



By Sarah Frost and Dr. Sarah Lloyd

WOMEN MAKING CHANGES PROJECT: FINAL EVALUATION REPORT

*“I couldn’t bear to look at myself...I now look
in the mirror... know it was not my fault. I
was treated like a human being, they listened
to me and made me feel ok”*

By Sarah Frost and Dr. Sarah Lloyd

July 2021



Table of Contents

1. Introduction and Purpose of the Report	3
1.1 Background – Women Making Changes.....	3
2. Evaluation approach	4
3. Evaluation findings	5
3.1. Issues faced by women accessing WMC	5
3.2 What women accessing WMC value about the project	7
3.2.1 The Women’s Centre setting.....	8
3.2.2 The WMC Project Workers.....	9
3.3 How have WMC workers helped women?	15
3.4 What WMC workers do	21
3.4.1 Key Features of the WMC Workers Approach	24
3.5 Outcomes for Women	33
3.5.1 Examples from Women of ‘Journey Travelled’	38
3.5.2 Themes of outputs and outcomes.....	40
3.5.3 Challenges to achieving outcomes	41
3.6 Practicalities of the job and demands on WMC workers	43
3.6.1 Staff Team Support.....	44
3.7 Work with WMC Partner Agencies	44
3.7.1 Background and establishment of project partnership	44
3.7.2 Partners Roles and Responsibilities.....	45
3.7.3 Engagement with partners	46
3.7.4. Benefits of partnership working.....	49
3.7.5 Challenges of partnership working.....	51
3.8 Views of wider stakeholders	51
4) Conclusions and Reflections	55
The WMC Approach and Workers.....	55
Women Accessing the WMC project.....	56
Developing a stronger, collective voice.....	56
Work with partner agencies and stakeholders	57
Recommendations.....	57
What next for WMC?.....	58
APPENDIX A: Theory of Change for Women Making Changes Project	59

1. Introduction and Purpose of the Report

This independent evaluation report for the Women Making Changes (WMC) project seeks to summarise the findings from the evaluation activity undertaken between August 2017 and April 2021. The overall aim of this qualitative evaluation is to demonstrate the difference made to women accessing the WMC project and explore the benefits to partner agencies and wider stakeholders.

1.1 Background – Women Making Changes

The “Women Making Changes” (WMC) Project is delivered by a partnership consisting of five organisations:

- a) WomenCentre Limited (Lead Partner)
- b) Age UK Calderdale and Kirklees
- c) Christians Together Calderdale
- d) Citizens Advice Calderdale
- e) St. Augustine’s Centre

The overall aim of the WMC project is to help vulnerable and marginalised women in Calderdale to have the financial security, suitable accommodation and social support to live better lives and avoid future hardship crisis. Target groups include women with poor mental health, women experiencing domestic abuse, women with physical disabilities/sensory impairments, older women, economic migrants, asylum seekers and refugees and women living in rural areas.

The project employs 3 part time workers and a Project Manager, with operational, safeguarding, financial, contractual and reporting support provided by WomenCentre’s Senior Management team. Project workers provide support and advice to women, primarily at WomenCentre base but also at Citizens Advice Calderdale and other agencies and settings. In total 316 individual women were supported over the lifetime of the Project. The original outcomes of the WMC project as agreed with the funder, the National Lottery Community Fund, are in box 1 below.

Box 1: Outcomes for WMC project as agreed with NLCF

Outcome 1: People who have experienced hardship crisis are better able to improve their circumstances.

Outcome 2: People who are at high risk of experiencing hardship crisis are better able to plan for the future.

Outcome 3: Those experiencing, or who are at high risk of experiencing, hardship crisis, have a stronger, more collective, voice, to better shape a response to their issues.

Outcome 4: Organisations are better able to support people to effectively tackle hardship through sharing learning and evidence.

2. Evaluation approach

The evaluation work has been guided by a Theory of Change (ToC) for the WMC project (see Appendix A) which was developed in October 2017. The ToC identified three main strands to the work of the WMC project. The long-term outcomes under each strand are presented below in table 1.

Table 1: WMC Long term outcomes
Strand 1: Hardship crisis
<ul style="list-style-type: none"> a) Women are living in suitable, safe and affordable accommodation. b) Women are able to successfully manage their money and have increased income/reduced debt. c) Women have improved emotional well-being (e.g. confidence, self-esteem). d) Women have improved physical health. e) Women have their basic needs met. f) Women are accessing mainstream services and have the support they need. g) Women have increased knowledge and confidence to create their own solutions and plan for the future. h) Women feel more empowered and more in control of their lives and those of their dependents.
Strand 2: Co-production and Influencing
<ul style="list-style-type: none"> a) Women are involved in evaluating the project. b) Women are involved in re-shaping the project. c) Women at high risk of / or experiencing, hardship crisis, have a stronger, more collective, voice, to better shape a response to their issues.
Strand 3: Organisational learning and change
<ul style="list-style-type: none"> a) Organisations are better able to support women with complex needs including hardship crisis effectively through sharing learning and evidence. b) Local financial resilience organisations will have made changes to improve their crisis and hardship services for women based on learning from the Project. c) WMC Partners will have made changes to provide more effective services based on our own internal and external evaluation and national programme learning. d) Learning from the project is shared between the 5 partners and used more broadly e.g. at a national level informing policy. e) Partner agencies work together on shared goals and activities.

This final project evaluation report draws on the data previously reported in the three interim evaluation reports produced - as well as data collected in 2020/21 from women accessing the project; WMC staff; partners and stakeholders.

Between Aug 2017 - March 2021 a total of 30 interviews with women accessing the project were undertaken. The purpose of the interviews with women was to gain women's views on the help they had received from the project and their experiences of engaging with project staff. The majority of the interviews were led to some degree by the women, most of whom mainly talked about their own life story and how they had ended up where they were now. Two of the women (W 13 and W 17) had been interviewed previously.

WMC staff were interviewed three times during the project, most recently between Dec '20 - April '21. Four WMC partner agencies were interviewed in the early stages of the project and two were interviewed towards the end of the project (the other two partners were unavailable). The purpose of the interviews with partners was to gain an understanding of how they felt the partnership had progressed and evolved over the five years and explore the positives and the challenges. Seven stakeholder interviews took place in the Spring of 2021 to explore what their experience had been of the WMC project when they had referred women to the project. All of the interviews were semi-structured with specific questions to guide the conversation.

Most interviews undertaken between 2017 -2019 were done face to face. All interviews conducted in 2020/21 were done over the phone or online due to Covid restrictions. There were fewer interviews than planned in 2020/21 due to women having issues arise at the last moment and therefore unable to participate. The interviews were also generally briefer than previous interviews. This was because two women had children with them in the room, or nearby, and one woman had caring responsibilities at the time of interview. Despite not being able to see women's body language or have eye contact the interviews were still informative, with women expressing their desire to talk about their experiences and contribute to the evaluation.

To summarise, this final evaluation draws on data from the following sources:

- a) Interviews with 30 women accessing the project
- b) Case studies of 82 women accessing the project collected by the project workers.
- c) Interviews with WMC project staff at three time points
- d) Interviews with project partners at two time points
- e) Interviews with 7 wider stakeholders

3. Evaluation findings

The data from the various sources were analysed to identify responses related to the following areas of inquiry:

- Issues faced by women accessing the WMC project.
- What women value about the WMC project.
- What WMC workers do / issues they deal with.
- Key features of the WMC Approach.
- Opportunities for co-production.
- Outcomes for women
- Challenges in achieving outcomes
- Practicalities of the work / demands on workers
- Work with partner agencies
- Benefits to wider stakeholders

3.1. Issues faced by women accessing WMC

All the women who were interviewed, and those who were the subject of case studies, were dealing with **a range of complex and often long-term issues**. Most women were experiencing **multiple interrelated issues**. Also, most women had experienced **trauma** as a child; followed by other often chronic traumatic experiences in adulthood (e.g. domestic

abuse, poverty, losing a child to care or substance misuse). Many of the issues faced by women accessing the project (e.g. interruption to education, suicidal ideation, anxiety and depression) could be seen to be linked to these traumatic life experiences. Table 2 provides a summary overview of some of the types of issues faced by women accessing the project.

Table 2: Issues faced by women accessing WMC between 2017- 2021

Area	Examples of issues 2017- 2021
Mental Health	Emotional impact of domestic abuse from partner/child/parent Experience of child sexual abuse/exploitation by parents/traumatic childhoods Loss of confidence and self-esteem PTSD Bi-polar Mental breakdown Guilt Depression Anxiety Loneliness/fear of loneliness Despair/no hope Sexually harassed No social life/rarely leaving the house Lack of justice re perpetrators Stress Suicidal ideation Suicide attempts Impact of trauma / traumatic life experiences Breakdowns Misdiagnosis of illnesses around mental health issues No hope for the future
Health & Wellbeing	Physical and emotional impact of domestic abuse / domestic violence Tiredness Hunger Not looking after themselves e.g. poor eating, hygiene Learning difficulties Alcohol/drug addiction dependency Gambling Being in/out of rehab Living with another addict General health problems Other health conditions e.g. Diabetes, ADHD Misdiagnosis of illnesses
Finance	Living in poverty - not having enough money to live on Not knowing how to budget / plan spending Unemployment /struggling to find work Benefits cut Debt issues/bills and avoiding dealing with them Not understanding benefits processes Issues with benefits (especially problems with PIP and Universal Credit)

	Poverty and hardship due to domestic abuse
Relationships / Family	<p>Difficult family relationships / Chaotic family background</p> <p>Being a single parent</p> <p>Being a carer e.g. for elderly/ill parents</p> <p>Children in care/adopted or estrangement from children</p> <p>Feeling their kids are better off in care</p> <p>Grandparents looking after children</p> <p>Have children who are depressed/suicidal</p> <p>Have children who are having problems at school</p> <p>Can't manage having their children with them</p> <p>Domestic abuse /violence</p> <p>Lack of family support</p> <p>Been in prison</p> <p>Poor parenting of the women when she was a child</p> <p>Having a baby at a very young age</p>
Accommodation / Housing	<p>Homeless or at risk of homelessness</p> <p>Lack of housing</p> <p>Living in temporary and unsuitable accommodation e.g. bail hostel, tent</p> <p>Property too large and rent not affordable</p> <p>At risk of eviction</p> <p>Need help with housing appeals</p> <p>Harassment from neighbours</p> <p>Not having enough money to pay the bond (for rental property)</p> <p>Rent arrears</p> <p>Problems with neighbours (including assaults)</p>
Practical needs	<p>No access to gas/electricity</p> <p>Lack of food/clothes/toiletries/school uniforms/household goods/furniture</p> <p>Need help to fill in forms/paperwork</p> <p>Lack of access to the internet or phone</p>
Legal	<p>Courts involved with domestic abuse cases</p> <p>Immigration issues</p> <p>Asylum issues-claims and appeals</p> <p>Facing death if returned to home country</p> <p>Appeals, especially for benefits</p> <p>Children being removed</p> <p>Need help dealing with solicitors</p>
Other	<p>Organisations not understanding the complexity of women's issues</p> <p>Bereavement - death of child or other significant other</p> <p>Interruption to their education</p> <p>Coping with getting older</p> <p>Covid and related impact e.g. isolation, trapped in abusive relationships, home schooling, childcare</p>

3.2 What women accessing WMC value about the project

Women were asked what they valued about the WMC project. Women's responses related to two main areas:

- The WomenCentre setting
- The WMC project workers

3.2.1 The Women's Centre setting

Identified Sub themes: *Welcoming, safe, inclusive, women only, caring environment. holistic, compassionate, kindness, role of WomenCentre staff.*

The Women's Centre (WC) is seen as a **place of sanctuary and safety** by the women who attend. Many view it as a **home** and feel that it takes the role of the family they do not have, or wish they had. The Centre and its workers **nurture** them, offering security, safety and consistency. It is experienced as somewhere where women feel **they will be believed, listened to** and know that there is always someone to talk to. Women view WomenCentre as an oasis where they will not be judged but rather will be cared for and supported in an unconditional manner. Women know that **they will never be turned away from WomenCentre** and that they can always return in the future should they need too. This knowledge provides them with a great deal of security. The fact that WC is a **women-only space** is very important for its users who know that when the doors close behind them they are in a secure place where they will **always be warmly welcomed**.

"They wipe away my tears in different ways. It is a Centre that I came in and I feel at home." (W10)

"Here I have space to be me, not someone's mum, sister, grandma, I can be daft or as needy as I want to be. If I want to cry I can. It's a very safe space for me... there was nowhere else to go for help." (W14)

"They know what they are dealing with here, they have so much empathy here, I would recommend this place to absolutely everyone, I tell everyone." (W12)

"...people come for a brew and a chat, women only, no abusive men, no-one kicks off...time away from everyone in the world here. Nothing negative to say about this place...just seen people crying and leaving looking better". (W22)

The role the WomenCentre plays in the women's day-to-day lives was striking. Many of the women discussed how socially isolated they were and that going to the Centre or getting a text from their worker broke up their day and helped them get through the rest of the week. That contact was often the only, or main social interaction they would have in the week and was invaluable. Women also reported they have made friends and improved their social networks at the Centre.

"It breaks my week up, I don't go anywhere, this is the only place I come". (W21)

"WomenCentre are helping me out a lot, keeping my mind occupied, even just seeing [the worker] for half an hour or so means I am not crying all the time". (W22)

"If it wasn't for this place, there would be a lot of people in a wrecky, horrible place, it is salvation, sanctuary, it makes a lot of difference, my quality of life is better cos of [the workers], you have back up and you are not on your own, you can go home and wallow but it's like a massive burden has been lifted, it's easier to deal with" (W17)

The women reflected repeatedly on the **overwhelming kindness and compassion of all the staff at WomenCentre**. Many women reported that the care and concern they received from the staff at WC was unlike any they had previously experienced, the women's gratitude was palpable. The WC receptionists were praised by most of the women interviewed as was the general 'feel' of the WC environment.

"The welcome starts when you walk through the door." (W14)

"Everyone here is compassionate, the receptionist, everyone, no one ever makes you feel like you are wasting their time, that's been a strange experience for me." (W13)

"When you walk through that door, ring the buzzer and as soon as you walk in [the receptionist] has a big smile and says make yourself a drink, it's amazing, it's like when your mum was alive and getting a big smile and feel safe and cosy, they are like angels...they go above and beyond. It's a priceless place". (W19)

"They are just lovely people who will always be there for me, lovely people. When I needed them, they are there for me." (W11)

"No one judges you (at WC), come in dirty, doesn't matter." (W14)

"I feel like I have been swimming against the tide for so long and I was so exhausted and wanted to give up and everyone here has been so supportive." (W13)

"I am stronger than I was, more understanding about certain things...I am grateful it has given me that insight! (W16)

The **gendered nature of WomenCentre** is vital for its users - they know that when they enter the Centre and the doors shut behind them they are secure and protected in a unique and special way. The women are assured that they will be warmly welcomed, whatever their circumstances and they know they will always be accepted. **This inclusive and caring environment is invaluable for the women**, at times women visibly struggled to articulate how deeply they valued and appreciated WomenCentre.

"WomenCentre is brilliant, it's saved my life, I was in a really dark place" (W21)

"They don't know how grateful I am for their help...it's a place where you can be safe, not be scared of anyone judging you...it's a comfort zone. No one can see in". (W18)

"When you know you have someone to talk to, it's a whole weight lifted off you. ...if it wasn't for these, I wouldn't be sat here now, I wouldn't be sat here now..." (W20)

"I love this place, it is unreal...it is a pleasure to come here". (W9)

"I hope other women can find here [WC] and get help like me because it really worked for me and I never forget here, never." (W3)

"I will get stronger while coming here". (W23)

3.2.2 The WMC Project Workers

The WMC project provides help and support for women both practically and emotionally. Women's feedback on the project workers was wholly positive and illustrates what they

appreciate about them. None of the women interviewed had anything negative to say about the project or the staff, they expressed how grateful they were for the support they had received. Some women expressed a depth of gratitude that at times made them emotional.

Women felt that **workers went above and beyond** for them, both practically and emotionally. The women had not had this experience before from any other service and they really valued it. The workers approach helps make the women **feel loved, valued and never judged**.

