Women's Counselling and Therapy Service

WOMEN'S CIRCLE PROJECT EVALUATION

Executive Summary

COMMUNITY FUND

March 2021

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This external evaluation was undertaken by:

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Charity Fundraising Ltd
The Brew, Eagle House
163 City Road
London
EC1V 1NR

T: 020 3923 2291
E: enq@charity-fundraising.org.uk
W: https://www.charity-fundraising.org.uk
Registered Company: 05762492

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1. Introduction

Women's Counselling and Therapy Services (WCTS) offers a safe and supportive space for women and girls to talk through the difficulties they experience and access therapy and support. In particular, the organisation seeks to engage disadvantaged and marginalised women and help them recover from experiences of abuse, violence, neglect, trauma, and mental ill health.

These objectives are delivered through counselling, psychotherapy, and case-work support for women at the WCTS centre in Leeds and through outreach provision in deprived communities in Leeds.

According to the last Census (2011), 18.9% of the city's population come from a minority ethnic background, with 12.5% being born outside of the UK and 4.5% of households not having any residents who speak English as their main language.

It is estimated that 1 in 4 women in the UK will experience domestic abuse in their lifetime. In 2018/19, the Crime Survey for England and Wales (ONS 2019) reported that around 7.5% of women (1.6 million) and 3.8% of men (786,000) experienced domestic abuse, though it is acknowledged that there is significant under-reporting of all incidents and so these figures could be much higher. Adults who lived in urban areas (such as the target communities for this project) were more likely to have experienced domestic abuse in the last year (6.0%) compared to those who lived in rural areas (4.2%). More than one in ten of all offences recorded by the police are domestic abuse related.

Data provided by the West Yorkshire Police Performance Unit for 2017/18 found that in Leeds there were 20,434 domestic abuse incidents. Of these, 18,770 had a victim identified (77% were female). In terms of ethnicity of victims:

- 37% were 'White',
- 3% were 'Asian',
- 3% were 'Black',
- 56% 'Not Stated' or 'Unknown'.

WCTS has commissioned Charity Fundraising Ltd to undertake the evaluation of the Women's Circle project. The evaluation has taken place during September and October 2020 and has mostly reflected on project delivery up to March 2020. This is because the impact of the Covid-19 crisis prevented the project from continuing as an outreach, group based model. In order to gain consistency and enable fair conclusions to be made, it was felt appropriate to focus on Years 1-4. Given the challenges presented by social distancing measures in place during the evaluation period, the research has focused on:

- Review of monitoring data and case studies collected by the project team
- Interview with a former service user;
- Group discussion with two Community Access Workers;
- Interviews with three project therapists and the Chief Executive;

This document is the Executive Summary, the full evaluation report is available from WCTS.

Image: Art therapy session

2. Women's Circle Project

In 2015, funding was secured from the National Lottery Community Fund (the then Big Lottery Fund) to deliver a 5 year programme based upon the learning gained through WCTS' core services and an outreach project for mothers with children receiving psychological therapies. The proposed model sought to deliver 1-1 and group therapy using outreach mechanisms, targeting individuals in Beeston, Armley, Harehills, Chapeltown and Seacroft. Crucially, the model was underpinned by close partnership work with local organisations with significant levels of existing engagement of women who were likely to benefit from this support.

The target group for this project included traumatised women who were unable or unwilling to access therapy in central Leeds. The focus was therefore on engaging women from BAME communities and those individuals who lacked the financial and personal resources to travel into the city centre to access support. A formal target of 35% of the overall cohort was set for engaging with South Asian women. The demographic analysis of those engaged is provided in the sections which follow.

The overall approach of the project team was to provide 1-1 and group therapeutic support on an outreach basis. To this end, the project developed partnerships with a number of organisations to establish outreach locations in community settings that the target group would feel comfortable about using. This is particularly important for individuals whose safety may be at risk if it became known they had accessed support for women who had experienced abuse or those who are particularly vulnerable to community-based stigma about mental health.

