



Coventry Women's Project Partnership

A social impact study

Just Economics

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About this report

The Coventry Women's Partnership Project (the Partnership) is an innovative approach to delivering services for disadvantaged women in Coventry. It is a partnership between five women's organisations delivering specialist services around employment, sexual violence, domestic violence and legal aid, with research support provided by the Women's Budget Group. The project grew out of an observed need to provide accessible services for the most disadvantaged women. It also aims to provide a more joined up service to women by enabling more effective referrals, the sharing of knowledge, skills and information, and by identifying women in the community that are not engaged with services.

Along with local service integration, the project aimed to capture the experiences of women in the community - especially in relation to changes to social welfare entitlements and conditions - to inform policy in this area. The policy research was undertaken by the Women's Budget Group, who also commissioned Just Economics to carry out an evaluation of the services delivered by the Partnership. This report presents the findings from this evaluation, which aims to contribute to the evidence base on women's-oriented services, service integration and tackling disadvantage for women in Coventry.

This report is structured in five sections:

Section 1 provides background on the CWPP, the need for the service and the evaluation objectives and methodology.

Section 2 presents the findings from a review of the international literature on integrated services, women's-oriented services and evidence-based approaches to improving outcomes for disadvantaged women.

Section 3 draws on the qualitative research to map CWPP stakeholders and develop theories of change.

Section 4 presents the qualitative and quantitative findings from data collection with women themselves, including around help-seeking, mental and physical health, relationships and finances. It also describes the organisational perspective based on interviews with services and workshops carried out throughout the research.

Section 5 concludes and provides recommendations.

Executive Summary

The Coventry Women's Partnership (CWP) is a partnership between five women's organisations, led by Foleshill Women's Training (FWT). The aim of the partnership is to provide a more joined-up, needs-led service in order to improve outcomes for vulnerable women in the area. It is funded as a three-year pilot by the Smallwood Trust.

Five of the organisations – FWT, Coventry Rape and Sexual Abuse Centre (Crasac), Kairos WWT (Women Working Together), Coventry Haven Women's Aid (Coventry Haven), and CELC – are based in Coventry. A sixth partner, the Women's Budget Group, co-ordinates and supports the work of the Partnership by overseeing its evaluation and producing briefings to highlight the impact of public policy on the lives of the service users involved in the project.

About the evaluation

Just Economics was commissioned to evaluate the CWP. The aims of the evaluation were two-fold:

- 1) To assess the 'added value' of women's organisations providing services
- 2) To assess the value of the integrated model for women, the State and wider society

The research was conducted in two phases. Phase 1 (2017) consisted of workshops with key stakeholders to develop a theory of change for the partnership and a measurement framework, including survey for use with clients. Phase 2 (2020) consisted of follow-up interviews with staff (n=4) and clients (n=5) and analysis of the survey data (n=68). This report presents the evaluation findings.

Evidence base for women's services and integrated working

There is an established need for women-oriented services, particularly in relation to violence and abuse and mental health, and an emerging evidence base on the benefits that gender-sensitive services can bring. Attempts have been made to quantify the value of investing in specialist women's services (e.g. WRC 2011). However, these tend to be small scale studies, and further evidence is required to strengthen the case for dedicated women's services.

In addition, there is some evidence that service integration, although difficult to evaluate, results in improved outcomes and service quality, especially for people with multiple needs. Some studies have suggested that service users are less likely to 'fall through the cracks' and that service utilisation is optimised, with clients neither 'under-' or 'over-consuming' services. As with the literature on specialist women's services, however, the evidence base remains patchy and further research is required to make the case for service integration.

Findings

To date, 655 women have been engaged through the Partnership, far exceeding its' aim to engage 300 women. This number is expected to grow further, with the pilot not due to conclude until December 2020.

The majority (60%) of respondents were aged between 22 and 49, with 8% aged 21 or less and less than 5% aged over 50. The main ethnic backgrounds of participants were White British (31%), Indian (27%) and Pakistani (17%) and Black African (13%). A majority of women (80%) had children and children were living with their mothers in three quarters of these cases (n=39).

FWT was the service used most often by women in our survey sample, although this may not be representative of the entire population (N=655). A large proportion were using multiple services from the partnership and 65% of women had been using the services for more than 6 months at the time of survey completion. This highlights the importance of the integrated pathways and long-term, holistic support.

The survey respondents were unanimous in their endorsement of the Partnership. 83% agreed strongly that the range of services available were meeting their needs. The majority of respondents also reported that they felt understood and that they were supported to develop skills that they needed. Women also reported that staff helped them to develop plans about things they can change and think positively about the future.

Women reported substantial – and statistically significant – improvements in their mental health, physical health, relationships, and finances, debt, and housing. Evidence from the completion of Work Star tools by FWT services users suggests improvements in employment outcomes. Finally, the legal support was identified as a key strength in the survey as well as the follow-up interviews.

The positive endorsement of the Partnership by service users was echoed by CWPP staff in the follow-up interviews during Phase 2. They indicated that increased collaboration, more effective referrals and greater knowledge of partner services had improved the quality of services and, as a result, also outcomes for women.

There is potential for savings to the State via four pathways: firstly, improved efficiencies in service use; secondly, by undertaking work that would otherwise be done by statutory services; three, by reducing the likelihood of costly crisis situations developing (i.e. prevention); and, finally, as a result of indirect savings that follow from economic benefits to women (e.g. increased employment).

Conclusion and recommendations

The Partnership is responding to a clear need – both individually and organisationally – within Coventry and is meeting that need. Given the Partnership is a pilot, there is a strong argument for extending the funding beyond the initial period. Moreover, due to the potential for savings to the State, there is also an economic argument for this programme funded through statutory sources. However, Partners should explore co-location of services to enhance the offer to women and improve the physical surroundings within which staff and clients work.

Finally, to assist other organisations adopt similar collaborative approaches, it is recommended that the Partnership document its service delivery model. In addition, although there were clear benefits identified through the evaluation, it was limited by the retrospective nature of data gathering. Where there is scope to embed before and after measures into service delivery, this should be done to improve the ongoing development of the evidence-base.