“She never judges me, I feel like there is a purpose to me telling her things, she always finds a solution and she is so gentle and has so much time for me, makes sure I understand it. I don’t feel like I am fighting on my own, when I would give up-she has got my back which I have never had that in my life, someone looking out for me.” (W13)

The positivity, kindness and patience of the workers was greatly valued by the women. The women found the workers easy to talk to, they felt listened to -and appreciated having a cuppa and a chat about ‘normal’ things nearly as much as being helped with a benefits appeal, or being accompanied to an appointment.

“The workers are really good, go beyond, they talk like your best friends, they listen for one hour, they talk to you”. (W24)

They also felt that **workers really understood their situations** and could recognise women’s needs without women asking or being able to articulate them:

“It is the best thing you can do, go to WC. [My worker] is so bubbly, she knows, she asks questions, and she knows what I am thinking, it is good”. (W24)

“There for me to talk to about anything that was going on, she helped me out and just listened basically and if I needed advice she gave it.” (W1)

“She is my strength, just seeing her, I trust her, not scared to tell her anything.” (W8)

Women often said that they made it a priority to do the interview for this evaluation because they said they wanted to give something back to WC after all that had been done for them.

“the centre is really great...for me it has been a lifeline...I wanted to make time for this (interview) people have put themselves out for me.” (W4)

Knowing that **the time they have with WMC is not restricted and the support they receive is consistent** makes the women feel secure and cared about. The kindness and tenacity of the workers changes their lives. Women know that whatever happens in the future they can always come back to the WC.

“I have no one to fall back on, nowhere to turn and to have the freedom to know I have someone to say to, how do I deal with this, it is an enormous relief. I can try so many more things I know where to go when it goes wrong.” (W13)

The **workers are calm and reassuring** and find solutions for women. They help them manage complex and varied issues that the women often find overwhelming. The women found it difficult to convey the amount of gratitude they felt towards the WC and the WMC.

“She really believes in me...that she believes me and that I have a future, it means so much for me.” (W13)

“[worker] the other day filled in a massive form for me, I was crying and it took a lot of time, I came here they fill it in. They do it quickly and get it to me. They make me know I am not on my own...” (W11)

The **holistic nature of the care** provided by the WMC workers was also significant. The women feel the workers are interested in all aspects of their lives, not just their problems, and this makes women feel special and cared about. The **continuity of care and value of the holistic approach**, seeing the woman as a whole and not working on single issues, was seen of great value to the women:

“Continuity doesn’t exist in social care and the NHS, you tell so many people the same problem again and again for nothing. To have one person who can deal with it all is so refreshing, it’s transformed my life. The trajectory of my life has changed for the good.” (W13)

“All the other services I’ve ever used look at problems in isolation, and address them in isolation too... which never works because all my difficult circumstances have always fed into each other and made the others harder to escape from.” (W13)

“[WomenCentre is the] best thing I have ever done, I got the support, this place is amazing, [worker] got everything sorted and showed me how to deal with the whole situation”. (W16)

The women know what to expect from the workers, they trust them to do as they say they will and never let them down, this forges a deep level of trust and respect.

“She has an answer for everything and it’s always positive and it’s not false promises, she always follows through...” (W23)

“It’s calming atmosphere, once those doors are shut, it’s like Fort Knox, once you shut those doors, phew, no one judges you, everyone is in the same boat...we talk about all sorts of stuff”. (W17)

“...very special, gives time out and makes time, they make time, they won’t put you off...they ring straight back, good bond with workers.” (W20)

“When I first came, I felt dirty and disgusting cos of that guy. When I spoke here...I had no mirrors in my house, because I just saw a dirty thing and then they spoke to me and lifted that. I now have mirrors everywhere, I don’t see a dirty thing now cos she lifted that from me” (W20)

“They gave me that support, I was dealing with things I didn’t understand, this is such a valuable resource, nothing else like it...the place is invaluable, the people are fantastic...it’s a safe place to come...you can relax from everything, clear space, knowing that people are there to understand and support you no matter what”. (W16)

Women commonly **felt that there was nothing the workers wouldn't do for them**, nothing was too much and more than that, workers would do what was needed to make sure they had their needs met.

*"They don't tell you what to do, they just advise you. When you leave here everything seems better than when you arrived. They are **amazing people, like angels**, can't see their wings cos they are tucked away..." (W19)*

*"WomenCentre are brilliant, I would have been lost without them, **they have been my anchor, been my rock...**" (W15)*

Women also commented on the 'little things' workers did financially for them such as buying them a book or helping out with a baby shower.

"They help you with whatever you need, help you budget, if it wasn't for these..." (Woman 7)

"Over xmas, they came to my house and gave xmas presents for kids, a food parcel, I never expected it, they need a medal" (Woman 7)

"I got a house due to coming here, it was a god-send, they were amazing... I was in a lot of debt due to my ex... I came back last year as I was in a lot of debt again and was suicidal. I had no money, [worker] was amazing, they are amazing, [worker] helped me apply for benefits...I was not going out, too scared. [worker] came to benefits with me and [worker] came to Citizens Advice with me my about debts." (Woman 6)

A number of the women referred to the workers as **having a mother-like role**, their understanding of motherhood seemingly being that of a person who gives their time freely and willingly, provides boundaries, care and love but also enables women to make their own decisions.

"She is like a mother figure that I haven't got at the moment". (W23)

"That's why I say, like a mother, a mother trains you to move on and I can go on and sort my life out. You have to be ready for them to let you go or I say, I am ready to go. If I need help they are here for me" (W18)

"If WomenCentre was not here? I would feel trapped, it would be a lot different, I leave here and feel positive...I've lost my kids and my mum and WomenCentre have said we will be your mum for you, whatever she did - we will do". (W23)

"It's [WC] like a magnet, I keep coming back, there's a lot of people who have no one, they have taken over the role of my mum, all the paperwork...she really is there for me" (W23)

"WomenCentre has made a difference, listen, without them I would have been starving, it's someone to talk to, they help me twice in my life, with DV, court, everything they were there, when I gave birth, they were like my mother, they got me a card, came to a baby shower...I feel like crying. They are still helping me...like my part-support mother, it was nice" (W18)

Women felt that they had a “*soft place to land*” (W26), workers who would “*hold their hand*” (W24) and “*kindly push me in the right direction*” (W25) at WMC. One woman who is seeking asylum felt that not only did WMC provide clothes, tablets and toiletries for her and her child but also were so helpful to talk to, enabling her to see things from a different perspective.

“She pulled me up and I don’t have to deal with it myself” (W26).

The comfort and reassurance alongside offering gentle yet firm guidance and support was felt to be unparalleled by all of the women. The language that all the women used to describe the staff at WMC demonstrated how grateful they were to them and how, for some women, they felt that the staff had literally saved their lives. Many of the women said that without WC they would be dead, and that WC provides a lifeline, it offers hope and gives women strength.

“I don’t know what I would do if they weren’t here, I would be 6 feet under if they weren’t here.” (W14)

“They’ve been fantastic...absolutely amazing, if it wasn’t for them I don’t know where I would be-probably dead or in a ditch somewhere.” (W7)

“WMC saved my life honestly. I was really, really down when they contacted me” (W8)

“WomenCentre is a lifesaver, proper lifesaver.” (W9)

“They have been amazing, saved my life...she [the worker] is like a guardian angel...I am happy and so grateful for what I’ve got, without WC, I wouldn’t be here today” (W17)

“I honestly think I quite potentially would have committed suicide, that’s where I saw my life going...I had no hope for the future, I thank my lucky stars that this project was running.” (W13)

“I think I would have been in hospital, I wanted to take my own life before I came here, I didn’t want to be here, but its saved me coming here, just a little change...I still have my ups and downs but when I come here I feel uplifted by them...I wouldn’t have known where else to go if I didn’t have this...” (W21)

A number of women had been referred for counselling and to other services such as substance/addiction agencies. A few women discussed how the WMC project had helped them develop an understanding of the dynamics of domestic abuse and a number of the women had attended courses run by WomenCentre on self-confidence and WMC’s Moving Forward group which they had found helpful.

“[The worker] was just amazing, she supported me with the meetings (at social care)...the meetings were terrifying...I went to a meeting about Recovery Steps...she came to court with me, I could ring her and talk about everything, she got me onto the Freedom Programme, one of the most fantastic things I have ever done, wish I had done it sooner”. (W4)

“Hopefully I will see the signs of DV now, I hope. The Freedom Programme helped me see the signs from my ex-partner. You don’t think it could be happening to you, you think, that’s not my partner”. (W9)

“I want a new me, that’s where [worker] comes in -she boosts your confidence, she is lovely, they all are.” (W5)

The workers were valued by the women on a number of levels. Workers attending and arranging appointments for women was greatly appreciated as was the unending support women received when they felt overwhelmed by the demands on them. Although at times challenging for women, being signposted to other relevant services such as counselling was also seen- at the very least- as a step forward, increasing hope and confidence. The gratitude the women feel towards the workers and WomenCentre is hard to express adequately, but their love and appreciation was tangible.

Box 2: Support to Women during COVID

Staff spoke about how, on top of everything else women were already coping with, the impact of Covid has been monumental. For many, Covid has amplified issues such as mental health and substance misuse. Women who were already experiencing difficulties in their lives and perhaps struggling with childcare and isolation has only been further compounded by Covid. Let alone, as one worker pointed out, living with the reality of a killer virus.

Domestic abuse has increased, yet for some women they have been unable to seek out support as they were isolated with the abuser. Homelessness has risen according to staff and stakeholders and staff spoke about how this has led to new women seeking support as well as previous clients. One woman came to the WC as she was homeless and living in a tent in a friend's garden. Another women just desperately needed some new underwear. Basic needs that were not being met, plus additional fears about Covid and stresses such as having a child in care, children constantly at home needing food and schooling, only added to already highly challenging and demanding situations for women. Staff did note, that the one positive of Covid was that UC increased by £20 a week, which made a significant difference for women and their finances, slightly easing the financial burden for some.

During Covid, the WC building has been open for emergency use only and phone calls have been the main method of communication between staff and women. Staff reported that some women have been less guarded on the phone and even though body language and cues cannot be seen, this type of contact has worked well. In some crisis cases, staff have done home visits if food parcels or other types of specific support were needed.

Online contact with women via Zoom has also played a part, especially with the group work. Women have been supported to use Zoom adding to their skill set and confidence with technology. Women liked the fact that they could dip in and out of the online groups, wear what they wanted and meet other women in the same situations as them, helping them to feel less alone. Women spoke about the topics that are discussed and how useful they found them, for example subjects such as having healthy boundaries and thinking about their own self-worth. Women found the workers to be informed and therapeutic in their approach and highly supportive. A number of women mentioned that they like the fact if they don't turn up for the online group, a worker will call them and check they are ok.

Although this online working was new for staff and the women they support, most women have adapted well to the new circumstances and placed great value on this online group work and the way workers have adjusted to this 'new norm'. It has meant that, mainly due to the skill of the staff, WMC maintained contact with women during the lockdowns, whether they had previous involvement or were new clients. The WMC service has been vital for women during Covid: *"We are a hammock for women and to tell them it is ok"*. Despite this success, women and staff were looking forward to being able to use the WC building and meet face to face again in the near future.

3.3 How have WMC workers helped women?

The interviews with women and case studies highlighted a broad range of issues and related actions WMC staff have helped women with (see Table 2). These are grouped below linked to thirteen common themes.

Table 2: Examples of how WMC workers support women

Area	Specific support / action by workers
Mental Health	<ul style="list-style-type: none"> • Provided useful resources e.g. a book about PTSD • Provided a wide range of 1:1 emotional support, e.g. on self-esteem and confidence, how to handle emotions, coping strategies, boundaries and healthy relationships, parenting, issues impacting on children, making aware of misuse of alcohol • Supported to apply for psychological support • Liaised with psychological services to obtain a face to face initial meeting due to anxieties with using the phone. • Refer to counselling services in WomenCentre or other agencies • Talk through mental and emotional stress and causes of this • Refer to wellbeing and resilience building programmes, e.g. the Freedom Programme and Confidence Lab • Provide motivational and emotional support
Emotional wellbeing	<ul style="list-style-type: none"> • 1-1 emotional wellbeing chats • 1-1 emotional support with threats from drug users and abusive partner • 1-1 emotional support around self-harm. • Emotional support weekly and discussion about domestic abuse • One to one support and coaching to boost self esteem • One-to-one emotional support (after disclosed suicide attempts) • Emotional support with regards to daughter’s mental health, suicide attempt, hospitalisation • Face to face - emotional support about child and awareness building around domestic abuse. • Face to face sessions to explore DV and build self-esteem. • Face to face discussions about the abusive relationship she was in • Invited to art group to increase self esteem • Accessed positive choices support and developed awareness of impact of domestic abuse on her children • Accessed Moving Forward Course online and Adult Learning course - observed improved self-esteem and confidence. • Placed on list for Confidence course to support with confidence and self esteem • Had positive discussions with client about relationships, impact of being moved around in foster care as a child, and importance of finding positive connections with good people.
Health / well-being	<ul style="list-style-type: none"> • Support to access alcohol services • Contacted pharmacy to get medication transferred to nearer chemist. • Attend appointments with women • Emergency dental appointment arranged • Made appointments with drug services to gain regular prescription • Referral to counselling service

	<ul style="list-style-type: none"> • Support at MRI scan at hospital and liaison with GP regarding results of tests and medical appointments and prescriptions • Practical support given in conversation with consultant to establish which options are right for the woman • Started to broach subject of drug use in meetings • Encouraged to attend health assessment • Provided physical activity plan • Support and advocacy at medical assessment for ESA • Supported to register with a GP and to attend two appointments • Safety planning for epileptic seizures • Liaised to get penalty notices on prescriptions removed • Arrange appointments with health care providers e.g. sexual health clinic • Refer women to counselling or other agencies e.g. drug recovery Services • One-to-one discussions about physical and mental health issues • Stopped using alcohol for support as stress alleviated due to the support provided by WMC
<p>Finance - Budgeting & Debt Reduction</p>	<ul style="list-style-type: none"> • Supported to obtain driving licence to use as ID to open bank account and then apply for universal credit • Budget planning and financial advice, regarding spending and priorities • Phone top up and bus pass provided, mobile phone lent, bond provided for property • Reviewed energy tariffs to establish if money could be saved • Applying for grant to pay bond on new property and credit checks • Signpost to credit union • Paid for a medical letter from GP for CAB to include with benefits appeal • Support to arrange a payment plan e.g. with courts to pay fines • Debt support (rent arrears and unpaid service charges) - phone calls and negotiation with companies/landlord - Contacted creditors to establish money owed • Referral to CAB for support with debts and accompanied to subsequent meetings • Highlighted mental health issues with finance companies to negotiate reduced payment plans, freezing interest on loans and 'breathing period' • Support with preparing CV and job hunting - the woman secured a job • Debt support e.g. request made for UC overpayments to be taken in smaller payments. • Supported to address tax credit overpayment debts • Liaised with bailiff • Contacted energy supplier to get meters installed to help with budgeting • Persuaded and supported to pay rent arrears from living in a 2-bedroom property. The spare room subsidy had not been paid for 6 months • Signposting to Credit Union so that money could be saved • Applications for advance hardship payments and Community Living Support • Refer to Citizen's Advice debt support • Accompany to and advocate at meetings about debts • Support and advocacy at the job centre to claim benefits (2 initial visits) • Assess benefits and find out why sanctions being imposed. • Claimed for council tax reduction • Applied for advance payment of UC • Referred to CAB for debts and budgeting support. • Spending review with client

	<ul style="list-style-type: none"> • Supported to make online application for universal credit. • Liaised with job centre to support client with her journal and not expect her to job seek while still recovering from stroke. • Contacted debt support worker and supported SM to collect relevant paperwork and complete tasks. • Liaison with landlord also resulted in drop in rent to meet housing benefit level.
Finance Welfare Benefit Maximisation -	<ul style="list-style-type: none"> • Benefits assessment completed (full entitlement already in place). • Appointment arranged with work coach to ensure that the woman is receiving correct benefits when working • Liaised with Universal Credit and court regarding money being taken from account. This money was then reinstated • Liaison with agencies regarding benefits and supported with appointment and evidence • Applied for Personal Independence Payment • Liaison with council tax regarding discount • Getting women on the right benefits • Supported to complete application form for universal credit • Chasing progress of Child tax credit claim and following negative decision, provided information about accessing Citizen's Advice to challenge decision • Appointment made with Customer First to support universal credit application • Liaised with council regarding council tax and bailiffs • Support with Personal Independence Payment (PIP) claim and subsequent appeal • Liaised with job centre and supported at appointments • Assisted to complete a Universal Credit claim and then accompanied to multiple appointments • Application for Council Tax Reduction • Supported to make claim for UC • Application for community living support • Supported to make online application for Council Tax reduction • Supported to discuss overpayment of benefits with Citizens Advice with the aim of making a payment arrangement • Supported to apply for PIP • Checked that all benefits were in place • Supported clients to contact the DWP for a reduction in the level of UC deductions • Supported and advocated at the Job Centre to claim benefits • Applied for advance payment of UC • Applied to Council hardship fund • Challenged loss of benefits due to bedroom tax as client had been provided 2-bed property; not her fault. • Application for housing benefit and council tax benefit • Benefits reviews • Arrange for fortnightly benefit payments to help with budgeting • Support to access Housing Benefit • Support to claim benefits e.g. JSA, Universal Credit, PiP • Accompany women to benefits appointments and liaise via phone when challenges arise • Advocate for women with government agencies re: benefit claims • FIT note gained which enabled access to benefits.
Parenting/	<ul style="list-style-type: none"> • Discussions around domestic abuse

