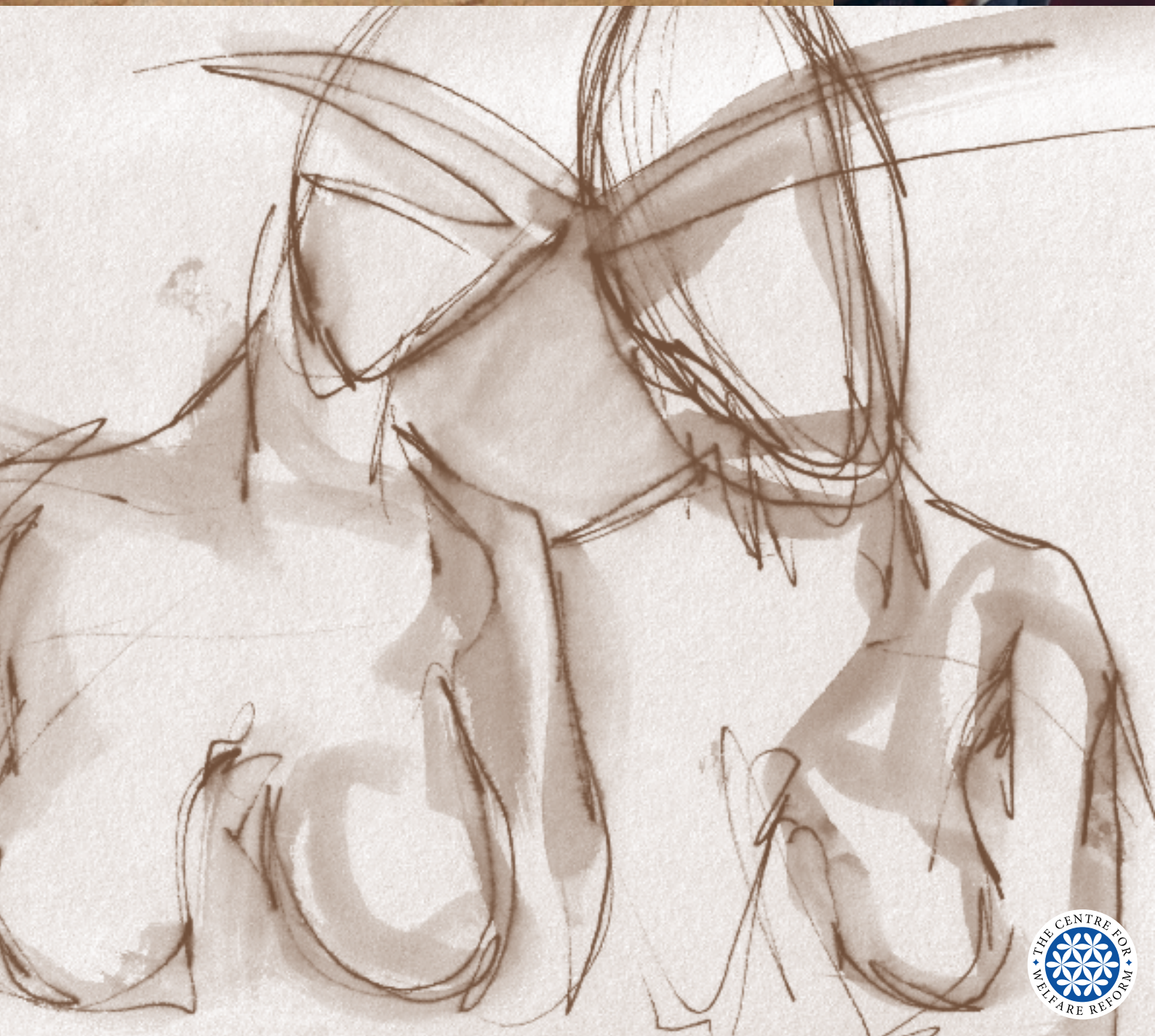
Women at the Centre

INNOVATION IN COMMUNITY

by Simon Duffy and Clare Hyde



THE CENTRE FOR WELFARE REFORM

Cover artist: **Nuala Poe**

Working mainly with paper clay I explore and exploit the expressive properties of clay creating sculptural/figurative pieces. Driven by the female form I would consider my work to function as a way of documenting personal concerns and experiences: it's not just about working with the figure as a form, but it's also about working with the meanings it carries.

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Women at the Centre

Innovation in Community

by **Simon Duffy** and **Clare Hyde**

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Clare Hyde

Clare is the Director of The Foundation for Families a newly established community interest company working with and for the most disadvantaged and marginalised families in our communities. This work builds upon the experience Clare gained during her 14 years as CEO of WomenCentre where she and her colleagues developed and delivered innovative and successful services for women and children at risk. Clare was awarded an MBE in 2005 for her contribution to women and children's health and social care. Clare's interests include her family, friends, foreign language film, reading, writing, gardening and travel.

Publishing Information

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The Yorkshire & Humber Regional Improvement and Efficiency Programme for funding this work.

Contents

The Centre

Abandon Status at the door.
Drop your pretensions (On the floor!)
Enter this room with open hearts
Prepared to play a million parts:
Sufferer, Carer, Wise or Fool;
Worker, Lover, Back at school;
Supporter, Leaner, Strong, or Weak;
Skilled with words, or slow to speak;
Practical, Sensible, Clever too;
Clumsy, Shy, Not sure what to do;
Loving, Giving, Full of Woe;
One more step, - not far to go-
All you are. All you can be.
This Well Woman Centre
Is thee and me.

by **Freda Davis**

Summary

If people have one simple problem that can be solved by one standard public service then the welfare state can provide good solutions. But when people have many problems, or problems that don't match pre-existing services, then the welfare state struggles to help people effectively.

WomenCentre is an innovative organisation, based in West Yorkshire, which meets the needs of some of the most vulnerable women and families in our communities. It was founded in 1985 by local women and it continues to serve thousands of women and their families with information, advice, casework, training and by supporting volunteering.

The organisational design of WomenCentre makes it an ideal community for enabling women who are in the gravest difficulties to get their lives back on track. In particular WomenCentre serves those women who have multiple needs and who feel they are poorly served by existing state-run services.

In a detailed analysis of 44 women with the most complex needs the WomenCentre helped women in every aspect of their lives:

Justice – reducing the risk of harm from domestic violence and rape, radically reducing reoffending rates for women who commit crimes

Health – tackling mental illness, improving healthcare and reducing drug and alcohol problems

Family safety – keeping families and children safe from murder, violence and abuse

Welfare – helping women into work, into decent homes and enabling them to get an education and a basic income

All of this is achieved despite the fact that WomenCentre receives just a tiny fraction of the funding received by public services. WomenCentre should be a natural partner for public services and its work is not only effective it has tremendous preventative impact; reducing costs for: prisons, police, social care and the NHS. Yet a 41% cut in funding in 2011 is a further symptom of the failure of the welfare state to invest in prevention and innovation.

The welfare state in the UK is highly centralised and meritocratic. The poor are defrauded by centralised systems - but blamed for fecklessness. Community organisations are praised, but their funding is the first to be cut. Local politicians and public service leaders struggle to protect local innovations from centrally imposed changes.

WomenCentre is an exemplary organisation. With the determination of its leadership, and with the support of local citizens and public services it will most likely survive. Yet its experience is also powerful testimony to the failure of the current system to protect and empower citizens, families and local communities.

Introduction

This report describes the work of WomenCentre in Calderdale and Kirklees. WomenCentre is an important organisation for two reasons. It is one of the most innovative and effective models of support in the UK. But it also has a unique perspective on the lives of some of the women and families who currently experience some of the greatest disadvantage and yet rarely get effective support, or positive attention from public services or the media.

WomenCentre is effective at helping women and families solve their own problems and get their lives back on track. It is a low-cost and highly efficient organisation and yet it works with some of the women and families who are described as the most complex and difficult to support. It is preventative and holistic - it gets to the heart of people's needs because it does not think in terms of 'a need' - it thinks about the whole woman. WomenCentre often works in the cracks between statutory services and works to connect statutory services; but it is rarely well understood or appreciated by those very services.

This report will be of interest to any citizen who cares about our communities and the state of the modern family. In addition it will be of value to commissioners, policy-makers and people who work for local places and people, in particular, to the new local Health and Wellbeing Boards who now have responsibility for identifying 'the big picture' in terms of the health, wellbeing and inequalities within our local communities.

WomenCentre thinks about women as whole human beings and so must manage relationships with many different partners at the local, regional and national levels. Each partner works within their own remit, with their own targets and organisational boundaries; and so each is largely unaware of the aggregate impact of WomenCentre's work. In an age when local agencies are continually being exhorted to 'be more joined-up' WomenCentre is a perfect example of a fully integrated and coherent solution.

Hopefully this report will draw attention to the positive work of the 70 or so women centres across the UK who share their origins with WomenCentre and who work daily with some of the most marginalised women and children in our communities. Each organisation is unique and not all work exactly like WomenCentre; but each offers the opportunity to galvanise action and co-operation on behalf of women and families.

This report also contains an important message about equality and social justice and the untenable position many women and their families in 21st century Britain. Many women find themselves living in isolation, burdened with disadvantages and harmed by those who should care for them. It is possible to overcome these problems - but many women never get the chance to have a real helping hand.

Chaotic responses to complexity

The women who took part in our study have what is called 'complex needs'. This means that they have many needs. They might be someone who is experiencing domestic violence, using drugs or alcohol, in trouble with the police and unemployed. Often one need seems to create another need or make other needs much worse. And often it is not just women who are at risk - most are mothers and their children are also suffering.

The value of working holistically with women and families like this is well documented and yet the system changes required to support this way of working have not yet happened and the public services currently available to most women are highly complex, fragmented and dysfunctional.

The current welfare state is rarely effective at supporting people with complex needs - partly because it has been broken into departments and services that do not think about the person - they think about delivering 'their' service in 'their' way. When people's needs become more complex the welfare states responds with increasing complexity: competing leadership, duplication of services, service failure and confused eligibility.

There is currently no single local (or national) strategic system which supports or has responsibility for women or families with complex needs. Local government, health, criminal justice, employment, skills, and benefits agencies each have their own systems of strategic planning and commissioning driven by separate, often nationally mandated, performance targets and governance arrangements which do not create integrated thinking or action.

The negative impact on person of all this complexity cannot be underestimated. If an individual is attempting to access support or help from multiple agencies, for example, a woman living with domestic violence, the end result can be the quite literal loss of her life. Research has shown that a woman attempting to flee domestic violence will have to visit up to 15 different agencies before she gets the help she needs.

Women in need find themselves confronted by towering eligibility thresholds. For example crisis mental health services may not accept a referral for someone who has a learning disability, or who misuses alcohol or drugs, or who is living with domestic

violence, or who is homeless. This exclusion means that the individual may be passed between several services seeking the one where they 'fit' - and for some people this process is endless.

People are assessed by mental health, physical health, learning disabilities, housing, welfare benefits, and social care services - each with their own entry points, eligibility criteria, professional assessments and delivery processes. All of these services rely on tight interpretation of these criteria to ensure they are seeing the 'right' people. The sorting processes associated with this are resource intensive and will drive up cost whilst simultaneously driving down quality of experience and outcome for the end service user.

Some systems within health and social care are so complex that a whole new professional role - the care navigator - has developed just to try and help people find their way to the service that they need. Woman and child can find themselves trying to get help from 8 broad kinds of statutory services:

1. **Education**: schools, special education, early education etc.
2. **Healthcare**: GPs, midwives, health visitors, hospitals etc.
3. **Children's social care**: social work, respite, fostering, residential care etc.
4. **Adult social care:** social work, care services, Supporting People etc.
5. **Housing**: council, housing associations, private landlords, housing benefit etc.
6. **Benefits:** income support, DLA, back-to-work schemes
7. **Tax**: tax credits, income tax, self-assessment
8. **The Law**: police, courts, probation, lawyers etc.

Each statutory service is in turn divided into multiple further services, sections, entitlements or organisations. Figure 1 offers some way of representing that complexity.

Figure 1 Service complexity for women and families

For many of us this complexity is hidden - we manage our relationship with public services without undue complexity and on our own terms. But when people need things which do not fit neatly into this system, or when they become reliant on the system for several kinds of support, then the problems created by this complex system can become very intense.

The problem is paradoxically that the current system responds to complexity with more complexity; whereas what people need is often simple, focused but personal - the right response for them - not the standard response for many.

A coherent response - WomenCentre

WomenCentre, working in Calderdale and Kirklees, provides an excellent example of how women and families can be supported without complication or confusion. WomenCentre was established in 1985, as a women's health collective and has evolved over time to provide a dynamic and coherent community of support, which works with all women - but it has a particular focus on women with the most complex difficulties and problems. The gendered nature of this work seems to have led to a more preventative, holistic and needs-based approach than the typical approach of public services - which is segmented, confused and crisis-driven.

At the heart of WomenCentre's work is the creation of a relationship of trust between the woman in need and WomenCentre's staff or volunteers. Every member of WomenCentre sees themselves as a 'one-stop shop' and every effort is made to help people with whatever problems they have - however complex and severe. Building on this bond of trust women are enabled to regain control over their own lives, to face their past and start planning and building a more positive future for themselves and their children.

The range of WomenCentre's services means that it can offer a responsive system of support for women. While intensive case work remains at the heart of the organisation's service and this work is the most demanding - emotionally and financially - this case work is embedded in a suite of other services which provides a positive context for that work. For many women WomenCentre is simply a source of guidance or handy information - for others it is a place of education, empowerment and the focus of their volunteering. Often women who have been through the most difficult of times return to provide free and highly valued support to other women going through similar experiences to them.

The cost of WomenCentre, compared with public services, is very low indeed. Moreover WomenCentre seems to function as a preventative service - on several levels: reducing demand and pressure on other public services and producing higher social value for much lower rates of investment. In particular WomenCentre:

- **Integrates funding** from multiple sources
- **Focuses energy** and attention on those in greatest need
- Organises and supports a **multi-skilled workforce**
- Provides robust and **personalised support**
- Creates powerful **partnerships** with and between professional groups
- Is lean, efficient and highly effective at producing **positive outcomes**
- Is a **universal** service for women and families
- Is a **community organisation**, run by, employing and supporting local women
- Is a holistic and **preventative** service
- Creates a **safe community** for local women to grow and get their lives back on track

WomenCentre has been the subject of many research projects, and has been praised and cited nationally for its value and cost effectiveness. But it has, until recently, remained marginal to local strategies. However today local leaders in Calderdale and Kirklees are trying to build a new strategic relationship with WomenCentre, one which aims to:

1. Put in place one senior manager to maintain a long-term strategic relationship with WomenCentre.
2. Rationalise and simplify the accounting, monitoring and tracking of progress against agreed outcomes.
3. Minimise the complex array of short-term funding upon which WomenCentre has had to depend.
4. Support and guide the development of WomenCentre's own strategic plan.
5. Ensure more funding for women with the most complex needs is individualised, to track need and promote innovation.
6. Unlock the waste and inefficiency in current funding for women in prison, drug and alcohol treatment and in mental health services.

This work offers a model for local leaders who want to both develop a more integrated approach, but who also recognise that real innovation is most likely to arise from within civil society itself.

At a more general level the work of WomenCentre also provides a stark reminder of the vicious problems that face all citizens - but especially women and children. When women fall into poverty, face exclusion or violence and lose faith in themselves, then they and their families suffer, and one problem swiftly leads to another.

Despite the plethora of services, funding streams, benefits and well-intentioned policies the women with the most severe and complex problems seem to be largely unsupported - perhaps causing problems for others - but certainly not finding solutions for themselves. WomenCentre provides a model of the kind of community-based solution which, without ignoring these problems, builds hope and capacity for women to transform their own lives - and in turn transforms the lives of families and strengthens the wider community.

WomenCentre and the women they work with can also teach us some more general lessons about the failures and fragilities of the current welfare state. The welfare system developed in the United Kingdom seems monolithic and centralised. It both fails those who need it most, while undermining our shared sense of citizenship and collective responsibility. It also seems particularly insensitive to the needs of women and families.

The structure of the report

This report begins by exploring the history and development of WomenCentre and its innovative model of support. In particular we describe the whole of WomenCentre's model - without unduly focusing on one funding stream, project or set of outcomes. There have been numerous research projects about WomenCentre, but each has tended to focus on only one dimension of the organisation.

In developing this report we used information from these other research projects but we also gathered detailed information about the most intensive and complex work of WomenCentre - focusing on 44 women who receive intensive case work and have a range of different needs - women with 'complex needs'.

As we will go on to describe, WomenCentre thinks about women as whole human

beings - it does not divide women up by their needs or by its responses. In fact WomenCentre knows that complex needs are often simple human needs - but needs that do not fit neatly into the pre-defined service categories of the welfare state. However, in order to demonstrate the breadth of WomenCentre's work we have divided its work into four broad categories that reflect distinctive dimensions of the current welfare system:

Justice - supporting women as offenders and victims, providing alternatives to custodial sentences, offender management, reducing re-offending rates and inter-generational offending and reducing and preventing domestic violence.
Health - improving mental and physical health and reducing substance misuse, dealing with the impact of domestic violence and childhood abuse, supporting maternal and child health and teenage pregnancy and tackling health inequalities.
Family Safety - protecting children and adults from harm, minimising risks and identifying those most at risk.
Welfare - tackling poverty with individuals and families, helping with benefits, work, education, training, volunteering and housing.

What makes WomenCentre particularly remarkable is that it has achieved powerful and positive outcomes whilst operating in a challenging policy and economic environment. The report will set out a range of significant efficiencies that could be released if WomenCentre was enabled to work more effectively in their community; or if similar models could be developed in other places.

We will go on to relate this to the broader project of welfare reform and the role of place-based strategies within welfare reform. We will set out both the opportunities it creates and the risks that may lead to its eventual failure. We will argue that unless there is a proper understanding of social innovation and civil society within Total Place then it will become just another empty concept.

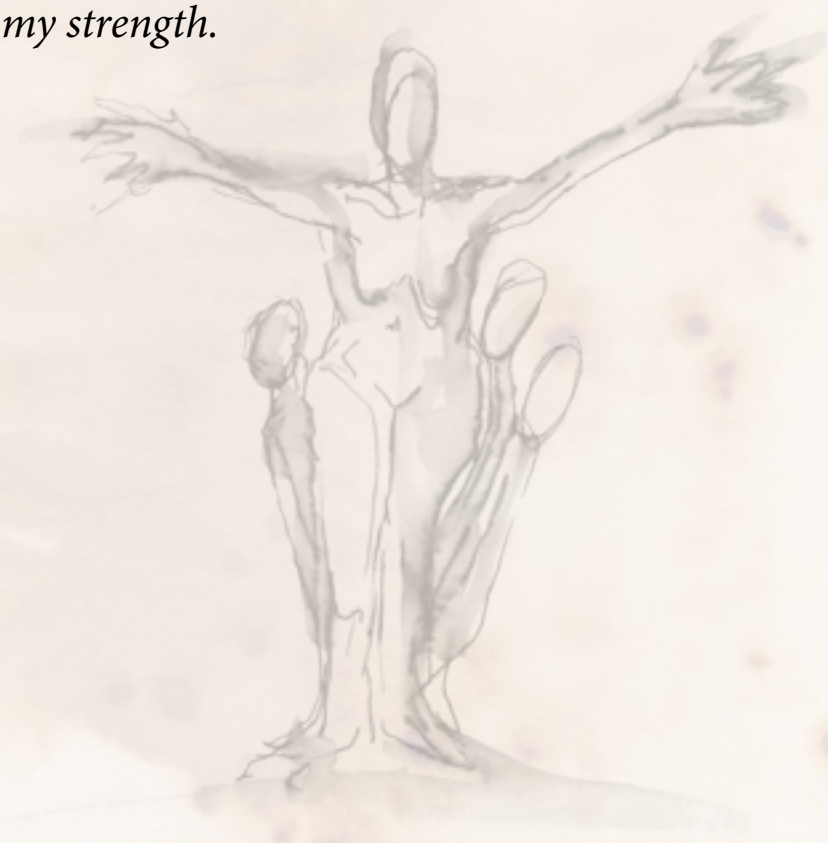
Finally it is important to state that the facts and figures about WomenCentre are usually for 2009-10. Since our research finished WomenCentre has had to face **total cuts of 41%**. This is further evidence that cuts do not focus on cutting waste or on preventing need – instead cuts are focused on those services and organisations that lack political power and influence.

1. WomenCentre

I am a good girl

I am a good girl
Holding the world on my shoulders
I won't bend
But I might break
And show my weakness
Which I thought was my strength
I am a good girl
I will say what you want to hear
I will smile with my mouth (but not with my eyes)
I will be still and quiet
I will keep my mind on you
You can have exclusive rights
Because I am a good girl
And this is my weakness
That I thought was my strength.

Anonymous



1. WomenCentre

WomenCentre provides high quality support to the women and families who have often been failed by the current welfare system and who do not engage productively with existing public services. It was developed by local community leaders and it has evolved into a coherent and innovative model of support - run by local women, for local women.

WomenCentre is a grass-roots membership organisation that responds to the needs of local families. It was established in 1985 and has grown and evolved ever since. It was initially based on the Boston Women's Health Collective, and its central focus has remained on women and families. Importantly this very focus on women has promoted its holistic approach. Needs are not segmented or departmentalised: the whole woman remains the focus and the woman is supported to address her own interlocking and complex needs in a way which is personalised and coherent.

In the early 1990s WomenCentre began to believe that it could function best by focusing on those women and families who were most vulnerable and whose needs were most complex. As we will see this was not to the exclusion of other women's needs, but it has given WomenCentre a passionate energy to seek out those women who are most likely to be in crisis. A powerful sense of social justice motivates WomenCentre and drives it to help women and families who face the most extreme forms of harm, social disadvantage, exclusion and powerlessness.

WomenCentre's workforce of over 60 paid staff and 75 volunteers - mostly women who have been helped by WomenCentre - provides a rich mix of personal and professional experience. The professions represented include social work, teaching, nursing, probation officers and mental health professionals. But the personal life experiences of all these women are also acknowledged and are as highly valued as their professional experiences.

1.1 History of WomenCentre

Below is a summary of the organisation's development over the past 25 years and this describes how the WomenCentre evolved to respond holistically to complex needs.

1985 – More than 200 local women responded to an invitation to attend a public meeting to discuss women's well being. They lobbied the health authority and secured a small amount of funding to set up a Well Woman Centre. The health authority made a grant of £30,000. The organisation was run by volunteers and governed by a management committee and, later in 1985, it was registered as a

membership association and charity. Many of those 200 women became members of the organisation.

1985-1990 – The Well Woman Centre employed sessional staff and developed a volunteer training programme for local women. Women used the centre for support, information and advice around mental health, domestic abuse, relationship problems, physical health and emotional well being. A pregnancy testing service and advice sessions on contraception and the menopause were offered by a nurse. A small crèche was made available for women using the centre's services. Over 1,000 contacts - in person and by telephone - were made each year.

1990-1994 – A counselling service was established by two volunteer counsellors and the centre employed a part-time Asian women's worker. The local authority made a grant of £5,000 to the organisation. A part-time volunteer co-ordinator was recruited. Over 1,400 contacts were received each year.

1994-1999 – The management committee decided to recruit a centre manager who went on to secure funding for skills and confidence building programmes for disadvantaged women and a learning and skills manager was then recruited. A 'women & citizenship' programme was also developed. The volunteer training programme was accredited and over 60% women using the programme went on to further training or employment. The counselling service grew and the centre came into demand as a placement for trainee counsellors. The centre manager negotiated a service level agreement with the health authority. An independent domestic violence pilot project was established with funding from the Community Safety Partnership (Probation, Police, Local Authority, NHS) and it began to use WomenCentre for group work and one-to-one appointments.

2000 – The *Domestic Violence Project* decided to become part of WomenCentre. The manager of the project, who had been working for the probation service, also transferred over and she became a centre employee.

2003 – The Big Lottery gave a grant of £1m to enable WomenCentre to move from three sites into one large town centre building. Team managers were recruited and many new facilities were provided: a crèche, counselling and meeting rooms, training suites and offices. The grant also enabled WomenCentre to play a greater role in local, regional and national planning groups.

2003-2009 - WomenCentre played a major role in the development of the national Women's Mental Health Strategy and helped develop alternatives to custody for women offenders with mental health needs. WomenCentre was adopted by the Ministry of Justice as a model of best practice. WomenCentre contributed to the Women's Offending Reduction Plan and the Together Women Programme. The Tudor Trust supported WomenCentre to increase their work with women offenders and those at risk. A range of innovative projects, such as *Maze, Evolve* and many others are successfully funded and developed.

