Annual Review 2015
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Anawim exists to support women and their children, especially women vulnerable to exploitation including prostitution. It seeks to provide wider positive choices to help them achieve their goals and reach their full potential as part of the wider community. To this end Anawim treats everyone with dignity and respect, recognising that every woman and child matter as an individual. Anawim seeks to work with partners and other agencies to challenge that which degrades and diminishes.
“...to support women and their children, especially women vulnerable to exploitation...”

**Aims**

- To increase self-worth, recognise potential and offer hope
- To empower each woman and child towards independence, regular employment and dignity
- To raise women’s self-awareness, trust and responsibility towards themselves, their children and the wider community
- To encourage and support women in their steps towards moving away from situations where they are vulnerable
- To help and support women over 18 who are involved in and around prostitution, offending behaviour, drug abuse, and sexual exploitation to move their lives forward
- To provide a viable alternative to custody
- To keep families together where appropriate
- To ensure the wider community are better informed about issues affecting the client group

**Objectives**

- Provide a full timetable of courses and activities that raise self-esteem, confidence, skills, awareness and social responsibility
- Provide good quality, professional counselling
- Provide parenting assistance and support, plus educational, fun trips and outings
- Provide space at the centre for women to drop in when needed to receive support, clothes, food, and use of the phone and Internet
- Provide advocacy for the women and their children with social care and health, education, work providers and the criminal justice system and the wider community
- Form and maintain partnerships with other statutory and voluntary sector agencies in order to provide a holistic package to the women
- Provide assistance and support to women out on the street at night, in prison, at hostels, at court and in the bail hostel in a flexible way
- Provide safe short term accommodation for women released from custody.
The Anawim Centre is a ‘one stop shop’ for vulnerable women across the Birmingham area and has over 29 years’ experience of working with women with multiple and complex needs and has become a nationally recognised expert in this field. We became an independent charity on 1st April 2015 and a limited company on 21st November 2014 after being a project under Our Lady of Charity and Father Hudson’s Society previously. Both charities and independent board members carried out months of work preparing us to become a charity. They will remain very involved with representatives on the board of trustees and hands on input with HR, payroll, budgets, accounts, insurances, leases and much more.
We offer alternatives to custody with women undertaking their community sentences at the centre. The reoffending rate of women who come to us is 6% in 2015 (compared with up to 70% for some groups).

This 6% reoffending rate compares favourably with the record for women undertaking their community sentence with Probation alone which stands at around 8%, and for women leaving HMP Foston Hall after having served equivalent short sentences of less than 12 months which stands at 63%.

The House of Commons Justice Committee report ‘Women offenders: after the Corston Report’ agrees that the support for women offenders is best delivered from community projects such as Anawim and concludes that ‘Women’s community projects are central to providing a distinct approach to the treatment of women offenders. They offer a challenging environment for women to serve their sentence as well as a broad range of practical and emotional support to enable them to change their lives for good.

These centres also play an integral role in supporting women at risk of criminality who need to access other community services. Their effectiveness therefore depends to a considerable extent on the availability and appropriateness of other services for vulnerable women. The network of women’s community projects must be retained. Funding and referral processes should have the flexibility to allow for referral at every stage in the system; including for women at risk, pre-court, post-court, as part of an order, and following a custodial sentence’.

Anawim is part of a network of women’s centres working with the Probation Service, the NHS, Social Services and the Prison Service in addition to numerous voluntary agencies to deliver a truly holistic package of support that addresses needs simultaneously. We believe this approach is key to our success in achieving high levels of engagement from notoriously ‘hard to reach’ women because, on a practical level, it enables them to address many of their needs at one location.

Unfortunately this model of working is under threat now under Transforming Rehabilitation with the private companies splitting up the holistic support and commissioning women’s centres to provide group work only. Some women require weeks of pre-engagement work including home visits to get them ready for a group. Unless their basic needs are met outside the group, we question whether they will be able to concentrate or function within a group setting.

“reoffending rate of women who come to us is 6%...”
Since becoming an independent charity, the board has expanded its number. Most of the original members continue to serve with the founding partners, Our Lady of Charity and Father Hudson’s Society, now having three members each. We aim to encourage members who are committed to maintaining and fostering the ethos of the project.

**Tim Bradford** who was the Chair for Anawim and Chief Executive of Father Hudson’s Society, he retired 31 March 2015.

**Andy Quinn** who was the Community Development Officer for the last 10 years and line managed Joy Doal, took over both roles from 1 April 2015. Andy’s background was in youth work for the Catholic Diocese, Acorns Charity and as a manager for Sure Start.

**Sr. Josephine Collier** is the regional leader for Our Lady of Charity, her background is in education and Social Work, she had begun teaching some literacy at the centre prior to becoming leader and a trustee.

**Sr. Jenny Coyne** was Co-ordinator of Anawim for 5 years. She ran a family group home and has been in admin at OLC for many years.

**Sr. Julia Crowley** is a member of Our Lady of Charity of the Good Shepherd; she has a background in Social Work, counselling and administration.

**Susan Hanley** was a Senior Probation Officer in Birmingham with a particular interest in women offenders, having worked at Lower Essex Street where Anawim had a presence.

**Ruth Drapkin** is a Magistrate and has advocated for Anawim for many years, she also worked with Relate for many years.

**Marie McDermott** joined as a trustee in 2015; she was already a trustee at FHS. Her background was nursing and teaching, unfortunately she had to step down in September.

**Jan Hemlin** is a Soroptimist. Together with Prison Reform Trust she wrote the report Transforming Lives - Reducing women’s imprisonment which is now published. Her career was in Education.

**In attendance**

**Joy Doal** as CEO of Anawim and Company Secretary.

**Lindsay Rolls** is the Provincial/Regional Administrator for OLC and Anawim’s finance director, she takes the minutes and presents the budgets and accounts.

**Donna Lewis** is the HR manager at FHS and acts as a consultant for Anawim for all personnel matters and attends the board for sections of the meetings as appropriate.
Joy Doal – Chief Executive Officer
Sarah Gallagher – Service Manager to the Criminal Justice, Mental Health, Family Support, Domestic Violence, Floating Support Manager
Georgina Stokes – Service Manager to the Prison and Outreach, Early Interventions, Money Advice, CAMEO Enrichment, Floating Support Manager
Claire Potter – Operations Manager
Sarah Tancred – Children and Family Support Worker
Enda Gorman (OLC) – Counselling Manager and Outreach Worker
Amanda Higgins – Early Intervention Coordinator
Sadia Ashraf – Early Interventions Support Worker (10.11.2014 to 06.07.2015)
Caron Runham – Early Interventions Caseworker (joined 29.09.15)
Claire Mulgrue – Early Interventions Support Worker
Gina Graham – Prison and Outreach Worker
Sandra Tait – Temporary Volunteer Coordinator (start and finish - 15.09.2014 to 27.02.2015)
Sue Duffy – Specialist Money Advisor
Jane Hawkins – Trainee Money Advisor (joined 12.10.15)
Lucy Whalley – Money Advice Research Assistant (left 31.08.2015)
Mandy Taylor – Mental Health Support Worker
Issha Barr – Mental Health Support Worker
Eve Arnold – Mental Health Nurse
Sharon Tulloch – Criminal Justice Support Worker
Kylie Whitehouse – Criminal Justice Support Worker (maternity leave)
Alana Gooden – Criminal Justice Support Worker (left 09.01.2015)
Dawn Green – Criminal Justice Support Worker (maternity cover – started 03.08.15)
Eliza Strachowska – Criminal Justice Worker (joined 18.05.15)

All who have contributed as paid staff to the service that Anawim offers during November 2014 to October-end 2015 as paid staff.

Katarzyna Pisulak – Prison and Outreach Worker (04.08.14 to 31.03.2015)
Debbie Hickman – Prison & Outreach Support Worker (joined 17.08.15)
Shelley Davies – Prison Enrichment Worker
Lynn Jenkinson – Prison Enrichment Worker
Jane Froggatt – Prison Enrichment Worker (left 07.01.2015)
Frankie Esposito – Prison Enrichment Worker (joined 26.01.15)
Netty Miles – Independent Sexual Violence Advocate (IDVA)
Novelette Balela – Volunteer Coordinator (start and finish - 04.04.15 to 02.10.2015)
Lucy Robinson – Criminal Justice Worker (left 05.04.2015)
Hollie Page – Criminal Justice Support Worker & Re-unite Worker
Sue Payne – Re-Unite Co-ordinator (started 02.11.15)
Siyqa Shabir – Administration Assistant
Rubana Mukhtar – Curriculum Co-ordinator
Jacqueline Jeffreys – Administrator
Musarat Bahadur – Development Analyst (joined 09.02.15)
Janet Summers – Floating Support Worker (joined 10.02.15)
Iesha Louie – Floating Support Worker and Ardenleigh Link Worker (joined 04.12.14)
volunteers & mentoring

“The aim of mentoring is to support the women towards independence...”
volunteers

Anawim has a very committed volunteer team who support us with day to day activities.

Without our volunteers we would struggle to offer the regular one to one support we give clients.

Our volunteers support us by offering:

• Counselling
• Mentoring
• Assisting with bidding on properties, making calls, prison follow ups and one to one work with
• Writing research reports
• Administration
• Sorting donations
• Bookkeeping and acknowledging donations
• Delivering and observing group discussions and courses
• Helping at the centre preparing lunch
• Listening and being friendly
• Helping with form filling, using the computers, CV writing
• Accompanying to appointments
• Help with street and community outreach

mentoring

Our team of volunteers have undergone extensive training with their co-ordinator and are supported by their assigned caseworkers and managed by the Operations Manager.

Anawim is registered with the Mentoring and Befriending Foundation and has achieved the Approved Provider Standard which quality assures the training and delivery of mentoring and befriending. During the year we trained 22 volunteers in mentoring. Anawim provides 1 to 1 mentoring support for clients who are at the end of their Community Orders once the main support needs have been met by the caseworker.

“During the year we trained 22 volunteers in mentoring...”

The caseworker carries out an Onward Path Meeting with the client to assess whether they want to continue accessing courses at Anawim on a voluntary basis or to have a Mentor who would provide on-going support in the community.

Mentors can meet clients for a coffee to help them with their confidence and encourage them to leave the house, advocate for them or attend appointments i.e. hospital and solicitors, accompany to mother and toddler groups and anything else that may be helpful.

The aim of mentoring is to support the women towards independence.

“Anawim is the solid foundation where I built my recovery.”
Mental Health

“Della had mental health issues and took an overdose. The Mentor visited her on a weekly basis with the aim of providing support with feelings of isolation, depression, lack of confidence and being able to carry out practical tasks.

The Mentor would arrange to meet Della in the community for a coffee, encouraging her to leave the house to socialise. She had problems with her neighbours who were very abusive, which led to the Mentor contacting the Housing department regarding the issues and encouraged Della to keep a log of events.

The Mentor suggested to Della that she go to the library to access the internet and locate groups or hobby clubs e.g. knitting that she could attend. She helped with many other practical tasks.

It is important that the Mentors empower the client to do things for themselves and not do it for them”.

Prison & Outreach Team

“Kayla has severe bipolar and agoraphobia and was housebound. She had a caseworker who had worked with her for over a year. Following a meeting with Kayla and caseworker it was decided that she would benefit from having a Mentor.

The aim of the mentoring relationship was to get the client to leave the house and overcome fears of the outside world. The Mentor would support the client over a number of weeks, so that she would be able to gradually feel confident to open the door, then walk to the gate and eventually feel able to walk to the park. The mentor attended the clients Personal Independent Payment interview and offered emotional support when she needed it.

Mentors can offer support to overcome particular challenges. Due to the nature of the work and the client group, this thorough work has to be done in conjunction with the staff, in order to determine if it is ‘safe’ for a volunteer mentor to work with the client with supervision”.

case studies...
The needs of women offenders are quite different from male offenders and the impact on women and their children can be very detrimental. Women offenders may well have drug and alcohol addictions, financial problems, education and training needs, housing problems and are also likely to have experienced domestic violence, abuse and trauma.
The team, including the counsellors, worked successfully supporting 248 new clients during this period while continuing to support the clients from the previous year.

Women who have been recently released from prison have difficulty in adjusting back to life on the outside. They are very vulnerable, lonely, have lack of recourse to public funds, lack of advice and guidance, lack of a safe environment and face isolation. The danger of returning to their previous life is high, as are the chances of re-offending and/or returning to sex work, resuming substance misuse (nearly 60% of female prisoners had used drugs daily in the six months before prison), lack of support with mental health (70% of women prisoners suffer two or more diagnosable mental health problems) and returning to dangerous and abusive relationships (at least 50% of women have been victims of domestic violence). As well as the problems caused for the women there are also much wider consequences particularly an increased chance of losing children or being unable to regain them from social services care.