Children/ Family Issues	<ul style="list-style-type: none"> • Carried out DV risk assessment and flagged case with MARAC • Provided 1:1 support around safety, boundaries and safeguarding her children • Attended Child Protection Conferences and core group meetings • Attended Family Conference for multi-agency working • Arranged a refuge place and supported the move, while liaising with police and supporting the children • Supported with the difficulties in setting boundaries and supporting her children. Woman agreed to contact family support • Contacted solicitors to clarify terms of child contact order • Supported to apply for parenting classes • Applied for school place for the child • Arranged DV assessment and referral to MARAC • Involvement in EISA (early intervention single assessment) • Supported to understand expectations of the Child in Need Plan • Liaised with children's social worker and explained CIN process to client • Referred client to Positive Choices for emotional support around children no being in her care. • Provide funding for additional school uniform and bus fare for children. • Referral/chase up of application for nursery place for older daughter. • Liaising with family support worker to help getting children into school, uniforms, school meals. • Liaison with children's social worker to establish aims for children. • Free legal advice session arranged re: child contact. • Provided Children's Centre details. • Help to make application for school places in new area. • Liaising with school regarding eldest son.
Accommodation / Housing	<ul style="list-style-type: none"> • Write letters to landlords • Help women access hostels • Sort out rent payments/arrears/appeals • Accompanied to appointments with housing services • Placed in supported housing close to family • Referral to Smart Move for housing support • Information provided about help with housing costs • Liaison with mortgage company regarding interest payments • Supported to apply for properties • Liaison with housing services regarding mould and over occupancy • Application completed for housing • Re-engaged client with social landlord and advocated for her • Support and advocacy with Citizens Advice to appeal eviction due to rent arrears • Support to register with social landlord • Identified a property through a social landlord • Advocating for housing to be adapted • Applied for supported living property and accepted • Linked into Housing organisation for when ready to leave friend's house • Liaison with Housing to arrange temporary accommodation • Refer to and arrange access to social housing/Housing Agencies • Put plans in place to address rent arrears • Support to move to more appropriate accommodation, e.g. smaller housing with disability access to shower, one-bedroom property • Pay for women to stay in temporary bed and breakfast if required • Support to access private rental accommodation

	<ul style="list-style-type: none"> • Support to make housing applications • Provide funding for additional school uniform and bus fare for children • Completed homelessness assessment and discussed options for housing • Support to access temporary accommodation • Accessed emergency housing • Contacted private landlords to find accommodation • Application for bond for new property • Letter of appeal to housing provider for larger property • Helped client to set up a payment agreement with social landlord for debt, so that could then bid on a new property and leave abusive partner. • Applied to council for short term financial support for paying rent on property. • Support to sign up with social landlord and letter of support provided. • Liaised with Housing provider to clarify situation regarding court case. • Grant issued for housing bond and private housing identified.
<p>Practical needs</p>	<ul style="list-style-type: none"> • Register with local foodbank • Food parcels • Registered onto government shielded scheme during COVID for food deliveries. • deliveries from food bank to home due to food bank closures during covid lockdown. • Linked to YMCA to get school uniform so daughter could attend school • Address lack of heating, sink, kitchen, hot water in property. • Provide food parcels to women / Supported to access to food banks • Give out bus passes • Sort out electric/gas provision / Provided emergency utility top ups • Enrolled woman at a library and bought her books • Purchase of two bras for a woman who had none • Provision of microwave to enable easier cooking • Provision of mobile phone (as previous one lost by child) • Application to Community Living Fund for domestic essentials • Applied to community living support for white goods • Supported to self-refer into organisations to obtain household items • Referral to Project Colt who provided essential domestic items • Support to access grants to buy household items and decorate • Assisted sorting through six years' worth of letters • Provided pram, Christmas toys, toiletries, baby clothes • Provided toiletries, clothes and sanitary items delivered to women's homes • Provided a bed • Advised how to get free bus pass and paid the admin fees • Advised on meal planning • Provided IT support -e.g. how to use claimant online journal • Arrange free school meals for children by liaising with school • Provide small household items and clothes for the children • Provide furnishings for house • Provide access to a computer to bid on properties • Provide weekly bus passes to attend appointments • Provided baby clothes and equipment.
<p>Liaison with external agencies</p>	<ul style="list-style-type: none"> • Liaised to get benefits paid weekly. • Liaised with landlord and housing benefit to clarify eviction proceedings. • Liaised with Citizens Advice regarding benefits appeals. • Liaison with landlord regarding getting a smaller property.

	<ul style="list-style-type: none"> • Liaison with Probation service regarding threats from ex-partner and his imminent release from prison. • Liaised with Job Centre to challenge the expectation the client was required to job search whilst recovering from a stroke. Supported the client to record this in their UC journal. • Liaised with Job Centre to change claimant commitment for UC to be attendance at appointments. • Regular contact with a probation worker to ensure information shared. • Support women with phone calls e.g. for PIP interviews. • Multiple calls to agencies, energy suppliers etc. to ensure smooth set-up of services and rent payments. • Liaise with agencies to ensure that correct benefits are received. • Liaise with school and previous schools to get place allocated. • Liaise with work coaches e.g. to support women to evidence work searches and so still get JSA.
Advocacy	<ul style="list-style-type: none"> • Advocacy for benefits; had changes implemented. • Supported to make complaint against GP. • Advocating with the landlord over the time taken to get broken things fixed and mould dealt with. • Appealed work capability decision on health and limited mobility grounds. • Accompanied on visit to the local college. • Advocate for women e.g. when a GP was reluctant to treat due to previous non-engagement. • Advocacy with the Council and water suppliers with regards to debts. • Advocate with other agencies regarding housing and debt. • Support women to Citizen's Advice meetings for support with debt, benefits and ESA/PIP appeals.
Legal	<ul style="list-style-type: none"> • Helped with 'leave to remain' appeals (Solicitors/courts) • Helped access birth certificates and other legal documents • Support to attend Court. • Explain the legal process and court process e.g. with regards the financial fraud. • Identified service to provide advocacy in court. • Supported to find a solicitor. • Made appointment with a solicitor. • Supported at police appointment regarding an allegation against her. • Supported with court proceedings; communication with court, advocacy in court, request for interpreter. • Appointed a solicitor and then to find a different one that would access legal aid. Accompanied to meetings to advocate and explain. • Supported to get non-molestation order on previous partner. • Advised to contact police in order to retrieve her belongings. • Provided letter of support for court hearing regarding care of child, and telephone support offered on day of hearing. • Advised on requesting Sarah's Law and Clare's Law checks. • Made appointment with solicitor to discuss harassment by sister in law. • Supported child in court proceedings when children removed from her care • Supported in court hearing for restraining order on her not to contact her partner. • Liaised with ASB team regarding court case against her. • Contacted Housing solicitor to get representation for client in court • Support for court hearing • Identification of a criminal law solicitor and support to access this. • Support with children's social care and solicitor appointments. • Emotional support during legal process as client charged with assault

	<ul style="list-style-type: none"> • Found a solicitor who managed to get housing court case dropped provided client moved out in a month.
Referrals & Signposting	<ul style="list-style-type: none"> • Referred to WomenCentre’s Counselling service • Referred to Women’s Centre counselling for post-natal depression and Vita health (NHS service) • Referred to Citizens Advice • Signposted to activities and groups at WomenCentre • Signposted to support services regarding threats from ex-partner • Referred to Recovery Steps (drug & alcohol support) and attended first appointment with client • Identified a residential rehab charity • Identified and signposted to support groups • Encouraged to maintain attendance at addiction support programme • Refer to the Freedom Programme to understand domestic abuse • Refer to mental health teams • Offer practical support and additional services for domestic abuse • Encourage woman to access groups/courses at the centre e.g. confidence building, arts courses and wellbeing courses • Support to access a back to work course • Referral to counselling service for grief counselling. • Referred to the Independent sexual violence advisor. • Support to access alcohol services. • Support to access counselling around childhood sexual abuse. • Referrals to agencies regarding forced marriage and asylum issues for daughter

3.4 What WMC workers do

Summary Sub-themes

<ul style="list-style-type: none"> • Building trust • Go above and beyond • Always have time • Positive • Kind and patient • Understanding • Hold your hand • Never judge • Find solutions • Unconditional 	<ul style="list-style-type: none"> • Continuity of care • Holistic • ‘Like a mother’ • Calm and reassuring • solution focused • Don’t get irritated with you • Care and concern • Make me feel I am not alone • Relief • Identify issues other services do not / overlook
--	---

The staff at WMC are experienced, highly skilled and committed to the women they work with. Their passion and enthusiasm are clearly evident in the interviews.

Over the course of the project, WMC staff have moved on and new staff have joined the project. At the time of the final interviews one staff member had been there 3yrs and the rest had been in post for about 5mths. The project manager and admin staff were there at the beginning of the WMC project.

women and staff and makes it more possible to respond to other issues women are dealing with. The open-door policy of the WC is pivotal; women know that if they disengage or are just busy with their lives, they can always come back and will be welcomed and not judged. This is a unique feature of the WMC project and is clearly an important and necessary element of the work of WMC resulting in the successful outcomes they see with some women:

“To see how they are when they first walk through the door it’s almost like a child who has fallen down in the mud, you brush them down and they get benefits, housing, get some support, it has such a massive impact. It is such a wonderful service and so needed. You see women come in and leave...little bit of care and intervention, it has a massive impact”.

The work of the WMC project is varied; one worker referred to women having ‘layer after layer’ of issues and problems to deal with. By working through a layer at a time, such as debt and housing, women can feel more in control and hopeful. Staff spoke about the importance of explaining processes and services to women and not taking for granted that women know, for example, how to use computers or access services and systems operated by other organisations such as the DWP or CAB. The work staff have done with WMC partner CAB, is a good example of this and has been very successful. Supporting women at appointments at CAB has meant women feel more confident about approaching them on their own and this has been empowering for women. Another example of the WMC enabling a woman to access services was with a woman who was told by CSC that she had to join the Freedom Programme and she did not. It transpired that she did not have data to join the sessions on line and WMC helped her with that. Sometimes women face barriers that professionals do not identify or overlook, and this is where the role of WMC can make such a difference.

Staff explained that women often receive confusing messages from society, family and other organisations about the expectations on them and it can be overwhelming. Staff try to amplify the women’s voice by easing the pressure on them and allowing women to breathe. So often, staff say, women are not listened to, or their opinion is not sought and WMC find that giving women attention and time can be invaluable. Alongside validating their feelings and encouraging them, building up self-esteem and self-belief. Enabling women to just be women and not defined by their experiences and their roles, is a central part of the work they do.

One of the unique features of the WMC which enables them to be able to give women the space and time to be listened to is that they, unlike other organisations are given the time to do this work, which means they can be tenacious and patient. This does not mean that they are not incredibly busy but the culture of the WC recognises that women need to have space and time to be able to open up and trust staff.

Staff acknowledged that they may never see the long-term impact of their work but as one worker said:

“We keep them from drowning for a little longer”.

The motherly/sisterly approach that has been cited by women and staff alike is seen as a central component of the WMC approach when working with women. Staff recognise that women have been scarred by so many things in their life and that having a safe place,

whether it be in the WC building, or over the phone to just ‘be’ and feel cared about is not only important for women but can be a unique experience for them. The staff repeatedly commented on how much need there is in Calderdale, and what a unique service WMC is.

“There is so much to do”.

“We can have conversations with women that no one else has. Who else will do that? They don’t have the time”.

3.4.1 Key Features of the WMC Workers Approach

The data shows eight common features which help describe the workers approach and what they do, these are:

- a) Flexible location and range of access points
- b) Persistence and determination
- c) Being flexible and reactive to needs
- d) Advocacy role
- e) Liaison with agencies on behalf of women
- f) Being positive and motivational
- g) Offering opportunities for co-production
- h) Focusing on longer term engagement and change

a) Flexibility of location and range of access points

Women are usually seen either at the WC, or at a home visit. The biggest cohort of the women the project works with come via the WC as self-referrals and the WC is a key base for the project. At the beginning of the project, all workers did an element of outreach work at one of the project’s partner organisations alongside spending some time at WC. Home visits have been offered in cases where women have childcare issues (many of the women have a number of children and childcare can get quite complicated), or if poor mental health could mean that they may never make it in to an appointment at the Centre. During Covid, women have been visited at home in emergencies and some have attended the WC for crisis support but in the main contact has been over the phone. Any face to face contact used covid secure measures.

It is recognised that having appointments doesn’t work for some women who, for good reason, can be a bit unreliable or fail to show up at a pre-arranged time. For some women the ‘drop in’ option works better. They know that a worker is usually at WC on certain days and so may drop by to see her there. Drop-ins, and appointments have not been possible during covid unless there was an emergency for example where food parcels or crisis funding for phones or clothes were required by a woman. In these cases, home visits or crisis support was provided with covid safety measures in place.

b) Persistence and determination - don’t give up easily!

Workers reported that they tended to do lots of chasing of women who have been referred to them. Often arranging to meet with the woman who then cancels and rearranges and may cancel again. Workers are persistent and continue to contact the women and rearrange if they say they still want support, even if they are not engaging. One worker questioned; *“how far do you go to chase women up? just have to be there for them.”*

This can be time-consuming and challenging for workers especially when they know how much support the women could receive if they engaged with them longer term.

“It’s frustrating when we know what we can do but they [women] don’t want it, we have to accept that. We often identify a lot more needs than the women themselves do”.

Workers recognise and have a good understanding of some of the barriers that may prevent women attending appointments for example, women for whom English is not their first language. In this situation interpreters are utilised. Partners have told the WC that some women they support see WC as a statutory agency and did not know what they did. This misunderstanding is changing and more women are coming in and spreading the word that WC is a voluntary organisation which is trustworthy.

Many of the women have high levels of anxiety and that first contact can be difficult for them, they think, *‘I want help...but who is this strange woman I am seeing...?’*. Not knowing the worker can be a barrier for some women until they get to build a trusted connection with them. Women have spoken about feeling able to return to the WMC project even if they have disengaged or moved away. They know it is a place that will always be welcoming and open to them, with no judgement or question.

The workers are keen to engage with women for as long as they need support. This often involves responding to crisis situations, which they spend much of their time doing. However, ideally, they would like to offer longer term engagement which reduces the crisis situation or at least enables women to respond to them more effectively and/or be better prepared for them. This is undoubtedly challenging and takes time, fundamentally it depends on the woman’s level of engagement with the project.

“...Let them know you can get them to where they want to go, we are here for you. Dangle the carrot.”

During Covid, the online group work has continued, providing two sessions a week. If women are unable to attend or don’t turn up, a worker will contact them to make sure they are ok. The open-door policy works very well at WMC, whether in person, over the phone or on-line.

c) Being flexible and reactive to needs - ‘no standard way’

It would seem there is no standard way of working with women, and workers have worked flexibly to meet the needs of women they support. All the women WMC works with are different, some women come in with one main issue that they would like one-off support with whilst others have a range of complex needs. Some women leave and come back intermittently, but the important thing is, women know that they are always welcome.

“A woman [whose case is closed] just rings every other month and says, ‘the world is shit’ and I say, I know! And that’s all she needs.”

“For some women it is hard to do anything except make them a brew and they just talk, take some food or clothes and then they go. They do come back. You can’t always work with people especially if they [have active addictions], we can be the light at end of tunnel”.

