



**Footsteps to the future:  
An evaluation of the work of  
Anawim: Women working together**

**Presented to Anawim**

**Presented by Rubus Services Ltd**

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**FINAL**

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# Footsteps to the future: An evaluation of the work of Anawim, Birmingham

## Background and Introduction

Anawim supports women and their children who are involved in and around prostitution, offending behaviour, drug abuse and sexual exploitation using a holistic women centred approach delivered in a non judgemental, supportive environment. It provides packages of personal, tailored support that help women to address a range of emotional and practical issues, improve self esteem, and develop the personal confidence and life skills to make positive choices, find opportunities to work in mainstream employment and be active citizens.

## The purpose of the report

Anawim's operating budget in 2010/11 is £766,109. 71% of this budget is grant funding from the Ministry of Justice (MoJ). The remainder of the organisation's income comes from a variety of smaller grants from charities and trusts, and contracted income from public sector sources. The substantial grant funding from the MoJ has enabled Anawim to build capacity and infrastructure to demonstrate its effectiveness in developing and delivering a holistic approach that helps divert women away from offending behaviour.

Anawim will lose almost 80% of its funding in March 2011. With funding secured from the Women's Diversionary Fund, Anawim commissioned Rubus, an independent consultancy to work with the organisation to develop a sustainability strategy including a review of Anawim's staffing and services and potential sources of future income. A new service model has been developed with a reduced staff and operational base and a budget of around £400,000 per annum.

Anawim intends to tender for contracts to support women with mental health problems, domestic violence and substance misuse in partnership with other providers as appropriate and as they become available. Anawim is negotiating with statutory funders ie probation services and Offender Management Service to continue to support women on court orders. Funding applications are also being made to charitable trusts including the Big Lottery, Monument Trust, Pilgrim Foundation and Barrow Cadbury Trust.

This report is intended to support Anawim's fund raising and commissioning activity by evidencing the numbers of women Anawim works with and the positive outcomes women achieve with Anawim's support. It also aims to identify what Anawim does well and where there is room for improvement. The brief evaluation study includes:

- Statistical data on the number and profile of the women Anawim works with
- Analysis of reporting to the Ministry of Justice on progress and outcomes achieved
- Structured interviews with five support workers to identify process, interventions and outcomes achieved with a sample of women
- Statements from users included in Anawim's Annual Review 2009/10
- Structured telephone interviews with five external partner agencies

The study is informed by discussions with Anawim senior staff and members of the Management Board about the way in which Anawim works with vulnerable women with multiple, complex needs and how this is monitored and evaluated.

## Anawim

Anawim currently operates from two sites: Balsall Heath and Handsworth. The Handsworth site was established in December 2009 as part of the MoJ's desire to create more centres to support women referred by probation services in the north of the city. It currently employs 19 paid staff and 14 volunteers.

Over a one year period between 1 June 2009 and 31 May 2010 Anawim supported over 500 women: 209 new service entrants at Balsall Heath including 66 women on Specified Activity Orders and 61 women on Community Payback; 98 existing service users at Balsall Heath; an estimated 43 women at Handsworth; 95 women seen on prison in-reach and 91 on street outreach.

Anawim currently provides:

- a full timetable of courses and activities that raise self-esteem, confidence, skills, awareness and social responsibility.
- good quality, professional counselling.
- childcare at the centre with developmental checks, parenting assistance and support, plus educational, fun trips and outings.
- space at the centre for women to drop in when needed to receive support, clothes, food and use of the phone and Internet.
- advocacy for the women and their children with social care and health, education, work providers, the criminal justice system and the wider community.
- a holistic package to the women through partnerships with other statutory and voluntary sector agencies
- assistance and support to women on the street at night, at court and in hostels in a flexible way, responding where and when it is needed.
- weekly prison in-reach at Eastwood Park where we are also delivering the Freedom domestic violence programme and less regular support interventions at Drake Hall and Foston Hall prisons.

It also offers a range of criminal justice programmes designed to provide meaningful alternatives to short custodial sentences and divert women from the system including Community Payback and Specified Activity Orders. It has recently been approved to support women on conditional cautions.

The name Anawim is a Hebrew word meaning “Those who are so marginalised, oppressed and so low in self worth that they are bent over – the poorest of the poor.” The project was initiated in 1986 by two sisters of Our Lady of Charity to support sex workers operating in Balsall Heath, at that time one of the main “red light” districts in Birmingham.

Anawim operates under a joint agreement between Our Lady of Charity and Father Hudson’s Society, both not-for-profit organisations. The Management Board is made up of representatives of both organisations and other nominated individuals including a magistrate, senior probation officer and a representative of the service users (this place is currently vacant).

## The case for Anawim support

There is a large body of statistical data to evidence the needs that Anawim seeks to address

### Women with mental health problems

- One in four people, according to the WHO are estimated to suffer with a mental health problem at some point in their life
- It is widely recognised that mental health conditions are poorly understood by the wider community and that many people are often stigmatised if considered as having mental health issues.
- Problems arise associated with housing, finances, personal care, education;
- A quarter of routine GP consultations are for people with a mental health problem
- According to analysis conducted by The Centre for Mental Health, the total costs of mental illness to the English economy was at least £77 billion in 2002/2003 and the wider economic costs of mental health problems amount to £110 billion.

### Women sex workers

*Problem profile; female street prostitution, Birmingham Safer Partnership November 2008* reported that;

- There are four areas within Birmingham that have been identified as having high levels of street prostitution; Ladywood/Bearwood, Handsworth, Washwood Heath and Small Heath.
- There were 107 arrests and 27 charges for prostitute related activity during 2007/08.
- There were 146 encounters and 58 arrests of women street sex workers in 2007/08.
- 121 women were identified from this information as some women had been encountered and/or arrested more than once.
- One of the main reasons women work as street sex workers is to fund their and their partners drug habits
- Female street sex workers are vulnerable and are highly likely to be victims of violent crime. They are also less likely to report when they have been a victim to police
- Female street sex workers are more likely to have suffered physical and/or sexual abuse when they were younger compared to women that have not operated as sex workers
- 85% of the women identified as street sex workers had previously committed an offence other than soliciting/loitering, and 91% of female sex workers drug tested on arrest tested positive for drugs. Furthermore 64% of the women are known to have been the victims of crime on at least one occasion.

## Women in the criminal justice system or at risk of offending

The following data is taken from the latest report on women in the criminal justice system published under Section 95 of the Criminal Justice Act 1991 and from the The Short study on Women Offenders, Ministry of Justice, May 2009.

- Women make up around 5 per cent of the total prison population (4,296 out of a total of 83,454 on 30 June 2009) and among those starting community sentences (19,778 out of a total of 126,170 in 2008)
- In the last decade, the women's prison population has risen by 44 per cent; in comparison the male prison population has risen by 26 per cent. In particular, the numbers of women passing through prison on very short sentences is increasing rapidly. Such short sentences make meaningful engagement with rehabilitation programmes impossible.
- Currently, how the criminal justice system treats women is expensive, but fails to prevent offending or help women get their lives back on track. In 2008, the UK spent £131m on women's prisons and healthcare for women prisoners.

### **Women as victims**

- Women who have been victims of violence and abuse are over-represented in the criminal justice system
- Relationship problems, drug or alcohol addiction and mental health problems feature strongly in women's pathways into crime
- Women are at greater risk of violence from someone they know well.