The team supported 9 clients through the gate with intense interventions during the first few weeks of reintegration.

2 outreach clients have come to the centre and completed courses in

- Mathematics, English and Heal your life
- Arts and Crafts, Mathematics and Debt and Benefit

23 vulnerable women have attended courses including:

- Domestic Violence
- Heal Your Life
- Computer Skills
- Business and IT

From the outcome star we have established:

- 67% of our clients for this team have had an increase in emotional and Mental Health wellbeing
- 70% are now making meaningful use of their time
- 76% have built better social networks and relationships
- 67% are feeling motivated and taking responsibility
- 64% are managing their money better
- 858 one to ones were delivered to 50 women.
- This year 236 one to one sessions were delivered to 81 women in prison. (Sept 14 – end Aug.)

The prison regime is always a challenge. It changes regularly, sometimes it is difficult to gain security clearances, there is a lack of rooms to see clients and we often feel undervalued and side-lined by the prisons. Yet we persevere and are tenacious in our commitment to reaching the women.

Our goal to reduce the numbers of women being sent to prison and diverting them to our community sentences has been disabled by the changes under Transforming Rehabilitation. We are seeing more women sent to prison due to the National Probation Service staff not having time to consult during the pre-sentence report stage now.

Plus the 12 month license arrangements for those serving less than 12 months is meaning the most chaotic women are being recalled to prison on 14 day recalls.

This is pointless and destructive to rehabilitation and resettlement. These large structural changes are out of our control and frustrating but we bring them up with policy makers when we can.

Through The Gate

Through the gate work is done by the Prison and Outreach team as it is very intensive and at times is with very chaotic clients for whom it would not be safe or appropriate for a volunteer to do.

This role is suggested as safe to be carried out by volunteer mentors, we disagree as the one to one support which is required is so in depth to overcome particular challenges, due to the nature of work and the client group.
CAMEO Unit Foston Hall
We provide 3 workers within the CAMEO unit at HMP Foston Hall to provide enrichment activities with the women there who have severe personality disorders and undertake deep psychological interventions. They take part in the group work during the day, sometimes facilitating the sessions themselves; these address trauma, childhood sexual abuse and other issues which have caused their current distress.

They have worked extremely hard and are brilliant at devising ideas of craft activities making initially cameo silhouettes and progressing to clocks. They do sessions in the evenings on A wing organising quizzes, nails art, games, pampering sessions and they undertake many one to one sessions with the women. These sessions have proved invaluable as a contrast to the deep psychological interventions that they have done during the day, this has resulted in a reduction in self-harm episodes dramatically.

They have joined up with some charities making tiny knitted hats for the neo natal unit and blankets for the cats and dogs at a local animal sanctuary.

Offender personality disorder strategy for women states that the prevalence of personality disorder for women in prison is between 50 and 60%. 31% meet the criteria for Antisocial Personality Disorder (ASPD), 20% for Borderline Personality Disorder (BPD) and 16% for Paranoid Personality Disorder; about 10% have Obsessive-Compulsive or Avoidant Personality Disorders; 20% have ASPD and another one.

case study...
This next case study demonstrates this complexity.
• Client has family breakdown issues
• Issues regarding disclosing her sexuality to her parents
• Mother to a 5 year old son
• Client had been in prison before
• She was in prison for theft and handling
• Arranged a telephone interview with TIMBERS from prison
• Previously she came out of prison and relapsed instantly
• Collected client from prison at the gate
• Found a B & B for her to stay over the weekend
• Arranged a visit to mums so they could together collect her son from school (as part of the REUNITE Programme)

It was necessary for the above client to have caseworker mentoring as opposed to a volunteer as the client did not trust so easily in the beginning and there was a fear that if she had to build a relationship with more than one person when she came out of prison, she could easily relapse. The client is safe now to have a mentor who can help her in the community.

• Called client over weekend to offer support in case she relapsed
• Collected from B & B and bought her to Anawim Centre, here she identified courses she would like to take up
• Caseworker/Mentor drove her to her face to face interview with TIMBERS
• Completed the 12 steps TIMBERS program
• Visits centre twice a week and has completed over 7 courses
• Anawim supported her with food parcels, Christmas gifts for her and her son & clothing
• We have organised a 3 way meeting with family
• The client has got a place at University and is due to start a degree course in Sport science in September
Exciting News

We have secured a £1.1million capital grant from the amazing JABBS Foundation which will enable us to build a purpose built facility for the prison & outreach team with drop in, 1-1 rooms and 6 flats upstairs for women upon release from prison. This will complete the package making us a truly 24/7 service.

The impact of this will go on for years, moving us into a new realm of providing accommodation and receiving housing benefit. This will offer us a sustainable income well into the future, especially as any other capital grants we manage to secure will mean funds can be moved into revenue along with an already generous staffing budget. They are also working with Birmingham University, Social Sciences department to carry out a research project to establish the value and cost benefit of the new facility integrated into a women’s centre as a model to recommend for policy change in the future.

Currently the systems and processes in place to support women in the criminal justice system are simply not working. Up to 40% of women are leaving prison with no home to go to and no temporary accommodation in place. The re-offending rate for women is over 50% within a year. The ‘one stop shop’ approach is an innovative way to tackle the issues faced by women and we believe that, once the accommodation is built, we will be the first organisation to be able to offer a complete and holistic package of support for women with multiple and complex needs.

However, for Anawim, our key drivers for wanting to provide this accommodation are not based on data and cost savings. They are based on over 20 years’ experience of working with women in desperate need and a first hand and very real understanding of how desperately needed this accommodation is.

The system is failing our women and their children for many generations. We also know our project will only begin to address the great need out there but we believe that if we lead the way, others will follow. Change can happen and the cycle of re-offending and damage can be broken. The evidence shows that these women will often present with a range of unresolved issues and have experience with the criminal justice system.

Women in the criminal justice system are more likely to have chaotic lives compared with men and are also likely to have a range of complex and multiple vulnerabilities and needs, including mental health problems, alcohol and substance abuse, and homelessness. It is common for them to have experienced deprivation and serious abuse as adults or during childhood and to be mothers with primary caring responsibility for their children.

“...we will be the first organisation to be able to offer a complete and holistic package of support for women with multiple and complex needs.”
night outreach

“...without them I would most likely be dead. Thankyou.”
Our team go out every fortnight to areas where street workers are known to be, specifically targeting Washwood Heath, Balsall Heath and Edgbaston; we receive intelligence from other professionals on areas where women currently work and feed into the Ugly Mugs scheme. (a national dodgy punter scheme which gathers information to warn women).

Our staff and volunteer team work with these vulnerable women offering them advice on how to keep safe, signposting them to safe homes, giving them toiletries and food packs if required, or finding furniture for women that are moving into new accommodation.

This year we have supported 61 women.

In order to pool resources we worked in partnership with SAFE (NHS sexual health service) for a period of time, this proved positive as we met new women that we have not previously been able to reach.

12 women were referred to other agencies including Addaction and the Salvation Army (for victims of trafficking). We gave information about support available to 75 women.

We recognise changes such as the women using their mobiles to arrange specific times and locations with their punters have reduced the number we are able to engage on the street. We have also observed that the women seem to ‘move on’ frequently, so are struggling to find the best methods to reach this group.

“This year we have supported 61 women.”
Michelle’s story
In 2013 Michelle walked into Anawim saying that she felt suicidal. She was sex working, using crack, heroin, popping pills, drinking alcohol, smoking weed and regularly overdosing on her prescribed medication.

She had been to prison 4 years prior and was adamant that she would never go back; she was desperate to change her life. Michelle was too scared to stay in her own accommodation due to a violent male who targeted her and was threatening violence, so was staying on a friend’s sofa; her friend was a street beggar and drug user. He had a mental health illness and also suffered seizures.

Michelle’s struggles began when she was small. After her mum left her dad she was subjected to horrific sexual abuse by him. At ten years of age she began to sex work and was the victim of perverse sex offenders. Michelle once described that one of her happiest memories was when her step mother would wash, iron and fold her uniform, leaving the items on the back of the chair ready for when she woke up. Both Michelle, her brother and her step mother endured the most horrendous abuse at the hands of her violent drunken father. Her step mother could no longer cope and left, she wanted to take the children with her but due to not having any blood connection she was forced to leave them. Things took a turn for the worse, leaving Michelle and her brother to endure the most violent beatings, rape and sexual attacks from their father.

Michelle has endured harrowing events throughout her life, leaving her with no comprehension of normality. Having to give up the custody of her three children, she suffered anxiety and depression, began self-harming, hearing voices and attempting suicide. She felt that she had been let down by every adult she ever knew, she felt judged, labelled, neglected, unheard and misunderstood.

Support from us:
We began by providing one to one emotional support. During this time Michelle was able to talk and we would listen, over time these conversations developed into self-esteem and confidence building sessions. Referrals were made to agencies that provided individual tailored support to address her substance misuse, mental health and benefits, debts and money advice strategies. Michelle undertook our in house counselling provision which helped her talk through her traumatic life.

Michelle was introduced to the centre’s therapeutic art class, it provided her with routine, purpose and tranquility. Michelle began to feel more in control of her life.

Michelle began a relationship and soon after said that she was pregnant. She immediately stopped drinking alcohol, taking drugs, including her prescribed medication. From this point hand held support was provided by accompanying her to all health appointments and making preparations for her baby by obtaining clothing and baby furnishings.

Due to Michelle’s history and the poor living conditions within her property referrals to both children’s services, local children’s centre and Midland Heart direct let scheme were made to ensure that she was provided a good package of support which would meet both her and her baby’s needs.

Michelle’s words:
“I am now in a solid relationship my baby is now four months old and we live in a lovely two bedroom flat which is in walking distance to the centre. I am no longer receiving children’s services support and regularly attend local Parent and Toddler groups. My biggest achievements have been stopping working the streets, getting away from drugs and alcohol and changing my circle of friends. I have confidence and have recently completed the parenting course in preparation for my baby boy. I have always been open and honest with the staff even at my lowest so that I get all the help I need. I have never in my life been supported like this. The staff are approachable and easy to talk to. Individual staff members have given me strength to achieve my goals... most of all they have believed in me. I have learnt to love myself..... Through them I have got my life back, without them I would most likely be dead. Thankyou.”
“enables women to feel empowered when addressing their needs and taking the right steps to move their lives forward.”
There are around 1,500-2,000 women on Probation orders in the area. Together with Staffordshire and West Midlands Community Rehabilitation Company (SWM CRC) we have developed an excellent working relationship, offering women really worthwhile, robust alternatives to custody.

We work jointly with around 200 women each year on Orders from the courts. This joint partnership enables women to feel empowered when addressing their needs and taking the right steps to move their lives forward.

The experience and expertise of the probation practitioners along with the specialist skills of the Anawim caseworkers provides the women with a great team to successfully complete and move away from offending lifestyles. Together a support plan is agreed and courses chosen which will both challenge and support.

It is not a soft option and many women would prefer to do a short prison sentence instead, but once engaged they find the Orders very effective and helpful. Keeping the women within the community makes all the difference, meaning they can maintain their property and children can remain in the home.

Selina had been referred to Anawim on an 18 months Suspended Sentence Order with supervision and 30 days Specified Activity Requirement at Anawim for the offence of Intent to supply (Cannabis) and was assigned to the Mental Health team. This was her first offence.

When she attended her first assessment she was extremely defensive. She stated that she was only supplying to friends and that if they wanted to buy it ‘what was the harm?’ She had severe debt issues and saw this as a quick way to get money to pay these debts. She also talked about her nephew who uses Class A drugs in a very derogatory way and it was obvious that she didn’t have any insight into her offence. I discussed how she would feel if her grandson started to smoke cannabis and she stated she would be horrified. We discussed the implications of cannabis on a person’s mental and physical health and she appeared to be hearing things she had not heard before.

Selina was very mistrustful of professionals especially her Probation officer and was very closed and not easy to communicate with. She stated she was not good in groups as she needed a lot of attention and didn’t like to share support with anybody else.

She admitted that she had been diagnosed with Personality Disorder and that she had mental health support previously but nothing had ever worked. She was a prolific self-harmer and whenever she was unable to cope with her emotions she would either overdose or erupt with aggression and anger. She had many hospital A & E visits and also a number of overnight admissions. She had a very challenging relationship with her mum, sister and adult children as they were unable to understand why she would react in the way she does. She felt that nobody was willing to understand her.