“there isn’t a standard way of doing things and lots of challenges and tweaking as you go along. I think the basic model was there [in the bid]... but it’s a little bit of a ‘day by day’ and ‘case by case’ process really. I think the original bid didn’t truly reflect the complexities of the women we are working with.”

One worker describes how she tries to work with women on a beginning and a middle and an end basis, but that is not how the women work and she has had to recognise that. This means that the work can be deflating, she does not feel she ever finishes the work she does, but, often women do come back. Therefore, the work is reactive and hard to plan. ‘*They dip in and out and you have to deal with that*’. Often what feels like a massive piece of work does not look like much on paper. One worker says;

“I am able to be flexible and want to do this as I want to see the women succeed - and I feel like I need to be flexible so that things don’t go wrong. It means I have to give over and above sometimes and sometimes I wonder - ‘am I doing too much?’”

Workers discussed the importance of engaging women quickly by doing relatively small yet practical things, for example, getting them an appointment at Citizen’s Advice within a few days or giving them food in order to instill a level of trust. The new arrangement with Citizen’s Advice is an example of this;

“On a Wednesday morning they have a time slot at Citizen’s Advice for women, it is really helpful. They know they can book women in quickly and this helps keep them engaged”.

d) Help represent women at appointments / Advocacy

A key part of the workers role is supporting and accompanying women at appointments with various agencies and service providers. The workers also spend a lot of time on the phone advocating for women and gently, often over a period of time, encouraging women to advocate for themselves. There are a number of reasons this service is required. One worker observed how women are often responded to differently when the person on the other end of the line (in another agency) knows they have a support worker with them:

“We [workers] do, sadly, get a different response to clients. Professionals are awkward with clients and then act differently with us. Making phone calls is difficult for clients. It’s so sad, women don’t get the respect workers do. Lots of encouragement is needed for women. I make the call and then hand phone over to the woman, it makes the woman feel more secure and other professionals know the worker is there. It is so stressful for women.”

One worker spoke about accompanying a woman to the Job Centre and how workers respond better to women when a worker is there. Another worker observed how some women, especially those with mental health problems, find appointments with other services intimidating or difficult;

“they can get really quiet in the presence of what they perceive to be authority whether that be a CAB worker or GP - suddenly they don’t communicate what they want, what their opinion is or what the issues are. So, I attend as a ‘prompt’ sometimes...”

One worker explained how she had accompanied a woman to an appointment with the doctor during which, the woman didn’t ask or say anything. It was only after the appointment she asked the worker all her questions. This can be intensive and time

consuming for workers, but is important in helping to ensure women have access to someone they can trust to ask for information or to help them make sense of what professionals have said.

Another area where the advocacy role was key, especially in the early years of the project was in supporting applications for Universal Credit and PIP;

“It’s about advocacy and fighting people’s corner for them. People can walk out [of an assessment or commitment meeting] and have no idea what they have agreed to. The system is flawed....I go to the [ESA/UC] commitments meeting to make sure what is agreed is reasonable and realistic for them. The women wouldn’t be able to argue that for themselves very easily and would just agree to the commitments set out.”

During Covid, this advocacy has continued, but more so over the phone. Although accessing benefits still remains a central part of the work of WMC, the situation with UC seems to have become slightly less stressful in recent years. Also, the £20 increase in UC due to Covid has made a significant difference to some women’s finances.

e) Liaison with other agencies on behalf of women

Many women have very complicated circumstances which require liaison with numerous different agencies and workers e.g. health professionals, job centre, housing, utilities, financial institutions/agencies. WMC workers play a key role in liaising with such agencies on behalf of women who may not fully understand what is required or what action they need to take.

Workers often have to explain a woman’s situation to other agencies. One worker approached the local authority housing team to try and get a homeless woman a bed for the night, the housing worker explained that the woman could have a bed in a bed and breakfast but could not use heroin while she was there. The worker explained that she would need to use as she was a chronic heroin user - stopping immediately would not be an option as there is a risk of death. As a result of this, the woman was housed.

“Staff at other agencies are shocked when a woman turns up with a worker, but once they get their [the WMC worker’s] role it is more positive for women. It shouldn’t be like that, but it is.”

WMC workers have played a key role in helping women understand how UC works to avoid it being stopped (which may lead to homelessness). There is also lots of work to be done to prepare women to be able to receive UC. Once its awarded, there can be issues as women may not have bank accounts and payments can happen on different days, so it can be hard to set up direct debits. Often women just spend the money all at once, they struggle to manage a budget and need help with that. Some workers will access the Credit Union with women and support them get their money out and help them budget - but this may be a short-term fix.

“(UC) It’s a struggle, no light at the end of the tunnel”.

“When UC was coming in it was horrendous, they had no money coming in... One benefit does not fit all. If WC wasn’t here women would be starving to death”.

“they don’t understand their own processes and it’s the women who suffer. It’s inhumane - there is no common sense in the system.”

Weekly payment stores such as ‘Brighthouse’ and ‘Perfect Home’ were mentioned as problematic for many women who get into debt with them, *“The interest rates are huge and the amount of stress they cause people and the way they chase them is awful”*. WMC workers help by getting the debts wiped out, encouraging women to take goods back and to understand more how these businesses work. One woman the project supported went to college and got a part-time job after she was helped her out of debt. The woman says she will never touch Brighthouse again.

f) Being motivational - taking small steps

Workers are very aware that women need to engage with WMC at their own pace and be supported in a way that suits them, rather than fitting in with the workers agenda. The workers encourage and support but as one worker noted, there is a need to; *“build their confidence bit by bit. Push them out of their comfort zone a bit, but gently”*.

“The Workers are fantastic...they’re really brilliant... doing lots of motivational things around what can be done and ‘let’s try this ‘, step by step stuff, helping people to reframe things but some situations are just...you can’t reframe - it is what it is.”

The workers also play a key role in enabling decision making and providing women with relevant information;

“Finding information and helping people to make choices is a big part of what we do.”

The approach of the WMC project is often in stark contrast to women’s experiences of other agencies where they may have felt constrained and judged. Women commented that the staffs’ holistic and non-pushy approach makes all the difference.

“They are not in your face. They wait for you to say something. Encourage you, but gently, allowing you to be yourself but to improve and get better.” (Woman 2)

“The changes I made were effective and meaningful and purposeful and that has made me feel so much more hopeful, I’m more able to tackle other problems too. It’s a virtuous cycle instead of a vicious one! Plenty of services pay lip service to a holistic approach but this project is the only time I’ve actually seen it in action. And I’m very grateful.” (Woman 1)

g) Offering Opportunities for Co-production

Co-production and influencing outcomes were identified in the project’s Theory of Change (see box 3) and workers have sought to identify opportunities for women to get involved in the project, once they are in a good place to do so.

Box 3: Co-production and Influencing outcomes from ToC

- Women are involved in evaluating the project.
- Women are involved in re-shaping the project.
- Women at high risk of / or experiencing, hardship crisis, have a stronger, more collective, voice, to better shape a response to their issues.

Whilst progress towards the outcomes in this element of the ToC has been relatively slow, it is recognised that for the majority of women accessing WMC, these are big steps to take and many are simply not in a position to do so at this moment in time. Having said this, a number of the women interviewed expressed a desire to give back to the WC as they were so grateful for what they had received:

“I will keep coming here, I can’t do without them. I want to volunteer here... the support they give me I want to give to other people.” (Woman 2)

Some examples of coproduction have emerged (see Box 4).

Box 4: Coproduction examples

Example 1: Coffee Morning

In 2018 a coffee morning ran every other week on a Tuesday. The purpose of this was to provide a social space and refreshments for women, offering an opportunity for them to connect with others. This is currently on hold, mainly due to lack of space and team capacity, but it proved a positive experience for a number of women;

“When Tuesday [coffee morning day] gets here, if I remember I am coming here I cannot wait, we are chatting, laughing, joking, playing, I feel like I am myself, they make jokes, I feel like a child again. Take every burden off you.” (Woman 2)

Example 2: Healthy eating/living group

In 2020, staff ran a group for women looking at healthy eating. Staff brought in food such as vegetables and fruit and discussed how to have a healthier diet plus the physical/mental health implications of eating better.

Example 3: Peer Support

During Covid, peer support groups started up for women who had been working with the WMC project for some time. Two groups called, ‘Women inspiring women’ and ‘Butterflies’ run twice a week. During Covid this has been on zoom. The staff have encouraged peer support and also done activities around mental well-being and self-care. These have been well received by women and much appreciated. Women have also valued the effort and time given to them by staff to learn how to use Zoom, which has had an impact on other areas of their life as well.

Example 4: Project Evaluation Work

Women are willingly contributing to the evaluation work with some actively stating they want the opportunity to give feedback on the support they have received.

“I feel so fortunate. I want to be able to give back. I have so much gratitude” (Woman 3)
In June 2019 10 women gave direct group feedback to a National Lottery Community Fund Officer. In 2021, one woman said she did not want her feedback to be anonymous as she was so keen for the WMC project to know how she felt and how grateful she was. (W25)

One of the workers helped a woman establish an arts / craft group. The woman came to WMC as someone whose mental health was under strain as a result of the asylum process. She is a teacher by profession who can’t work here in the UK, so having some people to teach and plans to make for the group has really helped her.

“It’s that getting people linked into whatever they can rather than sitting at home and worrying ‘what if?’ It [the art group] was a staging post for some of the women to be more involved and more proactive.”

One worker has spoken to some women about providing peer support i.e. calling people after they have left the project to see how people are getting on.

“They would be really good at it too - some of them have some many amazing skills and need a place to use them. A frustration for asylum seeking women is that they’re not allowed to do anything really so their self-esteem and brain activity just wains as they have nothing to do. You have a really educated woman like [N] and she’s got nothing to do... she’s got a maths degree from her country of origin, she’s doing a level 2 at college and she is bored to death.”

One worker ran a group for a year before she left WC in 2020. She did a lot of work with women about healthy eating and healthy living more generally. Some women have physical health issues and the worker recognised the importance of having a good diet in order to enable women to be healthier mentally and physically. The group was well received with the worker bringing in foods such as vegetables, hummus and fruit and getting the women to think about the food they ate and how to make it healthier. According to the worker, the women really enjoyed the healthier foods and took that learning into their home life.

Groups have been running online during Covid and have been greatly valued by the women attending them. Staff have worked hard to enable women to access the group e.g. showing them step by step how to use Zoom. Staff have been in regular contact with women prior to, and after the group sessions to make sure women are feeling ok and comfortable in the group. The staff have also made co-production a priority. For example, one worker spoke about the name of the group, and how important language was. Staff had named the group ‘Healthier me’, but women told the staff they thought they needed to be healthy to attend, and it was off putting. So, the staff worked with the women to create a different name- ‘Women inspiring women’. This evidences how the staff listen to women and make changes in response. If the group progresses, other professionals may attend as well to talk about different subjects.

The staff and women spoke about the therapeutic approach in the group and the tools that workers used with the women. Staff identified how women need tools to ‘succeed’ and how important it is to encourage women not to self-blame. There is gentle challenge in the group, for example, around issues such as anger and encouraging women to think about how to manage these feelings more effectively. The groups have evolved over time, with women’s confidence growing for example, more women keeping their cameras on and feeling able to talk and contribute more freely. On a practical note, being able to use Zoom, supported by staff, was a huge step for some women who have little computer knowledge or experience. It boosted confidence and meant women could use it in other areas of their life.

Some of the staff have training in therapeutic approaches and this is clearly utilised in the group work:

“It’s given them the opportunity for 2hrs to be in a space to think and talk and reflect on their lives, it’s about them. How are they going to look after themselves, eat well, sleep well etc. When those things are in place they can deal better with the world”.

Supporting women to feel valued and ‘in the present’ is a vital part of all the work staff at WMC do, both in the group work and the 1-1 work. Providing women with psychological tools they can use when living their lives day-to-day, was seen as vital to staff as women navigate

life away from the WMC project. The trauma-informed nature of the WMC approach is evident in everything they do.

“There’s a confidence group I attend, only been once and trying to build up the confidence to go again, I had a panic attack at the first one I went to” (W8)

h) Focusing on longer term engagement and change - not just a crisis response

Whilst much of the work with women is about crisis resolution, there is a sense from the staff team that the WMC project is seeking to build longer term engagement and change for the women they support;

“From talking to other [big lottery] projects, I think sometimes sorting the issue or crisis out (e.g. benefits stopped or no gas or electricity) is seen as the work - whereas here [at WMC] we see the work as a bit more in depth. Crisis resolution is an aspect of the work - but it’s not all we are trying to do.”

The group work is an example of longer-term work and change. Women who have received 1-1 support, and may still be receiving it, attend the group; the focus of which is to move forward in their lives through taking part in such activities as self-reflection, self-care and thinking about boundaries and anger. Enabling women to understand trauma and their past experiences, can support them in that moving forward and engaging in more positive relationships with themselves and others.

Some of the feedback from WMC workers about their experiences of supporting women accessing the project can be seen in Box 5.

Box 5: Workers Quotes

“You think...you’re going to lose your house if you’re not paying the rent - so there is an element of ‘we can do what we can...’ but we don’t know how engaged they’ll be, especially around substance misuse. They’ll come in at a point of crisis and get patched up and get somewhere to stay and then they’ll disengage again...we don’t know if they’re dead in a ditch or what is going on until they come back again. We get a lot of that kind of engagement where it’s presented as a crisis need but often women have other agendas going on - but it can take a while to unpick that.”

“[we see] disengaged women who have other agendas and want to do things another way and that’s up to them at the end of the day but it’s disheartening as you think, ‘next time you come back we won’t have any options...whereas we have one or two now.’. Other agencies will stop supporting some women in these circumstances. I know Housing Support have said ‘no’ to a few of our women who have walked out or trashed the premises or whatever - so we know that means there may be fewer options. All we can do is encourage them to keep engaged.”

“It’s a rollercoaster...there is no planning...you have to meet the immediate need... ..it is chaos”.

Box 5: Workers Quotes (continued)

“When you’re supporting a woman with something and then she chooses to do the opposite of what she should be doing and you’ve done everything and you have about 5 other people involved all telling her the consequences of what she is doing and she still chooses to do something else - it’s like watching a car crash in slow motion , and you know exactly where it’s going - and you think , ‘this car crash is going to happen...and there are 5 children in the car’. ... Last week I was almost in tears thinking, what else could I have done?”

“Women on PIP are at risk of [financial] exploitation, especially by family members. We are always mindful of exploitation.”

“Systems are frustrating for women, it puts extra barriers in the way for women, the effort involved, e.g., sitting on the phone for 30/40mins waiting, its wearing and expensive...WMC workers ‘hear’ women, and acknowledge that systems can be tough, this helps women.”

“Women have multiple issues...more challenging, more complex women this year. Yr 2 has seen lot of issues around benefits, debt issues. More women using street drugs are being exploited. Prioritising issues for women... but their thresholds are different, women are used to situations that we would not be happy with.”

“WC give out uniforms for kids, schools have no money, that’s an impact on kids. Children not being able to eat is the hardest thing, and we only give tins, no fresh food...we do their budgeting and even we can’t give them hope...woman on UC will be paying back a loan, have rent arrears and still be expected to live on £312...they are set up to fail.”

“I saw changes for one woman and her alcohol use, she had been through domestic abuse, she would arrive drunk with an open bottle. She was never judged at WC, other organisations may do and not work with her. The woman felt unbelieved by the other organisations [that were supporting her]. WC gave her extra time, talked to her, hand-held her whether she was drunk or not. Women feel understood and not judged”.