### **Women as Suspects**

- In 2009 there has been a decrease of just under 2% in the number of arrests of females compared to less than 1% in the number of arrests of males
- In 2009 a slightly higher percentage of females were issued pre-court sanctions rather than court sanctions
- Theft and handling stolen goods was the most common indictable offence group for which both males and females were prosecuted in 2009 (44% females 28% males)

### **Women as Defendants**

- The number of females sentenced increased by just over 11% between 2005 and 2009.
- The average length of an immediate custodial sentence for females, for indictable offences, was 11.0 months compared to 17.0 months for males
- A greater percentage of females sentenced for an indictable offence had no previous cautions or convictions than males (16% compared with 9%). This was consistent in each of the last five years

### **Women as Offenders**

- Although average custodial sentence lengths for females were shorter than those for males, it should be borne in mind that, traditionally, offenders completing a custodial

sentence of less than 12 months have not received specific statutory support upon release, which may have implications for these individuals.

- 34% of women are in prison for theft and handling (the most common offence group) compared to 17% of men.
- Women were more often assigned to Probation Tiers 1 and 2 of the Offender Management Tiering framework (just over 64% of women were assigned to the lower tiers compared to 50% of men)
- Women's prison receptions decreased by 9% between 2008 and 2009; men's receptions decreased by 5%.
- The frequency of reoffending rate for women increased by 16% between 2007 and 2008.
- Between 2005 and 2009, incidents of self-harm for women per 1,000 prisoners decreased by 17%. However, more than one-third of female prisoners (37%) self-harmed in 2009
- The decrease for those receiving custodial sentences was not equal across all sentence lengths. For women, the greatest reductions in 2009 were in indeterminate sentences (which decreased by 40%) and sentences of less than six months (which decreased by 12%).
- Women prisoners are far more likely than men to be primary carers of young children

## The women and the outcomes they achieve

### Profile

The following statistics are based on returns to the MoJ covering activity at the Balsall Heath Centre over four quarters, 1 July 2009 to 30 June 2010 and the Handsworth Centre over 2 quarters, 1 January to 30 June 2010. **The total number of women supported is 252.**

Anawim engaged a further 95 women through prison in-reach and 91 through street outreach between 1 June 2009 and 31 May 2010 however, profile data is not currently collected for these women.

### Age

16-18	4%
19-24	23%
25-34	37%
35-44	22%
45-54	10%
55-64	3%
65+	0%

### Disability

Yes	18%
No	74%
Not stated	8%

### Postcode area

B1-10	13%
B11-20	32%
B21 – 30	17%
B31 – 40	21%
B41 – 50	6%
B51 – 60	1%
B61 – 70	2%
B71 – 80	0%
B81 – 90	1%
B91 – 99	2%
Other	5%

## Ethnic origin

White	White British	53%	58%
	White Irish	4%	
	Any other white background	1%	
Mixed	White & Black Caribbean	8%	10%
	White & Black African	0%	
	White & Asian	1%	
	Any other mixed background	0%	
Asian or Asian British	Asian – Indian	2%	10%
	Asian - Pakistani	6%	
	Asian - Bangladeshi	2%	
	Any other Asian Background	0%	
Black or Black British	Caribbean	10%	18%
	African	1%	
	Any other black background	7%	
Chinese or other ethnic group	Chinese	0%	4%
	Any other ethnic group	4%	

## Needs

No. of women with needs in 2-4 areas	60%
No. of women with needs in more than 4 areas	29%

## Children supported

Women with children	164	65%
Women with children in care	40	16%
Women with children living elsewhere	73	29%
Number of children	400	

## Outcomes

The progress women achieve is recorded against nine support pathways, defined by the Ministry of Justice. The tables below show:

- the total number of number of women who said that they had a need under this pathway at their initial assessment
- the progress they reported against specific indicators for each pathway within the timeframe specified.

It should be noted that not each indicator is relevant to every women reporting against this pathway. It should also be noted that, given the starting point for many of these women, the fact that they sustain their situation or behaviour is regarded as a positive outcome.

The data relates to 209 women supported at the Balsall Heath site between 1 June 2009 and 31 May 2010. These were new entrants to the service in that year and do not include women receiving a service before 1 June 2009.

		Women attaining outcome	% attaining outcome
<b>Support Pathway</b>	<b>Accommodation</b>	<b>102</b>	<b>%</b>
	Move to Settled Accommodation	<b>11</b>	<b>11%</b>
	Unsafe to safe accommodation	<b>3</b>	<b>3%</b>
	Homeless to Accommodated	<b>3</b>	<b>3%</b>
	Sustained Existing Accommodation	<b>78</b>	<b>76%</b>
	Lost Secure Accommodation	<b>3</b>	<b>3%</b>
	Sustained homeowner status	<b>4</b>	<b>4%</b>

		70	%
<b>Support Pathway</b>	<b>Employment, Training and Education</b>	<b>70</b>	<b>%</b>
	Gained or improved empl/training	<b>46</b>	<b>66%</b>
	Employment Sustained 4 weeks	<b>4</b>	<b>6%</b>
	Increased capacity to work	<b>6</b>	<b>9%</b>
	Attended at interview	<b>2</b>	<b>3%</b>
	Dropped out of college	<b>0</b>	<b>0%</b>
	Loss of Employment	<b>4</b>	<b>6%</b>
	Accessing mainstream training	<b>8</b>	<b>11%</b>

Women attaining outcome	% attaining outcome
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<b>Support Pathway</b>	<b>Health</b>	<b>87</b>	<b>%</b>
	Accepting Health Support	<b>46</b>	<b>53%</b>
	Reduced self harming	<b>1</b>	<b>1%</b>
	Registered with GP/Dentist	<b>1</b>	<b>1%</b>
	Reduced Incapacity Benefit	<b>1</b>	<b>1%</b>
	Health Deteriorated	<b>4</b>	<b>5%</b>
	Sustained overall health	<b>34</b>	<b>39%</b>

<b>Support Pathway</b>	<b>Drugs and Alcohol</b>	<b>85</b>	<b>%</b>
	Abstinence from Drugs/Alcohol	<b>7</b>	<b>8%</b>
	Reduced frequency of drug use	<b>8</b>	<b>9%</b>
	Reduced seriousness of Drug use	<b>3</b>	<b>4%</b>
	Management of Drug and Alcohol use	<b>20</b>	<b>24%</b>
	Increased Drug and Alcohol use	<b>11</b>	<b>13%</b>
	No previous drug misuse	<b>36</b>	<b>42%</b>

<b>Support Pathway</b>	<b>Finance, Benefits and Debts</b>	<b>94</b>	<b>%</b>
	Reduced/Managing Debt	<b>44</b>	<b>47%</b>
	Increased Income	<b>2</b>	<b>2%</b>
	Income Decreased	<b>6</b>	<b>6%</b>
	Debts worsened	<b>4</b>	<b>4%</b>
	No recourse to Public Funds	<b>14</b>	<b>15%</b>
	Maintained positive finances	<b>26</b>	<b>28%</b>

<b>Support Pathway</b>	<b>Children, Families &amp; Relationships</b>	<b>61</b>	<b>%</b>
	Custody stops - whereby this stops children going in to care	<b>0</b>	<b>0%</b>
	Children Moved from care to return to mother	<b>0</b>	<b>0%</b>
	Removed from Child Protection Register	<b>4</b>	<b>7%</b>
	Improved Parenting Skills	<b>3</b>	<b>5%</b>
	Improvement of School Attendance	<b>3</b>	<b>5%</b>
	Children taken in to care	<b>0</b>	<b>0%</b>
	Social Services Involved	<b>24</b>	<b>39%</b>
	Family relationships improved	<b>27</b>	<b>44%</b>