“I found hope here at Anawim, without the Anawim staff I wouldn’t be alive today.”
To attend the centre initially she had to have someone bring her or catch a taxi as she was too scared to use public transport.

Initially one to one education on cannabis awareness was completed with Selina. She began to gain an awareness of the negative effects of cannabis and made a comment that she could not believe that she hadn’t considered what she was doing was wrong. She was still mistrustful of people but started to build rapport and trust in her support worker and eventually agreed to try group work.

She attended an Anger Management workshop which she enjoyed. She was also persuaded to attend the Drug and Alcohol awareness group. Upon speaking to people who had a cannabis addiction, she was confronted by her attitudes. She was assessed as suitable for the Stop and Think problem solving group with a score of 50 (extremely below normal problem solving skills) In the beginning she was quite disruptive and dismissive but over time it was obvious that her attitudes were changing.

Selina engaged well in the group. She was able to offer valuable insight and also good options for solutions to weekly problems discussed. She no longer had to get a taxi and was catching the bus. She was also to be heard in the main room discussing Stop and Think and how useful it had been. She completed the 16 weeks and was reassessed again at a score of 80 (86 is norm).

She shared that her neighbour had tried to start an argument with her; previously she would have reacted with aggression then gone indoors and taken an overdose as she would not be able to regulate her emotions. This time she actually thought to herself, “what would the girls be saying in Stop and Think?” and as a result she just turned around and went indoors. She was aware that this would have bothered the neighbour more than if she had retaliated.

“Selina has now completed her Specified Activity Requirement. During the 7 months she has been on her Order, there have been no overdose attempts or visits to A & E and her Probation officer has discussed taking her case back to court in another couple of months for good progress. Selina has started to build bridges with her family as she is now able to discuss her issues in a more appropriate, assertive way rather than with anger and aggression and self-harming behaviours.

She made the following comment,

“When I first came to Anawim I was angry and sceptical. Nothing had worked previously to address my Mental Health and I could not see how this time would be any different. Over time I came to see that people really cared and could see that whatever was happening was making a huge difference to how I thought, felt and behaved. As a result my family relationships are becoming stronger as I am able to put my point across in a much better way. I thank my workers at Anawim for persevering with me.”
During the year 275 women benefitted from the courses we ran. These courses indirectly benefit the children and family members of our clients so positively impacted 431 children.
Anawim offers a wide range of courses on-site. These are run by our staff and volunteers as well as partner organisations. The courses we offer relate to the needs of the women; whether it is to improve mental health issues, help clients acquire practical skills for employment and family life or as a way for them to socialise and relax. The caseworker decides with the women which courses will benefit her and help her move towards self-reliance.

Our clients believe that due to the courses they have been helped them use the skills learnt to bond better with their children, spend more time with them, and been enabled to give support with homework, some have started volunteering, attending classes, seeking employment and much more.

The courses that we ran during the year:

- **Trauma Recovery Empowerment Model (TREM)** (delivered by staff with Psychologist – Sarah Shanahan)
- **Holistic Therapies**
- **Parenting** (Bournville College)
- **Skills for Life : Numeracy** (Solihull College)
- **Literacy**
- **Self-esteem and Leadership** (Suzzanne)
- **Need to Please** (Crisis Charity)
- **Embroidery and Needlework** (Bournville College)
- **Money Workshops**
- **Drugs and Alcohol Awareness**
- **Stop and Think**
- **Creative Residency** (Geese Theatre)
- **Domestic Violence** (Freedom Programme)
- **Therapeutic Arts**
- **Creative Writing** (Jungo Arts)
- **Positive Moves**
- **Domestic Violence** (Women’s Aid)
- **Anger/Stress Management**
- **Healthy Eating on a Budget**
- **Breast Well-being Workshops** (Women’s Hospital)
- **Heal Your Life**
- **Body and Mind Therapy**

The feedback shows how much of an impact our groups make on the lives of vulnerable women in Birmingham. We feel that these

Many of the courses were offered after feedback and suggestions from the clients.

Feedback from clients:

- “I attended classes at Anawim, now I am doing a level 3 in beauty therapy” (at an external college)
- “Embroidery class made me more confident in myself”
- “I learned working in a team”
- “Have learnt to have more respect for others and listen more”
- “Looking towards employment and go to college – beauty course”
- “Not breaking promises to children anymore”
- “Regarding relationships: “Dealing with child’s behaviour and am now aware of ADHD issues…..Closer to my son now”
- “Groups have helped me build up my self-esteem….. Now have a better relationship with my daughter”
- “I am writing children’s books and doing art work”
- “DV course was most helpful and dancing most fun……. going to college for maths and English……. Mental health has improved & confidence and self-esteem”
In April 2015 we held an awards ceremony recognising the achievements of our clients. Many had never been in a situation where they have received praise for what they had accomplished. 64 women were presented with one or more certificates for the work that they had put into the courses. 22 received one, 21 received 2 or 3, 13 received 4-9, 5 received 10-13.

The lunch was prepared by an ex-service user who we had originally met in prison, where she undertook a catering course. On release she continued at Birmingham College of Food & Technology and graduated with flying colours, she has now set up her own catering business. Partnering organisations attended and praised the event. The ceremony was very successful and we will be holding them regularly.
I visited Clinks member Anawim, a women’s centre in Balsall Heath, Birmingham, to attend their very first awards ceremony. I arrived to find their main hall beautifully decorated and packed out with people, all there to celebrate the achievements of women coming to Anawim.

“7 months ago, I was in jail, and the world outside just seemed to be a scary place... working with Crisis and Anawim reminded me of who I am - that I’m valid, that my dreams are valid, and to have some dreams... Now I’m starting a sports therapy degree in September!”

Anawim award recipient

There was clear evidence of the strong partnerships Anawim has built with other services, with presentations from Geese Theatre Company and Crisis – both of whom run courses at Anawim – and a glowing praise from local probation staff. Collaboration is vital to provide effective and holistic support, so it was encouraging to see organisations working positively together.

Throughout the morning it was the women themselves who were centre-stage, including a performance by graduates of Geese’s ‘Forward’ course, and a presentation given by Crisis’ volunteer ambassador who is also an Anawim client.

Some swept up to the stage to receive their certificates, flamboyantly playing to the crowd as their friends cheered them on; while for others, the act of coming forward in front of such a large crowd looked to be a major step in itself. It was great to see all their different personalities shining out, and that everyone was included and celebrated, no matter how far they’ve come.

“Without Anawim, I would have been lost... I’d probably still have been sat on the sofa, drinking” Anawim award recipient

It was also abundantly clear that each woman had her own story to tell, yet as different women took their turn to speak, a number of themes emerged from their varied stories. Almost all the women mentioned how attending the centre or taking part in different programmes had transformed their self-belief and confidence, many expressed appreciation for both the Anawim staff and the friendship they had found with other women there. I was particularly struck by those who commented that when they were first offered support, they had needed to step out to meet it, to ‘come halfway’ – an important reminder of the courage it can take to accept support, and begin the personal journey towards desistance.

I heard so many inspiring stories of the transformational change taking place in people’s lives, aided by the staff and support services that Anawim offer to local women. The awards being given out on the day were certificates for completing a range of courses and programmes at the centre, it was also a chance to recognise and applaud their wider aspirations and achievements: including one woman voted Adult Learner of the Year at Solihull College, having taken courses in English and Maths; and another who has become a qualified chef, cookery tutor, and is now setting up her own catering business which had provided lunch for the event.

Posted by Hazel Alcraft (Membership & Marketing Manager, Offender Health Co-ordinator)

Celebrating success with Anawim...
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Trauma Recovery Empowerment Model (TREM) is a manualised group intervention for women with histories of childhood (and often adulthood) trauma, abuse and neglect. It has been adapted for use at Anawim and comprises 20 sessions, starting with some sessions aimed at Empowerment, followed by sessions focusing on Trauma, and ending with some sessions on Recovery.

Trauma Group Intervention
Following completion of the group, each woman receives a personalised therapeutic letter which provides a summary of their engagement and journey through the TREM group, as well as to make any recommendations for future therapeutic endeavours.

TREM groups have been led by Dr Sarah Shanahan, Clinical Psychologist from Birmingham and Solihull Mental Health Foundation Trust (BSMHFT), along with Anawim staff who are also provided with weekly supervision. The first two groups were co-facilitated by an Anawim Probation Officer and CJS caseworker, and the most recent group is being co-facilitated by an Anawim probation officer and a psychiatry trainee from BSMHFT.

Outcomes
Outcomes for the women participating in the TREM groups were assessed using the Trauma Symptom Inventory-2 (TSI-2) and the Brief Symptom Inventory (BSI). The women completed measures before and after completing the group, which were compared to measure and changes in symptoms.

Trauma Symptoms
The TSI-2 measures psychological symptomology related to experiences of trauma, measuring four core symptoms: Self-disturbance (i.e. poor self-identity and problematic relationships with others), Posttraumatic Stress (i.e. flashbacks and hyper-alertness), Externalisation (i.e. aggressiveness and/or poor emotion regulation) and Somatisation (i.e. distress arising from perceptions of bodily dysfunction).

Although seven women have completed TREM groups, one woman did not complete the post-TREM assessment due to subsequent disengagement from Anawim. Of the six women with both pre- and post-TREM TSI-2 data, the following reductions in trauma symptoms were found:

- 4 women improved for self-disturbance
- 5 women improved for posttraumatic stress
- 5 women improved for externalisation
- 2 women improved for somatisation

In total, five of the women showed improvement in at least three trauma symptoms, with two of the women showing improvements across all four trauma symptoms. Only one woman showed no improvement in any symptoms of trauma.

“most of all they have believed in me...”
Psychological Distress
The BSI measures an individual’s overall level of psychological distress, measuring nine primary symptoms including: somatisation, obsessive-compulsive symptoms, depression, anxiety, interpersonal sensitivity (i.e. feelings of personal inadequacy), hostility, phobic anxiety (i.e. anxiety related to fear), paranoia and psychoticism. An individual is considered a clinical case if they if there present with two or more significantly raised symptoms.

Of the five women that have currently completed pre- and post-TREM BSI measures, three met the criteria to be considered a clinical case prior to TREM. After TREM, two of these women no longer met the clinical case criteria. While one woman remained a clinical case post-TREM, they still demonstrated a reduction from nine clinically raised symptoms to two symptoms.

Observational Outcomes
Other changes have been reported and observed in the women who have completed TREM, including a reduction or complete desistence from offending and other self-destructive behaviour, such as shoplifting and substance misuse. Some of the women have also reported benefits to their relationships and sense of self-worth. Interviews have been conducted with TREM completers for the purposes of a full Anawim evaluation, but these transcripts are yet to be analysed.

Staff Supervision
Informal feedback from Anawim staff has indicated that they have found it helpful to have access to a more psychological perspective when working with their more challenging and risky client group. Psychological formulations are used to help staff to understand a client’s behaviour, whether it be challenging behaviour in a group or their offending behaviour. Such understandings have been used by staff to guide their approach to working with their clients in order to provide the best possible support without unknowingly reinforcing negative behaviour or creating unhealthy levels of dependence.

Attrition
Two TREM groups have now been fully completed at Anawim and another one commenced in October 2015 and is due to end in March 2016. TREM group attendance and attrition rates are described for each cohort below.

TREM 1 - Of the twelve women initially assessed for the first TREM group (September 2014 to March 2015), seven women initially attended. Of these, four completed the group (57%). One woman attended sporadically before leaving the group at session 16, while the two other women left the group at sessions 6 and 7 respectively.

TREM 2 - For the second TREM group (April to September 2015), five women were assessed and initially started the group. Of these, three women completed the group (60%). Hence, across the two groups completed so far, there was an overall attrition rate of 42%.

Groups can evoke powerful emotions, particularly for individuals for whom early groups (families) have been so challenging and traumatic. They can be difficult to tolerate and, despite all attempts by facilitators to provide a containing environment, feel too unsafe for some individuals. Some of the challenges faced by members of a therapy group include grappling with how to share the space whilst also getting their own needs met or voice heard; how to trust; how to manage boundaries; and how to manage the difficult feelings brought about by the group material. For some women, this will be the first time they have addressed issues associated with their past trauma. Women who have experienced trauma, particularly in childhood, are likely to
struggle more with these challenges due to their consequent emotional and relationship difficulties. Thus, dropout can often be understood in the context of a woman struggling to manage these conflicts and finding the group dynamics or their own emotional experience within (and outside of) the group too intense and unmanageable.

