

**How Corston style ‘one stop shop’
women’s centres can be rolled out
nationally including an action plan based
upon the experience of Anawim**

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Brief

To produce a way forward action plan on how the centre can access mainstream statutory funding and contribute to Local and Central Government targets and objectives. Alongside the action plan the project will identify a number of principles which can be applied to other similar centres.

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1. Overview

In the Corston Report, Baroness Corston clearly lays out the need for 'a radical new approach, treating women both holistically and individually – women-centred approach' to support women with particular vulnerabilities in the criminal justice system. In her recommendations, she advocates the further development of women's centres as 'the right way to treat women and that their work must be built on as a real alternative to prison. Such centres develop 'an integrated approach to routing women to the appropriate services to meet their needs at various stages of their offending history, from prevention and diversion to resettlement into the community at the end of sentence, whether served in the community or in custody'. This report seeks to contribute to the reduction in numbers of women in custody and increase the range of community options.

The Corston Report lays out a blueprint for how women's centres can play a key role in delivering the strategy for a 'distinct, radically different, visibly-led, strategic, proportionate, holistic, woman centred, integrated approach.

The report focuses specifically on the experience of Birmingham-based Anawim, a third sector agency supporting vulnerable women in the city, and how it has achieved its current status and the steps necessary to become a partner to the relevant statutory agencies and to access mainstream funding. Whilst some of the experiences and actions taken are specific to the Birmingham environment, the issues raised are relevant across all parts of the UK in providing multi-agency support to vulnerable women. The report does not aim to provide an assessment of capacity nationwide, although it does aim to capture some of the principles and critical success factors for such centres.

Whilst the focus is on the provision of 'women's centres', key to Anawim's successful track record is the broader provision of services that move beyond those that are provided directly at the centre, but encompass street outreach, prison in-reach, court support, advocacy (e.g. case conferences). This broader range of services provided under the banner of the centre is key so are included within the scope of the activities referenced within this report. Also key to Anawim's success is not only the specific services provided but also the environment in which services are provided and the creation of a safe, welcoming, judgement free environment which is critical to securing the participation of vulnerable women.

This report focuses on the broad needs of vulnerable women (including those in the criminal justice system), which includes those with mental health problems, histories of violent and sexual abuse, street sex working, abuse and exploitation, ex-offenders and homelessness. The challenges faced by such women typically span the range of issues arising from domestic, personal and socio-economic circumstances. It looks at how women's centres, such as Anawim, can support these women in achieving greater stability and control of their lives and thereby reduce the risks of offending and reoffending.

2. Corston's Women

The women Baroness Corston refers to have multiple needs; they have been involved in offending, prostitution, chaotic lifestyles and have drug and alcohol addictions. Characteristically they have had less than stable family backgrounds often including being in care, having had a parent absent or in prison, a large number of siblings and 'fathers', unsettled housing and poverty. They are considered by most agencies as 'hard to reach' as they are prone to non attendance at appointments, have very challenging behaviour, have no fixed abode or in are transient accommodation and fall through the net of services due to their multiple needs.

By visiting women's prisons one can see first hand the disproportionate and discriminatory, outcomes for these women compared to their male counterparts. This leads us to conclude that an alternative is desperately needed to the short custodial sentence.

2.1 Needs

The women have complex and varied needs, these include –

- Drug abuse usually poly drug use, crack, heroin, cannabis and illicit use of prescriptions drugs.
- Mental health issues usually at the primary care level, depression, anxiety, personality disorder, panic attacks, paranoia and bipolar. There are a few with more serious diagnosed issues such as schizophrenia.
- Childhood trauma from abuse both sexual and physical.
- Adult trauma from multiple rapes and assaults.
- Living on the street, sofa surfing or in crack houses.
- Temporary or unsafe accommodation.
- Children in care or at risk.
- Debt and chaotic financial situations
- Incorrect or no benefits in place.
- No Identification
- Inability to communicate effectively.
- Lack of social skills.
- Inability to manage tenancies, finances, appointments or children.
- Low aspirations.
- Issues arising from offending and associating with offenders, gang members, drug pushers, and pimps.
- Difficulties arising from periods in prison.
- No history of employment.
- Low educational achievements.
- Poor self image and self care.
- Domestic violence.
- Inappropriate or dangerous relationships.
- Past experience of being let down by agencies.
- Little or no family support

2.2 Specific services required

The types of services the women report that they need from a women's centre are:-

- Relapse prevention
- Methadone and other substitute drug treatment
- Access into mental health services at all levels especially where there is a dual diagnosis with drug dependency
- Parenting skills
- Counselling
- Advice and support accessing benefits including obtaining IDs
- Cognitive behavioural therapy
- Courses promoting emotional well being and resilience
- Peer support groups
- Mentors
- One to one parenting support including practical help with play, accompanying to groups in their community
- Accompanying to appointments
- Coaching
- Educational courses promoting literacy and numeracy
- Budgeting and housekeeping skills
- Advocacy at case conferences, court and with mental health professionals
- Safe and appropriate accommodation with tenancy support
- Therapeutic interventions e.g. Acupuncture, massage, relaxation techniques
- Outlets for creativity – arts & crafts, design, photography
- Drama and music to promote team work and social skills
- Poetry and creative writing to promote communication
- Family mediation and forgiveness
- Family support
- Immigration advice
- Reparation work in the community and the centre to 'pay back' for crimes committed
- Opportunities to restore relationships, i.e. victim – offender mediation
- CV writing and interview techniques
- Anger management

2.3 Desired outcomes

Given the range of issues faced by the client group and the typical starting point for their journey to a more stable lifestyle, progress needs to be measured in small realistic steps. The broad goals of minimising offending and the risk of offending are best broken down into achievable outcomes based on the interventions that the centre provides, which in turn contribute to the broad goals.

Examples of desired outcomes for women's centres might include:

- Client obtains appropriate safe accommodation
- The client demonstrates improved self-esteem and well-being
- Client moves on to outside training or employment
- Mother demonstrates enhanced parenting skills and family relationships improve
- Immigration status legalised
- Reduced re-offending
- Reduction of numbers of women in custody
- Drug use decreases or ceases
- Debts managed

Some of these outcomes are easily evidenced with quantifiable facts and figures, attendance at the centre and appointments kept with the various on site agencies are recorded and easily monitored, others are more difficult. Anawim undertakes an initial assessment which includes a section each woman completes in which she grades her self esteem, confidence, parenting ability, relationships etc. This is reviewed 6 months later by the case worker and the woman, so outcomes can be measured. Journaling and recording progress is also encouraged. We can record evidence of 'soft' employer desired qualities such as punctuality and reliability especially if a woman is undertaking unpaid work as part of an order. Evidence from outside agencies is useful to collect where possible, e.g. where exclusions or suspensions of children at school has been avoided, attendance at appointments, testimonials from probation officers, social workers etc.

(See Appendix 1 & 2 for initial assessment & review)

3. Current service provision for vulnerable women

There is an array of services to meet the needs mentioned in 2.1 but many of them are generic and so often not suitable or appropriate to vulnerable women. The **drug services** for example are usually male dominated, group work in such environments can be perceived as threatening and imposing to women. For some women due to their life experiences men are a distraction from the task of becoming well and due their over sexualised behaviour they can be a distraction for the men too. In Birmingham there are two day care centres but both are mixed and this has resulted in set backs for the women when they have attended there. The SAFE Project who we partner with have an excellent methadone programme but it currently lacks group work around relapse and safer practices, although they have recently started a crack intervention group.

Access to **mental health** services is severely lacking, especially when there is a dual diagnosis, the community drug teams do not want to offer a service to a woman with a mental health issue if she is not receiving treatment and the mental health teams do not want to treat her unless her drug use is treated. Hence she is bounced back and forth. We are seeking to address this by putting together a joint bid with a mental health trust, CSIP offender health and possibly Revolving Doors. This has been a long time coming and has needed the climate of Corston and the gender duty legislation in order to give it the impetus it requires ([Appendix 3](#)).

Family support is provided in the various children's and Sure Start centres but again they are mixed and some of the women offenders and sex workers are very reluctant to engage there. Often there is Social Services involvement which is not perceived as positive, as these centres are usually Local Authority or PCT run the women can perceive them as too close to the system. Also, many of the women we deal with would be disruptive and appear threatening to the women who attend from the local community especially when a centre is in a predominantly Asian area. At the women's centre we can successfully advocate for the women, fighting her corner with Social Services and provide the support she needs which is sadly lacking from Social Workers as they are more intervention biased these days. Then when once a woman is more stable feed her into her local children's centre.

All of the services listed in 2.2 are provided in the community but usually as single services, so women end up having to attend a huge array, spread all over the city. This can be extremely daunting - locating them, building relationships with each, remembering appointment times and is so difficult that most give up. The appointment systems and waiting lists of these agencies make it impossible if you are not used to managing a diary, are homeless or juggling multiple issues which is the case for most women we see. Countless times a woman is released from prison with a list of these appointments to attend within the first few days; she ends up back in custody for breach when she misses one of them. It seems the system sets her up to fail, when we have tried to handhold her through this maze the sheer number is overwhelming even for our worker. Add distress at loss of children, threats from partners and a mental health condition into the mix and not surprisingly she collapses.

Keeping the women in the community to undertake their sentence is definitely the answer. The problem is the courts and magistrates see community options as too soft and the women see them as too hard. Too many times women tell us they prefer the easy option of prison where they have no bills to pay, housing to find, men and drugs to avoid and no responsibilities. When we try to say this to magistrates they find it very difficult to believe, I recommend that prison visits where they can talk directly to women should be part of their training.

Facing up to and living with what you have done, in the community is so much harder and is why we run workshops and courses around victim realisation, anger management and life skills are essential.

(See Appendix 4 Women's Services West Midlands)

This is not a comprehensive list there are many more single issue agencies that do not appear.

4. Anawim: A Case Study

Anawim started as a single issue agency purely working with female street sex workers but has now grown to provide all the services mentioned in section 2.

4.1 History

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.”

In 1986 two sisters of Our Lady of Charity came to Birmingham to work with women. Several parishes were approached and one opportunity presented itself through the Father Hudson's Society. The sisters – Maisie and Magdalene - moved into Mary Street, Balsall Heath – the surrounding streets were part of what was traditionally known as the “red light” area of the City where some 25 houses were in use as brothels. Here women sat in the front windows to attract clients, and it was natural, as the sisters came and went each day, to begin to speak to some women who stood on the streets around – befriending and supporting them.

During the day, the sisters would attend court with the women or accompany them to Social Services conferences, visit them in their own homes, hostels or in prison. The house in Mary Street started an open evening every week from 4.30 to 10.30. Other agencies like Health and Probation became aware of the sisters and the sisters liaised wherever possible with the other workers.

In 1993 the Probation service proposed the idea of a weekly women's activities day at the Lower Essex street premises. There were activities for the women, and also advice on issues which women continually faced re health, violence, benefits, etc. Both Anawim and the Safe project combined efforts to staff the day, together with probation. This afforded further opportunities for building relationships between the women and Anawim. Unfortunately this project ended in 1998 on financial grounds.

Also, at this time, Streetwatch began – the campaign to discourage both the women and the kerb crawlers. Women were harassed and sometimes hit with sticks – this had a dramatic effect on the women and drove them off the streets. The sisters, together with volunteers had to search out the women in surrounding areas where vigilante groups also sprang up.

Around this time the Women's Development programme began in the sister's home in Mary Street – the first two women to attend had left prostitution – they were soon followed by others – with their children being cared for in the front room and mothers in the back room being offered literacy training, budgeting, crafts and parenting skills. As the women increased in number, it was necessary to add to the team members and to employ paid staff.

To provide the space which was then needed, the present centre in Mary Street was rented from the church and opened in January 1999. It used to be a school. By 2002 it had become underused and was under threat of closure. This was due to lack of funds, the ‘client group’ of women involved in prostitution moving on and the project being unable to meet new women as they were now hidden due to streetwatch, changes in climate and legislation such as ASBOs. The Sisters had a younger one among them though who started to go into Brockhill Prison. There she met many women but the gap between these women and the original ones was so great there was no interconnection. The centre was dying as the same few women attended and had become over dependant and wanted to keep it just for them, it was not a welcoming place for anyone new. Health of staff was an issue and the main centre co-ordinator was dying of cancer, everyone was drained and burnt out.

The management board had to make the difficult decision deciding whether to close or reinvent? A funder, Church Urban Fund offered to pay for a consultant to be bought in to evaluate the work, gather views and recommend a way forward. From this they decided to employ a development worker part time. I applied but saw at interview that this would not be realistic without a manager in place. I recommended they first employ a manager who then went on to employ a development worker. They took this on board, rewrote the job description, OLC put up the salary initially and I got the job. My first task was to interview all the women who engaged with the project and ask them what they needed and wanted. There were only 41 women at that time attending the centre two days a week, in two very distinct groups, they had become very cliquey and over dependant.

There was just one project worker 20 hours and Sarah at that time was the crèche worker also part time.

I quickly realised that by being a solely sex worker project it made it difficult to engage with the women in prison. Some would not approach us for fear of exposure, others would be over brash and take a challenging stance, and neither was helpful. In my talking to the 41 women, I discovered that some had never actually been involved in sex work and had attended through the involvement the sisters had had with Lower Essex Street probation. This made it easier for me to sell to the staff, board and volunteers the idea that we widen out the client group to vulnerable women, still with multiple needs but not necessarily sex work, although most are vulnerable to it.

4.2 Anawim today

The centre has four large classrooms and in 2008 a new training room and two counselling rooms were added. This is a safe, non-threatening place in which the women can access skills, an onsite crèche for the children, guidance and support from the Anawim team which has increased in number. There is also a strong group of committed volunteers who bring a variety of expertise to the organisation.

Anawim now offers a broad range of services to meet the needs of vulnerable women which extends well beyond the services offered directly by the Balsall Heath Centre.

4.3 Balsall Heath Centre

Here we offer a drop in facility, women know that we are open every day during the week; we do not expect any client to keep to a specific appointment as this sets her up to fail. When she first attends it is an opportunity for her to enter the centre without feeling pounced on, she can relax, have a cup of tea and get to know some of the other women, volunteers and staff members. She will be informed about some of the services on offer to her and invited to attend again when the initial assessment will be carried out. By attending the centre women gain access to food, clothing, staff support, onsite agency appointments, a programme of courses and activities, and counselling services. The centre also operates an OFSTED registered crèche with appropriately qualified staff. Women may also be clients of the NHS methadone clinic which is based at the Centre. Centre staff takes a proactive role in helping the women to manage and bring order to their lives. Interventions by centre staff may include one to one discussions, accompanying to appointments, contact with statutory agencies and parental support.

The agencies listed in [Appendix 5](#) all come in weekly and offer surgeries; we use the hall where they all have a desk with the agency's name. This aids communication between them and prevents duplication of work.

As well as these weekly surgeries we have a domestic violence officer who comes in as necessary, two midwives who will talk to women one to one and also run groups looking at emotional wellbeing, children's development and teach baby massage. Then the Children's Information Bureaux help with nursery places when a woman is ready to gain employment. The Blood Borne Virus team come to the centre regularly offering Hep B vaccinations and testing for Hep C and HIV.

We have had to be tenacious in order to obtain these agencies on site. It has taken time to build up as it is a chicken and egg situation initially. If there are not enough women in to make it worthwhile to the agency they drop off and if the services are not consistent the women drop off as they are not having their needs met.

Our partnership with the SAFE Project who run the Methadone service on site daily, also gives us access to their GP twice a week, a nurse every day and their 3 drug workers of whom one is a mental health specialist. Although these workers are provided for the case load of women on their books, due to our good working relationship they are happy to see some of our clients when necessary or at least offer advice and access into services. However, we do need dedicated health provision for our clients.

The centre is a bright, open and friendly place, which women quickly learn is non judgmental and safe, this allows us to build trust and offer friendship, which has to be the starting point for a relationship. The centre has grown as the number of women attending and their needs have increased, the women have a say in what they feel is necessary for their own growth. Each woman is different and their level of need will be different. Some women will be at a stage where they can go straight into attending and maintaining a 15 week course, others will have to start with building their self esteem, confidence and bringing a certain amount of structure back into their lives. Without working on these issues first, a woman will not be able to maintain a tenancy, complete a course or maintain a repayment scheme. Flexibility is essential and the activities need to not be too taxing initially.

We have a varied timetable and offer an array of services for all needs and capabilities based on our past experiences. Offering all the services in the same location maintains structure and attendance levels, builds trust and confidence allowing us all to work together when there are multiple needs, women report feeling overwhelmed if they have to attend appointments in several different locations. We structure the activities provided each day regularly so the women know what day the centre provides what. She very quickly knows Tuesday is the day for seeing agencies and Thursdays are accredited college courses and workshops. Now the numbers have grown so much we have courses on others days too.

For those women who are less stable we have a day dedicated to more therapeutic and relaxing activities designed as a gateway, we do things such as therapeutic arts and crafts where we design bags or decorate mugs, make jewellery or paint onto canvas, all items that can be taken home that day, these achievements go a long way in raising self esteem, the activities stimulate conversations and help build new friendships. We also do creative writing, which is a good way for a woman to express herself. The college has recently run a Look Good Feel Good course, which promotes self care, and has also proven very popular increasing confidence.