1. Introduction

1.1 About the programme

The Coventry Women's Partnership (CWP) is a three-year partnership between six women's organisations and led by Foleshill Women's Training (FWT). Five of these are based in Coventry and are as follows:

- Coventry Rape and Sexual Abuse Centre (Crasac)
- Foleshill Women's Training (FWT)
- Kairos WWT (Women Working Together)
- Coventry Haven Women's Aid (Coventry Haven)
- Central England Law Centre – Coventry (CELC)

The sixth partner, the Women's Budget Group, co-ordinates and supports the work of the Partnership by overseeing its evaluation as well as producing policy briefings to highlight the impact of public policy on the lives of the service users involved in the project.

The Coventry based organisations have been working together over a three-year period to provide a more joined up, needs-led service for women in the area. The aim is to improve referrals and coordinate their work with each other in order to increase the likelihood that women who require a service are able to receive it and to improve the retention of women once they engage.

1.2 Aims, research questions and methodology

In 2017, Just Economics was commissioned by the Women's Budget Group to carry out the evaluation of the CWPP. The original discussions were around conducting a Social Return on Investment (SROI) analysis. However, as the evaluation developed, this became less feasible due to the challenges of conducting data collection with service users. As a result, the decision was made to carry out an outcomes evaluation that would include some indicative cost savings/economic analysis where possible.

The aims of the project were as follows:

- To assess the 'added value' of women's organisations providing services
- To assess the value of the integrated model for women, the State and wider society

The research questions were as follows:

- 1) What are the needs that the project is responding to, and what are the current gaps in existing policies/services?

- 2) What is the theory of change for the integrated model of working (i.e. what are the activities and outcomes for each stakeholder group)?
- 3) What can we learn from the research about the value of women's-centred organisations?
- 4) What is the evidence for service integration and, more specifically, for the outcomes set out in the Theory of Change?
- 5) What are the potential economic savings from this way of working?
- 6) What are the recommendations for funders, the government and the Partnership?

The evaluation took place over two phases between 2017 and 2020.

Phase 1

The first phase commenced in 2017 and aimed to develop a measurement framework for the project. The first task involved a series of Theory of Change workshops with the Partnership to establish the activities and expected outcomes. This was developed into a draft survey to enable outcomes to be evidenced with services users. Alongside this an evaluation framework was developed that set out the Theories of Change for each stakeholder group, and these are reproduced in this report (see Section 2).

The initial intention was to collect data at baseline and follow-up with women that engage with services in the Partnership. However, as a significant proportion of the women were engaging at a point of crisis, it became practically very challenging to conduct research with them at this sensitive stage. The survey was trialled for several months but it was decided that a simpler approach was required.

A second survey was developed in 2018 and again this was piloted with a group of women. The second survey was a much shorter retrospective survey (i.e. rather than collecting separate baseline and follow up). Women were asked to report on their experiences in key areas such as health and finances, and to score how well they were doing before they engaged and now. This enabled a comparison between two points in time but is less reliable because it requires women to be able to recall their experiences accurately. Although this is sub-optimal, it was necessary given the practical and ethical challenges of conducting research with people in crisis.

Phase 2

Phase 2 began in 2020 with the aim of analysing and reporting on the findings from the data collection. Alongside the survey, additional qualitative research was carried out with representatives of the Partnership (n=4) and service users (n=5). In addition, one of the partners (FWT), whose main focus is employment and skills, had also collected data from clients via the Work Star and this data was also analysed (note that the survey had deliberately omitted employment questions to avoid duplication).

The survey data were analysed using the Excel statistical software. Descriptive statistics were produced on key demographic data and Wilcoxon signed rank test

was used to test the statistical significance of the before and after answers provided by respondents. This is an appropriate test for paired, non-parametric data. Finally, the qualitative data was combined with the Theory of Change work in Phase 1 to provide additional insights into the ways the intervention impacted on the Partnership and to provide quotes and case studies from the women to illustrate the quantitative findings.

2. Literature review

This literature review focuses on two aspects of the research questions: the evidence for partnership/interagency working and for women-oriented services. It is an analytic review that aims to summarise the main findings under each theme, rather than provide a systematic review.

2.1 Women-oriented services

Women accessing the services provided by the Partnership face multiple challenges, including around violence, abuse and exploitation, employment, education, legal rights, health, housing and criminal justice issues. Evidence suggests that mainstream service delivery models do not address the complexity of many women's lives (Scott and Frost, 2018). For example, there is evidence to suggest that women have different needs to men in mental health (Comacchio and Ruggeri), physical health (Brittle and Bird, 2007), criminal justice (Baldwin and Epstein, 2017), substance misuse (Langan and Pellisier, 2001) and homelessness (Bowpitt et al. 2011). Although public services may consider themselves 'gender neutral' they have often been historically designed for men (especially in areas like criminal justice where women are in a minority) and gender and equality training have been described as 'ad hoc' (European Institute for Gender Equality, 2019). One study found that few criminal justice or mental health workers have any training on the impacts of sexual or domestic violence or on how to work with survivors of trauma and abuse. As a result, women may need to access multiple and often fragmented services across a range of organisations in different locations (Scott and Frost, 2018).

To date, there is a limited evidence base around effective models for working with women at risk in the UK. Specialist women's organisations struggle to have sufficient funds to deliver services, let alone invest in evaluation (McNeish and Scott, 2014). However, the small number of studies that have been conducted are beginning to provide insight into the benefits such services can provide.

First, specialist women's services are highly valued by women (McNeish et al, 2016) especially in the context of violence or abuse. Research also shows a strong preference for women-only options in other areas like health and counselling (WRC, 2011).

In a study of women's centres, Duffy and Hyde (2011) found substantial improvements in mental health, relationships, work, housing, neighbourhood, money and physical health as a result of these services. Women only spaces have also been found to support self-development, skill-building and to foster confidence in women to challenge discrimination (Robson and Spence, 2011). McNeish and Scott (2014) also highlight several high-quality studies of trauma-informed interventions in the US that show positive results. One area that has received the most attention in the literature are women's centres that provide one-stop-shop alternatives for women at risk of offending. There is growing evidence for the benefits of these approaches (PRT, 2020), which originally gained policy attention following the 2007 Corston Review into the deaths of several women in prison.

In recent years research has also shown that austerity has impacted more negatively on women-only services than mainstream services (Tower and Walby, 2012; WRC, 2011). Several reasons have been advanced and include funder perceptions that they are desirable rather than essential, and an emphasis on short-term outputs in commissioning, rather than long-term outcomes (Hirst and Rinne, 2012). This may be linked in part to the limited research on the benefits of women-oriented services.