Emotional dysregulation appeared to be one of the potential causes of dropout and missed sessions. Alcohol and substance misuse were also barriers to engagement, with some women agreeing to an assessment, but later failing to attend sessions. Finally, some of the women attending Anawim were facing personal issues at home, which interfered with their ability to focus on themselves in a therapeutic sense, or perhaps became more challenging as they began the difficult journey of processing and working through their past trauma.

**Recommendations/Considerations**

The outcomes thus far would indicate that there is a need for and benefits, both to staff and clients, of the TREM group being provided at Anawim. With regards future opportunities and needs, there are several options for consideration dependent on funding available and priority within the service.

1. More widely available psychological consultation and clinical supervision for Anawim staff – sessions could be made available for staff to bring complex clients for help with psychological formulations; to seek support and guidance about managing difficult dynamics or situations etc.

2. Staff training – a programme of training for working with women with trauma histories and personality disorders could be organised. This could include sessions focusing on specific aspects of the work, such as managing self-harm; personality disorder; boundaries etc.

3. Many of the women at Anawim will have (diagnosed or undiagnosed) personality disorders as a result of their traumatic histories. Mentalisation Based Treatment (MBT) is a group and individual therapy most often delivered to individuals with borderline and antisocial personality traits. It is a relational therapy which helps individuals to deal with and work with the group process issues (previously described challenges of being in a group), as well as the difficulties that the women have relating successfully to others, for example, mistrust and aggression. It aims to firstly improve individuals’ understanding of what mentalisation is and how it relates to their difficulties, and then more advanced levels of the treatment would be aimed at developing mentalisation skills in group psychotherapy with associated individual sessions.

4. Given there are a significant number of women with difficulties associated with emotional and behavioural dysregulation (e.g. self-harming and suicidal behaviour) Dialectical Behaviour Therapy (DBT) could be provided for the most risky individuals at Anawim. DBT is usually a group work programme paired with individual therapy sessions, which are offered at two stages. The first stage is about risk management and developing coping strategies; the second stage is about developing understanding the underlying vulnerabilities which make a woman more susceptible to risky behaviours, including past trauma and other attachment related difficulties. Stage two would only be commenced following completion of stage one. It is possible to only offer level one if that is what the service requires.

*Report prepared by:* Dr Sarah Shanahan, Clinical Psychologist and Megan Wright, Honorary Assistant Psychologist
mental health

“...she was diagnosed with a personality disorder she found it extremely upsetting as she thought that there was something genuinely wrong with her...”
The Mental Health Project has gone from strength to strength over the last year. The project has supported women with a variety of mental health issues including Schizophrenia, Bi-Polar Disorder, Post-Traumatic Stress Disorder, Post-Natal Depression, Eating Disorders, Severe Depression, Agoraphobia, Obsessive Compulsive Disorder and Dual Diagnosis (women with severe mental illnesses and problematic drug/alcohol use) often used as a means of self-medication, plus Personality Disorders.

In total the team has received 270 referrals and their work has included: extensive emotional support, advocacy at GP surgeries and local Community Mental Health Teams (CMHTs), liaison with specialist services such as The Barberry QE (we have seen a significant increase in referrals from this service), supporting women at medicals (that they often find daunting and overwhelming) and resettlement support into accommodation that is best suited to the client’s emotional and psychological needs.

Mental Health Awareness has been a priority for the team this year mainly amongst their client group, as the majority of clients open to the Mental Health Team have little awareness or understanding of their mental health issues. More often than not these clients have been given a diagnosis and left their local GP surgery/CMHT with more questions than answers regarding their mental health.

One client commented that when she was diagnosed with a Personality Disorder she found it extremely upsetting as she thought that there was something genuinely wrong with her personality (ultimately who she was as a human being). The impact her childhood trauma would have had on her diagnosis and the lack of any stable care giver in her life to provide her with the necessary boundaries she needed in her childhood were not explored with this client at all leaving her feeling confused and ashamed.

Courses such as Therapeutic Art, Body and Mind Therapy, the Louise Hay-Heal Your Life course, Healthy Eating on a Budget and Dance have proven extremely beneficial to women with mental health issues as they are gentler courses that allow these women to gradually and at their own pace ease in to the demands of a training course. These courses identify the link between the body and the mind which is an important step in gaining insight in to the implications of mental health. Group members have commented that they are able to sleep better, tolerate the anxiety of making phone calls to organisations such as Job Centre Plus etc and generally feel a greater sense of emotional wellbeing.

Following the success of the Trauma Recovery and Empowerment Model Group (TREM) being delivered for the first time at Anawim in 2014, the team has gone on to deliver two further groups and on 13/10/2015 TREM 3 started.
Psychologist Sarah Shanahan continues to lead TREM and she continues to upskill the team by providing weekly supervision and case formulations. Psychiatrist Katy Mason joined the team for TREM 3 and her knowledge and expertise in group dynamics has proven invaluable.

Similarly Stop and Think has been run successfully at Anawim for another year, thanks to initial funding from the Personality Disorder Strategy to fund the training of 4 caseworkers and 2 Probation Officers. Stop and Think continues to be delivered on a Thursday and the facilitators have benefited greatly from the monthly supervision provided by Callum Lodge. Psychotherapist Darren Stevens has been amazed by the progress made by the women on Stop and Think over the 16 sessions they are required to attend and can only attribute its success to the fact that it is delivered in a women’s centre with holistic support.

These results are so much better than when it is delivered in a purely medicalised health setting. The aim in the future is to further upskill current facilitators so that they can deliver the training programme to their colleagues. This would prove invaluable to the current cohort of facilitators.

The two Mental Health Support Workers have approximately 60 women on their caseload. Over half are on Community Orders either a Specified Activity Requirement/Rehabilitation Activity Requirement or on license and all of these women would have benefited from a Mental Health Treatment Requirement (MHTR). The majority of these clients are open to CMHTs but their engagement is inconsistent and very much dependent on their mental health.

Moving house or experiencing a change of worker has a significant impact on their mental health support, with it not being transferred to their new properties, causing extensive delays in getting medical records. This can cause breaks without medication, increasing paranoia and agoraphobia.

MHTRs would have provided more appropriate support, but it appears that Probation Officers are no longer recommending MHTRs in Pre-sentence reports; we can only assume they do not have time to call the centre to arrange assessment for MHTR and address suitability.

**case study...**

Rokiya was referred to Anawim to attend for 21 Days as part of her Supervision Order. Several failed attempts were made for her to attend Anawim and complete an initial assessment. We decided to arrange a joint home visit with Probation, during this we observed her manifesting very unusual behaviour, i.e. she would quickly skip around the room and often appear to be absorbed in her own thoughts. To gain her attention was similar to bringing someone back from hypnosis. Rokiya’s concentration is very limited but she has at times the ability to communicate well and she is an articulate, creative person. Her behaviour is childlike and she presents as a very vulnerable person.

Following our home visit we arranged to bring her into the centre for her assessment to familiarise herself with the surroundings. Rokiya attended and joined the art class which she appeared to enjoy; she again exhibited unusual behaviour during the class which resulted in her being generally disruptive; however she was very creative and made jewellery successfully.

We are aware that Rokiya has spent most of her life in Local Authority care in London until she lived independently at the age of 16 years. She was then involved in a violent relationship resulting in her giving birth to a baby, she lived with the baby and the foster carers for a short time but then had to leave.

Rokiya understandably has the effects from severe emotional trauma with an undiagnosed mental health issue. In view of our concern and assessment of Rokiya we have written to her G.P for a mental health assessment to be referred to a community mental health team. We feel that if she had been able to be assessed prior to the Order being made she could have been given a MHTR which would have meant she would be accessing the mental health support she needs much sooner.

Dawn Green
case study...

Erin was referred to us by the courts for an offence of Criminal Damage. She was sentenced to a 12 Month Community Order with a 12 Month Supervision Requirement and a 30 Day Specified Activity Requirement. Erin has a diagnosis of Emotionally Unstable Personality Disorder and Recurrent Depressive Disorder. She is 43 years old and has a prolific offending and substance misuse background. She has accrued 25 convictions involving 56 offences.

These include a wide variety of offences namely Prostitution, Dwelling House Burglary, Committing Act of Cruelty to Young Person under the age of 16, Assault with Intent to Resist Arrest, Common Assault, Driving a motor vehicle under the influence of alcohol, Possession of an offensive weapon, Handling Stolen Goods and Theft. Erin has clearly developed a significant pattern of violent offending behaviour and acquisitive crime, no doubt linked to her substance misuse as she has a heroin/crack cocaine and alcohol addiction.

Erin has experienced a number of traumas in her life from childhood sexual abuse from a number of relatives, the death of her Mother at the age of 3, going in and out of the care system and domestic violence (physical, emotional, financial and sexual abuse) in her adult life. Erin self-harms and she has attempted to commit suicide by trying to hang herself.

Her Probation Officer in her Pre-Sentence Report comments: ‘Evidence suggests that Erin continues to maintain deficits in regard to problem solving, decision making and consequential thinking skills. The current offence indicates some degree of impulsivity, poor problem solving, poor temper control, aggressive behaviour and poor consequential thinking skills. There is no evidence to suggest that she has previously received appropriate interventions to improve these issues and therefore it is my opinion that she would benefit from the support of Anawim Women’s Project which provides a pro-social environment for women with complex needs.’

Erin has attended the centre but has difficulty in engaging and has already been breached for non-attendance despite our best efforts to engage her at the centre. She actually had a sick note to cover her absences due to the drastic deterioration of her mental health but she failed to give us this evidence.

As with the majority of our women with Personality Disorder, Erin presents with a range of multiple and complex needs following deep rooted traumas that remain unresolved. Her attempts to self-medicate have resulted in on-going substance misuse which has impacted on her prolific offending behaviour. We can only hope next time around she will succeed as she is at the start of a very long journey.

Personality Disorder Strategy
The offender Personality Disorder pathway is quite restrictive and means that most women are excluded as the current offence needs to be one of violence against the person, criminal damage, sexual abuse against children; and she must be assessed as presenting a high risk of committing an offence from the above categories and likely to have a severe form of personality disorder and a clinically justifiable link between the above.

Services for women are likely to be provided through the Community Rehabilitation Companies (CRCs).

The majority of our staff have been trained in PD designed to change attitudes to personality disorder and develop the skills and confidence of staff in working with the Personality Disorder Knowledge and Understanding Framework (KUF) It includes a variety of levels of learning, from awareness-level to MSc degree programme. A recent scoping of women on our caseloads meeting the criteria for the ODP pathway showed that 98 clearly had a personality disorder but only 42 met the criteria. Of those managed by the NPS PO 8 had PD and only 1 was deemed suitable. This shows that the criteria do not really work for women, with many falling outside of it.
"Our work in counselling is to help them in this struggle..."
Over the past year counselling at Anawim has continued to grow. For most of the year the counselling team consisted of four part time workers, who saw two to three women a week, and Sr. Enda who works four days a week, counselling twelve to fifteen women.

In October we were joined by another trained counsellor, and a level 5 student of Therapeutic Counselling, both of whom see two women each week. In the past twelve months we have been able to offer 526 counselling sessions to 42 clients in our centre at Anawim. Despite this we have a considerable number on our waiting list.

While the problems which the women present continue to be domestic and sexual abuse, one element of this abuse that we are continually made aware of are the lasting consequences; even decades later women are struggling to come to terms with the experience. Our work in counselling is to help them in this struggle.

Confirmation that our efforts have had positive impact is apparent by some of the comments from the women themselves when evaluating their counselling.

“It has helped me immensely and helped my self-confidence to grow”

“I have found counselling eye opening. I have really felt a connection with the counsellor and learned so much about myself. Most important, the counsellor understands me.”

‘Counselling has helped me to work through all the above (referring to confidence, relationships, anxiety, depression etc.). I am almost completely a new person.”

“Since the beginning of counselling, it has been a journey of discovery. Counsellors are, invaluable as people and can heal, enhance and save many lives, also help people to move on.”

“Undiscovered, or buried feelings, are brought to the surface and people with certain addictions, or mental health issues, can benefit greatly, from being able to express painful feelings, to a person who is totally neutral, non-biased, or judgmental but ask the right questions tactfully and with compassion and empathy.”

“I have grown so much over the months of counselling; I have had and would like to be a counsellor myself, as I have had much life experience, in helping others through my own suffering. It also helps, if you relate well to the person, who is counselling you, which I do.”

