

**40 years of learning from
independent evaluations**

**Women's Counselling
and Therapy Service**



**"I feel so much better
about myself as a
person and have a
level of confidence
and enthusiasm
I don't remember
experiencing before."**



"Therapy really supported me to clear my mind. It provided tools to manage my thoughts and anxiety."

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Improving outcomes
Changing women’s lives forever

We’ve always made it our mission to work with those who most need support but who wouldn’t normally get it. That means women and girls with highly complex mental health needs, whose identity or circumstances make it unlikely that they’ll ask for help.

It’s a privilege to work with these women, and the severity of their issues means we’re typically able to make a significant difference to their everyday lives. Usually, we can dramatically improve their psychological and emotional health and well-being, and often we can help them completely turn their lives around. Sometimes, we literally save their lives. Always, though, we offer them a powerful mix of long-term holistic care, support and specialist woman-centred therapy: one they can’t get anywhere else in Leeds.

"I’m so grateful for having the time to slowly build trust and be able to access my own feelings. I could not have done this in short term counselling. I’ll be forever grateful to my counsellor, who was brilliant – kind, insightful, challenging and patient."

The women we work with

We work with some of the most marginalised and disadvantaged women in Leeds, all of them living with deprivation. Often, their mental health issues are underpinned by a background of sexual abuse or domestic violence and social injustice, leading to debilitating trauma and challenges like substance misuse, suicidal thoughts or self-harm.

We also provide specialist support to mothers who are struggling, women with learning disabilities and members of LGBT communities. Working with community partners we're unusually successful at reaching BAME women too, whose contact with mental health services can be particularly limited.

Our approach and how we work

Our approach is through a multi-layered 'intersectional' lens, looking at the bigger, interconnected picture and all the many factors that contribute to a woman's psychological distress. These factors might include her identity (things like gender, ethnicity and sexuality) or her experience (like a history of sexual abuse, violence, unemployment, or being coercively controlled). We respond with a holistic psychotherapeutic intervention, exploring and addressing these factors and, crucially, the interplay between them. We work confidentially and sensitively at a pace that suits each woman, collaborating with trusted agencies whenever it will help her recovery.

"Your organisation saved me and helped me carry on."

What makes us different

- We offer the long-term support other free services can't, providing specialist psychotherapy for up to two years for women whose complex needs require it.
- Our paid female therapists are specialists in their chosen fields, and are also highly qualified, fully accredited and have an average of 15 years' experience.
- We're a women-only service with gender-specific personal and professional expertise, providing interventions and support which addresses the particular needs of anyone who identifies as a woman.
- We pilot tailored support for particular groups of women or for need. Then integrate the learning across the whole service. Broadening accessibility and incrementally addressing health inequalities.

"Everything about my therapy was positive. It's been an oasis, a safe place for me to put my thoughts and feelings into words and to make sense of them. I have never felt judged or embarrassed or shamed and that is such a good feeling."

Open Access

Never giving up on those who might

A big challenge in our work is that the women who need us the most are often those least likely to be aware of our service, or who lack the confidence to access it. That's why we put enormous effort and resources into identifying and connecting with these particular women. Whether it's cultural stigma, coercive control or literally a lack of bus fare that keeps the most vulnerable women away, we're breaking down the barriers with unprecedented success.

"People who work for a place which is specifically for women must appreciate women's rights, and that can't be ignored. That created a feeling of solidarity and that was important."

Outreach work

We take our work in to the poorest Leeds communities, working closely with established local projects and using venues that at-risk women feel safe in. Our 5-year Women's Circle project is a great example, and here we provided appropriate specialist therapy to 215 women. Crucially, 67% of them were BAME – a sure sign that we were accessible. Best of all, outcomes were very positive, including 94% reporting increased confidence, 68% reporting an improved ability to deal with difficult situations, and every single respondent saying they'd learned about themselves. Ultimately, 77% of respondents reported a positive change in their mental well-being.

Young women

We run a specialised service aimed at 16 and 17-year-old women, tackling a range of mental health issues. Often, these issues partly result from them either experiencing or witnessing domestic, psychological or sexual abuse, or bereavement, bullying or loneliness. Their distress is typically extremely high, with self-destructive behaviours including self-harm, eating disorders and suicidal thoughts. Our CORE-OM¹ score outcomes are impressive, with 63% achieving significant change and sizeable improvements across every category. This includes a shift from Moderately Severe to Moderate/Mild in debilitating symptoms like despair, anxiety, panic and sleeplessness.

Women with learning disabilities

For women with learning disabilities, our interventions use pioneering theories concerning psychological obstacles that might impair intellectual function, and typically we help to uncover an individual's hitherto hidden potential. Often, they've suffered neglectful and problematic parenting, as well as sexual abuse or exploitation as children and women. Some have also had children removed. The combination of their trauma and more limited cognitive skills can make for particularly challenging work, but this is a uniquely vulnerable client group we're committed to supporting therapeutically.

"It was really positive having a therapist who understood my cultural background instantly and spoke the same language as I did – this allowed me to discuss my fears and worries openly."