Over this 25 year period WomenCentre established itself as a nationally renowned pioneer of services for women and children. Working outside the mainstream of public services it has established a network of supports and services for local people. But this has required great leadership, innovation and a passionate commitment to the goal of social justice.

1.2 Focus: Equality, Gender & Complexity

A belief in equality is often undermined by a deep confusion. If we confuse equality with sameness we are in trouble. We will start to treat people as if they are the same - when they are not; or we will even start blaming people for being too different. Equality does not and should not mean sameness: **differences are good**.

Equality means equal rights, equal respect and inclusive citizenship. In fact the principle of equality sometimes demands diverse and personalised responses - not sameness. For it can take different kinds of support and assistance to enable each of us to be able to act as an equal - as a full citizen.

WomenCentre reflects this **grown-up version of equality** and it knows that, by focusing on the injustices faced by one group, women, it is not just building a fairer society for women, it is building a fairer society for all of us.

It focuses on the needs of women and children because it knows that this gendered approach is actually one of the most effective ways of helping the woman. And this is for several reasons:

- Many women are in difficult and dangerous relationships with men and **feel safer** when they are with other women
- The **perspective and values** of women can be different and these can be lost in generic services
- Women, working together as women, provide a **powerful collective** and nurturing force for each other, their families and the wider community

Although much has changed since WomenCentre first began in 1985 the central focus is still a broad and holistic concern with the well being of local women. This initial impetus explains the evolution of WomenCentre. And we can perhaps see this notion of wellness in the most recent mission statement from WomenCentre: **To improve the quality of life for women.**

As the history of WomenCentre shows, the original vision of a well woman centre has both broadened and become more focused. It has broadened in the sense that healthcare - at least when we think of it in terms of medical interventions - is now only part of its focus.

WomenCentre is still concerned with promoting health, but it is also concerned with tackling other problems:

- Women and families suffering **domestic violence**
- Women suffering from **mental illness**
- **Poverty** for families
- **Crime**, imprisonment and the risks of suicide
- Tackling **abuse** within families

But with this breadth of interest there has also developed a tighter focus on those women who are in the worst situations. For these women one problem reinforces another; and each problem further erodes the woman's sense of personal resilience or self-confidence. We have tried to reflect the pattern of this self-reinforcing dimension of poverty in Figure 2.

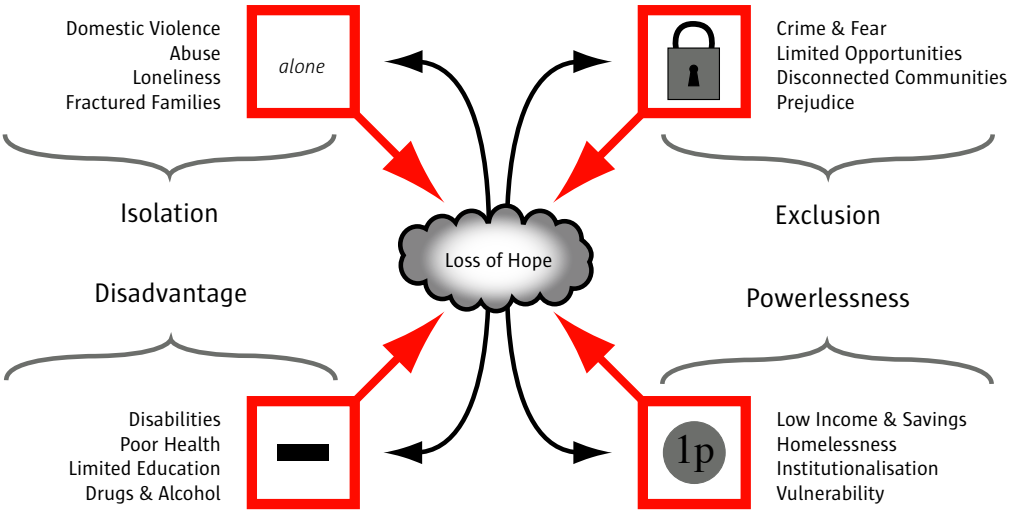


Figure 2 The dimensions of poverty

Unsurprisingly we find that if we examine the needs of the women who are at the heart of WomenCentre's work we find that their complexity of need is very high indeed. In 2010 WomenCentre, with support from The Centre for Welfare Reform, interviewed 44 of these women, and we then analysed this data to determine the extent of the complexity of their needs.

Table 1 sets out the percentage of women within this sample who had a significant level of each need. Figure 3 provides a representation of that complexity. Each woman is represented by one column and each kind of need by a particular colour. This figure shows dramatically that the women with whom WomenCentre works can have many different, interlocking needs and the pattern of this complexity is not consistent from woman to woman - each woman is uniquely complex.

Type of significant need or condition	Percent
Managing a serious health condition	64%
Needing a different place to live	27%
Living with childhood abuse	51%
Didn't finish their education	76%
Recent experience of domestic violence	85%
Fractured family (for those with young families)	66%
Children have experienced abuse (for those with children)	55%
Living with a severe level of mental illness	55%
Living with a severe or moderate level of mental illness	91%
History of drug or alcohol misuse	52%
Victim of crime	41%
Perpetrator of crimes	39%
Worried by debt and lack of money	65%

Table 1 Percentage of sample with significant level of need

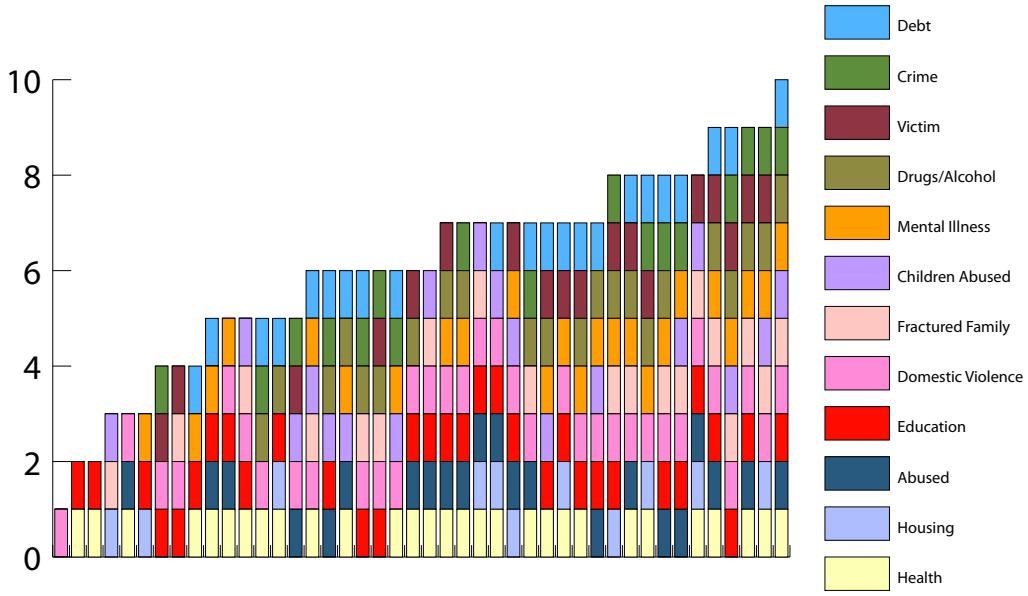


Figure 3 Image of the complexity of needs

The fact that WomenCentre has felt impelled to work with the most vulnerable women in our communities has led it to find increasingly creative and appropriate response to this complexity; but this response is the polar opposite to the typical response of public services.

All services and systems need some point of identification, some specialism; and statutory services have tended to build structures in and around the different professional specialisms that have developed over the last two hundred years. The following are just a few of the many different systems and their distinct sub-divisions:

Healthcare – which is radically segmented around the human body and degrees of expertise and techniques
Mental health – which is segmented around competing therapeutic approaches
Education – which is segmented by age, difficulty and academic disciplines
Social care – which is segmented by impairment and models of 'care'
Housing – which is segmented by forms of ownership and methods of access
Income – which is segmented by legislative and regulatory structures which create multiple benefits and taxes

These distinctions should not be disregarded or disparaged. Specialism is one path to greater understanding and a sharper focus on a particular issue can lead to new levels of insight. But there are also risks that arise from specialisms:

- Broader patterns or problems may become **invisible** when the focus is limited to one discipline, department or profession
- **Interlocking** problems, especially the problems created by the actions of specialist services themselves, may be hard to see
- Solutions may often be defined only in terms understood and valued by the **specialist** - what is really useful to the person may be outside the interests of the specialist - or even 'beneath their dignity'

More specifically, when we examine the role of the welfare state in the modern world we see that its own specialist and segmented focus often contributes to the problems it is there to solve:

- Many statutory services (e.g. adult social care) are defined by tight **eligibility** criteria that can exclude people who need low levels of support - although this can then drive up need and minimise prevention.
- Many specialist services will exclude those who need support from **even more specialist** services or whose primary source of eligibility lies elsewhere in the system. Some people who are seen as 'too challenging' are excluded from immediate support in order to receive 'more intensive support' - although, in reality this 'more intensive support' may not be available and (by its very nature) is often subject to further tight rationing.
- More empowering forms of support, education and volunteering are excluded precisely because they are seen as **peripheral** or more fitting for the 'voluntary sector'.
- Some services are only funded for the services or treatments that they provide, but such funding can incentivise an **escalation of need** and crisis and the trapping of people in inappropriate services.
- Some needs do not fall within the defined specialism of the service, instead they may fall between services or across multiple services. This further increases the risk of **exclusion**.

In practice the complexity of the welfare state means that women's needs are met by a plethora of disconnected services, benefits, professionals, departments, and government bodies. From the perspective of the woman herself such complexity is already in sharp conflict with the possibility of any coherent or common-sense support (see Figure 1).

WomenCentre helps local women tackle complexity along three different dimensions:

Service – WomenCentre provides a flexible and positive service, within which there is a range of dynamic and inter–locking supports. This structure balances with a clear pathway to independence and personal autonomy.

Relationship – The role of WomenCentre is to form an empowering, and highly skilled, bond of trust with each woman who uses its services. This empowering relationship is not limited by reference to any specialism – it is pragmatic and multi–faceted.

Community – WomenCentre is a community of women. It provides a safe place where women can build relationships and where they can gain the strength and encouragement to build relationships beyond the centre. It offers a protective space, but it is not insular or defensive. Staff develop new skills, strong links are built with statutory partners and there is a constant exploration of new strategic opportunities.

Paradoxically it is precisely the **gendered** approach of WomenCentre - it exists to support women, not men - that is the key to this more holistic approach. WomenCentre gets its identity and sense of purpose from the lives of women and it is concerned with the whole of those lives - in their strengths and their weaknesses.

Interestingly this gendered approach is also one that is very **respectful of men**. It does not slip into an unduly negative approach to men or masculinity. Instead its gendered approach, building on the powerful and vital identity of womanhood, celebrates and respects the multiple roles of women, which includes being wives and partners, mothers and grand-mothers, daughters and grand-daughters, sisters, nieces and aunts.

What WomenCentre recognises is that it cannot begin to build a more secure and suc-

cessful society without beginning to better **respect and support the family**. And it does not serve women well to try and deny or degrade the value and meaning of the family in ordinary life. Women will, almost always, be the ones who have to pick up the pieces when families breakdown. If we want to restore and strengthen the place of families in our communities then we will need to pay attention to what women are experiencing and what they are teaching us.

This makes WomenCentre a powerful ally in the battle to make sense of the growing complexity of modern life and the welfare state. Trying to strengthen and safeguarding families without respecting the particular strengths, experiences and perspectives of women will not work.

1.3 A Positive Service

WomenCentre has evolved a model of support which is dynamic and holistic. It responds both to women in the greatest need and to those who just need a bit of extra information or advice and its model constantly reinforces and enables personal progression.

This dynamic process can be described as having five and half levels. Clearly these levels of support are dynamically interlinked as described in Figure 4. Rather than focusing on just one level of need WomenCentre tries to support people at all levels of need, and tries to move people to a more positive and enabling form of support over time. Nevertheless, when required, it will provide intensive and focused support to those who really need it.

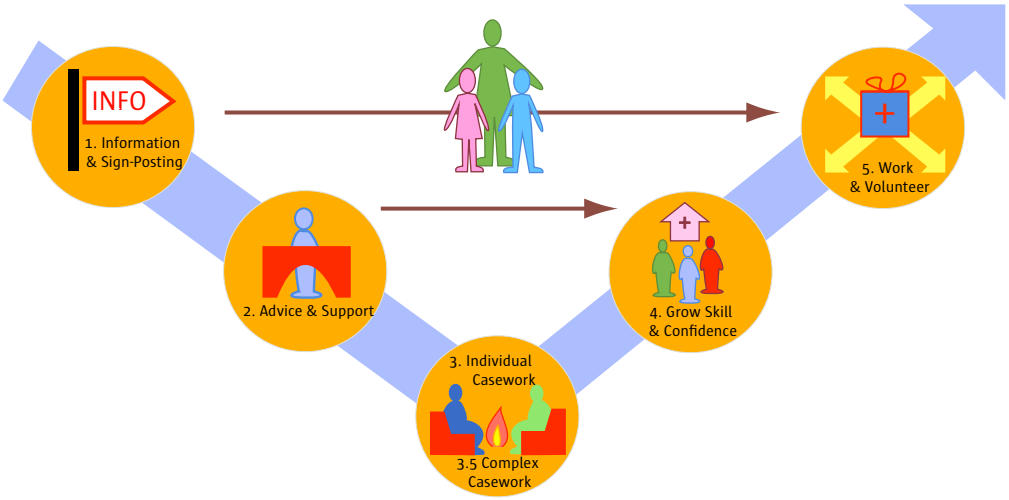


Figure 4 Five and a half levels of support

Level 1 - information & sign-posting

For many local women WomenCentre's role is as a trusted source of information. Within the course of one week WomenCentre will typically provide information to:

- 90 women who come into its office in Halifax or Huddersfield
- 120 women who ring into the office
- 50 women at outreach sessions across Calderdale or Kirklees

This means providing information to around 13,500 enquiries each year. There is also a range of information provided through WomenCentre's website.

Level 2 - advice & support

The next level of support is the provision of advice and support over a short or medium period - from 2 months up to several years. This is not just provided in one place or by one person. Instead this kind of advice is offered by women at every point in WomenCentre's service, but some projects have a predominant advice and support role.

Here are just some of the different ways in which WomenCentre provides advice:

- Projects to help women confront Domestic Violence
- A drop-in place
- Mental health projects - there are groups on anger awareness, eating distress, music therapy
- Ante-natal care - specialist midwives offer weekly sessions
- Photography group for Asian women - exploring identity
- Housing Support - there is a weekly drop-in service from the Housing Advice Worker
- Counselling sessions

At any point in time there are probably about 300 women receiving advice and support from WomenCentre. Over the course of a year WomenCentre provides advice and counselling to about 1,000 women.

Level 3 - individual case work

The next level of support is provided to those women who are in chronic need of extra support. The relationship between them and WomenCentre becomes more of a long-term relationship and involves at least weekly meetings, intensive action planning and practical problem-solving, built upon a thorough assessment of need.

Quite often the relationship could be seen as a counselling relationship, where a greater openness and depth of understanding is required in order to help the woman break long-standing cycles of domestic violence, self-harm, addiction, crime or other problems. At any one time there are about 250 women receiving individual case work and over the course of a year WomenCentre helps 500 different women in this way.

Level 3.5 - high intensity case work

In addition there are a smaller number of women who require intensive case work. We have not treated this is as a qualitatively different kind of support - it involves

fundamentally the same skills and approach as level 3 case work. However some women do not just have chronic needs - they are in extreme crisis.

The range of difficulties these women face might include:

- Escalating levels of Domestic Violence
- Severe safeguarding risks for adults, children or the wider public
- Risk of suicide
- Acute mental health breakdown
- Being a victim of sexual assault
- Release from prison

In these kinds of situations WomenCentre may find itself having 2 to 3 sessions a week with the women and helping as part of statutory case conferences or meetings. At any one time the WomenCentre is probably working with 80 women in this kind of way and, over the course of a year it works with perhaps 115 women in this way.

This intensive case work is the most demanding part of WomenCentre's work, in every way - emotionally, physically and financially - however WomenCentre is committed to sticking with women in these most difficult of circumstances.

Our research sample of 44 women was drawn from this group - the women who need the most intensive support. And when we look at their ages we find that these were most likely to be provided to younger adult women with 25% of the sample from those less than 25 years old (see Table 2). However there were many women needing this kind of help in later adult life or even old age. We also found that 9 women were 'offenders under supervision' (20% of sample), 3 used secondary mental health services (7%) and 2 had learning disabilities (4%). However, as we will go on to show, these definitions of need - reflecting relationships with statutory services - radically misrepresent the real needs of these women.

Age	Sample (N)	Sample (%)
Less than 18	1	2%
18 to 24	10	23%
25 to 44	19	43%
45 to 64	13	30%
65 and over	1	2%
Sum Total	44	

Table 2 Age range of sample

We also asked about the ethnicity of the women in the sample. Interestingly WomenCentre seemed to be particularly helpful in reaching out to women from communities that many other services struggle to reach (see Table 3). WomenCentre seems to serve all local women and is far from being dominated by the needs of a predominately 'white-English' community.

Ethnicity	Sample (N)	Sample (%)	Population (%)
English	32	73%	90.84%
Pakistani	6	14%	4.91%
Other British	3	7%	1.10%
White and Black Caribbean	1	2%	0.32%
White and Asian	1	2%	0.28%
Irish	1	2%	1.08%
TOTAL	**44**		

Table 3 Ethnicity of sample

73% of women came from Calderdale, which reflects the history and funding of WomenCentre. Kirklees has a much larger population (389,000) than Calderdale (202,000) and therefore it would seem to be a community that would have an even greater potential to benefit from the strengthening and development of WomenCentre approach over time.

Level 4 - increasing skills & confidence

Only a minority of the women that WomenCentre works with require this intense case work. Many women do not need any case work but use some of the other empowering and educational supports that WomenCentre offers. And these supports are not marginal, they are integral to WomenCentre's way of working and they offer a framework of hope to the women who may be struggling with complex personal problems.

There are a wide range of courses, group exercises or training events which WomenCentre coordinates or runs which include:

- Group work
- IT skills
- Confidence-building
- Skills to employability
- Basic literacy

In 2009-10, 268 women enrolled on WomenCentre courses.

Level 5 - voluntary work

Not only can women learn and develop and equip themselves for independence they can also give something back to WomenCentre and to the wider community. In fact this final level of support - the opportunity for volunteering is importantly consistent with the underlying vision and values of WomenCentre.

Women, even women whose lives may have gone through the most severe crises, or who may have been subject to trauma, brutality and fear, can **give something back**. At any one time there are about 75 local women offering their time and support to Women-Centre as volunteers.

For example:

- Counselling volunteers
- Peer mentors
- Supporting group work
- Admin volunteers
- Board Members
- One-to-one work

For example, within the *Evolve* team (which focuses on women who are at risk of offending) service delivery is supported by seven volunteers who have given 439 hours of their time to work alongside the team. They have supported women in drop-in groups, made telephone calls, met women and brought them to the Centre, and given many hours of Court support in both Magistrates and Crown Courts across West Yorkshire.

Also, within the *Women in Exile* project (which focuses on refugees) 202 women, with 454 children, accessed more than 300 contact sessions and 12 women volunteered with the service. The annual financial value of volunteering at WomenCentre was £71,532.

The interlinking threads

Between the different levels, and cutting across those levels, are interlinking threads. It is recognised that needs change and, for an important minority, things can get very bad indeed. The model respects the reality of that journey - but it does not treat the most intense level of support as the 'highest level of support'. Rather **the highest level of support is the reverse of support** - it is the opportunity created to contribute.

Within this dynamic model there is a constant awareness of the positive story that can evolve from the most difficult of circumstances. This dynamically interlinked support has evolved because WomenCentre has not tried to limit its relationship with local women to the provision of one kind of service or one level of intervention.

This approach has several advantages over more limited or narrowly defined services:

- Women are **not over-supported**, women can use low level support and can move on to more liberating and empowering forms of support.
- Women are **not excluded** because they are 'too difficult' or their needs are too complex.
- Women are **not trapped in high-level support** relationships. Unlike many services for those with the most complex needs WomenCentre has not allowed any perverse incentives to develop.

But this model of support, while innovative and positive, only hints at the deeper and more important challenge that WomenCentre has faced - how to build the kind of relationship that can help when that woman may have lost faith in her ability to ever make things better for herself.

1.4 The Bond of Trust

WomenCentre provides a safe and positive community within which local women can regain control of their own lives. At the heart of its work is the formation of a real relationship that enables a woman in crisis to begin the process of believing in herself and taking the practical steps to remake her life - a **bond of trust**. In Figure 5 we have described how this bond of trust develops and is sustained.

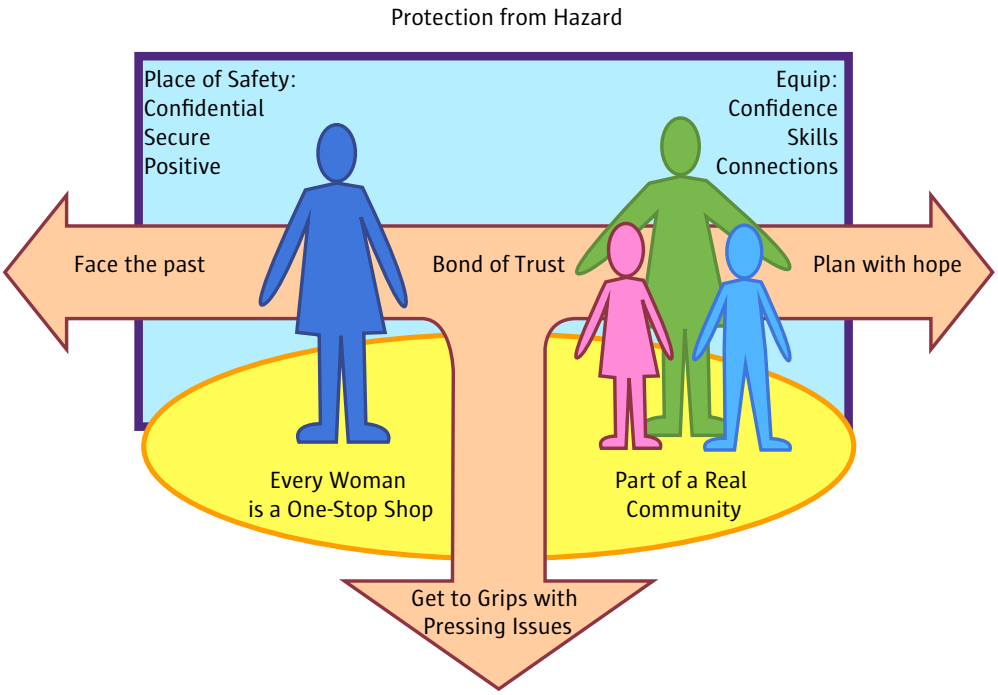


Figure 5 The role of WomenCentre

The woman-to-woman connection

Although it may be tempting to characterise part of the role of WomenCentre as a 'navigator' or 'broker' who helps women manage the complexity of public services this would be incorrect. This is not at the heart of its role in the lives of the women it works with. The organisation of public services plays just one part in the chaos and confusion that damages women and families.

The role of a case worker to the woman is more to act as a guide or a **mentor** to the woman - not just to help them access the right services - but, more importantly to get their life back under their own control. The central focus of the work is to empower a woman whose life is in crisis (often a long-standing and chronic crisis) and where all possibility of hope seems to have been lost. A recent researcher wrote:

> *The schemes achieve positive housing, health and wellbeing outcomes with people who have led lives of entrenched deprivation, abuse and neglect where all other services have had to, with regret, terminate engagement. The variety of approaches are all based on the theory of providing a consistent, trusted adult to mediate between services and clients.*
>
> Evaluation of the Adults Facing Chronic Social Exclusion pilots including WomenCentre's MAZE Project, Matrix Knowledge Group 2010

To make this relationship work takes much more than the 'delivery of a service'. Instead WomenCentre is helping to establish a woman-to-woman connection between women who are at risk and women who have the skills, training, attitude and values that give them a good chance to help that woman to begin to believe in herself.

