreed that a female psychologist would be appointed.

Carly's care pathway was discussed at length during ward rounds and CPA meetings and she voiced concerns regarding returning home to her parents. Initially it was difficult to secure Carly a social worker in the community due to her current inpatient status but it was resolved following the hospital social worker escalating it. When Social Services became involved they looked at various interventions including Section 20 of the Children Act 1989. Family therapy was scheduled weekly. Frequently Carly's parents did not turn up for appointments, her father would arrive intoxicated or it was deemed necessary to prematurely terminate sessions due to high levels of hostility. Throughout this time her parents remained adamant that they wanted Carly to return home and Carly struggled with the mixed messages. Following each disappointment Carly's self-harm significantly increased. Carly informed the in-house social worker that she no longer wanted contact with her parents due to the negative impact it was having on her recovery. The social worker told her that she would temporarily remove her parents from her contact list.

Eventually it became evident to the MDT, CAMHS and social services that returning home was not in Carly's best interest. Social Services began court proceedings and the judge ruled a full court order. It was decided that due to her age Carly would move into long-term foster care and continue with regular talking therapy.

Who are the women we work with?

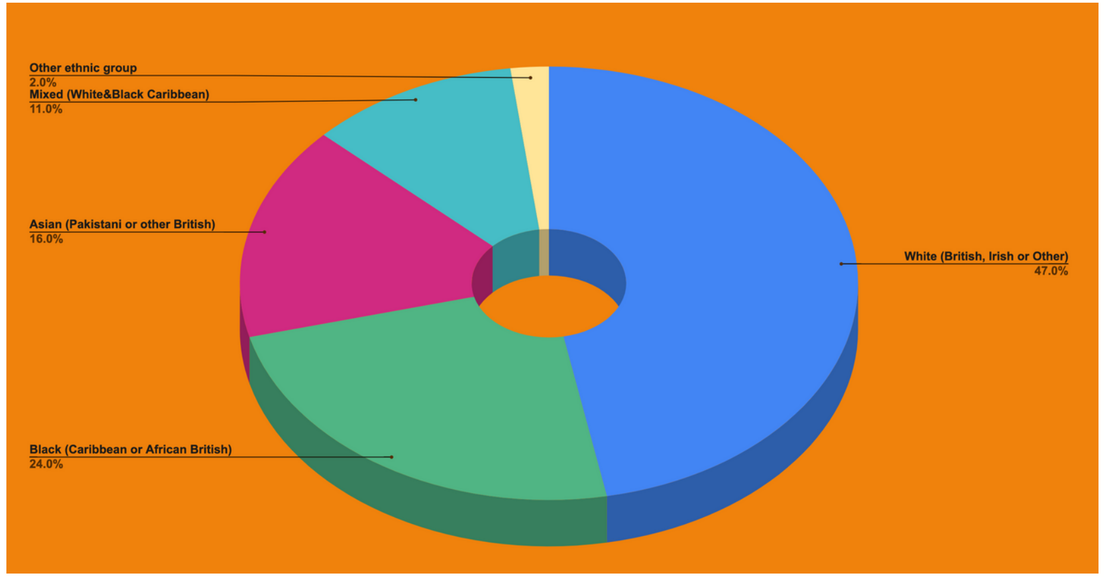
Women at Wish have complex needs including PTSD, OCD, trauma, and a history of abuse and domestic or sexual violence.

Many women also have multiple disadvantages including low income and educational attainment, low self-esteem and low confidence and may develop other harmful behaviours including self-harm, drug and alcohol dependency. They are very diverse, marginalised, and often labelled – and dismissed! – as “hard to reach”.



More than 65% have two or more mental health conditions.

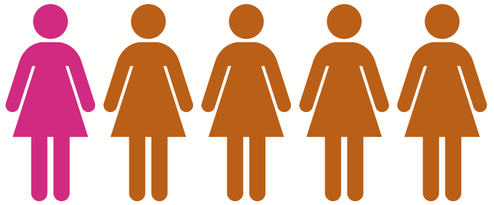
They were most likely to be diagnosed with depression, suicidal ideation, Borderline Personality Disorder and Dual Diagnosis (mental health and substance abuse issues).