Women attaining outcome	% attaining outcome
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<b>Support Pathway</b>	<b>Attitudes, Thinking and behaviour</b>	<b>135</b>	<b>%</b>
	Attendance/engagement - 80% of plan	<b>18</b>	<b>13%</b>
	Improvement of well being - Therapies	<b>9</b>	<b>7%</b>
	Increase self esteem / confidence	<b>15</b>	<b>11%</b>
	Attendance life-skills classes	<b>14</b>	<b>10%</b>
	Stopped Attending Courses	<b>22</b>	<b>16%</b>
	Involved in Courses	<b>37</b>	<b>27%</b>
	Improved emotional wellbeing	<b>20</b>	<b>15%</b>

<b>Support Pathway</b>	<b>Supporting Women who Have been Abused Raped or Experienced DV</b>	<b>76</b>	<b>%</b>
	Keyworker Attendance at MARAC	<b>0</b>	<b>0%</b>
	Referral to Specialist Agencies	<b>9</b>	<b>12%</b>
	Creation of Safety Plan	<b>7</b>	<b>9%</b>
	Returned to Abusive Partner	<b>4</b>	<b>5%</b>
	Left abusive partner	<b>19</b>	<b>25%</b>
	Not disclosed at assessment	<b>37</b>	<b>49%</b>

<b>Support Pathway</b>	<b>Supporting Women Who Are or Have Been Involved in Prostitution</b>	<b>19</b>	<b>%</b>
	Attendance at sexual Health Clinic	<b>6</b>	<b>32%</b>
	Referral to specialist Support	<b>1</b>	<b>5%</b>
	Increased Level of Sex Work	<b>3</b>	<b>16%</b>
	Exited sex work	<b>9</b>	<b>47%</b>

<b>Support Pathway</b>	<b>Offending</b>	<b>102</b>	<b>%</b>
	Maintaining non-offending status	<b>30</b>	<b>29%</b>
	Reduction of Offending	<b>60</b>	<b>59%</b>
	Reduction in Serious of Offending	<b>2</b>	<b>2%</b>
	Committed Further Offences	<b>3</b>	<b>3%</b>
	Breached Community Order	<b>7</b>	<b>7%</b>

A summary of the key outcomes is contained in the **Conclusions** section of this report.

# The support Anawim provides

## Interventions

All women attending Anawim's centres are assigned a key worker. Women also receive support from other staff and the volunteers who work at the Centres. An intervention is defined as one to one contact with a woman attending the centre. Interventions are classified under the issues they are supporting:

- Self esteem
- Crisis intervention
- Parenting skills
- Training and employment
- Practical support
- Housing and employment
- Health
- Crime
- Sex work
- Bereavement or trauma

Not all interventions are recorded. Staff (and some volunteers) record the more substantial interventions (which will have lasted 15 minutes or more) and which staff judged to have had a positive impact on the woman concerned.

The data below is based on activity at Balsall Heath between 1 June 2009 and 31 May 2010. The number of women joining the Anawim service at Balsall Heath during the period was 209. This includes 66 women who started Criminal Justice System *Specified Activity Orders* in this period and 61 women who started *Community Payback* in this period.

There were 3,451 attendances at Anawim's Balsall Heath Centre by **307 women** – new starts plus 98 women already attending Anawim prior to 1 June 2009.

### Self Esteem

Most of the women who attend the Centre suffer from a very low sense of self worth. Many are very socially isolated and feel ignored and rejected. Very little can be achieved in terms of personal development from this position, so two related types of intervention are designed to promote each woman's sense of self worth on which other achievements can be built.

Intervention 1: (VLI) is designed to help the woman feel valued, listened to and less isolated. Many women need significant support in these areas. **1,558** such interventions were undertaken in the period.

Intervention 2 (SAC) is designed to specifically increase self esteem and confidence as her trust in staff at the Centre grows. **1,390** such interventions were made in the

period. Many of these interventions include encouraging the women to join courses and other personal development activities at the Centre.

A total of **210** counselling sessions took place with professional counsellors during this period. Each session was of one hour duration, with assessment sessions taking one and half hours.

### **Crisis Intervention**

Crisis situations, such as rape or other forms of violence and eviction from property (and therefore homelessness) often arise during the early weeks of attendance at the Centre.

Intervention 3 (CRS) involves the worker in dealing with the crisis situation, such as assisting the woman in finding emergency housing. **103** crisis interventions took place.

Intervention 4 (DVS) may involve assisting the women in leaving a violent situation but will also involve intensive follow-up support and assistance. **135** interventions took place.

### **Parenting Skills**

Most of the women with children benefit from assistance with parenting skills. Those who are separated from their children often require emotional support, and practical support to maintain contact. Many of these interventions involve home visits of several hours duration.

Intervention 5 (PCS) is designed to improve parenting skills and provide support to both parents and children. **230** interventions took place. (These do not include sessions in the crèche).

*“The Government is committed to reducing the number of women in prison who do not pose a risk to the public by providing effective community provision that address their complex needs. Anawim has been one of the projects that have led the way informing national developments and trailblazing new approaches based on their long experience of working with vulnerable women. We have been consistently impressed by your work to support women in turning away from crime and your strong partnerships with probation and a wide range of organisations”.*

Frances Flaxington, Head of the Criminal Justice Women's Policy Team

## Training and Employment

A significant amount of activity at the Centre is designed to assist women back into training and employment. The interventions listed below do not include interventions by outside agencies, such as Pertemps.

Intervention 6 (TEP) designed to improve a woman's training and employment prospects. **260** interventions took place.

Job Centre Plus undertook **52** sessions at the Centre, focusing on employment and benefit advice. Staff from Pertemps attended once per week and undertook a total of **43** sessions specifically aimed at helping women back into employment.

## Practical Support

Most of the women require practical support, particularly in relation to issues concerning money and debt. Staff work closely with a worker from Birmingham Settlement, one of the agencies that attend the Centre.

Intervention 7 (PRA) involves a wide range of practical support including provision of lifts to important appointments and showing someone around a new area they have moved to. It may also involve accompanying women to appointments if they need support. **451** interventions by Anawim staff took place.

In addition, Birmingham Settlement undertook **130** sessions at the Centre. Most of these sessions take at least half an hour and involve making applications to various statutory and other agencies.

## Housing and Employment

Accommodation is an important issue for many of the women. A reasonable place to live is generally a prerequisite for a woman moving her life forward in a positive direction.

Intervention 8 (HOU) – helping to improve a woman's housing situation, including filling out the relevant forms, advising and advocating on her behalf. **406** such interventions took place.

In addition, Birmingham City Council Housing Department (Sparkbrook office) undertook **84** sessions of accommodation advice at the Centre.

## Health

Health issues are common, especially for those women who have particularly chaotic lifestyles. As well as providing a hot meal made with good quality food three days per week, women receive a wide range of support with their health, such as liaison with a doctor, assistance with getting into drug treatment and reduced alcohol intake. A mental health worker attends the Centre once per week and there is particular

emphasis on signposting to relevant services as this client group are regularly missed by available services.

Intervention 9 (HEA) – help to improve health – **352** interventions took place (Anawim staff only – this figure does not include any interventions by health workers).