It is this fact, that another woman is prepared to **believe in you**, to stick with you - even when you might make some of the same old mistakes - which seems central to the success of the work of WomenCentre. Again and again, in the testimony of the women who work

with WomenCentre we hear thankfulness for the relationship with an individual that made all the difference. Here are just some direct quotes from women who work with WomenCentre:

> *You gave me a light bulb moment. Thank you so much for you help and your time.*
>
> *You have given me the knowledge not to be scared of change anymore.*
>
> *This feels different from Probation... I feel like a person, goals are achieved and I feel confident.*
>
> *It's a nicer atmosphere - you're not walking into a group of lads.*
>
> *Sometimes its daunting knowing how to deal with things, but they have experienced workers here who know how to help out with issues.*
>
> *This has changed my life completely, it is the beginning of coming off medication and finding my way back to being well and feeling good about myself.*

A place of safety

The relationship begins by trying to help the woman be as safe as possible. Often nothing can happen, no work can be done, until a woman is safe. So the work of WomenCentre is often focused on helping the woman, and her family, find a safer place to live.

In practice a case worker might do any or all of the following:

- Receive referrals direct from the Police Domestic Violence Unit
- Work independently from the Criminal Justice System agency or statutory agency
- Give initial legal advice, including civil court protection orders (Non Molestation Orders, Occupation Orders) and help with issues around children (Contact and Residence Orders, Prohibited Steps Orders, Specific Issue Orders) or the new legislation regarding Forced Marriage Protection Orders (injunctions)
- Refer to solicitors regarding these orders and accompany victims to the solicitors and the courts
- Offer intensive, impartial and independent advice, support and advocacy around the Criminal Justice System
- Track progress on each court hearing
- Explain the reasons for any adjournments, what the hearings mean and why they are happening
- Explain any pleas, and the court process leading up to a trial
- Accompany the victim to any Pre-Trial Visit, liaise with relevant services to set up private witness rooms
- Develop an in-depth risk assessment and safety plan, including: home security (police panic alarms, lock changes, grills, fire retardant letter boxes etc), housing advice, counselling, debt or finance information, support for children etc.
- Act as an advocate with other organisations – including updating police, CPS, probation and prisons of any threatening behaviour, victims views etc

- Act as victim's representative at Multi Agency Risk Assessment Conference (MARAC) meetings, which discuss risk reduction plans for high-risk victims
- Attend on the day of trial and give support in witness room, and explain procedure, sit by victim when they are giving evidence in open court
- Liaise with police and CPS regarding special measures applications, reasons why special measures wanted, and which type would be most suited
- Provide longer term support or link into other services within WomenCentre for the woman and her children

Urgent practical support

The next priority is to confront the urgent practical issues that can eat away at a woman's life and erode any possibility of positive planning for the future. It is important to note that the practical issues that women face are often quite **nitty-gritty** issues that experts and highly focused professionals usually leave to others (even when there are no 'others').

To understand the immediate needs of women who work at WomenCentre we took a larger sample of women who had received case work (levels 3 and 3.5) and we asked case workers to identify the practical problems that women on their caseloads had needed help to solve. These are set out in Table 4:

Practical Problem	No.
Debt	50
Housing	48
Benefits	46
Health	37
Rent	32
Criminal Justice System	24
Dentistry	8
Others	3

Table 4 **Most pressing practical problems**

First of all it is important to notice that the most pressing problems are often problems of practical life - not problems requiring intensive professional support. The dominant problems seem to be getting safe and secure housing and getting enough income to live on. These are **basic human needs** which we are supposed to have as human rights. However the reality is that those rights are often not met - despite high levels of public spending.

Partly this may be due to women making mistakes, getting into bad relationships, acting badly; but partly it seems to be the very system itself which reinforces these problems with complex and conflicting benefit regulations and uncertain systems of entitlement. It often requires help just to persist in advocating for your own needs and not being put off by the complexity and obstacles placed in your way.

Notice also that in the current system there are still other professionals and experts who may be the best people to solve these problems and often WomenCentre is making sure that the woman gets advice or practical support from one of these experts. But each of those experts has a role which is much more limited and confined to their own area of expertise. They might even be seen as acting improperly if they used their expertise as a bridge to provide the more general support needed by the woman. It is a rare GP who will

find time to focus on problems of debt or housing; it is a rare dentist who can also advise on how to work with the criminal justice system.

However, for WomenCentre, this process of helping women to solve their most immediate practical problems, is as much about building trust and validity in the relationship as it is about solving those particular problems. **The problem is also a tool** for forming the kind of relationship where much deeper and more important work can begin. What WomenCentre is committed to is **sticking with women** through thick and thin and it is this commitment which bears fruit in the form of a relationship that can help build belief in the possibility of a positive future. The goal is to help women get their life on a footing where these problems will not keep happening.

Positive planning for the future

The implicit goal of this relationship is for the woman to set her own course and to take back full control over her own life - to regain her own citizenship. For those women whose lives have been most damaged by trauma, abuse or self-harm this may take some time.

When we examined the length of time that women had been in contact with WomenCentre, the overall average was 560 days. However if we excluded the two women who had been in contact with WomenCentre for a very long time this average drops to 387 days. Moreover when we just took the average for those women who had now stopped their contact with WomenCentre (6) the average was 540 days. This data suggests that the relationship between women and their case worker typically lasts just short of two years. This also means that the large majority of those in our detailed sample were very much in the middle of that relationship. Only 3 women had been working with WomenCentre for less than 100 days.

What makes the possibility of positive progress possible here is the fact that WomenCentre acts from a sense of **faith in the positive possibilities that lie inside each woman**. And faith is the right word here, because it is important that WomenCentre can believe in the possibility of positive change - despite all the evidence to the contrary. Sometimes only by acting from faith can we offer someone who seems on a path to self-destruction another route. This kind of faith is therefore not irrational - it is deeply rational and reasonable - because it is the only way of building a positive path.

Another interesting feature of this positive planning is that it is positive without being prescriptive. In fact it gets its positivity not from some clear and defined account of how women should live. It is more focused on the positive capacities of women, capacities that may need to be better expressed, developed and connected - but capacities which can be treated more as positive resources for the woman to use rather than a destination where she is supposed to be going. This kind of process contrasts strongly with the kind of 'focused support' which presumes to know how someone should live and whose support is all premised on some government ordained goal - get a job, lose weight, be healthy, be nice. Instead positive goals arise as the woman's own faith in her own capacities develops.

This focus on capacities is important, particularly when the modern world has become focused on the power of money to bring about positive change in our lives. Although money is one means for achieving a better life, we can identify at least five broader capacities, each of which is essential to the creation of a good life. We might think of these five elements as 'real wealth', the resources necessary to construct a positive and meaningful life and these elements are represented in Figure 6.

The five elements are:

Strengths – skills, gifts, interests and talents: Each individual has a different array of abilities and a good human life consists in the exercise and development of these abilities - whether they are unusual or more common.

Relationships – family, friends, peers and colleagues: Human flourishing is impossible in isolation, instead it develops through the mutually supportive interaction of other human beings.

Community – organisations, structures, government and civil society: Our ability to exercise our capacities is dependent on the wealth and accessibility of the opportunities created by civil society and government for us to use our talents.

Control – the resources we can control: We can only join in, connect and develop our capacities if we can also control and shape our life, find the right places to be and ensure that we get there.

Resilience – the inner spirit or good mental health: Finally, and most fundamentally, it is our ability to shape our life, to use all the dimensions of our real wealth to develop a life worth living that will shape the life we lead.

It is this kind of positivity, a commitment to the positive capacities of women, which can be realised and developed in multiple ways - but which must be directed by the woman herself - which WomenCentre takes into its work.

Figure 6 Real wealth

Dealing with the real issues

WomenCentre's approach is also very sensitive to the need that we all have to make sense of our own past. Often it is only by understanding our past, taking responsibility for our own actions, but not blaming ourselves for the behaviour of others, that we can develop the internal capacity to move forward.

For instance, as we set out above, our most detailed survey of women in our first sample showed that many were living with different traumas:

- 51% had been **abused as a child** themselves
- 55% had seen their own **children abused**
- 85% had recently experienced **domestic violence**
- 40% had been a **victim of crime** in the last year
- 65% were **worried by debt**
- 52% had come to use **drugs or alcohol**
- 38% had **committed crime**
- 64% were managing a **complex health problem**

In other words the women who are working with WomenCentre carry some unusually heavy burdens of fear, shame and misery. These burdens make solving day-to-day problems hard and they make thinking positively about the future almost impossible. The very fabric of their lives constantly undermines their sense of self-belief and their faith in the future.

It is also important to note that the role of public services in the lives of these women is also problematic. As we saw above, public services are so designed that it seems inevitable that they will respond to these complex needs by referring a woman onto a different service or onto a more specialist service. This undermines any possibility of forming a bond of trust. In addition, the women who pass from service to service often find their needs are redefined through the lens of each service and that they attract **damaging and negative labels** that further undermine the possibility of a positive relationship.

In order to capture some of this we asked case workers at WomenCentre, as part of our broader survey, to describe the labels that women had already 'attracted' by the time they came to WomenCentre (see Table 5). All of these labels speak powerfully of weakness and failure.

Label from services	No.
Victim of domestic violence	55
Mentally Ill	39
Criminal	35
Poor Mother	33
Misuses Alcohol	24
Uses Drugs	22
Violent	19
Chronic Health Condition	16

Table 5 Damaging labels

However we also asked them to think what - in their professional judgement - often based on a long-standing relationship - was the *real* problem or need that the woman needed to address for herself. The findings are set out in Table 6. Here we see the possibility of change, renewal and recovery. This perception of capacity is sustained in the culture, structure and services of WomenCentre at every level.

Real need	No.
Better self-esteem	64
To overcome past trauma	54
To manage current trauma	51
To stop being bullied	50
Guidance	50
Relationship skills	45
Mothering skills	26
Others	1

Table 6 Real needs

Often it is only after some **time**, when women have been able to make modest steps forward, that these deeper issues can be tackled, for without some safety, and some positive and practical steps forward, it is hard to look inward or to make sense of a difficult history. We often need some inner faith in ourselves, in our own capacity to not be defined by our past, in order to not be further scarred by considering our past.

1.5 A Community of Women

Finally it is very important to understand that the setting for the work of WomenCentre is not a service but a community - a community of women. WomenCentre is an excellent example of the kind of civil society solution that can only be generated if the state works **with the community**, instead of trying to replace it.

> *The women we spoke with talked of the impact of community on confidence, trust, sociability and mutual support, and the powerful value of community for these women is another example of the learning that has come from the Reaching Out initiative.*
>
> From evaluation of *Reaching Out*

One of the most important features of this community identity is that WomenCentre does not tend to see its work as defined by the women who are its employees or even by the women who sit on its board. Instead the board members, the employees, the volunteers and the women who are working through their own problems are all seen as part of WomenCentre's community.

Extended over a year WomenCentre is a community of perhaps 5,000 (approximately one woman in 50 for the whole of Calderdale and Kirklees). However, on any one day, there will probably be about 108 women as part of its community (see Figure 7).

This organisational context is important because it models the kind of positive contributory role that WomenCentre wants to communicate to the women who are part of it. It is important that women can see other women playing positive roles, and it is particularly important that they can see other women who have been through the kinds of difficult life problems that they are now confronting.

This is why WomenCentre tends to avoid the language of 'service'. It does not serve women, it does not provide services to service users. It is simply 'working with women'. This idea of **work** - work which must ultimately be rooted in the actions of the woman herself - reinforces the fact that, however skilled any help is, it is the woman herself who must take control, take responsibility for her own life and do the work necessary to make a change.

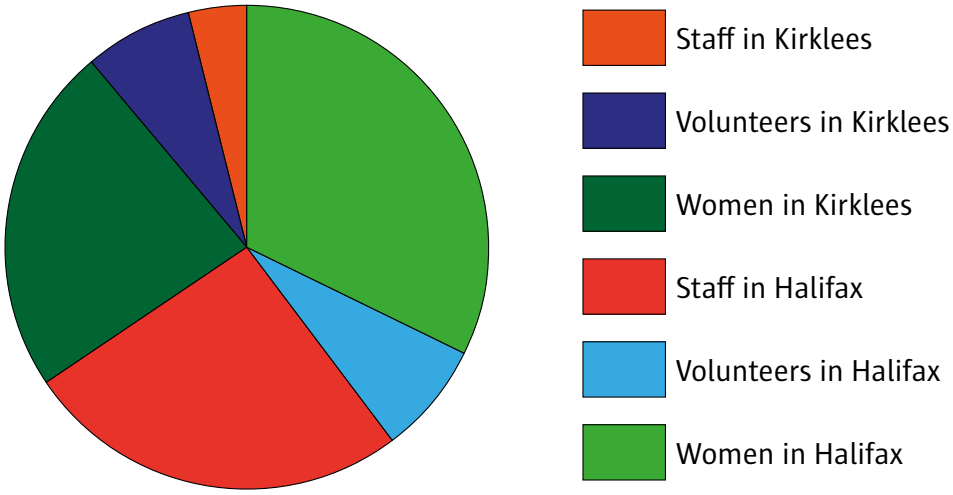


Figure 7 Number of women at the centre on one day

Transformational leadership

This kind of community is not easy to achieve and cannot be delivered through traditional bureaucratic control mechanisms or transactional styles of leadership. It has taken a particular kind of leadership to make this community function, a leadership style which has been characterised as transformational - focusing on supporting the development of a creative and mutually supportive culture within which good practice, risk-taking and real human values can thrive. The Open University sets out the difference between Transactional and Transformational Leaders in Table 7.

Transactional Leader	Transformational Leader
Conditional reward - Contracts exchange of rewards for effort, promises rewards for good performance, recognises accomplishments	Charisma - Provides vision and sense of mission, instils pride, gains respect and trust
Management by exception (active) - Watches and searches for deviations from rules or standards, takes corrective action	Inspiration - Communicates high expectations, uses symbols to focus efforts, expresses important purposes in simple ways
Management by exception (passive) - Intervenes only if standards are not met	Intellectual stimulation - Promotes intelligence, rationality and careful problem-solving
Laissez-faire - Abdicates responsibility, avoids making decisions	Individualised consideration - Gives personal attention, treats each employee individually, coaches and advises

Table 7 Transactional and transformational leadership

Although it may be simplistic to identify the culture and leadership styles of WomenCentre as female there must also be some truth in this. Its style and approach does seem to be one that is both rooted in the skills and life experiences of women, and one that is better suited to reaching out and supporting women whose lives are in great difficulty. This also reflects an important pattern in management literature where the distinctive qualities of women in management has often been noted.

A new kind of professionalism

One of the challenges for WomenCentre is to ensure that its staff are skilled and that its work is valued - without falling back into a role that creates undue levels of professional distance or unhelpful kinds of specialism. This has called for a new kind of professionalism from within the organisation's team. While the women who work at WomenCentre often present themselves without any explicit reference to their education, training or qualifications there is in fact a high degree of expertise within the core team.

Their staff include people who have professional qualifications or degrees in:

- Social Work
- Childcare
- Social Policy
- Nursing
- Law
- Youth work
- Teaching
- Women's Studies
- Community work

Additionally many staff are trained in a wide range of complimentary therapies (e.g. massage, reflexology etc.). Recent training has included:

- 9 staff or volunteers have completed NVQ level 2 in Information, Advice and Guidance
- 4 Staff or volunteers have started on ITQs (levels 1, 2 and 3) at WomenCentre through a partnership with Bradford College

What is more there is a culture of on-going learning and mutual support which makes WomenCentre a great place to work. A recent report from Investors in People states:

> *Calderdale Women's Centre is constantly seeking to improve its people and HR practices: They are reviewing the arrangements for supporting and coordinating the volunteers, looking at how to better embed equality and diversity, they consult regularly and widely, and are looking at beneficiary forums to help gather more feedback from service users. There is a culture of striving for the best, they are tough on themselves and set their standards high, and as a consequence, they are 'getting better at getting better.'*

Further, some observers have noted that WomenCentre's relationship with the women it works with exhibits the values and attitudes that used to define true social work. This is probably true - WomenCentre does seem to be doing social work.

The International Federation of Social Workers defines social work as follows:

> *The social work profession promotes social change, problem solving in human relationships and the empowerment and liberation of people to enhance well being. Utilising theories of human behaviour and social systems, social*

work intervenes at the points where people interact with their environments. Principles of human rights and social justice are fundamental to social work.

WomenCentre is not part of government and it is probably easier to do social work within WomenCentre than within a local authority's social work team. The very fact that WomenCentre does not force itself upon women can make it an ideal partner for statutory services for it enables better rates of engagement because it can really 'get alongside' a woman in difficulty.

Partnership

WomenCentre provides a vital asset to the local community, but it does not work alone. It has successfully connected to a range of different services and statutory organisations. While it provides support in ways that are difficult for statutory bodies it also recognises the essential role of those services. From our detailed sample it was clear that women were in contact with a wide variety of public and voluntary services (see Table 8).

Public service	Used Last Year	%	Seen as Helpful	Seen as Not Helpful
Job Centre	26	57	1	4
Benefits Agency	27	60	2	2
Housing Services	20	44	2	1
Police & Victim Support (victim)	18	40	1	0
Police (criminal)	13	29	1	0
Prison	0	0	0	0
Probation	9	20	1	2
Children's School	15	33	1	1
Acute Mental Health Services	4	8	0	0
Community Mental Health Services	6	13	0	1
GP Surgery	36	80	3	1
Community Health	11	24	1	0
Adult Social Work	2	4	0	0
Children Social Work	14	31	1	4
Adult Education	10	22	0	0
Citizen Advice Bureau	8	9	4	2
Children Centre	2	4	1	0
Sure Start	2	4	2	0
Carers Project	2	4	2	0
Age Concern	2	4	2	0
Counselling	3	6	3	0
Park Initiative (Community)	2	4	2	0

Table 8 Use of public and community services

There were also a handful of other services mentioned by individuals. Interestingly when asked whether they now used these public services more or less **80% said more, while 20% said less**. Furthermore 100% said they now made better use of public services, with 95% saying that WomenCentre had helped improve the way they worked with other public services.

WomenCentre has a high regard for the expertise of other professionals or services. WomenCentre supports women to access the right support and is quite clear that there are often experts outside WomenCentre who have much to offer. It is particularly important that WomenCentre values these other services because often the women it is working with may have negative or testy relationships with those others services. WomenCentre recognises and values the perspective of statutory services and works hard to ensure that it is never complicit in increasing risk for women or their children. A recent research report from NACRO reinforced the success of WomenCentre in building these partnerships:

> *Evolve currently has good partnership working in place with a range of statutory and voluntary sector agencies; West Yorkshire Probation, Women's mental health network, local PCTs, local DIP teams, West Yorkshire Police, Regional domestic violence forum, local authority etc. The project manager established a system of calling "professional meetings on individual cases that were complex and had multiple support needs. Evolve initiated these meetings to ensure that partner agencies put forward their services to assist women in need for specialist support or where support needed to be shared across agencies. This approach of addressing issues with other partners is now well established at Evolve.*

So WomenCentre is an innovative and interesting organisation. By focusing on those with the greatest needs it has evolved into a sophisticated community support system. We have represented this as a whole system in Figure 8. But what is the impact of WomenCentre's work?

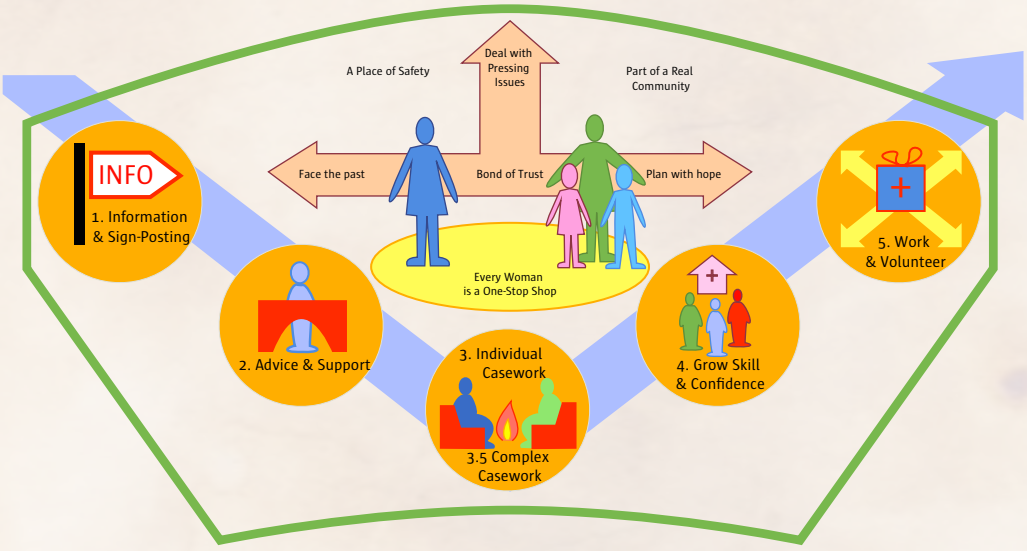


Figure 8 WomenCentre model

2. Impact

Blood on your hands

You turn to me
And call my name
But all i know is
The blood on your hands

You're shouting at me
And waving your fists
All that i see is
The blood on your hands

You reach to me
And i'm backing away
All i can think is
The blood on your hands

You're screaming at me
Your face turning red
All that i fear is
The blood on your hands

You're hitting my face
And i cower in pain
The last i remember
The blood on your hands

by **Donna Reid**

2. Impact

There were multiple challenges for demonstrating the impact of WomenCentre. Although WomenCentre has been researched many times - with very positive results - each research project focused on just one aspect of WomenCentre's work. This report provides a Total Place analysis of WomenCentre's impact.

We began by asking the women in our sample a series of questions about life before and after WomenCentre (bearing in mind that many of the women were in the midst of these changes). The findings were very positive indeed. In every aspect of life women saw very significant improvements. **Even more strikingly every single woman said her life had improved since working with WomenCentre (100%), and every single woman said that WomenCentre had helped bring about those life improvements (100%).** They also directly testified to their feelings about WomenCentre:

> *They are really supportive. Brilliant. Everything about them is good.*
>
> *I'd have still been in that hellhole if it hadn't been for them.*
>
> *I'd still be stuck at where I were at that point of my life and I've moved on. My kids are doing so much better at school because I'm better in myself.*
>
> *Good service. .... They helped me with the relationship. Without them – I would probably be in jail – and not still in the relationship. .... Without them I would have closed in on myself and carried on as I was (Male Partner).*

However, in order to understand the positive impact of WomenCentre we have brought some of the different problems and issues that women face together in a way that reflects the primary structures of the welfare state:

1. **Justice** - women as victims of domestic violence and other crimes, women as offenders
2. **Health** - women in their physical and mental health and as users of the NHS
3. **Family Safety** - women as mothers, carers and in their relationship with social services
4. **Resources** - women trying to live and learn, and to escape poverty

In each section we not only describe the work of WomenCentre and the experiences of the women who took part in our study; we also provide some broader context. We have also used other published data to show how the lives we describe are typical and reflect the challenges that many tens of thousands of women face across the United Kingdom.

2.1 Justice

Justice is necessary; but justice for many is blind: blind to some crimes, and blind in its penalties.

Domestic violence

WomenCentre is about much more than domestic violence; but domestic violence is the natural place to start when considering the work of WomenCentre.

Domestic violence is a major problem, most commonly experienced by women and perpetrated by men. Nationally, 1.5 million women experience at least one incident of domestic abuse each year. This is nearly 30,000 women a week. Calderdale has a population of 202,000. West Yorkshire Police recorded 3,112 incidents of domestic violence in Calderdale during 2008. 410,000 people live in Kirklees and between April 2008 and March 2009 there were 5,077 incidents of domestic violence reported to the police.

In 2006 in Kirklees 5 women were killed by partners who were abusing them; in 2007 there were 2 such murders. 47% of the 3,249 women murdered since 1995 were killed by a partner or ex-partner. In almost all of these cases there is evidence of prior domestic violence. All research demonstrates that the point of leaving and post-leaving are the most likely times when women or children are in danger of being killed by violent men.

Other types of violence including rape and sexual assault are also a factor in the lives of many women who access WomenCentre. Every year 100,000 women are raped. That is 2,000 women a week. At least one in five women suffers rape or attempted rape in their lifetime. The majority of rapes and sexual assaults are perpetrated by partners or former partnersand their victims often never tell anyone of these crimes. As one woman told us:

> *I was ashamed. I protected my husband for a long time. I didn't tell my Mum. It would have killed her. Being able to talk about it and find out it wasn't just me. It had happened to other people. I wasn't alone and I knew I could pick up the phone or call in and there was always someone who knew what I was going through. I started to understand that it wasn't me who should be ashamed.*

The law seems to be of limited use in reducing this problem. Only 60% of female rape victims were prepared to self-classify themselves as having been raped. Only 70% of women who self-classified themselves as having experienced attempted rape also called this a crime.