The group of women we work with is super-diverse in terms of ethnicity and sexuality compared to general prison population. We are meeting needs of otherwise marginalised groups.

75% **have experienced some form of childhood or adulthood abuse.**

28% **experienced four or more abuse issues during their life. Most prevalent were abusive adult relationships including domestic violence, financial abuse as an adult and child sexual abuse.**



1 in 5 have physical disabilities or impairments.

ABOUT YOU

We are looking to recruit up to four new Trustees over the coming year. Currently we would particularly like to recruit Trustees with knowledge of or a background in finance/accounting, governance, human resources and fundraising.

As a user led organisation, we strongly encourage applications from people who have experience of the Criminal Justice and Mental Health systems.

You don't need to have previous Board experience in order to become a Trustee with Wish as all training will be provided. If you are unsure whether being a Trustee is right for you, then please speak to us and we are happy to have a conversation

We welcome and encourage applications from people of all backgrounds as we are actively seeking to develop our team to better represent the diverse community we live and work in. We particularly welcome applications from people of the Global Majority, of Black heritage, of South, East and South-East Asian heritage and/or people who identify as LGBTQIA+.

Due to the nature of WISH's work, only women and non binary people are eligible to work for WISH. *(Equality Act 2010, Schedule 9, Part 1)*

All Trustees work from our standard Trustee Job Description but what we are looking for most of all is:

- Passion and enthusiasm for social justice for underserved women.
- Commitment to our values and ethos
- Active participation by attending our meetings and contributing with expertise

THE TRUSTEE ROLE

The trustee's role is to be the ‘guardians of purpose’, making sure that all decisions put the needs of our beneficiaries first, acting at all times in the best interests of the charity and being actively involved in decisions. Working collectively, the board of Trustees raises awareness about the mission and work of WISH, advocating on its behalf.

SUMMARY:

- Ensuring that the organisation pursues its stated objectives (purposes), as defined by its governing document, by developing and agreeing a long term strategy.
- Ensuring that the organisation complies with its governing document (i.e. its trust deed, constitution or memorandum and articles of association.) Charity law, company law and any other relevant legislation or regulations
- Ensuring that the organisation applies its resources exclusively in pursuance of its charitable objectives (i.e. the charity must not spend money on activities that are not included in its own objectives, however worthwhile or charitable those activities are.) for the benefit of the public.
- Ensuring that the organisation defines its goals and evaluates performance against agreed targets.
- Safeguarding the good name and values of the organisation.
- Ensuring the financial stability of the organisation.
- Protecting and managing the property of the charity and ensuring the proper investment of the charity’s funds.
- Following proper and formal arrangement s for the appointment, supervision, support, appraisal and remuneration of the Director.

Please read the Job Description for more details and how to apply.



As a former volunteer and now a trustee at WISH, I've seen the incredible impact this organisation has on people with complex needs.

Having personally used mental health services, I understand the importance of a caring support system.

My time at WISH has boosted my confidence and personal growth, both personally and professionally.

The support I've received has been crucial in performing my role effectively. WISH encourages personal and organisational growth, which led me to step up as the board's chair. Empowerment through relationships is key, and WISH embodies this principle in all they do.

Alex Phillips, Chair of the Board of Trustees, WISH

Meet Our Trustees

Alexandra Phillips
Chair
Alexandra has joined Wish as a trustee after volunteering for the organisation. She is currently a mental health peer worker in an NHS Trust, and previously worked as a research assistant on a project exploring the impact of the closure of Holloway Prison on the women imprisoned there. In addition to this, Alexandra brings her lived experience of mental health challenges, and the Mental Health System, as well as her knowledge of the Criminal Justice System, to her role as a trustee for WISH. She is particularly passionate about Trauma-Informed approaches to care and addressing systemic inequalities.
Alexandra has training in feminist leadership and brings experience in the areas of managing and supervising staff, team development, research, service user involvement, and policies and systems.