Gypsy and traveller women

We earned the trust of specific Leeds traveller communities, gaining a deeper understanding of their women's everyday lives and using it to provide specialist support. This work drew on our existing expertise around areas like gender-based violence and teenage motherhood, and we had to navigate specific cultural obstacles, including understandable fear of the authorities and a reluctance to engage with regular structured activities. Again, this is a particularly marginalised group with complex needs; one where our thoughtful intersectional approach is crucial to the work we do.

¹ Clinical Outcomes Routine Evaluation – Outcome Measures systems used across the NHS

Measurable successes

Remarkable impacts

We use best practice and rigorous monitoring to measure our effectiveness, specifically CORE-OM. This way, we can continually evaluate and fine-tune our already high-impact service. The numbers speak for themselves, and our inclusivity and counselling success rates are significantly higher than national average.

3/4

of victims who completed at least 6 months' counselling see a demonstrable recovery, compared to 55% nationally. 60% continue to benefit four years later.

Our Womenspace project reduced the frequency and severity of self-harm by 73% and 63% respectively.

1/5

of our beneficiaries have a disability.

1/3

of our clients are BAME.

Over half living in areas ranked England's 10% most deprived.

"I recommend this to every woman, because I think if we didn't have this – I swear to god – I would have had a nervous breakdown and done something bad. For me, it's the best thing to come here, because I was in a really bad state."

Sexual violence

11,108 Leeds women have been sexually assaulted in the last year alone²

Recent years have seen an alarming rise in demand for our services helping women who've suffered sexual violence. In 2013/14 we had 240 women on our waiting list, but, since then, we've been forced to close the list for months at a time. Our current capacity is limited to helping just 4% of those who need us. This is particularly challenging given the quality of our interventions and their often life-changing impact.

The highest quality service reaching the women who need it most

We've been delivering tailored specialist support services for female victims of sexual violence for 40 years now. Today, we are the specialist long term mental health service addressing their holistic support needs. We offer face-to-face individual or group counselling, working with each woman for an average of nine months.

The key characteristics and unique strengths of our service include:

- Our particularly holistic approach addresses the many complex social, psychological and cultural factors in sexual assault and abuse.
- As well as therapy, we provide the practical support women need for managing their everyday lives and achieving future independence, like help with benefits, housing and education.
- Our highly qualified counsellors are all experts, with many years of specialist experience in areas like trauma, sexual violence and substance misuse. We're an all-women service too, providing a safe, single-sex environment for better engagement and therapeutic outcomes.
- Our partnerships, outreach service and focus on accessibility help us reach teenage girls, BAME women, and, linked with our pioneering Visible initiative, victims of childhood sexual abuse.
- We advocate for women, acting as their caseworkers and forging supportive partnerships with outside agencies whenever necessary. These might include GPs, Victim Support, housing providers, the Home Office and other specialist charities.

² Leeds female population 16+. Ministry of Justice crime survey figure of 2.9% of population

Self-harming behaviours

An indicator of overwhelming distress

Like so many other behaviours associated with mental health problems, self-harm is on the rise. While the action itself is – quite literally – physically destructive and damaging, it's also a reflection of serious psychological and emotional suffering. It's also still a taboo, and a source of deep shame for many women, leading to a multitude of additional problematic issues.

Interventions

Our *WomenSpace* initiative, with its foremost quality of kindness, provided women who self-harm with vital one-to-one and group therapy, as well as psycho-educational group work. The pace and focus of any intervention is led by the client, providing a rare but crucial sense of security and control. The quality of the therapeutic relationship is also key here, with clients feeling properly valued by practitioners who respond to their unique situations and personal needs.

"I just used to become almost actively suicidal, making plans, stuff like that, whereas now it's more passive, like I would rather not be here. That ends up with me usually going home and having a sleep, as opposed to doing stuff like overdosing."

Other aspects also make *WomenSpace* particularly effective:

- In the words of the participants themselves, the care they receive at *WomenSpace* is respectful and non-judgemental, unlike some other interventions
- Group therapy at *WomenSpace* is highly valued by clients because it combats the sense of isolation, instead giving women a chance to share their experience with fellow survivors so they can heal and grow through peer support.
- In the case of those with children, each woman is treated first and foremost as an individual in their own right alongside being a mother.

Outcomes

The bottom line is simple: all the women surveyed said that engaging with *WomenSpace* had led them to either stop self-harming altogether, or at least reduce it. Improvements in their psychological state and emotional health were many, and these in turn led to very practical and tangible changes in all areas of their lives. Often, these changes amounted to transformational ones, with huge and lasting positive impacts.

Greater resilience, with a new-found ability to manage challenges and stresses without resorting to self-harm.

Improved self-care, for example ending their substance misuse and looking after their relationships and physical health better.

Reduced reliance on medical and mental health services.

Better relationships with partners, children, family and friends.

Boosted confidence, for example one woman returned to driving after a 20-year gap.

Achieving more, with some participants retuning to work or education after their time at *WomenSpace*.