### **Crime**

All activity at the Centre is designed to encourage and facilitate women to adopt a positive and productive lifestyle. This intervention is specifically designed to reduce criminal activity and will involve such interventions as discussions with the women about the causes of her offending and how to avoid this in the future.

Intervention 10 (CRI) designed to reduce criminal activity. **460** interventions.

### **Sex Work**

Those women who are involved in sex work receive support in leaving this lifestyle should they choose to do so. It is also important that women receive support to keep themselves safe and healthy.

Intervention 11 (SWA) Help with decreasing sex work and/or staying safe. **30** such interventions took place.

### **Bereavement or Traumas**

Many of the women receive support when going through bereavement or trauma. These figures exclude counselling.

Intervention 12 (BER) support with bereavement or trauma – **65**.

### **Course and workshops**

In addition to providing one to one support, Anawim facilitates a range of courses to engage women at the Centre. An intervention is defined as the number of women attending each session of the course.

**Arts and Crafts:** The Centre runs two Arts and Crafts sessions per week. The workshops run for two hours and encompass painting, drawing, jewellery making and sewing. Art created is hung on the walls of the art room to give women a sense of pride in their work. Women attended these workshops for a total of **220** sessions (ie there were 220 interventions in all)

**Bournemouth College “Taster sessions”:** these courses included teaching women on a range of topics including beauty workshops, health and crafts etc. They ran for two hours each and included a total of **153** women interventions.

**Sifa Fireside Alcohol Awareness:** A total of **55** interventions took place, including course work and one to one sessions.

**Anger Management** Anger Management workshops of two hours duration held, attended for a total of **87** interventions.

**Love Yourself Workshops\_** designed to build self esteem, each of two hours duration, amounted to a total of **123** interventions.

**Disc Jockey and Dance** A course leading to accreditation which ran for two hours involved a total of **56** interventions and led to a concluding performance by the women.

**Life Skills:** A course run by Solihull College, again for two hours per session, involved a total of **212** interventions.

**Confidence Building** A workshop led by a member of staff who is a professional life coach. This workshop only started at the end of the period but a total of **58** interventions had taken place by 31<sup>st</sup> May 2010. The workshops ran for two hours.

## Interventions and outcomes in action

Rubus interviewed five support workers in December 2010. The workers had been asked to identify one woman they had supported recently. The purpose of the interviews was to develop case studies that told the story of the service as well as the woman's journey.

## Support Synopsis 1: Jane

**Client profile:** 25 years old, white Irish living in Aston with no dependents.

**Referral route:** Jane was referred to Anawim in May 2010 by probation services. Although she was not subject to a court order, staff felt that she was vulnerable, at risk of offending and that she would benefit from Anawim support.

**Status:** ongoing support from the Handsworth Centre

**Needs identified:** At initial assessment, Anawim's support worker identified that Jane was struggling financially and was in debt with utility companies. Jane appeared reluctant to engage, she failed to turn up for appointments and seemed confused about arrangements. Over subsequent sessions, a number of issues emerged: Jane had left a violent relationship and feared that her partner was looking for her; she was unable to rely on support from her family as she and her partner are from a close knit travelling community who might divulge her whereabouts; she is unable to read and write and suffers from memory loss and mood swings believed to be a result of domestic abuse; she was living in temporary supported accommodation provided by Trident Housing.

### Interventions and outcomes

<i>Needs identified</i>	<i>Support provided by Anawim</i>	<i>Outcomes achieved</i>
<p><b>Financial issues</b> – debts with utilities. No money, no passport.</p>	<ul style="list-style-type: none"> <li>Jane was introduced to Eda, the money advice service</li> <li>Anawim's support worker secured funding from the Prince's Trust to pay for a passport</li> </ul>	<ul style="list-style-type: none"> <li>Application for a Community Care Grant was refused but is subject to an appeal.</li> <li>Passport and therefore proper identification were secured by Anawim's support worker.</li> </ul>
<p><b>Housing need:</b> Jane was in temporary accommodation that would need to be vacated by November 2010</p>	<ul style="list-style-type: none"> <li>Jane was introduced to Shelter whose staff worked jointly with Anawim's support worker to submit a homeless application</li> </ul>	<ul style="list-style-type: none"> <li>Jane was initially assessed as Band D and therefore not a priority for housing. Anawim and Shelter advocated on Jane's behalf and she was moved up to Band B</li> <li>A permanent property was offered in October 2010</li> </ul>

<b>Memory loss, mood swings and suicidal thoughts</b>	<ul style="list-style-type: none"> <li>• Anawim's support worker enabled Jane to access the psychiatric service and accompanied her to appointments.</li> <li>• The psychiatrist assessment was that Jane needed to focus on the future rather than the past and to take positive action towards future goals.</li> </ul>	<ul style="list-style-type: none"> <li>• The Anawim support worker set a series of practical, achievable short term goals for Jane such as decorating her home and joining an exercise class.</li> </ul>
<b>Low confidence and self esteem. No social networks</b>	<ul style="list-style-type: none"> <li>• Jane joined Anawim's lifeskills group a weekly 90 minutes session</li> <li>• Anawim's support worker secured funding from the Prince's Trust to fund a beauty course</li> </ul>	<ul style="list-style-type: none"> <li>• Jane appears to be more confident and takes more responsibility e.g. she now turns up for appointments and brings any letters to the support worker immediately rather than pushing them in a drawer and letting them build up.</li> </ul>
<b>Poor literacy skills</b>	<ul style="list-style-type: none"> <li>• Jane will join a literacy course at Anawim now that the immediate issues have been addressed</li> </ul>	

**Summary of outcomes:** Jane has succeeded in developing stability in her life. She now has permanent housing, is managing her mental health condition and is developing the strength and confidence to think positively about her future. She has not committed any further offence.

**Jane's biggest single achievement** according to the support worker has been to **develop the strength and confidence not return to her abusive husband**. This is particularly significant in Jane's case as the culture in the travelling community is for the family to support the male partner regardless of his behaviour. Breaking away from her husband meant that Jane had to cut all contact with her family.

**Frequency and nature of support worker engagement:** the support worker meets Jane once or twice a week. The activity is a mixture of supporting Jane at appointments with other agencies and general support. Review sessions take place every three months. Jane and the support worker assess her progress and set new short term goals.

**Exit strategy:** the support worker aims to reduce the frequency of support over the next 6 months and secure a volunteer Befriender from Shelter to provide ongoing support for Jane.

**Key aspects of the nature of Anawim support** according to the support worker are **building trust, non judgemental, informal support, listening and taking and giving time**, only pushing as far and as fast as the client can go at any time. **Practical personal support** such as accompanying Jane to appointments with other professionals.

## Support Synopsis 2: Tracey

**Client profile:** 35 years old, white UK. Tracey has Multiple Sclerosis, diabetes and schizo affective disorder. She also suffers from psoriasis. She has four children aged between 7 and 18 years. The two older children are in the care of Social Services; the two younger children live with a distant aunt.

**Referral route:** Tracey was referred by the CARAT Team at Eastwood park prison in January 2010. Tracey had been on remand in prison for 5 months and was due to appear in court in April 2010.

**Status:** ongoing support from the prison in-reach worker

**Needs identified:** Tracey was on remand on a charge of aggravated burglary. She had befriended an elderly man and then stolen a CD player from him. She was referred to Anawim as prison staff felt that she was isolating herself and was likely to be taken advantage of by the other prisoners. She presented with mental health issues and needed support to stay off drugs. She had nowhere to live on release from prison. She has an abusive family. She was sexually abused as a child by an uncle and her father was physically abusive and stole money from her.