Carly Guest
Carly is currently Assistant Professor at Northumbria University. Her work explores personal and social memories and narratives of the everyday. A concern with care, social justice, and collective support runs through her approach to teaching and research. Carly came to know the work of WISH through her collaborative research project that considers the impact of the closure of Holloway Prison, London, on women imprisoned there. WISH's trauma-informed, care-focused and holistic approach to supporting women is exactly the kind of response required to experiences of social harm and distress.

Christine Spooner
Christine has been on the Board of People First (Self Advocacy) for eight years, and Chair for the last five years. Christine brings her experience as a trustee and as Chair to support decision-making and the overall management of WISH. Christine is involved in the Peer Leadership Academy Christine is passionate about campaigning and has been involved in many campaigns including the campaign to challenge the Mental Capacity Amendment Bill not being in Easy Read, demonstrating that people with learning difficulties have not been informed or supported.

Rachel Seoighe
Rachel is a senior lecturer in criminology at the University of Kent. Her research, teaching and activist work are shaped by a concern with social justice and challenging state violence and a commitment to feminist, decolonial and abolitionist principles. Since the closure of Holloway prison in 2016, Rachel has been carrying out research on the lived experience and memories of women imprisoned there, as well as advocating – with Reclaim Holloway – for the establishment of a women's building on the site. Rachel believes in working collectively and hopefully to bring about compassionate, community-centred and trauma-informed responses to harm in society. Too often, women are criminalised as a result of mental health crises, marginalisation and circumstances of distress and trauma. Rachel was drawn to the work of Wish because of its user-led, caring and collaborative approach to supporting women.

Meet Our Trustees

Ruth Lambley
Ruth has a background in psychology and academic research and has a master's degree in human resource management. She also has experience in facilitating a hearing voices group, organising conferences, and developing information resources for people with mental health needs. She brings these skills and her own personal experience of severe mental illness to help Wish flourish.
Ruth is a PhD researcher at York St John University. Her PhD is exploring coproduction in mental health research. She has an interest in survivor research, especially relating to emancipating women within the mental health or prison system.

Sarah Wilson
The work that WISH does supporting women with mental health needs in secure hospitals, prisons, and the community is very close to Sarah's heart, and she aims to support Wish to develop and grow. She is particularly interested in supporting WISH as a user-led organisation, to make sure women's voices are heard and acted on at all levels. In particular, Sarah hopes to develop campaigns to address the need for all statutory services to be trauma-informed at the point of delivery. Sarah has a degree in politics and has a real understanding of the legislative process. When she lived in Northern Ireland she was involved with Corrymeela, the Centre of Peace and Reconciliation. Sarah understands the importance of empowering women through exploring and developing positive pathways and employment and has a specific interest in diversity and ensuring that inclusion in WISH is a reality for all marginalised groups of women.

Helen Harcombe-Edwards
Helen has joined as a trustee after supporting WISH by building a database of services as part of her Psychology degree. Helen has worked in both women's secure services and adult mental health settings within the NHS. She is currently studying for her Masters in Applied Psychology and brings along some experience of the Criminal justice System and being a volunteer with Women's Aid. Helen has lived experience of domestic abuse and economic abuse, speaking at the Ministry of Justice as an expert by experience during the campaign and development of the new Domestic Abuse Bill.
Helen has advocated for service user involvement in her NHS role and is keen on research, which she continues to undertake whilst studying for her Master's. In her role Helen is keen to advocate for women in mental health services to have a voice.

Thank you for your time!

If you are interested in applying to become a Trustee and would like to find out more, we recommend you contact Joyce Kallevik, our Director at j.kallevik@womenatwish.org.uk.
If you want to take things further we can also put you in touch with Trustees or members of staff to find out more about WISH and our work. We welcome your questions at all points of the process - so feel free to ask.

See you online?

womenatwish.org.uk

donate.giveasyoulive.com/charity/wish

@wishcharity #standwithWISH

linkedin.com/company/wishcharity/

Get in touch

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