There are many shared characteristics in the stories of some of the women who experience domestic violence:

- Early childhood trauma
- Loss or abuse
- Early contact with statutory agencies
- Controlling or abusive relationships throughout teenage years into adulthood
- Mental and emotional ill health
- Substance misuse
- Difficulties with parenting their own children

Domestic violence and most sexual violence occur in the context of a woman's life. These are not random attacks by a stranger. The context for this violence is the woman's immediate environment: her home, her community, her history and her personality. It is ineffective to tackle domestic violence without working on all these areas of life.

Children and domestic violence

Women are not the only victims. In Calderdale there were a total of 2,361 children recorded as present at the 3,112 incidents recorded in 2008. Again under-reporting means that many more children than this will be seeing their mothers attacked by their fathers or by their mother's partners. This is more than the number of children in two average sized schools.

Research has consistently shown that a high proportion of children (between 30 and 66%) living with domestic violence are themselves being abused - either physically or sexually - by the same perpetrator. Nearly three-quarters of children on the 'at risk' register live in households where domestic violence is occurring.

WomenCentre is one of the few organisations that, through it's *Children's Domestic Violence Service*, will work with children who are still living with domestic violence. Most other services only work with children when they have left that situation.

Working jointly with women and their children forces women to confront that their children are affected by what is happening. Women often do not realise how much a child knows and understands. There is an attempt by the mother to protect the child from the reality of the abuse and the children, in turn, attempt to protect their mother.

Domestic violence and the welfare state

Domestic violence should be a central issue for the welfare state and public services. It accounts for **25% of all reported incidents of violent crime**, and yet it remains at the margins – underfunded and scarcely recognised as an issue for consideration. As one staff member told us:

> *Domestic violence affects more women and children in Calderdale and Kirklees than cancer, road traffic accidents and heart disease put together and yet we have had to pull in funding from outside the local area in order to be able to provide essential services.*

The moral case for tackling domestic violence is obvious - but the social and economic case is also strong. One estimate puts the total cost of domestic violence at £23 billion per annum: £3.1 billion for the taxpayer, and £1.3 billion for employers and £17 billion in human suffering.

The estimated total cost is based on the following:

- The cost to the criminal justice system is **£1 billion per annum**. This represents one quarter of the criminal justice budget for violent crime including the cost of homicide to adult women annually of £112 million.
- The cost of physical healthcare treatment resulting from domestic violence, (including hospital, GP, ambulance, prescriptions) is **£1.2 billion i.e. 3% of total NHS budget**.

- The cost of treating mental illness and distress due to domestic violence is **£176 million**. The cost to the social services is **£0.25 billion**. Housing costs are estimated at **£0.16 billion**. The cost of civil legal services due to domestic violence is **£0.3 billion**.

The Home Office estimated that each domestic violence homicide costs £1,097,330. This means that the 7 domestic violence homicides which took place in Kirklees during 2006 and 2007 cost public services over £7million.

Research estimates that domestic violence costs £440 for every person in the total population - and this includes the incident and aftercare costs for all services. Applying these figures locally to Kirklees would equate to a total cost of **£175 million per annum** and in Calderdale **£89 million**; demonstrating the impact this crime has on the number of local agencies that provide support or interventions (at 2004 prices).

Community safeguarding

Domestic violence is widespread but many of the families who are at the greatest risk can be identified. In 2006 WomenCentre and West Yorkshire Police proposed developed a Multi-Agency Risk Assessment Conference (MARAC) to better target those families who are most at risk (see Figure 9).

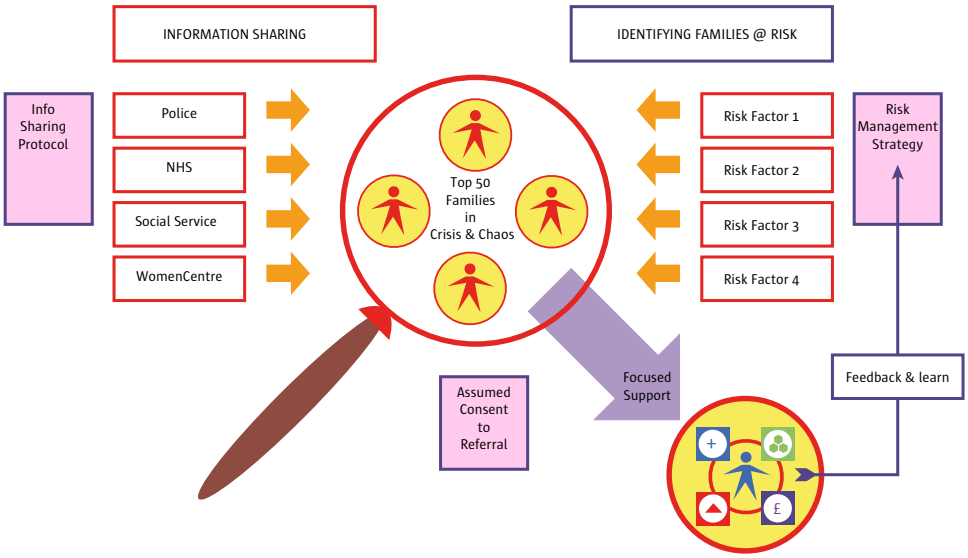


Figure 9 Community safeguarding

WomenCentre staff took the role of lead professional and began to work holistically with each family reaching across boundaries and cultures. This work (called *Maze*) has been evaluated by the Social Exclusion Unit and The University of Huddersfield:

> *Whilst the Maze project was established as a response to a particular identified need – that is to work with women affected by domestic violence who wished to remain with their partners and where agreed to offer a service to male partners – the service it provides is somewhat unique, not only to Calderdale but also nationally.*

WomenCentre's services

Together WomenCentre's *Domestic Abuse Support Teams* cost about £200,000. This service does not just respond to domestic violence but also reduces it. Set against the estimated cost of domestic violence in the two authorities - **£264 million** - this funding represents 0.075% of the estimated cost of domestic violence in the two areas.

This seems a low investment in prevention. Moreover this funding comes from a range of different sources:

- West Yorkshire Police
- NHS Calderdale
- Pennine 2000
- Calderdale MBC community Safety
- The Ovenden and Mixenden Initiative
- The Home Office

The Women's Support Service received 1,188 referrals for support during the year from many agencies, but the largest number come from the police. The *Maze* project continues to offer support to some of the most vulnerable families in Calderdale where domestic violence is a key issue in the home. Uniquely the service is able to support women and work with their male partners to help them change their behaviour and increase the safety of the family.

Maze service data found that 87% of women reported feeling safer after intervention than before. From the intensive sample of 23 cases reviewed for this evaluation, the safety and wellbeing of 10 women was enhanced because they decided to leave the abusive relationship:

> *A model of working has been developed which guides their practice; key elements include undertaking assertive outreach, doing paired work and intensive case work when necessary. Through offering services to both women and their male partners the Maze team has developed an innovative and unique approach which builds upon existing service provision for women, children and domestic violence perpetrators.*

In our detailed survey of 44 women receiving intensive case work we found that 76% of the women in the whole group were recent victims of domestic violence with 55% of women experiencing frequent domestic violence from their partner:

- 46% had their partner steal from them
- 65% were physically attacked
- 18% were raped
- 16% saw their children hurt
- 31% felt like killing their partner
- 68% were scared of their partner

68% of women say that WomenCentre has helped them to manage their relationships more effectively. 60% of the whole group said that they were better able to manage their relationship, but this figure increases to 78% when we only include those women who were experiencing domestic abuse. Overall it is also interesting to note that 79% of women were living alone, although 50% were in a long-term relationship with someone.

Other crimes

It is striking that within our sample of 45 women, 40% of all women reported being a victim of crime in the last year and there were 43 incidents of crime (that is, on average, each woman had been a victim of one crime in that year). However it is very likely, given the levels of domestic violence and abuse reported that there is significant under-reporting where violence and abuse is not being treated as a crime.

What women did report was:

- 17 cases of criminal damage
- 12 cases of domestic violence
- 5 cases of theft (non-vehicle)
- 2 cases of burglary
- 3 cases of serious wounding
- 2 cases of wounding
- 1 sexual offence
- 1 mugging

After working with WomenCentre 52% of all women now feel safer in their own home and 64% of women said that WomenCentre had helped them feel safer in their own home. 54% now feel safer going out of their own home and 53% said that WomenCentre had helped them to achieve this.

Women offenders

WomenCentre's interest in criminal justice does not end with obvious victims. WomenCentre is also deeply concerned for those women who commit crimes. For it is increasingly recognised that the criminal justice system failing all women and that many have serious needs that are often the root causes of criminal behaviour.

As Baroness Corston recognised there is inadequate effort to take responsibility for women's needs:

> *No one person or body is responsible or accountable for provision of care and services for women coming into contact with the criminal justice system or their health, in particular, their mental health needs.*

Moreover there is evidence that offending behaviour is linked to early childhood abuse. A study examined a random sample of females and males from the National Longitudinal Study of Adolescent Health to test for interrelationships between abuse, substance abuse, and mental illness:

> *Women and men enter into the criminal justice system through unique gendered pathways. For women, a distinct pathway begins with early childhood abuse which leads to mental illness, most notably depression. To cope with the depression, many women turn to substance use. This substance use and later abuse is purported to contribute to criminal behaviour.*

The results indicated a distinct pathway for women where childhood abuse often led to depression and serious alcohol problems.

The Social Exclusion Unit's report, *Reducing Re-offending by Ex-prisoners*, draws on a wide array of research findings. This and a wealth of additional research and studies paints a picture of isolated, deprived and damaged women and their children whose lives seem to be on an inevitable trajectory towards prison.

The Social Exclusion Unit report records that:

- Almost two thirds of female prisoners are single compared to 17% of women in the general population.
- Over 40% of women in prison had not worked for at least five years before their imprisonment.
- Only 39% had some qualification, compared with 82% of the general population.

A survey carried out by The Office of National Statistics found that:

- At least one in ten women in prison may have significant problems in reading or in understanding instructions.
- 40% of women prisoners had received help or treatment for a mental health problem in the year before entering prison. 17% stated that they had been admitted to a psychiatric hospital and 7% had been admitted to a locked or secure ward.
- A quarter of the women surveyed by the ONS had been taken into local authority care as a child. The equivalent figure for the general population is just 2%.

A 2006 *Health of Women in Prison Study* by the Department of Public Health at the University of Oxford details the findings of one of the largest studies examining the health of 500 recently imprisoned women in England and Wales during a three month period of custody and provides a great deal of new, useful and disturbing information about the health of these women.

This study found that women in custody are:

- More than **five times more likely** to have a mental health concern than women in the general population, with 78% exhibiting some level of psychological disturbance when measured on reception into prison, compared with a figure of 15% for the general adult female population.
- **58% of women had used drugs** daily in the six months before prison and 75% of women prisoners had taken an illicit drug in those six months. Crack cocaine, heroin, cannabis and benzodiazepines were the most widely used drugs.
- **42% of women prisoners drank alcohol** in excess of government guidelines prior to imprisonment. The comparable figure for the general adult female population is 22%.
- Overall, women coming into prison had very **poor physical, psychological and social health**, worse than that of women in social class V, the group within the general population who have the poorest health.

Crimes are wrong, but if we can only see a woman who has committed a crime as a criminal then we will not understand the whole picture. As one staff member said:

> *We have been asked, more than once, by professionals visiting the Centre from other agencies, how we can tell who is an offender and who is a victim. The answer is simple: they are the same women.*

WomenCentre's response

WomenCentre is providing direct services to women offenders but it is also working hard to change the way in which local services and systems currently engage with women offenders in the community.

Baroness Corston, who highlights the work of WomenCentre in her report, makes the case that:

> *Many women in prison have been failed by society including the NHS long before they arrived at the prison gates and many are simply too ill for prison to be an appropriate location for them. Prison is being used to contain those for whom there is no proper provision outside prison, or who have already been excluded from society. And of course prisons are being asked to do this on the cheap. It is also clear that mental health services in the community are failing to adequately address the mental health needs of women, notwithstanding the existence of the Department of Health's women's mental health strategy and implementation guidance.*

WomenCentre's *Evolve* service aims to prevent women going to custody and to work closely to support women in living non-offending lifestyles by tackling wider issues, such as alcohol or drugs misuse, mental health and well being, domestic violence and abuse, accommodation and many more. By working in this way WomenCentre achieved positive outcomes for women, their children and the wider community.

In July 2009 *Evolve* was successful in gaining funding from the Ministry of Justice to work as a 'Women's Community Project' - working with women with higher support needs but lower risk offences, delivering early intervention work and preventative measures and offering resettlement after short or long sentences.

Referrals to *Evolve* are received from a wide range of criminal justice, health and social care and voluntary sector partners. Women are supported on a one to one basis or via drop in sessions and group work programmes. From April 2009 to March 2010 Evolve worked with 105 women. NACRO's research and evaluation unit carried out an evaluation of *Evolve*, WomenCentre's service for women offenders throughout 2007-2009 and found that:

> *The work ethos of staff is vital in driving innovative work forward. Evolve staff have initiated multi-agency "professional meetings" to resolve the multiple needs of women. It is hoped that this system gets established as normal practice as it is efficient and cost-effective way of addressing problems.*

The NACRO evaluation, studying a case load of 125 women, also found that the re-offending rate of women engaged with *Evolve* is **3.2% compared to a national average of 47%** re-convicted within one year of being released. For those serving sentences of less than 12 months, which is the case for the vast majority of women offenders, the re-offending rate increases to 60%. For those who have served more than 10 previous custodial sentences the rate of re-offending rises to 76%.

The success of these approaches led, in October 2009, to the launch of a joint project between *Evolve* and the Probation service which is called *Evolve Plus*. The team works to support people to stay out of prison. For instance 15 women, who would have usually

received custodial sentences, have instead been given community orders. These women then get on-going support from the WomenCentre to help them put their lives on a better footing.

West Yorkshire Probation Service has recently completed an evaluation of this model which showed that compliance rates for women were significantly higher and that the WomenCentre was making a significant contribution to the programme's success. All of this work is supported by 7 Volunteers who have given 439 hours of their own time to work alongside the team. They have supported women in drop in groups, made telephone calls, met women and brought them to the Centre, and given many hours of Court support in both Magistrates and Crown Courts across West Yorkshire.

Escaping crime

In our detailed sample 38% of women had committed a crime at some time in their lives. The number of women committing particular crimes was:

- Common assault - 11
- Theft (not vehicle) - 3
- Theft from a shop - 3
- Drug offences - 2
- Theft from a commercial vehicle - 1
- Burglary in a dwelling - 3
- Fraud or forgery - 3
- Other wounding - 2
- Theft from a commercial property - 2
- Serious wounding - 1

58% of all women said that working with WomenCentre had helped them improve how they behaved, but this figure jumps to **100% for all those who had a criminal record** previously.

Betty's Story

Betty is 47 and was a long-term heroin user who had tried on many occasions to stick to a methadone programme. Betty was referred to Evolve after being charged with theft. Betty had a history of shoplifting to enable her to buy heroin. Betty was also in a very abusive relationship with a man who was also a heroin addict and he forced Betty to have sex with his friends in exchange for money.

"I have tried to come off the heroin before but no one has ever looked at why I got into it in the first place and now I have left my partner and am coming to WomenCentre, I am starting to look at my past. I have been on the methadone programme for longer than ever and really feel that I am over the worst. I haven't needed to steal and I am really determined to stay well. I can honestly say that if it hadn't have been for this place I would have been dead. I have never had support like this before."

Betty has been supported to access health care and a dentist for the first time in many years and she is keeping a photo journal of the changes in her appearance to record her progress.

2.2 Health

In the United Kingdom we now spend about 10% of our Gross Domestic Product on healthcare; but the benefits of this spending do not always reach some women and their children.

Mental health

Our gender has a major influence on our mental health and upon our experience of mental illness. In 2002, the UK government published *Women's Mental Health: Into the Mainstream* which highlighted that women make up over half of the general population, play a significant role in the workforce and are at the centre of home-making and caring of children and other family members. At the same time, many women experience low social status and value. Women are more likely to be socially isolated, poor, to have experience of child sexual abuse, domestic violence or sexual violence. Table 9 sets out some of the differences in the contributing factors, presentation and experiences of mental ill health in men and women.

	Women	Men
Life Experiences	Sexual, physical abuse Domestic violence Caring and domestic responsibilities Single parents Live alone in old age Institutional care	Pressure to adhere to 'traditional' male values eg not express emotion Fighting Expectations of strength/ protect others Bullying
Socio-economic realities	Poverty/state benefit or pension only Unequal pay/part-time employment/low paid jobs/prostitution Unemployment (education, caring duties) Lack of mobility/non car driver or owner Fewer achievements in further education Less likely to be in leadership position Competing, often unsupported multiple roles Low societal status and values placed on women's roles	Greater risk of being distant from children Stress in workplace Full-time employment Burden of responsibility Unemployment Retirement
Expressions of mental distress	Depression (loss and bereavement) Anxiety/phobias (threat) Obsessive compulsive disorder Self-harm/low self-esteem Eating disorders Perinatal mental health problems	Suicide Early onset psychosis Drug and alcohol related problems Anti-social behaviour Anger attacks Acting out generally Go missing Rough sleepers

	Women	Men
Pathways into services	Primary care Community services Maternity services	A&E Criminal justice system Substance misuse services
Treatment needs and responses	Physical and relational safety Tackling underlying issue Talking therapies Expertise in responding to history of sexual abuse Role of voluntary sector/informal settings Flexible access to recognise caring responsibilities Holistic approach Women-only facilities, community and inpatient	Mental health promotion focused on physical health eg nutrition, exercise Language – 'well being' rather than mental health Dedicated advice (not help) lines Proactive outreach via generic community rather than NHS services Work-friendly primary care hours Men-only group therapy Assertive outreach/early intervention

Table 9 Gender differences in relation to mental health

Not all of these differences are explained by natural differences or differences in role. Some differences flow from bias within professional systems. For example, doctors are more likely to diagnose depression in women compared with men, even when they have similar symptoms, and more likely to prescribe mood-altering psychotropic drugs. Other differences flow from the harm done by men to women. For instance the high prevalence of sexual violence to which women are exposed, and the correspondingly high rate of Post Traumatic Stress Disorder (PTSD) following such violence, means that women form the largest single group of people affected by this disorder

Research shows that there are 3 main factors which are highly protective against the development of mental problems especially depression:

- Having sufficient autonomy to exercise some control in response to severe events.
- Access to the material resources that allow the possibility of making choices in the face of severe events.
- Psychological support from family, friends, or health providers is powerfully protective.

However it is highly questionable whether these key factors are well reflected in standard mental health provision within the UK.

The role of WomenCentre

WomenCentre was cited in *Into the Mainstream* as an example of positive practice of a community-based women-only service which responds to a range of women's needs by providing non-stigmatising, open access services and opportunities. WomenCentre's innovative and holistic approach has enabled it to build up a spectrum of mental health services from informal support, self help groups, advice and information through to long-term support, counselling and psychological therapies.

Moreover WomenCentre often finds itself having to challenge how mainstream public services currently respond to the needs of women. As a staff member told us:

> *We have a long history of working with women who have a mental health diagnosis. Some of these women may have been in and out of the mental health system for over 20 years. They are receiving treatment and care from the NHS and yet no one has ever asked them about domestic violence or childhood abuse. I don't understand how a woman can present to her GP and be referred on to a secondary mental health service without some fundamental questions being asked about her actual life. Is she experiencing domestic violence or abuse? Is she living in unsafe or insecure housing? And is she worried sick about money, about the kids? How can you treat a woman who may well be experiencing all of those issues? How do you 'treat' domestic violence? Wouldn't you be depressed and anxious if you were trying to cope with all of that? What do you prescribe for a woman in those circumstances?*

What frustrates WomenCentre is the inability of the system to see that **mental illness often does not have a medical root cause**. Any many of these causes are not local but are the result of gender inequalities in income and wealth that, combined with women's role as mothers and carers, make women particularly susceptible to poverty. It has been estimated that two thirds of adults living in the poorest households are women. Furthermore, the number of families with dependent children in the UK is around 7.6 million. Of these, 4.6 million (61%) were married couple families. The second most common type was families headed by a lone mother (1.8 million), followed by cohabiting couple families (1.0 million) and lone father families (0.2 million)

Women provide the majority of care for children and other dependents and even women who work also do the majority of housework and childcare. The low status of women's roles in the family and workforce and the potential negative impact on a woman's sense of self-worth.

All of WomenCentre's work is about improving mental health. Positive change is impossible without internal resilience and so at every level, in every service WomenCentre works to help women improve their own mental health. WomenCentre also targets the most deprived wards within its communities because it recognises that deprivation and poverty are strongly linked to the prevalence of mental illness. WomenCentre also provides specific services like the *Women's Mental Health Services Kirklees* (funded by Kirklees Council and NHS Kirklees). The main focus of support has been empowering group work: confidence building and self esteem groups, anger awareness, eating distress, mother without their children, photography with Asian women around identity, music therapy group and individual work, and post-natal depression support groups. Over 300 women made use of these services in 2010.

The extent of mental illness

The detailed research also explored women's mental health in some detail and the findings were striking. Rather than asking questions about diagnoses the women were asked questions in ordinary language and were offered choices in ordinary language that related to those questions (e.g. 'nearly all the time' or 'I don't take as much care as I used to' etc.) This provided a way of getting a picture of the women's mental health from their

perspective. Table 10 provides a summary of the answers with answers reframed with a grading of seriousness from 0 to 3, where 3 reflects a severe symptom of mental ill health.

These figures show that mental illness is an important part of the life experience of nearly all the women with the most complex needs who work with WomenCentre. 52% had severe symptoms of mental illness and 91% had severe or moderate symptoms of mental illness.

Severity Score	0	1	2	3
Feel slowed down	9	21	12	2
Feel tense or wound up	2	25	7	6
Don't enjoy things I used to	13	14	7	6
Get frightened and anxious	4	22	9	5
Expect something awful to happen	6	8	13	12
Lose interest in my appearance	18	10	10	5
Can't laugh or see the funny side	23	9	5	2
Feel like I need to be on the move	7	15	14	7
Worrying thoughts on my mind	7	11	17	7
Don't look forward to things	19	11	5	6
Don't feel cheerful	21	17	3	2
Get sudden feelings of panic	7	15	18	2
Can't relax	8	22	9	4
Can't enjoy books or TV	23	17	2	2

Table 10 Extent of mental Illness in the sample

Encouragingly **93% of all women said that they felt better** since working with WomenCentre and **98% said that WomenCentre had helped** them with their feelings. WomenCentre offers a low-cost model of holistic and preventative support to improve mental health to local women.

Physical Health

WomenCentre began its development with a women-centred focus on health, and this focus remains despite - or perhaps because of - its increasing focus on the most vulnerable. For example, there is a powerful correlation between domestic violence and poor health.

The adverse health effects of childhood sexual abuse, domestic violence and rape or sexual assault include higher rates of health risk behaviours such as smoking, and alcohol and drug misuse, risky sexual behaviour (including prostitution), eating disorders (including anorexia and obesity), sexually transmitted infections, unwanted pregnancies (including teenage pregnancies), irritable bowel syndrome and increased gynaecological problems.

We also know that there are strong links between poverty and poor physical health for both adults and children and that women are more likely to be responsible for the health and wellbeing of children within the family.

WomenCentre provides a health information and advice service using leaflets, the internet or helping with pregnancy testing but it also help women better manage any

long-term health conditions. This can involve help with lifestyle, accessing health services and supporting women to make sense of or even challenge a diagnosis or treatment plan. A staff members told us:

> *We have good relationships with a broad spectrum of health agencies including substance misuse organisations and can contact someone directly on behalf of a woman which makes a huge difference. Women will often not have the confidence to challenge or even ask a question about their condition or treatment and they can be in serious pain or be putting up with horrendous side-effects of medication and we can support them to get the right help.*

WomenCentre's relationship with maternity services is particularly strong in Calderdale and specialist midwives run appointments from the centre for teenagers and other vulnerable women.