The partners involved in the project included:

- The Grange – Seacroft;
- Hamara Centre – Beeston;
- Bangladeshi Centre – Harehills;
- Dosti (Stocks Hill Hub) – Armley;
- Lovell Park Hub – Harehills;
- Westfield Medical Centre - Chapeltown

Once a partnership had been developed between the therapist and the community organisation, two main types of groups formed:

- Those in which the therapist worked within an existing activity, working alongside the session leader (such as sewing and cooking groups);
- Those in which the therapist led the activity group – these tended to be those which involved poetry, art, clay and sand, yoga;

In both groups, mental health awareness and support was embedded within the activities to avoid the sessions being labelled as "a mental health group" and thereby avoid the stigma associated with mental health problems in the communities the project was trying to reach.

The group activities were provided on a drop-in basis at the outreach venues. They primarily featured arts based therapies using poetry, sewing, clay work, sand tray. Over the course of the project, the Support Workers established their own peer support groups so that women could develop new networks and share experience and coping strategies with each other. These groups were also attended by a therapist or sessional worker (such as a Yoga teacher) to provide guidance on chair-based yoga, mindfulness, and self-care.

In Year 4, the project piloted a personal development training course for women interested in (or already running) their own peer support activities in the community. The intention behind this work was to provide individuals with the tools and supervision they needed to plan and develop their own sessions or take their learning into volunteer roles in other organisations.

The Covid-19 Crisis has had a major impact on the delivery of project activities in 2020 (the final year of the project). For example, all group sessions were paused in March and 1-1 support has mostly been delivered over the telephone (30 minute emotional support calls and telephone counselling). Some of the groups have been able to arrange their own activities with each other (such as a walk in the park). Interviewees reported that although challenging, the use of different media such as Zoom, or the telephone has demonstrated the potential to reach people who are housebound and who would normally be unable to access face-face counselling.

> *"It's been a hard year definitely, but it has shown us what we can do if think outside the box a bit. Telephone counselling means that we can help people who can't get out of the house, which is great"*

The model integrated the project within existing structures in local areas. For example, the team joined the Chit Chat group at Hamara, co-located services with Dosti and in GP surgeries in Chapeltown and Seacroft, as well as running peer support group at the Bangladeshi Centre in Harehills.

Analysis undertaken by the project team shows that referrals were mostly "self-referrals" representing 42% of all referrals received. The remainder came through other VCS, GPs, Health Services and other groups and organisations. This really does evidence the effectiveness of the promotional and engagement activities in the target communities.

The two Community Access Workers involved in the project were also local residents and former service users. They provided a pivotal role in connecting the target communities with the project, developing activities which were relevant and engaging for and encouraging and reassuring individuals as they participated, to enable better retention.

Case Study

Mrs D was of Indian origin, in her early fifties who had two children over the age of 18. Mrs D was unable to work due to a recent car accident, which had limited her mobility and was referred to the Women's Circle project by Dosti after reporting feeling depression and isolated. Mrs D was offered counselling at Westfield Surgery (one of the project's outreach venues).

Mrs D presented with low mood, negative self-appraisals, social isolation, and loss of identity. Mrs D's therapist focused on supporting her to gain an understanding of her difficulties and to be able to contextualise them. Core techniques of unconditional positive regard and being non-judgemental strengthened the therapeutic relationship and soon D was able to reflect effectively and identify clear goals.

The counselling she received enabled her to make a number of positive changes in her life. She was able to address the negative self-appraisals by focusing on positive and meaningful activities which gave her a sense of achievement. She worked on developing her identity, having struggled with a change in her role as a mother, after her children had moved out of the family home. Relaxation and emotion regulation techniques were also implemented to help Mrs D to cope effectively with stress and emotions such as anger.

3. Impact

There have been some difficulties associated with using the quantitative data collected by the project. The monitoring approaches evolved over time in order to better meet the needs of individual participants and the staff team found it difficult to ensure that service users completed the questionnaires consistently, as a result of language barriers and difficulties understanding the concepts and issues.

Furthermore, the impact of Covid-19 meant that it was not possible to undertake further research with the service users to enable them to reflect on their progress as had been planned which would have enabled a more deeper exploration of the project's impact.

Notwithstanding these issues, the evaluation team has been able to use data from a range of sources which demonstrates the impact achieved. This evaluation finds that the project made a significant and positive difference in the lives of the women who accessed it, enabling them to benefit from improved mental health, reduced isolation and increased confidence and self-esteem. These are huge achievements for individuals who joined the project as traumatised and highly vulnerable individuals with very low feelings of self-worth. The project made a significant intervention in widening access for under-represented and marginalised women and has brokered and established productive partnerships and relationships in the city's most deprived communities which will serve well for future projects and activities for vulnerable women.

