



Where change is possible

2023 ANNUAL REPORT
Stockport NHS Adult
Community Eating Disorder
Service

Oakwood Psychology Services

Prepared by Dr Gabriel Wynn, Director

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ABOUT OAKWOOD PSYCHOLOGY SERVICES

Contact details for our primary location

Oakwood House

104 Kennerley Road

Davenport, Stockport SK2 6EY

0161 456 6799

Company number 9191591



Mission

Oakwood Psychology Services is a social enterprise providing specialist psychological therapies under contract to the NHS. Our mission includes promoting counsellor education and counselling research for public benefit. The company reinvests 100% of its operating surplus into this mission.

Management

Oakwood is managed by Dr Gabriel Wynn (Director) and Fiona Whelan (Business Manager) with the overarching aim of maintaining a safe, effective and caring environment for our service users, staff and volunteers. Clinical leadership is provided by Dr Emma Salazar. Our First Episode Rapid Early Intervention (FREED) programme for people aged 18-25 years is managed by Radost Ruseva. Our Lead Administrator and Support Worker is Emma Blackburn.

Oakwood Psychology Services is proud to be accredited by the
British Association for Counselling and Psychotherapy



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Oakwood Psychology Services Limited
Director: Dr Gabriel Wynn (Psychol. HCPC Reg. MBACP (Accred))
Company Number: 9191591
Registered Office: c/o Bennett Verby,
7 St. Petersgate, Stockport SK1 1EB

The 2023 Oakwood Team

Director	Dr Gabriel Wynn, C.Psychol, HCPC Reg, MBACP Reg & Accred	
Business Manager	Fiona Whelan	
Clinical Lead	Dr Emma Salazar	MBACP Reg
FREED Lead	Radost Ruseva	MBACP Reg & Accred
Dietitian	Aoife McMahon	HCPC Reg
Employed Therapists	Dr Ros Rheinberg	CPsychol, HCPC Reg, MBACP Reg & Accred
	Ellie Fretwell	MBACP Reg & Accred
	Marie Mellor	MBACP Reg
	Louise Morris	MBACP Reg
Sessional Therapist	David Fenton	MBACP Reg & Accred
Sessional Group Therapist	Susan Murnane	MBACP Reg
Trainee Therapist	Charlotte Davey	Trainee Counselling Psychologist, London Metropolitan University
Volunteer Therapist	Kate Pearson	
Administrator/Support worker	Emma Blackburn	
IT Services	Adam & Rebecca Hackwell; The IT Dept	
Cleaner	James Vermes	



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STOCKPORT NHS ADULT COMMUNITY EATING DISORDER SERVICE (CEDS)

Service provision includes:

- Individual cognitive behaviour therapy and integrative psychotherapy for eating disorders and avoidant restrictive feeding and food intake disorder (ARFID)
- Harm reduction track for people with more enduring conditions
- Guided self-help group for overcoming binge eating and bulimia
- Supported meals club and crafts
- Brief focused psychoeducation courses
- Family and carers' support group
- Dietitian consultations
- Psychological therapist and psychologist training placements
- Liaison and consultation with community practitioners around supporting adults with eating disorders



Dr Emma Salazar
Clinical Lead

2023 ACTIVITY TOWARDS CORE OBJECTIVES

Oakwood Psychology Services' core objectives include:

1. Providing specialist psychological therapies
2. Promoting counsellor education
3. Promoting practice-based counselling research

In 2023 we achieved these objectives in the following ways:

1. Providing specialist psychological therapies:

Our service provision is underpinned by BACP values which include:

- Alleviating distress and suffering, and enhancing wellbeing and safety
- Improving relationships
- Increasing personal resilience and facilitating sense of self
- Appreciating and understanding culture and experience
- Enhancing professional knowledge
- Striving for fair and adequate provision of services

2. Promoting counsellor education:

We provided case managed placements and supervision bursaries for Charlotte Davey and Kate Pearson, our volunteer therapists.

Additionally Marie Mellor and Ellie Fretwell continued work on their Health Education England-funded CBT diplomas with Sheffield University. Dr Ros Rheinberg continued work on her Health Education England-funded CBT-E supervision certificate with Sheffield University. Radost Ruseva and Dr Emma Salazar completed NHS England-funded MANTRA training with Maudsley Learning at South London and Maudsley NHS Foundation Trust, and the Institute of Psychiatry, Psychology and Neuroscience (IoPPN), King's College London. Dr Gabriel Wynn completed EMDR training with the UK EMDR Academy.

3. Promoting practice-based research:

Arts for the Blues (www.artsfortheblues.com) is an evidence-based creative arts-based group intervention for depression, low mood and anxiety in children and adults. The programme was developed by researchers and artists at the universities of Edge Hill and Salford. In 2023 Oakwood started work with Arts for the Blues on a research literature scoping review of helpful factors in psychological therapies for eating disorders that will inform adaptations to the Arts for the Blues programme for adults with eating disorders.