The extent of chronic health conditions

In our detailed sample 67% of all women were managing complex and significant medical conditions including women with (in descending order of frequency): depression, asthma, anxiety or stress related illnesses, heart or blood pressure problems, illnesses of the bowels or stomach and diabetes.

Most women made significant use of health services; in the course of one year the average use per woman was:

- 13 visits to a GP
- 4 out-patient visits
- 0.5 visits to mental health out-patient services
- 1 visit to Accident & Emergency
- 2 nights in hospital
- 0.5 trips in an ambulance

95% of women said their health had improved and **89% had said that their ability to manage their health had improved** since beginning to work with WomenCentre.

If we examine the data on use of health services we see two different patterns. First we see that in some areas use of health services increases and this seems primarily to be driven by successful efforts by WomenCentre to help people get access to NHS services, improve treatments or reduce the risk of conditions worsening. In other words WomenCentre is here improving health efficiency by playing the role of a health access and prevention service for women who were previously excluded from health care services. The short-term impact on health care services will be to increase demand, but the overall impact will be to improve health efficiency.

However for some women we can see the opposite pattern. Particularly with regard to mental health, we see direct interventions that seem to be reducing the demand for mental and physical health services because mental health is improving. For example, in the sample 5 women were using in-patient mental health services before working with WomenCentre - but none were using such services afterwards. Total visits to mental health out-patient services had dropped from 41 per year to a rate of 24 per year. Similarly trips in ambulances, trips to A&E and call outs to the fire brigade had all dropped.

Drugs and alcohol

A particularly severe hazard for women's health, mental health and behaviour is reliance upon drugs and alcohol.

From within the detailed sample we found that 52% of all women said that drugs or alcohol was an important part of their life now or in the past:

- 32% had used cannabis
- 10% had used prescription drugs
- 15% had used cocaine
- 22% had used amphetamines
- 7% had used heroin
- 13% had used crack

73% of all women said their need to use drugs and alcohol had reduced since working with WomenCentre and 51% of all the women said WomenCentre had helped make a difference. However WomenCentre receives no funding to support their work to reduce people's use of drugs or alcohol.

50% of a person's health status is determined by their lifestyle, and 10% by health care. Despite this, the pattern of investment is predominantly in health care. Currently 1% of the NHS budget in Calderdale is spent on health improvement; that £16 per head of population, compared to £36 for England on average.

Carol's Story

Carol is a 49 year old woman who was referred to WomenCentre by her GP due to problem alcohol use. She also had a history of depression and anxiety. When Carol first came to WomenCentre she was drinking 1 bottle of spirits daily but wanted help to stop drinking.

Carol was frightened of her husband. He put her down and said that she was 'lazy, ugly and useless'. He controlled most of their income (benefits and his private pension) and she had little to spend on essentials. She had not worked for 17 years since the boys were born. Her sons no longer lived at home and sometimes she felt her only pleasure in life was alcohol. Her mood was low and she felt trapped and isolated. Her husband was openly in a relationship with another woman and Carol's self esteem was, in her own words, 'at rock bottom'.

WomenCentre have been working with Carol for 6 months and she is steadily reducing her drinking and is now drinking only at weekends: "I am thinking about why I have lived like this for so long. The girls here have given me so much to think about and so much help. I can't believe how much clearer my head is. I am thinking about what I am good at and have joined a book club. I am making friends and planning for me and my future."

2.3 Family Safety

Nothing seems more horrible than to see a child abused, hurt or killed; but we often find that we do not know how to respond to the reality of the problem - caught between outrage and pity.

The cycle of abuse

Women play a vital role in safeguarding children and adults, within the family, within the community and within society. If a woman is compromised by domestic violence, by mental illness or by her own experience of childhood abuse then her ability to protect and nurture others may be compromised. This can have a negative impact upon generation after generation of the same family.

Following the high profile death of Peter Connolly (known for many months only as Baby P) Anna Motz, a consultant clinical psychologist who has studied women who abuse or collude with a partner's abuse wrote about Peter's mother, Tracy Connolly, in the Guardian (10th August 2009):

> *Connelly's history speaks of a real, rather ordinary, even vulnerable woman whose own parents appeared unable to care for or protect her, not as a cipher of evil. Her story is not unique. Many of the mothers who are involved in care proceedings relating to their children have been in care themselves, and suffered abuse at the hands of their own parents. Others were abused violently, or badly neglected without this ever coming to the attention of child protection agencies. Their neediness, and tolerance of abuse, can lead to these women choosing a partner who is violent, disturbed and dangerous to children – often from a similar background. The compelling drive to return to such relationships is striking, and some women repeatedly embroil themselves in destructive partnerships. This pattern reveals their distorted view of risk and how their need to be in a relationship overwhelms other concerns, including the safety of their children and themselves.*
>
> *In the context of this kind of partnership, children can be treated brutally – as objects for adults' gratification. For women who have been treated themselves as objects to be used – sexually, physically or emotionally – in their own early lives, such abuse may be the norm. Cases of child abuse that result in a child's death are tragic and complex. They often demonstrate parents' profound failure to see children as vulnerable, in need of care and protection, but rather as objects to be used and abused – vessels for their own unbearable feelings. Powerful identification with their own violent or neglectful parent can destroy empathy for their children, who may even be seen as deserving of cruel treatment.*

54% of the women in our study reported that their own children had experienced abuse. A recent major study of 163 child homicides where the children had been killed by a parent or carer found that:

- 75 children – 46% of the total – were killed by parents who had been **violent to adult partners in the past**. Most were known to the authorities – e.g. police, health visitors, or social workers – yet only two of these children had been put on the child protection register.

- No fewer than 43 children were killed soon after separating or parents' announcing separation. In two out of three of these cases there was a prior history of **domestic violence**.
- 20 children were killed on access visits following **divorce or separation**.
- In 10 out of 29 cases where **separation** was a key background factor, there was a dispute over child access prior to the killing of the children. Another 16 children were killed when violent parents or ex-partners returned to the former family home to carry out revenge attacks.
- Around one in five of the killers planned the killing – 25 killers responsible for the deaths of 34 children. In 17 of the 25 cases, the pre-planned killing happened soon after separation and frequently **'revenge' killings** – as ways of punishing their former partners.
- 23 children were killed by the mother's new boyfriend - usually within three months of moving in to the marital home. Most of these men had been **violent to other female partners** in the past and also – in around 10% of cases – to children.

The study also identified that 1 in 4 child homicide cases involved a parent or carer with a pre-diagnosed mental illness – that's 38 cases (or killers) out of 133 cases where detailed information is known. Furthermore, 23 of these 38 killers, were responsible for a disproportionate number of the children – 50 in total or about one third of the study.

The impact on children and young people of parental problems such as domestic violence, drug or alcohol misuse, mental health problems or learning disability are well documented and we know that the risk to children and young people will increase when these problems coexist.

Furthermore, it is clear that the highest risk factors in child homicides are domestic violence and mental illness and yet domestic violence services are not provided as mainstream 'social services' and it is rare that mental health services are sufficiently gendered to deal properly with the consequences of childhood abuse or domestic violence.

Since the death of Peter Connolly, child safeguarding has become a high profile and high priority agenda for central and local government. There are significant levels of resources invested in some kinds of public services. At any one time around 60,000 children are looked after by local authorities in England, representing roughly 0.5% of all children. The majority (62%) of the current care population came into care because of abuse or neglect; others due to family "dysfunction" or "acute stress", absent parenting, a parental illness or disability, or "socially unacceptable behaviour".

Total gross expenditure on children in care in 2007–08 was £2.19 billion, 51% of which was spent on fostering services and 41% on children's homes. The average cost per looked-after child per week across all placements was £774. For children in residential homes the average was £2,428, and for foster care £489.

Preventative services, early intervention and support, if targeted at the highest risk families is highly effective and the previous government's *Think Family* initiative has tried to promote integrated and innovative family support services and systems, especially those in the Third Sector, like WomenCentre in reaching 'at risk' families.

As we have seen, WomenCentre plays a key role in providing preventative and crisis response services for some of the most at risk and marginalised women and children in the community. WomenCentre's experience in working across organisational boundaries and in designing and developing cross sector safeguarding systems is probably unique and WomenCentre's approach, in identifying and engaging with those most at risk in ways which have long-term, multi-generational benefits, is a significant achievement.

Katie's Story

Katie is 34 and has a 9 year old daughter. Katie has a moderate learning disability and needs some support to bring up her daughter. Katie visited WomenCentre over the course of several weeks and saw 2 or 3 different staff and volunteers each time asking for a pregnancy test.

A support worker asked Katie what was happening and gently questioned her about the possible pregnancy. Katie explained that she had a boyfriend and that he was living with her more or less full time. Katie also disclosed that the boyfriend is a registered sex offender and that Katie's social worker was very worried about the risk to Katie's 9 year old daughter and had warned Katie that her little girl could be taken into care.

Katie had not told her social worker that the boyfriend was regularly staying with them or that she thought that she might be pregnant. (The pregnancy tests were negative). WomenCentre worked with Katie over many months. Katie enrolled on confidence building and assertiveness courses, made friends with other women who were also mothers and brought her daughter into the crèche where they both joined in activities.

Katie now understands the threat posed by her boyfriend and the need for care and caution in any new relationship. She ended the relationship with the boyfriend and is planning to enrol on more courses at WomenCentre and would like to meet more women with learning disabilities who are also mothers.

The reality of abuse

As we have seen there is a strong relationship between child abuse now and previous childhood abuse for parents. As stated, in our detailed sample 54% of mothers said their children had experienced abuse.

But in addition these mothers said that as children:

- 36% had unhappy childhood
- 44% experienced emotional abuse
- 26% experienced neglect
- 51% experienced some kind of abuse
- 33% experienced physical abuse
- 16% experienced sexual abuse

Perhaps unsurprisingly the 42% of those who replied said that how they were treated as a child has made it more difficult for them in their lives today. And 78% of those who said they had an unhappy childhood and 52% of those who were abused felt badly affected by those childhood experiences today.

81% of women in the sample had children, but some of those children were now adults. 66% of those women who still had children under eighteen found that their children were being looked after by other people to some degree. One was in residential care, one was in foster care and two were in prison. Others were being looked after by fathers or other family members. **66% of women** with children under eighteen said that the WomenCentre had a made a difference to how they managed as a mother.

For those mothers with children now 54% of those who replied said that their children had been abused and a further three women said they were not sure. Again abuse was across the full range:

- 39% experiencing emotional abuse
- 12% experiencing physical abuse
- 12% experiencing sexual abuse
- 12% experiencing neglect

43% of women said that working with WomenCentre had helped them make their children safer, with this number rising to **50% where there was abuse** or they were not certain that there had been abuse. This figure is even more striking when it is remembered that most women were still in the middle of their intensive relationship with WomenCentre.

2.4 Welfare

If we are lucky we have a range of resources which we can use to ensure our life goes well - these can include money, a home, skills and other advantages. But if we are unlucky we can find ourselves at a considerable disadvantage to our fellow citizens - lacking the means to fend for ourselves and stand on our own two feet.

There is broad recognition that poverty and inequality are connected to powerlessness, as well as unmet material needs. Women are, as a group, relatively disempowered and disadvantaged and many 'women's issues' are marginalised. And yet women in many of their roles are vital to the social and economic wellbeing of both families and communities.

We have described the close link between poverty and poor mental health and although the links between poverty and domestic violence are not as well researched the Home Office includes financial abuse within its definition of domestic violence. This financial abuse and other direct effects of domestic violence can lead to women and children living in poverty.

A report commissioned by Gingerbread and the Family Welfare Association which studied the impact of domestic violence on women's finances describes both the financial abuse which can take part during the relationship and also the longer term effects:

> *We found that domestic violence was continuing to impact on women's financial situations for some time after they had ended the relationship. The most obvious way in which this happened was in the form of debts incurred as a result of financial abuse within the relationship. Domestic violence also meant that claiming child maintenance, one of the main forms of income for separated parents, was often more complicated. This left women living on extremely low incomes and women described the negative impact of this on them and their children. Domestic violence had also severely dented the confidence of many of the women we spoke to and in turn affected their ability to both handle a new financial situation and to participate in paid employment.*

The Gingerbread and Family Welfare Association study findings mirror the experiences reported by the women who took place in our study that the legacy of debt, non-receipt of child support, and the experience of living on benefits means that many women are struggling financially. When asked about their financial situation, almost all participants said that money worries were an everyday concern.

Many of the women who took part in our study did not feel that they had completed their education etc and this, together with low skill levels, can have an impact on confidence and self esteem but educational underachievement is also an important cause of child poverty. The obvious lack of opportunities for women with low skills and low qualifications means that they are less likely to work, and if they do work they are more likely to have low earnings. Half of all people in lone parent families are on low incomes. This is more than twice the rate for couples with children. Two-fifths of all the children in low-income households are in lone parent households and we know that women make up 90% of lone parents.

> *Young adults who as children suffered financial hardship, were in trouble with the law or played truant have significantly greater than average chances of earning lower wages, being unemployed, spending time in prison (men) or becoming a lone parent (women). These associations exist independently of socio-economic background or experiences in early childhood. They are only partly accounted for by lower educational attainment.*
>
> Report from Joseph Rowntree Foundation

We asked women in the sample to say what income they received and the results of this are set out in Table 11.

Income Source	Number
Money from Partner or Family	1
Wage	3
Other Earnings	1
Begging	0
Maintenance	2
Job Seekers Allowance	7
Housing Benefit	18
Income Support	23
Child Tax Credit	18
Council Tax Allowance	14
Incapacity Benefit	6
Disability Living Allowance	10
Pension or Pension Credit	5
Invalid Carers Allowance	1
Individual Budget	1

Table 11 Forms of income

What these figures make clear, especially when we remember that 79% of women were living alone or just with children under 18 (40% of total), is that these women all rely on some form of community-funded income support in order to survive.

This means that for the very poorest woman in the sample, living on income support alone, her annual income is £2696 or £51.85 per week. This is just **10% of the average annual salary in the UK and less than 2% of the salary of the Prime Minister**. Entitlements to other benefits raise the incomes of other women by modest degrees - but almost all of the women in this sample are clearly very poor indeed.

65% of women were worried by debt or had other money worries. 51% of all women said they were managing their money better, with 45% of all women saying that working with the WomenCentre had helped.

The predominant forms of debt were:

- Bank or credit union - 6
- Loan sharks - 3
- Bills - 3
- Catalogue - 1
- Family - 4
- Stores and credit cards - 3
- Companies - 2
- Student loan - 1
- Tax and benefits - 3
- Housing - 3
- Private loan - 1

It is worth noting that most debt does not seem not to be to private loan sharks but to government, major corporations, banks and credit card companies. Although education, training and volunteering may help some women escape poverty through employment, some women are so entrenched in debt that their immediate needs are focused on managing or reducing the money they owe. Many women report being worried about money and many are in debt. The benefits system is complex and for a large number of women is a source of huge anxiety.

A statement made in 2010 by Teresa Perchard , Director of Policy at Citizens Advice reflects WomenCentre's experience of working to help women make sense of their benefit entitlements and obligations:

> *Citizens Advice acknowledges that the £1.5 billion cost of fraud in the benefit system must be recovered, but we are very concerned at the government's persistent tendency to roll fraud and error figures together. Errors account for the remaining £3.7 billion of the £5.2 billion figure quoted. Some errors are caused by benefits claimants failing to report their circumstances correctly, more often than not because the system is so complex. But just as many are caused by government agents giving the wrong advice or managing a claim inaccurately - Citizens Advice Bureaux see numerous cases of papers getting lost in the system because there is no proper tracking mechanism.*
>
> *Either way, the complexity of the system causes considerable extra expense for the government and distress for customers. We accept that the government aims to tackle the issue of error through its current plans to reform and simplify the system, and we urge the Treasury to recognise the importance of accepting the DWP's current proposals for a full reform of the tax, tax credits and benefits system as a holistic solution.*
>
> *In the meantime, the £5 billion cost to government through fraud and error is dwarfed by the £17 billion of benefits and tax credits that remain un-claimed every year, because people don't know they are entitled to claim, or because the system is too complicated. The danger of making benefits more difficult to claim is that people in real need will not receive the money they need to pay their rent, keep their families warm, or feed their children.*

As we saw above, getting a basic income is one of the most pressing issues facing women today. WomenCentre, through all of it's services supports women to navigate the benefits system and deal with finances and debt but it also focuses on providing opportunities for women to improve their financial circumstances.

Education

WomenCentre offers a range of education, training and volunteering opportunities for women which help improve confidence and self esteem, improve skills and opportunities to access further training, education and employment.

Over its 25 year history WomenCentre has been running a volunteer training programme and is constantly reviewing and improving the content and delivery. The programme was accredited in 1999 and is probably unique in that it is a gender specific programme for women working with women. One member of WomenCentre told us:

> *In 1995, we had success in attracting funding from the National Institute of Adult Continuing Education which provided us with the foundations we needed to develop programmes and courses that women were telling us they could not access elsewhere. Women were not asking for basic skills courses- they were not confident enough to even contemplate basic numeracy and literacy courses. We started by providing gender specific confidence building and self esteem courses and a course on 'Women and Citizenship' which aimed to raise participant's awareness and consciousness .*

In 2010 pulled together to fund a wide-range of courses: belly dancing, orienteering, maths, literacy, computers, nail art, beauty workshops, digital photography, art and crafts, self-esteem building, confidence building, employment skills, stress management, money management, massage, peace of mind, introduction to hairstyling, introduction to counselling skills, enabling drama, the *Freedom Programme*, *Opening Doors* Project in Brighouse, book club, access to learning, ESOL groups, access to health (ESOL), positivity (ESOL), anger awareness, working in the community and first aid (accredited).

Many self support groups have emerged from these courses, for example the stress management support group and maths support group are still running and the book club has been a great success.

Within our sample we found that the women working with WomenCentre have varied educational backgrounds. 23 had O-levels, GCSEs or NVQs. Some also had A-Levels, degrees or other forms of higher education. On the other hand 76% of women didn't feel they had finished their education, 58% said school didn't work for them and 33% said they had not gone to school regularly.

However, since starting work with WomenCentre **40% of women had already added to their education**. This demonstrates the powerful way in which WomenCentre works to improve capacities, skills and education - even for those women who might seem most in need and who might seem to be least able to attend to education and training.

Housing

As we saw above, helping women to find new housing is often an important practical priority for women, and all case workers need to be skilled in helping people find a suitable home. In addition WomenCentre's *Young Peoples Accommodation and Support Service* - funded by Supporting People through Horton Housing - provides a specialist worker based at WomenCentre. The support worker carries a caseload of 9 young women who have a range of complex needs. Support can be offered for up to two years to enable the young women to maintain their tenancy.

29% of women had found a new place to live since beginning work with WomenCentre, however 50% of women said that their housing had improved since working with WomenCentre and 47% said they felt safer. Clearly the issue of housing is here interwoven with the issue of domestic violence - and sometimes women are helped to break or repair violent relationships in ways that can make them safer in their own home.

Again, bearing in mind that most women were half way through the intensive stage of the relationship with WomenCentre, we can see both that there were significant changes in housing status in Table 12.

Type of home	Before	After (during)
Home owner	8	7
Renting from private landlord	10	16
Friends or relatives floor or sofa	6	1
Renting from council	8	9
Renting from a HA	4	6
Living with Parents or Guardian	3	2
A guest in someone else's house	3	1
Refuge	1	0
TOTAL	43	42

Table 12 Changing housing status

Clearly many women are in very insecure situations, often simply moving between other people's homes - 'sofa-surfing'. It is also noticeable that WomenCentre is more likely to be helping people to access private forms of housing than 'social' housing. This raises interesting questions about the limited role of social housing for the most vulnerable, given the significant subsidies for social housing over forms of private housing.

Asylum

Of course poverty, isolation and exclusion from citizenship is a particular risk for those women who come to the UK from other countries, often as refugees or seeking asylum. Often the UK turns into less than a desirable haven from harm. WomenCentre's *Women in Exile service* provides such women with opportunities for self-help and specialist support, information and advocacy. *Women in Exile* works to obtain protection, respect and security for those women and their children who are refugees or seeking asylum in the UK. The Lankelly Chase Foundation is currently funding the service's wellbeing and drop-in service.

The service provides an opportunity for women of different nationalities and cultures to meet together, to celebrate their diversity and to share their experiences of the horrific traumas from which they have fled. The service also helps women to get the right legal advice and a wide range of other services. The Women Together Project funded by Comic Relief also provides therapeutic groups for women who have suffered torture and sexual violence. 202 women with 454 children accessed more than 300 contact sessions in 2010.

Out-reach

As well as providing educational support WomenCentre also tackles poverty and disadvantage by reaching out to people who have become isolated in the community. The *Reaching Out Team* supported in Brighouse, Rastrick, Elland, Todmorden and West Central Halifax is funded by the Big Lottery.

Over 250 women aged between 16 to over 80 years of age used outreach services in 2010, these courses included one-to-one support, group support, confidence building courses, community based events, and access to other learning and volunteering opportunities.

Many women have complex and multiple needs requiring support over a period of months and the complexity of cases increased through the second year of service. Referrals came from over 30 different sources, but the main source was self-referral (36%), followed by referrals from Children's Centres, Health Visitors, other WomenCentre services and Mental Health Services.

Julia's Story

A mother of four children, Julia was referred to WomenCentre by the police. She was a victim of domestic violence at the hands of her husband for more than 16 years. Julia's nine-year-old daughter summoned the police after their father threatened to kill both Julia and her eldest daughter. The father threw the eldest daughter down the stairs when she tried to stop her father violently beating their mother.

WomenCentre supported Julia through court and her husband was successfully charged with three counts of assault and was sentenced to 24 weeks in custody. Julia and her children are each receiving ongoing practical and emotional support including financial issues, housing, and health.

"I protected the girls as much as I could but they were too frightened to go to sleep some nights and had a system where one of them would sleep and the other would keep watch to make sure that nothing kicked off. They were anxious all the time. I was too frightened to leave. He said he would kill the girls and then me. I think it will take us a long time to feel truly safe."

Reaching Out was evaluated in 2010 and the researchers noted that women have consistently reported that they feel well supported, their confidence levels have increased significantly, their feelings about themselves have improved, and their feelings of social isolation have decreased:

> *One of the volunteers we spoke to was a former service user herself, and although she saw volunteering as part of her pathway to paid employment in the same field, her prime motivation was to be able to give something back, and to help women going through similar experiences to those she herself had experienced in the past.*

Another volunteer had also had traumatic experiences in her life, and had started volunteering when a friend had used WomenCentre. "I did my counselling [course] at college, got lots of other skills," she said, "it was like a light bulb coming on, I thought 'I want to volunteer at the Women's Centre.

From evaluation of *Reaching Out*

2.5 Overall Positive Impact

It is worth repeating that the holistic approach of WomenCentre does not seem to distract from powerful and positive outcomes when compared with those standard public services that seem to specialise in just one aspect of someone's needs: prisons, police, the multiple parts of the NHS, social work services and the complex tax and benefit system. Instead WomenCentre, although working with women with the deepest problems, demonstrates considerable success. Despite the depths of women's problems **every single woman said her life had improved since working with WomenCentre, and every single woman said that WomenCentre had helped bring about those life improvements.**

One of the things that makes WomenCentre special is that it is hopeful, and always eager to encourage the self-belief and resilience of the women it works with.

We asked women about their attitude and found that 86% of women felt more positive about their own future and 93% said WomenCentre had helped them with their attitude to their future. 74% of women said they felt their life was worthwhile, while 72% said they had positive dreams for the future, these included:

- 68% wanted to be a good mother
- 68% wanted to be a good friend
- 46% wanted to be a helpful neighbour
- 55% wanted to help in the community as a volunteer
- 6% wanted to play a bigger role in their faith community
- 42% wanted to be a good employee
- 24% wanted to run their own business

It is striking to see that in women who may be pictured as the most needy there is a well of potential and hope that could provide support to others. These women are **active citizens in waiting** - but often trapped in situations where they need help just to spring free and take back control over their own lives.

Women were also asked to describe what was good about WomenCentre and what could be improved. The list of positive qualities is too extensive to repeat here.

The following quotes have been chosen because they are typical and when all the quotes were reviewed they could be organised around the following 5 themes:

Supportive & responsive - "Very supportive, if you can't get hold of anyone someone always calls you back quickly."

Transformational - "It made my life worth living."

Secure - "If I needed help or anyone to talk to there was always someone there to help and it's also confidential."

Social - "It's a safe place where women can come together to socialise and learn to promote their own well being."

Respectful - "WomenCentre listen and speak to people with respect and the right attitude."