2.2 Partnership working and service integration

Defining integrated service delivery is challenging and has been referred to as a “terminological quagmire” (Lloyd, Stead and Kendrick 2001). There are many models, most of which identify several levels of working between distinct services/organisations along a spectrum from basic communication at one end to fully integrated services at the other (Horwath and Morrison, 2007; Turnbull and Turnbull, 2000; Atkinson, et al. 2005). Brown and White (2006) in their review identify the following related terms: partnership working, joint working, joined-up working, inter-agency working, multi-agency working, multi-professional working, inter-agency communication, intra and interorganisational collaboration and collaborative working, which are often used interchangeably when discussing integrated working (p. 6).

The emphasis in many definitions is on integrated working between professionals, rather than the provision of a fully integrated service to the beneficiaries of the service. Sloper (2004) reviewed collaborative practice within the UK and identified many different models, which do include a focus on integration from the perspective of the beneficiary:

- 1) Strategic level working (joint planning/decision-making, commissioning etc)
- 2) Consultation and training (one agency consults or trains another)
- 3) Placement schemes (placing professionals within other organisations e.g. social workers placed in primary health care)
- 4) Centre-based service delivery (where professionals from different agencies work together in one place, but do not necessarily deliver services jointly)
- 5) Co-ordinated service delivery (usually where a coordinator acts as a liaison between professionals offering distinct services, and the professionals may not have direct contact with each other)
- 6) Multi-disciplinary and multi-agency teams/project (professionals offering distinct services work together on a daily basis as part of a multi-disciplinary team)
- 7) Case or care management within multi-agency teams (one identified individual ensures a coordinated service is delivered to families/young people)

Atkinson et al (2007) report that these final stages of integrated service for beneficiaries were the least common form of integrated working. The absence of a clearly defined concept also leads to difficulties in determining whether integration

has been achieved and what impact it has. According to Brown and White (2006), this is part of the reason why it is often difficult to evidence impact. The evidence that does exist is often fragmented and difficult to summarise, and it is not always clear if two models describing integration are similar. Moreover, many studies on integration focus on the *process* of integrated working rather than the *outcomes* achieved (Cameron and Lart 2003; Sloper 2004; Brown and White 2006) and, even where positive outcomes are reported, it is often difficult to attribute them to partnership or integrated way of working (Percy-Smith, 2005).

Historically, integration of public and voluntary sector services has often been in response to failures in child protection. Information sharing and more joined-up approaches were seen as ways to ensure safeguarding and reducing the number of children falling through the gaps. The majority of the literature around integration is, therefore, written from this perspective, and women's issues are predominately seen through the lens of outcomes for children.

Evidence on integrated working tends to fall into the following three categories:

- 1) Multiple needs and the failure of fragmentation
- 2) Improved outcomes and service quality
- 3) Economic impacts

Multiple needs and the failure of fragmentation

As Brown and White (2006) point out, a single agency or professional working in isolation is unlikely to be able to meet all the needs of a client with complex needs. Multiple needs/co-occurring problems is the most commonly cited reason for developing an integrated model (e.g. Hood, 2014). Several barriers (e.g., fragmented treatment plans, specialised clinicians, limited funding) were found to limit the capacity of single-service providers to meet complex needs (SAMSHA, 2002). Evidence shows, for example, that young people concurrently involved in more than one service generally do not achieve better outcomes despite the larger volume of services they interact with (Harpaz-Rotem, et al. 2008; Kroll et al., 2002; Sanders et al. 2014).

There is also a concern that, in the absence of integrated service provision, vulnerable populations who require several services are not aware of the full range of services that are available to them. The intention with an integrated approach is that the likelihood of over- or under-consumption of services can be significantly reduced (Richardson and Patana, 2012).

Hood (2014) describes two forms of complexity: the multiple barriers experienced by the client that make the overall situation difficult to resolve and the problems of collaborating professionals that may be dealing with different specialisms raising issues of coordination, duplication or conflict. There may also not be enough professionals leading to vulnerable people 'falling through gaps' in provision.

Women in vulnerable situations, such as homelessness, sex-working or offending are often in highly complex circumstances with a high chance, for example, of having experienced abuse, violence or exploitation in their past (Rumgay, 2008). However,

these are also scenarios in which the evidence shows that collaboration and partnership can achieve the greatest returns. As discussed, there is a limited literature that directly addresses integrated working in women's services, and women-specific issues have tended to be addressed where issues like domestic violence/sex-working overlap with child protection (e.g. O'Leary et al. 2018) or crime reduction (e.g. Penfold et al. 2004). The findings from the work of this partnership can therefore make a clear contribution to the literature.

Improved outcomes and service quality

While it has come to be widely accepted that collaboration between agencies and professionals can improve the quality of services (Crawford, 2012; Hammick et al., 2009; Atkinson et al., 2007), a repeated theme of evidence reviews is the lack of good quality data on outcomes (e.g. Sloper 2004; Oliver et al. 2010; Wong & Sumsion 2013). This lack of evidence has hindered the planning and implementation of these types of service delivery models (Armitage et al., 2009).

In a systematic review of interagency collaboration in mental health, Cooper et al (2016) found several studies that showed an association between collaboration and positive outcomes. However, the studies in the Cooper review were not unanimously positive, with some also finding negative outcomes. The review also found that interagency collaboration was generally perceived as helpful and important by both service users and professionals. However, there was also some evidence that interagency collaboration across childcare services may lead to increases in workload, as well as professional identity confusion (Oliver et al. 2010).

Bond (2010) identified the following benefits from integrated working: timely access, improved needs assessment and appropriate referrals, greater coordination of programs, avoidance of duplication, resource sharing and cross-sectoral understanding of needs and gaps. However, she also found that it can be labour-intensive, time consuming and costly to establish.

Much of the literature shows that integrated services for families are effective when one worker acts as an access point for all the other professionals that the service users need to engage with (Sloper, 2004). A report by the OECD (Richardson and Patana, 2012) found improved outcomes where child mental health services are better integrated with educational institutions. It also found that professionals speaking on behalf of the user, in interaction with other professionals, can be more effective than service users advocating for themselves as professionals are more likely to have the skillsets to communicate effectively with other professionals. Within such a model, families also have one point of contact, which should create efficiencies for both the service user and provider.