3.1. Outputs

Summary of the quantitative data for four years of this five year project demonstrates the effectiveness of the work in engaging with women and in particular engaging South Asian women.

Outputs as at Year 4	Actual
Total number of women reached/engaged	**260**
Number of initial assessments	**260**

Total number taking part in individual or group therapy	**215**
Total number taking part in short courses of therapy	**113**
Beneficiaries reached that were Asian/Asian British women (average)	**50%**
Beneficiaries reached that were from all BAME communities (average)	**67%**

Prior to the Lottery funded project only 25% of women supported by WCTS were from BAME communities. Not only has this increased to 67% across all ethnic minorities; the project has also consistently surpassed its annual target of 35% of women being Asian/Asian British beneficiaries, with an average of 50% of all beneficiaries coming from this ethnic group.

3.2. Outcome 1 - Women suffering from trauma and abuse have improved mental health and wellbeing and reduced isolation

Indicator Target	Indicator Achieved
74% women will report reduced isolation	• 86% of Reflective Space respondents reported that they felt less on their own with their problems • 64% of Reflective Space respondents reported feeling better connected to people • 55% of WEMWBS respondents reported improvements to feeling loved and in feeling close to other people
63% women will report improved mental wellbeing	• 77% of WEMWBS respondents reported positive change to their mental wellbeing

70% women will report improved mental health	• 57% of those who completed the CORE Outcomes Measurement Framework Questionnaires reported positive change to their mental health

It must be borne in mind that a significant proportion of the cohort were individuals with whom the project had to work intensively through the group sessions and through pre-counselling support to prepare them for this type of work. This has meant that the process of counselling has taken longer, and many individuals have not yet completed this aspect of the support. The CORE Outcomes Measurement Framework data only reflects those whose cases have been closed and therefore does not account for the progress of individuals whose cases are still ongoing.

In total the cohort for data analysis includes 67 individuals whose cases were closed and who were able to provide an exit score following completion of counselling. Of these:

- 4 had an initial CORE score below the clinical threshold leaving little scope for reliable improvement to be achieved.
- Of the remaining 63, a total of 36 met the criteria for reliable improvement (57%) of which 12 (19%) met the criteria for clinical and reliable change (i.e., recovery).

The interviews with the project team highlighted the fact that the women who took part demonstrably improved their wellbeing. Staff observed that the participants' mood improved as the groups developed and that they self-reported feeling happier.

The interviewees were able to report their observations regarding the strength and support that the clients gained from each other. They felt that the individuals experienced loneliness and isolation – some had not spoken to another person other than their therapist for many weeks. The group therapies and courses in particular enabled individuals to form new friendships and build up their own social and support networks. Furthermore, the opportunity to talk to another person about their thoughts and feelings through counselling also meant that individuals felt less lonely and reported this to their therapist.

3.3. Outcome 2 - Women suffering from trauma and abuse increase self-confidence and self-esteem to better manage and make changes to their lives

Indicator Target	Indicator Achieved
74% women report increased self-confidence	• 94% of women responding to course questionnaires reported increased confidence • 86% of those completing the Reflective Space questionnaires also reported increased confidence
80% of women report managing difficult situations better	• 68% of individuals reported improved ability to manage difficult situations.

Information gathered from course feedback forms (12 people completed the course) demonstrates the positive changes experienced by those involved in relation to their confidence, self-esteem, self-belief, and inclusion, where the vast majority of the cohort agreed they had experienced improvements.