3.5 Outcomes for Women

The 82 case studies show a range of outcomes reported for women accessing the WMC project. These outcomes relate to the following eight themes, linked to the ‘hardship’ strand of the ToC:

- Basic / Essential Needs Met
- Improved Mental Health & Emotional Wellbeing
- Improved Physical Health
- Improved Financial Management - Debt Reduction
- Improved Finances - Benefit Maximisation
- Improved Accommodation - suitable, safe and affordable
- Improved Access to Mainstream Services
- Increased Empowerment - Agency, Choice & Control

Table 3: Examples of Outcomes for Women

Area	Examples of outcomes
Basic Needs Met	<ul style="list-style-type: none"> • Community Living Support provided a bed • Received some clothes and essential home items • Food parcels and microwave provided so that hot meals could be made • Access to a phone • Provided with free bus pass, which reduced isolation • Mum now has a birth certificate for her child • Received household items and items for child • Received food parcels • Children have school uniforms • Children in school • Warm bed and essentials for 2 nights • Regular food and access to a phone • Regular food while awaiting universal credit • Receipt of basic items for baby • Loan from credit union used to buy essentials for new home • Able to quickly cook food for the children due to microwave • Access to mobile phone >> less isolated • Receiving legal support is likely to result in a passport which will improve status in the country and access to services • Provision of microwave and phone had helped her to feel important and valued and increased self esteem • Has two new bras, having previously been unable to afford any • Receiving food so no longer needing to shop lift.
Improved Mental Health & Emotional Wellbeing	<ul style="list-style-type: none"> • Emotional acceptance that she cannot go back to work • Support worker reports increased self esteem • Reduced anxiety, stress and depression • More relaxed and happy • Became happier (reported by midwife) and more engaged • Now has time to herself to address own emotional issues • Being able to document what had happened to her in the asylum detention centre has helped her to process it and deal with the anger that she felt • Improved self-esteem and sense of self-worth

	<ul style="list-style-type: none"> • Increased confidence • Increased mindfulness • Accessed counselling and Freedom Programme • Reported feeling more in control and a shift in mind set after reading PTSD book • Drinking less/gambling less • Accessed Family Support and having weekly meetings to help support the children • More alert and positive as a result of one-to-one sessions focusing on her (and not the children) • Social services reduced status of child from a Child Protection Plan • Reduced social isolation due to attendance at weekly Centre drop-in groups • Worker reports that [woman] seems happier and calmer and is beginning to take pride in her appearance. Now describes herself as feeling like she has ‘something to offer’ • Improved relationship with mother following 1-1 discussions with worker • Woman started to put boundaries in place for daughters - meant she had more time for the children and could engage with school - who were able to support her and son • Feels less isolated • Feels less anxious now the GP has responded to a complaint around treatment for a physical condition • Used the counselling to come to terms with trauma e.g. the loss of a baby, traumatic experiences in Africa • Realised she had not yet fully addressed why she is finding herself in abusive relationships and desire to understand this better • Able to have grandchild over to stay, which improved emotional wellbeing • Reported feeling listened to and valued, and the counselling helped reduce anxiety. Case worker reported a lift in mood • Happier and less distressed to have sorted out her financial difficulties and resolve the fraud case • Relationship with mother developed and better relationship with daughters - started day trips together • Being happier and for a temporary period, was able to see that she could make changes and have a better life • Accessing women’s groups at the centre and increase in social confidence • Court case thrown out of court due to mental health issues and learning difficulty (and lack of support on arrest). Client extremely relieved. • Started to talk about DV and sexual assault when trust built with worker. Some shame and guilt alleviated. • Client feeling more hopeful and had agreed to attend a weekly Zoom session get-together. • Developed the confidence and trust to admit to substance use during lock down. • Some positive discussions had with client about relationships, impact of being moved around in foster care as a child, and importance of finding positive connections with good people. • Stress reduced when payment plan agreed with the court • Client reported feeling listened to, respected and believed. • Client seemed calmer and more trusting of support.
--	---

	<ul style="list-style-type: none"> • Removed undesirable, negative friends from her life. • Reported a decrease in her self-harming. • Court case against woman thrown out of court due to mental health issues and learning difficulty (and lack of support on arrest) - extremely relieved. • Woman started to think of herself as worthy of receiving help and able to ask for it • Client feeling more hopeful and agreed to attend a weekly Zoom session get-together. • Developed the confidence and trust to admit to substance use during lock down. • Observed improved self-esteem and confidence.
Physical Health	<ul style="list-style-type: none"> • Drinking reduced (but not stopped) • Has recognised the problems that alcohol is causing for both her and her son (as both drink) • Stopped using alcohol for support as stress alleviated due to the support provided by WMC
Increased Empowerment - Agency, Choice & Control	<ul style="list-style-type: none"> • Able to retain own independence without working • Accessing ESOL course to learn English - now speaking for herself in meetings rather than relying on partner Better understanding of the dynamics of DV • Made her own strategy for when feeling overwhelmed (to meet friend) • Independently contacted agency about Universal Credit and was able to get payback payments reduced. • Attended groups at WomenCentre and started to offer peer support • Better able to address own personal and financial difficulties • Emerging awareness from discussions with her worker and counselling that she needs to take time to stand back, reflect and plan. • Realises it is now possible to appeal decisions and she will get help to do this again if needed in the future • Realisation that she can take control and start to get better • Contacted the Police herself and Clare and Sarah's Law requests completed • Started to attend appointments independently e.g. Job Centre and Customer First • Able to contact services on her own by phone • Increased confidence in use of IT and making phone calls to services by herself • Continued to manage own health needs (pain management etc) independently • Able to support her grown up daughter and grandchildren • Sought legal advice to get a divorce • Has better understanding of a number of issues • Has improved self-resilience • Feels more empowered • Learned about keeping money safe and not disclosing financial details • Actively seeking work and accessing college, now that she has Leave to Remain • Confidence has grown now that she knows she no longer needs to return to abusive husband • Became more open and confident while ex-partner was in prison. She shared letters that he was writing from prison and stated that she would not return to him

	<ul style="list-style-type: none"> • Reported greater awareness of her own vulnerability and was able to explain to support worker how she will take steps to protect herself against these when she moves to new area • Feeling empowered due to receiving money in her own right for the first time • Reported being more confident, including now able to speak on the phone so can talk to work coach and housing • Started to find her own solutions e.g. found house via a friend of a friend
Improved Financial Management - Debt Reduction	<ul style="list-style-type: none"> • Working with Citizens Advice to follow a debt management plan • Now paying top up fees required by the court, avoiding further arrears • One-off payment received from Council Hardship Fund which will cover 3 months council tax • Persuaded to pay Council Tax debts now rather than ignore it • Rent arrears cleared and outstanding debt addressed with help from Citizens Advice • More income monthly as Universal Credit deductions reduced • Comprehensive budget plan and strategies in place • Debt reduction plan set up with help from Citizens Advice • Debt worries reduced and slightly more income • Learned how to budget better • Has a job interview lined up • Started to address debts - Some debts reduced • Budgeting helped her realise she was wasting money and has now cut back on 'buying junk' • Client sticking to budgeting plan • Discussion of finances in unhurried way enabled AC to get all relevant paperwork together and complete tasks to deal with debt. This freed up time and mental space to focus on completing necessary capacity to work forms, which entitled her to benefits. Now managing money well. •
Improved Finances - Benefit Maximisation	<ul style="list-style-type: none"> • Increased benefits • Appeal to PIP successful (appeal led by the Citizens Advice) • Received ESA (backdated) • Housing benefit in place and paid direct to landlord • Kept to terms of claimant commitment, so continued to receive UC • Received some back pay for benefits • Benefits and council tax reduction in place • Now receiving PIP enabled woman to buy basic essentials for her home • Budgeting plan in place • Payment plan put in place with water company which has avoided Bailiff action • Own bank account and direct debits in place to prevent arrears • Increased awareness of the need to budget better • Applications made for PIP • Secured a break to address mortgage repayments • Finances in order • Financial situation beginning to improve and debts starting to be paid • Some increased awareness of budgeting (although no evidence recorded of changes in spending habits) • Living in a more affordable property

	<ul style="list-style-type: none"> • Managing money better • Receiving Universal Credit • Receiving PIP and other benefits • Receiving appropriate benefits / maximising benefit entitlement • Debts now being reduced for first time • Receiving Universal Credit • Receipt of council tax benefit and universal credit • Receipt of correct benefits >> increased income • Magistrates Court agreed to look at car tax issue again, so possible reduction in debts if successful • Client reports no longer overwhelmed by financial difficulties • Receipt of Housing Benefit which is going direct to landlord • Feeling less overwhelmed by the bills and debts • Referral and support to attend CAB meetings has resulted in debt support
<p>Improved Accommodation - suitable, safe and affordable</p>	<ul style="list-style-type: none"> • Living in supported hostel • Moved to area achieved enabling woman to take up job she had secured there • Reduced risk of eviction • Registered with social landlord and able to now view properties • Own flat obtained in supported accommodation • Moved into a property • Mould and disrepair resolved in the house • Re-located to more suitable accommodation • Budget in place and energy bills managed using a payment meter • Accessed a flat with essential items in it and equipment to decorate it • Money diverted to pay rent arrears which opened up access to Housing system and enabled woman to access a property in the short term • Secured rental accommodation • Rehoused and house furnished with essentials • Rehoused in temporary accommodation and landlord prosecuted. • Bidding for properties in area where she has family • Able to view potential properties as now registered with social landlord. • Had the confidence to register with Housing organisation and then given 3-bed property in location required. • Client able to stay away from abusive relationship as had B&B accommodation that she liked. • Offered temporary accommodation • Accepted Recovery Steps assessment in order to access a Refuge place and did eventually accept a Refuge Place.
<p>Improved Access to Mainstream Services</p>	<ul style="list-style-type: none"> • Now has more supportive professionals involved in her care • Proactively and independently registered with GP in new area • Both children attending nursery • Now engaging in meetings with children’s social worker and in regular visits with children • Contacting services independently for support • Has a GP and started to attend appointments by herself • Made appointment to see GP and accessed counselling • Reports that she is more trusting of services now • Re-engaging with mainstream mental health services • Working with ombudsman to address issues with employer • Increased trust in Citizens Advice as they continue to support with debts • Child in school • Solicitor appointed for Child Contact proceedings

	<ul style="list-style-type: none"> • Greater awareness of local services and systems and how to access services • Attended meetings with work coach which should help her back into work • Engagement with Citizen’s Advice debt team • Greater awareness of local services and systems and how to access services
--	--

3.5.1 Examples from Women of ‘Journey Travelled’

Many women have been to WC previously and then returned at a later date seeking support. Other women may be involved for a long period of time but it takes time for them to open up about what is going on in their lives. The examples below illustrate the distance travelled and progress that has been made for three of those women.

Example A: Woman 17

W17 has been interviewed twice for this evaluation. She had first been to WC in 2007 and then returned for support in 2019. In 2019 “she had lost everything”; she was suffering from PTSD, was isolated and experiencing social anxiety which made it hard for her to leave the house. She returned to the WC feeling very low indeed and spoke about how she was supported and never felt judged but rather listened to and helped. WMC sorted out her benefits, went with her to appointments and made her feel much more optimistic about the future.

“They (WMC) have been amazing...like a family, they uplift you. Very, very positive...It was the first time I was around people and felt safe and I regained a bit of my trust every week I went...the workers make you feel like that...no one judges you” (W17).

W17 described the progress she has made as a result of WMC support. She got housing and is linked in with a solicitor. She was also able to access counselling more quickly than going through her GP, which really helped her. She loves having her own place and despite being nervous about living alone has settled in really well. She is able to access zoom and join in the group work at WMC (due to staff showing her how to use zoom) and she is now thinking about starting her own business. She told the interviewer that she would not have spoken to her, or have attended any group work before WMC involvement.

Example B: Woman 25

A woman had been receiving support from WMC but had not told them about the full extent of the domestic abuse she was the victim of. When she decided to leave her abusive partner, she went to a hotel and contacted WMC. She had left her home with nothing and WMC provided her with clothes, temporary accommodation, food, and really importantly, childcare, while she sorted things out. After a brief period in temporary accommodation she moved into a refuge with her three children. She expressed such gratitude to WMC for their help at this really difficult time in her life and said how much easier they had made it for not only her, but her children. She remembers how the WMC staff had bought her children a McDonalds; this was such a rare treat for them and they were so excited.

Example B cont: Woman 25

“Always be thankful and remember what they did, they went above and beyond for me, they didn’t just send me off to the refuge with a bye...emotionally they were there for me, it wasn’t about me, it was about the kids, they were brilliant”. (W25)

She is now living safely in her own house with her three children and about to start University. She told the evaluator that she did not want to be anonymised as she wanted WMC to know how grateful she was to them.

Example C: Woman 13

Woman 13 has been involved with WMC for a number of years and is attending the groups currently. She described her involvement with WMC as ‘transformative’. She had been suffering from long-term mental health problems and had experienced an extremely chaotic and complex childhood. When she was put in touch with WC by another agency, she said she was in a very bad way. She had not found the support she needed through statutory services and when she came to WC she could not believe how different the approach was.

“The worker looked at barriers in a patient, compassionate, understanding way...she took the burden off me in explaining things that were beyond my mental capacity...she carried that burden and came to meetings and met me before and was so flexible...to have had someone to help, and help me communicate with me and be a point of contact with CAB took stress off me...couldn’t have done it without the WMC support. Never, never, never had that before”. (W13)

For W13, **her whole life course has changed** as a result of the support she has received from WMC. She had been mute, or would speak with a stammer- she said she could not have imagined being able to live in supported accommodation, as she now is, or move into her own home, which she was about to do. The thought of having her own front door and being a functioning member of society prior to WMC involvement was inconceivable:

“It has changed my life so much; the trajectory is so different. The moving forward element is so important. Even hand hold you through that. There is flexibility at WMC, you don’t get dumped if you don’t turn up, they are just glad to see you. Just glad to have you there, whenever, as you, just you are enough...my stars so aligned to make me a productive member of society who can contribute and be part of a community by volunteering and working in the future, before my mental health was so severe, there was no way I could volunteer or work but now...” (W13)

W 13 spoke about how WMC explained things to her, not only practical things such as how to navigate the benefits system or how to bid on properties but also, for example, what trauma is and how it manifests. For women who have often experienced trauma their whole life that is important.

“No one explained the basics of trauma to me... instead of feeling broken, I am an inevitable outcome of difficult circumstances but I can overcome that in a healthy environment”. (W13)

For women such as W13 to have an ‘outside’ voice speak into their experiences and make sense of them was life changing.

The sense of relief and disbelief women expressed at the holistic nature of the service provided by WMC was profound. The project was viewed by the women as completely unique; the amount of compassion and concern shown to women was something most of the women had never experienced from other services, and it was life changing.

3.5.2 Themes of outputs and outcomes

From the analysis of the 82 case studies, we can draw the following summary about the activities delivered by workers (**outputs**) and positive changes (**outcomes**) achieved for women.


The main outputs delivered for women who were the subject of a case study, related to the themes in the first column in table 4 below. These are presented in order of how frequently each theme was mentioned in case studies. Examples of specific outputs related to each of these themes can be found in Table 2: Examples of how WMC workers support women.

The main outcomes achieved by women who were the subject of a case study, related to the themes in the second column in table 4 below. These are presented in order of how frequently each theme was mentioned in case studies. Examples of specific outcomes related to each of these themes can be found in Table 3: Examples of Outcomes for Women.

Reflections on the case study analysis:

- Data for this analysis is drawn from the 82 case studies captured by WMC workers. There is potential for bias in the way case studies are captured and what the workers choose to report and highlight. For example, it could be assumed that there was much more activity related to the provision of basic needs but this may not have been mentioned in the case study if the focus was on more challenging issues.
- It is not surprising that housing and finance are the top two most frequently mentioned themes for outputs as these are often the main reason for initial contact with the project. In the majority of cases women had other issues that were revealed over time, once trust was established.
- Improved Mental Health & Emotional Wellbeing is the most commonly cited theme in the outcomes in the case studies. This is testament to the workers ability to build relationships and gain trust with the women, providing emotional support and focusing on well-being. Women reported feeling “worthy”, “hopeful”, and “respected” and Workers described women being ‘emotionally held’, which then eased mental load. Time to build up the relationships was highlighted as important to achieving this outcome. Through their work with them, women felt able to share more of what was happening for them e.g. disclosed drugs and alcohol use, DA, debts.
- Similarly, empowerment and women developing agency was a key theme in the case studies and is a reflection of the workers being able to see what women need in terms of confidence and self-esteem - making them feel valued, important and supported to develop their own solutions to difficulties. One worker explained the role of “handholding while respecting their choices”.