### Interventions and outcomes

<i>Needs identified</i>	<i>Support provided by Anawim</i>	<i>Outcomes achieved</i>
<b>Sentencing</b>	<ul style="list-style-type: none"> <li>Anawim's support worker contacted Tracey's solicitor and probation officer and suggested that Tracey be offered a Specified Activity programme at Anawim. Anawim's support worker attended crown court with Tracey and spoke on her behalf</li> </ul>	<ul style="list-style-type: none"> <li>Tracey was given a 21 day Specified Activity order at Anawim with a 2 year probation order and a suspended sentence.</li> </ul>

	on the stand.	
<b>Support for substance misuse</b>	<ul style="list-style-type: none"> <li>Anawim's support worker liaised with the Drug Intervention Programme Team drugs team.</li> </ul>	<ul style="list-style-type: none"> <li>A Methadone script was set up with a local chemist on each housing move to keep Tracey off drugs.</li> </ul>
<b>Financial issues</b>	<ul style="list-style-type: none"> <li>Anawim's support worker contacted the benefits office and accessed benefits support from Birmingham Settlement.</li> </ul>	<ul style="list-style-type: none"> <li>An application for benefits was registered and a crisis loan applied for</li> <li>Disability Living Allowance was secured</li> </ul>
<b>Housing</b>	<ul style="list-style-type: none"> <li>The probation service arranged a place in a hostel but the conditions were appalling. The support worker secured accommodation in a hotel for one night paid for by Birmingham Settlement and contacted Birmingham City Council's Neighbourhood Office about Tracey's housing need. Tracey received food and clothing from Anawim immediately on her release.</li> </ul>	<ul style="list-style-type: none"> <li>Temporary housing was secured – 5 weeks in the hotel</li> <li>A permanent flat was secured after 6 months</li> <li>An application to MIND supported housing was made to provide ongoing support for Tracey</li> </ul>
<b>Mental health problems –</b> Tracey had twice been sectioned in the past and voices told her to save up tablets to harm herself	<ul style="list-style-type: none"> <li>Anawim's support worker supported Tracey to access Mental Health Services and accompanied her to appointments.</li> </ul>	<ul style="list-style-type: none"> <li>Tracey now receives fortnightly injections for her mental disorder. She gives tablets to the support worker when she feels at risk. She has not self harmed in 8 months.</li> </ul>
<b>Health</b>	<ul style="list-style-type: none"> <li>Anawim's support worker registered Tracey with a GP practice and makes regular support visits.</li> </ul>	<ul style="list-style-type: none"> <li>Diabetes is well managed.</li> </ul>
<b>Offending behaviour</b>	<ul style="list-style-type: none"> <li>As part of her Specified Activity Order, Tracey</li> </ul>	<ul style="list-style-type: none"> <li>Tracey successfully completed her order and her</li> </ul>

	attended a 6 week life skills and confidence building course; counselling and jewellery making at Anawim.	drug programme with Phoenix. She has not re-offended and no longer takes drugs.
<b>Low confidence and poor social skills</b>	<ul style="list-style-type: none"> <li>As above.</li> </ul>	<ul style="list-style-type: none"> <li>Tracey's confidence has increased and she is more assertive. She is now making friends and offers informal support to other women at the Centre. She is now able to say no to her father and has established regular visits with her children.</li> </ul>

**Summary of outcomes:** Tracey has successfully completed her court order, is drug free and has not committed a further offence. She is living in stable accommodation, is managing her health better, has re-established contact with her children and is now more able to make decisions and assert herself in a constructive way.

**Tracey's biggest single achievement** according to the support worker has been that **she has not self harmed or felt the need to commit a crime in 8 months.**

**Frequency and nature of support worker engagement:** Anawim's support worker met Tracey almost daily for 5 weeks. They now meet weekly on average. Initially the support was about showing Tracey that someone cared and sorting things out for her. After 2 months Tracey started to make calls herself with support. The final target is to get Tracey to use public transport – she is phobic. A formal review has been undertaken every 2 months. The support worker is now using the Outcomes Star to assess and record progress.

**Exit strategy:** The support worker will continue to support Tracey via monthly meetings timed to coincide with her monthly probation review meetings. She will always need some support but this may be achieved in the long term via the MIND supported housing scheme.

**Key aspects of the nature of Anawim support** according to the support worker are **the emotional support, the relationship development and trust building. Anawim is honest with women and challenges them and is good at getting underneath the surface of issues rather than just providing a sticking plaster.**

### Support Synopsis 3: Deana

**Client profile:** 29 years old, Afro-Caribbean. Deana has five children

**Referral route:** Deana walked into Anawim’s Handsworth Centre on 16 April 2010.

**Status:** The case was closed in October 2010.

**Needs identified:** Deana approached Anawim for help initially with her debts. She had set up her own business which failed resulting in £15,000 bank debts and rent arrears. The private landlord was pressing for payment. Deana subsequently revealed that she had previously left her physically abusive partner. He is the father of her children and had started to harass her and her new partner. The harassment escalated during the course of Anawim’s contact with Deana, resulting in an assault outside the nursery and school her children were attending. Deana was suffering considerable stress and anxiety as a result.

#### Interventions and outcomes

<i>Needs identified</i>	<i>Support provided by Anawim</i>	<i>Outcomes achieved</i>
<b>Debt</b>	<ul style="list-style-type: none"> <li>Anawim’s support worker introduced Deana to Birmingham Settlement’s money advice service.</li> </ul>	<ul style="list-style-type: none"> <li>A debt repayment scheduled was agreed.</li> </ul>
<b>Harassment</b>	<ul style="list-style-type: none"> <li>Deana visited Anawim’s Centre in a great distress as a result of the assault. Anawim’s support worker escorted Deana to the police station to make a formal complaint and to secure protection. She supported Deana and her children through the police process.</li> <li>Anawim’s support worker took Deana to the Social Services and supported her through the “at risk” assessment process.</li> <li>Anawim’s support worker secured a solicitor to</li> </ul>	<ul style="list-style-type: none"> <li>Advice and protection secured from the police</li> <li>Formal contact arrangements made for ex partner</li> </ul>

	support Deana to establish formal contact arrangements between her ex partner and their children	
<b>Housing</b>	<ul style="list-style-type: none"> <li>Anawim's support worker helped Deana secure new accommodation in Marston Green, some distance from her previous address.</li> </ul>	<ul style="list-style-type: none"> <li>New housing secured in a safe environment</li> </ul>

**Summary of outcomes:** Deana is now living in safe and pleasant housing free from the threatening environment created by her ex partner and landlord in Handsworth. Her debt situation is being managed and Deana is now back at work.

**Deana's biggest single achievement** according to the support worker has been to **break free from the stressful and threatening environment in Handsworth and establish a safe and loving home for her children.**

**Frequency and nature of support worker engagement:** Anawim's support worker was in contact with Deana once or twice every week during the first four months. This was reduced to fortnightly telephone contact throughout the next four months. Whilst emotional support was a key, meetings were formal and structured with clear aims and outcomes.

**Exit strategy:** The case is now closed.

**Key aspects of the nature of Anawim support** according to the support worker are **the holistic approach**, looking at a range of needs rather than each need in isolation and **the key worker principle**, not just handing women over to another agency but accompanying them where appropriate and ensuring follow up.