Economic impacts

There are two means by which positive economic impacts can be derived from integrated service provision: efficiencies in service delivery and by reducing the cost of future social problems through early interventions.

According to the Richardson and Patana (2012), both services and users stand to benefit from the efficiencies yielded by an integrated approach. For the former,

they can save time and money by accessing multiple services in one place, or by reducing transaction costs. Services, on the other hand, can lower costs by reducing duplication and over-consumption of services.

The second economic rationale is reducing the cost of future social problems. In recent years several women's organisations have sought to demonstrate the social and economic value of their services through the application of approaches like SROI. The WRC (2011) calculated that for every pound invested women's organisations can generate, over five years, between £5 and £11 worth of social value to women, their children, and the State. This figure was calculated based on data from evaluations of five frontline women's organisations. Analysis for the Women's Support Network in Northern Ireland has found returns of between £3 and £19 for the services they support. Finally, a study of support-focused alternatives to prison for women offenders found that every pound invested generated £14 worth of value for women and other stakeholders (WSN, n.d.).

2.3 Conclusion

A need for women-oriented services has been identified and there is an emerging evidence base on the benefits that gender-sensitive services can bring. In addition, service integration, although difficult to evaluate, points to improved outcomes and service quality, especially for people with multiple needs. However, in both instances more research is required. This is especially the case for women-centred services, where the evidence to date has been overly reliant on case studies and qualitative information, and which could benefit from more quantitative and experimental designs. Moreover, research on integrated working should consider women's-oriented services specifically, given the concentration of complex issues that women in vulnerable situations are often dealing with.

3. Theories of change

A Theory of Change (ToC) describes the relationship between inputs into an organisation or an intervention and the short, medium and long-term changes that result from this investment. In short, it is the 'story' of how an intervention makes a difference in the world. ToCs set out the intended as well as unintended changes that occur, as well as the key pathways, including barriers and enablers, through which these changes take place.

The findings set out here are based on qualitative engagement with these stakeholder groups. We begin with a discussion of the context within which the project is operating and the needs it is responding to.

3.1 Context and needs the project is responding to

Coventry is one of the most deprived cities in the Midlands (ranking 66th most deprived out of 317 local authorities in England (MHCLG, 2019). Its' position on the Indices of Multiple Deprivation (IMD) has improved in the past five years relative to other areas but Coventry performs particularly badly on local environment measures (housing, air quality) and income (especially for children and older people) (MHCLG, *ibid.*). Furthermore, 28 neighbourhoods in Coventry are in the 10% most deprived in England, and Coventry has a higher than average concentration of these neighbourhoods. Although some of these areas have also seen improvements, the IMD note that this may be linked to concentrations of students in deprived areas close to the city centre, rather than lasting economic development (Coventry City Council, 2020). Across the Borough, child poverty is 21% on average (32% with housing costs) (Stone and Hirsch, 2019). However, in one neighbourhood the child poverty rate is 37% (or 53% with housing costs).

Since 2010, and throughout the period of evaluation, Coventry like other councils experienced large cuts to its budget. These, combined with other austerity measures such as benefit cuts and conditionality, have been found to disproportionately affect more deprived groups (Hastings et al. 2015) and to negatively impact on health, mental health, unemployment, food security and housing outcomes (Stuckler et al. 2009). The 2020 Marmot review found that women's health in the most deprived areas had deteriorated relative to both men and women in the least deprived areas (Marmot et al. 2020).¹ The report argues that councils are less well-placed to tackle relative disadvantage and, specific to women, that austerity has impacted more on low wage and part time roles in which women predominate. Elsewhere, there is mounting evidence that women have experienced disproportionate adverse impacts as a result of austerity policies (as users of employees within public services and users of public services) and that BME women,

¹ It should be noted that in response to its commitment to tackling health inequalities, Coventry was one of seven cities in the UK invited to participate in the UK Marmot Network and become a Marmot City.

in particular, have been hardest hit (Women's Budget Group and Runnymede Trust 2017).

Through stakeholder engagement with the Partners and women themselves, we have identified five areas of need that the project is responding to.

1) The way the partner organisations work

- Need to establish clear referral pathways that are well understood by frontline staff
- Need to build skills/capacity within partner organisations to better serve community
- Need for partners to be able to share information and knowledge and build each other's capacity

2) Needs of some disadvantaged women not being met

- Lack of holistic service for women with complex/multiple needs
- Lack of specialist services for women with larger gaps existing for some groups such as BME women
- Women are not being retained in the 'system' because of ineffective referrals

3) Funding environment/impact of budget cuts and benefit changes

- Lack of funding for long-term strategic partnerships (funding tends to ebb and flow from most sources, which makes partnership working difficult)
- Competition for funding between organisations reduces the incentive for partnership working
- Changes to commissioning services for women adversely affects ability to operate strategically
- Rising need as a result of benefit cuts/welfare reforms and associated rise in demand for services

4) Deficiencies in the way existing statutory services work

- Lack of integrated working/consistency across government departments
- Bureaucracy of statutory services makes it difficult for them to be responsive to needs
- Duplication and waste where services are not being delivered efficiently
- Lack of gender-sensitivity within some services

5) Lack of evidence

- Need to provide a voice for women locally, nationally and regionally to inform a better approach
- Lack of evidence on the benefit of women-centred VCOs and integrated working.

3.2 Stakeholder mapping

Figure 1 summarises the stakeholders for the programme. A stakeholder refers to any group or entity that has an impact on the intervention (either through funding, implementation or policy, or as an end-beneficiary). As we can see, the intervention involves a wide range of stakeholders but not all will be significant to the evaluation. For the purposes of this study, we are interested outcomes for women and their children/families, and to a lesser extent for the State (e.g. through a fall in demand for other public services). We are also interested in changes for partner organisations as a key mechanism for achieving outcomes for women and, to a lesser extent, changes in statutory services (e.g. where they become more gender sensitive in their practice). In the next section, we detail the theory of changes for the most material stakeholders.