There were also three main responses to our question about what could be improved: Nothing, more staff or support and more bi-lingual workers. We will return to the question of the overall impact of WomenCentre at the end of the next chapter.

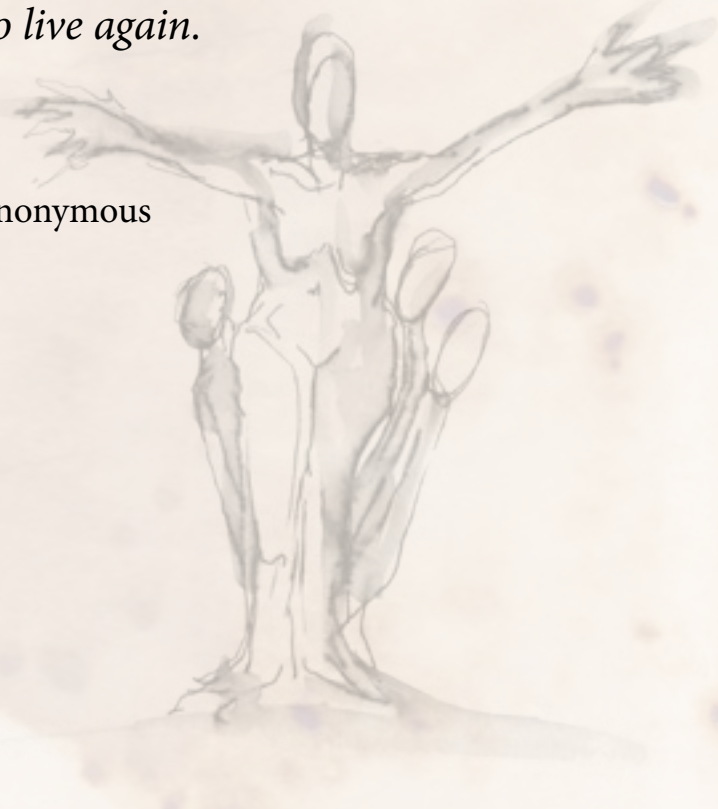
3. Funding Innovation

I always thought

I always thought
I was alone
I didn't have
A Life.
Thoughts and
feelings
Buried deep
My opinions
Went unheard.
One dark day
I was given a key
I released the lock
And fled my cage.
I was alone
Hurt and injured

Freedom at least
But where to go?
I found a group
That gave support
Helped mend my wings
To fly again.
They cleared my eyes
To see again
They fixed the breaks
To be whole again.
I found my voice
To speak again
And gave me strength
To live again.

Anonymous



3. Funding Innovation

In the previous two chapters we have outlined WomenCentre's innovative service and some of its wide-ranging and positive impacts. These achievements have depended upon its ability to get support from the welfare state and from charitable funders. However that support has been highly limited. Innovative organisations find it very difficult to get financial support, and yet they offer tremendous opportunities for positive investment.

We have seen that WomenCentre's impact has been across the full range of the welfare state's activity: justice, income, education, housing, health and safety. And it may be that the very breadth of its work is part of the reason that the welfare state finds it difficult to properly support WomenCentre. No one department or section of the welfare state is the primary beneficiary of its work - from the sectional perspective of the NHS, education or any other department or sub-department it seems that WomenCentre's benefits are too 'broad' - they benefit too many different people in too many different ways.

WomenCentre also faces other disadvantages. It is a voluntary sector organisation; it is not part of the state's own service system and hence any hearing it receives will tend to be secondary to those who are directly part of state organisations. It is also small and local. It lacks the marketing funds and public profile of some of the larger charities and independent organisations; it has no independent leverage by which to 'enter' the local market.

In addition WomenCentre's expertise in preventing domestic violence is not matched by any real interest or focus on domestic violence by statutory services. Just as domestic violence is largely ignored, despite its devastating impact - so is WomenCentre under -supported, despite its powerful achievements.

Furthermore WomenCentre's gendered focus - it is primarily for women - does not just risk prejudice but it also challenges the bias within public services for promoting universal, non-gendered services. For many the goal of gender equality is best served by gender-blindness; but for WomenCentre insensitivity to gender is simply another form of discrimination.

These are complex issues, but it is probably for these kinds of reasons that we find:

- The level of support for WomenCentre is extremely low indeed.
- The support that it does receive is extremely incoherent.

Of course WomenCentre has many strengths. It is a real community of local women and it shows an on-going commitment and determination to overcome the challenges it faces. It has been blessed with inspired leadership, but it also inspires devotion and support from staff and volunteers.

Moreover many leaders in the welfare state - particularly at the local level - are able to

understand the benefits of WomenCentre to the local community. Often they have found ways of supporting WomenCentre despite the structural challenges of the welfare state's own design and there is currently further work underway in Calderdale to try and further enhance the financial and managerial relationships between WomenCentre and the local Council.

In 2009-2010 WomenCentre's budget was £940,000. However we can put this figure in its wider context by comparing this funding with other forms of local public spending. For the purposes of this exercise we are going to examine how this funding relates to public services in Calderdale. This is because WomenCentre began in Calderdale (whose main town is Halifax) and because about two thirds of its services are based in Calderdale. WomenCentre now also works in the neighbouring community of Kirklees (whose largest town is Huddersfield) but this has been a more recent development.

If we took a strictly proportionate view of WomenCentre's funding then we would be looking at an even lower level of relative funding; but instead we are going to take the more conservative step of comparing the approximately £700,000 spent on WomenCentre in Calderdale with the population and services in Calderdale. Table 13 sets out some very broad points of comparison.

	Expenditure 2009-10
Calderdale-focused spending on WomenCentre	£700,000
Population of Calderdale	200,100
Spending on WomenCentre per head	£3.50
Population of UK	61,792,000
Calderdale Share of UK Population	0.32%
UK Gross Domestic Product (GDP)	£1,255,192,000,000.00
Calderdale Share of GDP (pro rata to population)	£4,064,667,257.90
WomenCentre spending as share of Calderdale's pro-rata share of GDP	0.017%
UK Government Spending (2010)	£644,000,000,000.00
Government Share of GDP	51.3%
Calderdale 'in principle' Government Spend	£2,085,454,427.76
WomenCentre spending as share of Calderdale's pro-rata share of gov. spend	0.034%
Calderdale's Actual Government Spend	£1,339,642,626.88
WomenCentre Spending as share of actual public spending in Calderdale	0.052%

Table 13 Calderdale and public spending

So WomenCentre receives £3.50 for every person living in Calderdale. This represents 0.017% of the local proportion of GDP - less than twenty thousandth. As a proportion of actual public spending in Calderdale, WomenCentre is about 0.05% - that is about one 50,000th of the whole public economy.

WomenCentre and the NHS

Of course this is a tiny fraction of public spending. But then public spending covers a vast array of services and of benefits and so it may be more helpful to compare spending against the spending by some more specific part of the welfare state, like the NHS. In Table 14 we have set WomenCentre's expenditure against local NHS spending.

	2009-10 Expenditure	Split
GP services	£28,232,000	8.8%
Drugs costs and pharmaceutical services	£35,265,000	11.0%
Dental services	£11,632,000	3.6%
Ophthalmic services	£1,815,000	0.6%
Learning Difficulties	£11,139,000	3.5%
Mental Illness	£29,418,000	9.2%
Maternity	£10,155,000	3.2%
General and Acute	£136,480,000	42.6%
Accident and Emergency	£11,987,000	3.7%
Community Health Services	£43,696,000	13.6%
Grants to fund capital projects	£447,000	0.2%
Total healthcare purchased by PCT	£320,266,000	100.0%
Total cost of WomenCentre	£700,000	0.22%
As proportion of mental health budget		2.38%
As proportion of GP, maternity & community		0.85%

Table 14 NHS expenditure in Calderdale

WomenCentre has a significant impact on local health. It works to improve mental health for women and families and it helps improve access to health services for women and families with chronic health conditions and women who may well otherwise fail to get the healthcare they need. However the whole cost of WomenCentre represents only 2% of mental health spending or less than 1% of the cost of GP, maternity and community services.

Moreover the NHS as a whole is not a significant funder of WomenCentre. The local NHS contribution to WomenCentre in 2009-10 was £38,000 - which represents **4% of WomenCentre's budget and 0.012% of the local NHS budget.** Putting this more bluntly: The NHS gets the whole benefit of WomenCentre's service for less than 40% of the cost of a GP.

WomenCentre and local government

WomenCentre's support from the local council has been more significant. Table 15 describes Calderdale Council spending in 2008-09.

Item	Spend	Share
Cultural, environmental & planning	£61,600,000	12.4%
Children & education	£256,100,000	51.6%
Housing	£61,200,000	12.3%
Highways	£25,300,000	5%
Adult social care	£73,600,000	14.8%
Interest	£6,100,000	1.2%
Other	£12,200,000	2.5%
Total	£496,100,000	100%

Table 15 Calderdale Council expenditure in 2008-09

Local councils have many complex and wide-ranging responsibilities; however several of these clearly overlap with the work of WomenCentre, in particular: safeguarding children and adults from harm, providing social care (including mental health support), improving education, economic and social development and improving access to housing.

For this reason funding from the local councils often comes as a series of small grants – each from different sections of the council. Council's also have only limited control over some forms of funding; for example Support People funding is managed through local councils but is subject to significant central control and is largely passed on to other agencies to manage. We have tended in our calculations to exclude funding that is just 'passing through' the hands of the council – but some of this is a matter of judgment.

In 2009-10 the Council's direct financial commitment to WomenCentre was approximately £165,000 (excluding central or regional grants that are administered by the council). This represents nearly 23% of WomenCentre's Calderdale specific funding and 0.03% of the whole council budget.

3.1 Incoherent Support

It may be surprising that the major local statutory services play such a minimal role in supporting WomenCentre. The reality is that WomenCentre has largely been reliant on very different sources of income in order to survive. An analysis of the 2009-10 budget showed that its £1 million of income was made up of 41 different funding sources, as we can see in Table 16. As the previous figures indicate it is quite common for charitable or central funding to be the largest element of funding for WomenCentre.

Source	Number
Local Government (Calderdale & Kirklees)	13
Local NHS	5
Regional or Sub-Regional	7
Charities	13
Central Government	3
Total	41

Table 16 Sources of funding for WomenCentre (2009-10)

This is the typical pattern of support for WomenCentre. On first blush it may be tempting to think that this reflects a pattern of meritocratic-enlightenment from central government: that there is a greater appreciation of the needs of the women and families of Calderdale in London than there is in Calderdale itself - but this is an **illusion**. Rather this pattern reflects, as we will go on to argue, the **intensely centralised welfare system** in the UK, a system that means that it is often only the centre that has the means to invest in local innovations.

Project-based funding

This pattern also reflects a further feature of WomenCentre's funding, which we have not yet discussed. In order to get funding from any source it has been necessary for WomenCentre to design 'projects' which can then attract funding. Table 17 describes the main projects funded in 2009-10. Many of these projects are themselves made up of multiple sources of distinct funding.

Funding Stream	Amount	Funding Stream	Amount
Counselling Project	£19,194	Women in Exile - Kirklees - MIF	£10,000
Children's Domestic Violence	£34,920	Women in Exile - Kirklees - L. Chase	£10,183
Domestic Violence - Support for Women	£74,949	Maze ACE DV Project	£91,586
Domestic Violence - Young People's Service	£8,430	Maze - FIP	£18,000
Evolve 2 - Ministry of Justice	£172,751	NLDC - 10/11	£10,386
Evolve Plus - Probation	£65,000	Reaching Out	£107,063
Family First	£38,400	Skills for Jobs	£4,190
Horton Supported Housing Partnership	£41,110	Smoke Free Homes	£10,000
IDSVA Project	£78,156	Women's Advice Service	£30,000
IDVA	£36,000	General Fund	£2,100
Women's Mental Health - Kirklees	£74,233	General fund - Kirklees	£2,980
		TOTAL	**£939,631**

Table 17 Summary of 2009-10 budget by project

It is important to notice that when we outlined the central and underlying model of coherent support that is provided by WomenCentre above we made no mention of these projects. For WomenCentre the projects are not at the heart of their work. Instead projects tend to be literal 'projections' of its underlying model on to the needs of the funder - a description of some part of WomenCentre's work that gives the funder 'permission' to support WomenCentre.

It is a rare funder who understands the holistic nature of WomenCentre's work or has the necessary relationship with WomenCentre to really understand it in its coherence or social value. Rather funders tend to focus on specific projects that:

- Focus on some particular **outcome** - e.g. reducing domestic violence
- Focus on some particular **process** - e.g. 'an independent domestic violence advisor'
- Framed by the latest **political priority** - e.g. 'reducing chronic social exclusion'
- Require **multiple** sources of funding for one project
- End after a **short period** of time - the average length of funding is 18 months
- Demand multiple discrete forms of **reporting** - there are currently nearly 30 different financial reports that need to be delivered to different departments or organisations

Of course this kind of project funding reflects one further challenge for WomenCentre; only one in three bids for funding are successful and so, each year, WomenCentre must make about 80 different bids for funding in order to maintain its current level of funding. In Figure 10 each of these different funding streams has been given a different colour. The resulting pattern is a bewilderingly and complex tapestry of different funding sources.

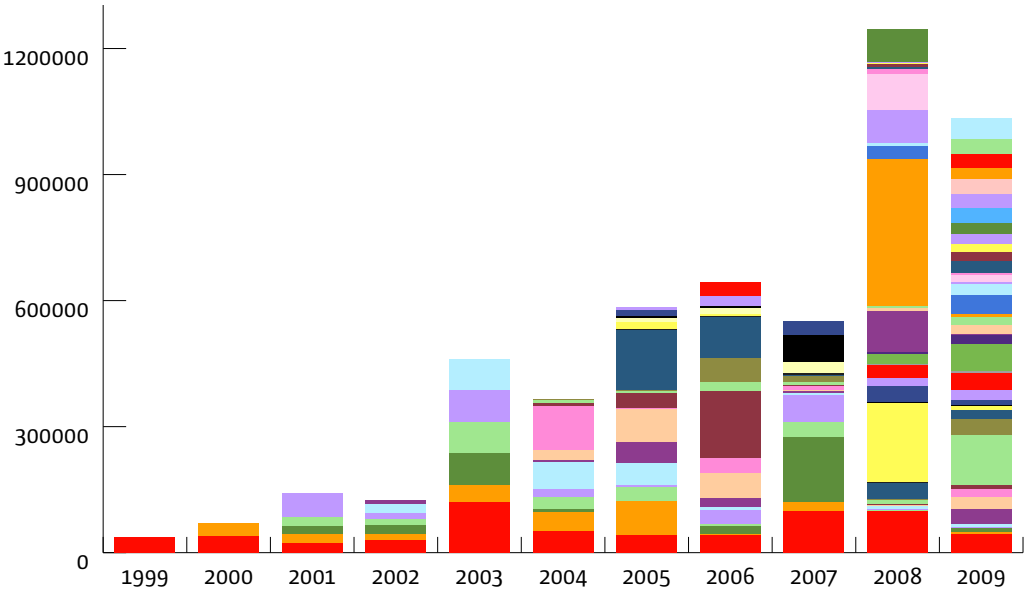


Figure 10 Variety of funding sources for WomenCentre

In fact as WomenCentre has grown so has the number of funding streams. There has been no consolidation of funding streams to reflect the increased size and capacity of WomenCentre. Figure 11 shows the increasing number of funding sources, which grows with the overall level of funding. The average size of each funding stream in 2010-11 was £39,000. Table 18 shows the on-going failure to consolidate funding and increasing pressure upon the management of WomenCentre to make sense of this complex funding pattern.

	Income	Sources	Average
1999	£37,946.00	1	£37,946
2000	£69,178.00	2	£34,589
2001	£141,992.00	5	£28,398
2002	£124,635.00	7	£17,805
2003	£461,377.00	6	£76,896
2004	£389,529.00	12	£32,461
2005	£583,245.00	20	£29,162
2006	£642,999.00	20	£32,150
2007	£550,975.00	18	£30,610
2008	£1,245,913.00	37	£33,673
2009	£1,033,936.00	41	£25,218

Table 18 Number of funding sources and their average size

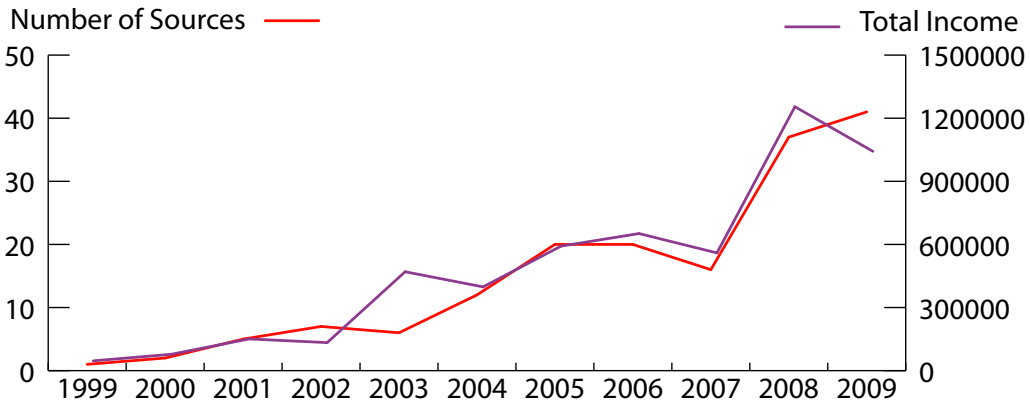


Figure 11 Number of funding sources for WomenCentre over time

This is not just a problem of managing short-term funding from multiple funding sources. WomenCentre has to constantly adapt how it describes what it does to fit within the latest funding priorities. National funding priorities shift with changes of government, minister or fashion. These changes rarely have anything to do with local priorities, evidence or community experience. They are influenced more by the rhetorical needs of central government. All of this means that WomenCentre has to give an undue level attention to **shallow changes in language or presentation**.

These shallow rhetorical changes in priority are all centralised. It is not local leaders who create this modish PR-focused shifts. Yet WomenCentre must focus on these central imperative and priorities because the largest and most important funding streams are from central government or national charities. The leaders of WomenCentre and the local leaders in statutory services do manage to collaborate, and local funding remains important. However this collaboration is despite the structure of the current system - which is centralised, short-term and shallow.

3.2 Partnership & Efficiency

Funding for WomenCentre is chaotic, incoherent and unfair; perhaps more importantly it is far too low. As we have indicated we recognise that much of the reason for this crazy pattern of funding lies in the highly centralised and politicised nature of funding in the United Kingdom's welfare system and we will go on to discuss this issue in the following chapter. But, even operating within this unsatisfactory context, there are enormous opportunities for local partners to work together to enhance and build upon the efficient work of WomenCentre.

Commissioning through relationships

The language of commissioning, contracting and procurement has supported a shift to a depersonalised pattern of commissioning which denies the most important fact underpinning human affairs: without shared understanding, **between real human beings**, there can be no real development.

There has been a tendency to try to shift commissioning away from a focus on relationships and instead to focus on mere econometrics. This can be justified in certain narrow circumstances - where we are highly confident about *what* we want to achieve, but we don't care *who* achieves it.

But in normal human situations, where there is far more uncertainty and fluidity about the precise relationship between means and end we judge by character - this is the rational thing to do:

- Is this organisation trustworthy?
- What is their track record?
- Can I trust them to understand my problem?
- Can I trust them not to rip me off?
- What real checks and balances are in place to manage this relationship?

These are the real questions that commissioners should be asking - but often they feel they cannot. But, given the track-record of WomenCentre, it would make much more sense for local councils and the NHS to shift to a meaningful on-going contract based upon human-to-human contact. Ideally each organisation should have one person who has a lead role in supporting and exploring the relationship with WomenCentre. Such a senior manager would not be focused on narrow goals, relating only to one specialism; instead their role would be to support WomenCentre to maximise its broad social impact.

Commission the 'real' WomenCentre

Given the vital strategic importance of WomenCentre it seems important that many of the funding streams are consolidated into core funding within a medium to long-term funding contract and that the funding model for WomenCentre is based upon an understanding of the **real WomenCentre** - not some partial, project-focused, image of WomenCentre.

Table 19 provides an initial framework for better commissioning WomenCentre. Instead of 'stripped-down' costs the model is based upon the assumption that WomenCentre should be commissioned on the basis of competitive prices and that there is nothing inappropriate about WomenCentre developing some modest reserves - giving it the potential to invest, reinvest and take greater risks. This kind of mature business model should be fundamental to developing WomenCentre.

Service	Cost	Use	Per Capita
Level 1 - Information	£50,000	13,520	£3.70
Level 2 - Advice & counselling	£200,000	1,000	£200
Level 3 - Case work	£500,000	500	£1,000
Level 3.5 - Intensive case work	£575,000	115	£5,000
Level 4 - Training	£200,000	268	£746.27
Total	£1,525,000		

Table 19 Funding model for WomenCentre

To begin with it is hard to see how a certain level of on-going preventative work would not be best commissioned by a block contract, at least enabling WomenCentre to provide information, advice and some counselling. Other work could be commissioned according to more short-term agreements. For instance education funding could be commissioned on the basis of individual courses or by using a per capita figure for trainees.

Clearly the core case work funding could be commissioned on the basis of individual contracts or spot-contracts. However, given the highly responsible way in which WomenCentre works there could be advantages to asking WomenCentre itself to take responsibility for individual case work and to carry wider system risks and manage unexpected or increasing levels of demand.

It would also be intelligent to enable a funding structure which enabled WomenCentre both (a) the capacity to use some flexible pooled funds to meet critical needs and (b) to support some women and families with Family Service Funds - restricted, family-focused funds, which can be managed creatively in partnership with the woman. This model is described by Fitzpatrick in *Personalised Support*.

None of this is to suggest that there will not be considerable difficulties in moving forward. Given that the two main statutory funders (Council and NHS) together provide only a small fraction of WomenCentre's funding it will not be easy to shift both partners to a more meaningful commitment to WomenCentre - particularly in these difficult times.

However, perhaps more than ever, there are strong reasons for local statutory partners to increase their investment in WomenCentre. In particular we can identify four priorities for local investment:

1. To prevent domestic violence
2. To reduce re-offending
3. To improve health
4. To re-design social work

In the following sections we set out the case for increased investment in WomenCentre to increase efficiency and reduce waste in other areas of WomenCentre.

Commission to prevent domestic violence

Investing in WomenCentre to prevent domestic violence could produce significant savings in social care, criminal justice and healthcare costs.

Domestic violence is not a one-off incident and repeat victimisation is common. 44% are victimised more than once, and almost one in five (18%) are victimised three or more times. One British Crime Survey found even higher rates of repeat victimisation: 57%.

Moreover women are much more likely than men to be the victim of multiple incidents of abuse, and of sexual violence: 32% of women who had ever experienced domestic violence did so four or five (or more) times, compared with 11% of the (smaller number) of men who had ever experienced domestic violence; and women constituted 89% of all those who had experienced 4 or more incidents of domestic violence.

For WomenCentre to provide two years of intensive support to one woman to help her break out of a cycle of domestic violence costs no more than £10,000 and often much less. And all women working with WomenCentre - bar an important but very small minority of women - do end up repairing or leaving their damaging relationships and building a safer life.

In a recent report by Dr Sue Peckover at the University of Huddersfield, September 2010 she found that 20 out of 23 women - all of whom had been identified as being at very high risk of repeated victimisation were now safer after the intervention of the WomenCentre. This is a **success rate of 87%.** In this sample only 3 women did not improve their own safety - although the safety of their children was addressed and they are no longer living in the family home.

The 'event cost' of being the victim of a severe domestic assault (the cost of services and interventions that result from just one incident) is **£29,046**. This means the cost of failing to prevent repeated victimisation is multiples of £30,000 per person.

Given that WomenCentre has a 87% success rate with women who were at very high risk of repeated victimisation then a per person investment of £10,000 (the price of intensive case for two years) would lead to a gross saving of at least £30,000 in at least 87% of cases - even if we make the highly conservative assumption that there would have only been one further incident of domestic violence. This means for an investment of £10,000 there would be a net cash saving of at least **£16,100**. These savings could be realised in social care for children, healthcare for women and children and in police and criminal justice costs.

Commission to reduce re-offending

Investing in WomenCentre to help women change their behaviour, stop acting criminally and avoiding prison and probation would lead to significant efficiencies.

To date we have not identified any previously published information about the event cost of crimes by women, so we have developed a modest working model to estimate some of the likely event costs.