We have built up a good relationship with our local college whose mandate is to reach the 'hard to reach' so it is not difficult to persuade them to come in.

We have seen the number of women with more serious levels of mental health needs increase and are hoping our proposal ([Appendix 3](#)) will be successful.

It is not feasible for staff to be trained in all areas and keep on top of constant legislative changes; there are experts with a mandate to access the people the centre works with. The hardest part is convincing agencies to attend, but we've found, once you have one it is easier to persuade others. It has taken several calls before we got to the appropriate person, and some people were dismissive but most organisations realise it is beneficial to them as we have done the outreach for them. It is important to stipulate how important consistency is and that the women do not relate well to organisations who let them down, often the excuses are valid, short staffed, sickness but it reflects badly on them but also on the centre. Often organisations have a high turnover of staff or their remit changes but there are usually several organisations providing similar services so we locate another provider.

Once a woman's confidence has been raised and her debt and housing situation is under control, we will then look to encourage her into the education and training the centre provides, with the aim of moving into full time education or employment. Initially women join in with the discussion-based workshops, where we explore self-esteem, perceptions, how to work as a group and communication skills. There is a lot of flexibility with the workshops; each stand alone so women do not have to attend every session. They act as a taster, usually a small group emerges who attend every week they will then go on to complete a six week training course, either Love Yourself, Discovery or A Life Worth Loving. These deal with the issues covered in the workshops but are more in-depth and more structured helping to orientate the women to a college setting. Most will start to attend the accredited courses provided on the premises.

The number of women accessing courses was low initially, so we had to grow these before putting on several courses. Sometimes a course would cancel one day due to the tutor being sick, we made sure we maintained the structure by doing a session ourselves as it is important to keep the momentum. We created groups from staff or volunteers expertise i.e. gardening, creative writing, domestic violence or drugs awareness to help grow attendance levels as the colleges will pull courses that fall below 10. The relationship with the local college is vital to cultivate and we have had to spend time helping them to understand the client group so they become more flexible. We found that the name we gave a course impacts on the numbers who attend e.g. a course entitled parenting skills will attract less people than a course entitled managing children's behaviour even if the course content is the same. When courses haven't worked the first time around we have tried it again in the future, as the women move in their journey or a new group of women start attending. Following up on courses by doing the next level also spurs the women on, drugs awareness level 1 followed by six months later doing level 2 for example.

We have now gone on to structure our courses into sets of three which complement each other, based on the list of jobs the women have said they would like to go into, for instance -

- Managing Children's Behaviour
- Understanding Teenagers
- Stress and Assertion

For those wanting to work with children or become youth workers.

- Customer Service
- Food Hygiene
- First Aid

For those wanting to go into hospitality, catering or retail.

- Counselling
- Mentoring
- Drugs Awareness

For those who want to work in a health and social care setting.

We have seen some women go onto a full time Health & Social Care diploma or degree from these.

The women can attend any individual course for their own knowledge or they can attend three consecutive courses which will give qualifications, essential for access to either a full time college course or to gaining employment.

Those who have completed 3 consecutive courses or are ready for full time training or employment attend a careers course where they learn interview techniques, how to write a CV, are shown around a college and can see which jobs they are suitable for based on their personality, experience and qualifications. At the end we will hold a job fair.

For women who have reached this stage but are still apprehensive about embarking on employment or a college course, we have set up a mentoring scheme. A mentor is assigned to support, encourage and accompany her to appointments. The mentoring and counselling service is available to access at any stage as each individual is unique and may need this service at a different time in their journey.

- Over the last 12 months April 2008 – March 2009 202 women have accessed the Balsall Heath centre on 2516 occasions.
- We have received 52 new referrals to the centre from various agencies.

4.4 Partnerships

We have been working for some time to build on all the centre provides in order to offer a viable alternative to custody, because we saw for ourselves the waste it was in terms of lives and resources to keep putting these women in custody for short sentences only to let them out with nothing in place and their lives in a much worse state than before. The unpaid work scheme is one step towards this goal.

4.4.1 Unpaid work

Anawim in conjunction with Probation and the Environmental Partnership have developed a package of support to accompany the existing Unpaid Work order. This significant pilot introduced between probation and Anawim directly seeks to address the multiple needs of women involved within the Criminal Justice System. Those who are reluctant or unable to access support services and engage positively within the community. We undertake the initial assessment with the women to identify their primary and secondary needs; an individual plan is then developed and implemented using the various services at Anawim. This includes all the services on offer at the centre. This programme seeks to reduce reoffending through the promotion of personal stability and achievement. To compliment the programme we seek to provide each woman with a mentor, who will offer one to one support, advise, guidance and advocacy whilst accompanying the women throughout the programme. Towards the end of the UPW journey we set up work placements for women to improve their employability and integration into the community. Whilst also collaborating effectively alongside local businesses to secure job opportunities. Most are single mums and long term unemployed so hit Government targets, and as we know gaining a job is the most effective way of steering people away from crime. Most of the women we work with have never had any experience of employment, so have no idea how it is to get up every day at the same time and go and do a full days work, every day. They are very fearful of going into new situations; hence the mentor would see them through the whole process.

Process

1. Probation identify suitable women
2. Initial assessment undertaken by Anawim staff
3. Presentation of options for support, training, drug treatment and work experience
4. Individual plan drawn up
5. Mentor allocated
6. Unpaid work activities – decorating, gardening, regenerating various sites identified by Neighbourhood Tasking Groups
7. Educational courses undertaken on site
8. Employment skills taught
9. Children stimulated & assessed in crèche
10. Parenting support given
11. Work placements offered

Advantages

- Women are kept in the community near support structures
- Children can remain in her care & not need to move schools
- Prison numbers reduced
- Courts would be given a viable alternative which works
- Worklessness addressed
- Support can be ongoing after order finishes
- Soft employment skills gained
- Increased numbers for Anawim's courses aiding sustainability
- Payback into community of improved environment

Outcomes

- Increased number of UPW orders completed
- Possible long term employment
- Decrease in use of short custodial sentences
- Decrease in cost to Social services of care
- Qualifications gained – NVQs, accredited courses
- Social problems tackled – DV, housing, ASB
- Underfunded community centres painted aiding community engagement and cohesion
- Hostel places released sooner
- Barriers between community and offenders broken down
- Housing benefit cost reduced
- Reduced re-offending
- Homelessness reduced
- Numbers into Drug treatment increased
- Addresses the mini crime wave scenario upon release from custody
- Grot spots around city improved

The crèche is not a day nursery so children cannot be left on the premises while mothers go elsewhere to do work, so any women with young children have to undertake their hours on site. For those mums who find it impossible to do the 6 hours in one stretch due to the school run, we arrange for them to attend 2 days a week, undertaking physical work on one day and a course on the other.

Due to the crèche being on site we are unable to accommodate women with Schedule 1 offences against children, these women have been offered individual placements, but this does not mean they cannot receive support.

We have piloted this package successfully and retention rates have increased dramatically, it is under threat at the moment as probation is struggling to supply the supervisors.

4.4.2 Specified Activity

We have been talking with probation about becoming a specified activity so that what we do is core business. This is still going through, the Area Executive Team have met and approved it, and we are now awaiting a final decision from the board.

This initiative will provide us with a key worker specific to women on these orders.

4.4.3 SAFE

We entered into an agreement with an NHS project SAFE, which works with female sex workers some years ago, for them to locate the Methadone Programme within our centre. This has worked extremely well. They offer places to around 20 women who attend every day for on site consumption. When the women are new they tend to just do that and go, but very quickly we find they will come up to the main room, have a cup of tea and start to engage. We then introduce ourselves and what we can offer them, SAFE sometimes refer them across formally but more often it happens naturally, we will then do one of our assessments. When these women have children it works extremely well, with our family support worker attending the case conferences along with the drug worker from SAFE, they both bring different ideas and agendas to the table. The women can also use the crèche facility while having their drug treatment. They have benefited greatly from mixing with the other women at the centre, as sex workers alone do not create a balanced environment; there is often a lot of back biting and competition between them. SAFE rent the space from us, initially we all shared one office but as both of our teams grew we have now split off into two. This has been necessary for space and sanity but does now need a little more effort to share information, so we have a joint team meeting at the beginning of our meetings now.

We have just advertised for a key worker to work specifically with the clients coming through SAFE which will greatly aid integration and communication.

4.5 Counselling

We set up a specialised counselling service in 2006 as we found it extremely difficult to access outside provision due to excessive waiting lists.

It is imperative to offer ongoing training and supervision to all counsellors, to ensure that the clients are understood and they have relevant tools to deal with these complex issues.

Due to funding restrictions some of the counsellors we recruit are in voluntary placements from college but we only accept those who have completed a 2 year diploma or degree and have already built up hours on other placements. Often women will come to counselling sessions with a current crisis; it is essential for counsellors to have appropriate skills to deal with these situations so we also insist they have experience of working with vulnerable women in other settings such as a drug team.

Currently we have one experienced counsellor who we pay on a sessional basis by putting in specific funding bids, but we need at least one other.

4.6 Children's Work

A large number of the women we support have children and many go into care, are looked after by other family members or have their names on the child protection register at some point. The support and advice we provide helps the women and their children lead more fulfilled lives, helps the women to understand the needs of their own children and to take responsibility for and look after their own children. Our Children's Services Team provide a Crèche, Home Visits and family outings and Parenting support.

In the period June 2007 to March 2008, 159 women received one to one support from Anawim and other Agency staff whom we bring in to our centre. We ran 380 crèche sessions last year for 23 of their children.

The children we work with are likely to be suffering from neglect and deprivation arising from the fact that:

- They may have no positive role model in their life
- Be living in inappropriate housing
- Be subject to or witnessing abuse
- Not be attending school
- Be on the child protection register
- Have no secure family unit or regular routine
- Be supporting other family members or caring for younger siblings
- Be pushed into offending behaviour

The crèche is provided free to the children of the women allowing them to leave their children in a caring, safe and supported environment whilst they attend the centre. Without it, many women would be unable to attend.

We provide a full time table of activities for the children. Our crèche allows the children to enjoy and have access to toys and space (including a garden) that they will not have at home. Through the crèche we provide a stimulating environment in which the children can learn and play and are prepared for nursery or the next stage of their care provision. Given the lifestyles and dependencies of their mothers, many of whom received no positive emotional support or suffered abuse in their childhood, the crèche plays an important part in the development of the children. Quite simply it helps them enjoy a childhood that they would otherwise be denied. It builds their confidence, self esteem and social skills and helps them understand what behaviour will be expected at school.

Our Childcare team also undertake home visits. We visited 22 children in their own homes last year. On average each visit lasted for 2 hours. We offer each family the chance to be visited. Staff monitor each family's progress and will offer visits when they see a need arise, i.e. attendance at centre slips, developmental concerns or worrying behaviour. Visits compliment the ongoing support we offer and help build on relationships. These visits allow us to provide practical advice to mothers on a range of childcare issues (including hygiene, food preparation, interaction, play and learning). Our visits may also allow a mother to deal with personal or domestic matters whilst we babysit. They allow us to monitor and track the development and progress of the children within the home environment. Equally importantly it allows us to identify any matters that give us concern about the safety of the home environment for the children and to take action necessary to protect them.

We also encourage the development of our children by arranging and providing a programme of trips and outings. We take the children on trips to local cinemas, parks and swimming pools, as well as day trips further afield. These visits and trips provide the children with an opportunity to visit places and enjoy the experiences that are

available to most children but which would not be readily available to them. We also organise short holidays for the children and women in order to enrich their development.

With the long term health and wellbeing of the children in mind we provide parenting support to mothers. This can include advice on caring for a newborn baby, dealing with tantrums and more general hygiene and health issues. The need for parenting advice and support can arise from a referral from another agency or from the mother herself. The work we do can often form part of a report that we make into the courts.

Our parenting support work, home visits and outings help to keep children within the home, encourage family life and provides the children with experiences that are available to most children and from which they would otherwise be excluded. We are looking to extend the work to meet the needs of the older children and teenagers that may be struggling at school, suffering from depression or prone to follow their mothers into drug abuse and offending.

We are careful not to make the children's work too prominent within the centre as many women who attend have lost their children into care and can find it very disturbing. We find the women are a real support to each other, encouraging those whose children are at risk and comforting those who have lost theirs. Of course there have been occasions when a mum who is doing well can be influenced for harm, these are rare but do need careful monitoring. We can only advise women with whom to make friends and some make unwise choices. We usually find that when consequences are pointed out behaviour does change. The important thing is to always keep the door open for them to come back when they make mistakes and not judge or take an 'I told you so' attitude. It is important to support the women with all their relationships, partners, parents and siblings as any of these can step in if she relapses, goes back into prison or struggles with her health. Supporting these informal carers plays a huge part in her ability to 'come back' when she is able. The distance these carers have to travel to visit prison is extremely problematic and makes our prison work more valuable as we can take messages, clothes and pictures of the children in for them. All the prisons are more than an hours drive from Birmingham.

4.7 Handsworth

Anawim has a small base in the Handsworth area of Birmingham. It is a small terraced house which has proved very welcoming and comfortable to the women. It is designed to meet the needs of the most chaotic women who are not ready yet to attend the centre. We provide food, a bath, clothes, food parcels and crisis intervention. The majority of the women who attend there are no fixed abode, generally sleeping on peoples floors, in crack houses or sometimes rough in stairwells and bin stores. They usually have no IDs and are not on benefits and they do not show up on homeless counts. Once engaged we try to help them to get onto benefits by sending off for birth certificates for them, which we pay for, then we start the long and laborious process of getting through to the DWP. This often takes hours, and then we find they lose documents and records of people, when the women come out of prison it normally takes 6 weeks of being destitute before their benefits come through. The only course open to them is to shoplift, do sex work or sit on the phone for a further hour or two to try and get a crisis loan. They do this from our phone as there is no way they could phone a 0845 number from their mobile if they have one. Often before we succeed in obtaining benefits and then accommodation, they are re arrested and sent back to prison.

We have built up a couple of partnerships in Handsworth too, every Monday morning a drug worker from a community drug team comes and offers assessments into treatment, needle exchange and condoms. Plus when women need crack

interventions a drug worker from another team undertakes a 6 week course at the house for us. These two drug workers bring an added dimension to the work. We are involved with two local forums, the Perry Barr Class A drug strategy Group and Lozells Vulnerable Women's Forum; both are very beneficial when it comes to multi agency working. The former set up a drop in which runs weekly in a church hall where drug users are assisted into services, have lunch and receive support. This has worked well and has greatly improved working links between agencies, especially the police who have become very supportive.

- 12 new women were referred to Handsworth between Oct and March
- 20 women accessed Handsworth between Oct and April 164 times

4.8 Prison

Anawim staff visit Drake Hall monthly and Eastwood Park weekly. We have formal agreements with each prison, staff are key trained and cleared to enter all areas of the prison including cells. The agreements are facilitated by the voluntary sector co-ordinator who accesses a list of women for us from LIDS by resettlement area. This doesn't pick up women who did not give a home address or are NFA but we often meet them through word of mouth on the wings.

We are trained to deliver the Sex Workers in Prison (SWIP) training and assist prison staff with this in both prisons regularly and are in discussion with the SWIP manager about extending this to other workers in the health and housing fields.

The prison work allows us some continuity with some clients we already work with; the distance is a barrier to most agencies to offering the seamless service often wished for. It also offers us an opportunity to meet new women from the area and inform them of our service. This has proved very positive in building and maintaining relationships. We also take part in resettlement and intervention fares where agencies display their projects together to inform the women of services available.

Prison visits are an excellent way to achieve a high quality intervention with the women, as they are clear of the drugs (mostly), violent relationships, and all the distractions and barriers that they experience in the community. We find it is a very useful window when the women are in a place to reflect on their lives and are often thinking what changes they want to make. Of course they may have great intentions for change on release which then don't materialise due to the other difficulties such as homelessness and benefits not being in place. We have seen very clearly first hand through the prison work how short sentences impact detrimentally on the women which has informed and given weight to our arguments for alternatives to custody and the one stop shop approach.

Between July 08 and Dec 08 - we visited 80 women, 42 of these were new to us.

4.9 Outreach

Outreach on the street has always been an important part of Anawim right from the beginning as this was our main source of contact with the women when we had no Centre to invite them to. However, the street scene has changed considerably over the years, due to the action of the Police and Street Watch who have become quite aggressive in moving women off the streets of Balsall Heath and Edgbaston. Consequently the women's way of working has had to change; they have now scattered to many areas over the inner city. This is more dangerous as they are isolated and therefore more vulnerable, particularly as in their hurry to avoid being targeted by the Police and Street Watch they fail to have time to question and vet the punter. They also have the pressure of looking out for the drug dealers to pay him the money owed or to get their next fix - usually the main reason why they are out there in the first place.

As with the women, our Outreach to them also has had to change. In the early days we would walk the nine or so streets around Balsall Heath to meet them. To-day we have to travel further a field by car. Our meeting with them can now be fleeting due to them not wanting to be seen, for fear of being caught breaching their ASBO and their focus on the next fix. We still see Outreach as important particularly at night for it is there we see the full reality and vulnerability of their situation, and the risks they are taking; for example, when they hurriedly get into unknown cars with no one aware of whom they are with or where they are going.