Table 4: Themes of Outputs and Outcomes

Most frequently cited in case studies	Outputs	Outcomes
	Finances (Debt and Benefits)	Improved Mental Health & Emotional Wellbeing
	Housing and accommodation	Improved Finances (Debt Reduction or Benefit Maximisation)
	Health and well being (inc. emotional well-being)	Empowerment / control
	Provision of essentials	Having Basic Needs Met
	Parenting/Children/Family	Improved Accommodation - suitable, safe and affordable
	Legal issues	Improved Access to Mainstream Services
	Advocacy and Liaison with external agencies	Improved Physical Health
	Referrals & Signposting	

3.5.3 Challenges to achieving outcomes

The data highlighted a range of challenges impacting on the work of the project and the ability to achieve the intended outcomes for the women. Some of these related to the women’s own situations and some to the wider system. Some challenges identified early on in the project were later less of an issue due to changes in practice e.g. inappropriate referrals from agencies decreased as their awareness of the project was increased. Key challenges identified are:

- a) **Working with complex cases and interrelated multiple issues** - trying to support women when they have longstanding multiple and complex needs can make it hard to engage or to know where to start. This requires a trauma-informed approach, which takes time.
- b) **Women failing or refusing to engage or accept help** with the WMC support worker and / or with mainstream services e.g. missing appointments and choosing not to accept referrals offered. This is typically due to mental health difficulties (contributing to chaotic lives or inertia) and/or substance misuse.
- c) **Refusal to engage with mainstream services / distrust of professionals.** Multi-agency working may be essential to achieving some outcomes, but can also result in delays to some of the work. The approach of statutory agencies can also be disruptive e.g. rigidity by government agencies due to use of systems and databases rather than personal approach. Some women are reluctant to contact other services and unwilling to share information and are distrusting of other agencies and professionals.
- d) **Impact of mental health challenges and trauma.** Some women seemed to want to engage in addressing emotional or lifestyle difficulties, but anxiety or depression made it difficult to engage in group work or access mainstream services, such as counselling or addiction support. Addressing these mental health challenges is problematic when mental health support services are not adequately resourced to meet the needs of people in a timely way. For example, women may be labelled as having **Emotionally Unstable Personality Disorder (EUPD)** (which is largely untreatable) rather than complex PTSD (which is treatable). Some women were found to be so overwhelmed that behaviour could be volatile or inconsistent, and engagement was sporadic. All women

had experienced **historic trauma (often childhood sexual abuse) or recent trauma (often domestic abuse)**. One case worker noted that considering these women to be mentally ill was often inappropriate as they are experiencing normal responses to trauma:

“I have learnt it is time to stop thinking the prevalent notion that these women have a mental health illness, but rather to respond to their behaviour as ‘their’ personal response to the trauma they have experienced. These women were not born this way, they did not consciously choose to be this way, but at this time in their life they react, think and respond in this way because of something that happened to them. My client did not identify herself as having ‘mental health issues’; in fact, she was adamant she wasn’t mentally ill, “what can you expect with the life I have lived”.

- e) **Covid 19** has affected women drastically. Many were already struggling with mental health, finances, childcare and domestic violence and Covid has exacerbated these situations. Women have often had to isolate with abusers meaning that accessing support had been very difficult. The pressure of school closures has meant women are home schooling and also having to provide more meals, all of which adds to the stress.
- f) **Social isolation and lack of positive relationships** - some women had no positive social networks or sources of support in place to help them - making the WMC project the only place they felt they could go. This impacted on their ability to make and sustain positive changes as it was very difficult for women to depart from negative lifestyle choices when there was no support elsewhere. Social isolation is likely to have increased during Covid.
- g) **Impact of drug / alcohol misuse:** Where there was drug or alcohol misuse, lots of resources were used, but outcomes were generally less positive. For example, some women seemed unable to address emotional issues or leave toxic relationships while they were still using substances, resulting in cycles of chaos.
- h) **Being a victim of domestic abuse.** Abusive current and ex-partners posing significant risks to women and their children. Some women were in relationships that they knew to be detrimental to them but seemed unable to leave at this time.
- i) **Wanting a quick, short-term fix** - women are supported with their immediate needs and then some just disappear. This is hard for workers to watch when they can often see what still needs to be done.
- j) **Inability to acknowledge or address underlying issues** - many women fail to recognise and /or engage with support for major underlying issues particularly around substance misuse and mental health issues. This is often due to experiences of previous traumas that have not been addressed. There was a common theme in some case studies whereby women accessed the service to gain **support with practical issues or at times of crisis**, but were unable to meaningfully engage in any emotional, psychological or lifestyle change support at this time. Mental health difficulties, chaotic lifestyles and substance use, often used as a means to cope with unaddressed trauma, was usually a driver in these scenarios. Some women were unable to see the impact of previous trauma in creating the difficulties that they were experiencing. This seemed to result in some rolling cycles of difficulty, with some women returning to the service.
- k) **Risk of worker duplicating work done elsewhere** e.g. workers spend significant time chasing up and liaising with other agencies.
- l) **Process issues and bureaucracy** presented challenges. For example, having to pack up and leave temporary accommodation to present as homeless each day, and slow or inaccurate responses from housing agencies or legal teams.

- m) **Learning difficulties** were identified as a challenge for a small number of women. In one case, they made the woman very vulnerable, but she engaged well with services, in a second case it meant that she struggled to advocate for herself. In the third case, the learning difficulties contributed to her not engaging well.
- n) **Obtaining ID for women** can be difficult and expensive but is essential as benefits and bank accounts cannot be obtained without this.
- o) **Language barriers** - e.g. it takes more time to identify issues and offer support when interpretation is needed; women with no English are sometimes overlooked by other agencies.
- p) **Inappropriate referrals / use of WMC** - In the early stages of the project, some agencies referred to the Women Making Changes project rather than providing help themselves e.g. a woman who needed computer access which the referring agency could have provided; a charity referred a woman for support with necessary applications which they could have provided.

3.6 Practicalities of the job and demands on WMC workers

Throughout the course of the project, workers have been hard pushed for time. There is more than enough work to do, and plenty more beside. One worker felt she was ‘doing a full-time job in part time hours. Pre-covid, the tasks workers were involved in took significant amounts of time e.g. meetings, travelling to visit women, phone calls to UC and benefits, form filling, unplanned drop-in visits. One worker stated how she can be ‘juggling’ three women at the same time because if she sends them away, they may not come back. There can be a lot of chaos and workers have to respond to need. One worker felt that it would have been better to work four (rather than three) days a week. During Covid, the demands have not lessened but the physical contact with women and other professionals has been restricted.

Whilst they do all they can to support the women, the WMC team have expressed significant concerns around the real need that’s there and the fact that there isn’t enough support available. This is especially true for the worker who earlier on the project was working with refugee and asylum-seeking women who had complex needs, there was very little the project can do. There is deep concern about where the women will go when the project ends.

Despite these pressures, all workers reported that **the role was rewarding;**

“Plenty of good stuff comes out of it...the thanks you get...you give them a duvet and you’d think they had won the lottery...getting someone gas and electric makes a difference”.

“Getting people into housing, seeing people grow and develop, their self-confidence and esteem growing, self-belief. You can see it in them. One woman said she couldn’t do the computer, and she learnt.”

“When in the pit of despair, women feel like we have saved them, bit of engagement, to give hope...there is hope for many women, because of WMC.”

“WMC is achieving good outcomes with women in that climate (of austerity) and staff are achieving outcomes. Workers are fantastic, achieving positive outcomes.”

The WMC team has consistently worked well, despite staffing changes and the added pressure of Covid. It is a supportive environment to work in and is a positive team to be part of, there was a feeling that “everyone supports each other”.

The workers all bring different professional experiences and strengths and this balance out well when responding to women. Supervision is helpful and peer supervision is an ongoing, daily process. Workers draw on each other’s knowledge and reflect on their practice with one another regularly. The workers have monthly supervision with the project manager and group supervision every other month.

3.6.1 Staff Team Support

The WMC team provide each other with moral support and will ‘pick each other’s brains’ on issues they may be less familiar with;

“We talk about the odd case here and there for advice and stuff...”

“I think we are a really supportive team in terms of talking about our frustrations...you can just rant for 5 mins at one of the other workers - frustrations are common in the system we are in.”

All workers valued the support and supervision they received from the project manager. In addition to individual monthly supervision and daily access to the Project Manager, staff also have access to other senior operational managers if required to discuss any issues as they arise. Staff also have monthly team meetings and free access to a confidential Mindful Employer’s Helpline. Since Jan 2020, all staff also have bi-monthly group supervision with a clinical psychologist. Staff also valued the peer support they provided to each other.

“It would have been nice to debrief a bit more on [difficult cases]. I did talk about it with (the manager)...but sometimes you need a bit more...how do you stop taking those stories home with you? You do worry about the people you work with - it’s hard to switch off.”

3.7 Work with WMC Partner Agencies

3.7.1 Background and establishment of project partnership

WomenCentre Limited led the initial bid to the Lottery in consultation with the 4 other partners; Age UK Calderdale and Kirklees, Christians Together Calderdale (CTC), Citizens Advice Calderdale and the St. Augustine’s Centre (SA), with WC as the 5th and Lead Partner. Box 6 below gives a brief summary about each of the partners.

WC was already working with Age UK and Citizen’s Advice on another project, so links were in place, and they seemed like a natural fit. Likewise, the work CTC and St. Augustine’s fitted well with the aims of the project. Both CTC and SA were organisations working with vulnerable women where there were clearly crossovers with the ambitions of the WMC project.

A **partnership agreement** was put in place in 2016 which outlined the details of each partner organisation, the purpose of the partnership, conditions of the grant and roles and responsibilities. It also outlined issues such as financial and contractual arrangements, policies and procedures, administration, meetings and record keeping, monitoring and

reporting, communication, branding, confidentiality, dispute resolution, sustainability and governing law and jurisdiction.

The original intended outcomes of this partnership approach as identified in the projects theory of change relate to organisational learning and change. These are:

- a) Organisations are better able to support women with complex needs including hardship crisis effectively through sharing learning and evidence.
- b) Local financial resilience organisations will have made changes to improve their crisis and hardship services for women based on learning from the Project.
- c) WMC Partners will have made changes to provide more effective services based on our own internal and external evaluation and national programme learning.
- d) Learning from the project is shared between the 5 partners and used more broadly e.g., at a national level informing policy.
- e) Partner agencies work together on shared goals and activities.

Box 6: WMC Partner Agencies

St. Augustine's Centre

St. Augustine's Centre is a community centre welcoming and supporting those in their local community. They provide a point of contact and specialist support for refugee and asylum-seeking men and women. They provide meals 4 times a week where people can come and have something to eat, socialise and get information about practical issues. They also provide ESOL classes, access to computers, an employability drop-in, an advice drop-in, and OISC regulated immigration advice. They are a thriving hub in the community which has a small staff team and a robust volunteer team.

Citizens Advice Calderdale

Citizens Advice Calderdale provides specialist debt and benefit advice to people, including PIP and ESA appeals. As part of the WMC Project, Citizens Advice provides between 1-2 (depending on need) dedicated specialist debt and benefit sessions to women accessing WMC each week with funding from the Project.

The Gathering Place

The Gathering Place (TGP) is provided by Christians Together Calderdale (CTC). Whilst the Trustees are Christians, there is a good mix of different faiths within the staff and volunteer teams. Their work is largely volunteer led and TGP works with some of the most marginalised and vulnerable people in Calderdale. TGP provides a Winter Shelter from January to March each year and is the only homeless hostel in Calderdale. The Second Chances team (paid workers of Christians Together Calderdale) offer crisis support to people, provide meals and drop-in help with issues such as benefits and housing. Across all its provision, around 30% of TGP's clients are women and the other 70% are men. CTC now own one house for women in crisis.

Age UK Calderdale and Kirklees

Age UK has a small paid and volunteer team who give debt and benefit advice to older people, often at home visits.

3.7.2 Partners Roles and Responsibilities

The roles and responsibilities of each partner were outlined in the partnership agreement. Broadly speaking, the intention was that partners would:

- offer **specialist advocacy and advice** to women in line with their organisations offer
- offer **specific appointment times** for women (Citizens Advice only)
- **provide venues** for outreach work for WMC project workers
- **promote the WMC project** through networking and attendance at external meetings and other fora.

A number of other intended activities to be delivered by partners (e.g., access to volunteer interpreters, training community champions and peer mentors, a women only day, provide case studies or digital stories) were set out in the partnership agreement, however limited progress towards achievement of these. There is no evidence that the partners (other than WC and CAB) are assisting in recruiting peer mentors or contributing to the monitoring and recording of any increased benefits and outcomes of advocacy for beneficiaries.

3.7.3 Engagement with partners

To begin with all partners attended the project management meetings (PMM) and development days. However, attendance at the PMM's has been sporadic for some of the partners over the course of the project, mainly due to staff changes within organisations. During Covid, all meetings have taken place on-line and attendance by partners has been variable with some attending the majority of meetings and others attending less frequently.

At the beginning of the project three WMC project workers were allocated one of the other partners to work with. Each partner agency was different and presented different issues in terms of engagement. The WMC project manager initially liaised with workers at The Gathering Place (TGP) and St. Augustine's Centre (SA) and began by asking what they were doing and how they saw the WMC project fitting into the work they did. She tried very much to present the project not as an adjunct to their service but as additional capacity, particularly around women who have more complex needs. There was a need to establish referral mechanisms and how the WMC workers would work alongside any workers at the partner agencies.

Below is a summary of progress of the work with partners.

St. Augustine's Centre

St Augustine's are experts in the field of asylum law and their expertise has been drawn on by the WMC project and been a great asset for the project. For the final interviews, one of the managers was interviewed who had limited knowledge of the partnership history.

The referral process at the St. Augustine's Centre worked very well initially. The project also received referrals from the community midwife who works with refugee and asylum-seeking women. The WMC worker who has initially linked in worked very well with various local services although it became clear that there was a limit to the range of issues she could help with for this group of women, i.e. she couldn't work on income or housing issues as these are women seeking asylum. As a result, the worker has been quite creative in the help she offered e.g. looking at the women's emotional support needs, making sure they were accessing health services and dealing with practical needs such as obtaining donated baby items. She also worked with local women on benefit issues, etc. However, after a period of time, it was decided that the worker should base herself at WC instead of St A's as it was decided by the partnership that this would be more beneficial.

Until Covid, they are often inundated with people using the centre which has a small staff team and a robust volunteer team.

There have been many changes over the years at St. A's and therefore there has not been a consistent point of contact for the WMC project. Although St A's are positive about the WC and WMC project and the original partnership plans, there has been decreasing involvement from them in the partnership and they have had only limited contact over the latter course of the project, further exacerbated by the effects of Covid and the ensuing restrictions.

St. A's have not made many referrals to WMC expressing the view that women they have referred, or thought about referring to the WMC project did not always meet the threshold of need, possibly because their cases are not as (relatively) complex as many other women who use the WMC project. Not many of their women are going through DV for example, although they may have been relocated to Calderdale to get away from DV. Also, women who use St. A's are generally not allowed to work due to their status so they don't need help with work/benefits. Thus, they may have different needs and challenges to other women using the WMC; perhaps requiring more social activities for example.

At the beginning of the partnership a WMC worker came to St. A's regularly and that was useful but stopped. St. A's suggested that if it had continued it might have been helpful. In addition, it would have perhaps been beneficial as a partnership to think about the specific needs of St. A's women.

As mentioned, there has been very little consistency over the duration of the partnership. However, St. A's think the partnership is important and it is good women can access WC through different organisations. St. A's would seek support if they needed it and thought that essentially WMC was good for 'more settled women', but perhaps not as relevant for asylum seeking women.

The Gathering Place

Initially, the WMC worker was going to TGP 2-3 times a week to build trust and develop relationships. After a year the worker had established a presence and relationship that meant women were coming over to the WC to see her. That was a big step for some women who were used to the informal setting of TGP as the WC can feel a bit more formal and to just sit in a room, '*can freak people out sometimes*'.

One woman from TGP had been badly beaten by her partner and was taken to WC and found a safe place to stay. Her partner later turned up at TGP and was drunk and quite violent, which put the WMC worker in a position where she was unsafe.

"There's a lot of fellowship (at TGP) and a lot of support for people and an open attitude to people making mistakes and for us it's a benefit as it brings in women who would find coming to the WC too formal...but the dynamic can be a concern - and can create an issue for women who are that bit more vulnerable.many of the people accessing TGP are interconnected e.g., some of the women may have shared partners or have family connections."

The connection and work with CTC has lessened over the course of the project. WMC workers did not always feel safe at TGP and as a result they stopped attending sessions. Referrals decreased from TGP and the partnership was not sustained in any meaningful way. There was no point of contact for final interview and therefore it is difficult to ascertain any

outcomes regarding TGP involvement with the WMC project. Changes in staff, the prevalence of males at TGP-leading to women and staff not feeling safe there all contributed to the declining joint working of TGP and WMC.

Age UK Calderdale and Kirklees

Changes in key Age UK staff invested in WMC have led to challenges in partnership working arrangements. This is in part due to the new Age UK C & K CEO needing to focus on the organisation's strategic direction and other pressing organisational challenges.