If we aggregate the responses for "strongly agree" and "agree" we can see that individuals were able to report:

- Increased confidence (94%);
- Having learned more about themselves (100%);
- Having gained new skills and knowledge (88%);
- Increased self-belief (83%);
- Increased activity in the community (82%);
- Being more active in their lives (89%);

Data from the Reflective Space questionnaire completed by individuals earlier in the project also demonstrates positive change amongst the cohort (14 people) in terms of individuals' levels of self-advocacy, ability to manage challenge:

- Confidence (86%);
- Ability to express themselves (93%);
- Capacity to tackle difficult situations (68%);
- Knowledge about the things that are important to them (79%);
- Ability to do what they believe in or think is right (64%);

> *I never realised that I needed this. Thank you for inviting me to do this. Your organisation saved me and helped me carry on. You have been a can opener and you opened me up and let me out.*
> Group Participant

The project team were able to describe eloquently during interviews the significant changes which a number of women were able to make following support. For example, some women gained the confidence to leave abusive relationships, others were able to be assertive in other aspects of their lives, such as learning to drive, gaining skills and confidence, developing better self-awareness. Individuals moved on from the project into volunteering, employment, and further education courses. In other less tangible ways, the participants made changes to their attitudes about themselves and others. For example, one of our interviewees reported her own changed attitude towards mental health problems.

It was also reported that some individuals joined the project with a reduced sense of their own self-worth and with historic under-valuing of their own role in society by their wider community. These individuals reported feeling that they were "not worth" supporting when the therapists and team first joined the community groups, but this changed steadily over time as individuals gained strength and a sense of value from their group.

> *"I do look forward to come and discuss my problems. I don't feel as lonely as I used to do. I am trying to do things what I believe in rather than what I think is right, but it doesn't come easy for me to do that."*

3.4. Outcome 3 - Volunteers who've suffered from trauma and abuse have greater self-confidence, increased life skills and are more active in their community

Indicator Target	Indicator Achieved
32 women provided with volunteer training	• 12 women accessed training • 66 accessed peer support groups
88% volunteers report greater confidence	• 99% of training participants reported increased confidence
79% volunteers report increased life-skills	• 88% of training participants reported increased skills
88% report being more active in their community	• 82% of training participants reported being more active in their community

The project sought to increase capacity for the managed and supervised provision of peer support in the target communities. In this way, the focus was less about recruiting volunteers into the service itself, but more towards developing individuals who were already active in their communities and ensuring that they had proper supervision, training and support to lead their own activities in their areas.

It was originally planned that the project would recruit and train 32 women who had experienced trauma and abuse to become volunteers in the project. This activity was postponed although the project recruited 2 volunteer therapists who supported the smooth delivery of counselling and group work. Furthermore, the peer support groups were established by 2 Community Access Workers who were former service users.

Due to staff vacancies and the impact of the Covid-19 Crisis in 2020, the project found it difficult to deliver this area of work as planned. However, some personal development training was provided during Year 3, in which 12 women participated. Furthermore, 66 women have attended a weekly peer support group.

The interviews with project staff and particularly the three individuals who were former service users demonstrated that the project has improved the confidence, skills and community involvement of individuals.

A fantastic example of this aspect of the project has been the development and support of a former service user who has joined the WCTS Board. This individual has been able to not only move on from her own experience with the support of WCTS but is now able to use this to better inform the work of WCTS as a whole.

Image: Therapy session props

4. Learning

4.1. Enabling access to women from diverse communities and vulnerable backgrounds

The Women's Circle project highlighted a number of issues faced by South Asian women in Leeds, particularly in terms of their role within relationships and within their communities. Those interviewed for this evaluation, reported observing amongst participants high thresholds for abuse within their relationships, difficulties recognising abusive behaviours and normalising attitudes towards domestic abuse as well as concerns regarding social stigma if they reported abuse.

The South Asian women involved in this project were also found to experience further limiting factors which were culturally different to those experienced by the White British cohort. For example, the therapists involved in the interviews found that aspects of their training and experience were Eurocentric in approach and not always easily adaptable to the needs of South Asian women. The project team encountered women who had little or no concept of boundaries between themselves and others and found that normative definitions of "self" had little application in this context. Individuals would find it hard to commit to support overall and this impacted upon engagement. The project team also found that they encountered stigma associated with mental health, resulting from difficulties translating current concepts about mental health into other languages and also from cultural perspectives which do not recognise mental health as being a health issue. The need to maintain reputation within communities that have often faced racism and stereotyping in other ways is also a major factor and mental health problems can be cast as an illness to be hidden from view.

During initial engagement, some of the women were sceptical about the offer – in terms of its suitability for them, the need for it to be provided and the financial incentives for the organisation associated with delivery.