We might not be meeting as many women on the street nowadays, but it is still important for them to be aware of our presence; often we might not see them, but they are quick to spot our car and when we meet them again they would say "I saw you the other night." The women feel valued and know they have a friend by the fact that we are out there hail, rain or snow, and on occasions they will ask why we do it. Also, it is the familiar face that counts, even if we are only offering them a hot chocolate and biscuit; they see our meeting with them as having no strings attached - just sheer care and interest in them as people. We are regularly meeting new faces though rarely do we meet someone who has not heard of us from their friends. When we first meet a woman we tell them about our centres in Handsworth and Balsall Heath and what is on offer there; so when they attend the centres it becomes easier for them to be relaxed when they see a familiar face and know they are among friends.

4.10 Court

We have a presence at the Community Justice court for Handsworth but numbers of women have been very low. We have an arrangement with probation who text us when there is a woman or ask if they can refer her or give her our information. This works well. We have heard that the multi agency support approach of the CJ courts is to be rolled out to all of them so that should be positive. We take part in the training for the magistrates so they are aware of the alternatives to custody available to them as sentencers. We are about to have a leaflet printed outlining the unpaid work and specified activity and will put an article in their newsletter as soon as we hear from probation. We advocate for so many women in court that we are well known now and often are invited to speak formally in court. Plus, we prepare reports and supporting letters.

4.11 Home visits

Home visits have always been an important part of Anawim. Indeed, in the early days such visits formed the bulk of our ministry in building friendship with the different women.

While the Centre has opened up a greater capacity for relationships with more women, we still see home visits as quite central to building trust and friendships. It makes a statement that we are prepared to visit, respecting and valuing the home the woman has created, however small that may be. It also gives her the opportunity to say 'I have something to share', even if it is just a cup of water, and that, in respecting her home, we are respecting her. Quite often too we see the woman in a different light; she can be more open and it is good to see where she is coming from. Naturally we are alert to dangers that can be around such visits so we have a policy of letting someone at the Centre know where we are going and when we leave the woman's house. If it is a new woman we would meet in a public place or go to the home in a pair.

Many of the women, who have moved on into work or college, still like us to continue calling and indeed need them, even if not so frequent. Many of them don't have any extended family that is in contact, so Anawim is 'family' in their eyes. They love to share how their children are doing at school or, if the child is in a play or has a special celebration like prize-giving day, First Communion or Confirmation, they are so happy for you to be there and share with them their pride and joy in their child's achievement.

4.12 Funding

The work of Anawim has grown organically over the last 6 years that I have been manager; I came in with very little fundraising experience. My first fundraising was for an outreach worker to develop the client base, I obtained £12,000 from Lloyds TSB and this was topped up by Tudor Trust and Esmee Fairbairn. That was the beginning of fundraising for salaries. We employed Rebecca who stayed with us for 3 years and developed the outreach at night, in prison and eventually set up the work in Handsworth. The partnership we entered into with SAFE bought clients into the centre and kept us focused on our vision of working with sex workers, but it helped the existing women, most of whom had exited sex work or not been involved, to open up to new faces and accept that change had to happen.

As the activities and numbers attending grew we employed a co-ordinator, Claire to work with the colleges and arrange the timetable. This role has grown now as I have become more involved outside of the centre and it became a centre manager role, J Paul Getty funded it for 3 years, it has now moved over to Tudor Trust. Our first statutory grant was from NOMS in 2006.

We have managed to obtain small grants from Local Authority streams but these are usually under-spends in December and very short term. The Environmental Partnership funded the UPW but their agenda is very tightly bound to the tasks they wanted done in the community rather than looking at the wider picture of reducing re-offending or crime reduction. We have not yet been successful at tapping into mainstream commissioning.

Sustainability

Currently we have 7 full time and 2 part time paid staff; funding for this level is unsustainable from charitable trusts as there are just not enough who will do 3 year salary grants. In addition most will not fund this more than once or twice; hence we are looking to large bodies such as the Ministry of Justice. If we are successful with the latest bid it will enable me to concentrate on obtaining contracts with health, education, Adult services, Safer Communities, LSC, Children's services, Crime Reduction and all the other relevant Government streams.

Social enterprise

We are also in the process of setting up, along with a health care group who initially provided us with the midwifery service, a social enterprise.

It will be a mixed model social enterprise that will deliver lifestyle and healthcare services to the emerging community in the Irish Quarter, (also known as Deritend, Digbeth in the political ward of Nechells), whilst supporting the needs of those disadvantaged in the labour market. The mixed model SE will consist of a Beauty/Therapy Room starting with manicures, pedicures, and other beauty treatments, providing work and work experience for the aforementioned, who are willing to undertake an NVQ college course or who already hold the certificate. The second lifestyle service will be an ironing service using a piece work model. This allows for greater flexibility for the workforce as individuals would be able to drop in for 1-2 (or more) hours work when required; providing flexibility should they need to go at a moments notice. The final lifestyle service is a café, downstairs. This will provide opportunities for individuals to develop their self-esteem, and self-efficacy in their food hygiene, food handling and customer service skills, in an environment that is very much in the real commercial world yet a supportive environment. The café interior would be of a similar standard to Costa and Starbucks so a high standard of workmanship and customer service would be delivered.

While self-sustainable, the lifestyle services would be complimented with a healthcare service providing dentistry and healthcare professionals (HCP) through a Nurse-Led General Practitioner (GP) service with a practice nurse and midwife. This will be a social enterprise and not NHS although it may contract to provide service to clients of the NHS. The aim is to provide services to the local market in addition to tailored services to 'hard to reach' women and their families. The cervical cytology unit have expressed an interest in us providing a mobile smear taking service for women in the 25- 31 year age bracket who are not responding to statutorily provided services.

It is anticipated that initially the dentist will provide the majority of the income for the social enterprise, and will allow MHG to develop new or tailored services as the market dictates. Dental health has a significant impact on the physical health and mental wellbeing of an individual. Poor dental health can lead to recurrent infections, inflammation of the lining around the heart and consequent heart problems. Good dental health can encourage good bacteria in the digestion of food and improve and individual sociability and self-esteem. When the dentist becomes commercially viable, the group aims to set aside a session a week for Anawim's clients. There are also opportunities for providing central sterilisation services (CSSD) to other dentists who may wish to outsource this work in the near future (as regulations in this area of healthcare are about to change). Staff would be trained to care for, decontaminate, pack and sterilise specialised and delicate instruments. This would provide them with appropriate work experience and training, acting as a gateway to opportunities in the NHS or private CSSD. More importantly it gives them the opportunity to learn and understand about infection control which is a transferable skill and the need for routine, order and audit.

This is all currently in the process of being set up, the site is an old Post Office and Community Payback teams have painted it throughout. We just need to raise the finances to purchase the equipment.

4.13 Governance

Anawim operates under a joint agreement between two not-for-profit organisations (Our Lady of Charity and Father Hudson's Society) with a management board made up of representatives of both organisations and other nominated individuals.

The Management Board is responsible for:

- Appointing the Anawim project manager;
- Ensuring the aims and objectives of the project are maintained;
- Planning and strategy
- Maintaining accounts and robust financial management

In the month of September 2008 Anawim had a group of three senior partners from PriceWaterHouse Coopers into the project to work from within as part of their leadership training with Common Purpose. They helped us structure this report, advised on housing issues and worked on budgets and statistics. They were all massively out of their comfort zones and gained a lot from the experience.

5. Developing a Women's Centre

This template provides an outline of key steps required where setting up a new centre or looking to evolve a small centre to provide a broader service. This is based on the experience of Anawim and how they have achieved their current status.

One clear lesson emerging from the experience of Anawim is that results cannot be achieved quickly and that progress needs to be measured in small steps. Given the issues faced by vulnerable women and their lifestyles, trust, safety, reliability and relationships are key to encouraging their participation with a women's centre and may take significant time before the women voluntarily participate and recognise the benefits of doing so.

Activity	'How to' and considerations
<p data-bbox="236 685 608 719">Clients – Vulnerable Women</p> <p data-bbox="236 752 804 913">1. Identify scale of potential client base in the locality e.g. number of female substance abusers, offenders, street sex workers, mothers with children on child protection register etc.</p> <p data-bbox="284 947 804 1339">A mix of 50/50 offenders and other vulnerable women is desirable, so also talk to children's & family centres, drug teams, arrest referral officers, Social Service teams, homeless foyer, hostels, outreach/rough sleeper teams, soup kitchens, alcohol services, sex worker projects, ASBO and community safety teams to obtain an idea of numbers of women with multiple needs who are at risk of offending, but also to start relationships.</p>	<p data-bbox="833 752 1334 981">Ask probation for numbers of women on community orders whether that be specified activity, un-paid work, supervision, drink driving or Women's offending behaviour programmes. In Birmingham it was 606 with another 66 on licence in Oct 08.</p> <p data-bbox="833 1014 1342 1144">Identify which prisons the women are residing in, how far away are they? This will greatly impact what you decide to offer.</p> <p data-bbox="833 1178 1353 1603">Ask voluntary sector co-ordinator or resettlement for a list from LIDS of women according to release address, between March & Oct 08 there were an average of 41 women in Eastwood Park from B'ham and at Drake Hall 27, Foston Hall 46 with 135 returning to the West Midlands between April and December 2008, I haven't been able to get figures for Peterborough but I expect it to be similar, most of the remand cases go there from Birmingham.</p>
<p data-bbox="236 1664 778 1731">2. Determine appropriate geographical reach of the centre.</p>	<p data-bbox="833 1664 1334 1861">Take into account bus routes, accessibility for women with children especially. Urban and rural centres will have different operational requirements and public transport availability.</p>
<p data-bbox="236 1895 788 2056">3. Explore who is currently providing services to vulnerable women in the locality. Identify which if any would be interested in expanding, partnering or working collaboratively.</p>	<p data-bbox="833 1895 1190 1928">Network, network, network!</p>

<p>Identify and make relationships with those who have reputations for advocating for women, explain vision of centre and get them on board to be a local champion. If possible find a local benefactor who will inject some initial funding.</p>	<p>Be humble – don't come with 'I've arrived to solve your needs' attitude.</p>
<p>4. Define what services are not currently being provided or could be better provided by a centre.</p>	<p>Do a gap analysis. Maybe put on a day workshop where you ask all the agencies you've identified to feed in where they see the gaps from their experience.</p>
<p>5. Depending if going route of establishing a new centre or growing an existing service, think through governance issues, identify management board members, trustees, if setting up new will need to register with Charity Commission and constitute the charity.</p>	<p>Growing an existing project is quicker as these things will be in place but can be constricting and frustrating as you have to work hard at bringing these people on board. Bear in mind that just because the manager or staff may understand the concept doesn't mean the trustees or board will, be sensitive to their fears of 'take over', or 'losing their core ethos', financial risk etc.</p> <p>If setting up new thinking mission statement, constitution, core values and aims and objectives can be very lonely to do on your own and doesn't give you buy in. Try and build team first, bearing in mind this is difficult as you probably don't have the funding in place yet for staff so work as a management board with partners identified.</p> <p>Anawim is a project of 2 larger charities so our board has representatives from both, as well as a magistrate, senior probation officer and a representative from the women.</p> <p>Father Hudson Society undertakes all our personnel tasks, offer line management and deal with insurance, health & safety and leases.</p> <p>As the project grows so does the structures, Anawim has now got to a point where we will need a new level of support if we are effective in the procurement & commissioning processes. We are exploring this with various bodies, Compacts may be able to help or partnering with a larger provider, we are developing</p>

	<p>accommodation with Trident Housing and Birmingham City Council, their expertise in competing for large contracts is invaluable.</p> <p>The overarching principle is to play to your strengths and allow others to play to theirs. Recognise expertise and draw it in rather than trying to be everything yourselves.</p>
Facilities	
<p>6. Identify appropriate facilities for physical premises that can serve as the centre - church, disused or run down community centre or school. Anawim is in a disused school, we have 4 classrooms at the back of a church, who allow us use of their hall and kitchens for keep fit, self defence, Christmas meals and parties. Recently they main funded another building which we share, we have sole use Mon – Friday 9 – 6pm and they use it evenings and weekends for church meetings and children's work.</p>	<p>Leases, sub letting, health & Safety, fire regulations all take longer and cost more than anticipated.</p> <p>Another model would be to bring all the various agencies together under one roof providing an umbrella, such as Women's Aid, housing associations, rape & sexual violence, Muslim or Asian women's groups etc. The advantage of this is that you could share a reception, referrals between the agencies would be simpler and you can share overheads and crèche.</p>
<p>7. Determine appropriate health & safety requirements.</p>	
<p>8. Gain an understanding of neighbourhood and potential perceived risk of centre being housed in the locality.</p>	<p>Anawim centre is in an area of Birmingham which has a history of resident action opposing women involved in prostitution, this meant we had to be much more low profile than other centres may have to be.</p> <p>Take into account religious and cultural issues and implications for women if it is an area of particular ethnic groups, i.e. if large proportion of local women wears hijab other women will stand out. If a leafy suburb, will you encounter resistance?</p>
Services	
<p>9. Based on needs identified, determine what services can realistically be provided by the centre under the model.</p>	<p>Be flexible and prepared to try things out, let them grow organically, involve the women in the design of the courses and services, they will soon tell you what they like.</p>
<p>10. Categorise services for those to be</p>	<p>Services may be categorised into areas</p>

provided directly by centre staff/volunteers and those to be provided on the premises by relevant specialists.	that support emotional (e.g. Self esteem, peer support, company) physical health (e.g. Substance misuse, GUM services) financial – debt & benefit advice Housing, immigration etc.
11. Identify specialist providers.	Most providers will be happy to come and deliver their services at the centre as you will be attracting the 'Hard to reach' so it saves them the time and effort finding them. This is easily used as most agencies have these targets to reach the women you will be working with but not the resources to outreach them.
Staff/volunteers	
First appointment needs to be the manager responsible for recruitment, fundraising, strategy, vision and is probably the one achieving 1-11	Identify any larger charities or other organisations who could assume responsibility for administration, payroll, recruitment, CRBs etc. So the manager does not get bogged down in this detail. Voluntary service councils will often take on some of these tasks.
Secondly a development/outreach worker	To continue the networking on a more personal level, outreach might be undertaken alongside the other agencies that already do this type of work. She can be given the task of recruiting and training volunteers for this work. At Anawim we have a team of 4 who go out one night a week; the 2 volunteers do one a month. A small team is best as it builds consistency and trust, volunteers need to commit to this for long periods, preferably years, if you have a high turnover the women can feel like specimens, some people are attracted for voyeuristic reasons. Be aware that volunteers need good supervision and support –build this into job descriptions.
Thirdly bring someone in to manage the centre, bring in the agencies, put timetable together, and put monitoring & evaluation systems in place.	Colleges, Job Centre Plus, Pertemps, and Citizen's Advice Bureau etc should all be happy to offer weekly sessions on site. She can also recruit volunteers to work in the centre to help with drop in activities, prepare lunch, lead discussion groups, help with art and craft sessions, clean, wash up, mentor individual women, undertake home visits, accompany women to

	<p>appointments, find furniture, sort donations of clothes & food, organise groups or individuals to work in the garden if you have one, help with homework, CVs, interview techniques and offer encouragement, smiles, compliments.</p> <p>These volunteers can come from altruistic members of the community or drawn from amongst the clientele – those who have stabilised sufficiently, or be prisoners doing their outworking.</p> <p>At Anawim with the Un-paid Work programme, we often find too many women turn up for the supervisor to take out so one or two are often left at the centre to work.</p> <p>The centre manager is best placed to co-ordinate these volunteers, she needs to undertake individual & group supervision with them at least monthly.</p>
Employ a children's worker	To set up the crèche, register it with OFSTED, purchase equipment, write policies etc. Colleges will often pay for the crèche costs while the women do the courses.
Administrator	To undertake data entry for the monitoring, this will leave the manager to undertake the evaluation of the data to ensure she can see what is working and what needs developing.
Key workers to offer the day to day support to the women.	
If you decide to set up your own counselling service, employ someone to head it up, write policies, join BCAP, and recruit counsellors and supervision.	Anawim uses students as we do not have sufficient funding, but we only use those who are in their final year and have some experience of working with the client group in another setting such as a drug team.
Agency linkages/referral sources	
Network with all the other services providing services to vulnerable women. Staff to obtain places round the table at local area drug strategy, prostitution, anti social behaviour and homelessness	Make yourselves known with Community safety, police, probation, DAT, DIP, PPO officers, DV refuges, hostels, CDTs, health professional such as midwives, health visitors, debt

meetings.	advisors, the courts etc. Get staff to maintain the relationships initially made by the project manager.
Funding, budgeting and management	
<p>Prepare realistic costing/budget for operation of centre:</p> <p>Salary costs- NI, pension, training, recruitment, supervision & travel;</p> <p>Infrastructure/ building costs – rent, furniture, equipment, maintenance, utilities, council tax, insurance – buildings, contents, public & employer liability, gas & electric;</p> <p>Office costs – postage, stationary, telephone, broadband, mobile phones, photocopier, leaflets, annual review, accounts;</p> <p>Client costs – food, laundry, cleaning, training, volunteer expenses, crèche equipment, trips, hardship, crisis accommodation e.g. B & Bs;</p> <p>Other costs – vehicle & business use of own cars.</p>	<p>Identify sources of funding – charitable grants, statutory routes such as health, mental health, Supporting People, Learning Skills, NOMS, probation, Community Safety, Neighbourhood renewal etc.</p> <p>Set up someone to take on bookkeeping /finance role, this may be your administrator or someone else, at Anawim we have a sister who comes from another order and does all the cheques, paying in, paying bills and entering details, this then goes to the finance department at Our Lady of Charity who enter it on Sage, prepare invoices and prepare monthly sheets detailing restricted and unrestricted pots. They then prepare the accounts ready for the accountant to audit annually.</p>

6. Gaps in service provision: Obstacles

As women are usually low level offenders they so are not high priorities for CJS. With the current cut backs in Probation budgets this will only become more so with Probation concentrating on serious dangerous individuals. Central and local government need to fill this gap out of their budgets to fulfil their agendas and outcomes within the community and see women offenders as part of their responsibilities.