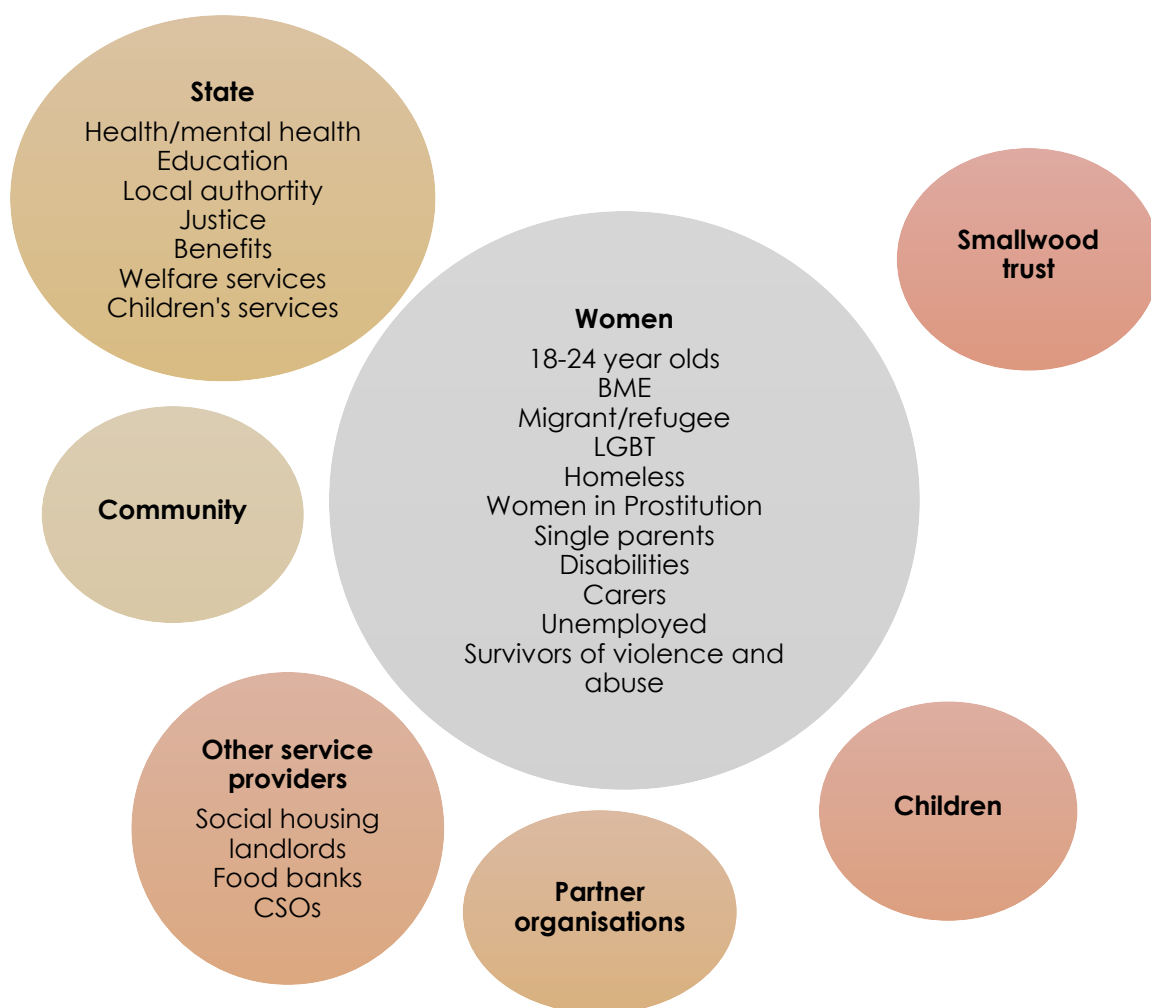


Figure 1: Project stakeholders

3.3 Describing the Theories of Change

In this section we describe the theories of change for the most material stakeholders to the Partnership: women, children, partner organisations and the State. We begin with a description of the project activities.

Project activities

Practically, this involved the following activities:

- 1) The **recruitment of a Partnership Connector** to undertake outreach into the community. The role involves identifying women in need of services that are currently not receiving them. Outreach is a key part of the role, and the post-holder is therefore, a good ongoing source of information on needs. For example, the Partnership Connector was able to relay experiences of Universal Credit (UC), which provided insights for the policy work of the programme.
- 2) **Changes to the way referrals are made.** Before the project started, there was no resource for meaningful referrals, and no follow-up on whether referrals were followed through by clients. There are two ways in which referrals were

changed. Firstly, through joint trainings and attendance at each other's team meetings, staff have become more knowledgeable about the individuals/resources that can be referred to and this has led to more 'proactive' referrals. Secondly, the Partnership Connector has often played an enabling role. Partners can refer directly to each other, but if there are multiple support needs, they may refer women to the Partnership Connector so that their needs can be mapped against the provision that exists within the partnership, or refer outside the partnership if necessary. She can also coordinate these referrals.

- 3) **Building the skills, knowledge and capacity of existing project staff** in order to provide a more holistic understanding of the challenges faced by vulnerable women. This has involved attending each other's training/team meetings and more proactive knowledge and information sharing. Increased information sharing, in this way, has also meant that partners are more aware of events that are being scheduled by each organisation, thus providing opportunities to refer clients more meaningfully and to act in a more joined up way.
- 4) **Working in a strengths-based, holistic way.** As well as ensuring women are listened to, this involves creating safe spaces for people to open up, building trusting relationships, ensuring group sizes are small and that there is sufficient time available to key work effectively.

The project and the evaluation are funded by the Smallwood Trust, a grant-maker focused on the economic empowerment of women on low incomes. The total value of the grant provided by the Smallwood Trust is £520,995 over three years, which was linked to a target of engaging 300 additional women across the Partnership during that period. In addition, it covered:

- Supporting the Women's Budget Group to undertake policy and evaluation work
- Staff costs across the Partnership (e.g. new points of contact)
- Management and overheads for the project
- Provision of new services, or expansion of existing ones to serve new clients
- Marketing, IT, travel expenses, room hire, creche hire and other partnership expenses

A key element of the project was to build an evidence base for this method of working that could inform wider policy discussions and/or provide a model that could be replicated in other areas. The aim is to explore the value to society of both women-centred voluntary and community organisations (VCOs) and this new, integrated way of working. This will be complemented by the policy briefings developed by the Women's Budget Group, which will assess the impact of policies, such as benefits changes and cuts to services, on the client group.