"I have had such a tendency to welcome people into my life who have been abusive, and actually while I have been in therapy I have cut out like what I think is the last of them."

Mothers

Giving families back their futures

Isolated mothers

Supporting kids by helping mums

Mums Talk improved the lives of marginalised mothers who wouldn't ordinarily access counselling. It brought together specialist agencies to help support mothers in a deprived area of the city, reducing isolation, boosting their confidence and improving their overall mental health. Ultimately, it gave them back independence, control and self-esteem, with a dramatic positive effect on their relationships with their children.

We monitored the impact of this initiative very carefully, identifying and quantifying its social, environmental and economic payoffs. As well as a huge amount of qualitative and anecdotal evidence demonstrating the positive psychological and emotional impacts of *MumsTalk*, it achieved an impressive return on investment ratio of 1:7 (2015). That means every pound spent on the initiative generated £7 of savings overall.

"I am blown away by the service I received. WCTS were flexible to meet my needs – childcare and holidays – adjusting my appointments to a day which suited my family. Thank you so much. I would have been trapped in misery if I hadn't come."

Successive removals

Keeping mums and kids together and safe

Our pilot project with mums who've had children removed into care had two simple goals; firstly, to reduce the incidence of this traumatic, costly and often counter-productive measure. Secondly, to support the mothers themselves, by improving their mental health and addressing any issues around domestic abuse and substance misuse (often the real drivers behind the removals).

Partnering with specialists at Home Start, we provided attachment-based group and individual therapy to women, carefully balancing nurture with structure and support with challenge. Outcomes were very positive, with three women retaining their children, and two since retaining children who'd been fostered. Four more were supported with 'kinship' arrangements, and many reported improved relationships with their partners. The project also delivered a superb return on investment of 1:15 (2017), meaning every pound spent delivered a £15 saving overall.

Perinatal psychotherapy Caring for the carer

Pregnancy and the period after childbirth can be particularly challenging times for vulnerable and isolated women. Our work with this group supported those with a wide range of ethnicities, backgrounds, experiences and mental health issues, but all of them needing specialist therapeutic support for complex combinations of issues like PTSD, domestic violence, sexual assault and forced marriage. In some cases, we worked with women and their partners, women and their babies.

As always, we provided tailored therapy delivered by experienced practitioners, using recognised benchmarking to make sure our work was appropriately targeted and as effective as possible. The outcomes were positive and, overall, we saw measurable improvements in the mental health of those we worked with. In response to our findings, we also provided a new and pioneering service too: Parent Infant Psychotherapy.

"This service is an invaluable offer within the local area – it is hugely complementary to the range of other provision offered to children and their parents/carers in the area and is often an integral part of a multi-agency package of support for the family."
Partner agency

Older women

Using decades of experience
to help 50+ women

As a group, older women are disproportionately overlooked when it comes to support with mental health issues. To help redress this we used Comic Relief funding to create our special *LIFE* Project initiative. The initiative was carefully planned to meet the specific needs of its 'over 50' target group, and rigorous evaluation was used to assess its outcomes and success.

"It has been the one constant through the pandemic and a space to be able to release where everything was happening to me. A chance to explore what was happening in my life around past experiences."

The group

All the women we worked with had experienced moderate to severe mental health problems, ranging from chronic depression, anxiety and stress through to a serious risk of self-harm or suicide. Their situation was worsened by a lack of support and limited self-care over many years, and sometimes even decades.

Part of this group's challenge is generational: older women often suppress their feelings, and tend not to consider themselves victims or realise the extent to which trauma has affected them. A third of those we worked with were from minoritised groups like asylum seekers and refugees, where cultural norms presented other barriers to seeking help or speaking out about past trauma. Chaotic grief, children taken into care and childhood sexual abuse all added to the complexity of issues these women faced, while coercive control and concerns about immigration status including the threat of deportation made seeking help particularly risky. A backdrop of COVID-19, social isolation and poverty only made things worse.

Interventions

We used proven interventions and an intersectional approach, working with trusted specialist partners to provide a powerful mix of 1:1 therapy and psychoeducational group sessions. These were delivered from our city centre base as well as via outreach. With the onset of COVID-19 we shifted to telephone counselling and later Zoom.

"I felt supported, believed, liked, understood"

Outcomes

Average CORE scores dropped from 27/40 to 17 points, or from Severe psychological distress to Mild-Moderate.

In all, we reached 75 women over the project's lifespan, and almost half who entered therapy reported a reliable or clinical improvement according to their CORE score. When it came to qualitative assessment, the results were even more impressive, with 87% of those we canvassed reporting:

- Improved self-esteem and confidence
- Increased feelings of well-being
- Improved coping strategies and ability to self-care
- Reduced suicidal thoughts

Overall, we had a significant and lasting positive impact on the women we worked with, rebuilding their resilience and making very tangible differences to their everyday lives, with beneficial knock-on effects for their families too.

"I can see how the learning has the potential to positively influence support models across the sector."

Comic Relief grants officer



**"I felt heard and
supported and to
be able to share."**

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and Therapy Service**

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