Accommodation

This is our biggest blockage. In Birmingham there is a massive deficit in affordable housing for the general population so it is not surprising that our women fall further back in priority. We have no direct access provision for women, so they tend to end up in large, cheap B&B accommodation on the Hagley Road, Edgbaston. This is problematic as it has been a 'red light' district for many years and has high resident actions and tensions.

Access to mental health in the community

Even if we are successful with our proposal for a CPN on site one day a week, I fear that there is still a huge lack of appropriate mental health provision in the community and believe this contributes greatly to the numbers of women in custody.

Benefits

Access to benefits is becoming harder and resources are more stretched plus in a time of recession the women we work with will be further down in terms of access to employment. I fear we will be seeing more cases of destitution over the next two years.

These are the three areas we find are the blockages that need resolution.

7. How women's centres can meet Local Authority Objectives and National Indicators and deliver effectively

It is a good idea to look at the Local Area Agreement objectives for the area in which your centre operates and see which ones the centre can contribute to. We also looked at the wider National Indicators. These can be used to go to the relevant departments with an approach for funding for something which the centre already does or something it could provide or to encourage partner agencies to come on board.

Here are some examples of some specific to Birmingham but each area will have similar ones.

Improve the health of Birmingham's children and young people and protect them from potentially damaging lifestyles and behaviour.

Protect Birmingham's children, young people and vulnerable adults from harm.

These are areas Anawim could assist with if we had the funding to do so; we could develop nutrition advice sessions at the centre. This is something we have intended to do but have been held back by lack of resources. We have access to some of the most marginalised women and their children; we would like to extend the children's work to include activities with the older children. This could include groups for young teens where we could look at sexual health, safe relationships and the other issues that affect their health and safety. As the children are born to women who are already disadvantaged by their involvement in crime and prostitution and who are very often victims of sexual and domestic violence, their children are extremely vulnerable. There is huge need for prevention work to be undertaken around drugs and alcohol use. We are in a good position to do this due to our relationships with the families.

Reduce re-offending through the improved management of offenders and effective treatment of drug and alcohol using offenders.

We could develop more services for this client group if we had more resources, we already undertake in reach into Drake Hall and Eastwood Park, and with improved funding we could extend this to Peterborough and Foston Hall both of which have significant numbers of women from the Birmingham area.

The centre has the Methadone Programme but it is specific to sex workers, we would like to develop more services for our drug and alcohol using offenders by way of relapse prevention groups, crack intervention courses, 12 step approaches, counselling, motivational interviewing etc. We recognise drug addiction as the main driver for our women committing acquisitive crime.

We recognise a gap in provision for treatment for alcohol abuse and see cases very often of women successfully reducing and abstaining from heroin use only to replace it with alcohol. This can prove even more detrimental to their health than the heroin. We currently have a handful of young women who could die within the next 2 years if they do not control their drinking; these are women in their early 20s.

Our base in Handsworth supports the most prolific women offenders, this service could be grown to include more agencies and clients. We have started to work collaboratively with other agencies and would like to extend this. There is recognition that this small number of women commits huge amounts of crime and cost a massive amount in court and police time and short custodial sentences yet we are not adequately resourced to help turn them around.

Reduce inequalities in health and mortality across Birmingham and support more people to choose healthy lifestyles and improve their wellbeing.

The most chaotic women we meet in Handsworth and in prison are most prone to dying very young often in their early 40s. With better interventions, housing and access to drug treatment and mental health services, this can be tackled. These women come from the most deprived areas across the city. We have access to these hard to reach women through our many years of outreach and support of these most vulnerable women. One such woman whose daughter also accesses our service is now 8 months into a residential rehab at the Ley Community in Oxford. She is early 40s and was sleeping rough for many years before we became involved. She clearly recognised had it not been for our help she would have been dead now.

Once we have managed to stabilise these women into accommodation and drug treatment, we then introduce them to all the centre has to offer.

Our counselling service needs investment so that we can extend the number of counsellors and enable us to employ suitably qualified ones instead of relying on students, which is dangerous with the high level of complex issues our women present with.

Increase employment and reduce poverty across all communities through targeted interventions to support people from welfare into work.

Improve Birmingham's educational attainment and skills base to meet the economic needs of the city now and in the future.

Tackle serious acquisitive crime, and increase public and investor confidence in neighbourhoods by dealing with local crime, disorder and anti-social behaviour and securing cleaner, greener and safer neighbourhoods and public spaces.

Improve Birmingham's neighbourhoods, particularly the least affluent ones, in terms of deprivation, service delivery and overall quality of life for residents.

Strengthen community cohesion and integration between residents of different backgrounds.

Encourage more active participation of Birmingham's citizens in neighbourhood and citywide organisations, events and civic institutions.

Anawim can assist the Local Authority to meet these objectives through all its activities and courses at the centre and beyond. The mentoring service where volunteers from outside and women who have moved on sufficiently to offer peer support can train to offer one to one mentoring and befriending helps community cohesion. Our unpaid work package and volunteering opportunities allow women to contribute to the community by undertaking practical work painting and decorating community centres, schools and play areas, graffiti removal and other useful activities. This provides exercise as well as reparation and improving community cohesion. All these courses and activities promote self esteem, confidence, emotional and mental well being, which in turn prepare them for employment.

We reduce poverty by providing lunch 3 days a week, emergency food parcels and donations of furniture and goods to those moving into properties. Investing in Anawim would help to achieve these objectives by developing the unpaid work package, mentoring programme and women's involvement in community events and training. We could offer the women many opportunities to take part in events and speak at meetings as we now receive many invitations and

opportunities. The women who attend Anawim through the unpaid work are from increasingly diverse cultural backgrounds, as they are mixing at the centre with previously predominantly white women barriers are breaking down. We would like to develop a restorative justice initiative as a really valuable addition to the unpaid work, as we think this would be extremely useful in tackling reoffending.

Reduce the most serious violence; including tackling domestic violence, gang and gun related crime, and violence in public places.

Our domestic violence work, our involvement in the VEV project and access to women who have suffered rape and serious sexual violence, which we already undertake could be extended. Our client group are the most likely to be victims of these issues, our counselling service needs investment so that we can extend the number of counsellors and enable us to employ suitably qualified ones instead of relying on students.

We are currently undertaking a scoping exercise looking at the needs of young women aged 13-17 involved or at risk of involvement in Urban Street Gangs, this could develop into an important work with the correct investment and partnership working arrangements.

These are examples of just some of Birmingham's LAA objectives and it is easy to see how a women's centre can help to meet them, the trick is to sell it to the relevant departments and hope they have a budget to invest. I have approached various sections in the local authority only to be told that they have no actual budget to implement these objectives which makes the exercise of setting them seem a little pointless.

Objectives taken from Birmingham – LAA 2008/11

Looking at National Indicators these are some I've picked out.

NI 126: early access for women to maternity services

All women should access maternity services for a full health and social care assessment of needs, risks and choices by 12 completed weeks of their pregnancy to give them the full benefit of personalised maternity care and improve outcomes and experience for mother and baby. Reducing the percentage of women who access maternity services late through targeted outreach work for vulnerable and socially excluded groups will provide a focus on reducing the health inequalities these groups face whilst also guaranteeing choice to all pregnant women.

This can be met through our street outreach and Handsworth base. We access women who are hard to reach and are often prone to avoid or miss appointments due to their chaotic lifestyles. We meet other women through the referrals we receive from probation and other agencies and unpaid work package. We can offer pregnancy tests and Midwife services on site.

We recognised that most of our pregnant mothers would attend the scan appointment but not the parent craft sessions, visiting the delivery suite and the other services offered by ante natal care. By providing a midwife on site we have engaged these women, this has been a private arrangement with two midwives who set up their own practice offering private midwife services which enabled them to subsidise the service to our clients who are on benefits. They have run mother and baby massage classes which have proved very popular and the one-to-one ante natal sessions have been a place where the women have felt comfortable to ask questions which they would not have done at the hospital.

Many of these women have had Social Services involvement during their pregnancies and were deemed at risk due to their drug use and chaotic lifestyles, hence are apprehensive to engage with statutory services. These midwives being located outside of the statutory sector has been key to enabling trust and the sessions being held at the centre where the women already attend has helped as it has cut down the number of places she has to go for appointments.

NI 123: Stopping smoking

As a high proportion of our clients smoke and already access the service we would be very well placed to provide cessation classes as would other WCs.

NI 133: Timeliness of social care packages following assessment

Users should expect practical help and other support to arrive in a timely fashion soon after their problems have been referred to social services.

Timeliness of the delivery of care packages following social care assessment is of importance in policy terms, recognised as crucial by Councils with Adult Social Services Responsibilities and significant for people who use services for whom long delays in delivering the help and support they need can be detrimental.

This can be met through family support and activities in the crèche. Staff regularly attend case conferences and refer families in need, opening Common Assessment Framework tools and setting up multi disciplinary meetings.

NI 140: Fair treatment by local services

Dignity and respect are recognised as key determinants of an individual's wellbeing. Fair treatment by others is a critical component of removing inequalities of process, which create unjust barriers to involvement in society as well as in the economy. As a moral and ethical principal, fair and equal treatment is one to which we should aspire but in addition, the low self-esteem and sense of identity that unfair treatment can create impacts on all areas of daily life – including your economic and civic participation, your mental well-being, your social relationships etc.

A women's centre can be really helpful in achieving this National Indicator as everything done at the centre promotes self esteem, confidence, emotional and mental well being. The accredited courses in counselling, mentoring, anti bullying, drug and alcohol awareness, first aid, health & safety, managing children's behaviour, understanding teenagers, customer service, domestic violence among others all teach skills and promote well being. The workshops on stress and assertion, love yourself (which looks at how to say no etc), team work and boundaries all aid confidence and self esteem. The mentoring service where volunteers from outside and women who have moved on sufficiently to offer peer support can train to offer one to one mentoring and befriending increase civic participation. The unpaid work package and volunteering opportunities allow women to contribute to the community by undertaking practical work painting and decorating community centres, schools and play areas, graffiti removal and other useful activities. This provides exercise as well as reparation and improving community cohesion. The advocate role staff have with the women and their children at case conferences, doctors' appointments, court, and housing and at other agencies all help them to interact more productively e.g. keeping calm and not swearing. We can do this due to our long term excellent relationships with the women. We have built trust over many years and they know we have their best interests at heart, so allow us to stand up for them as we always treat them with respect.

NI 141: Percentage of vulnerable people achieving independent living

The aim is to measure the extent to which housing related support (Supporting People) helps people move on in a planned way to more independent living.

The indicator measures the number of service users (i.e. people who are receiving a Supporting People Service) who have moved on from supported accommodation in a planned way, as a percentage of total service users who have left the service.

The indicator applies to the following types of accommodation based services;

- *Short term based accommodation services (less than 2 years)*
- *Direct access accommodation (where the intended length of stay is less than a month)*

Also how outreach services are able to support people to move onto more settled accommodation;

- *Moving rough sleepers into hostels; or*
- *Supporting service users to move on from unstable accommodation into supported housing or permanent housing. Unstable accommodation can include sleeping on friends floors, staying in overcrowded accommodation, squatting, sleeping in care*

This is an area where we have found we do a massive amount of work and yet it is very difficult to become funded by SP, we are in the process after years of flagging up the need, of working with Birmingham City Council to provide a crisis accommodation specifically to women, but this will take time to come to reality. We are also working with a housing association on flats for the more stable women so they can be moved on from the hostels with high levels of support to something more appropriate to their needs.

The work of key workers within a WC is very obviously eligible for Supporting People funding yet may not have the administration capacity needed to manage a SP contract, so partnering with a HA which already has this set up is the best option.

NI 143: Offenders under probation supervision living in settled and suitable accommodation at the end of their order or licence

This could be met through our development, along with Trident Housing and Supporting People of a women specific unit for those wishing to exit lifestyles of drugs and prostitution, as well as a crisis house for those still living chaotically or rough sleeping.

Plus our unpaid work programme developed with probation and if we are successful with developing Specified Activity this will contribute as well.

NI 144: Offenders under probation supervision in employment at the end of their order or licence

Could be met by our educational courses, unpaid work package and all the support we offer in CV writing, job searches and the involvements of agencies such as Job Centre Plus, Learn Direct and Pertemps, as well as the work opportunities with the social enterprise.

Taken from National Indicators for Local Authorities and Local Authority Partnership Handbook of Definitions Annex 3: Adult Health & Well-being and Tackling Exclusion & Promoting Equality

8. Key principles for successful women's centres

- Be flexible open, friendly & non-judgemental
- Build trust
- Ask the women what their needs are and develop accordingly
- Start working towards raising self esteem and confidence – nothing too taxing
- Keep things at set times but be flexible if a little late or miss a week
- Concentrate on growing the women attending not the variety of courses initially; use staff expertise at first to put on training courses and workshops i.e. set up a gardening group or a creative writing group, do sessions on drugs awareness, don't be dependent on colleges.
- Have a variety of activities and courses so all can contribute especially if literacy levels are low or English is not their first language.
- With things like therapeutic arts and crafts, do activities that can be completed in one session so results and achievements are seen straight away. The more popular are things such as jewellery, cushion making or decorating plates that can be worn or used in their home.
- Keep similar workshops or activities that complement each other on the same day where possible as this gives strength to what you are hoping to achieve.
- Keep courses consistent, if a college cancels, do a workshop yourself even if it's on a different topic.
- Consider the name you are giving a course i.e. a course entitled parenting skills will attract less people than a course entitled managing children's behaviour, even if the content is the same, as people don't want others to think they are bad parents.
- Try again with courses that have failed in the past, if people have moved on or there is a new group attending they may now benefit from the course.
- Use an initial assessment to identify the support the women need and if you don't provide it or could use more specialist guidance, try to find an organisation willing to provide a surgery at your centre. It is easier to persuade organisations to provide support once you have a couple of existing agencies in place.
- Set up advice sessions for the main areas that the women need support with, housing, debt, benefits, as staff can't be trained in all areas. Be persistent it may take awhile to get to the right person, but there will be a need by these organisations to target your client group, so a joint working agreement should be feasible.
- Build links with other services such as health centres so they get to know the client group and how to make referrals. Local knowledge and connections are vital.
- Take a Holistic approach
- Voluntary participation is great mixed with those who are there on court orders
- Keep agency independence
- Build productive partnerships
- Dedicated staff and volunteers are essential, cultivate them by remembering birthdays, have staff away days, do nice things together.
- Try your best to be judgement free
- Maintain a safe space, contain incidents, use restorative justice principles in all you do with the women and team
- Recognise what might take one women 6 months may take another 6 years, use a key worker to make sure an individual is working towards goals however small.
- Get agency staff in on the same day and organise a meeting for them to all meet and talk about their roles so they can work together and provide a holistic package

- While the accredited courses grow make sure you still provide workshops and craft activities for new women not at the stage to complete a fifteen week course.
- Encourage the women to book appointments with the agencies as this helps reintegration back into society. Leaving a few drop-in spaces for emergencies.
- Structure the courses, group them so they compliment each other
- Build an expectation of progression by doing the next level of a course.
- Set up a careers course that looks at CV writing, visiting a college, interview technique for those ready to move on
- Set up a mentoring scheme to support women into colleges and employment and to keep in touch when engagement at the centre is no longer necessary.
- Keep women at the centre of all you do
- Grow your work organically
- Advocate on behalf of the women, fight their corner - be Rottweiler like
- Show the women nurture and care, remember their birthdays, make fuss of them
- Accept all women

9. Mainstreaming: For and Against

Ideally we would like to see all the various women's centres across the country as part of the community and funded in a sustained, mainstream manner but there are difficulties to overcome and things to consider. Moving from grant funding which is relatively straightforward to commissioning, procurement and tenders is a huge leap for most VCS organisations.

Commissioning

This has huge impact on small third sector organisations which don't have the capacity or experience to participate in complex tendering processes.

Recommendation: as part of the strategic roll-out of the approach practical support and resources would need to be provided in tendering.

Administrative burden on small third sector organisations - Standards/performance management:

Standards need to be transparent, achievable (and within the influence of the centre) and the requirements for monitoring, evaluation and reporting need to be manageable given the resource base of the centres. This needs to be considered if the approach of using Local Area Agreements were adopted.