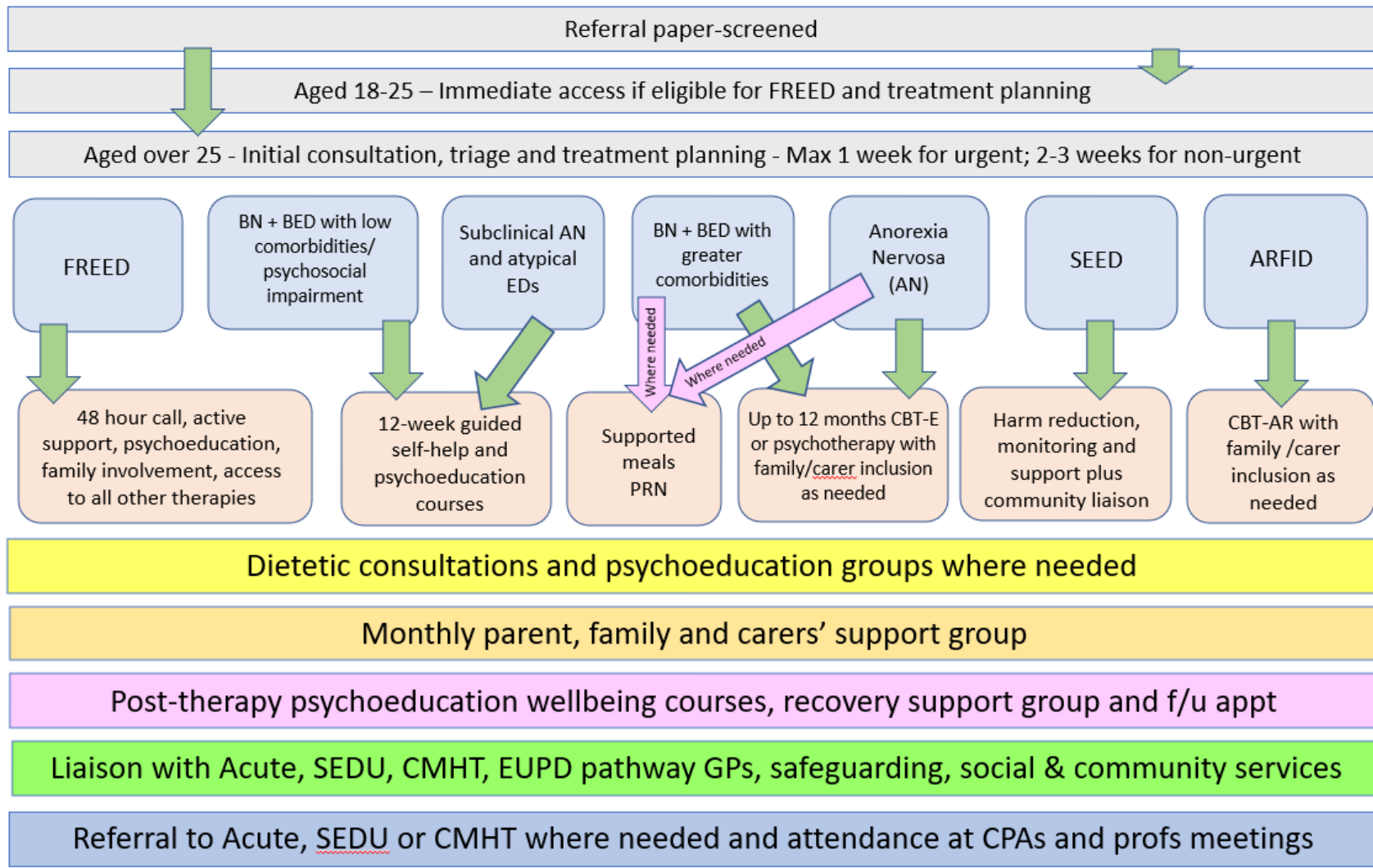
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2023 CEDS SERVICE MODEL AND PERFORMANCE

This diagram summarises the 2023 Stockport NHS CEDS service offer and patient pathway:





First Episode Rapid Early Intervention (FREED) 18-25 programme

October 2023 marked the first calendar year of the FREED pathway's implementation within the Stockport Adult Community Service.

In 2023, 121 young people age 17.5 - 25 years old were referred to the service. Of these 45 (37.2%) were FREED-eligible, and 42 (35%) opted for contact with the service. Mean age was 19.5 years. Mean duration of untreated eating disorder prior to referral was 22.6 months.

Diagnosis: 19 (45.2%) had a diagnosis of anorexia; 5 (11.9%) had a diagnosis of bulimia; 4 (9.5%) had a diagnosis of binge eating disorder; 3 (7.1%) had a diagnosis of ARFID and 11 (26.1%) had a diagnosis of OSFED

The Stockport CEDS team consistently meets FREED targets of conducting engagement/screening calls within 48 hours of referral, offering initial consultations within 2 weeks and treatment within 4 weeks. Waiting times in Stockport have been consistently shorter than the national average.

Clients on the FREED pathway benefit from engaging in evidence-based treatment approaches including CBT-E, CBT-T or MANTRA.

Some feedback from people completing FREED treatment in 2023:

'I honestly don't know how it could get any better, it was all I'd hoped for and more and everyone was super kind and friendly and I didn't feel so nervous or ashamed to be there.'

'My counsellor is by far the most professional, understanding and helpful professional I have encountered.'

'I think I have achieved my goals and attending Oakwood has been a massive part of my recovery I don't think I would have thought recovery was an option for me they made me realize that help was needed.'

'I feel like a whole new person. I've been able to do everything I hoped for and more. I'm now able to focus on the important things and make my habits better and the way I thought about food better and feeling a lot better because I'm eating regular balanced meals.'

Throughput and waiting times

Over the past decade the number of annual referrals for all people to the Stockport NHS Adult Community Eating Disorder Service received has increased 50% from 179 in 2014 to 267 in 2023. Over the past nine years we have improved the percentage of referred people engaging in 2+ therapy sessions from 56% in 2014 to 67% in 2021, 2022 and 2023. We have reduced the average wait time for initial consultation offer to under 2 weeks. The average total wait to start therapy has reduced from 17 weeks in 2014 to 7 weeks in 2023.