Beyond this, the project aims to make a case for its continuation beyond the life of this grant and to create a blueprint for how women's organisations can work

together in other locations to improve outcomes for disadvantaged women and their families.

Outcomes: Partner organisations

The five service delivery partner organisations began working together in 2017 to improve and strengthen their relationships and joint working. In the medium term, it is expected that this will lead to an increase in effective referrals of women to appropriate services. An effective referral involves several steps:

- 1) Women's needs have been correctly identified
- 2) An appropriate service to support with these needs has been identified,
- 3) A referral to that service has been made and that referral has been taken up
- 4) The woman has received the support and it has addressed her need
- 5) Finally, additional support needs have been identified along with further opportunities and options for women across the Partnership that they may wish to progress into once the need of the initial referral has been met

Women who are effectively referred should also experience a seamless transition between services. For example, they should not be required to provide an entire case history each time they attend a new service. It is also expected that because staff are more aware of the issues women may be facing, and what partner organisations can offer, services will be better targeted, and time will be more effectively and efficiently used.

Figure 2 summarises the ToC for partner organisations.

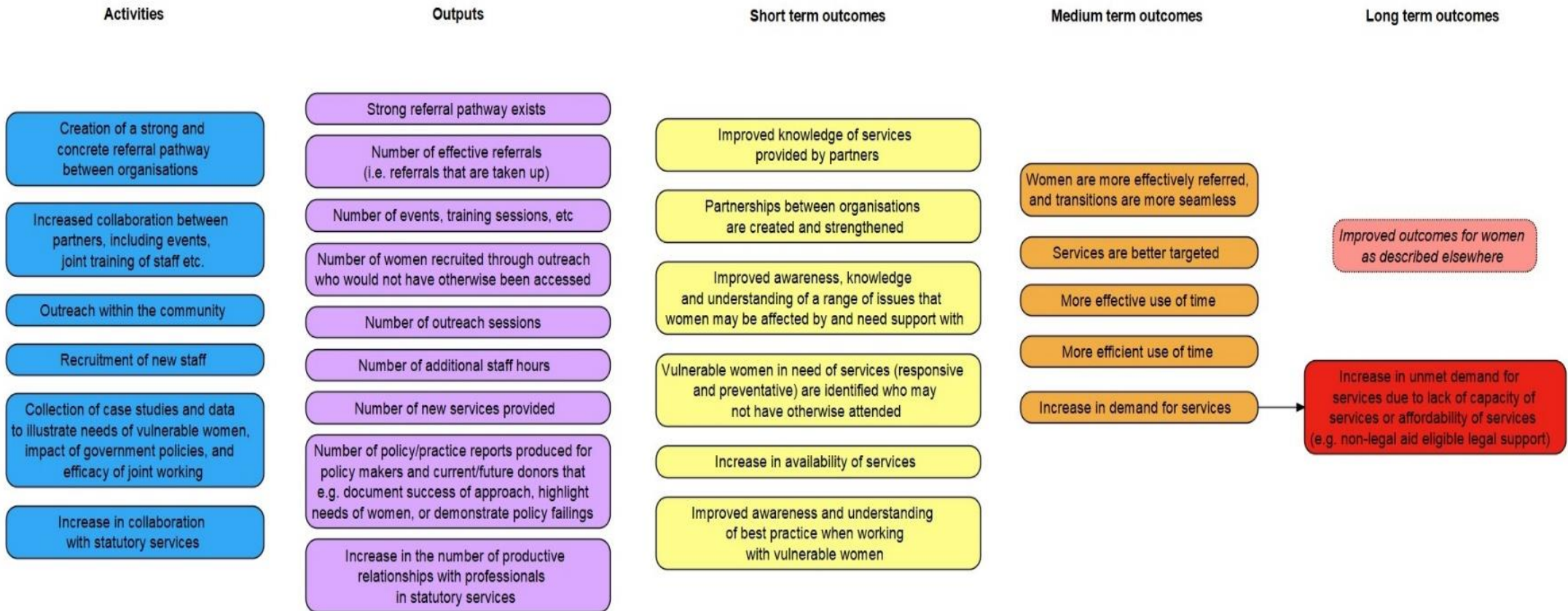


Figure 2: Theory of change for partner organisations

Women

The activities for the Partnership project have already been described above. For all of these activities, the woman is the primary stakeholder and the role of the Partnership Connector in engaging with women is central.

Initially, we expect that women will become aware of the range of supports that are available through community engagement work carried out by the Connector. For some women this will be welcome, for others it may mean coming to terms with issues that they have previously avoided or refused to accept. Where women present with multiple needs that the Partnership can address collectively, it is expected that women will be successfully encouraged to take up the offer of help. This increase in help-seeking behaviour must, of course, be accompanied by an appropriate response by the services (see Partnership ToC) to be sustained. A large part of what the services provide is education to women about their rights and about support that is available to them, as well as awareness about what needs to change. As women become more aware of their rights, they increase their confidence and ability to self-advocate. They will also be able to use legal rights to solve issues about housing, immigration, benefits and so on.

In the short-term, we expect to begin to see improvement in knowledge and skills about the issues that are negatively affecting their lives (e.g. financial literacy, job seeking, parenting, substance use relationships etc.). We would also expect to see a reduced risk of crisis situations emerging in relation to housing, finances and so on. Many women presenting to the services will be in extremely stretched financial circumstances and the services can support them to access emergency financial support, or appropriate benefits. This may have significant immediate impacts where women are at risk of eviction or are unable to pay for food and essential services. Finally, women may be living in an unsafe environment with an immediate risk to their safety or that of their children, which the services can help them to address.

In the medium term, we would expect to see an improvement in women's financial circumstances such that they are better able to make ends meet and that their basic needs are being met. Alongside this, they may be working to resolve issues with debt management, a reduction in behaviours that are harmful to them or others and an improvement in key skills, such as parenting. As women become more empowered and in control of their lives and relationships, we would expect to see a reduction in gender-based violence and an improvement in the stability of their immigration status, housing and employment. As women improve the quality of their relationships, we would expect them to be less lonely and socially isolated. For some this will involve moving away from negative friendship groups or relationships with certain men.