Preserving agency independence

Many small charities value and hold dear their freedom and independence - think long and hard before chasing mainstream funding, it isn't for everyone. Identify means of preserving agency neutrality and independent governance and management whilst operating to an agreed set of principles and standards.

Ethos

Different agencies bring different value bases – many small third sector agencies come from different backgrounds which may be key to their success to date (e.g. Anawim's governance structure provided by Our Lady of Charity/Father Hudson's). In accessing mainstream services, individual organisations need to maintain autonomy, flexibility and creativity which are key to their ability to provide client centred services that genuinely meet needs not simply a prescriptive set of defined services. The VCS sector has always been at the forefront of innovation once we access mainstream funding we must guard against becoming tied down in bureaucracy which will stifle us.

Confidentiality

Current experience shows that some statutory agencies are unwilling to adopt a 'case management' approach due to unwillingness to share information with third sector organisations due to confidentiality requirements. This undermines the ability of all those agencies concerned to effectively support individual women holistically.

Recommendation: third sector agencies able to achieve an accreditation status that permits information sharing by statutory agencies and binds them to the same standards of confidentiality.

10. Outcomes and impacts

Refer back to section 2.3 for desired outcomes.

The outcomes from the work is best expressed by the women them selves. Here are some quotations:

I love Ruby's class, I come here feeling low sometimes and after Ruby's class I feel better – either feel more confident or relieved just to talk and understand despite my faults I have a lot of good qualities and it's good to talk to girls on the same level going or have gone through the same or similar things

May

I'd like to say thank you to Anawim your support and help has blown me away. Just to know someone cares is a help in itself. Once again thank you.

Dawn

Anawim is a place you come to and have a talk if you want, get a lunch. If you need support Kerry is excellent. She will listen and try in any way to help you, she's lovely and if you feel a bit stressed she talks to you and tries to make you relax, eat and help you with your problems.

Ruby's confidence class is brilliant, she's the most down to earth, lovely person you can meet. The confidence building course has made such a difference to my life, it has made me motivate myself, feel better about myself and more assertive, it is great.

Tash is absolutely lovely, she tries her best to try and help with benefits, debt and trying to get household items etc from different charities, she's lovely. Even when you're down she lends an ear to listen to you even though that's not part of her job. After seeing her today I feel so much better, I'm glad I come.

Without Anawim and the whole team who put so much support and friendship into it I don't know where I'd be now, but certainly not at the point I am now.

Sarah

Hello Joy & Gina,

I know you'll be shocked to hear of me. I just want you to know I love you both for pushing me to sort my life out – I feel God blessed to have met you, they say everything happens for a reason. I would not be here if it wasn't for you guys.

Please tell Tina that I send my very best regards and hope she's well and still working. I do miss you, but not that life. X is locked up again, she's in Foston Hall. Anyway I'm good, I haven't felt this well

in my head for a long time. The beauty of it is it's something I want to do, not like jail, playing a game, here there's just no game.

It takes a bit to get used to it, but I think I've arrived.

So ladies, all the very best. Hopefully I will hear from you soon.

All my love and respect,

Mandy

This letter was written by a woman who was sleeping rough in a stairwell, the person she refers to in Foston is her 19 year old daughter, and she has been in rehab now for over 8 months and doing really well.

But for those of you who like statistics, here you go!

- 40 women had their accommodation situation improve directly due to our support
- For 7 their accommodation deteriorated
- 40 improved their education, training or started attending college
- 15 have gone into employment
- 29 have seen their health significantly improve due to our interventions whereas for 10 their health has deteriorated
- 14 have got completely clean of drugs while they have been attending, although 6 have increased their use
- 18 have decreased their drug use
- 1 alcoholic has abstained but 4 have increased their problematic drinking, a further 3 have reported problems with their drinking, 1 is a gas user
- 29 sorted their benefits
- 20 improved their relationships with their children significantly
- 6 had children go into care
- 28 have had significant growth in their thinking and behaviour
- 15 who were in domestic violent relationships have escaped, but a further 3 have entered DV relationships
- 13 have reported incidents of rape
- 2 have been put into abusive situations after evictions
- 26 have successfully exited prostitution
- 28 are still actively involved in sex work all street bar one

In period Oct to Dec 08

- 163 women reported feeling valued, listened to and less isolated due to our support
- 89 felt their self esteem was raised
- 42 were helped in a crisis
- 49 had their parenting skill increase
- 76 felt they were less at risk of re-offending

11. Conclusions

We are extremely grateful to Baroness Corston for putting the needs of women firmly on the agenda of the Government and the public. The change in climate is tangible. Hope is in the air, even in these difficult economic times. We must not allow the momentum to fade but keep pushing forward. As we now see a new dawn with the abolishment of the strip searches in prison for women, it will be a privilege to see one stop shop women's centres dotted all over the country and diversion from custody schemes in operation everywhere. One day maybe her recommendation for small secure prison units will become a reality but for now real progress has been made.

Better services are still needed in the community for women offenders especially for those with mental health issues, offenders must be defined by much more than merely their offending. Pushing them to one side out of our line of vision is no longer an option; locking mentally disturbed and suicidal women in prison for their own protection must not be allowed to continue but cannot stop until there is adequate provision in the community of which women are very much a part.



Initial Assessment

Workers Name

Date

Personal Details

Title	First Name	Surname
Address		
		Post Code
Home Phone Numbers		
Mobile Phone Numbers		
Date of Birth	Age	

Ethnicity

White British A1	Asian British Pakistani A6	Black British B3	Other Black Background C1
White Irish A2	Indian D1	Black Caribbean B1	Chinese C2
Other White Background A3	Bangladeshi D2	Black African B2	
Asian British Indian A4	Pakistani D3	Black Caribbean & White E1	Any Other Ethnic Group Please
Asian British Bangladeshi A5	Other Asian Background D4	Black African & White E2	Specify

Referral

Referred By	Date	Initial Assessment Date
-------------	------	-------------------------

Type of Accommodation

Homeless	Living With Parents	Hostel	Bail Hostel	Home Owner	Council House	Housing Association
----------	------------------------	--------	-------------	---------------	------------------	------------------------

Are you having any problems with housing?

Yes No

Do you want to talk to Housing?

Yes No

Details of referral

Have you ever been homeless?

Yes No Date:

Appendix 1

Have you ever lost a tenancy?	Yes	No	Date:
Are you in arrears or debt of any kind?	Yes	No	
What Benefits are you currently on?			
Are you having any problems with these?	Yes	No	
What is your national insurance number?.....			
Do you want to see Birmingham Settlement?	Yes	No	
Details of referral.....			
Do you need to make a new claim for benefits?	Yes	No	
Are you looking for paid work?	Yes	No	
Do you have any convictions? Please state.....			
Do you want to see JCP or Pertemps?	Yes	No	
Details of referral.....			
Have you in the past or are you currently receiving any mental health support?			
Do you need any extra support with this?	Yes	No	
Would you like to talk to the mental health team?	Yes	No	
Details of referral.....			
Do you have any Literacy, Numeracy or IT needs?	Yes	No	
Would you like to be referred to Learn Direct?	Yes	No	
Details of referral.....			
What past training and qualifications do you have?			
Would you like to be referred to any of the current training and/ or courses we have on offer at Anawim? (go through current timetable)			
Details of referral.....			
Have you in the past or are you currently having difficulties with substance misuse? Please state.....			
Would you like to talk to the safe project?	Yes	No	
Details of referral.....			
Have you ever been in care?	Yes	No	
Have you ever experienced Physical, Sexual or Emotional Abuse?	Yes	No	
Have you ever served a prison sentence?	Yes	No	

Have you ever been involved in prostitution?	Yes	No
Would you liked to be referred to our counselling service? Details of referral.....	Yes	No
Would you like to be referred to our mentoring service? Details of referral.....	Yes	No
Do you have any children?	Yes	No
Have their details been put on the front sheet?	Yes	No
Advise of Family Support and crèche – would you like an appointment?	Yes	No
Details of referral.....		

Appendix 1

Self Assessment

Please state on a scale 1 to 5, 1 being low and 5 being high how you would grade the below. Please write N/A by anything that does not apply to you.

	1	2	3	4	5
Self-esteem					
Confidence					
Isolated					
Valued					
Listened to					
Able to deal with crisis					
Ability to manage Domestic Violence					
Relationship skills					
Parenting skills					
Ability to deal with substance misuse					
Ability to keep safe while sex working					
Involvement in crime					
Situation with housing					
Budgeting skills and money management					
Work related skills					
How ready are you to gain employment					

What would you like to get out of attending Anawim?

.....

Is there anything we have not mentioned above that you need support with?

.....

Client's Signature..... Date



6 Monthly Assessment Form

Workers Name

Date

Name Has your contact number changed since initial assessment?

Contact number:

Other Agency Support (e.g. Probation/Care Manager/Drug Worker/GP)

Contact Name	Agency	Telephone

Employment/Training

Have you accessed advice and help from Eespro or Job Centre Plus? Yes No

Have you accessed advice and help from Birmingham Settlement? Yes No

Do you still have debts or arrears?

Are you working now? Yes No

If Yes, give details

.....

.....

Main source of income?

.....

Appendix 2

Drug & Alcohol Use

Do you use drugs or alcohol? Yes No

Current drug use (last 6 months), if any

.....

.....

.....

Current Treatment/Support

Is your drug/alcohol using a problem to you Yes No

If so, would you like to stop using (including alcohol)? Yes No

What would need to be in place to support you in stabilising/stopping your drug use?

.....

.....

.....

Previous Treatment

Year	Where	Detox/Rehab/Prison?	Details – including periods of abstinence

Are you receiving any treatment from your GP? Yes No

Sexual Health

Do you attend STI clinic regularly? Yes No

Smear test (within last 4 years)? Yes No

Are you pregnant? Yes No

Are you using contraception? Yes No

Health

Do you have any health problems?

.....
.....

Physical or mental?

.....

Housing

Type of Accommodation:

Homeless	Living With Parents	Hostel	Bail Hostel	Home Owner	Council House	Housing Association
----------	---------------------	--------	-------------	------------	---------------	---------------------

Education & Work History

Age that you left school

Do you have any literacy issues? Yes No

Courses completed during your time at Anawim

.....
.....
.....

Which ones did you enjoy the most?

.....
.....

Would you like training in anything?

.....
.....

What have you enjoyed about coming to Anawim?

.....
.....

Appendix 2

Support Network

Who	Description of relationship	Last contact?	Aware of sex work?	Wants to contact?
Parents/Guardians				
Sibling – including step/half siblings				
Partner(s) Other significant relatives/Friends				

Children (Only complete if not on Initial Assessment)

Name	Age	Living with?	Legal status? (Adopted/ Fostered)	Any contact?

Other information about children and associated issues:

.....

.....

.....

.....

Legal

Current Legal Status (warrants/fine/upcoming court appearances/probation/DV injunctions?)

.....
.....
.....

What difference does it make having support at court?

.....
.....
.....

Do you have any ideas on how we can improve the service here at Anawim?

.....
.....
.....

What do you want to achieve in the next six months?

.....
.....
.....

What can Anawim do to help you achieve the above?

.....
.....
.....



Equality of access to Mental Health Services for Women with complex needs

Proposal for a pilot project

INTRODUCTION

Life experiences of violence and abuse are significant risk factors for women to experience mental health problems. These experiences can leave some women with very complex needs. Often this will be a combination of offending behaviour, alcohol and/or drug issues, mental health difficulties and for many, continued experiences of violence, abuse and exploitation.

These women are regularly in touch with the criminal justice system, may be working in the sex industry, live chaotic and risk laden lives with outcomes such as low self esteem, depression, anxiety, post traumatic stress disorder, self harm issues, problems with homelessness and lack of access to appropriate services. Suicidal attempts are much higher in women who have been abused compared to those who have not.

Mental health services will often see the symptoms and the complex lifestyle but not the experiences that may have laid the pathway for these women or understand the behaviours that are often associated and exhibited. Services are not designed or developed to enable this group of vulnerable women to successfully access support or to sustain it.

The response from all healthcare professionals should be one that acknowledges the underlying causes not just the consequences of the abuse and lifestyle. Understanding the dynamics of power inequality and persistent and systematic violence and abuse on the physical and mental health, will enable appropriate responses and intervention and ensure collaborative and partnership working across all sectors.

ANAWIM

This is a charitable service for women that was founded 23 years ago by a group of local nuns who continue to be involved in the daily activities at the centre. It was set up originally for women involved in prostitution. This continues but it now offers support to any women over the age of 18 yrs who are vulnerable due to their involvement in crime, prostitution, chaotic lifestyles, drug and alcohol or as a victim of domestic violence. It aims to offer the support to explore positive life choices that will help them achieve their goals and reach their full potential as part of the wider community.

Anawim seeks to work with partners and other agencies in a bid to achieve this and offer an holistic package to women and their children. The partners currently working in the centre are: job centre plus, BCC housing, Pertemps, Birmingham settlement, SAFE, Probation, Sure Start, and the Police.

Anawim offers a set programme of education, activity and support over a 5 day period from 9am – 5pm. These include: accredited education packages, holistic crafts, alternative therapies, housing, domestic violence and benefit advice, debt counselling, one to one counselling, and crèche and family support facilities. There is also a prison in-reach service and court support.

The specific partner agencies input into the centre to deliver on this programme and the Anawim team are constantly reviewing to identify gaps and the need for more partners with specific expertise, to meet all the needs of the women.

In addition to this, there is a great deal of emotional support and leisure activity.

For many of the women the centre is the only place they attend regularly and feel safe, so it is an ideal model of engaging an often hard to reach group and enabling access to a range of services in an integrated framework.

At present there is some anecdotal evidence that suggests the women in attendance at Anawim are not accessing mental health services. A number of factors such as, dual diagnosis, drug dependency, their transient lifestyles and general chaos means they are unable to attend their local GP in order for access to take place, and if they do, then consistent attendance at appointments may be a difficulty. Often, the only contact this group of women have, is in crisis or when in prison. Involvement in prostitution often makes the women ashamed and feeling marginalised by the police, prison system and some health professionals. It also appears that the centre is not being utilised by mental health or drug/alcohol workers as an ideal place to maintain contact and deliver intervention or treatment.

RATIONALE

The overarching aim of this project is to ensure equality of access to timely, sensitive and the appropriate level of mental health support for this group of women and to ensure a collaborative cross agency approach where differing roles and responsibilities are recognised and respected, and the needs of these women remain the focus.

The Gender equality duty specifies that we must recognise gender difference and consider service design and delivery in light of these differences. To enable services to know what these differences may be and what services need to look like it is vital in the first instance to identify specific groups and find out what it is that is needed.

In the Corston report, Baroness Corston clearly lays out the need for 'a radical new approach' to support women with particular vulnerabilities in the criminal justice system. It is essential that women's mental health needs are not excluded from this new approach.

Women who have accessed Anawim will have complex needs; their housing, their safety, their finances, their children, violence and abuse experiences and their physical and mental health etc and they often are unable to negotiate the fairly rigid pathway to access and receive mental health care. Access to services is designed around residency and the ability to attend regularly and this has often created barriers for this group of women to receive mental health care. Positive responses to this situation have often been dependant on individuals, rather than on evidence and/or good practice to provide consistency. Women often have little trust that services have anything to offer them.

Understanding this can help explain the very real fear, suspicion and lack of trust issues that impact on engaging with services as well as the potential risk factors that need consideration.

Appendix 3

Most women accessing Anawim will have a level of distress, fear, hopelessness and apprehension. This is what the workers spend much of their time working with.

Occasionally, this level of distress, the symptoms and behaviours associated will be such, that further mental health services are needed.

Ensuring equality of access, experience and outcome for identified groups, often involves doing something differently. This project acknowledges this group of women as at a disadvantage and in need of an approach that recognises, understands and addresses the issues of access and engagement. If these women find safety in attending this centre then it is essential that the opportunity is seized and their health needs are also addressed as part of the package.

THE SCOPE

This particular project proposes to focus on this group of very vulnerable women who are currently in attendance at Anawim centre and in need of mental health care.

The overall aim will be to ensure all women who attend Anawim who need mental health care receive an appropriate and timely intervention at the appropriate level i.e. primary or secondary care services or other appropriate agencies.

It will run for an initial 6month period to enable a review and evaluation of:

- The mental health needs of the women in attendance at Anawim
- The numbers of women needing mental health input and at what level
- What would be an appropriate pathway for these women
- What interventions are appropriate and their effectiveness
- Barriers to service intervention
- Cross agency working

The time frame will allow more accurate data on numbers of women and their needs, as well as narratives from all sectors, to be collated, inform good practice, commissioning and service development effectively for this particular group of women.

This project proposes that a mental health practitioner be based at Anawim for 1 day a week to offer ½ day for a combination of appointment slots and some drop-in time for the women and the staff. This would be as a consultancy/ information service as well as offering specific screening assessments. ½ day for any follow up work necessary i.e. liaising to initiate engagement with other services, paperwork, telephone calls etc this would involve data collection specifically for the pilot evaluation also.