Another woman who has had extensive support said she has since broken off contact with manipulative people, let go of friends who have abused her, is now eating more healthy and self-harming less. She has started indoor climbing and is no longer home alone 24/7 she has been able to move from area she grew up in, away from harmful people.

Thank you to our one to one counselling volunteers that dedicate their time to support our counselling clients; Cara Whittington, Kate Pisulak, Maxine Thomas, Samantha Fessal and Saheeda Begum.
Happy Birthday

women working together for 30 years

1986-2016
We will be having various events throughout the year - awards in July and a grand opening of the new building in the autumn.

Like all good birthday parties, presents are always good! Pick a year and a present depending on your pocket.

Any financial donations towards the building will result in the JABBS Foundation reallocating that money to continue the staffing into the following years. In order to get started we have had to make cost savings on some vital items such as decorating and sanitary wear, as we raise money through the year these will be added back in.

If you are a group who would like to come and decorate or sponsor a room we’ll happily display the name of your business or society.

We would love to build a welcoming reception onto the existing centre, it would be such a shame to have a beautiful new building on the one side and a miserable entrance to the main one.

Our Birthday List

1986  Toaster
1987  Kettle
1988  Towels
1989  Plants/Gardening
1990  Fencing
1991  Toiletries
1992  Kitchenware
1993  Bedroom Furniture
1994  Office Printer
1995  Office Furniture
1996  Chest Freezer
1997  Office Desk
1998  Music Centre
1999  Television
2000  Lighting
2001  Dining Table/Chairs
2002  Freezer/Fridge
2003  Large Washing Machine/Dryer
2004  Paint A Room
2005  Beds
2006  Cooker
2007  Shed
2008  Computers
2009  Filing Cabinets
2010  Boiler
2011  Sofas
2012  Project Car
2013  Cooker
2014  Microwave
2015  Alarm/CCTV System
2016  £60,000 or Contribution to the New Reception

“A Safe House was opened at the specific request of the women

1986 Anawim was started by Catholic sisters concerned for women caught in prostitution.

1991 The Probation service proposed the idea of a weekly women’s activities day at the Lower Essex Street premises

1999 The present centre in Mary Street was rented from the church and opened in January.

“We’ve come quite a way in 30 years....”

1986 2016
If you would like to donate anything towards the exciting new building speak to Joy at joydoal@anawim.co.uk or one of the managers/staff 0121 440 5296.

Donate via our website www.anawim.co.uk or via post or in person at 228 Mary Street, Balsall Heath Birmingham B12 9RJ.
Artists impressions show the new women’s centre will provide temporary housing for women, enabling Anawim to keep in contact. This purpose built facility, for the prison & outreach team will feature drop in, 1-1 rooms and 6 flats upstairs for women upon release from prison. The building will also house staff offices and a creche. This will complete the package making us a truly 24/7 service. Work on site has already begun and the building is due to be completed in the Autumn.
domestic abuse

Anawim supports women who are at risk of Domestic Abuse or are living in domestic violence relationships.
The most high risk cases are referred to our Independent Domestic Violence Adviser (IDVA). Between November 2014 and end October 2015 she supported 70 women, 50 new and 20 who were referred before November. She also guides and helps our other caseworkers who support their clients who have domestic violence issues.

Our IDVA’s work is extremely intensive, the main aim being to ensure that women who come to receive support around domestic violence are safe from serious harm or murder.

Some of the support the IDVA gives clients includes:
• Finding suitable housing away from the offender
• How to disclose
• Supporting women that wish to report to the police
• Continuing support for those that go through the criminal justice system including court support
• Running courses that empower women who are subjected to horrific abuse
• Attending Multi Agency Risk Assessment Conferences (MARAC)

Lack of confidence and low self-esteem is common amongst victims of domestic violence. As part of their personal development clients are encouraged to attend workshops run by the IDVA.

Our IDVA runs weekly groups/workshops for those affected by domestic abuse.
• Four groups were run between November 2014 and October – end 2015, each lasting 10 weeks:
  • Two Domestic Violence Support workshops; 45 women benefited from attending
  • Two Heal Your Life workshops; 30 women benefited from attending

Feedback received from the Heal Your Life groups:
100% of clients felt they benefitted from the Heal your Life sessions
“**I enjoyed the affirmations, learning to like and love yourself**”
“Exploration of myself was good”
“The course was very helpful for me”
“Helped me with self-healing and dealing with my issues”
“I wish the course would go on for longer than 10 weeks”
“Lack of confidence and low self-esteem is common amongst victims of domestic violence.”

_The work done by the IDVA varies from client to client. This brief snapshot of some of her cases:_

- Advice and support around a non-molestation order, supporting letters and advice around housing.
- Advice and support around immigration matters and benefits.
- Advice on refuge accommodation, support around non-molestation order and Family Common Assessment Framework will be completed for additional support in conjunction with family support worker.
- Extensive emotional support to women whose perpetrator was remanded in prison, support on-going around court/legal matters.
- Client lives with perpetrator. Extensive support and advice around options, made more complex by immigration difficulties.
- Client lived with perpetrator when she disclosed he had been abusing one of their children, Children’s Services referral completed and on-going support. Perpetrator has now left the family home.
- Client was subjected to a violent attack, the perpetrator is currently remanded. However, despite this he is contacting her from prison and getting his friends to terrorise her. She will be supported through the court case and also is being supported into a refuge before the court case begins.
- Client was being subjected to abuse - she has been supported to find her own accommodation and support with claiming benefits, made complicated by having open heart surgery recently.

**Complex Cases**

- Woman subject so controlling daughter but both have been subject to a very controlling Husband/Father. She receives a great deal of emotional support and also support around managing her daughter’s behaviour. It is a complex case as the Husband/Father was planning to kill both parties and they had endured many years of abuse from him.

- Woman has been a client for 3½ years and is making massive strides forward after suffering daily sexual assaults at the hands of her father for 22 years of her life. She is just coming to a time where she will come to the end of her support from Anawim and has started writing a book based on her experience and is starting a counselling course. She wishes to offer support to others who have been through this. It is incredible how far this client has come.

- Client is moving forward with her life with her 3 children after nearly dying as a result of a violent attack. Her perpetrator ex-partner is now serving a long prison sentence. She has spoken at the Domestic Violence Support group about her story of survival. This was very dramatic and made a huge impact upon the women and staff as her partner had not previously been very violent. This helped other women and staff to recognise the signs of domestic violence. She is taking up speaking engagements at various events.

Gang related abuse is particularly high risk and becoming more of a common occurrence with clients who attend Anawim. The gangs tend to target younger women: teens and early 20's and before they realise, the women have become involved in life threatening situations they feel they cannot escape from. Their families are terrorised and all often have to move away from the area. Awareness has to be raised to stop young women and girls being manipulated into these situations.
The family Support service at Anawim works with women who attend the centre voluntarily. They can be referred from any professional such as Social Worker, DV worker, Solicitor or can refer themselves, they often hear about the service from friends who have found out about us online. On-going clients who have been under another team can also be transferred to the family support service.
The Family Support Worker now operates with a team of 4 volunteers to assess the client’s needs and to put a support plan in place that will assist the women with the chaotic lifestyles they may be experiencing. This support plan is tailored to their needs and will encourage and empower them to move forward and to become the best parents that they can be for their children.

Our Family Support worker is able to specialise the support to her clients by being able to:

- perform Family Common Assessment Framework (FCAF) assessments and leading on FCAF meetings
- Assessing the family’s needs using the Family Star Tool
- Where neglect is a concern the families can be assessed and supported with the graded care profile
- Parenting sessions using the Solihull Approach
- Linking in with and referring to partner agencies

All of the women referred to family support have a need around their children or parenting but each woman is unique and the support they need can vary from requiring items for a new baby to attending court after having their children removed due to Child Protection Concerns.

Many women have had their children removed and she supports them to face this situation if there is no hope of their return, working with them to avoid a repeat if they become pregnant again. For those who can have their children returned she facilitates contact at the centre, observes their interaction and offers one to one and group parenting sessions. She is usually key to the plan of a child being returned and will need to continue to monitor the family and offer regular feedback to children’s services.

Child neglect is a common category for the women we work with some receiving court orders. Due to the complex needs of the women many have had very poor experiences of parenting in their own lives and this gets repeated. Many are caught in prostitution or suffering from poverty, lack of education and social isolation. Most are single mothers or women living with domestic violence. Hence, the children suffer from low levels of safety, security, stability, poor housing, abuse, neglect and violence in the home, little structure, regular routine or child centred activities, so require much input.

Domestic abuse is major issue so our family support worker works closely with our Independent Domestic Violence Advisor (IDVA) using the CAADA DASH risk assessment. She facilitates input around nutrition and health; we have an ex client who was supported through the gate, running a cooking on a budget group. Our worker has trained with Foodnet which looks at sugar, salt and fat content in food - 5 a day etc. her clients have full access to the timetable and agencies on site including the counselling service, mentors and volunteers.

“...encourage and empower them to move forward and to become the best parents that they can...”

During the last year we have seen that the main needs of the clients within the family support service has been as demanding as ever. Nearly all of the women accessing support have experienced Domestic Abuse and over half have suffered from mental health conditions with all feeling depressed or anxious at some point in their lives. We have seen an increase in referrals of women who do not have English as a first language and have no recourse to public funds. As well as supporting the women around their family issues our family support team also support the women holistically and address all their needs including housing, managing money and debts, abuse, substance misuse.

This means staff supporting the women need to have good knowledge in all areas and work alongside other teams where necessary. For example, it is often the stumbling blocks of inadequate housing that prevent a child being returned home, so staff have to work hard to secure housing, which at times proves very difficult. Our family support worker is now working closely with our IDVA as they quite often have to share clients or need support from each other.
Stay & Play
In November, we set up a weekly ‘stay and play’ group which actively engages new mothers, encouraging them to share their experiences and build their networks, thus combating isolation. Importantly, the group facilitates sociable leisure time, allowing mothers to engage in fun activities, confident that their babies are being looked after by staff. Sessions begin with a hot drink and biscuits, to help the women relax into the space and with each other. This is followed by a women’s activity, for example, nail art or smoothie making. Finally, sessions are concluded with an activity that the women can do together with their babies; during one session, for example, the women had fun using paint to capture their babies hand and footprints on canvas, which could then be kept as a memento. The project has been a huge success so far and we look forward to developing it and possibly extending it into next year.

Family Support Volunteer Outing
We had a wet and windy day on our annual seaside trip to Barry Island this year! We filled a 53 seater coach and the children armed with buckets and spades were all excited at spending the day on the beach! Unfortunately we didn’t get any further than the promenade and had to picnic under a concrete walkway. We managed to find a soft play area where the children could run around and the staff and adults could get a well needed hot drink. We ended the day in fish and chips in a local café. Even though we were all wet through there were smiles all round and the children had a great time paddling in all the puddles.

Crèche
After the closure of our crèche last October we have had to operate our centre with no on-site childcare. This has meant that we have had to support the women who attend Anawim to secure affordable childcare. For those who have children over the age of 2 years old we have been able to access funded nursery places but for children under 2 it is extremely difficult. We are currently building links with other organisations within the community who may be able to help.

“We are about supporting the emotional health and well-being of the population through working with practitioners and parents”.

The Solihull approach is evidence based training for practitioners who work with children and families in various settings. It covers through from antenatal, early years, school years and for those in foster care or adopted.

Solihull Approach
Our family support worker has recently trained with the Solihull approach to offer one to ones and workshops. She is currently working in a one to one capacity with clients who have a specific area or concern they would like to address with their children.

“Being able to engage with the women on a one-to-one basis, gradually building the trust and rapport that is associated with a supportive relationship is one of the aspects I most enjoy about volunteering at Anawim. I love the variety of ways I am able to be involved in the service provided, whether that is supporting staff and clients as situations arise or implementing new ideas and projects. Most of all, it is rewarding to know I am helping to empower vulnerable women and their children.” Family Support Volunteer

Client quotes
“I have really enjoyed referring myself to Anawim.
I have attended a variety of courses such as Domestic Violence Awareness, Body & Mind therapy and therapeutic art. All these courses have really benefited myself.

My support worker is extremely helpful and supportive towards my needs. My support worker attended my Sons School review meeting and we meet for one to ones as and when needed.

I will continue to use the service as it has helped me with my confidence and to meet new women. I have made new friends. The staff are all kind and helpful.

My support worker is very helpful and guides me through new courses” Asma
The Prison Reform Trust estimated that over 17,000 children are separated from their mothers during imprisonment. This is double the number of children affected by divorce. Over half of prisoners have children under 18 on entering prison. Only 9% of children whose mothers are in prison are cared for by their fathers. The remaining children are often placed in care. The vicious cycle then repeats itself with over 33% of boys and 61% of girls in youth custody being previously looked after children.