The cost of prison is approximately £40,000 per year. However where a woman offender is also a mother, the cost for each child of alternative care arrangements could be much higher, particularly as in the short-term a child is likely to be in residential care - which costs £100,000 per year for each child. In addition there are the costs of the courts, lawyers, police and probation in managing the conviction and its consequences - let us estimate £5,000. We will leave out of consideration the economic costs and harms caused by the crime itself - although these are the most important they do not lead to direct 'public savings'. Nor will we include the social and economic benefits of the woman not being involved in crime.

We might then make two simplifying assumptions: (1) average length of sentence is 6 months and (2) woman has one child who goes into care. This would give an event cost for a convicted crime by a mother of £75,000. WomenCentre is particularly successful at reducing re-offending. Women who work with WomenCentre are likely to re-offend at a rate of less than 5% compared to a national average of over 50%. This means that for a per

person investment of £10,000 there would be gross saving of at least £75,000 in at least 95% of cases. This means a net cash saving of at least **£61,250** for every £10,000 of annual funding committed to WomenCentre. These savings could be realised in social care for children, healthcare for women and children and in police and criminal justice costs.

Commission to improve health

Investing in WomenCentre to help improve physical and mental health would lead to significant efficiencies.

The health improvement impact of the WomenCentre is considerable; within our sample:

- 73% of women said their use of drugs and alcohol had reduced
- 95% of women said their physical health was better
- 98% of women said the WomenCentre had helped them with their mental health

However Calderdale PCT provides only £20,000 to WomenCentre. Given the lack of evidence for most mental health interventions it is somewhat extraordinary that WomenCentre - with a proven track-record - is not at the heart of local mental health strategies. Calderdale's mental health expenditure alone is over £29 million and so its £20,000 contribution to WomenCentre represents 0.06% of its overall spend.

WomenCentre offers an ideal opportunity to develop a preventative health strategy, building on its long history of women-led health-focused initiatives. WomenCentre is in an ideal position to support the work of NHS partners: to ensure excluded families get treatment and to build the capacity for self-care and greater resilience in the wider community.

Re-design social work

Investing in WomenCentre to provide an alternative path to social work support would lead to significant efficiencies.

The powerful impact of WomenCentre is also reinforced by considering the cost of its service. Its work, focused on making families safe and protecting both women and children, is actually a form of social work. PSSRU data suggests that a social workers costs £29 per hour; yet as the data from the 2009 Matrix Report on WomenCentre's work shows the hourly cost of WomenCentre's support is just over £16 - 55% of existing social worker costs.

WomenCentre could play the role of an effective, non-profit-making social work service. It would not completely replace statutory services, but given the fact that it costs about 55% of statutory services and is highly effective then it is likely to add significant value to the local economy of public supports and services if it were treated as a strategic ally and if some investment was directed away from older forms of social work and towards WomenCentre itself. Arguably this could extend beyond social work for children and include work with vulnerable adults in the community.

Commission for multiple benefits

The other powerful reason for local leaders to want to work in partnership with WomenCentre is that the benefits of its work are multiple. Unlike existing statutory

services WomenCentre focuses on helping women and their children to overcome **all major social problems** and to overcome multiple and **reinforcing problems.**

It is worth remembering that in our sample of women with complex needs we identified 12 major areas of social need and that women experienced many needs at the same time (see Table 1):

- 64% were managing a serious **health condition**
- 27% needed different **housing**
- 51% were coping with childhood **abuse and trauma**
- 76% hadn't finished their **education**
- 85% had recently experienced **domestic violence**
- 66% of those with children were coping with a **fractured family**
- 55% of those with children knew they were experiencing **child abuse**
- 55% were living with a severe level of **mental illness**
- 91% were living with a severe or moderate level of **mental illness**
- 52% had a history of **drug or alcohol misuse**
- 41% had been the **victim of crime**
- 39% had been the **perpetrator of crimes**
- 65% were worried by **debt and poverty**

The range of the number of needs in our sample went from 1 to 10. The number of needs that a woman had to cope with **as a mean was 6.** What this means is that - given the positive impact of WomenCentre on every dimension of need then an investment to improve wellbeing in one area is likely to lead to benefits in all other areas.

We also asked women to rate their life from 1 to 10 before and after (or during) their work with WomenCentre. Now, as we would expect given the way WomenCentre works – focusing on the issues that are most important to particular women – change was focused on different areas of life for different women. Table 20 shows the results of this analysis.

The number describes who in the sample saw change (positive and negative – although negative change was negligible). Impact has been measured as the difference between the 'before' points score with the 'after' points score for those where change had occurred. Figure 12 shows this data as a 'before and after graph' and it makes the multi-dimensional impact of WomenCentre's work very clear.

	Number	% of sample	Impact
Life as a whole	42	95%	50%
Relationships	28	64%	45%
Work	15	34%	51%
Leisure	33	75%	41%
Housing	24	55%	48%
Neighbourhood	15	34%	44%
Money	30	68%	37%
Physical health	21	48%	40%
Mental health	36	82%	42%
Children's wellbeing	19	43%	36%

Table 20 Summary of questionnaire responses for women where there has been some change

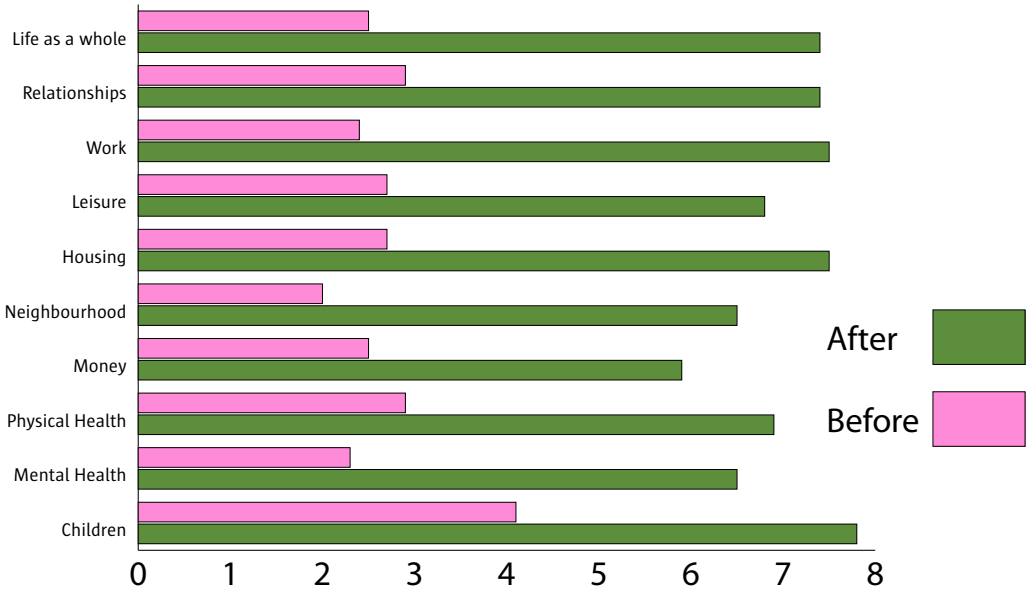


Figure 12 Before and after impact of WomenCentre work (where change)

WomenCentre is an excellent example of a **Total Place innovation**. It provides an effective and efficient solution to meeting needs; but it also meets needs against multiple dimensions of community well being.

Ideally local partners will continue to work with WomenCentre to build on and extend its work in Calderdale and Kirklees and as a model for other areas. But before we end we must reflect upon the severe systemic obstacles that confront champions of such innovations and the need for more fundamental reform of our welfare system.

4. Innovation & Reform

Like a pebble

Like a pebble dropped into a pond,
The ripples run far and wide,
And without recovery
The symptoms pass on through generations.

by **Clare Spencer**

4. Innovation & Reform

Positive change in our communities can be achieved by committed citizens, local innovators and by effective local leaders. WomenCentre, working with local women and communities and statutory leaders has proved the possibility of progress. But it has been very hard work; work that seems to be done in the teeth of the welfare state itself. In this chapter we explore why positive change is so difficult and what we might do to make it easier in the future.

There are at least three areas where WomenCentre have confronted deep and on-going difficulties in bring about positive change:

- Helping individuals safeguard their rights and accessing adequate support
- Establishing WomenCentre as a legitimate model
- Building effective partnerships at the local level

And each of these areas maps onto one of the current pre-occupations of national and local policy-makers. In current jargon we might say that WomenCentre has much to teach us about:

Welfare Reform – especially changing patterns of entitlement and incentives for the poor
Total Place & the Big Society – transforming local places, promoting innovation and strengthening civil society
Localism - shifting power and control to citizens, families and communities

As we will see, WomenCentre's experience powerfully supports the hypothesis that there are deep systemic flaws in the design of the current welfare system in these areas. However, as we will also see, there are grave concerns as to the coherence of current plans by central government to bring about the necessary reforms in these areas.

4.1 Welfare Reform

WomenCentre works to enable local women to achieve citizenship: to stand on their own feet and to take care of themselves and their families. It is respectful, positive and effective. It works with women who are often in desperate circumstances. They have been hurt by other people - usually people they love; and they are often stuck in a cycle of bad

decisions, repeating the same mistakes. But these are things that WomenCentre can help women work through: moving on, dealing with past hurt, building a positive life in the future. When women work with women with integrity and concern then solutions can be found.

However it is particularly challenging to find that many of the other systems that have been put in place by government - often at great expense - do not seem to be so effective at helping local women. One system in particular seem particularly incompetent - **the tax-benefit system**.

Discussions of the welfare state tend to be very partial - focusing on one system, one benefit or one organisation. But it is worth attending to the whole system and, in particular, focusing on its collective impact on women and families. Figure 13 describes the poverty net - the whole system of taxes and benefits by which support is funded and then offered to those in need.

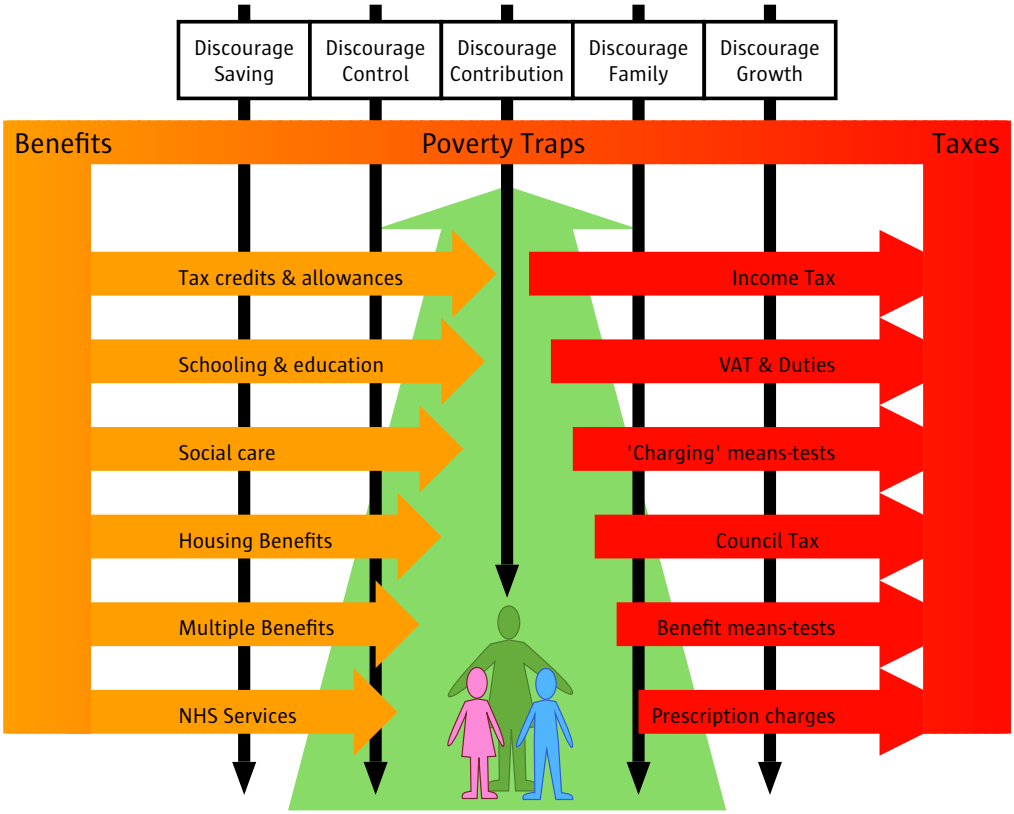


Figure 13 The poverty net

This is not the place for a full analysis of the weaknesses of these arrangements, but it is important to understand that in many areas citizens find that the welfare system is particularly challenging for women with the most complex needs.

In the section we will just focus on 4 issues:

Insufficient income – for many women the current system simply does not provide enough income to live with dignity. In the most extreme cases women are expected to live on less than £3,000 per year - £8 per day. It is hard to imagine that this is possible without being severely tempted into benefit fraud or other types of theft or succumbing to depression. £3,000 stands in sharp contrast to the mean household income of £50,000 per year.

Complexity – the system is so complex that £17 billion goes unclaimed by people who are unaware of their legal entitlements; this figure is more than 10 times the fraudulent claims by citizens themselves - this implies that the **biggest fraudster is government itself** - who ensure that the poor miss out on vital resources to which they are entitled.

Disincentives – the system is rife with disincentives, making it harder for people to earn, save or form families. A major problem for people living on benefits is that significant income can be lost if a couple live together - this either penalises people who want to form families or encourages people to fail to inform the benefit office of their new living status. WomenCentre have found themselves often working hard to help women avoid prison for bending the rules of a system that seems far from fair.

Indignity – the current system is disrespectful. Instead of integrating the tax and benefit systems and recognising that all citizens have rights, need help and make multiple contributions a separate system has been designed whose only purpose seems to be to **'shame' those who do not work** and need some modest financial assistance.

As we saw in Figure 1 at the beginning of this report this complexity goes far beyond the tax-benefit system. In order to get help a woman might have to contact many different agencies, often finding that she is dealing with the 'wrong one'. Each specialist agency has a defined remit which means it is impossible for them to support the woman in the round. Furthermore, as we saw in Chapters 1 and 2, the actual issues that women are dealing with are rarely well matched to the services that do exist.

Helpful welfare reforms

Two strategies would seem to be helpful. First it does makes sense, as the government is now beginning to recognise, to simplify and integrate the tax-benefit system and to begin to engineer out the worst disincentives. However it is important to note, and this seem a lesson that government is less willing to learn, that such a system simplification must be matched with greater clarification of the underlying rights.

If the system is simplified and disincentives removed only by making the poorer even poorer nothing will be achieved except an increasingly unfair and unequal society.

As Duffy has argued elsewhere, one radical solution would be to build a system of guaranteed family income and ensure that this was primarily channelled through women, who are almost always the rock upon which the household is based.

The second strategy would be to shift more resources into personalised supports and solutions; instead of fixed, pre-purchased solutions. If families could use just some fraction of the public sector spending in a way which was more directly useful to their needs the system would not only be more efficient it would enable greater citizenship, control and resilience.

There are many areas where this might be possible:

- Mental health services
- Drug and alcohol services
- Long-term healthcare
- Probation services
- Education
- Social care for adults and children

For example, we could see much more **creative educational solutions** - not just for adults - if educational funding could be used flexibly to support young women to engage with learning in a more effective way.

More than half of those asked said that school had not worked for them; and this problem - the failure of schools to effectively engage their pupils - affects people from all backgrounds, not just women described in this report. Personalised education, built on individual budgets, could transform educational experiences for the majority.

At a more general level WomenCentre has much to teach us about the need for welfare reform and the kinds of reforms that will really help. In particular welfare reform - if it is going to be meaningful and positive will need to be built on promoting the kind of principles that are currently defined by the *Campaign for a Fair Society*:

Family – we give families the support they need to look after each other.
Citizenship – we are all of equal value and all have unique and positive contributions to make.
Community – we root support and services in local communities.
Connection – we all get chances to make friends and build relationships.
Capacity – we help each other to be the best that we can be.
Equality – we all share the same basic rights and entitlements.
Control – we have the help we need to be in control of our own life and support.

These principles might help policy–makers move away from unduly meritocratic and elitist understandings of welfare reform and might begin to help people to understand how the welfare system really works - and doesn't work - for ordinary women and their families.

4.2 Total Place & the Big Society

WomenCentre was developed by local women, confronted by social injustices that they wanted to do something to challenge. Like all helpful social innovations it was not a government initiative, it was a citizen initiative.

Increasingly policy-makers are recognising that there is a deep problem in the design of the welfare state which means that it often struggles to embrace **civil society solutions** like WomenCentre. Government's domination of policy-making, service delivery and commissioning has tended to overshadow initiatives that may have arisen from communities and which may be more sensitive to community strengths and needs.

Currently government is trying to manage its anxiety about this issue with two slightly different 'policies' - Total Place and the Big Society. The Big Society seems to be a direct appeal to the forces of civil society to fill up the places that are currently being vacated by central government as it cuts public services and, as such, it seems to be a rhetorical technique for declaring that government still cares - even as it leaves the scene. It is an appeal (by the state) for a bottom-up revolution and, despite its emptiness, does at least recognise a real problem.

For WomenCentre it would seem that talk about the Big Society is somewhat welcome, for it recognises that organisations like WomenCentre play a valuable role. However it also seems to be a complete **abdication by the state** of its own responsibility in making the work of WomenCentre so difficult and creating a social and economic environment where so many women struggle.

Total Place

The idea Total Place is an appealing notion which in some way counter-balances the notion of a Big Society. It is the idea that local leaders can sit down together and develop new and more attractive social outcomes - built on locally identified needs, with locally developed solutions. Figure 14 offers an image of such Total Place commissioning.

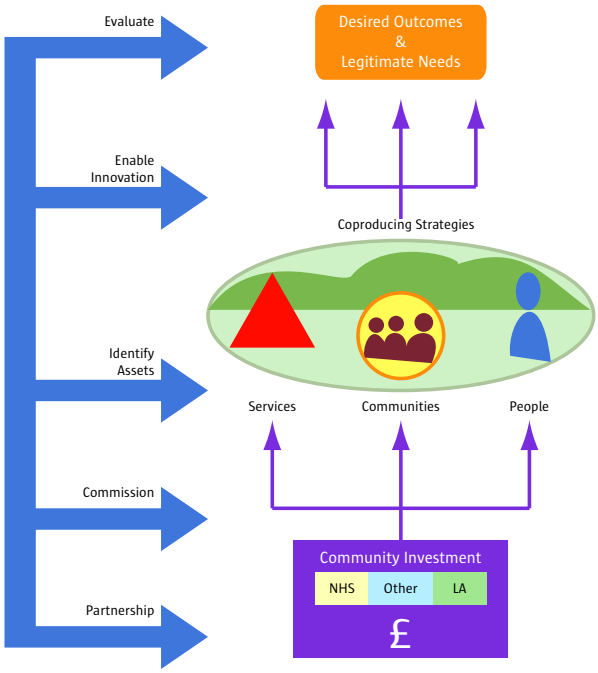


Figure 14 Total Place commissioning

It is hard to think of a more rationally appealing notion than Total Place. It provides a framework for examining the value of all the services provided by the welfare state and for seeking a better understanding of both the purpose and effectiveness of those local investments and it has the following elements:

Locally Agreed Outcomes – There must be an overarching local vision, one which identifies desired outcomes and the needs that must be met to achieve those outcomes.

Co-production – The strategy must recognise that these positive outcomes cannot be achieved without the leadership or involvement of citizens and communities. Professionals and services can only co-produce improved outcomes.

Community Assets – Strategies to achieve these outcomes must be based on the identification and support of all community assets, this includes public services and the third sector – but it goes much further to include citizens, families and the full range of community resources.

Smart Investments – Local commissioning and investment decisions must be based upon real evidence of effectiveness and the use of all forms of investment, this includes prevention and enablement, the use of individual budgets, and support for the community infrastructure.

Real Partnership – Local partners must collaborate in order to make investment decisions together in the light of the different obligations and constraints placed upon them by central government and local citizens.

Innovation – The whole process of Total Place commissioning must be underpinned by an ability to encourage and support innovation. New ideas and practices do not happen just because they are required, they require leadership, imagination and focused action.

Evaluation – Total Place should be dynamic and empirical; it requires that evidence is gathered and understood in order to determine which practices are genuinely working and which are no longer justified.

However there are at least two critical problems for the development of Total Place in reality - **resistance to innovation** and **the exclusion of the innovator**.

Resistance to innovation

The value of Total Place is critically dependent upon the capacity of local leaders to support innovation. Unfortunately the track record of the public sector in fostering or supporting innovation is not strong. There are a large number of reasons why innovation seems to be harder within the public sector:

Fear of leadership - Innovation requires leadership and the ability to mark out a different path and break away from existing models and patterns; but the public sector is uncomfortable with divergent behaviour or charismatic leadership.

Problem of evidence - Innovations only gather 'enough evidence' after an initial period of development. Often the most interesting and powerful ideas will seem too risky for either early investment or academic interest.

Economic resistance - For innovations to take hold funding must be moved out of older models of delivery and this creates resistance and fear. Finding new funding can stimulate some forms of innovation, but unless the innovation tackles older forms of practice it will not be supported.

Bureaucratic factors - The complexity of the regulatory environment and attention paid to the dictates of central government can overwhelm any of the energy necessary for innovation and lead to stagnation.

Outside the public sector it is recognised that new forms of practice, innovations and technological developments grow organically and pass through various stages over time before they are fully established. For example Figure 15 applies the diffusion of technology curve to the public sector setting.

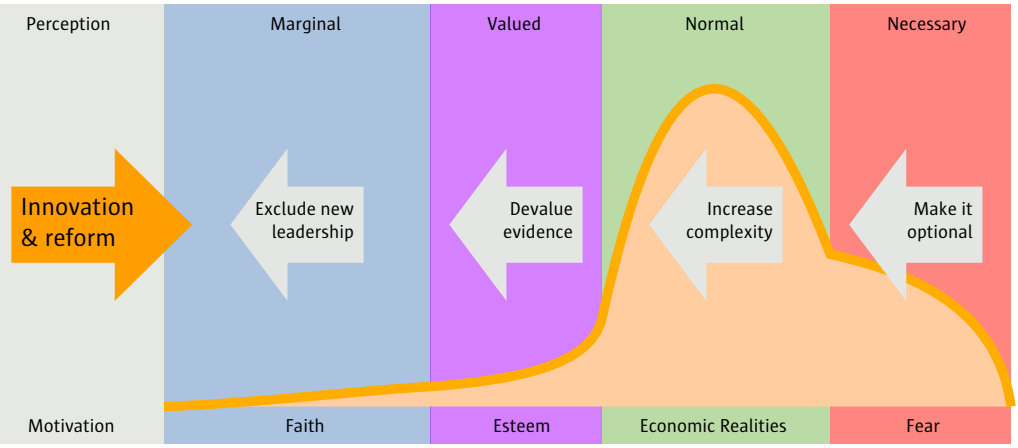


Figure 15 Diffusion of social innovations within the public sector

Unfortunately the public sector has not developed the models of leadership, research, commissioning or regulation to effectively promote the necessary innovations. It is unlikely that Total Place thinking - on its own - will break through this multi-layered resistance to innovation.

Exclusion of the innovator

There is a further risk for Total Place which is more inherent to its own methodology. The logic of Total Place is to bring together key strategic leaders from across the essential strategic bodies that impact on the community. However this group will almost inevitably exclude the very leaders and innovators who are already within the community and who are working differently to the mainstream.

There is a significant danger that Total Place will simply open opportunities for powerful groups and leaders to try and re-negotiate the boundaries of their own departments or organisations rather than really explore radical change. Particularly as the most interesting innovations are likely to shift power and control downwards to citizens or communities.

This problem is not easy to overcome; for in order to overcome the risk of excluding the innovators the strategic leadership will need themselves to exercise sufficient judgement to invite into its process those groups who will inevitably lack the immediate legitimacy of the leading commissioners: this is an inherently risky and challenging process.

Speaking in February 2011 at the launch of Women's Breakout, a network of third sector community services working with women offenders, the senior National Offender Management Service representative set out what she believed to be the priority issues facing women's community services:

- To prove that women's community service interventions are effective.
- To standardise or professionalise provision across women's community services - in particular to ensure that services are gathering and measuring the same outcomes or outputs.
- To engage in dialogue with local commissioners in order to work towards sustainability beyond 2012

Yet there appeared to be no burden of proof placed upon statutory providers themselves in relation to their own effectiveness at:

- Reducing re-offending
- Improving child safeguarding and family outcomes
- Improving mental health
- Improving physical health
- Increasing engagement in volunteering, training and employment

In fact, evidence exists that statutory services are **failing** to achieve these outcomes for the majority of women offenders both before and after they come into contact with the criminal justice system and women who present little or no risk to the public are still receiving custodial sentences and entering prison in the poorest imaginable physical and mental health.