OUTCOMES

- All women who attend Anawim, who have chaotic and complex lifestyles and need support with their mental health difficulties receive an integrated, appropriate, sensitive and timely response from all the relevant sectors.
- Clear working relationships and partnerships are developed between all sectors. These relationships will support the sharing of expertise and relevant information and allow for advice seeking between agencies.
- A template for good practice that enables women access to mental health care at Anawim where they feel safe.

- To establish a needs analysis of the women's mental health needs who attend Anawim to inform commissioning arrangements.

OUTPUTS

- Anawim workers will routinely enquire about a woman's mental health status-current and past difficulties and include contact details with mental health services as part of their access assessment.
- Women identified with an established mental health problem will have a direct pathway for assessment and intervention from mental health services based at Anawim for one day per week. All women from Anawim with mental health distress or related symptoms that are of concern to the woman and/or the Anawim team can access the mental health worker for a full mental health assessment.
- All women who access the mental health service at Anawim will be supported to the appropriate level of service i.e. At Anawim or as the woman feels safe. **(Any issues of gender of worker to be established and addressed at the point of referral on)**
- Involvement of any other agency following a mental health assessment at Anawim must be within a period of joint working to engage women effectively.

CONSTRAINTS

- The mental health practitioner must be a female and have excellent community based knowledge as well as an understanding of women's mental health issues.
- The level of service provision should come from a secondary care perspective for the time of the pilot. After the pilot period an evaluation should take place to ascertain if primary care or secondary care services should continue the service, based upon the findings and interventions. An individual coming with a breadth of experience that includes secondary care should be able to make the links across both primary and secondary services to get the right service for the person.
- The pilot period will be for 12 months
- The mental health practitioner will be based at Anawim for 1 day per week. The proposal is that the member of staff work here on a Wednesday when a range of therapeutic activities are also taking place at the centre.
- Half the day will be clinical time and the other half will be administrative
- The provision of the service will be monitored and outcomes for patients recorded, anonymously.

RISKS

- The practitioner may be inundated with referrals
- The practitioner will be a lone mental health worker within Anawim
- It is important that as far as is possible the key members of staff stay constant throughout the pilot. If this is not the case then the pilot will be at risk of not achieving its outcomes.

Appendix 3

STAKEHOLDERS

This proposal is submitted via David Williams, Regional CSIP Lead to Revolving Doors as a regional project for the West Midlands. The partners are CSIP West Midlands, Birmingham & Solihull Mental Health Trust, (BSMHFT) Anawim and the pan Birmingham Mental Health Commissioning Group.

CSIP WM will support the project management, BSMHFT will provide the individual worker and the supervision and management of that worker, Anawim will provide the venue, the contact with clients and the referrals to the service. A representative of the pan Birmingham Mental Health Commissioning Group will provide advice and support on how this project could be mainstreamed.

COSTS

This project could be delivered for between £15-20,000. The expected staff Salary costs would be £7,500 to £9,000. It is this resource that the project is asking for assistance from revolving doors. The remainder will be met through the time, and venue costs of the other stakeholders. A more detailed budget will be developed if this project develops.

EVALUATION

There is little baseline information currently as a benchmark due to the fact that this group of women do not appear to be having their mental health needs assessed appropriately and if they do receive an assessment then consistent attendance is fraught with difficulties and women get 'lost'. Often mental health assessments do not take account of the past and/or current issues that these women are living with and this can result in women with these complex lifestyles and emotional needs not being seen as mentally unwell and not meeting the criteria. There are however, narratives that show experiences of no direct and timely route to receiving appointments, assessment and care/intervention. These narratives also show some issues relating to positive engagement between the sectors. The result of this is much time, energy and resources are utilised with little results and an increase in women's distress levels.

The evaluation will look at:

- Numbers of women from Anawim being seen by the mental health practitioner and the timing and nature of this intervention i.e. an assessment, advice/information giving;
- The outcome and pathway on from this intervention and the time frame of this;
- Other agencies/professionals that become involved;
- Evaluation from for the women using the service;
- Experiences of :
 - The Anawim staff;
 - The mental health worker;
- What are the next steps?

Women's Services in West Midlands

West Midlands			
Service	Description	Location	Contact
Abused People's Help in Sexual Trauma (A.P.H.I.S.T.)	Information, advice, counselling, group support, workshops/conferences for survivors/victims, training services, referral to other agencies, and peer support/self help.	188 Ellerton Walk New park Village Wolverhampton WV10 0UL	01902 445628 07812403163
Anawim - Women Working Together	One stop shop centre for women and their children providing courses, a methadone clinic, offending behaviour programmes, anger management, un paid work programme, mentoring, counselling and support from many agencies. Alternative to custody plus visits to Drake Hall & Eastwood Park prisons, a drop in for chaotic women and court support.	Anawim-WWT PO Box 8902 Birmingham B12 9JZ	
Asha Centre	The ASHA Women's Centre aims to benefit women, including ex-offenders, who are isolated by disadvantage from resources that will help them to achieve their potential.	Asha Centre 26 London Road Worcester Worcestershire WR5 2DL	
Asha Wyre Forest	Asha Wyre Forest is independent of but closely modelled on the Worcester Asha, this small new centre is based in a very deprived area of Kidderminster and attracts a significant intake of Bangladeshi women.	Asha Wyre Forest 430 Hurcott Road Kidderminster Worcs. DT10 2QQ	01562 746966

Birmingham Women's Advice and Information Centre	Drop-in, educational courses, facilitate outside groups, information, advice and support, Work For Change	Carole Harte 5th Floor Ruskin Chambers 191 Corporation Street Birmingham B4 6RP	
Coventry Rape and Sexual Abuse Centre	Information, advice, telephone helpline service, counselling, group support, text talk service, support for children, training services, referral to other agencies, and peer support/self help.	PO Box 2464 Coventry CV1 1ZA	0247 6277772 coventryrasac@aol.com www.crasac.org.uk
Juniper Lodge Sexual Assault Referral Centre	Information, advice, telephone helpline service, follow up support, training services, referral to other agencies, self help, prevention – thought education talks and lectures where awareness training is given to local schools.	Lodge 1 Leicester General Hospital Gwendolen Road LE5 4PW	
Lozells Centre for Women & Children (LCWC)	LCWC provides community resources for women.	279 Burbury Street Lozells Birmingham B19 1TT	
Nuneaton Women's Multicultural Resource Centre	The Centre offers advice and guidance on training, education and employment. This is a free and confidential service, based in a friendly environment.	22 Deacon Street Nuneaton CV11 5SG	
Osaba Women's Centre	Domestic violence project, training, childcare	23 Victoria Street Hillfields Coventry West Midlands CV1 5NA	
RoSA (Rape or Sexual	Information, advice, telephone helpline service,	PO Box 151	01788 551150

Abuse Support Centre)	advocacy, outreach, counselling, group support, workshops/conferences for survivors/victims, prevention service.	Rugby CV21 3WR	rosa.support@btconnect.com www.survivor-guide.co.uk
Sandycroft Centre	Aims to build self-esteem through education and support for women and their families. They provide ESOL, a multi-cultural resource centre and 'get qualified' courses.	All women's house Sandycroft West Avenue Redditch B98 7DH	01527 595135
Safe Project	This is a Birmingham-based project providing services for female sex workers.	St. Patrick's Centre for Community Health Highgate Street Highgate B12 0YA	
Sexual and Domestic Abuse and Rape Advice Centre – SARAC	Information, advice, telephone helpline service, advocacy, outreach, counselling, training services, and referral to other agencies.	PO Box 3 Burton Upon Trent Staffordshire DE14 1BB	
The Rape and Sexual Violence Project	Information, advice, telephone helpline service, counselling, group support, parenting/family support, training services, and referral to other agencies.	PO Box 9558 Birmingham B4 7QE	0121 236 5763 0121 233 3818 info@rape-sexualviolenceproj- fsnet.co.uk
UK Asian Women's Centre	Advocacy (mental health or learning disabilities), educational courses; Information, advice and support; Interpreting and translation services	1) 1 Stamford Road Handsworth Birmingham B20 3PJ 2) 23 Hamstead Road Handsworth Birmingham B19 1BX	

Victoria Women's Centre	Educational courses, health promotion, information, advice and support, job search support, social groups	Suffrage Street Smethwick West Midlands B66 3QE	Louise Griffiths 01215 582 001
Women's Rape, Sexual Violence Service in North Staffordshire	Information, telephone helpline service, outreach, counselling, training services, and referral to other agencies.	Dudson Centre Hope Street Hanley ST1 5DD	01782 221005 info@wrsvs.org.uk
Women's Help Centre Ltd	Women's Help Centre is a charity and provides a safe culturally supportive environment for all women to learn new skills.	321 Rookery Rd Handsworth Birmingham B21 9RJ	
Worcestershire Rape and Sexual Abuse Support Clinic	Information, advice, telephone helpline service, outreach, counselling/support, follow up support, training services, and referral to other agencies.	PO Box 240 Worcester WR1 2LF	01905 611655 wrsasc@aol.com www.wrsasc.org.uk
YWCA Wolverhampton	YWCA Wolverhampton run two centres in Warstones and Bilston. The youth group runs sessions on assertiveness, career choices, health, training and education.	YWCA Wolverhampton Young Women's Project Claverley Drive Penn Wolverhampton WV4 4QL	
YWCA Worcester Young Women's Project	Counselling, drop-in, educational courses; Information, advice and support, online magazine, social activities, traditional and cultural events.	Ashdown House 18 Sansome Walk Worcester WR1 1LN	

Agency Support available at the Anawim centre

Sparkbrook Neighbourhood office - Mary

- Housing Applications
- Housing Benefit Quires
- Repairs
- Transfers
- Home Option – (Private Accommodation)
- Help with bond money
- Help for those fleeing domestic abuse
- Council Tax assistance
- Homeless Reviews – (if property no good)
- Rent Arrears
- Disability Allowance Forms
- Discretionary Housing payments
- Community Care Grants
- Budgeting Loans
- Backdated Benefit, Appeals & Reviews

Birmingham Settlement - Tash

- Any debt – rent, council tax, gas, tv etc
- Credit card & catalogue debt
- Student Loans
- Fines
- Right Offs
- Crisis Loans
- Charity Applications
- Discretionary Housing Payments
- Benefit advise to tribunal stage
- Accompanying to court
- General advise on benefits
- Filling in forms

Job Centre Plus - Antonina

- Assisted Job Search
- Careers advice
- Referral to pathways/Per temps
- Benefit Health Checks
- Disadvantage Marker
- New claims
- Authorised stamp (proof of seeing the original document)
- Check what status a claim is at
- Tax credit application
- General Advice
- Immigration – Eligibility to work/ benefits

Per temps - Maryann

- Loan Parent Advice
- Signposting for offenders, those with mental health & substance misuse clients etc with no children
- Helping with barrier i.e. child care
- CV preparation
- One to one advice
- Clothing for interviews

Appendix 5

- Funding
- Training to get people back into work
- Confidence / Motivation Courses

Learn Direct - Asma

- Literacy and Numeracy Support
- Certified Courses
- Initial assessments
- Basic Skills
- Computer Skills

Children's Information bureaux

- Nursery places
- Information on toddler groups, Sure Start etc

Blood Borne Virus Team

- Hep B injections
- Advice & Support

Dated:

2009

OUR LADY OF CHARITY (1)

- and -

FATHER HUDSON'S SOCIETY (2)

ANAWIM JOINT PROJECT AGREEMENT

JOINT PROJECT AGREEMENT dated

Parties:

1. **OUR LADY OF CHARITY** (Registered Charity No. 264140) of “Fairlight”, The Avenue, North Ascot, Berkshire SL5 7LY (“**OLC**”).
2. **FATHER HUDSON’S SOCIETY** Company Limited by Guarantee (Company Registration No. 1653388) (Registered Charity No. 512992) of Coventry Road, Coleshill, Birmingham B46 3ED (“**FHS**”).

Background:

- A. Anawim (Women Working Together) (“**Anawim**”) is a joint project between OLC and FHS working with women in danger by their involvement/risk of involvement in prostitution. The work of the Project includes befriending, offering care and support and guidance in seeking a way out from such lifestyle.
- B. This Agreement sets out the terms of the joint project.

Operative Provisions:

1. **Management of the Joint Project**
 - 1.1 OLC and FHS expects all staff and volunteers of Anawim to accept and maintain the Gospel based values of OLC and FHS which will be advertised and made available
 - 1.2 Anawim shall be managed by a Management Board consisting of:
 - The Provincial of OLC or her representative nominated by her at any time and from time to time.
 - The Director of FHS or his representative nominated by him at any time and from time to time.
 - Another Sister/Person nominated by OLC at any time and from time to time.
 - A person nominated by FHS at any time and from time to time.

- One or two persons co-opted to be in attendance with voting rights, as jointly agreed.
 - One representative from other partners who are regularly involved in delivering services in the Project. All partners shall be approached by the Chairperson who shall use the most democratic process possible to secure representatives. Their term of office will be one year, renewable once only.
 - One representative of those who use the services of the Project – these shall be secured by the Project Manager using the most democratic process possible. Their term of office will be one year, renewable once only.
 - The Director of FHS and OLC may choose whether to attend ordinary management meetings and will normally attend the AGM and have full voting rights at any meeting they attend.
- 1.3** The Management Board may appoint a chairperson and deputy chairperson from either of the founding partners and may appoint secretary and/or treasurer either from its members or from outside. At any Management meeting the chairperson/deputy chairperson shall have a casting vote.
- 1.4** The Management Board shall arrange its own meetings (being an Annual General Meeting and not less than three other meetings each year) and procedures.
- 1.5** A quorum shall be three members, providing there is one from each of the partners.
- 1.6** Minutes and Reports:
- 1.6.1 Minutes of each meeting shall be taken and shall record the decisions taken by the Management Board regarding Anawim.
 - 1.6.2 All minutes and Reports shall be sent to all members whether in attendance or otherwise.

1.7 Duties of the Management Board:

1.7.1 The Management Board shall be responsible to OLC and FHS for the affairs of Anawim and in particular:

- ♦ the appointment of the Project Manager and all Staff – to include representatives from both partners on the panel
- ♦ maintaining the values and aims of the joint project
- ♦ the forward planning and strategy of the joint project, including staffing structure
- ♦ the development of the services of the joint project
- ♦ to monitor and recommend changes of this joint project agreement to OLC and FHS
- ♦ to review the Annual Report and Accounts

1.7.2 The Management Board shall receive reports of the operations and finances of Anawim which shall be the responsibility of the Anawim Manager and the treasurer respectively.

1.8 Accounts

1.8.1 Proper books of account shall be kept showing all Anawim income and expenditure.

1.8.2 The Anawim accounts shall be verified each year by the OLC Accountant.

1.8.3 Copies of the Annual Report and the Annual Accounts shall be presented to the Management Board at the Anawim General Meeting and shall be sent to OLC and FHS

1.8.4 All monies raised by or on behalf of Anawim shall be applied to further aims and objectives of the joint project and for no other purpose.

2. Resourcing the Joint Project:

2.1 FHS will:

2.1.1 be the legal owner/tenant of the base premises from which Anawim shall operate during the currency of this Agreement

2.1.2 be responsible for all legal and other matters under or incidental to 2.1.2 and shall indemnify OLC against any damage costs claims demands and liability arising thereunder or in respect thereof.

2.1.3 pay all electricity, gas, water, telephone expenses, rates, community charges and other services and expenses at any such premises.

2.1.4 provide decoration and repair of any such premises as per the Lease.

2.1.5 pay for insurances specific to the project, to include property, contents, public liability and employer's liability insurances. Such policies to note the insurable interest of OLC and Anawim in relation to the operation of this joint project.

2.1.6 through the Community Projects Manager or other FHS nominee, provide regular support and supervision to the Anawim Manager and agreed administrative support.

2.2 OLC will

2.2.1 provide Sisters to work in the project.

2.2.2 be responsible for fundraising for the cost of staff and volunteers employed by FHS and seconded to Anawim.

2.2.3 be responsible for all financial management including bookkeeping and accounts preparation.

3. Working Policies and Procedures

3.1 The Policies and Procedures of FHS pertaining to employees and volunteers will operate.

3.1.1 FHS will be the legal employer (under Contracts of Employment) of all Anawim employed staff (apart from any staff specially agreed to be employed by other organisations).

3.1.2 all Volunteers to the Project will be recruited in accordance with FHS Policies and Procedures for the recruitment of Volunteers.

3.1.3 OLC and FHS will engage jointly in the recruitment and selection of staff to be employed by FHS and in the appointment of Volunteers.

3.1.4 with the exception of the Religious Sisters, FHS shall be responsible for all legal and other matters under 3.1.1 and 3.1.2 and shall indemnify OLC against any damages, costs, claims, demands and liability arising thereunder or in respect thereof.

3.1.5 The FHS Community Projects Manager or other nominee will meet regularly with the Anawim Manager to discuss staffing policies and staffing matters generally.

4. Terms of Agreement:

4.1 This Agreement shall remain in force for a fixed period of five years from the date hereof and thereafter unless and until terminated by either OLC or FHS by not less than twelve calendar months notice to have effect at any time after the expiration of five years from the date hereof.

4.2 Provided that if either party wishes to terminate this Agreement, it may be terminated by either party giving to the other not less than eighteen months notice of termination.