To respond to these challenges, the team adapted the project design and intensified the soft-engagement work in the community – running activity groups or working alongside existing activities of partner organisations to build trust, open up new gateways into support and work with individuals prior to counselling to make it more accessible.

Interviewees reported needing to:

- work more intensively prior to therapy to prepare individuals for referrals,
- be innovative about approaches to group therapy,
- offer emotional and practical support that focused on providing advice, guidance, and signposting in many cases;
- adjust their therapeutic approach to move from a focus on individual empowerment, to empowerment gained from other networks.

Women from younger generations were more receptive to the notion of individual therapy, whilst the older women's group really thrived on being with each other. They experienced real increases and improvements to their wellbeing as a result of the group work and the opportunities to share experience and have their own supportive women-only space.

4.2. Challenges to monitoring and evaluation

A related matter to the issues raised above is that the use of validated measures such as the Authenticity Survey and CORE-OM were found to be difficult to use in the community settings and with women from South Asian communities. An unforeseen issue has been the eurocentrism of these validated measures both in terms of difficulty in translating CORE OM terminology into Urdu and the use of concepts which lack relevance to this target group. . This led to the use of multiple frameworks at different stages within the project, which has in turn impacted upon the consistency of data collected.

Covid-19 resulted in the project having to suspend all activity on 20th March 2020. As the women being targeted were highly disadvantaged, isolated and vulnerable, the levels of digital exclusion amongst the cohort were very high. This prevented WCTS from being able to rapidly pivot delivery towards online services and so the focus has been delivering telephone support to women, prioritised against complexity of need

and level of risk. This led to the suspension of the group activity (although the Community Access Workers and staff have sought to remain in contact and run some small scale activities such as socially distanced walk in neighbouring parks).

Whilst younger generations had some levels of digital inclusion (such as through smartphones and their own tablets) there was a sizeable cohort of older and more isolated women who did not have access to this technology or the skills and knowledge to use it. In addition, some women were purposefully hiding their involvement in the project from other members of their household. WCTS have supported individuals to access the technology they need to participate and have provided 1-1 training to those who have limited digital skills. However, this has prevented the completion of feedback forms or further research, which would have helped develop a more detailed view of the impact achieved.

4.3. Delivering outreach and working in partnership

There were some complexities to delivering outreach therapeutic support and the use of partner venues for activities. Several interviewees noted the porous nature of outreach work in community settings, where it became difficult to establish boundaries around services and staff compared to those which are intrinsic to the delivery of support at WCTS' central office.

Interviewees highlighted difficulties associated with use of community buildings and difficulties arising from rooms not being pre-booked, issues associated with the quality of the buildings themselves. Several interviewees referred to the same example of male staff at a partner organisation walking in and out of the women's group sessions. This they felt highlighted both a lack of understanding of the need for a safe and contained female-only space and a failure to respect the contribution the Women's Circle project was making to the lives of their service users and the strategic objective of their own organisation.

It was also noted during a number of interviews about the isolation that can be experienced by project workers undertaking outreach work. Individuals did not have the same network of colleagues with them whilst delivering in the community as they

would working from the central office and it was understood by interviewees that this created some additional pressures for the project team.

Furthermore, there were also some unforeseen challenges associated with the deployment of therapists from the South Asian community on an outreach basis. These challenges included:

- Concerns about the overlap between the networks of the therapists and those of the participants and worries about individual knowledge of each other outside of the project settings;
- Some individuals preferring to be supported by therapists from different ethnicities
- Challenges associated with some of the participants not recognising the therapist as a professional and respecting the boundaries which are necessary and required. This created significant burdens for the therapists and demanded a greater level of management and supervision

Gaining substantive referrals from the partner organisations was also a challenge. In so many cases, the partner organisation would refer individuals to WCTS but fail to collect relevant information about the needs of the individual and their suitability for the project.

There were also some issues of trust between partner organisations and the project. There were also some difficulties arising from the fact that the partner organisations went through major restructures (including several changes of leadership team in one organisation and a merger in another) and the ongoing challenge of limited resources and funding.

Image: Clay modelling therapy session

5. Critical Success Factors

This evaluation has concluded that the Women's Circle project was successful in achieving its aims of reaching more women from South Asian communities and supporting those who had experienced trauma and mental distress to improve confidence, wellbeing and reduce isolation. Covid-19 had a direct and limiting impact upon the ability of the project to deliver the training courses to women wishing to become peer volunteers in the community. However, the results from the course that was delivered in Year 4, suggests that had the project been able to roll out the courses further over Year 5, these too would have been successful in delivering the planned outcomes.