The WMC worker has visited Age UK on a number of occasions to try to develop robust working relationships with frontline staff, but it has been difficult to develop relationships and establish a clear referral pathway, hence referrals to WMC have been sparse. Therefore, the WMC worker has mainly been based at WC supporting women of any age who drop-in. In the interim, the WMC project team has decided to promote the service to older women by going direct to the users (via posters and at lunch clubs, etc) rather than getting referrals via the staff team at Age UK. The WMC Project has supported a number of older women who have accessed support themselves rather than through referral from Age UK.

There was no one available for a final interview from Age UK and it appears their involvement in the partnership has been minimal in recent years.

Citizens Advice Calderdale

WC already worked with Citizens Advice prior to the formation of the partnership and therefore had established good links. Citizens Advice has also been through a period of change with a new CEO taking up her role in 2017. The Citizens Advice CEO took up her role within the WMC partnership with real vigour and her work on the partnership is greatly appreciated by WomenCentre in particular. She has been networking more broadly with external agencies, promoting the work of WMC.

The involvement of CAB in the WMC project has clearly been the strongest element of the partnership. Citizens Advice Calderdale provides specialist debt and benefit advice to women accessing the Project, including PIP and ESA appeals. WMC workers had expressed frustrations around supporting women with PIP appeals, which are very time consuming and led to no positive outcomes. The workers experience was that no matter what action was taken the assessor's decision would be final and likely to lead to women being ineligible for a sickness or disability premium. The impact of this decision resulted in a significant fall in income leading to greater financial hardship for these women.

Following discussion with the Citizen's Advice CEO and identification of a small amount of WMC budget to support this, Citizen's Advice provides a dedicated advice worker for 1 day per week to provide WMC clients with specialist benefit and debt advice and follow up casework. Workers from the WMC project go along with women to their appointments and this has been very successful, with women then generally feeling confident enough to attend CAB alone. CAB have made sure that WMC women are given appointments with staff who are understanding of the issues and challenges they are facing.

The WMC and CAB have worked together closely throughout Covid, working online and over the phone. Women have regularly accessed CAB for advice and support. CAB continued to set up specific appointments for WMC women. CAB understand that women from the WMC project generally need support to access their services. CAB felt that

women from WMC would not have accessed CAB without support from workers at WMC. One of the reasons for this is that CAB think they are viewed by women as a quasi-government organisation and are therefore not trusted, whereas women trust the WC. As a result of this, women now view CAB differently and trust them, which is a positive outcome for CAB.

CAB identified that **WMC fill in the gaps that CAB cannot**, such as responding to trauma, and it has worked well. CAB deal with practical issues and WMC respond to the emotional issues and this creates an excellent partnership between the two partners. CAB did think that other partner involvement had been sporadic but that CAB involvement had been consistent and that this would continue after the project had ended. CAB felt that they invested in the WMC project and that you “get out what you put in”. They help and support each other. CAB feel fortunate to have a WC and were very positive about their involvement and the relationships formed. The legacy of the work will continue as they have strong links and the staff have developed good relationships.

CAB has been the most involved partner throughout the course of the project. CAB explained that one of the reasons for this is that they share similar philosophies and values when working with women and they complement each other well. CAB, like WC, believe in empowering women.

“We have an individual contract for every woman, it is how quickly they want to go, not how fast you want to go”.

CAB admire and respect the work of the WC generally and have been a keen advocate of the work of the WC more broadly, as well as the WMC project. For example, CAB have recommended the WC as being part of Calderdale’s anti-poverty steering group.

“They (WMC) are an amazing team”.

3.7.4. Benefits of partnership working

All Partners were interviewed in the early stages of the WMC project. There was recognition from those partners of the potential benefits of working in partnership. Only two partners were interviewed in 2021. One of whom had clearly benefitted from involvement in the partnership, the other for whom the experience had not been quite as beneficial as presumed at the start of the project (although she had not been in post at the time). In summary, the benefits identified are:

- Increased the reach of women the project is able to support (via partners)
- Increasing women’s understanding of other support organisations
- Increased knowledge of the issues women face
- Increased awareness of (and access to) the support WMC and WC can offer
- Access to good advice from partners who were experts in their field on how to best respond to women in crisis
- Partners feeling that there is a better chance of solving issues for women
- Support, advice and expertise from WMC staff has been hugely valued
- Having access to a women’s only space as a resource was seen as very valuable
- Enabled CAB to offer exclusive access for women accessing the WMC project

One partner commented that they are no longer in ‘*rescue mode*’ but **are more strategic in their response to service users** as a result of their learning from the project. Partners involvement with WomenCentre has led to **positive culture change within their own organisations**, “WC have been mentors and given lots of advice and guidance. This has

filtered down to staff and become part of their culture.” Likewise, WC hugely value their input and expertise as it is resulting in a stronger partnership.

The partnership made funds available so that Citizens Advice can offer 1-2 dedicated appointments each week for women accessing the WMC project. This enables women to get a quicker response and improves engagement - they can either attend with a worker from the WMC project or alone. Citizens Advice is no longer a place that a person can just drop in to, so having a specific time set aside for women is very valuable.

“We are all trying to get the best for citizens. We are trying to get a whole view of the client and help them solve their problems, empower them, gain some skills, when they fall again, if they do, they don’t go down as deep as they know where to get help....e.g., certain women would not go to Citizens Advice without the WC bringing them. WC was trying to help women with ALL of it, now Citizens Advice can help too”.

One partner commented that more women need them than they realised and they ***need to work in partnership with other agencies more to meet the level of need***. The importance of not having a knee jerk reaction was also commented on and how ***WC has played an advisory role on this and give good advice on how to run a charity***.

The WMC project benefits women and the partners. It provides ***a better chance of solving issues for women*** and this is in significant part because the partnership offers diversity of experience and expertise and this gives the project strength:

“WC have been absolute stars, they don’t mind us asking stupid questions. Been very supportive.”

“Not just about WC, it’s about a set of people who come together. The Calderdale partnership is strong.”

“We thought we would just be benefiting the women but it has also benefitted us [as an organisation] - that was a surprise.”

The partners, individually, highlighted the benefit of working with WC. The sense was that as the lead partner, WC offered a level of experience and expertise that was very valuable in terms of the partners own growth, learning and development. Partners felt they had expanded their knowledge of the issues women face and the support WMC can offer. The ***WC providing a women’s only space*** was also seen as a very unique and valuable resource which women could utilise.

A clear benefit of working in partnership was the positive impact on women who attended the projects run by the other partners. For example, St. Augustine’s and CTC were working mainly with men and some women. Being part of the WMC means that these agencies could focus more on women who were at risk of getting ‘missed’ due to the prevalence of men in other projects. ***WMC benefit from the ‘reach’ the other organisations have with women that they otherwise may not have come into contact with***, *“WC can pick up the work with women and be more holistic; without the partners WMC wouldn’t have reached some of the women they have reached.”*

Whilst Partners did not comment specifically on the benefits of working with the other partner agencies, it was recognised that ***all the partners bring different and positive features of benefit***, and that the organisations are ‘better together’:

“If WMC was just WC they wouldn’t understand the problem of the whole of Calderdale. Each partner has different perspective and something to bring. Richness of different knowledge. Can’t solve all the problems without each other.”

The general comments from the partners in the early years were positive and enthusiastic, they were looking forward to how the rest of the project would progress and excited to be part of it. CAB’s and St A’s views on the WMC project were positive. They felt that it was achieving good outcomes with women:

“Other partnerships have been for convenience, this is now a partnership of benefit.”
(CAB)

However, it is difficult to ascertain the views of Age or UK, CTC as there was no one available for a final interview.

3.7.5 Challenges of partnership working

Some of the challenges to partnership working identified by partners of the project were:

- a) **Changes in staffing in partner organisations** has been problematic and led to a ‘stop-start’ effect for the project as a result of gaps in recruitment and the need to establish new relationships and connections. Lack of continuity with staff has been one of the biggest challenges and has meant disruption to the progress of the project especially at board level. New staff coming into role have needed time to familiarise themselves with the project resulting in delays to progress. This sometimes led to a lack of understanding about WMC amongst some partners.
- b) **Limited resources available within partner organisations to engage in partnership working.** Embedding change takes time, and there is always a lot more work that could be done if the resources were available. The partner organisations are all different and have been in place for varying lengths of time. All have funding pressures and more broadly the Council has faced significant cuts which all has a knock-on effect. Resources are shrinking everywhere yet there is a huge growth in for the number of women experiencing financial crisis and complex needs. Covid has only added to those problems. There has been low attendance at WMC project management meetings and lack of input by some partners.
- c) **Differences in culture and approach** of some partner agencies leading to safety concerns for WMC staff and women. Also, a shortage of space and no confidential safe women-only space at TGP (as the majority of TGP clients are men).
- d) **Low levels of referrals to WMC** from some partner agencies.

3.8 Views of wider stakeholders

A group of 7 stakeholders who have worked with the WMC project were interviewed in the final year of the project. These stakeholders worked in a range of roles including, housing support; DV support, social prescribing; family intervention work and the police. The purpose of the interviews was to find out what their experience had been of the WMC project when they had referred women to the project.

Stakeholder Views Summary

- a) WMC is really needed - if it wasn't there it would leave a massive gap for women and nowhere for stakeholders to refer them to. Adds value in Calderdale.
- b) WC and WMC are well thought of, trusted and respected - giving stakeholders peace of mind
- c) WC is a safe and comfortable place for women and workers
- d) WMC referral process is easy and communication is quick and effective
- e) WMC know what women need and can get to the root of the issues
- f) WMC offer practical support and provide for essential needs for women
- g) WMC workers are able to work intensively with women who have multiple issues
- h) WMC workers are flexible and responsive, passionate and dedicated
- i) WMC eases the workload of other services
- j) WMC are well connected and know where to signpost women to
- k) WMC help to empower women

The interviewees were overwhelmingly positive about the support provided to women by the WMC project. They viewed the project and WC generally as a vital service for Calderdale and one they could not imagine being without.

“The women I refer to this service are the women I lose sleep over, they are the women I am most concerned about, if [WMC was] not there it will be really impactful”. (S3)

The stakeholders had all referred women to the WMC project and had usually had contact with the WC more generally for several years. The stakeholders really appreciated the WC and viewed it as a place where women feel safe, that is relaxing and comfortable and where they can meet with clients in an atmosphere of safety.

“We get on, it's really lovely...it has been really positive during lockdown”. (S1)

WC is seen as a trusted and well-respected organisation and stakeholders are extremely grateful to have a WC in their locality. They believe there is great need for the WC and the WMC project and if it was not there it would leave a huge gap for women and put additional strain on already hard pushed services.

The stakeholders understanding is that the WMC project does not have a rigid approach or criteria, **they are viewed as flexible** and this is really valued by stakeholders. It is one of very few places that is not too prescriptive regarding who they will work with for example, *only* working with women who have substance misuse issues, or not working with women who are in debt. For women with complex needs and in extreme crisis this is important to stakeholders and makes WMC unique.

Several stakeholders identified that many women who are victims of DV need support for other issues before they feel able to access DV support. They felt that **WMC offer that much needed 'bridge' between services**. They have seen some women access WMC who did not feel ready to access specific DV support, and after working with WMC they then felt able to. Stakeholders identified that for some women, they have other more immediate issues that need responding to before they can deal with the DV.

The fact that WMC do not have the same time limits when working with women, i.e. they work for 6 weeks and then have to close, is valued by stakeholders and seen as a strength. S2 discussed how funders don't always understand the varied needs of women and that work needs to be done holistically, i.e. women don't always fit into neat boxes regarding the support

they require. The WMC understanding that women often need a variety of support plus the flexibility and openness of the WMC- especially when women are trying to navigate different systems such as Universal Credit- was viewed as a key component of the WMC effectiveness. The term ‘added value’, i.e. what WC offered, was mentioned a number of times by stakeholders.

Stakeholders recognised that engaging women who have a lot of complex needs can be difficult and a specialist service such as the WMC project is ***ideally placed to respond to those needs effectively***. The WMC non-judgmental approach and their practical advocacy is needed and effective; they fill a gap other services simply cannot fill. They were viewed as an ***“essential service...tenacious and limitless”*** (S3).

Stakeholders expressed concerns about where these women would go when the project ends and believe that more work will fall to other services such as accident and emergency departments, mental health agencies and drug services. Stakeholder mentioned there is no ‘dual diagnosis’ service for women in Calderdale, and this was problematic, yet WMC are ***able to work intensively with women who have multiple issues*** and in turn fill that gap in Calderdale service provision. If WMC was not there, stakeholders fear that women will be left in limbo with limited support options.

Stakeholders believed that the personal touch of WMC, their care and genuine attitude, all contributed to why women accessed the project. The workers ability to identify needs by chatting to women and making them feel safe was deemed invaluable. Stakeholders identify that women are facing so many challenges, with Covid adding exponentially to their difficulties, and WC was a place of consistency and reassurance to women in extreme crisis. The reliability of the WMC project and expertise of staff, led stakeholders to believe that ***women are more likely to disclose*** to WMC staff than other professionals. The joint working and support of WMC (and other agencies) and doing things such as giving women a phone, makes such a difference to women who are struggling. But also, stakeholders view ***WMC as a project that empowers women***, they deal with women’s issues a ‘chunk’ at a time. Workers are seen as reliable and professional, providing a fantastic service. WMC gives stakeholders peace of mind, they trust WMC to look after women and respect them whole heartedly.

WMC also signpost women, especially to counselling services, which can be accessed by women more quickly than if going through a GP or other services, and this is very beneficial for women who are experiencing trauma and need therapy more quickly.

Stakeholders spoke about ***how easy it is to refer to WMC*** and that, the response is quick. Communication with WMC was generally felt to be excellent. There is no waiting list, which is unusual and as mentioned, the support is not time limited.

The workers at WMC were viewed as excellent. The work they do not only helps women but also enables stakeholders to do their job more effectively. One stated how WMC involvement enabled her to better support the children of one woman and focus on keeping them safe:

“What [worker] has done, I would never have been able to do in this short period of time by myself...it’s given a massive chance to these children to have a safe, happy life.” S6

Stakeholders felt that complex cases are responded to quickly and effectively and this undoubtedly ***eases some stakeholders’ workloads***. The fact that they trust WMC staff so completely means they can just let the WMC workers get on with their work, while they get

on with there's. Whereas other services may close such complicated cases, WMC do not. Very few services are equipped or have the time and capacity to work with such women. One stakeholder spoke about how the WMC worker had pushed the work forward with other agencies, she had an ability to analyse the issues and refer the women concerned to relevant agencies such as CAB. WMC involvement meant that the child's case did not go back to CSC and they could manage it all effectively together, taking pressure off CSC as well:

“If I didn't have [the worker], this case would have gone back to CSC it is still high risk but we can manage it at a lower level”. (S6)

Stakeholders were grateful and surprised at the types of practical support WMC could offer too. For example, giving women a phone and data, **“It's amazing!” (S6)**. The practical 'extras' that WMC provide make a women's life easier and enable her to access courses on-line, especially during Covid. These were regarded with great appreciation and indeed, surprise, and viewed as so different to what other services. are able to provide. Stakeholders understand that WMC get to the root of the issues, they understand practicalities that are needed for women to be able to access certain services, which helps enormously in breaking down barriers.

“H's approach is so positive, she is so dedicated and hands on, moves things forward, they threw me off my chair! I can feel there is massive passion...it brings about positive outcomes”. (S6)

A number of stakeholders refer DV cases to WC and WMC regularly. One stated how she finds WMC to be open and helpful and greatly needed for women going through DV and other complex situations. Stakeholders think the staff are good and communicate well. If WMC and WC was not there, her belief is that DV would be even more of a problem.

4) Conclusions and Reflections

This final evaluation report for the Women Making Changes project has sought to summarise the findings from the evaluation data collected during the lifetime of the project (between 2017-2021) including feedback from 30 women accessing the women and project staff and summary findings from 82 case studies of women collected by the project workers.

This evaluation seeks to report on the learning from the WMC project between 2017-2021 in terms of:

- understanding and addressing the issues faced by women accessing the project
- exploring the role and features of the approach taken by WMC workers
- Experience and views of WMC partner agencies
- Views of wider stakeholders
- Progress towards project outcomes as agreed with NLCF (see Box 7)

Box 7: WMC project outcomes as agreed with NLCF were:

Outcome 1: People who have experienced hardship crisis are better able to improve their circumstances.