Longer-term, we would expect to see women using their time more meaningfully, whether it is through childcare, volunteering or employment. We would also expect to see an improvement in the long-term health and well-being of women and to see a reduction in poverty. The project will aim to transform women's relationships, including with children, family members, friends, partners and social services. Some mothers will not have their children living with them, and for some of these, being

reunited with their children will not be a realistic outcome. For those for whom that is not the case, it is still expected that they will be able to form positive relationships with their children. Women should ultimately be in control of their relationships with men and be able to experience fulfilling romantic relationships in the future. This should coincide with a reduction in the need to use public and voluntary services as they develop social support networks. Finally, women should develop their coping mechanisms to a point where they are resilient to future setbacks and sufficiently endowed with skills and informal supports to be able to navigate future life challenges successfully.

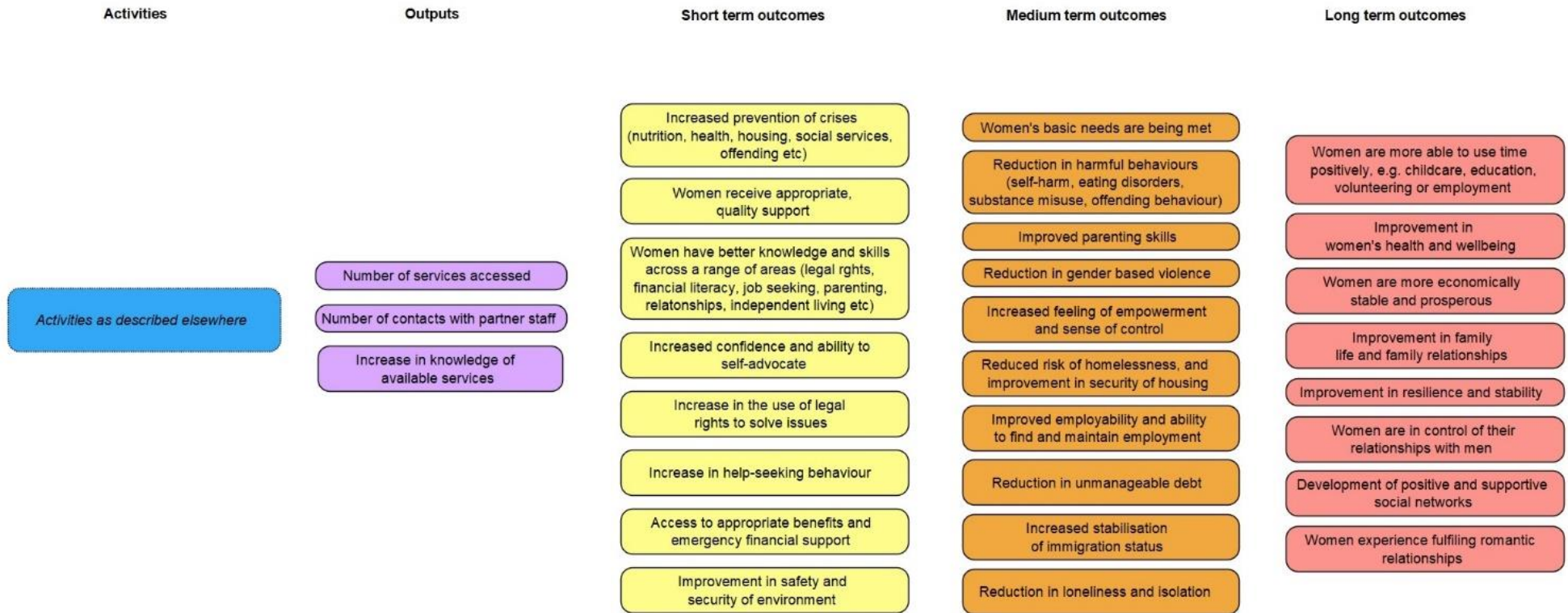


Figure 3: Theory of change for women

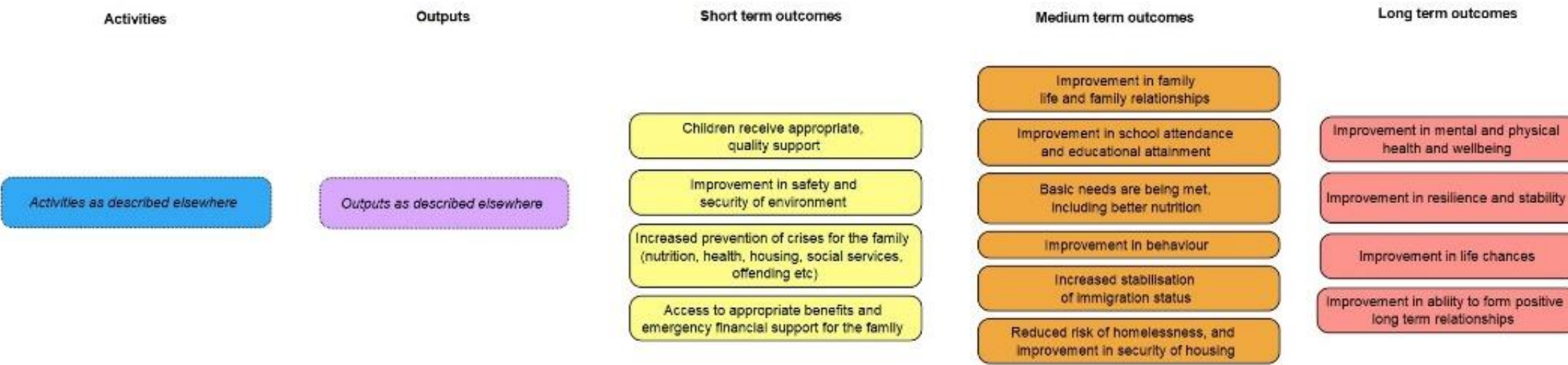
Children

As mentioned above, many of the women entering the service will also be mothers. Some will have their children living with them, others will not. For children in care, we would expect an increased likelihood that they will be able to return to the family home and experience improved family life if the CWPP is effective. Where that is not realistic, we would expect to see improvements in their relationships with their mothers and other family members, and subsequently their long-term well-being. For those children living at home, an improvement in family life and family relationships is also expected.