It is very problematic for women released from prison to regain custody of their children. There is a disparity between the accommodation that a woman is entitled to as a single woman and the accommodation that she needs in order to have her children returned to her. Anawim is now the national co-ordinator for the Re-Unite programme in partnership with Women’s Breakout.

Our family support worker is involved in the hands on support working with the women once released from prison to be reunited. She mediates with carers, often grandmothers, to build contact and trust towards the children’s safe return. Each mother has her needs and those of her children, helping to solve any problems that arise. For example, if the child is failing at school the mother is supported in resolving this proactively with teachers, obtaining Special Educational

“Through our family and support service 33 of these children have been successfully returned to their mothers...”

Needs statements when necessary, which she would not manage to do alone.

Our Re-Unite is in partnership with Midland Heart Housing Association and means we can arrange for women to be placed in long-term accommodation of the right size allowing her to be reunited with her children. In the last year we have caseworked a total of 412 women across Anawim. Between them they had 518 children. Nearly half – (252) of these did not live with them. 145 were in local authority care. 107 were being cared for by family or friends.

Through our family and support service 33 of these children have been successfully returned to their mothers, some through our Re-Unite Programme. Many are or have been on safeguarding plans and with our support have increased contact, developed better relationships or come to terms with the reality of adoption. 72 have been removed from their safeguarding plans and deemed safe.

Once mothers have been reunited with their children it is imperative for their support to continue to maintain a healthy and safe home and for the woman to continue her rehabilitation. Being able to access safe and free childcare is essential to allowing this to happen.
We had worked with Lynne infrequently for a number of years when she was street working. When she contacted us again in early December 2013 she was in custody at HMP Eastwood Park, Mother & Baby Unit as she had a little boy in August. She was due to be released just before Christmas and was going to live with her Grandparents as she was to be on a tag for 6 months. This would have to be a short term measure as her Grandparents also lived with their daughter who has learning disabilities and so they could not be this overcrowded for too long. There was very little space and her baby, Nathan was still in a Moses basket as there was no room for a cot.

I met Lynne for the first time in early January and she had had some issues with getting benefits in place over the Christmas period so we ensured that she went away with bus passes and food parcels to support her during this period of particular hardship and also to ensure she could access support if needed & attend her appointments with her Probation Officer. We met shortly afterwards and helped her through the process of applying for properties on the Homes Direct website. She bid for three properties in the area close to her family, in particular her parents as they have custody of her eldest son.

She was soon shortlisted for a ground floor maisonette. I supported her to go for her initial interview with the Housing Association and providing references. There was some question over rent arrears but she soon arranged a payment plan and was accepted for the flat. The process took a while as the current tenant asked several times for a postponement which was difficult for Lynne as her Grandparents & Aunt were growing increasingly impatient for her to move out. I met with her several times, simply to provide emotional support; we went out for coffee and took her out with Nathan so she had some time to talk away from the house as she was becoming very stressed by the pressure she felt to move on, though it was out of her control.

I went with her to view the property and she accepted straight away, she was very happy with it and the Housing Association had recently decorated and put a new kitchen and bathroom in so it was perfect for her and a young baby. I applied on her behalf for the Local Welfare Provision assistance to obtain some white goods and furniture to help her out to start her new life but she was refused, and I did appeal, because she had not lived in the area for two years so she was not eligible. I spoke with an agent at their Customer Service Centre who did direct me to some charitable organisations who may be able to help and one of them was extremely helpful and provided her with some basic furniture, bedding and kitchen equipment. We had had a donation of baby clothes and a travel cot at the centre so we were able to help out with these too.

She had some issues moving her tag machine over and changing her Probation Office but I spoke with her regularly to ensure this went as smoothly as possible and eventually she moved in. There were outstanding debts on the gas meter which she had to pay in so we supported her with getting the meter reset and an additional payment of £10 by way of an apology for the inconvenience and hardship it had caused. Lynne managed to get some basic items from family but she was struggling as she could not get a washing machine and with an 8 month old child, hand washing everything was time consuming. I applied to the Buttle UK Trust and she was awarded a brand new washing machine which was delivered within a week which has made her life a whole lot easier.

She has settled in to her property extremely well and gets on really well with the neighbours. They planned a communal barbeque in the summer, lovely for her and Nathan. As a single mother she works extremely hard and she also takes her older son out as often as she can. I printed out details of a number of local Children’s Centres and Mother & Baby groups and have encouraged her to get out to meet new people and create new networks. Also it is important for Nathan to have contact and interact with other children too.

She is on a low income so we still provide her with bus passes so that she can access the Anawim Centre. Lynne now says that she feels her “old life” is far behind her. She has no desire to use drugs any more or connect with her past. She feels more confident as a mother and one of the most important things to her is to be a better mother to Nathan than she was to her older son as she was still leading a rather chaotic lifestyle when he was young.
Safeguarding
To improve safeguarding within Anawim we have implemented the following:

All staff are fully trained in safeguarding and through the Birmingham Safeguarding board ensure that this is kept up to date.

We have 4 Designated Safeguarding Leads within Anawim. Any safeguarding concerns are recorded on an incident form and given to a DSP to action. This is then reviewed within a month to look at what happened, what was done well, what wasn’t done well and what lessons we can learn from this.

“This can be a very highly emotional and difficult time for women...”

All the women that attend Anawim who are pregnant or have children and do not currently have Children’s Services involvement at their first appointment have a pre Family Common Assessment Framework (FCAF) completed to highlight and current need or concerns. This is then passed to the FCAF lead and FCAF champion within Anawim to assess whether any further involvement is necessary. This could be a full FCAF or even a child protection referral to Children’s Services.

We have recently introduced a Safeguarding Feedback Form. Each week all staff feedback to managers how many women on their caseload have children on Child Protection, Child in Need, FCAF, Child in Care or any adult safeguarding and any significant updates. This gives managers a good overview of the centres’ caseload and to be able to act immediately on any concerns highlighted.

Caseworkers support the women on their caseload with any safeguarding issues. Caseworkers will provide reports for core groups and where necessary for court.

They will support women in meetings with Children’s Services and with plans that are agreed. This can be a very highly emotional and difficult time for women and many of our women have their children removed either temporarily or in some cases permanently. Caseworkers will provide both practical and emotional support through these difficult times.

As part of our service managers safeguarding role she sits on an FCAF Leads group. This group has been extremely beneficial to understanding changes that are happening within Children’s Services, accessing training, discussing safeguarding concerns and networking with other professionals. Part of the work completed in these meetings has led us as group, to develop an FCAF Charter Mark. Anawim will hopefully gain this Charter Mark within the next couple of months.

This year we have made 26 Child Protection referrals, 2 adult safeguarding, 3 FCAF’s and 1 Local Authority Designated Officer (LADO) referral and worked with –

- 15 women whose children are subject to a Child Protection Plan
- 7 women whose children are subject to a Child In Need Plan
- 7 women whose children are subject to FCAF
- 23 women whose children are a Child in Care
- 5 women who are part of an Adult Safeguarding Plan

Our service manager and family support worker attended the Advanced Safeguarding - Train the Trainer course which now allows us to run safeguarding courses.

This year we have made 26 Child Protection referrals
“The aim of Anawim money advice service is to provide holistic and specialist debt, benefits, financial capability and grants advice, enabling re-integration into society and encouraging empowerment and self-help.”
Who we are
We are the money advice team and we recognise the impact that our clients’ complex needs have on their financial capability. We aim to offer a tailored solution to each woman.

The vast majority of the women at the centre experience financial difficulty and are ill-equipped to deal with their financial affairs effectively. They often come to us with no income. A proportion of our women (10%) have required assistance with disability related benefit claims. Many are under tremendous pressure from creditors and billing companies. Many of our women are reliant on welfare benefits, at least when they begin their journey with us, and their demographic is one of hardest hit by the effects of Welfare Reform. The impact is also localised with Birmingham City Council cutting its expenditure considerably harder than the national average further compounding the layers of inequality felt by our women and their families.

What we do
Our small team works closely with Anawim’s specialist support teams and also in partnership with other agencies such as Shelter, Crisis, Midland Heart and the Re-unite projects to create bespoke pathways for clients, offering them practical strategies to tackle financial pressures. We advise at the centre, on the telephone and at home visits on benefit entitlement to maintain and maximise income.

These one-to-one sessions also inform and educate on prudent use of income. We offer a range of interventions surrounding debt, welfare benefits and financial capability. We advocate at the County Court on Debt and Possession matters and at Disability Tribunals. We accompany clients to Work Capability Assessments and Disability Medicals carried out by ATOS and CAPITA. We negotiate with creditors and landlords.

The issues we face
190 client cases have been opened in the last year and we have found that many of our clients come to us with council tax arrears and rent arrears which last year totalled £101,000 and affected 45% and 30% of women respectively. Council Tax debt is most problematic - partly due to the complex administration of council tax support. Claimants on a basic level of benefits are expected to contribute, difficult for women with complex needs and with little understanding of prioritising and budgeting. Birmingham City Council’s swift and prescriptive penalties can be overwhelming for the vulnerable. The application processes for both Employment Support Allowance (ESA) and Personal Independence Payment (PIP) can prove lengthy and time consuming. Our client group is in particular need of support, particularly as the law has now changed with regard to Disability Benefits. Our clients also present us with a range of non-priority debts and fines which in the last year have totalled £274,000. A picture of a client group in desperate need of help - both with outstanding debts and financial capability needs.

Service User Outcomes in Our First Year
We consider the following figures to be conservative as they do not include impact made indirectly by other teams. We opened 190 cases for 106 women, working intensively with all who engaged with us. In most cases the object was to maintain and retain income and make sense out of the budget. 82 women had comprehensive benefit entitlement assessments made resulting in assistance to 51 successful applications, 19 of these were for Disability Benefits of which 7 PIP applications were made directly by our Money Adviser.
These were 100% successful (compared to the national average of 45%). 14 evictions were prevented and we negotiated with 24 enforcement officers. 19 women saw a reduction in their debt.

**Going forward**

We aim to continue our ambitious programme. We intend to remain at the forefront of proposed changes.

As our new trainee adviser grows in confidence, our Specialist will be pursuing insolvency options, where appropriate; increasing the knowledgebase of our volunteers and Support teams and expanding resources.

*For Anawim’s upcoming 30th year, we have three main aims:*

1. Open our resource centre which will provide a drop-in IT suite allowing clients to access online services such as money management, job searches and welfare benefits applications and maintenance.

2. Design a programme of courses aimed at giving practical solutions to money problems as well as enhancing financial capability and awareness.

3. Improve our data collection practices so that we can closely monitor our progress and keep a rich database for potential research projects.

**Our Vision for the Future:**

To evolve to offer the most complete money advice service to our clients, empowering our women to manage their family’s finances with confidence.
early intervention
The Early Interventions Project began in November 2014. We comprise of two caseworkers and a co-ordinator. Our aim is to support women offenders and those vulnerable to crime by providing early intervention. We are funded by the NHS England, Lankelly Chase and Barrow Cadbury and work alongside the Liaison and Diversion Team and West Midlands Police. Women are referred for support early on in their criminality; we offer to provide them with individual short term support to divert them from committing further crimes or aiding them to seek support from Mental Health Services. Complimentary to this we utilise our in house infrastructure; debt and benefit advice, Monday to Friday courses surrounding life skills and mental health support, counselling, Domestic abuse advice, support into work and more.

“we offer to provide them with individual short term support to divert them from committing further crimes...”

Work undertaken with clients
We offer a brief period of engagement with clients, the average length of time spent working with a woman is around 3 months after the first contact. We will endeavour to address all identified needs during this time. This can result in a referral to a caseworker within Anawim and/or to relevant external agencies and ensure appropriate follow on support is in place before a case is closed. We do not signpost women; we continue to offer the holistic approach offered to all Anawim clients, albeit for a limited period.

Since November 2014 when our service began, we have successfully supported 72 women who have been referred to us via West Midlands Police teams, The Liaison and Diversion Custody Nurses, the Portal Service, Street Triage Team and Secure Units.