Year	Referrals	Of these, how many attended 2+ sessions	Attended initial session only	Did not attend any sessions	Avg wait for initial session offer for people who engaged in 2+ sessions	Avg wait to start therapy following initial consultation	Avg total wait to commence therapy
2023	267	N=179 (67.1%)	N=38 (14.2%)	N=50 (18.7%)	1.6 weeks	5.6 weeks	7.2 weeks
2022	243	N=163 (67%)	N=38 (15.7%)	N=42 (17.3%)	2.2 weeks	6.7 weeks	8.9 weeks
2021	248	N=166 (67%)	N=52 (21%)	N=30 (12%)	1.85 weeks	11 weeks	13.9 weeks
2020	216	N=146 (67.6%)	N=31 (14.4%)	N=39 (18%)	2.2 weeks	9.4 weeks	11.6 weeks
2019	195	N=139 (71.3%)	N=20 (10.2%)	N=36 (18.5%)	2.2 weeks	5.9 weeks	8.1 weeks
2018	190	N=125 (65.8%)	N=17 (8.9%)	N=48 (25.3%)	3.3 weeks	4.8 weeks	8.1 weeks
2017	226	N=142 (62.8%)	N=13 (5.8%)	N=71 (31.4%)	6.7 weeks	3.2 weeks	9.9 weeks
2016	150	N=89 (59.3%)	N= 12 (8%)	N=49 (32.7%)	7.2 weeks	3.5 weeks	10.7 weeks
2015	213	N=126 (59.1%)	N=17 (8%)	N=70 (32.9%)	9.4 weeks	3.6 weeks	13 weeks
2014	179	N=100 (55.9%)	N=15 (8.4%)	N=64 (35.7%)	14.6 weeks	3 weeks	17.6 weeks

Primary referred problems 2023

Primary referred problem for 217 people (including FREED) who attended 1+ appointments in 2023:

Anorexia = 57 (26.3%)

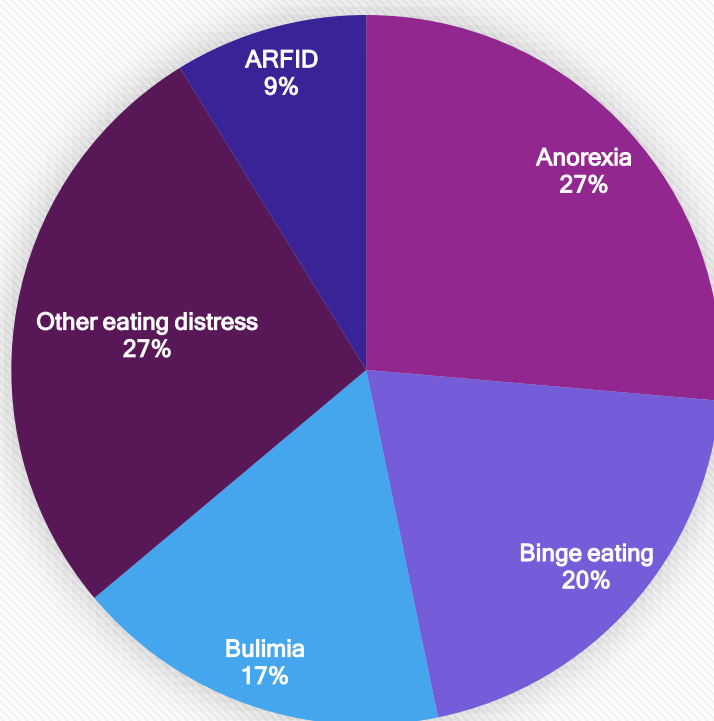
Binge or compulsive eating disorder = 44 (20.3%)

Bulimia = 38 (17.5%)

Other eating disorder = 59 (27.2%)

Avoidant Restrictive Food Intake Disorder (ARFID) = 19 (8.7%)

Primary referred problem for clients attending 1+ sessions in 2023 (n = 217)



■ Anorexia ■ Binge eating ■ Bulimia ■ Other eating distress ■ ARFID

This comparative chart shows fluctuations in percent of presenting problems for our patient population over the past 8 years. Of significance is the increased presence of people with ARFID in the service case load over the past 4 years. ARFID is becoming better understood as a feeding disorder that develops via distinctly different causal pathways than eating disorders, and referrals are rising. ARFID is now better differentiated from eating disorders, where in the past Oakwood may have classified ARFID as EDNOS/OSFED or another eating disorder. Improved detection also reflects improvements in CEDS staff knowledge following the team's attendance at 2023 NHS England funded clinician training on evidence-based methods of screening and treatment for early detection, treatment, and optimization of health outcomes for people with ARFID, provided by Rachel Bryat-Waugh.

Year	Ended with 1+ appts	Anorexia	Binge/compulsive eating	Bulimia	Other	ARFID
2023	217	57 (26.3%)	44 (20.3%)	38 (17.5%)	59 (27.2)	19 (8.7%)
2022	198	61 (30.8%)	44 (22.2%)	37 (18.7%)	41 (20.7%)	15 (7.5%)
2021	218	92 (42.2%)	35 (16%)	28 (13.4%)	53 (24.4%)	9 (4%)
2020	176	72 (41%)	42 (23.9%)	36 (20.4)	23 (13%)	3 (1.7%)
2019	156	60 (38.5%)	27 (17.3%)	27 (17.3%)	41 (26.3%)	0
2018	140	39 (27.8%)	17 (12.1%)	54 (38.6%)	30 (21.5%)	0
2017	145	61 (42%)	15 (10.3%)	44 (30.4%)	25 (17.3%)	0
2016	100	38 (38%)	21 (21%)	23 (23%)	18 (18%)	0

CEDS Service usage and DNAs

148 people completed their course of therapy with least 2+ sessions in 2023. Average number of therapy sessions per person (excluding meal attendances) increased significantly from 13.6 in 2022 to 17.5 in 2023. A subgroup of 46 people in this ending cohort commenced treatment in 2020 or 2021 which extended over 2-3 years. It is unknown if detrimental social and mental health effects initiated or exacerbated by the pandemic lockdowns in 2020-2021 may have protracted treatment for these individuals.