Outcome 2: People who are at high risk of experiencing hardship crisis are better able to plan for the future.

Outcome 3: Those experiencing, or who are at high risk of experiencing, hardship crisis, have a stronger, more collective, voice, to better shape a response to their issues.

Outcome 4: Organisations are better able to support people to effectively tackle hardship through sharing learning and evidence.

In summary, the evaluation found the following.

The WMC Approach and Workers

WMC workers are **specialist experts** in supporting women with multiple and complex needs. The caliber of staff is reflected in their work and commitment to women and the value they place on accepting women where they are - whoever they are.

The WMC workers are often the **coordinators of the support and advocate for women**. Other agencies are then able to contribute to achieving the different outcomes with the women. Workers show **significant tenacity in finding and delivering solutions to debt issues, legal issues and mental health issues**.

The workers implement **practical and emotional support initially**, which tends to lead to either: a) Women are in a better place and then start to feel empowered, achieve things for themselves, able to move forward or b) Women need ongoing support, often when there is underlying and significant mental health difficulties, learning needs or unaddressed trauma.

The **continuity of care and value of the gendered and holistic approach** taken, seeing the woman as a whole and not working on single issues, is seen of great value to the women. Workers build trust and relationships with the women they support who really value the non-judgmental and nurturing approach.

The WomenCentre setting as a safe **women-only environment** is an aspect of the service that is highly valued by the women accessing the support. The case studies highlight how

for some women, **engaging with the Women’s Centre can be a significant step in itself which should not be underestimated.**

Women Accessing the WMC project

Relevant NLCF outcomes:

Outcome 1: People who have experienced hardship crisis are better able to improve their circumstances.

Outcome 2: People who are at high risk of experiencing hardship crisis are better able to plan for the future.

Women accessing the WMC project **face multiple, complex issues**, and the project has seen an increase in more challenging and more complex cases. The **work of the project continues to be very much crisis led**, responding to immediate needs, which makes working on longer term engagement and change difficult for some women. However, for others, the relationships which underpin the support are becoming longer term as women are supported over a longer period of time to address the range of complex issues they face.

For many women, the **practical difficulties they face are overwhelming**, particularly linked to finances. These practical difficulties often impacted on mental health in the form of stress, depression, anxiety and inertia. Issues of domestic violence and / or substance misuse (often due to unaddressed trauma) also affected finances.

The evaluation found several examples of some progress related to **empowerment** in terms of women **developing their own solutions to difficulties**. Many women had started to reflect on their situation, develop insights into their mental health and started to build emotional resilience and self-care skills. They reported improved ‘emotional wellbeing’ in terms of increased self-confidence and self-esteem.

The **appreciation and gratitude of the women** who have accessed the project is clear - it has been life saving for many. The overall picture from the women is that WMC is doing an amazing job in supporting the many and varied needs of women accessing the project and continues to be valued greatly by them.

Developing a stronger, collective voice

Relevant NLCF outcome:

Outcome 3: Those experiencing, or who are at high risk of experiencing, hardship crisis, have a stronger, more collective, voice, to better shape a response to their issues.

Over the course of the project, workers have sought to identify opportunities for women to get involved in the project and a number of examples of coproduction have emerged. The women interviewed also expressed a desire to ‘give back’ to the WC in some way. However, for the majority of women, these are big steps to take and many are simply not in a position to do so. The workers’ attempts to support women to develop a more collective voice and influence their issues have also been restricted, to some extent, by covid. The online support groups that ran during lockdown were a real achievement, especially for women with complex needs, many of whom face barriers to engaging online.

Work with partner agencies and stakeholders

Relevant NLCF outcome:

Outcome 4: Organisations are better able to support people to effectively tackle hardship through sharing learning and evidence.

The WMC project took a partnership approach and worked with wider system stakeholders in order to share good practice and learning around supporting women experiencing hardship crisis.

Engagement with and between the **5 partner agencies** has not gone as originally planned. Those partners who have been closely involved are broadly positive about the partnership and the work of the project. They reported increased knowledge and awareness of the issues women face and the role of WC, and an appreciation of each other's expertise and experience.

Wider stakeholders value WMC as a standout, trusted, respected, flexible and responsive service which understands women's multiple and complex issues and has efficient and effective referral and communication mechanisms. WMC staff are viewed as supportive, passionate and dedicated.

Recommendations

- 1) Secure **additional funding** to continue the work of the WMC project which is highly valued and needed.
- 2) Ensure any future **partnership agreement** is regularly (annually) reviewed and that the aims of the project and partner's roles are revisited.
- 3) Consider ways to further increase the **engagement of partner agencies** e.g. allocation of funding, engagement from start re: roles and responsibilities. Agree a process for efficient handover when staff move on to ensure consistency of connection with partner agencies.
- 4) Identify potential risks and mitigation related to partnership working.
- 5) Continue to identify more **opportunities for co-production** with the women to help enable them to develop a stronger, more collective, voice.
- 6) Continue to offer **free childcare** to women accessing WMC to enable their participation and engagement.
- 7) Consider **greater use of volunteers** to increase capacity and support the workload of workers e.g. volunteers to help run the groups.
- 8) Include costs of **clinical supervision** for project staff dealing with women with complex needs in any future funding bids. May improve staff retention.
- 9) **Promote the work of WMC**, drawing on this evaluation and the strong evidence for the approach (e.g. WC briefing). Identify and maximise opportunities to share and promote the work via stakeholders and partners and local fora.

What next for WMC?

The WMC project delivers a unique, feminist, specialist and much needed service for women facing multiple and complex issues. Given the lack of a Dual Diagnosis Service in Calderdale, WMC fills a vital gap. It is seen as hugely valuable to other agencies, recognising and addressing barriers many women face in accessing other services.

The role of specialist, expert workers who are highly skilled at building relationships with women is central to the success of the project. This is reflected in their passion for the work and commitment to women, accepting and supporting them wherever they are and whoever they are. The impact of the project also reaches far beyond the women themselves - to their children or future children. For example, having practical needs met and the improved emotional well-being of a parent, can help break the cycle of inter-generational trauma.

Covid has exacerbated challenges and exponentially affected women in many ways. These challenges and related needs will likely increase in a post covid social recovery phase. All indicating the WMC continues to be needed.

It is hard to overstate how much the WMC is valued by women, staff and stakeholders. Throughout all the interviews conducted during this evaluation, the positivity WMC is viewed with and the gratitude people feel is palpable. Everyone spoken to expressed their concerns about the WMC project no longer running, asking repeatedly, where will these women go? Stakeholders and WMC staff were clear there is nowhere else in Calderdale that is equipped to respond to the multiple needs these women have. The concern is that women will inevitably 'go underground' and / or turn to other already hard-pressed agencies such as social care, housing, GP or mental health services - adding extra pressure on limited resources.

APPENDIX A: Theory of Change for Women Making Changes Project

The WMC project ToC is presented below as a narrative and in tabular format.

Narrative version of the Theory of Change for Women Making Changes

The overall aim of the WMC project is to help vulnerable and marginalised women in Calderdale to have the financial security, suitable accommodation and social support needed to live better lives and avoid future hardship crisis.

Positive change in the **knowledge, confidence, social support and well-being** of women at risk of hardship crisis can be promoted through support and advice from WMC workers. The workers provide women with emotional and practical support, relevant information and advice on a range of issues, a safe space to talk and increased access to support from other services and agencies. The WMC Project can increase women's access to support via the 5 partner organisations through the delivery of 1:1 sessions, drop-in services and social activities (e.g., art workshops). The WMC workers provide support to women who face difficulties in relation to accommodation, finances, physical and mental health, meeting basic needs, accessing social networks and navigating mainstream services.

The WMC project can also promote and support women to have a stronger voice by enabling them to recognise and utilize their skills, knowledge, experience and passions through **co-production and influencing** activities. By proactively engaging women in story telling (digital and other), speaking at events, supporting other women in similar situations, leading activities, the WMC Project can increase women's contribution to the understanding of the issues faced and the prevention of hardship crisis.

The WMC Project can also contribute to **organisational learning and change** and a more consistent implementation of effective services and projects aimed at women at risk of hardship crisis. This is achieved by providing local organisations and partnerships with specialist knowledge on the issues women face, promoting local partnership working and facilitating dialogue between local and national developments.

Women who are facing hardship crisis need more than access to services to be able to manage their situation and move to a place of economic and social stability. **The basic assumptions**, which are integral to the theory of change, behind the WMC project are that:

1. Women need sufficient time and support to understand the issues they face and how to tackle them. This is achieved through building relationship and trust, listening to each woman and developing holistic woman-centred support with her.
2. Women need to develop confidence, knowledge and skills related to the issues they are facing.
3. Women need to have their basic needs met e.g. in relation to food, clothing, child/baby items.
4. Women need support to be able to access and navigate relevant services and agencies.
5. Women need to be able to manage crises in their lives and such events as eviction, court hearings, child protection. If these aspects of their lives are not taken into account, any advice and support will not be likely to lead to changes in circumstances.

Theory of Change for the 'Women Making Changes' Project

Big lottery outcomes:	Strand of ToC
a) People who have experienced hardship crisis are better able to improve their circumstances.	1 - Hardship Crisis
b) People who are at high risk of experiencing hardship crisis are better able to plan for the future.	1 - Hardship Crisis
c) Those experiencing, or who are at high risk of experiencing, hardship crisis, have a stronger, more collective, voice, to better shape a response to their issues.	2 - Co-production & Influence
d) Organisations are better able to support people to effectively tackle hardship through sharing learning and evidence.	3 - Organisational learning & change

Problem	Outputs / Activities	Milestones - Short Term Outcomes (STO) by 2018	Longer term outcomes (LTO)	Ultimate goal
<p>STRAND 1: HARDSHIP CRISIS</p> <p>Vulnerable and marginalised women¹ in Calderdale;</p> <p>a) have difficulty securing / maintaining suitable accommodation/housing;</p> <p>b) are in debt or struggle to manage their finances;</p> <p>c) have low confidence, poor self-esteem and limited social networks.</p> <p>d) have poor physical and mental health;</p> <p>e) lack access to items needed to meet basic needs e.g. food, clothing, household items;</p>	<p>Workers and peer mentors provide support to women through 1:1 face to face appointments either in their own homes or at 'drop-in' sessions. Referrals come via partner organisations and external agencies². Focus of support varies but may be on:</p> <p>a) Housing - applications, registrations, repairs, house searches, housing debt</p> <p>b) Financial - budgeting help, debt payment plans, welfare benefits; money for travel, utilities, mobile phone.</p> <p>c) Emotional / social support & help with general well-</p>	<p>a) Women have increased knowledge and confidence to manage their tenancy / accommodation.</p> <p>b) Women have increased knowledge and confidence to manage finances (income & debt issues).</p> <p>c) Women have increased social networks and connections in their community.</p> <p>d) Women have increased knowledge and confidence to manage their physical and mental health.</p> <p>e) Women are able to access food banks and clothing</p>	<p>a) Women are living in suitable, safe and affordable accommodation.</p> <p>b) Women are able to successfully manage their money and have increased income/reduced debt.</p> <p>c) Women have improved emotional well-being (e.g. confidence, self-esteem).</p> <p>d) Women have improved physical health.</p> <p>e) Women have their basic needs met.</p> <p>f) Women are accessing mainstream services and have the support they need.</p> <p>g) Women have increased knowledge and confidence to create their own solutions and plan for the future.</p>	<p>Women in Calderdale have the financial security, suitable accommodation and social support to live better lives and avoid future hardship crisis.</p>

¹ Target groups include women: with poor mental health; with physical disabilities/sensory impairments; experiencing domestic abuse; older women; economic migrants; asylum seekers and refugees; living in rural areas.

² e.g. DWP work coaches, Community Midwives, Early Intervention Panels.

<p>f) lack access to support and advice on housing and finance /benefit issues;</p> <p>g) find it difficult to navigate and access mainstream services.</p> <p>h) who don't speak English as a first language find it difficult to access skilled interpreters.</p>	<p>being. Have time to listen, link people with activities e.g. arts sessions, healthy minds group, Zumba.</p> <p>d) Health - GP & hospital visits, accessing health services, understanding health needs.</p> <p>e) Meeting basic needs e.g. access to food parcels, clothes, -baby equipment, toys, school uniforms,</p> <p>f) Signpost and support women to access housing and debt advice and other services.</p> <p>g) Help access main stream services - education, benefits, health and housing.</p> <p>h) Access to skilled interpreters.</p>	<p>exchanges to help meet basic needs.</p> <p>f) Women are signposted to specialist advice and services and are accessing them.</p> <p>g) Women are supported to create their own solutions to problems.</p> <p>h) Women who don't speak English as a first language are able to access the support they need.</p>	<p>h) Women feel more empowered and more in control of their lives and those of their dependents.</p>	
<p><u>STRAND 2: CO-PRODUCTION and INFLUENCE</u></p> <p>a) Vulnerable and marginalised women lack influence and a voice in service planning and delivery aimed at addressing their issues.</p> <p>b) Women's contribution and assets (i.e. skills, knowledge, experience, passions) are not valued.</p> <p>c) Women lack the opportunity to influence / shape an effective response to their issues due to lack of knowledge, confidence, language</p>	<p>a) Identification of peer support mentors/volunteers by WMC partners.</p> <p>b) Women are supported to create digital stories and case stories of their lived experience.</p> <p>c) The formation of a participation group for women post involvement with WMC.</p> <p>d) Women are invited to be involved with promotional events / activities run by WMC.</p> <p>e) Provide access to interpreters where needed</p>	<p>a) peer support mentors are in place and assist project workers to support women</p> <p>b) Women have increased awareness of their needs and means of addressing these</p> <p>c) Women have increased confidence and knowledge</p> <p>d) Women speak at / contribute to project learning events.</p> <p>e) Women lead / co-facilitate activities for others e.g. craft group.</p> <p>f) Women participate in focus groups to share their</p>	<p>d) Women are involved in evaluating the project.</p> <p>e) Women are involved in re-shaping the project.</p> <p>f) Women at high risk of / or experiencing, hardship crisis, have a stronger, more collective, voice, to better shape a response to their issues.</p>	<p>Women in Calderdale have the financial security, suitable accommodation and social support to live better lives and avoid future hardship crisis.</p>

skills and social networks and support (social capital).	f) Women are signposted to training/education/development opportunities.	experiences of the project.		
--	--	-----------------------------	--	--

<p><u>STRAND 3: ORGANISATIONAL LEARNING AND CHANGE</u> Partners and other local organisations providing a wide range of support to women in Calderdale:</p> <p>a) Sometimes struggle to understand and respond appropriately to women who have multiple and complex needs leading to chaotic lifestyles.</p> <p>b) Will benefit from learning from the Women Making Changes Project and the national Big Lottery learning from the Help Through Crisis Programme and vice versa.</p> <p>c) Sometimes work within systems and organisational processes that create gaps, duplications and inefficiencies in service provision for women that could be addressed if we develop partnership working.</p>	<p>a) The 5 partner organisations form a partnership to deliver the project.</p> <p>b) A Project Steering group will be established to shape the project and identify opportunities for influencing. Representatives from key local statutory and voluntary sector agencies will be invited to join the Group.</p> <p>c) The partnership holds and participates in annual learning events inviting a wide range of local organisations to share learning from the Project and national Programme and with the Project.</p> <p>d) Project briefings may be used to share learning with a wide range of local organisations.</p>	<p>a) Partner organisations are developing consistent and coordinated partnership working.</p> <p>b) Organisations review their practice and services for women at risk of hardship crisis.</p> <p>c) Local organisations participate in the Project’s learning and evaluation workshop.</p> <p>d) Organisations share good practice.</p> <p>e) Collaboration between partner agencies improves.</p> <p>f) Local organisations are contributing ideas and experience to re-shape the Project.</p>	<p>f) Organisations are better able to support women with complex needs including hardship crisis effectively through sharing learning and evidence.</p> <p>g) Local financial resilience organisations will have made changes to improve their crisis and hardship services for women based on learning from the Project.</p> <p>h) WMC Partners will have made changes to provide more effective services based on our own internal and external evaluation and national programme learning.</p> <p>i) Learning from the project is shared between the 5 partners and used more broadly e.g. at a national level informing policy.</p> <p>j) Partner agencies work together on shared goals and activities.</p>	<p>Women in Calderdale have the financial security, suitable accommodation and social support to live better lives and avoid future hardship crisis.</p>
--	--	---	---	---