## Support Synopsis 4: Kara

**Client profile:** 28 years old, white British. Kara has two children of primary school age who live with her parents.

**Referral route:** Kara was attending the Safe project based at Anawim. She was addicted to heroin.

**Status:** ongoing support from the Balsall Heath Centre

**Needs identified:** Anawim's support worker recognised that Kara was regularly attending her appointments with Safe but did not get involved with anyone at Anawim. Over a four month period, she talked to Kara and built up a relationship such that Kara finally agreed to sit with the support worker and talk about her circumstances. Kara came from a comfortable secure background. She was living with her partner, a heroin dealer who physically abused her and would not allow her to visit her parents and children. She was hospitalised periodically as a result of his violent behaviour.

### Interventions and outcomes

<i>Needs identified</i>	<i>Support provided by Anawim</i>	<i>Outcomes achieved</i>
<b>Domestic violence / safe housing</b>	<ul style="list-style-type: none"><li>• Anawim's support worker secured a place at Sandwell Women's Refuge. However Kara maintained contact with her partner and revealed the address to him.</li><li>• Anawim's support worker secured a place for Kara at Walsall Women's Refuge where she stayed for eight months. She continued to see her partner occasionally.</li><li>• Anawim's support worker secured a flat in King's Heath and applied to charitable trust for money to decorate and furnish it.</li></ul>	<ul style="list-style-type: none"><li>• Temporary, supported accommodation was secured</li><li>• Permanent, independent accommodation was secured</li><li>• Kara created a homely environment for her children to visit</li></ul>

<b>Dependency on partner</b>	<ul style="list-style-type: none"> <li>• Kara began to visit the Centre regularly and has taken part in a wide range of activities and accredited and non accredited programmes including drug and alcohol awareness, arts and craft, English, beauty course.</li> <li>• Anawim's support worker secured a work placement at Sifa Fireside</li> </ul>	<ul style="list-style-type: none"> <li>• Kara has developed independent interests and is focussing positively on her future</li> <li>• Kara has enrolled at Bourneville College on an NVQ level 2 Health and Social Care course.</li> <li>• Kara has been offered a volunteering role at Sifa Fireside</li> </ul>
<b>Substance misuse</b>	<ul style="list-style-type: none"> <li>• In liaison with Safe project workers, Anawim's support worker has continued to support Kara to reduce her dependency on drugs</li> </ul>	<ul style="list-style-type: none"> <li>• Kara no longer takes heroin and her dependency on methadone is reducing.</li> <li>• Kara has completed a 3 week residential rehabilitation programme.</li> </ul>
<b>No contact with children or parents</b>	<ul style="list-style-type: none"> <li>• Anawim's support worker encouraged and supported Kara to re-establish contact with her parents and children</li> </ul>	<ul style="list-style-type: none"> <li>• Kara is now in regular contact with her parents and her children spend some weekends with her at her flat.</li> </ul>

**Summary of outcomes:** Kara has established a stable and secure home and a life independent of her abusive partner. She now has regular contact with her parents and children, has enrolled at college and now sees a positive future for herself and her children. She is now drug free.

**Kara's biggest single achievement** according to the support worker has been to **rebuild her family life and create a home environment for her children.**

**Frequency and nature of support worker engagement:** Anawim's support worker saw Kara several times a week while she was attending activities at Anawim's centre. One to one support meetings were held weekly over an eight month period to provide encouragement and set targets for Kara. The support worker now makes monthly home visits to provide support to Kara to maintain her positive behaviour.

**Exit strategy:** Anawim's support worker feels that Kara is still at risk of returning to her abusive partner and consequently going back on drugs. The next target is for Kara to attend the Freedom Programme, a 12 week domestic violence awareness course to understand how relationships influence her behaviour and enable her to develop the awareness to recognise and avoid abusive relationships in the future.

**Key aspects of the nature of Anawim support** according to the support worker are **the building of trust which enables women to be honest and open and the consistent, personal, “handholding” support over an extended time frame.**

**Support Synopsis 5: Carole**

**Client profile:** 31 years old, white British. Carole has 3 children, two are adopted and one child aged one is living with her

**Referral route:** Carole was referred by her solicitor in January 2010. Carole was coming out of a mother and baby residential unit. Her baby was subject to care proceedings and the solicitor felt she would benefit from support.

**Status:** ongoing support from Balsall Heath Centre

**Needs identified:** Two of Carole’s children had previously been removed from her care. She was not in full custody of her third child who was residing with Birmingham City Council but on placement with her. Carole was very isolated with no apparent support networks. There were concerns about her mental health and domestic violence and her parenting skills. Carole had poor literacy.

**Interventions and outcomes**

<i>Needs identified</i>	<i>Support provided by Anawim</i>	<i>Outcomes achieved</i>
<p><b>Parenting</b></p>	<ul style="list-style-type: none"> <li>Anawim’s support worker developed a safeguarding plan and supported Carole through legal proceedings. Her main objective was to prepare Carole emotionally to get through the proceedings and demonstrate her ability to care for her child.</li> <li>Carole was very anxious and withdrawn and wouldn’t leave her child at the crèche</li> </ul>	<ul style="list-style-type: none"> <li>Carole now has full parental responsibility for her child. Social Services will continue to monitor her for a further 12 months but minimal support is being provided and there are no concerns regarding her parenting skills.</li> </ul>

	<ul style="list-style-type: none"> <li>Anawim's support worker provided parenting skills support</li> </ul>	
<b>Low confidence and self esteem</b>	<ul style="list-style-type: none"> <li>Carole did not integrate with other women at Anawim's centre and would not go into the communal area alone</li> <li>Anawim's support worker referred Carole for counselling at Anawim</li> <li>Carole had not contact with her family and no social or support networks</li> </ul>	<ul style="list-style-type: none"> <li>Carole's confidence has grown and is clear in her body language. She now stands up straight, makes eye contact and does odd jobs in the Anawim Centre.</li> <li>She is now more assertive. She will meet the Social Services appointed guardian rather than pretend not to be at home when she visits.</li> <li>Carole has re-established contact with an aunt and her cousins.</li> </ul>
<b>Low skills level</b>	<ul style="list-style-type: none"> <li>Carole joined the literacy class at Anawim with support and encouragement from Anawim's support worker</li> <li>Carole now attends the Centre for two and a half full days. She attends numeracy, literacy and embroidery classes</li> </ul>	<ul style="list-style-type: none"> <li>Carole has achieved Entry levels 1,2 and 3 for literacy</li> <li>Carole won the Achiever of the Year award from Solihull College and attended the awards ceremony with her Anawim support worker</li> <li>Carole is taking a computer course at a different community venue.</li> </ul>

**Summary of outcomes:** Carole has grown in confidence, improved her social skills and has returned to education. She has succeeded in proving to Social Services that she can care for her child and create a stable and secure home.

**Carole's biggest single achievement** according to the support worker has been **to keep her child.**

**Frequency and nature of support worker engagement:** Initially Anawim's support worker met Carole two or three times a week during her visits to the Centre. She now visits Carole at home every two months and has an appointment with her at the Anawim centre every other month. Formal review meetings took place every three months and were planned around the care proceedings.

**Exit strategy:** Anawim's support worker will continue to support Carole until she is discharged from social services monitoring. She is supporting Carole to access a college place in September 2011 outside of Anawim. This will enable Carole to continue to improve her skills and qualification and future employability and to develop a social network independent of Anawim.