4.3 This Agreement may be varied by agreement of the two parties.

5. Dissolution:

5.1 If the Anawim joint project shall be dissolved any assets remaining shall be applied for such other charitable purposes similar to Anawim as FHS in consultation with OLC shall determine.

6. This Agreement not to constitute a Partnership:

6.1 None of the provisions of this Agreement shall be deemed to constitute a partnership between OLC and FHS and neither of them shall have any authority to bind the other in any way.

7. Notices:

Any notice to be given under this Agreement shall be sent by First Class Recorded Delivery post. The addresses for service shall be the address of the parties given in this Agreement or such other address if which due notice shall have been given. A notice shall be deemed to have been served at the expiration of 48 hours after the envelope containing the notice was properly addressed and delivered into the custody office of the postal authority as a pre-paid First Class Recorded Delivery.

Signed by the Provincial
on behalf of **Our Lady of
Charity**

In the presence of:

Signed by the Director of
Father Hudson's Society
on behalf of Father
Hudson's Society

In the presence of:

Proposal for continuation and expansion of Unpaid Work package

In October 2007 The National Probation Service and Anawim who have a 'one stop shop' centre for women offenders, along with funding from the Environmental Partnership piloted a package of UPW and support for women offenders.

Previous to this Anawim had been offering individual placements to women receiving community punishment hours, this was positive but the amount of practical tasks were limited at that time. Anawim recognised that the lack of provision for community sentences for women resulted in an overuse of custody, we saw every day mainly through our work in Brockhill Prison, the costs financial and human that this brings. From this recognition the aim of Anawim has been to seek to take any actions needed to develop alternatives to custody of various kinds.

The package was designed to meet the complex needs of this group who are well researched and prove to be in need of an extremely different approach to that of male offenders.

The package has offered a joined up service whereby the offender can complete her reparation work for the offence committed while at the same time addressing her support needs, many of which would have led her to the offence initially.

A mentor co-ordinator, Gina was employed working 15 hours a week in November 2007; she initially recruited and trained 8 women, mainly from existing Anawim clients to train as mentors. Probation employed a female supervisor who took groups of women out 2 days a week, on one of those days the mentor co-ordinator also went on site in order to meet the women and allocate appropriate mentors to them. She put mentor agreements in place, set up an in-house training package and arranged Bournville College to run Levels 1 & 2 mentoring courses which were held at the centre. We also employed an admin worker 10 hours a week to maintain the records.

Each woman received an initial assessment upon referral which was designed to identify her support needs; these soon became too many for Gina to do alone so they spilled over into the work of our Link Support worker Kerry and centre manager Claire.

The package soon attracted more referrals and it became obvious we needed a dedicated worker purely for this role.

In October 2008 having secured a further 12 months funding, again from the Hodge Hill Constituency Environmental Partnership, we employed a mentor coordinator/support worker, Rosemary for 30 hours a week. She took on the role of doing all the initial assessments, recruiting and training the mentors, but also a much more hands-on support role to the women. She has successfully signposted them into all the agencies and services on offer at the centre and researched other opportunities around the locality such as the link she's made with Jericho. Having more dedicated time has really paid off in retention rates and engagement as you can see from her report.

She is continuing the practice of going out on site with the women, working alongside them, getting her hands dirty and we have seen how this has broken down barriers with those women who were resistant at first. Initially many of the women referred were fairly stable and had few support needs. As the package has become more recognised and trusted by probation we have noticed the cases are now more complex.

Unfortunately the probation supervisor who was very good and understood the idea, left and they struggled to identify another suitable female supervisor. The offsite work

in the community had now increased to 3 days a week. The supervisor they went on to employ did not understand a need for confidentiality and had a poor attitude towards the other clients at our centre; she did not get to grips with the ethos of the work and had a more enforcement mind set. This has resulted in the package being upset slightly and meant we have had to host the groups on site more often.

Rosemary has put together a full training package and recruited 10 new potential mentors, some of the existing 8 will take part, a few of these have secured paid work or moved on. She has joined us into the Mentoring & Befriending Foundation and is working towards their Approved Provider Standard. She has planned meetings to take place one evening a month, with one month being for group supervision, sharing good practice, boundaries and any issues which arise and the other month more formal training.

- March - listening skills,
- May – Drugs awareness,
- July - Communication Skills,
- September – Child Protection,
- November – Complex Needs
- January – Domestic Violence

Father Hudson's Society undertakes all clearances and references according to their stringent policies.

Once matched the hope is that the mentor will support individual women long after they finish their mandatory hours.

The current funding finishes at the end of March 2009, looking to the future we can see potential for how this work could be developed.

Proposal

To employ a second mentor coordinator/support worker to work alongside Rosemary as lead, increase the admin workers hours from 10 to 20. As you can see from the interim report the numbers of women has increased dramatically and is too much for one case worker even if this was her only role. We would like probation to be able to provide the supervisor but they have a difficulty in attracting women to the role in their current recruitment and with their severe budget cuts this seems likely to continue. A preferable route may be for us to recruit specifically to this role, it may appear more attractive to a woman being located within the women's centre, we can train her into the ethos of the work and she would be part of a supportive team. Being based in the centre would enable her to know first hand what was on offer and 'sell' this to the women while she is on site with them. Communication would be much easier and enable the package to be seamless.

We are in the process of setting up a Social Enterprise and feel this would be a perfect way of utilising some of the women's hours. It would afford diverse opportunities – working in the Café, sterilising suite and the ironing business. We already have one woman employed 2 days a week doing the admin and reception; she has been recently released from Drake Hall and did her outworking with us initially. Rosemary has identified 2 women who are interested in working in the café and she has arranged for them to do their Food Hygiene, Health & Safety and café placement at Jericho.

Two other women are keen to do the ironing. We think there is potential to develop the UPW and the Social Enterprise alongside each other, providing paid employment to the women after their hours are finished.

Two areas of work that could be undertaken by groups of women is painting and decorating that they currently do at community centres etc and gardening. Both of these could be tasked in the community by businesses, individuals, charities and

Appendix 7

housing associations that could pay the SE for the work, making it sustainable into the future.

We would propose that the 2 supervisors be trained NVQ Assessors so that the women have the opportunity to gain a qualification at the same time. We feel this would enhance the package, make it more attractive to sentencers and be a viable diversion from custody, meeting the needs of women offenders.

We are aware that Probation are under pressure to place more people on UPW orders into individual placements and for women this usually means charity shops sorting the donations at the back, we think we could take a more creative approach using our wide networks with other charities and agencies, many of whom are not aware of the possibilities and advantages to their service of utilising this labour resource.

Cost

UPW lead – Rosemary	£21,136
Mentor coordinator/support worker	£19,773
Admin support – Louise	£5,873
Two supervisors 20hrs a week	£21,376
Recruitment, HR & personnel	£3500
Contribution to one stop shop activities	£5000
Total	£76,658

Anawim proposal for a Specified Activity requirement for women offenders in Birmingham

The attached document is a proposal for a programme targeted at working with women offender's who are eligible for a community order but who have complex needs and may otherwise go to custody if an effective intervention is not put in place early on in their contact with the criminal justice system.

There are currently approximately 130 women who could be more effectively supervised on a specified activity intervention in Birmingham district alone. These are all Tier one and two cases who do not present a risk of harm to others. This model of intervention is based on the Together Women Projects introduced by NOMS as outlined below.

Introduction

The Women's Offending Reduction Programme Action Plan (WORP) set out a multi-agency vision for combating the onset of offending by women and reducing their re-offending. In 2005 the Government committed £9.15m over four years to operationalising elements of the plan through the Together Women Programme, more commonly referred to simply as Together Women. Together Women began operating between late 2006 and early 2007 from five centres in the North West and Yorkshire & Humberside National Offender Management Service (NOMS) regions.

It was set up to address the needs of female offenders to prevent re-offending; to address the needs of those women at risk of offending; and to divert both groups from prosecution and custody. As the first large-scale government-funded exercise of this sort in England and Wales, it is important to document how the project works (process) and how far it has been effective (outcome). For this reason Together Women was classified as a 'demonstration project' by NOMS.

Recognising that some of their most recently published evaluations of 'what works' with (male) offenders have been unable to reach firm conclusions about impact because detailed process and outcome data were not always recorded routinely, Offender Management & Sentencing, Analytical Services (OMSAS) commissioned an action research project as a precursor to further evaluation. This was intended to provide real-time feedback on the set-up and initial delivery of Together Women; to assess the extent and quality of current data collection and identify improvements which might be made; and to gather (qualitative) indicators of their initial experiences of Together Women from service users and other stakeholders.

What is Together Women?

Together Women builds on best practice developed by other smaller-scale initiatives such as the 218 Centre in Scotland and the Calderdale and Asha Centres in England and Wales. Key features of these projects and Together Women include the fact that they offer a tailored response to individual needs rather than being a 'one-size fits all' programme. This means that Together Women must offer a very broad range of activities and take referrals from, and make referrals to, a wide range of agencies. Although the options available vary a little between the five Together Women centres, according to local demand and local partnerships, services include training on issues such as parenting, managing mental health, life skills, thinking skills and offending behaviour. Each centre arranges for service providers to hold surgeries covering a range of issues (such as accessing benefits or housing) but also functions as a drop-in centre, where women can access activities such as reading groups and complementary therapies.

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Although Together Women was referred to as a programme in initial project documentation, it was always referred to simply as Together Women by those actively involved in the project. This reflects the fact that Together Women had few of the features commonly associated with programmes for offenders. For example, there was no manual; the nature, order, duration and intensity of interventions were not set according to pre determined levels of risk or need; and expected levels of progress were not prescribed.

The proposed partnership with Anawim would echo the principles of the Together Women programme and meet the needs of the women currently supervised by offender managers more effectively and reduce the need for probation staff to be involved in the interventions offered the woman on a specified activity. Women who are in this category of supervision – Tier two and three cases that are low risk of harm are more likely to benefit from the services a project like Anawim can provide rather than individual contact with probation staff. The requirement could also be a licence condition in cases where the woman has served a sentence for acquisitive crimes where risk of harm to others is not a significant feature. Currently there are 152 women who are being supervised on a community order with a supervision requirement who fit this category and could be more appropriately placed on a specified activity. This partnership has the support of District Managers who are based in the Birmingham district and have knowledge and experience of the work Anawim do with offenders.

The saving for West Midlands Probation service would be more than the equivalent of one offender manager as the time it takes to signpost a woman on a community order and complete referrals is significant. This work would be undertaken by the key worker at Anawim, subsequently freeing up probation staff to work with the higher risk female offenders on Tier 3 and 4 interventions. An offender manager would need to be nominated to deal with enforcement as is the case for UPW orders but this would be the only contact needed by an offender manager unless there was risk of harm issues raised. There is scope for the future to develop the partnership to enable an offender manager to be located at Anawim to supervise female offenders across the district with the support of a keyworker who would deliver the interventions. This is an approach adopted by the Together Women projects and has increased compliance amongst female offenders.

Anawim has the experience of working with women who are offenders already and currently works with women on unpaid work requirements. Women can also access other relevant service via Anawim which offers a 'one stop shop' facility. Anawim have been involved in the debate at a national level on the best way to work with women offenders and are well versed on the recommendations of the Corston report. There are currently no other women's centres that have the capacity to take on such a partnership in the area at present. The highest number of eligible cases are also located within the Birmingham district and given good travel networks in the area there should be no barriers to women accessing the services.

In order to fund the activity, WMPA would need to fund a partnership with Anawim, initially on a one year basis to establish the programme and gather information on the effectiveness of this as a sentencing option. The costs as outlined in the proposal are estimated at around £40,000 for the set up and running cost of such a requirement, this is the equivalent to less than one full time probation qualified offender manager per year. The ROMS office has contributed £15,000 to the set up of the project and is in support of the scheme, the board therefore are asked to provide the remaining £25,000 to fund the project for the first year.

By utilising everything already on offer at the centre and all the agencies who undertake weekly services on site, the woman's situation could be greatly improved and their likelihood of re-offending reduced. The cost to society of the children having to go into care, her accommodation being lost, benefits interrupted and

having to be fresh claimed is massive even without the cost of custody itself. This partnership and the provision of a Specified Activity meet objectives of Local Area Agreements and National Indicators and the general mood of the Ministry of Justice and ministers. These activities meet a number of the Reducing Re-offending pathways such as children and family, finance/benefit/debt, substance misuse, attitudes thinking and behaviour.

Any woman coming to Anawim on a Specified Activity Order would be given an initial assessment to ascertain her needs, out of that a tailored plan will be put together for her as Anawim do for the Un-Paid Work offenders. She will then be given a key worker who will assist her through the programme; she could do as many as 4 days a week if she chose to use the counselling service. The offender could see the various agencies on a Tuesday; undertake accredited courses on a Thursday and other activities on the Wednesday such as the gardening project and the Look Good Feel Good course which looks at confidence and assertion.

Realistic expectations would be for her to do one - two days a week, so a woman with a 60 day order could be with the project for 12 months and a 30 day order 6 months. This is a sensible time frame to build relationships and for her to gain maximum benefit from all the services on offer, she could achieve very good outcomes in that time. As the offender nears the end of her order if she wished she could then train to become a mentor to new women coming through, further helping her to develop skills and obtain employment. Monitoring will include referrals, commencements and completions, as well as other outcomes such as breach, accommodation, employment and income maximisation.

As the Specified Activity is for either 30 or 60 days, a day being a minimum of 3 hours, there are crèche facilities at the centre which are OFSTED registered.

In order to provide this Anawim would need to employ a key worker, she could have a caseload of around 30 women at any one time, this would cost around £30,000 a year salary and on cost. A contribution would need to be made towards all the activities, crèche and core costs of the centre around £7,000. Administration of £3000 which would equate to £40,000 per year. The project would start 1st April 2009. The cost to probation of supervising these cases at present would be 2 PSOs which is £64,374 and therefore a saving of £24,374. Sickiness and leave cover would be provided by the other key workers currently at Anawim who are trained and facilitate the groups run at the centre.

This programme could be targeted at all women but especially can be used as an alternative to custody for women who do not present a risk of harm to the public. It would be far more fruitful than removing her from the community and disrupting her accommodation, benefits and family. Due to Anawim's good relationships with the magistrates and judges this would be easily sold to them, so reducing the number of custodial sentences.

Individualised programme for female offenders - One stop centre at Anawim

What is on offer?

- Anger management – one to one work based on CBT interventions including looking at stress management, assertiveness, resisting peer group pressure and boundaries (Anawim staff)
- Parenting - one to one or groups (Anawim staff & a midwife)
- Accredited educational courses (Bournville college)
- Debt and arrears (B'ham Settlement)
- Benefits - help, advice and support (Job Centre Plus)
- Housing – assistance, help making applications, hostel places (Anawim staff & housing officer)
- CV writing (PerTemps)
- Methadone programme (Safe)
- Interview techniques (PerTemps)
- Drug testing (Safe)
- Child care for employment (CIB)
- Advice and guidance on training & college courses (PerTemps)
- Advocacy at case conferences and court (Anawim staff)
- Day trips (Anawim staff)
- Creative writing (Anawim staff)
- Domestic violence support & courses – this is an issue that is frequently linked to women's offending (Anawim staff)
- ICT – literacy & numeracy, Health & Safety etc (Learn Direct)
- Youth activities after school (Anawim staff)
- Peer support
- Mentoring Project (Anawim project with full training & supervision provided)
- Food Parcels and lunch on site 3 days a week
- Indian Head Massage (Anawim staff)
- Job search skills (PerTemps & Job Centre Plus)
- Acupuncture (Safe & Anawim staff)
- Art, craft, sewing, jewellery making (Anawim staff)
- Crèche on site – Ofsted registered
- Nurse offering sexual health & contraception advice, pregnancy testing (Safe)
- GP prescribing & advice (Safe)
- Counselling (Anawim staff)
- Children's activities
- Gardening Project (Anawim staff)
- Anti Natal services, baby massage and help with babies (midwife)
- Social events
- Unpaid work – gardening & horticulture, painting & decorating (probation and Anawim worker who we are looking into becoming an assessor for NVQs)
- Accredited Women's Programme (probation)

**Budget for Anawim 'one stop shop' centre
Balsall Heath**

**Budget
2009/2010**

Salary costs for all staff	£170,034
Staff Costs	
Staff Training	£3,713
Staff Recruitment Advertising	£3,183
Private Car Travel	£3,713
	£10,609
Building Costs	
External Rents Paid	£11,330
Building Maintenance	£530
Equipment Maintenance	£265
Electricity	£1,061
Water	£796
Furniture & Equipment	£530
Insurance Buildings & Contents	£32
Insurance Engineering	£170
Insurance Public Liability	£382
Insurance Employers Liability	£562
	£15,658
Office Costs	
Postage	£424
Telephone	£1,273
Stationery	£849
Annual Review	£2,060
Mobile Phones	£1,018
Photocopier	£530
	£6,154
Client Costs	
Food	£1,591
Entertaining	£1,061
Laundry / Cleaning/Waste	£106
Training Courses	£5,305
Hardship Fund	£1,061
Volunteer Training	£743
Volunteer Exps	£212
Crèche Equipment	£318
Sessional Crèche Staff	£2,122
Trips	£1,591
	£14,110

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Other Costs	
Vehicle Costs	£1,273
Sessional Counsellors	£5,092
Professional Costs -Audit	£1,273
Counselling Support	£764
Counselling Supervision	£796
	£9,198

Garden	
Maintenance	£530
Equipment	£1,061
	£1,591

New building in Balsall Heath	
Payback to OLC- loan	£2,122
Running Costs	£796
	£2,918

Total Expenditure

£60,238

Suggested contribution towards above costs £11,134, not including present staff all of whom would contribute to the activities.