Year	Number of people ending therapy with at least 2+ sessions	Average number of therapy sessions per person
2023	148	17.5
2022	156	13.6
2021	131	10.8
2020	119	16.3
2019	128	12.5
2018	130	13.2
2017	115	13.9
2016	123	21.9

Missed appointments represent a wasted public resource. In 2023, 642 booked appointments were client-cancelled (388) or not attended (DNA) (254). Missed appointments represent 15.3% of 4192 booked individual and group therapy appointments, and supported meals. Reducing the incidence of missed appointments is a service priority for 2024.

Year	Total sessions booked	Booked sessions cancelled by client	Booked sessions DNA	Total booked sessions not attended	DNA % of total sessions booked
2023	4192	388	254	642	15.3%
2022	4629	365	272	637	13.7%
2021	3842	402	279	681	17.7%
2020	3436	301	216	517	15%
2019	3660	388	273	661	18%
2018	4004	505	201	706	17.6%
2017	3510	447	151	598	17%
2016	1301	138	76	214	16.4%

CEDS Psychometric outcomes

Oakwood Psychology Services uses the following routine outcome measures:

EDE-Q = Eating Disorder Examination Questionnaire measures eating disorder behaviours and attitudes

CIA = Clinical Impairment Assessment measures functional impairment due to features of eating disorder cognition and behaviour

PHQ-9 = measures low mood/depression

GAD-7 = measures anxiety

CORE = measures anxiety, depression, trauma, physical problems, functioning, risk to self

Improvement in psychometric scores for people completing therapy with 2+ sessions and useable data by year:

Year	EDE-Q % of people improved by 0.2 point	CIA % of people improved by 1 point	PHQ-9 % of people improved by 1 point	GAD-7 % of people improved by 1 point	CORE % of people improved by 1 point
2023	78.3%	discontinued	75%	63%	63%
2022	79.7%	78.2%	71.6%	64.3%	73%
2021		78.8%	65.9%	61.3%	70.5%
2020		73.1%	72.6%	71.7%	69.5%
2019		84.5%	72.2%	71.9%	69.9%
2018		78.0%	79.3%	66.4%	67.6%
2017		85.2%	71.3%	67.5%	66.0%
2016		80.0%	82.0%	74.0%	76.3%

In 2024 we intend to add PARDI-AR-Q for measuring outcomes for people with ARFID.

Supported Meals Programme

Since 2009 Oakwood has provided an in-house supported meals programme for small groups of people who find it difficult to complete nutritious meals at home. We offer up to seven supported meals Monday to Friday. In the meals programme, service users complete a balanced lunch and/or evening meal. Meal attendance reduced in 2023 compared to previous years, which has allowed a more person-centered, individualised approach. The programme was revamped as CHARM: Creative, Hopeful, Active Recovery Meals. The focus is target-based and progresses over 3 stages. Each stage is at least 4 weeks with one or more agreed targets to be achieved. For example, food choice for the first stage is from a set meal plan designed by our dietitian, with more free choice of meal composition for people on stage 2 and 3. Completion of each stage is celebrated, and a badge reward awarded. Meals are a relaxed and supportive environment with a variety of art, crafts, distractions, and activities both during and after the meal. In 2023 we supported 18 people with a total of 188 meal attendances - an average of 10 meals per person, although attendance varies considerably by person.

Weight restoration in underweight people

Weight restoration is a key marker of improved health in underweight people with eating disorders and ARFID, and an essential prerequisite for recovery. Of people completing therapy in 2023, 52 started therapy in an underweight condition with therapy that produced weight data. Of these, 36 (69%) successfully restored at least 1 kg of body weight.

Year	N underweight completed treatment with useable data	N (%) restoring 1+ kg	N (%) maintaining body weight	N (%) losing 1+ kg	Average weight restoration per person who restored	Average no. sessions attended by those restoring weight
2023	52	36 (69%)	5 (10%)	11 (21%)	4.9kg	32
2022	37	24 (64.9%)	5 (13.5%)	8 (21.6%)	7.8 kg	27
2021	40	20 (50%)	9 (22.5)	11 (27.5%)	4.5 kg	44
2020	46	16 (34.7%)	17 (37%)	13 (28.3%)	4.4 kg	25
2019	27	10 (37%)	9 (33.3%)	8 (29.6%)	5.5 kg	41
2018	28	14 (50%)	6 (21.4%)	8 (28.6%)	3.9 kg	36
2017	46	30 (65.2%)	5 (10.9%)	11 (23.9%)	4.2 kg	26
2016	22	15 (68.2%)	1 (4.5%)	6 (27.3%)	5.1 kg	40

Hospital admissions

Below are the annual Specialist Eating Disorder Unit (SEDU) and general hospital admission figures for people in treatment with, and referred by Oakwood Psychology Services. These figures not include people who were not an Oakwood Psychology Services patient at time of admission. They do not separately count people who were readmitted to the same hospital in the same calendar year.

Year	SEDU admissions	General Hospital admissions
2023	8	6
2022	8	3
2021	8	2
2020	8	0



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Foundations support group for parents and carers



We're delighted to invite an expert by experience to speak at the next Foundations group for the loved ones and carers of people with eating disorders.

Email: e.fretwell2@nhs.net to sign up.