The following points demonstrate the critical success factors that enabled the project to work well and would be ideal places to begin for any organisation seeking to replicate the Women's Circle model.

Build relationships within the community and with partner organisations

This was effective in ensuring that outreach settings were hyper-local and able to reach individuals on their doorstep.

Investment in the recruitment and supervision of candidates from diverse backgrounds

Addressing barriers to the recruitment of therapists from BAME communities by removing the requirement or individuals to BACP registered or to hold Masters qualifications had a fantastic impact on the organisation which now has a more diverse workforce and for the sector as a whole which has benefitted from a throughput of well trained, qualified therapists from BAME communities.

Building relationships across communities

One of the areas of impact that was not inbuilt into project targets was the improvement to community cohesion and understanding gained by people from different ethnicities working with each other (both between staff members and between staff and participants).

Enabling access

Participants were reported to have improved their understanding of mental health as a result of participation. It was also noted that a lack of understanding and the stigma associated with mental health was a key barrier to support for women from all communities. So too was the issue of many women simply not knowing that support was available to them. Co-locating services within community settings and GPs was a great way to take therapeutic support out to individuals where they lived and improve ability to access the service safely.

Recognise the need for diverse approaches

The project team employed multiple approaches to the delivery of mental health support, involving outreach group and 1-1 sessions, counselling, personal development courses, recognising the need for holistic support.

6. Recommendations for a future project

Invest in co-production

The project team undertook extensive engagement with the partner organisations and with women in the communities as the project was being developed. However, there is an element of self-selection in early engagement and project design work where individuals who already recognise the value of a programme are those who volunteer to be involved in its development. The key challenge is to engage those who are the furthest away from support, particularly where cultural limiting factors impact upon attitudes regarding self and others.

The project team worked hard to create a model with the participants that was effective and that they all felt a sense of ownership over. The future project should build on this, but crucially continue to consult to refine delivery. This may mean that the subsequent project plan requires further development time and additional resources to support the early engagement of those most under-represented by these kinds of services.

Ensure outcome measures are suitable for diverse communities

One of the key issues experienced by the project team was in collecting data using questionnaires based upon validated outcome measures. It was found that the language and approaches used were not always relevant to the experience and understanding of the participants. It is recommended that in any future iteration of this project an advisory group (including the project team and project participants) work with an experienced evaluator to create a bespoke monitoring and evaluation framework and that additional specialist training and development for staff is provided where appropriate.

Invest further in supervision for those delivering outreach support

It was also learned during this project that there are challenges experienced by BAME therapists working within BAME communities, particularly where they are working on an outreach basis. The experience can be isolating, particularly when things are not working as well as hoped. It can also be difficult for individuals to maintain boundaries with individuals who find it hard to respect their role as a professional rather than as a member of their community. Investing in the supervision and support of individuals, recognising the difficulties associated with outreach therapeutic practice is essential to both the safety and wellbeing of staff and the ability of the project to achieve good outcomes for participants.

Develop the monitoring and evaluation approach

A more simplified outcomes framework with broader recognition of other areas of impact would enable stronger evaluation. This could also be better coordinated through the use of a single platform for the recording and reporting of data too. In addition to assessing things such as improvements to mental health, confidence, wellbeing, isolation, the future project could also assess the impact of changed attitudes about ethnicity, mental health, and other stereotypes in any future project. It would also be useful to draw out differences in impact experienced by target group so as to gain a better understanding of how to differentiate approaches to different groups of women, and so consideration as to how best to achieve this is recommended too.

Furthermore, it may be advantageous to adjust targets, especially for those accessing counselling where the pre-support interventions and the process as a whole can take longer for the target group and where they may be other practical and emotional forms of support needed too.

Broaden awareness of the project

It was noted by one of the interviewees that they felt that more work was needed to raise awareness about support available not just for this project but for women experiencing mental health problems and abuse generally. It is recommended that a similar outreach approach is undertaken, but with further relationship building work with local organisations so that they can signpost and refer individuals through their services too.