New post for Specified activity	
Key Worker	£19,479
Employers NI	£1,848
Employers Pension	£3,214
	£24,541
Administration Assistant	£3,712
Employers NI	£0
Employers Pension	£613
	£4,325
Total Expenditure	£40,000

Services at One-Stop-Shops

The Corston Report lays out the key functions that one-stop shop women's centres such as Anawim provide. This chart captures how Anawim has delivered each of these services, as well as identifying some of the additional services provided not identified by Corston but key to providing a holistic and integrated service to vulnerable women.

Services identified by Corston	Anawim provides directly	Accessed onsite via the centre	Delivered in partnership	Referral / signposting	Comments
Information, advice, signposting and referrals regarding mental and physical health	✓			✓	Accessing mental health services is currently problematic, but we are in negotiation currently to get a service delivered on site.
Access to community psychiatric nurse services and community mental health teams			✓	✓	SAFE have a mental health drug worker on site and bring in psychiatrists when necessary but they are predominantly for their clients.
Access to drug and alcohol misuse support services and interventions			✓	✓	Drug services provided by SAFE
Family and parenting support	✓				Crèche provided at centre; home visits; courses on parenting skills; 1-1 support.
Housing advice and support	✓	✓		✓	Housing officer present one day per week
Education, training and employment		✓	✓		Bourneville College deliver accredited courses, Learn Direct deliver training at centre and Pertemps offer weekly advice on employment.

Finance, benefits and debt advice	✓			✓	Birmingham Resettlement and Birmingham Job Centre Plus onsite once a week. CAB used in court.
Programmes to address attitudes, thinking and behaviour of women offenders and women at risk of offending	✓			✓	Counselling provided by trained counsellors; programmes of courses to address issues; discussion groups.
Assessment and interventions in regard to physical, sexual and emotional abuse;	✓				Initial and regular client assessments provided; on-site support; outreach; counselling, VEV (Visual Evidence for Victims) support.
Assessment and interventions in regard to domestic violence	✓			✓	Our staff offer domestic violence advice regularly, plus a DV officer comes in when necessary or offers telephone advice.
Legal advice				✓	No provision currently, except our admin worker is a barrister!
Counselling/therapy	✓			✓	Provided on site by our own staff and students
Improving self-esteem	✓			✓	Centre facilities and staff, counselling, courses
Advocacy	✓				At appointments, case conferences and court.
Volunteering and mentoring training opportunities	✓				We train our own mentors for the unpaid work and for Handsworth around crisis work and resettlement from prison.
Crèche provision	✓				

Ante and post-natal support	✓	✓				Midwives visit onsite; wellbeing programmes; skill based courses; home visits; donated clothes and equipment; assisted shopping visits.
The entire range of primary care services, dentistry etc					✓	Support provided e.g. accessing dental treatment
Services provided (not identified by Corston)						
Prison outreach	✓					
Probation service support (unpaid work)	✓					
Food and clothing	✓					
Activities (e.g. arts and crafts, creative writing)	✓					
Basic facilities (e.g. shower)	✓					Only at Handsworth base
Street outreach for those in street prostitution	✓					

Funding Table

Name of Trust	Date Applied	Bid For	Conditions To Be Met	Amount Received	When?	Report Completed?	Can We Apply Again?
Sure Start				£500		Yes	
Children in Need	1998	Books for crèche		£1,000			
William Dudley	1997	Training volunteers		£750		Yes	
	February 2006	Garden project	Report annually March 2007	£200	March 2006	Sent newsletter, responded with form	
Alfred Haines	July 2000	Project car		£750	December 1998	Yes	
		Holidays		£1,000	September 2000	Sent newsletter	
Michael Marsh	December 2000	Gardening project	All receipts to be kept	£500	£1000 pledged for next five years	Sent newsletter August 1996 sent receipts	Asked us to apply again in February 2005
		Outreach/project work					
Parivar Trust				£250	April 1999	Sent newsletter	Applied again in 2003 but had no response
				£350	June 2000		
Mindelsohn	February 2001	Holidays		£2,000			
Harry Payne	February 2004		Report Annually	£250		Yes	
Truemark Trust	March 2004		Report on expenditure	£1,500		Yes	
One Parent Family trust	March 2004	Holidays, travel, daytrips		£300		Sent newsletter	

Tudor Trust	September 2004	Towards shortfall	Report after 12 months	£20,000	December 2005	Yes	
				£20,000	December 2006		
Lloyds TSB	September 2004	Outreach worker	Short form to complete when spent	£12,000	November 2005	Yes	
				£500	October 2004		
William Cadbury		Prison work				Sent newsletter	
Esmee Fairbairn	September 2004	Manager then changed to outreach worker	Report March 2006	£20,000	March 2005		
Allan Lane Foundation			Report after 12 months	£3,000	December 2002	Yes	
				£3,000	February 2003		
Unknown	December 2004	Training for women and Rebecca acupuncturist, computer	Report February 2006	£3,000	February 2005	Sent newsletter 2005, Report in February 2006 & Annual Review	
Eveson	October 1996	Original child care worker	Annual reports	£9,037	March 1997	Yes	
				£9,102	March 1998		
				£9,374	March 1999		
				£8,453			
				£8,712	October 2000		

Derwent Charitable consultancy		General		£3,000	June 2005	Yes	
Digbeth Trust		Parenting courses		£5,460.50	January 2003	Completed March 2003	
Henry Smith		ME	6 monthly report, then annual	£31,000	Dec-05	Completed December	
	£32,800				Completed June 2006		
	£33,800			Received December 2006	Completed June 2007		
Langkelly Chase	May 2005	Sarah's salary	Annual Reports	£37,500 (3 instalments of £12,500)	July 2006, February 2007, May 2007		
Sister Dolores Dodgson	March 2005	Newsletter, General and Gardening		£50			
	March 2005	Gardening project Outreach/project work	Receipt required when spent	£500	£1000 pledged each yr for next five years		
Waterside Trust/Derwent	March 2006	Sarah salary topped up, 2 nd crèche worker	Progress Report June 2007	£10,000			
Queens College	May 2006	General, talk by Rebecca		£133.30			
Sheldon Trust	August 2006	2 nd crèche worker	Report one year after payment	£4,000			

NOMS	March 2006	Rebecca & Handsworth base	Report September 2006 and 6 monthly	£24,828	April 2006	Annual Report completed August 2007 Report completed September 2007	
				£24,671	April 2007		
				£25,410	April 2008		
Jenny's contact	July 2006	Garden	Photos & receipts	£2,000	August 2006		
Sure Start	October 2006	Garden toys & equipment	Quarterly statement of actual expenditure with copies of invoices & receipts. Plus report 1 side A4	£1,000	February 2007		Yes
					May 2007		
					Aug-07		
William Cadbury	December 2006	Counselling			Received December 2006		

Anawim PwC Feedback

PARTNERING

The Issues

- There is a renewed focus on supporting women in the Criminal Justice system and adopting a women-centred approach. Emerging from this and the Together Women pilot project, the Ministry of Justice (MoJ) has commissioned Anawim to produce a practically focused action plan for how women's centres can play a key role in delivering this strategy. This includes addressing how Anawim might be able to work in partnership with other organisations and could provide a route to mainstream funding.
- Anawim has an excellent network across Birmingham, is highly regarded for the work that it does and has advocates across many major public sector service providers, who treat Anawim as an equal. You now need to consider how best you can channel your influence so as to engage others with your agenda so that they commit resources to support your client group and/or the work that you do.

What have we done?

- Based on brainstorming of the key issues with relevant stakeholders, we've developed a structure and template for the MoJ report, undertaken an analysis of the services the Corston Report recommends women's centres should perform and done the initial phase of the gap analysis and actions required to bridge the gaps in service provision.
- We have identified key stakeholders, acted as advocates for Anawim and helped introduce key influencers to the work that you do (Elaine Elkington and Lisa Barker of Birmingham City Council, Mary Jane Gunn of Midland Heart, Birmingham Ventures, CEO of the newly established Birmingham Law Centre).

Our Observations

- The MoJ has interestingly opted to use a women's centre that it did not fund under the pilot as the 'how to' example for the future development of women's centres, which is a testament to the reputation Anawim has built up.
- Whilst there is a renewed focus on the women's centre model, it is clear that this does not yet align with any specific national or local targets which make it difficult to identify the most appropriate sources of mainstream funding.
- Any increase in the level of statutory/mainstream funding will place additional governance and performance management obligations on you. This could shift the focus of Anawim from an organisation that is entirely driven by the needs of its clients to one that is in the main a service provider accountable to third parties. Furthermore, any significant increase in mainstream funding could potentially undermine your ability to attract the grant funding that is key to financing your core services.

Appendix 11

Ongoing support from PwC

- Co-ordination of MoJ project and ongoing project support (OP)
- Continuing support for contact building and networking (RP, OP)

ORGANISATION

The Issues

- As an Organisation you recognise that the status quo is not sustainable and are keen to develop new ways of working to; enhance the role that you play and the influence you have and secure more stable sources of funding.
- Your ability to further develop the services you provide may be limited by a number of factors including the physical constraints of the Balsall Heath centre, the need to continually secure funding to meet the centre salary costs, and the need to ensure that Father Hudson's will continue to meet the costs of administrative support for centre staff and the current (FHS/OLC) governance arrangements.
- You need to be able to review and demonstrate the impact and value of the services you provide for, inter alia, funding applications, your Annual Review. You have made good progress over the last few months recording data on clients. You have identified that you now require greater focus on how you record your activities and interventions, generate statistics that demonstrate the value of Anawim.

What have we done?

- Working with Centre staff, reviewed the information that is useful to capture, how you use Membership to record and generate relevant data, and how you present your statistics.
- Agreed a core set of outcomes, which the statistics now support and can be used to provide greater specificity on the impact of your services. This will be helpful for funding applications.
- Developed with Centre staff a statistics report which can be used for various purposes e.g. presentation to Board, funding applications. Set up bespoke reports in Membership to facilitate/speed up preparation of statistics going forward together with detailed notes on the process to reduce the administrative burden of collating the relevant data.

Our Observations

- Your success is based on the skill and commitment of your staff and volunteers. And may also make your staff very attractive to other agencies with significantly higher pay scales. This issue would be further compounded if you were to become a service provider to mainstream agencies, which look for consistent salary benchmarks across all service providers. Moving forwards therefore you need to consider how you can ensure that you offer your staff competitive pay and benefits. This might include looking at more flexible benefit options.

Ongoing support from PwC

- Continuing support on development of the statistics reporting – both from a content and process perspective (LB)

FUNDING

The Issues

- You are highly dependent on the availability of grant funding from other organisations -81% of your annual revenues come from this source. This revenue stream is uncertain and applications are resource intensive. The challenge is to how best to reduce your dependency on grant funding by securing greater amounts of recurring service related (mainstream) income.(currently 11% of revenues) whilst retaining a balance of funding streams.
- Access to mainstream funding is likely to mean Partnering (with Housing Associations on Supporting people) and this is likely to bring additional demands in terms of governance and performance reporting.
- The other significant potential stream of funding includes the expansion of the unpaid work scheme (Probation Service) and other NOMS/Probation service work (e.g. becoming a specified activity).

What have we done?

- We have developed a briefing paper to support a grant application to fund the services you provide to children (crèche, home visits, trips). This will be targeted at Children in Need but can also be used to support applications to other trusts (Rank, Hedley Trust,). We have also identified other potential grant funders which can be approached for other areas of the centre's activities (e.g. Mercers Reducing Offending grant funding).
- We have developed budgets aligned with each of the core streams of activity delivered by Anawim. This will provide greater transparency of costing for the purpose of bids for funding.
- We have supported discussions on unpaid work, supported care around housing and Supporting People and have discussed the implications and potential impact on Anawim of receiving a greater proportion of mainstream funding.

Observations

- Mainstream funding is likely to be delivered through SLAs so it is critical that service specifications and contractual obligations are fully understood .Given your capacity and resourcing constraints you are not in a position to take demand risk, so revenues for contracts need to be agreed on a pre-determined volume.
- Partnering with other larger organisations (which have greater capacity to manage the administrative burden associated mainstream funding) may also result in further opportunities to work in partnership. The policy priorities of commissioning agencies do change-and so do their commissioning strategies-

Appendix 11

so even mainstream sources of funding may be uncertain over the medium term.

Ongoing support from PwC

- Review major grant applications and provide comment and suggestions where appropriate (RP)
- Provide ad hoc advice on how to approach contractual discussions with potential Partners (LB,RP,OP)
- Act as independent referees to support grant applications and other bids or proposals (LB,RP,OP)

Bridging the Gaps

Gap	Issues	Bridging the gap	Current progress
Benefits			
Six week gap between release from prison and receiving benefits	Paperwork not started prior to release	Local benefits offices to undertake benefits assessment prior to prison release and transfer data to prisoner's home benefit office to ensure benefits available on release	CAB interested to take up individual cases try to talk to Job Centre Plus within prisons
Local benefits office closed, telephone access required 0845 number which costs and takes about an hour No direct number or named workers willing to be given	Benefits system inaccessible for those without telephone access or full contact details, non-mother tongue English, no money to pay for telephone	Clients use our phone at both bases JCP & Settlement phone through for clients at centre	
Focus of advice of JobCentrePlus is on getting back into employment not on how to access benefits	Some vulnerable women may not be ready for work yet and require benefits	Employment training Unpaid work or volunteering opportunities make the women more job ready as learning 'soft' skills of reliability, punctuality etc	Have regular sessions at centre from Birmingham Settlement, PerTemps & JCP
For clients with no IDs benefits impossible to get	Chaotic lifestyles mean IDs lost or stolen	We send for birth certificates, but these are sometimes not accepted as proof	
Clients moved off incapacity to income support or JSA, methadone not seen as incapacitating any longer	Incapacity benefits stopped due to non attendance at medicals	Encourage and support the women to attend Advocate for them when truly incapacitated	

Housing			
<p>Housing support on arrival in prison with focus on preserving existing accommodation or closing down tenancies to avoid accruing arrears</p>	<p>Some women get missed and so incur arrears Very difficult to start the search for accommodation prior to release</p>	<p>New prison orders to take effect April 1st 2009 outlines expectations for prisoners. Agencies visiting prisons to build awareness amongst prisoners of their rights.</p>	
<p>Catch 22: If mothers lose housing whilst serving a sentence, then they will likely receive single person accommodation on release which will not be assessed as suitable for their children to live with them.</p>	<p>Women become despondent with the system and give up, re-offend or lose children altogether.</p>		
<p>Poor quality housing advice provided in prisons</p>	<p>Women don't get correct advice, sometimes due to workers not having local knowledge and so don't know for example that housing association lists are closed and they have to be nominated by council</p>		
<p>Crisis housing (i.e. up to 72 hours)</p>	<p>Birmingham has no direct access housing for women, especially if their benefits are not in place or they have no ID, some providers ask for photo ID</p>		<p>Ongoing discussions with Trident Housing Association & BCC to provide access to crisis accommodation</p>

Move on housing			Delivery of Supporting People commitments to deliver capital investment for accommodation for women exiting prostitution with associated funding for support.	Have a regular housing officer at centre
Support in accessing housing support			Local Council to provide housing officer to support vulnerable women	
Mental Health				
Reluctance to diagnose mental health issues in conjunction with substance abuse	Women are bounced back and forward between mental health and drug services		Dual diagnosis service needed	
Access to mental health services			Roll out and fund Sandwell model nationally PCT to commission Mental Health Trust to provide CPN resources to women's centre.	Paper is in preparation to go to commissioners
Mental health services difficult to access	Appointment systems are a barrier for chaotic women who do not manage diaries		Proposal to bring in some mental health service to the centre	
Overuse of custody for women with mental health issues	Magistrates can see it as a way of the woman accessing support		Inform magistrates of alternatives in community, even if sparse	

Probation			
Limited availability of unpaid work schemes and other alternatives to custody suitable for women	Women sent out on van with male groups or placed in individual placements in charity shops	Our UPW package is female specific and tailored to their needs	More creative placements and schemes needed preferably with opportunities for qualifications
Recognised role for women's centre	Probation offices still do not recognise the specialised nature of women's lives and don't see why they should be treated differently from men	Achieve Specified Activity status	In talks with probation trust
Women missing supervision appointments	Women have to attend multiple appointments often geographically dispersed and with no provision for children, women feel unsafe attending probation offices where mainly male	Probation officer on site in women's centre to cut down number of appointments across city	In talks with probation, issues with computer access and lack of money in their budget
Women up tariffed as robust community options are not offered or understood Custody is used as a means of controlling chaotic women or for their own good to protect them	Magistrates don't have trust in probation to supervise and support appropriately	Probation could contract out services to specialised women's services More appropriate accommodation is needed for women who are homeless to enable community options to be offered	We attend training and awareness raising events for magistrates to inform of our service Discussions taking place with housing