Foundations is a monthly seminar and support session for parents, carers, and loved ones of people with eating disorders. Sessions are run on Zoom and facilitated by our Clinical Lead Emma Salazar and senior therapist Ellie Fretwell. The first 30 minutes of the session delivers education about eating disorders, treatment, how loved ones can support treatment. Attendees are then offered training in soft therapeutic skills such as reflective listening and motivational interviewing, adapted from the Maudsley Model of Anorexia Treatment for Adults (MANTRA) workbook for parents and carers. The final 30 minutes of the session is an open Q&A, as well as a space for members to share experiences, concerns, difficulties, and hopes for the future. Previous attendees are encouraged to come back monthly for the Q&A and often do, offering peer support and encouragement to new attendees. Attendance for Foundations averages around 3-5 people a month which maintains an intimate environment and plenty of time for questions and discussion. Attendees are provided with Emma's email address to contact for further resources and signposting. Feedback from attendees consistently references the informativeness of the session as well as the value of support and insight from other members.

Volunteer spotlight

Kate Pearson, Psychological Therapist



Volunteering at Oakwood Psychology Services as a Psychological Therapist has been an incredibly rewarding experience. It gives me an enormous sense of satisfaction to work collaboratively with our clients to help them to gain the tools they need for their own recovery using CBT-E and CBT-AR, while increasing my confidence in delivering therapy.

The supportive team here environment fosters continuous learning. Collaborating with experienced professionals, including in fortnightly case management, enables me to gain valuable insights and perspectives, and enriches my understanding of psychological therapy. I can take this practical forward into sessions with clients. I feel valued as a team member. I am supported in my placement through supervision and regular reviews, which mean that my own goals, as well as those of my clients, are openly discussed and worked on.

Witnessing the progress and transformation of our clients is profoundly fulfilling. It reaffirms my passion for this field, and motivates me to continue contributing to their well-being.

Overall, the combination of making a positive impact on people's lives while expanding my skills and knowledge, makes volunteering at Oakwood Psychology Services immensely satisfying. I am proud to be a part of the team here.

EQUALITY OBJECTIVES AND EQUITY OF ACCESS

Oakwood Psychology Services does not discriminate or treat any individual less favourably on the grounds of sex, gender reassignment, race, disability, age, sexual orientation, religion or belief, marriage and civil partnership and pregnancy and maternity. We challenge discrimination in accordance with Equality Act 2010 and BACP Ethical Framework 2018.

In August 2023 the Oakwood team welcomed Consultant Clinical Psychologist Dr Iyabo Fatemilehin and trainers from Just Psychology (www.justpsychology.co.uk) who provided a day-long workshop on understanding diversity and inclusion in eating disorder services.

We aim to help people feel relaxed and confident to access our service. Our website (www.oakwoodhouse.co.uk) has an opening statement about inclusivity and stereotypes in ED and how we are keen to work against these. There is a page on the website about what to expect when you are referred, including a video of Emma Blackburn, our Admin/Support Worker talking through what happens when you arrive for the first time, and showing the waiting area. This video has been complimented by new service users for reducing their anxiety about attending a new place for help. The website also explains that we are LGBTI+ inclusive and displays the Pride flag, which has also been credited for making people feel able to come see us for the first time. Pronouns are routinely given by staff in person and in email signatures, and service users' pronouns are requested and used.

The waiting room area has a board celebrating a variety of religious and non-religious holidays. We decorate the waiting area seasonally. Posters displayed are carefully chosen for their relevance to a variety of ages, genders and ethnicities, with local support groups promoted. Colouring books are available in the waiting room, and fidget toys are placed in each therapy room, to help people feel more relaxed.

Written materials, including the service user agreement, have been adapted to support people with reading difficulties, with simpler terms and a dyslexia-friendly font. Text message is the usual form of communication with service users as many had told us they prefer this.



Service user equality monitoring

Gender

Of 267 referrals received Jan-Dec 2023, 205 (76.8%) were identified as cis-gendered female. 46 were identified as cis-gendered male (17.2%). 4 (1.5%) were identified as trans male; 2 (0.8%) as trans female, 6 (2.2%) as non-binary, and 4 (1.5%) as other or gender not known.

Of these 267 referrals, 214 attended at least one appointment. 164 (76.6%) were cis-gendered female, 38 (17.8%) were cis-gendered male; 3 (1.4%) were trans male; 2 (0.9%) were trans female; 6 (2.8%) were non-binary, and 1 (0.5%) was gender not listed.

It can be concluded from this evidence that gender-minoritised clients take up the service proportionate to current referral ratios. Male, trans and non-binary clients are not discriminated against in relation to access to service, assessment and treatment.

Ethnicity

Of 267 referrals received Jan-Dec 2023, 214 attended at least 1 appointment. Their ethnic backgrounds are disaggregated in the chart below. Compared to the wider Stockport population, we saw slightly more White people. The percentage of ethnically minoritised people attending the service has risen little in the past 8 years. Making the service inviting for people from minority ethnic groups to attend an initial consultation is a priority for 2024.

Stockport 2021 population per ONS*		7.3%	1.2%	2.6%	1.6%	87.3%
Year	People attending 1+ appt	S & E Asian/Asian British	Black/Black British	Mixed Heritage	Other ethnicity not listed	White British White Irish Other White
2023	214	14 (6.5%)	1 (0.5%)	3 (1.5%)	3 (1.5%)	193 (90%)
2022	198	12 (6%)	2 (1%)	6 (3%)	1 (0.5%)	177 (89.5%)
2021	218	13 (6%)	2 (0.9%)	4 (1.8%)	2 (1%)	197 (90.3%)
2020	176	2 (1.1%)	0	6 (3.4%)	0	168 (95.5%)
2019	147	4 (2.7%)	1 (0.7%)	4 (2.7%)	0	138 (93.9%)
2018	140	1 (0.7%)	0	1 (0.7%)	0	138 (98.6%)
2017	145	3 (2%)	0	2 (1.4%)	1 (0.7%)	139 (95.9%)
2016	100	3 (3%)	0	1 (1%)	0	96 (96%)

*<https://www.ons.gov.uk/visualisations/censusareachanges/E08000007/>

Age profile of people seen for 1+ appointment in 2023 referrals was 17 - 71. Clients are provided with age-appropriate initial consultations, treatment planning and therapeutic approaches. Clients are not discriminated against on the basis of age in relation to access to service, assessment and treatment.