Of those women,

- All 72 women have been contacted via telephone, home visits and initial appointment letters.
- 23 had input from our Community Psychiatric Nurse (CPN) until she was assigned by the NHS to another project, the Liaison and diversion Custody nurses now assess the clients at the point of referral.
- 311 significant telephone calls have been made to clients. Over 50% have been in the form of telephone interventions. This works well for the most vulnerable clients as it builds trust and promotes engagement encouraging visits to the centre.
- 89 letters have been sent to all clients.
- There have been 93 one to one appointments, with the average session being between 60 and 90 minutes in duration.
- We have made 217 contacts with partner agencies this includes Police Officers, Social Workers, nursery staff, court, Probation, NHS staff and drug workers.
- So far 32 of these women have had successful outcomes.

NB. All names have been changed to preserve anonymity.
case study...

Delphine is in her late sixties. She was referred after Police were called regularly to her home due to visitors creating a disturbance and damage to property after heavy drinking sessions. She is lonely, feels isolated and lost since retirement and had suffered a number of close family bereavements in a relatively short space of time. She regularly has some of the local street drinkers at her flat but they often refuse to leave when asked, cause damage and disturbances which result in Police attending her property.

She did not have a phone so I visited her property three times before I managed to meet with her. On that occasion I contacted her Housing Officer and went with him to meet her. I spoke with her about the kind of support we could offer her and asked her how she felt about her current situation. She said she would like to move but it was too daunting so she didn’t want to think about that just yet, I told her that we can help her with that process when she feels ready and assured her that we would work at her pace. She attended an appointment at Anawim but was very late and had a small bottle of wine in her pocket so I arranged an alternative time and agreed to visit her at home.

In the meantime I attended a Multi-Agency meeting attended by her local PCSOs and representatives from the Housing Association to discuss concerns around Delphine’s vulnerability and how each agency could properly support her. I made it very clear that I felt Delphine was in no rush to move and that I would not be pressuring her to look at alternative accommodation yet until we had established a working relationship but would keep in contact with them so we could work in partnership and coordinate our support.

I visited with a colleague and completed our initial assessment. Delphine said that the thing she wanted the most was “a friend”. My feeling after the assessment was that she was vulnerable but not incapable; she could perhaps manage better in a smaller flat but that was not my decision to make but we could show her the options and support her in whatever decision she makes; it seemed she did drink but was not a dependent drinker and this seemed to be a symptom of her loneliness and also a past time due the company she is keeping. It seemed that she needed time to consider her options, time to build trust and a relationship with a caseworker and at her own gentle pace. I have now referred her into Anawim for Floating Support. Her worker is now able to visit during the day but also weekends if necessary.

Our Floating Support worker has been able to take Delphine to a local group where she can write and read her poetry, she can explore her creative side and they have been to a musical together in Birmingham.

FSW has been able to encourage Delphine to access activities she would not have done on her own and she will continue to support her with this until she feels confident enough to go alone and will continue to work with her to achieve her goals at a safe, steady pace.

72 women referred
311 telephone calls
89 letters sent
93 one to one appointments
217 contacts with partner agencies
32 successful outcomes
Sonia had a beautiful settled home, a loving partner and a regular skilled job. When Anawim received her referral things had spiralled out of control.

Demons from Sonia’s childhood sexual abuse had come back to haunt her and she couldn’t deal with the pain that she was facing. She rapidly became depressed, withdrawn and anxious.

Weekend and occasional drinking had spiralled into daily abuse, which had caused her partnership to break down, abusive calls to, and alienation from, her family, who had been unaware of her silent suffering.

She had become further depressed, life had become unmanageable, she lost her job, debt mounted up and as a result she lost her beautiful home.

When we assessed Sonia, she was broken, crying and felt her life was over.

She was living in a women’s hostel, was drinking daily and causing anti-social behaviour for her family, by transferring the pain and blame to them.

Very early on we managed to establish Sonia’s trust, she was able to open up and face her fears by accepting that help was needed.

As early intervention, we prioritised the support she needed and planned with her, bite sized steps to help her move forward.

She was referred to our ‘in house’ debt and benefit advisor, who did a full income and expenditure form with her, helped her make sense of the benefits. Helped her list and prioritise her debts, worked out an affordable amount to pay back, suggested ways to help her make the most of her budget such as change phone contract, use the cycle scheme rather than bus’s etc.

She was also referred to CRI substance misuse team here at the centre, who supported her to look at her alcohol intake and helped her to reduce towards manageable amounts/possible abstinence.

She was fearful of approaching the GP for help, so we helped expel these fears, offered to take her or meet her there, but she left confident she could do it herself.

She attended self-esteem courses at Anawim to help occupy her time, but also managed to get a part time voluntary job, she was referred to Skylight for training into employment to help update her CV, gain interview skills and give her confidence.

Over what seemed days she was offered her own property and used the centre computers to bid.

We then realised that Sonia’s priority needs were met and decided that the best onward route for her, would be to refer her into Anawim so that she could take advantage of our courses but would have a specialist mental health support worker.

She achieved a lot in the short time we worked with her and can see that her confidence has significantly grown.

“I’m not a victim, I’m a victor.”
“What others we work with have to say about us...”
‘I have nothing but words of praise and endorsement for their work. With my particular interest regarding female offenders, they have engaged and reduced dramatically the re-offending of the court and Police referrals for their services.

They approach and engage with the ladies and work through a whole approach by establishing the drivers and triggers for offending which are often as a result of historic victimisation in one form or another and which lead to long term sustainable change.

From my previous role looking at youth violence prevention, there is a disproportionate DA footprint in the lives of our violent offenders and victims (young and old) from their childhoods. Their work is essential to empower the victims to take control of their own lives and reduce the risk posed to them and their children but also the ability to help the children work through their issues that if left unchecked, will leave them incredibly vulnerable for the trauma to manifest in combinations of victimisation and/or offending.

45% of recorded violent offences in WMP are DA offences and DA is a force priority. As an extra snippet of information, as part of an information trawl in relation to the criminal impact of 52 kids who were enrolled at an SEN establishment in 2005, they had been, and subsequently been associated to over 1900 recorded crimes. A third of these records almost entirely related to their presence in households of reported domestic abuse. The vast majority of these children subsequently became involved as offenders in violent offences’.

**Mark Bellingham**  
Sergeant West Midlands Police Force

“...helps these vulnerable woman develop a resilience to regain control of their lives...”

I have known the Anawim project for almost 4 years. I am a NHS England Health and Justice Commissioner and I have funded services from Anawim with great success during this period.

The real strength of Anawim is the value base it operates from, the project has a proven ability to connect with very vulnerable and complicated woman. Many of the vulnerable woman have complex mental health and/or substance misuse issues, but rather than focusing on the signs and symptoms of illness the project assists in all aspects of the individual’s life. The project by focusing on a recovery model helps these vulnerable woman develop a resilience to regain control of their lives and circumstances to have hope, stability and a connection of future support. The Anawim project are supporting a significant number of woman whose chaotic lives have brought them into contact with the justice system. Many are now mothers themselves. Most have a history of neglect/abuse during childhood. We know from research evidence that this has a real impact on the ability to provide good role modelling for they own children and many young people we know feel history is repeated and they themselves describe living in potentially harmful environments that have long term consequences.

As a commissioner of services, value for money is seen as increasingly critical to offering continued sustainable funding. I am happy to share with you, we have never considered withdrawal of Anawim funding as they have a history of delivering all expectations (plus).

**Kevin Heffernan**  
Programme Lead Health and Justice Team at NHS
“It can be inspiring for our clients to hear how someone who was faced the same difficulties as them has ‘reached the other side’...”
With our clients who had issues with drugs & alcohol we saw an 88% improvement, not to say that they have come off drugs completely but are trying to move away from urges i.e. changing their focus when they want to use drugs or not putting themselves in an environment where they know they will be influenced.

We run a weekly Drug & Alcohol Awareness course; the women are at various stages of recovery and vary in age from women in their twenties up to late sixties from diverse cultural backgrounds. The women have engaged and worked well together, they demonstrate the effectiveness of group work by exchanging experiences and views and are particularly interested in techniques for maintaining recovery.

The women often suggest an appropriate subject for the following week which increases their contribution in class. Sessions have included: the initial reasons people start to use substances, common triggers, anger management, co-dependent relationships and maintaining a successful recovery.

One of our criminal justice caseworkers has been delivering the course, researching interesting articles for the group to discuss and encouraging them to consider alternative behaviour and think in a different way. The women enjoy completing quizzes and other activities which are effective methods of gaining information.

It can be inspiring for our clients to hear how someone who was faced the same difficulties as them has ‘reached the other side’. So, an Anawim volunteer who previously experienced serious alcohol issues, talked to the class about her recovery and techniques for maintaining abstinence which she has achieved for the past three years. The women prepared questions and found the talk interesting and inspiring. Each week clients are asked to think about their goals for the following week. This may be from daily washing/dressing, and eating better or to try and resolve a recent disagreement to enable them to move forward. It’s noticeable particularly when they have achieved their goals, how much they enjoy sharing their achievement.

Some of the women have now been assessed and referred to the Foundations of Recovery course which will be more in depth and challenging run by Crime Reduction Initiative (CRI).

“When I came to Anawim I was a train wreck. With the help of Anawim I have a self-belief and a family; they have shown me that I am worthy.”
A safe and secure environment of accessible, appropriate, safe and affordable accommodation is crucial before a woman can start to deal with her social needs both practical and emotional.
There is a lack of housing for all but especially for women who are the most chaotic. Without this their ability to engage with services and address their needs is compromised. As a result, they are more likely to continue their cycle of problematic and destructive behaviours.

Last year Anawim supported 100 women with housing needs into a range of accommodation. Thirty of these were supported after serving a custodial sentence. We are extremely excited at the prospect of having our own accommodation on site which will go a small way towards helping these women. As it takes 6 – 8 weeks for women’s benefits to be processed we will be able to support a woman during this most vulnerable time with potentially no housing and no money to pay for housing. This is one of the key risks for reoffending, in total of all women released from prison 51% of women have reoffended within one year, for those who have served sentences of less than 12 months this rises to 62%. This rises even further to 88% for women who have already served at least ten custodial sentences.

Midland Heart housing association currently offers us up to 40 properties a year to Anawim women on a fast track arrangement. This is called the direct offer scheme and our women are offered properties on the basis that we offer the women the support. This is because it is proven that giving the women support during this time means they are a lot more likely to sustain their tenancy. This has proved really successful with not a single eviction since we started this relationship 4 years ago. The number of properties we are offered is really high at the moment – in one recent week we were offered properties for 5 different women. In the past 6 months we have referred 34 women for a direct offer, and 23 have been rehoused. This has had a large impact on 23 different women/families as it means they have a stable home.

The direct offer scheme has been extremely useful for Anawim staff and women, because offers for properties can be made as short as two weeks after the initial referral for accommodation. This is a fantastic alternative to accessing council properties, which are secured by online bidding, because women are often left waiting for over a year before they secure something through the council, even if they are classed as high priority on the banding system.

A recent evaluation interviewed beneficiaries, they said – “I have had to work hard but if it wasn’t for this place and Midland Heart getting me this house I dread to think where I would actually be now. I really do dread to think because I know for one I wouldn’t be able to have my kids back because of the property I was in before. So all the work I would have done at Anawim would have been pointless as I still wouldn’t have had my kids back. Basically Anawim and Midland Heart have enabled me, I know I have done all the hard work as well, but these two things have enabled me to get the kids back.”

Midland Heart carried out a cost benefit analysis which showed for one client alone, the total value created is £32,708 in comparison to the cost of the intervention which was £5,857, suggesting that for every £1 invested, £5.58 of social value was created.

We also have a link with other housing providers and private landlords. We have one particularly good relationship with Emma at New Way Housing – Emma has two properties, one in Erdington and one in Northfield, which are both shared houses solely for use by Anawim women which also works really well. Emma provides the property and the management side of things, and Anawim staff provide the support for the tenants.

We secured BIG Lottery funding for two floating support workers for three years, this has enabled us to provide out of hours support and is preparing us towards being a 24/7 service. We secured this on the back of some research we did with Midland Heart which showed really good results, 52 women moved into long term secure accommodation and maintained their tenancies successfully but a small proportion of women struggled to maintain their recovery due to lack of support in evening and weekends. This included two suicides.

We collaborate with various furniture projects - Ladywood, Boys Brigade, Birmingham City Mission to name a few. We are often offered furniture but as we have no space to store we pass them on to these provisions.
floating support
Research carried out by Midland Heart in Breaking the Cycle (which can be found on our website) identified a common theme of loneliness and isolation amongst women living in tenancies and attending Anawim, with evenings and weekends being particularly challenging in many cases. To respond to this need, a Floating Support service was set up in December 2015 to provide flexible out of hour’s support which could be either one to one, group work or telephone support depending on the individual need.