It is encouraging that in Calderdale there has been progress in opening a door to WomenCentre, inviting them to join the process of exploring what Total Place might mean for the possibility of better safeguarding families across the community. However we should not be surprised to find local leaders struggling to engage the very innovators who are necessary to make Total Place effective.

Data, outcomes and social innovation

There may be no simple technical fix for helping local leaders better engage with innovators and community organisations. However there are practices which might help bring more discipline to field and encourage more creativity:

Data sharing – knowing what things work, what things cost and how things work is the life–blood of all innovations. It is impossible to develop an understanding an alternative account of how to do something unless there is some active sense of what is actually happening now and how effective (or not) it is. Local leaders might be wise to collectively support mechanisms for **publicly sharing data** and encouraging greater debate and understanding about that data.

Outcomes – there is a constant tendency for means to become a proxy for the ends – we hope that this service or that process is achieving the desired end and we can even forget to count or describe the ends we seek to achieve. Furthermore, central government can often exaggerate this flawed process – being further away from real communities and more focused on party–advantage and positioning – there is a temptation for measures of social value to become distorted. Instead local leaders could begin to **measure the outcomes** that are being achieved in their communities, compare and contrast performance and encourage non–competitive learning.

Social innovation – increasingly government is recognising the need for social innovation: change which focuses on improving – not just public services – but the whole nature of society: new forms of practice, organisation, funding, community action or social habits. Again, a collective effort to **stimulate social innovation** by local leaders – not limited to particular services or systems – could be extremely powerful.

Total Place may be impossible, but **good local leadership is possible**. But local leaders will need to develop the right collegiate systems to support each other, learn from each other and challenge each other. This is likely to be the most positive strategy for community change. These local leaders might be CEO's of local authorities – but they might equally well be Directors of local organisations like WomenCentre. **Positive change comes from community action and peer support – even for leaders**.

4.3 Localism

WomenCentre is a local organisation. It is passionate about the women of Calderdale and Kirklees, and it is made up of women from those communities. However, as we have seen, in order to exist WomenCentre has predominantly relied upon resources from central government or national charities.

This is probably best explained by the fact that the United Kingdom is widely acknowledged to be one of the most **centralised welfare states in the developed world.** There has been a rhetorical enthusiasm for increased localism by successive governments; but this has never been matched by any real shift in power to local communities - instead power has been progressively centralised.

The most recent changes include:

- Further diminishing the roles and responsibilities of local government - e.g. the loss of control over education, termination of further duties
- Massive and unprecedented cuts to local government - 34% of all cuts
- New grants programmes for local organisations - run from the Cabinet Office

This is not a matter of party politics. Although the recent cuts to local government are unlike any we have seen before the on-going deterioration in local autonomy is not new. Previous governments also talked about increasing local control and democracy while at the same time undermining local control.

The gravitational pull of the centre

There are a number of reasons why power is pulled in greater concentrations to the centre, and to London in particular:

Self-interest – Despite the rational case for shifting power to localities the brute fact is that power brings the rewards of power and status to those who wield it. Government ministers, think–tanks, civil servants and the CEOs of large private service providers all have a vested–interest in keeping decisions local to them – in Whitehall.

Party politics – The party in power in Westminster is likely to not be in opposition in the majority of local communities – these areas can then be targeted and blamed by the party in power for their local failures.

Organisational weakness – There is no effective voice for local government. The very party political system which leaves local government vulnerable on the ground seems to lead to a stalemate at the level of the peak bodies. There is no effective advocate for local government on the national stage.

Constitutional weakness – Local government lacks any constitutional guarantee of its rights, its role or its structure. Instead:

- Central government uses the Boundary Commission to redraw local maps
- Funding formulas, in England especially, have been subject to repeated manipulation - by both political parties
- The revised House of Lords is even more centralised and under the sway of central government - there is no constitutional check on centralisation

This marks one of the factors that is peculiar to the UK. Other welfare states have established local and regional structures that are much more robust - set in constitutional law and reflected in national democratic structures. In the UK local government is increasingly treated as a 'creature' of central government - a tool for its policy intentions, not an essential part of our democracy.

Localism and Total Place

Of course the policy enthusiasm for Localism is consistent with the policy enthusiasm for Total Place: let local leaders shape local services to meet local need making the best use of all local resource.

But in reality local government can only exercise limited control over the vast majority of public resources that are spent within the area:

- The benefit system is nationalised
- The NHS is centralised and uses a nationalised funding tariff
- Education is increasingly beyond local control
- Back-to-work services are both centralised and are being 'centrally privatised'
- Even the funding streams that do pass through the hands of local government are subject to significant regulatory restrictions e.g. Supporting People

In fact we seldom seem to ask why the policy of Total Place should be needed in the first place. Total Place is appealing because it reflects how things 'should be' - in a rational world. But the policy is only needed because the reality is that local government has been left to pick up and reintegrate funding streams and organisation which have been separated by central government.

Total Place is a Humpty-Dumpty strategy: local government is being asked to put together all the pieces that central government broke apart.

In fact it is worth reflecting upon the radical inefficiency of the current centralised system. Resources are extracted from local communities through the various tax systems, pooled - largely within central government - divided into government departments and benefits and then they pass through central and local systems to services, often with management and transactional waste at every level. By the time those resources are then returned to local communities they have diminished in size and been divided into multiple streams for competing purposes (see Figure 16).

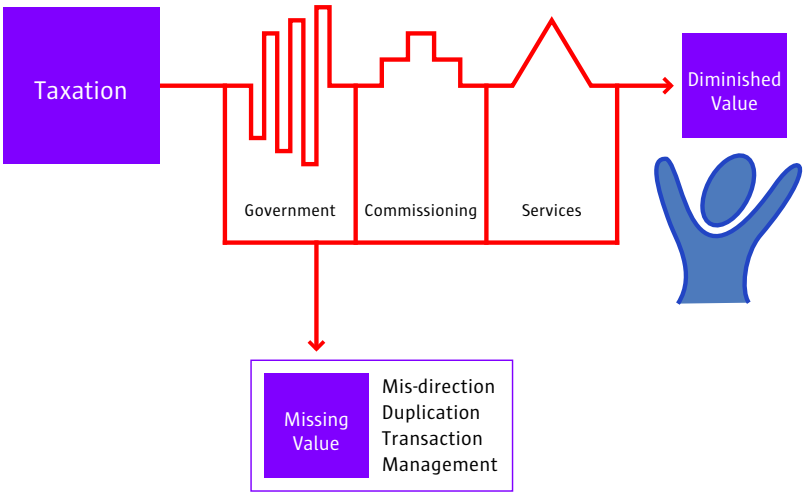


Figure 16 Inefficiency and fragmentation in public services

The missing resources

We can go even further in this analysis by examining the public resources that are spent in the local community of Calderdale in more detail:

- £445 million was spent by the Department of Work & Pensions in 2009 on pensions and benefits - these are fixed by national regulations - although they do at least go straight to local citizens.

- £320 million was spent on the NHS - this is organised locally, but under central control with funding regimes and tariffs set in Whitehall.
- £176 million was spent by the Council, primarily on social care, roads and the environment.
- £124 million was spent on schools, now shifting to a centralised system, funded by the Department for Education.
- £58 million is spent on prison, courts and the police.
- £22 million is spent on benefits offices and back to work schemes. (This is calculated as a pro rata share DWP administration - no genuinely locally data could be identified - the figure is likely to be an over-estimate.)

What this means is that total public spending in Calderdale is £1.15 billion of which only £176 billion or **only 15% of actual public spending is under Council control**.

These figures become even more interesting when we compare public spending in Calderdale with the public spending nationally. In 2009-10:

- The UK's GDP was £1.255 trillion
- UK government spending was £644 billion (51.3% of GDP)

Proportionate to population size this would mean that:

- Calderdale's GDP would in principle be £4.064 billion
- Calderdale's share of government spending should be £2.085 billion

These figures show a startling gap - 45% of Calderdale's share of government expenditure seems to be 'lost in transit'. **£940 million missing from the local economy** and yet this funding is being spent somewhere - either in London or in other places blessed with centrally managed funding. This data is set out in Figure 17.

Of course it may be objected that the figure of £4.06 billion as the Calderdale GDP is not real. And this may be true, but if so this counts in the other direction - for this suggests that Calderdale is doubly disadvantaged by current arrangements:

- First, it is poorer, because economic activity has become primarily located in London and the South East (although Manchester and other northern towns are also economically active.)
- Second, it not only does not get a compensatory level of funding (to counter balance its primary economic disadvantage) it does not even get a proportional share of public funding. For the missing public expenditure must be being spent for the advantage of other localities (mostly Whitehall) - hence making Calderdale even poorer.

The size and complexity of the various funding transfers from local citizen - to central government - then back to local services - obscures the **fundamental injustice** of the current welfare settlement. Places like Calderdale are made to feel that they are somehow dependent upon the centre - but this relationship is a sleight of hand by which local people and their institutions lose power and resources to central government and centralised agencies.

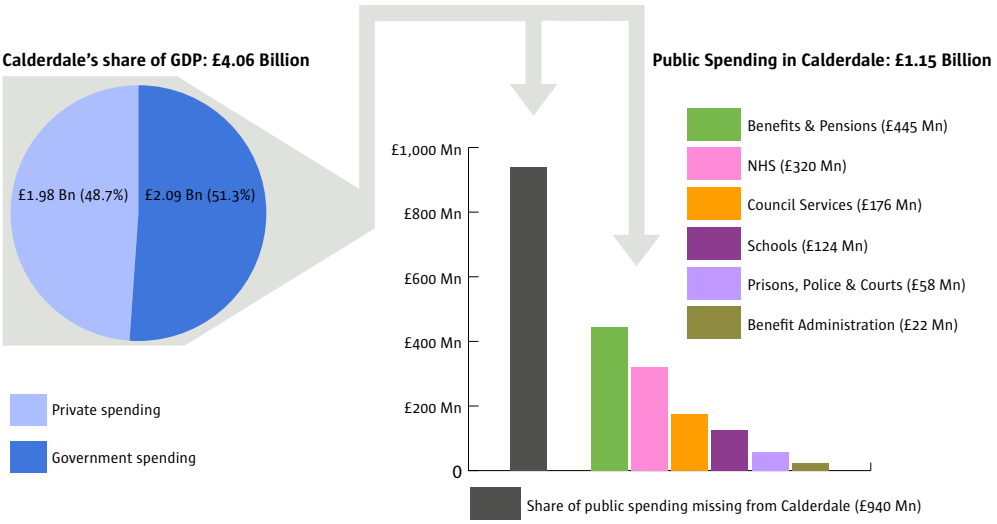


Figure 17 Public expenditure in Calderdale

Real localism

Perhaps power will not shift to local communities unless those communities find ways of organising themselves differently, unless leaders emerge who will stand up for their local communities, unless we develop a new account of how the whole system should work.

We could even observe that the problems faced by local civil leaders mirror the problems faced by community leaders like WomenCentre. We are also reminded of the colonial pattern of patronage and control set up by donor Western countries and charities over recipient developing countries that are described by Sir Nigel Crisp in his book: *Turning the World Upside Down*. Developing countries find themselves trying to dance to the multiple tunes of multiple pipers - the result is incoherence, waste and the undermining of local autonomy.

It is all too easy for those 'giving' resources to local communities to exercise power and control over how those resources are used - and this pattern continues despite the fact that these resources only exist because they have been extracted from local people, companies and economies through central taxation.

Breaking down this pattern and achieving real localism, a localism that could benefit civil leaders, local organisations and - most importantly of all - local people, is going to be very challenging indeed. However there are some positive steps that could be developed locally:

Stand up for local citizens – As local power is eroded it may become easier to change focus. Instead of pretending to be an agent of central government it may be more helpful if local government begins to really see how it can help articulate and **defend the rights** of local citizens – particularly with respect to centralised services like healthcare, benefits and education.

Create real total place solutions – Total Place will only make sense and will help the assertion of real localism if local communities are really part of the construction of **decent local solutions**. The key to this strategy will be to work with and enhance the local civil society: local community groups, business, faith organisations and neighbourhoods. This is not about a 'Big Society' it is about constructing local alliances and solutions that have the commitment of local citizens.

Organise a national network – Local communities cannot make these changes on their own. It will be important to build a **powerful alliance** of other communities who want to achieve real localism. It will be the shared learning and the development of a sense of wider movement which will enable local leaders to act with sufficient courage and clarity.

Develop a new policy model – Ultimately a new policy model will be necessary; and this will also mean arguing for fundamental **constitutional change**. To achieve devolution in Scotland took real local action, bridge–building and debate. Attempts to impose regional structures from central government failed because the public suspected that these were just opportunities for new jobs for politicians and their allies.

Power will **not be given back** from the centre. It is only when leaders emerge who want to take back control that power will shift. This will require leaders who care more about their local communities than for party politics, for their careers or for honours and peerages. There has never been a better time to start building for real localism.

WomenCentre is an inspirational model of what can be achieved if local people are given the chance to solve social problems creatively and directly. Hopefully other organisations and local communities will be inspired to work with WomenCentre, share its thinking or be inspired to create their own local models. However these models will only really thrive if they are rooted in local communities and if their development spreads organically through local leaders.

Conclusion

We will end by summarising and restating the conclusions of this report, or where necessary, further clarifying key points for action.

Research results

WomenCentre provides an exciting and innovative model of good practice. In particular, the WomenCentre is highly effective at:

1. Helping women with the most complex needs radically reduce the severe risk of harm in their own lives and in the lives of their children.
2. Reducing overall levels of need or preventing need, building long-term resilience and a low-cost community of support for local women.
3. Transforming local attitudes and practices for vulnerable women in the wider community, particularly with statutory partners - developing new and innovative practice together.

All of those who developed, supported and constitute WomenCentre itself should be commended and recognised as pioneering social innovators who have made a significant contribution to social justice.

Policy proposals

In suggesting policy proposals we have drawn upon all the analysis and argument that is set out in the body of the report. There is no one audience for these recommendations, they could be relevant - although possibly in different ways and to different degrees - to a variety of audiences:

- Local women or community leaders
- Local civic leaders or commissioners
- Policy leaders regionally or nationally
- Interested citizens in the UK or internationally

Some proposals are firmly rooted in the problems we have seen in the lives of local women in Calderdale and Kirklees and other are more general and reflect the long-term patterns or problems in the welfare system itself:

1. **Give women at high risk the intensive and holistic support described above**
   WomenCentre's model is an excellent starting place for any local development to support women who are at risk of harm - from domestic violence, imprisonment, mental illness, drug or alcohol misuse and in many other ways. Every local community would be wise to ensure that this model was available in their community.

2. Focus on families at the most risk - improve multi-agency responses

The Multi Agency Risk Assessment Conference (MARAC) arrangements described above are highly effective and could be extended for use with other families with complex needs. The MARAC model could also provide a foundation for integrated teams and budgets and a new efficient and effective approach to frontline working with families at risk.

3. Develop and trial Family Service Budgets

Family Service Budgets have been used to create highly personalised packages of support for families coping with complex health needs or for families with children who have severe disabilities. Using the same principles to tackle issues faced by marginalised families could reconnect families with their communities at the same time as addressing risk and need.

4. Rationalise complex funding arrangements

Funders should collaborate to achieve simpler funding arrangements: merging contracts or specifying one organisation to take a lead role where several are involved. Shifting towards more outcomes focused systems of monitoring would also help develop more effective and holistic systems and long-term trust between agencies.

5. Provide core funding for vital community services

Over the past two decades WomenCentre has brought many millions of pounds into the local economy in the form of grant funding, has employed hundreds of women, contributed to many more women becoming economically productive and has saved millions by reducing the inefficient use of statutory agencies and crisis interventions. The contribution of WomenCentre to the health, wellbeing and security of the local area should be reflected in a core funding arrangement which would secure essential services and demonstrate trust.

6. Build on existing community leadership

There is a rich and vibrant civil society in the UK, despite the problems described above. There are many talented leaders and social innovators within our local communities. The challenge for government is to listen to those voices and to build on real local resources. There should be no reason to import expertise and organisations; instead we should be building on and developing our local assets.

7. Develop adult-adult relationships between the state and civil society

The current power imbalance inherent in the relationship between government and civil society is even more striking when the organisation is a small third sector organisation. Performance management regimes applied to smaller organisations are more demanding than those applied to statutory services. This heavy-handedness inhibits innovation. Instead of government behaving as a 'purchaser' of services -which leads to blind competition over resources; government must make resources more transparent and ensure that communities themselves can explore how best all those resources can be used.

8. Build new approaches to support social innovation

WomenCentre's work with offenders and those at risk of offending has been universally recognised as highly effective and yet attempts by Government departments to scale

this work and spread the approach are overcomplicated. Instead of supporting leaders to provide mutual support in developing new systems government tries to 'commission innovation' - this can lead to highly wasteful behaviour. Instead we need to treat social innovation as a form of collective education, with opportunities for the sharing of stories, data and models.

9. Respect differences in gender

A fair society must focus on women's needs. Women hold the key to halting cycles of abuse and deprivation and to achieving greater social justice. Women experience different kinds of injustice to men, and often greater injustice. There is also a power and effectiveness that comes from women supporting women. This cannot be replicated in generic services and government will need to increasingly rethink its tendency to back gender-blind solutions.

10. Develop a new breed of social worker

Social work can be done in different ways by different people in different organisational settings - it should not be identified with statutory social work. In 2007, The Social Exclusion Unit funded 12 organisations across England to pilot new ways of working with adults facing chronic social exclusion. The evaluation of the projects, at the end of the 3 year funding period, highlighted that what was critical was 'a trusted relationship' between the person and the workers from the pilots. These workers were multi-disciplined and came from a wide variety of backgrounds - but all used person-centred, holistic approaches. Working in this way requires knowledge, skill, pragmatism and a very clear sense of boundaries. In the future government needs to identify those organisations who have built that trusted relationship with their communities, to invest in them and to acknowledge that these workers are social workers.

11. Strengthen the women centre movement

There are approximately 70 women centres across the UK and most of them share WomenCentre's values and approach. Many of them are facing similar issues and yet the combined social and economic impact of their work is significant. If the government is serious about reducing child poverty and supporting social mobility it would do well to engage with women centres. Women centres could also improve their effectiveness by developing a national federation that would amplify the voice of marginalised women and families. The time to act is now as women centres are a dwindling resource and the impacts of cuts in public spending may mean that they are needed more than ever before.

12. Reform the welfare state at a constitutional level

The welfare state needs to be reformed; and women and families should be at the heart of these reforms. The current system absorbs 50% of GDP but fails to protect the most vulnerable women and their children from harm. Instead severe levels of inequality drive up levels of mental illness and increase many other risks to well being. These are not problems of spending - they are problems of design. It is time to return to fundamental questions about what the welfare state is trying to achieve and what are our rights and duties. In particular we need to work together to challenge the on-going drift of power and resources towards the centre and away from local people and local communities.

Bibliography

Good Feelings

It's just a building, bricks, windows, doors it stands proudly curving round the corner at the end of the street. But never the less it's just a building. I walk up to it pressing the bell, as the door buzzes, I enter, I walk into an atmosphere that smiles at me. It's not the building, but the people that makes this place special. They greet you with a smile and a chat, a hug if you need it. I've lost count of the times they've picked me up and put me back together, on days I seemed to be falling apart and was struggling to do anything about fixing myself. I often think, it's like they have an endless supply of sticky tape and glue. They seem able to fix anything that anyone entering is struggling with. The people inside have a magic ness, a special kind of nature, you don't find in many other places. They seem to just hold you, support you. Look out for you, in a way that makes you join in the smiling. For the next person entering.

by **Vivien Johnstone Craig**

Bibliography

Although we have made very large use of other writings and research in developing this report we decided to avoid the undue use of citations in the body of the text. In our view these can quickly become distracting. The report is primarily made up of original research and the results of this research are set out in the analysis, tables and graphs included in the main body of the report.

When we are citing from some other report about WomenCentre we have named it clearly in the text. However other data, for example from the annual reports etc. is not cited but is readily available from WomenCentre or is in the public domain and is relatively easy to check.

It was particularly difficult to find reliable sources for data on government spending and national income. However we are confident as to the broad reliability of such economic data in the context of our general argument - an argument whose success, given the figures discussed, does not hinge on minor statistical differences.

The bibliography also includes books that have been important to developing our broader understanding of the role of WomenCentre even though they may be primarily focused on different issues.

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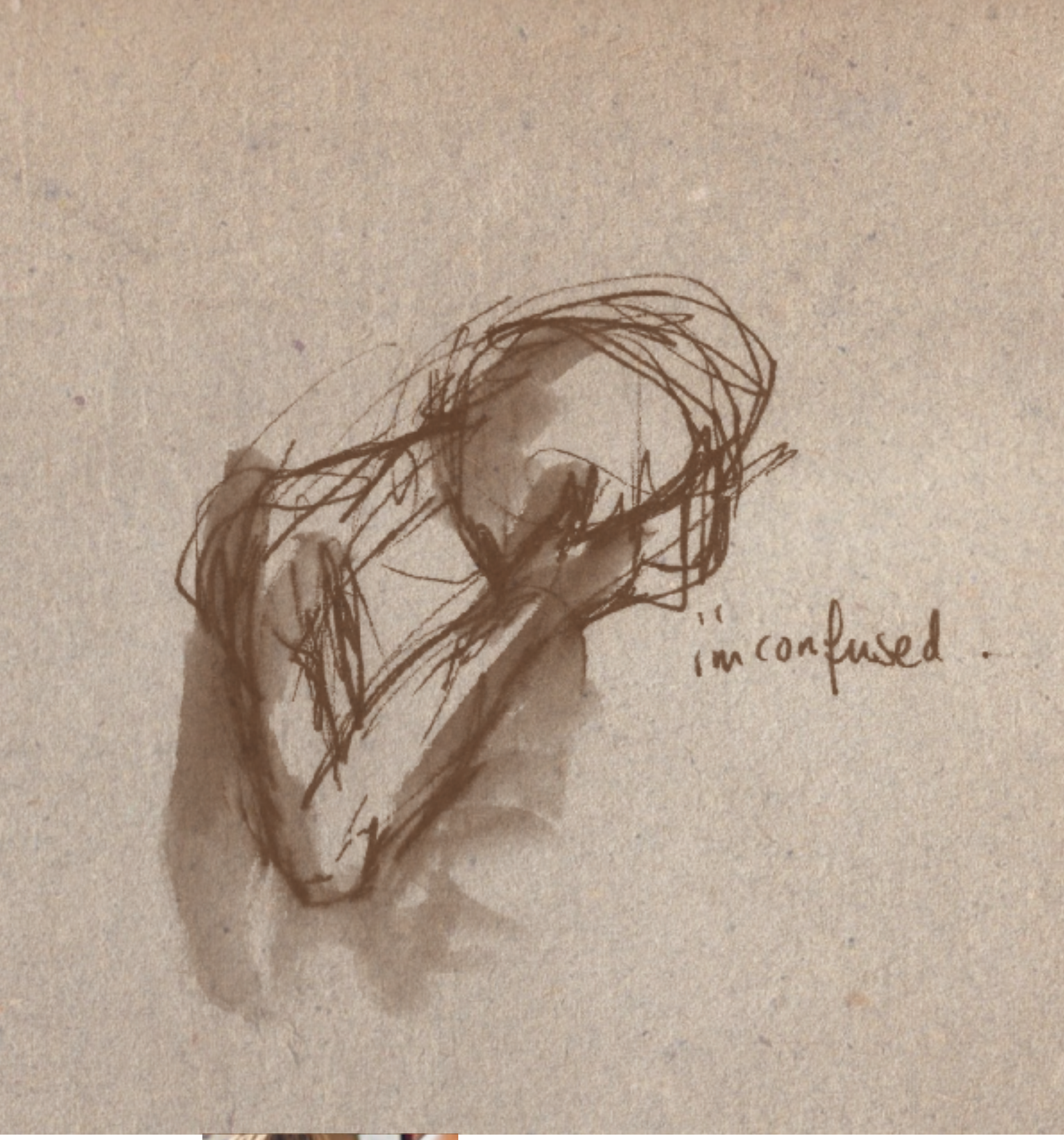

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