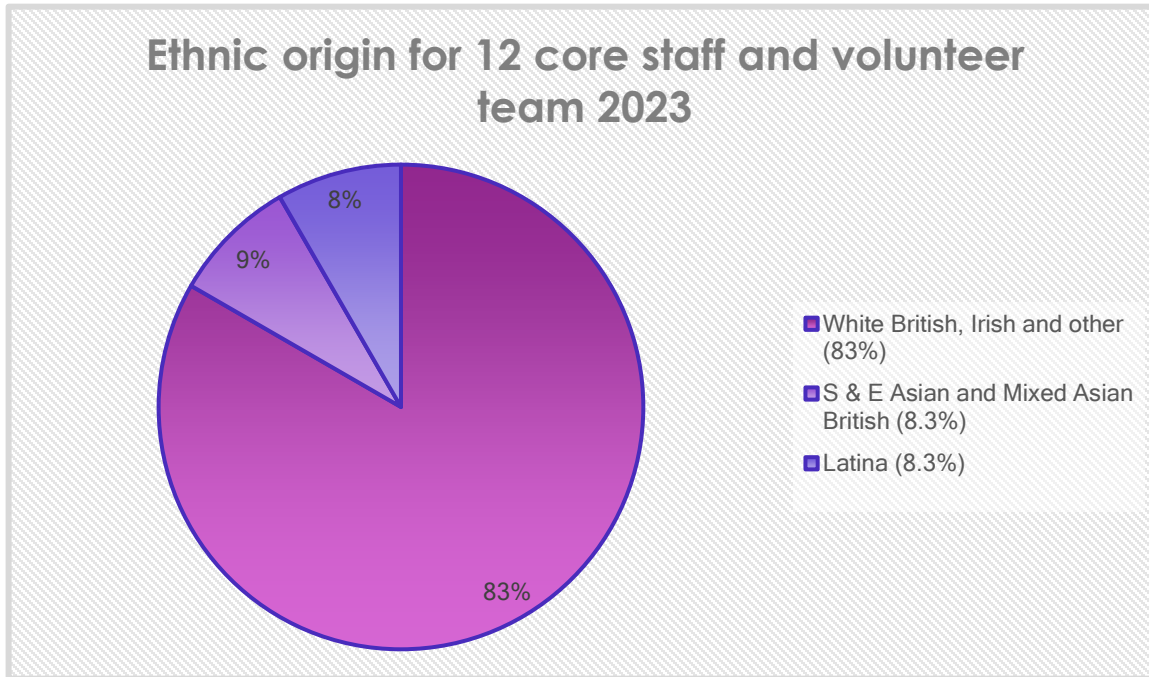
The following chart disaggregates service users attending 1+ session by age bracket:

Year	Total	Age up to 25	Aged 26-35	Age 36 - 45	Age 46 - 55	Age 56 - 65	Age 66+
2023	214	88 (41.1%)	68 (31.8%)	35 (16.3%)	13 (6.1%)	6 (2.8%)	4 (1.9%)
2022*	198	96 (48.5%)	57 (28.8%)	19 (9.6%)	17 (8.6%)	8 (4%)	1 (0.5%)
2021	218	129 (59.2%)	46 (21.1%)	24 (11%)	12 (5.5%)	7 (3.2%)	0
2020	176	93 (52.9%)	47 (26.7%)	16 (9%)	11 (6.2%)	6 (3.5%)	3 (1.7%)
2019	156	73 (46.5%)	43 (27.4%)	18 (11.5%)	15 (9.5%)	5 (3.2%)	2 (1.3%)
2018	140	67 (47.9%)	37 (26.5%)	20 (14.4%)	10 (7.1%)	5 (3.4%)	1 (0.7%)
2017	145	71 (49%)	40 (27.6%)	25 (17.2%)	4 (2.8%)	5 (3.4%)	0
2016	100	54 (54%)	24 (24%)	10 (10%)	9 (9%)	3 (3%)	0

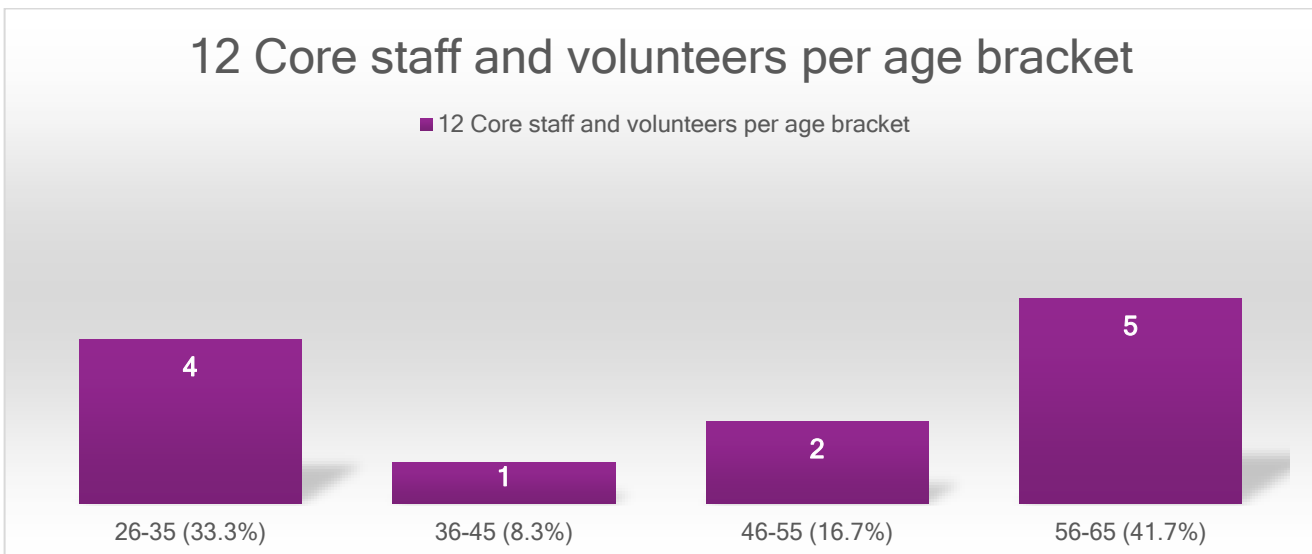
*Service stopped accepting referrals for 16-17 year olds from April 2022. Reduction in proportional service caseload in this age bracket since 2022 is partially accounted for by this change.