**Key aspects of the nature of Anawim support** according to the support worker are **the personal, tailored support packages and the setting of small, achievable steps that don't set women up to fail.** These give women boundaries and structure but are flexible.

## What the women say

Anawim receives formal and informal feedback from the women it supports. The following comments are extracted from Anawim's Annual Review 2009/10.

"I'm really happy to have been given this opportunity to do constructive work. Instead of drinking I am learning, and it's something that I really look forward to".

"I think Anawim was the best thing for me, I have made good friends and the staff are the best and are always there to help me. I would like to say thank you Anawim and all the staff for their help." HK

**"I've been attending Anawim for about 6 months and I think it can help people in different ways because people have different problems. Anawim helps me because of the counselling, alcohol awareness, Birmingham Settlement & housing. I enjoy coming as its so welcoming and polite, ignorance & unpleasantness is NOT acceptable. Xxx" Kat**

"My little one always stays in the crèche while I engage at Anawim... which is good for both of us. It has helped me to try and pursue a career and how to do it. They have helped me with a lot of my problems where I felt I had no one to turn to. Thank you for everything" H

"You have all supported me, the help given with my children is much appreciated: day trips, trip to the theatre, children's party which has been a great help especially during the holidays when funds are limited and children want something to do. I have learnt so many new arts and craft ideas which I explore with my children in the evenings. It is not an easy option but I am proud of everything that I have achieved whilst attending Anawim. You get out what you put in and Anawim has given me opportunities" H

"I feel Anawim really understand me. All staff members are caring but strict. The workshops are really good and help you to understand your capabilities and promote positive thinking. You learn something new every day... and I would definitely recommend this as a viable alternative to custody". N

"I feel I have changed. I have learnt that I need to think before I act. I have had a lot of help to sort out my debts, which has relieved a lot of stress. Staff are encouraging and supportive. I still have my freedom and my family". N

## The partners' perspective

### Existing reports and evaluations

Anawim has worked strategically over the last three years with the Ministry of Justice and Strategic Health Authority and has played a key role in shaping policy and practice particularly in the support of women in, or at risk of entering, the criminal justice system. This is evidenced by the following evaluation reports.

***A Review of Mental Health Support provided by women's community projects within the West Midlands region 2010*** looked at the work of women's centres including Anawim. It found that:

- Women's Community Projects, unlike statutory services, do not work within time frames with women and do not have to move women on after a certain period of time. This means that a woman does not feel pressured into working beyond her means, which in turn means she feels safe and unjudged. As a result, women feel more relaxed about getting help and they are more willing therefore to engage.
- A woman-centered approach that addresses multiple vulnerabilities contributes to an improved mental health and well being and can then often enable women to integrate more easily into her local community.

***Supporting their Mental Health Needs; Early analysis from a pilot project at Anawim in Birmingham.*** A partnership project involving Revolving Doors, Anawim, Birmingham & Solihull Mental Health NHS Foundation Trust, NOMS West Midlands, Pan Birmingham Mental Health Commissioners and NHS West Midlands was initiated in 2009 to acknowledge the difficulties for women who have a range of complex needs and look at their access to appropriate mental health services. A female qualified Mental Health Practitioner (MHP) was identified from the dual diagnosis field and was seconded from the Mental Health Trust and based at Anawim's centre for 1 day a week. Key findings from the pilot project:

- the access pathway is often not simple, straight forward, positive or welcoming.
- the complexity of women's needs are not totally acknowledged and when they do get access it is more often as an out-patient client only; this suggests a predominately medicalised approach that will not on its own lead to real engagement, change and ultimately positive outcomes.
- the case study examples indicate that it is not just the access to MH services where there are barriers but at every stage for these women and it is demonstrated how the 'crisis only' approach is sustained.
- the interplay of a range of social issues for these women and a level of vulnerability to mental health difficulties and other health factors. Alongside this is the lack of knowledge and understanding of the consequences of this interplay from practitioners and not seeing these as serious mental health issues and therefore not in need of the specialist services.

- the gap many women are falling through, not reaching the threshold for specialist mental health services but too complex for the current provision within primary care.

**The Corston Review of women in the criminal justice system 2007** raised questions as to whether prison was a justifiable and appropriate response for women with particular vulnerabilities, such as mental health problems, drug misuse or histories of violent and sexual abuse. Baroness Coston recommended a "distinct radically different ... holistic, woman centred, integrated approach". The government's response was to introduce a 'one stop' provision where women could access appropriate community provision to meet their varying needs.

Anawim was at the leading edge of development of the innovative "one stop shop" model - a holistic woman centred approach that has been rolled out nationally with investment from Ministry Of Justice and Corston Independent Funders' Coalition.

**The Short study on Women Offenders, Ministry of Justice, May 2009** concluded that more personalised and responsive services and early interventions could improve outcomes for women offenders and those at risk of offending.

Research from the new economic foundation reported in its report **UNLOCKING VALUE: How we all benefit from investing in alternatives to prison for women offenders's November 2008** found that for every pound invested in support-focused alternatives to prison, £14 worth of social value is generated to women and their children, victims and society generally over ten years.

## Partner engagement

Anawim works in partnership with a wide range of statutory and voluntary sector partners at local, regional and national level. Structured telephone interviews were conducted with five organisations that work closely with Anawim to identify their experiences of the project and their perception of the outcomes it achieves.

Contact	Organisation	Relationship
Antonia Bance	Advocacy Director Corston Coalition of Independent Funders	Funder and supporter. Antonia's role is to drive implementation of the Corston Report through lobbying and advocacy.  Antonia visited the project in her capacity as a representative of the funders in September 2009 and January 2010
Marcia Dixon	Team Manager, Manager, Community & Outreach, Phoenix	Phoenix have been providing substance misuse support for Anawim clients since December 2009. They are based at the Centre two half day sessions per week. They see on average 3 or 4 women per week.

Contact	Organisation	Relationship
Margaret Farrell	Money Advice Services Manager, Training & Outreach, Birmingham Settlement	Birmingham Settlement has been supporting Anawim to provide money advice since 2004, Current provision is in the form of a dedicated advisor based at Anawim every Tuesday funded by Severn Trent Trust Fund.
Pat Lawless	Curriculum Leader Community Programmes, Bourneville College	Margaret's role is to engage people who have had a poor experience of education in the past, in learning and training. She organises taster sessions at the Centre and runs a weekly embroidery class herself. The college previously ran accredited courses at Anawim but changes to funding for education mean that these can no longer be provided in the community.
David Williams	Programme Consultant, Offender Health and Socila Care West Midlands Strategic Health Authority	David's role is to facilitate and co-ordinate funding and develop partnership working between stautory and third sector organistions to achieve good quality outcomes for offenders. He has worked with Anawim for 2 years and managed a pilot project to increase access to mental health services for vulnerable women by locating a mental health practioner at Anawim's Balsall Heath Centre.

All respondents feel that **Anawim serves a genuine need in the community** for support for vulnerable women with mulitple and complex needs. All believe that there is significant demand for such support and some commetned that demand is likley to increase as cuts in public sector services begin to be felt.

One agency commented that it is rare to find an organisation that people go to voluntarily. "Women go to Anawim because its the right place to be".