Examples of work with clients have included:

- Introductions to community based activities for example Martineau Gardens (Therapeutic Gardening) and Creative Support – Creative opportunities to engage in art, poetry, music performance and creative writing.
- Identifying links with libraries, leisure centres and adult education.
- Attending social and cultural activities with clients.
- Meeting at home or in local cafes to provide emotional support.
- Telephone support.

Floating Support workers have also supported women with appointments at Job Centres, Community Mental Health Team meetings, Multi agency meetings, FCAF and Safeguarding meetings, PIP assessments and Family Court proceedings.

Floating Support has also provided out of hours support at evenings and weekends to Anawim clients at 4 temporary accommodation hostels including Timbers a local therapeutic rehabilitation unit for drug and alcohol addiction.

“I’ve got a million thank you’s for the million friends I’ve made.”

A client was referred to me via her caseworker; she was identified to be particularly vulnerable during the evenings and weekends. She had been suffering with anxiety and depression, an alcohol addiction and had suicidal and self-harm tendencies. After initially meeting with the client and completing an action plan of support, we agreed to meet up on a weekly basis, particularly on a Friday evening as this was identified as a time where she is particularly vulnerable. I have been working with this client for approximately 6 months, meeting on a regular basis; during this time my client has become abstinent from alcohol, together with support from Reach out Recovery and is now working in a part time job and is also participating in a number of courses. By consistently meeting up in the community, floating support has allowed her to socialise on a regular basis and become less isolated; it has given her the chance to discuss her problems in a safe and non-judgemental way.
ardenleigh 22
We have developed a really good partnership with Ardenleigh Forensic Mental Health Unit for women. Together with HMP Foston Hall we run the CAMEO unit for personality disorder. Ardenleigh provide us with Sarah Shanahan the Clinical Psychologist to run the TREM course and now we are developing a link for women upon release from the secure forensic unit into Anawim.

We have a small team of five, two tutors, one runs the self-esteem & confidence course and one who does art and crafts both delivering a session a week inside the unit, then Iesha our floating support worker is co-ordinating the ‘through the hospital door’ transition along with two volunteers. It is in the early stages of building trusting relationships but we are very much looking forward to welcoming women into the centre when they are ready and helping them resettle into the community.

“My lifestyle before Anawim was bankrupt in every sense.”
Here at Anawim we are always looking at ways to deliver a high quality service. To ensure we are doing this we like to monitor, analyse and evaluate as much as we can; from progress of individual clients, across services or through research projects.
Our monitoring and analysis involves taking data from the outcome star broken down for each area we deliver, holding focus groups, feedback forms, suggestion boxes for clients and staff, looking into patterns of demographics and carrying out research projects.

Through this constant analysis we have identified the needs of clients and for services. Anawim is all about women working together and we take seriously our clients views.

**Outcome Star:** Allows us to measure individual client progress, if there is a pattern where clients are not achieving it in a particular area we can focus on this.

**Feedback Forms:** allows us to analyse what the overall service has achieved and areas clients feel we need to improve in or what services have helped them the most.

**Focus Groups:** means we can see which services can be introduced and why.

**Suggestions Box:** located just outside the ‘social’ area gives clients a chance to share their thoughts on service & ideas anonymously.

**Case Management System:** shows the service manager the levels of support clients are receiving and if there are gaps.

**Database:** where we collate all data, which we can analyse to ensure we are reaching all potential clients.

From this regular monitoring and evaluation we have found areas of need which we feel could benefit our client group massively. More on this can be found in our section on future plans.

**Course Monitoring**
The registers of attendance are updated each day. The percentage of attendance for each client is worked out and entered on the monitoring form. We have started to monitor the attendance per course and the percentage of attendance in order to see if any courses stand out as being popular or not. One day stands out as being better attended and this is Tuesday. Further monitoring is needed to see if this is because of the courses held on that day or if it is after a long break with the weekend and Mondays when courses are not held.

The research that has been carried on by Anawim or on behalf of Anawim includes:
- Money Advice
- Mental Health
- Accommodation - Breaking the Cycle
- Transforming Lives

These documents can be found on our website or by request. The research we have carried out in house for our service improvement is on the ratio of our clients who reside in deprived areas of poverty and how many who have been victim to sexual abuse/exploitation.
case management

Our caseworker team is comprised of experienced, professional caseworkers supported and supervised by a Service manager to ensure that Anawim offers the highest possible standard of service to all its clients.
Our case management approach focuses our work on meeting the clients’ needs in the context of a structured plan of intensive interventions with clear timeframes and objectives.

The Service Manager allocates the referral to an appropriate caseworker, taking account of needs and matching skills. The caseworker then completes an initial assessment to identify what the support needs are. The caseworker will then carry out a more detailed needs assessment with the client and develop an action plan designed to help her overcome whatever issues she is currently facing.

The action plan sets out a schedule for the client’s attendance at the Centre, which will typically involve one to one sessions with the caseworker, attendance on courses and referral to other agencies, both within and outside the Centre.
Outcomes Star
We use the Outcomes Star as an assessment tool to measure distance travelled. The Outcomes Star - made up of 10 ‘spokes’ or pathways each representing an area of need - (accommodation, meaningful use of time, mental and physical health, motivation and responsibility, social and relationship skills, drug and alcohol use, self-care, finance and offending).

Each spoke indicates, by a scoring mechanism, those areas on which the action plan should focus most attention. The woman will then have regular reviews to assess whether her scores have improved and to develop her plan further. The star helps both caseworker and client to focus on areas which require improvement, as well as visually showing improvement. It often proves a good motivational tool for the client, who can keep a record of her first and subsequent stars to demonstrate how far she has come.

The case-managed approach provides a clear beginning, middle and end point to the women’s engagement with Anawim, although the Centre is always here to help support any of the women who encounter crisis or need additional advice in order to avert future problems. We believe that this approach allows us to continue our success in diverting women away from crime and negative lifestyles.

Anawim supports women with a wide variety of needs, including women sentenced to Rehabilitation Activity Requirement Orders and Community Payback. The same case-managed approach is taken to all clients but is both tailored to their individual needs and to meet the needs of their sentence.

A central part of our mission is to learn from our work and continually develop new ways to support clients into more positive lifestyles both for themselves and the wider community.

“The woman will then have regular reviews to assess whether her scores have improved and to develop her plan further...”
“I continue to be surprised and at times quite moved at the support that is offered to Anawim from different areas of the local community...”
We would like to express our thanks to the mix of individual & group supporters and funders below who have generously contributed this financial year -

All Saints Parish Kings Heath
Andrew Horner
Angela Rainbow
Baron Davenport Charity
Brian Kenny
Douglas Turner Trust
Eveson Trust
Good Shepherd Sisters
J & J Edmunds
J & P Ferris
Jean Halliday
Knowle & Dorridge Lions Club
Louise Sage
Mary Williamson
Moseley Tangent Club
Mr & Mrs Feardon
Mrs Janet Jenkins

National Centre for Social Research
Newman Trust Homes
Our Lady of Charity Communities, Associates and friends
PM Kirkby
Redcote Convent
Siroptimists
Songbirds Choir
Sr. Magdalene Matthews
St. Mary’s Church Harborne
St. Anne’s Church, Moseley
St. Augustine’s Church
St. Bridgid’s Parish
St. Peters Roman Catholic School
Thomas Bromwich Charity
Victims Fund
Monies collected at the funerals of Graham Scothern and John Peace
Donations of food, toiletries and clothing to Anawim Jackie Jeffreys our receptionist writes, ‘Since starting at Anawim 18 months ago, I continue to be surprised and at times quite moved at the support that is offered to Anawim from different areas of the local community.

Some of our regular contributors are:

**SVP Society at St Augustine’s Church, Solihull.**
2 of their volunteers arrive at the centre frequently with donations of food and clothing for women and children brought in by the parishioners to the Sunday services.

**Parishioners at Olton Friary Church, Solihull.**
The office at The Friary call Anawim every 2 – 3 weeks to say they have a food donation to be collected. There are usually enough bags of tinned food enough to fill a car boot.

**Children of Our Lady of Compassion School, Solihull.**
The children, parents and staff contribute regularly as Parishioners of Olton Friary. Each year they have also given a large food donation following their Harvest festival. This year’s donation was exceptional filling the boot, back seat and floor of 2 large cars. This was half of what was donated to the festival with the remainder going to a centre in Sparkhill for Asylum seekers.

**A local corner shop in Sparkbrook.**
The proprietor has a collection box in the shop. Every few weeks he uses the money to purchase food which he donates to Anawim. This is usually a very large donation consisting of cases of tinned food and lots of toiletries.

**St Peter’s School, Solihull**
The school contacted us last year to find out how many children the clients at Anawim have. The pupils went shopping to purchase Christmas gifts for specific age and sex, wrapped and labelled the gifts for us to collect and distribute client families.

We have donations brought to the centre by local residents, Churches, schools or people who have heard about Anawim through friends or other centres.

These may be one off donations or several throughout the year including wrapped gifts at Christmas.

**Donors have included:**
- St. Anne’s and St Mary’s Church, Moseley
- St. Vincent de Paul Society
- South Home Care
- Hagley Catholic School
- Sisters of St Mary’s Convent
- Solihull Siroptomists
- St. Rose of Lima & St. Peter’s Catholic Primary School, Bartley Green
- Our Lady & St Benedict’s Church, Wootton Wawen
- Elizabeth Leicester
- Liz Muir
- Asham Afzal
- Holy Trinity Church, Sutton
- St. Brigt’s Church, Northfield
- St. Augustine’s Church & School
- Wesleyan Holiness Church
- Perry Barr Probation Office
- J Ferris
- Business in the Community
- Holy Trinity Catholic School
- St. Peters School, Solihull
- The Parish of St. John and St. Martins

Appeals are also made to companies and supermarkets for toiletries. At times this can be successful with either toiletries being sent to us or vouchers to purchase them.

Monetary donations are received and these have included 2 donations specifically to purchase fresh healthy food which was distributed to women and money for the hardship fund and donations. A donation was made last year specifically for food at Christmas. Staff went shopping to purchase food to feed families over the Christmas holiday with the emphasis being on fresh, healthy food.

A member of staff belongs to ‘Songbirds in Harmony’, a ladies choir who perform concerts. The proceeds have been donated to Anawim.

The support Anawim receives is much needed, very much appreciated and never taken for granted.
plans for the future
Much research and analysis has been carried out during the year and we have found areas that we would like to introduce or expand to benefit the women further and complete our one stop shop approach.

- Moving into the new building and providing accommodation for women leaving custody will see us move to a 24/7 service.

- Reception area for main centre to create a welcoming entrance with small rooms and seating where women can access easily.

- A Helpline could prove beneficial and could be run from the on-site accommodation. Some women may prefer to have someone who can listen on the end of the phone and receive advice quickly in a crisis.

- Specialist provision for women with immigration issues or no recourse to public funds.

- Independent Sexual Violence Advisor on site as 85% of our clients are victim of childhood and/or adult sexual abuse/exploitation.

- To retain the portacabin and turn it into a more co-ordinated hardship centre, joining up with furniture projects, the tribunal service, food banks, and other money advice services, run by the women.

- The addition of the service user involvement worker will enable us to utilise user voices more effectively and offer opportunities for clients to speak out, join interview panels and hopefully our trustee board.

- We are looking to extend the trauma course to develop some emotional regulation group work in preparation and be able to offer one to one psychologist sessions.

- We are looking at piloting Therapy for children and young people who have been victim of sexual/domestic abuse or have witnessed it. We hope that this will stop further exploitation. “Helping young people to not become the future clients at Anawim”.

- A former volunteer is doing research for us as part of her university course to identify if a black and ethnic minorities worker or refugee/asylum seeker caseworker is needed on site.

There are many plans that we have to make Anawim an even more supportive centre than it already is, but this cannot be done without funding, so we are looking at ways that we can bring in income without being so reliant on funders.

The vision we have will take time but we hope to achieve it in the long term future.

“The vision we have will take time but we hope to achieve it in the long term future...”
New clients between November 2014 and October end 2015 – 540. 148 have drug/alcohol addictions, 290 suffer from Mental Health Issues, 140 have attempted suicide or have suicide plans in place, 85% were victim to sexual abuse as a child and/or adult which we believe to be the start of the downward spiral that led them to offend and caused their mental health issues. Existing clients we continued to support this year but joined Anawim prior to November 2014 – 264.
“My dreams are coming true because of Anawim
I feel more confident
I feel happy
I feel more positive within myself
I so love coming to Anawim
It means the world to me
My life has changed.”

(Dessreen)