Staff and volunteer equality monitoring

Staff ethnic origin



Staff age bracket



2023 Workforce Race Equality Standard

Oakwood Psychology Services is committed to being an equal opportunities employer and to creating a supportive and inclusive environment where each person in all their unique differences feels a sense of belonging and can flourish, irrespective of physical appearance, gender, race, religion, ethnicity, socio-economic background, academic ability, disability, sexual orientation or gender identity. Sometimes we have to treat people differently, for example in order to accommodate a disability or to meet occupational requirements for a position.

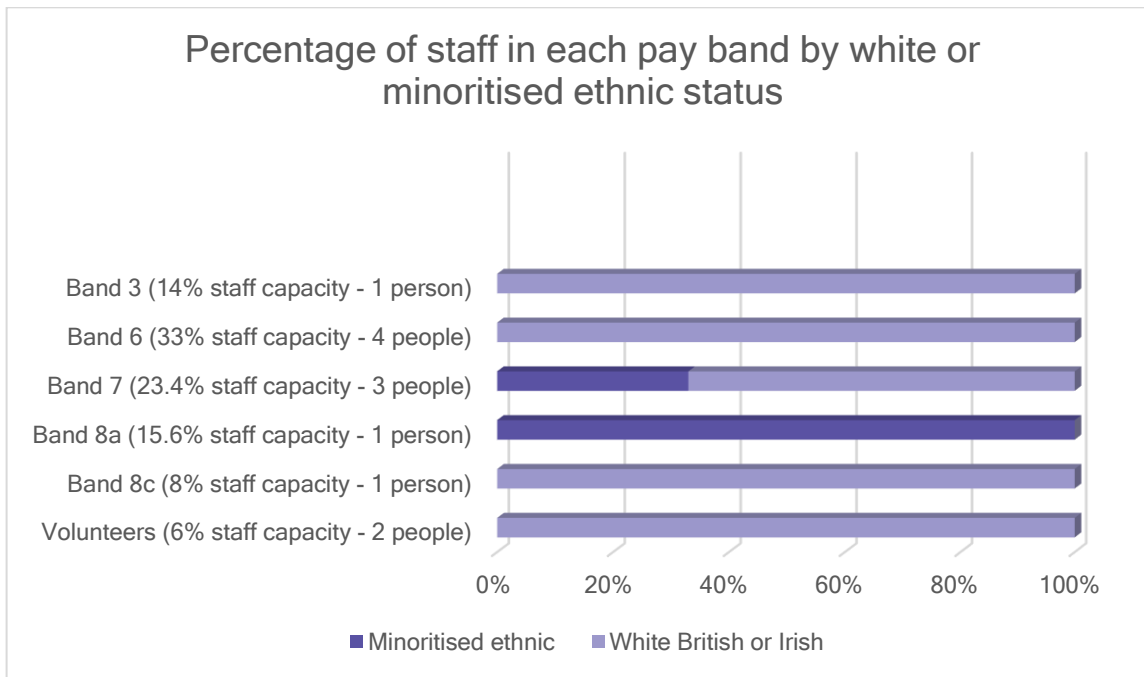
As an NHS-contracted provider, Oakwood Psychology Services is required to implement the Workforce Race Equality Standard (WRES) to ensure to ensure employees from Black, Asian and minority ethnic backgrounds have equal access to career opportunities, and receive fair treatment in the workplace. More information about the Workforce Race Equality Standard can be found here: <https://www.england.nhs.uk/about/equality/equality-hub/workforce-equality-data-standards/equality-standard/>

The WRES includes nine indicators for identifying and closing key gaps between white and Black, Asian and minority ethnic staff experiences in the workplace. Of these, seven apply to the work context at Oakwood Psychology Services.

Indicator 1: Percentage and number of staff by ethnicity and NHS pay band

In 2023 Oakwood Psychology Services matched NHS Agenda for Change pay bands for the majority of the year. Most of our 8 employed staff work part time. We also had 2 voluntary therapists on part time training placements in 2023. The following chart shows percentage of white (pale purple) and minoritised (dark purple) staff at each of the pay bands used within our service. It also indicates how much of the overall staff capacity is fulfilled by staff at each pay band. In summary it shows that one of our staff members from minoritised ethnic groups was working at Band 8a; and the other was at Band 7. They fulfil 18% of overall service capacity.





Indicator 2: Relative likelihood of white applicants being appointed from shortlisting compared to BME applicants

Oakwood hired no new staff in 2023. When recruiting staff, we use a fair and fully documented shortlisting and interviewing process that assesses clear, objective criteria linked to the job description. Reasonable adjustments are made when requested for candidates with disabilities. The recruitment process aims to eliminate any risk of bias against people with protected characteristics.

Indicator 3: Relative likelihood of BME staff entering the formal disciplinary process compared to white staff.