**None of those agencies contacted were aware of any other women's organsiation that provides a similar range of services meeting multiple needs under one roof.** Safe, a project that provides health advice and information to sex workers, operates across Birmingham. Safe were co-located with Anawim until March 2010 when the agency was no longer able to fund the outposted activity.

*“The Birmingham women benefit greatly from the support that is provided to them on a regular basis by the Anawim staff, whilst they are accommodated at HMP Eastwood Park. The staff visit frequently and provide practical and emotional support, which assist the women and also other departments in the establishment that are working alongside them.”*

Tina Garrett, Drug Strategy Delivery Manager, HMP Eastwood Park

A number of organisations provide support for women experiencing domestic violence such as Women’s Aid and the Spearhead Trust based in Druid’s Heath.

**All those agencies** contacted that operate in the Birmingham area **believe that Anawim works well in partnership and complements the services of specialist providers.**

**All respondents spoke very positively about the support that Anawim provides and the outcomes achieved.** It is recognised that whilst not all women achieve positive outcomes as a result of Anawim’s intervention, a significant proportion do appear to.

Several respondents cite Anawim’s holistic approach and one stop model where women can access a range of services and support on one site as key to Anawim’s success

David William commented that

*“You cannot reduce re-offending if you look at it in isolation. If you don’t have a home, income and health, how can you move forward?”*

Reports received by the Corston Coalition of Independent Funders indicate to **Antonia Bance** that the majority of women Anawim supports complete their community orders successfully and do not re offend during the period of their support. She believes that the support women receive to address a range of practical and emotional issues, some of which may have led to their offending behaviour, is transformative.

*“Anawim’s intervention falls into the best support in the country for these women.”*

Antonia also feels that Anawim staff are prepared to challenge women and have expectations for their clients beyond harm reduction

Marica Dixon of Phoenix commented that it is not easy to tick a box for what Anawim do.

*“They are a small team who punch above their weight. They make a big difference to the women who go there. Really chaotic women have moved forward.”*

Pat Lawless gave an example from one of the women attending the embroidery class that shows how the opportunities Anawim facilitates help women to develop skills such as concentration and behaviour management. *“I pour a drink, I pick up my embroidery. I want to get to the end of the line. By the time I have got to the end I don’t need the drink. I have got control of the urge and I throw the drink away”.*

A gap in provision was identified as community language support for women from newly arrived communities. All respondents felt that Anawim could do more if they had more capacity.

# Summary and Conclusion - The difference Anawim makes

## Key findings

Anawim supports a significant number of women – over 500 per year with over 5,600 one to one interventions delivered from its Balsall Heath site alone.

Of those women supported at Anawim's Centres:

- 42% are from non white backgrounds
- 18% have a disability
- 60% have needs in two to four areas
- 29% have needs in more than four areas
- 45% of women with children do not have their children living with them

For women supported at the Balsall Heath site:

**Attitudes, thinking and behaviour, offending** and **accommodation** are the pathways against which most women identify needs and are primarily being supported.

Progress of women as a proportion of those recorded on a specific pathway is as follows:

76% of women have sustained their accommodation

66% of women have gained or improved employment /training

39% of women have sustained overall health

21% have reduced drug use

Only 13% have increased drug use

47% have reduced or managed their debts

44% reported improvements in family relationships

7% have had their children removed from the Child Protection Register

15% reported improved emotional well being

11% reported increased self esteem/confidence

Of 19 women who are or have been involved in **prostitution**:

47% have exited sex work

16% have increased sex work

Of 102 women reporting against the **offending** pathway:

29% have maintained their non offending status

59% have reduced offending

Only 3% have committed further offences

Only 7% have breached their community order

## Characteristics of success

Feedback from support workers, partners and the women themselves indicates that what makes Anawim effective is:

**The timescale over which support is provided.** This ranges from several months to several years.

**The intensity of support provided.** The Support Synopses illustrate the frequency of contact between the Anawim Support Worker and the women they support. This can be several times a week at its height.

**The range and complexity of needs** that Support Workers address with each woman. Whilst Anawim staff do not offer specialist support in every area, they facilitate a wide range of specialist support and act as the glue holding the whole together.

**The range of interventions on offer.** Interventions are recorded against 12 themes covering a complex mix of needs.

**The building of relationships that lead to openness and trust.** It is clear from the Support Synopses that women do not articulate all their needs at a first meeting. There is a process of unravelling over a period of time as the women become more comfortable with the Support Worker and start to take small steps.

**Close working with other support agencies.** Anawim has developed strong partnerships and could not achieve the outcomes reported in this study without the support of a wide range of voluntary and statutory agencies.

## Areas for improvement

Substantial investment from the Ministry of Justice created significant growth in a very short time frame. Unsurprisingly Anawim has struggled to keep up with the demands of reporting on the progress and achievements of large numbers of women across numerous interventions. Work is needed to develop the infrastructure required to enable Anawim to manage and report on activity and outcomes across the organisation in a comprehensive and consistent way.

### Recording interventions and outcomes

In discussions with senior staff and in the gathering of data to evidence the number of women Anawim support, the areas in which they offer support and the outcomes achieved, it has become apparent that Anawim's processes for monitoring and evaluating activity and progress are complex and time consuming. There are two separate systems in place which do not fit together easily. The reporting requirements of the MoJ have driven what, and how, progress the women make is recorded. It is biased towards women offenders and does not adequately reflect the wide range of women Anawim support.

Anawim is currently undertaking a complete review of its systems to clarify what information is required and for what purpose and to identify the most effective and efficient way in which data can be collected and collated.

Anawim is in the process of implementing an Outcomes Star for vulnerable women developed by Triangle Consulting. This should help women to be in full control of their progress and enable more consistent reporting across the organisation.

### **Case management**

Anawim's support service has developed from the early model of "befriending" adopted by the founding Sisters. Whilst initial assessments are conducted and contacts with women are recorded and progress reviewed, the exit strategy is less clear and there is a danger that women are not moving out of the service into full independence.

The senior management team have been reviewing the case management process and a structured model has been defined that focuses on setting goals, achieving outcomes and moving towards an exit strategy. This will be supported by the Outcomes Star framework which will help workers to identify the approach they adopt with each woman at different stages of her journey from dependence to independence. The development of a volunteer supported Mentoring Scheme will also enable Support Workers to move women from their case load without feeling that they are leaving women unsupported and vulnerable.

### **Conclusion**

Anawim has demonstrated that the support it provides enables women to address a range of emotional and practical issues, improve self esteem, and develop the personal confidence and life skills to make positive choices, find opportunities to work in mainstream employment and be active citizens.

However, the outlook for resourcing Anawim's work is uncertain. In the current economic climate few voluntary and community organisations will be insulated from a reduction in funding. The money invested in Women's Community Projects by the previous Labour government comes to an end in March 2011 and indications are that this will not be replaced. If it is continued in any form it is unlikely to be at the scale previously experienced. Where opportunities for public service delivery do exist, current reorganisation and down-sizing in the public sector (eg Primary Care, Probation) means that decisions about voluntary sector commissioning are being delayed, potentially well into 2011.

Anawim is determined to continue to provide support to as many vulnerable women as resources allow and has defined a reduced service model to ensure its sustainability. In addition, Anawim's strategy to formalise and streamline its case management and monitoring and evaluation processes will ensure that it is well placed to successfully tender for any future public sector contracts. In the short term Anawim is likely to be dependent on funding primarily from charitable trusts in a highly competitive environment. We trust and hope they believe Anawim, and the women they support, to be worthy of investment.