There were no formal disciplinary processes carried out by Oakwood Psychology Services in 2023.

Indicator 4: Relative likelihood of white staff accessing non-mandatory training and CPD compared to BME staff

In 2023 100% of our minoritised staff (2/2) accessed non-mandatory training. 90% of our white staff (9/10) accessed non-mandatory training.

Indicator 5: Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months

No minoritised or white staff reported harassment, bullying or abuse from patients, relatives or the public in 2023.

Indicator 6: Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months

No minoritised or white staff reported harassment, bullying or abuse from colleagues in 2023.

Indicator 8: Percentage of staff experiencing discrimination at work from other staff in the last 12 months

No staff reported discrimination from other staff in 2023.

2023 Workforce Disability Equality Standard

As an NHS-contracted provider, Oakwood Psychology Services is required to implement the Workforce Disability Equality Standard (WDES) to ensure to ensure disabled employees have equal access to career opportunities, and receive fair treatment in the workplace. More information about the Workforce Disability Equality Standard can be found here:

<https://www.england.nhs.uk/long-read/nhs-wdes-2023-metrics/>

The WDES includes nine indicators for identifying and closing key gaps between the experiences of d/Disabled and non-disabled staff in the workplace. Of these, six apply to the work context at Oakwood Psychology Services.

Metric 2: Relative likelihood of non-disabled staff compared to d/Disabled staff being appointed from shortlisting across all posts.

Oakwood hired no new staff in 2023. When recruiting staff, we use a fair and fully documented shortlisting and interviewing process that assesses clear, objective criteria linked to the job description. Reasonable adjustments are made when requested for candidates with disabilities. The recruitment process aims to eliminate any risk of bias against people with protected characteristics.



Metric 3: Relative likelihood of d/Disabled staff compared to non-disabled staff entering the formal capability process on the grounds of performance, as measured by entry into the formal capability procedure.

There were no formal disciplinary processes carried out by Oakwood Psychology Services in 2023.

Metric 4(a): Percentage of d/Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from: patients/service users, their relatives or other members of the public; managers; other colleagues

No abled or d/Disabled staff reported harassment, bullying or abuse from patients, relatives or the public in 2023.

Metric 4(b): Percentage of d/Disabled staff compared to non-disabled staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it.

No abled or d/Disabled staff reported harassment, bullying or abuse in 2023.

Metric 6: Percentage of d/Disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.

No abled or d/Disabled staff reported pressure to come to work when feeling too unwell to perform their duties in 2023.

Metric 7: Percentage of d/Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work.

All staff completing the most recent staff survey indicated they their work is valued by Oakwood managers.

Metric 8: Percentage of d/Disabled staff saying that their employer has made reasonable adjustment(s) to enable them to carry out their work.

All d/Disabled staff affirm Oakwood made reasonable adjustments to support them in carrying out their work.



Where
change
is possible



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Service user involvement group

In November 2023 Oakwood initiated its quarterly service user involvement group LOOP - **Listening to Our Oakwood Participants**. The group is facilitated by senior therapist Ellie Fretwell. Minutes and action logs are created by our administrator Emma Blackburn. Present and past service users, who we consider to be experts by experience, are invited to attend and suggest items for the agenda, based on their experiences of the service and things they would like to see changed. Examples of issues discussed in recent meetings include:

- Therapists making clearer agreements early in therapy about total session numbers (or length of therapy)
- Ways to make the supported meals club more tailored and targeted
- Post-therapy support group should be quarterly and include planned events
- Oakwood website to include more videos and podcasts created by staff
- Return the 'bring and swap' bookcase to the waiting area (had been removed during the pandemic to reduce infection transmission risk)
- Parent and carer support group to feature a talk with a recovered person
- Review of service user agreement - wording, content and meaning
- Explanations around how waiting lists and access to service are prioritised, and enhancing the support provided to people waiting to access the service

All ideas generated from LOOP discussions are reviewed by the Oakwood management team and implemented where possible.



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Service user feedback

I cannot praise and thank Oakwood staff enough, in particular Louise who has been there every step of my journey, who has consoled me and given me the strength to understand who i really am.

The level of care was amazing, and despite feeling a bit strange (being a male with an issue that is predominantly and issue for females), I was always welcomed and felt comfortable, whether in a group or individual setting, so thank you for that.

I very rarely binge eat now. I am working hard to establish a regular pattern of eating. I am doing very well given my circumstances. I have gained a little weight but am confident that it will settle and eventually reduce as I continue to learn to listen to my body. The other things that I have gained are self-esteem & confidence: for the first time in my life I am challenging people and situations that I would never have been able to before. It has been life-changing.

It was an absolute pleasure to work with Ellie. She was most helpful and listened to my needs and accommodated my needs, even changing from face-to-face appointments via Zoom to email therapy because I struggled with the video chat and would stutter which I find very embarrassing. So Ellie asked if I was happy to switch to email therapy. I was very happy with how well she handled the situation. Thank you so much for all your time help and support, it is greatly appreciated.



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Marie has done awesome for me to be happy to go back to her a second time. She needs a Blue Peter badge or some kind of award! I don't have any suggestions about what might improve people's experience on a therapeutic level, I've had some pretty shocking experiences with mental health professionals outside of Oakwood, you guys aren't shocking at all, not even a little bit.

I returned to Oakwood to finally get a hold on my eating disorder and learn strategies to allow me to live the rest of my life. Ellie has enabled me to do this.

I found the group support amazing as really helpful to understand the different, yet in many ways similar, relationships with food can impact such a diverse range of people. The following up one-to-ones served to enhance, elaborate and embed what had been covered in the group sessions.

Coming to sessions definitely helped me to solidify my recovery goals and to understand the psychology behind what I struggle with and how to live a lovely life without struggling with it so much :)