Conflict, abuse or neglect in the family home is empirically linked to a range of costly social problems such as poor mental health, drug and alcohol misuse (especially in girls), risky sexual behaviour, obesity, and criminal behaviour and homelessness (Gilbert et al. 2009; Mayock et al. 2008). In the short-term, we expect children living at home to benefit from increased safety. Where there is a risk of domestic violence, for example, and from receiving appropriate services and supports. As their mothers begin to resolve crises relating to housing, finances and so on, their children will also directly benefit. Over the medium-term, we would expect to see improvement in school attendance, which is directly linked to improved educational attainment and improved life chances. Children will benefit from not growing up in workless and/or homeless households, again improving the likelihood that they will experience a positive transition to adulthood themselves. Moreover, better financial circumstances and better parenting should result in improvements in children's health, behaviour and well-being.

Longer-term, children will have improved health, mental health and well-being and develop better coping skills to deal with problems as they arise. This increased resilience will also support their transition to adulthood. Finally, improved relationships in the family home should increase the likelihood that children themselves are better able to develop and manage long-term relationships.

Figure 4: Theory of change for children



The State

The State is the final stakeholder that we consider in this report. Prior to commencement of the Partnership, organisations already worked with services collaboratively to ensure the best outcomes for their clients. However, this was stepped up by the formalisation of the partnership and the creation of the post of the Partnership Connector. As well as benefiting the women directly, it is expected that this will leave a legacy for other State bodies, such as the police, by

promoting gender sensitivity and raising awareness of gender-based violence. Outcomes are also expected from the policy work that will take place as part of the project. Finally, the State should benefit from the improvements in outcomes for women. Key areas where benefits to the State are likely to accrue is in relation to employment and benefits, offending, housing and reduced reliance on health services. Because of the catalytic impact that women have on their children, it may also reduce the risks of intergenerational poverty and social exclusion.



Figure 5: Theory of change for the State

4. Findings

This section sets out the primary research findings, including both qualitative and quantitative data. We focus on two main stakeholder groups: women and the Partners. We conclude with a section on the State, which discusses the potential for economic savings.

4.1 Project outputs

To date, 655 women have been engaged through the Partnership, far exceeding its' aim to engage 300 women (see Table 1). However, as the pilot runs until December 2020, it is expected that more women will engage with the Partnership. The project has not monitored women exiting, as women may engage and exit in several services and projects across the Partnership over a length of time and this information is therefore hard to capture.

Table 1: Number of new engagements per partner per reporting period²

Partner	Sep-18	Mar-19	Sep-19	Mar-20	Total 1 (number of engagements)	Total 2 (number of CWP beneficiaries per reporting period')
FWT	66	66	47	40	219	219
CRASAC	37	33	22	30	122	142
CHWA	22	15	24	54	115	120
Kairos	69	92	77	113	149	351
CELC	11	22	7	10	50	352
					655	1184

4.2 Outcomes for women

Information on outcomes for women were gathered in Phase 2 via in depth interviews (n=5) and a survey (n=68). The qualitative findings also draw on interviews conducted with women during Phase 1 to inform the theories of change and survey pilots.

² The total number of CWP beneficiaries per reporting period varies between total new engagements into the project (Total 1) where partners are supporting women who engaged in previous reporting periods (Total2). In addition, some women may exit, and re-enter services provided across project partners.

4.2.1 Service user demographics

The majority (60%) of respondents were aged between 22 and 49, with 8% aged 21 or less and less than 5% aged over 50. The main ethnic backgrounds of participants were White British (31%), Indian (27%) and Pakistani (17%) and Black African (13%). 18% of respondents considered themselves to have a disability. A majority of women (80%) had children and children were living with their mothers in three quarters of these cases (n=39). Box 1 describes the interviewees that participated in the study.

Box 1: About the interviewees

Five women were interviewed at four locations in Coventry. Foleshill Women's Training, Coventry Haven, CRASAC and CELC. Each interview was of approximately 1 hour and 15 minutes duration. All women had engaged with the Coventry Women's Partnership. Three of the women had engaged over a period of 2-5 years and two women were more recently engaged (under 6 months) and thus had an earlier stage experience in that they had not engaged with more than one of the services. The women were aged between 27 and 56. 4/5 were BAME background, 3/5 had children and one considered herself to have a disability.

4.2.2 Use of services

Figure 6 shows the proportion of women that are using each of the services provided by Partners. As we can see, some of the respondents are using more than one service. At the time of survey completion, 65% of women had been using services for over 6 months.

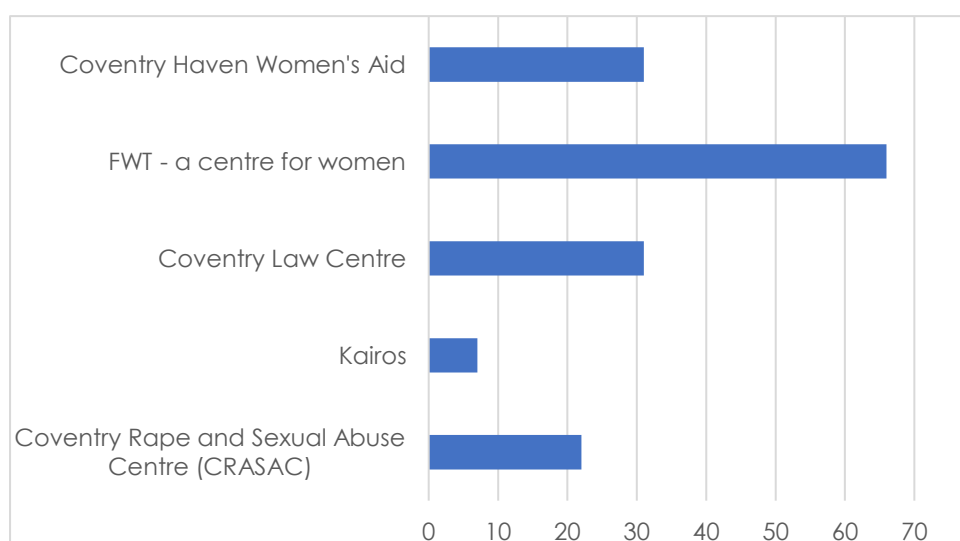


Figure 6: Number of women that report using the individual partner organisations

4.2.3 Outcomes: Help-seeking and meeting needs

Help-seeking refers to any action that involves seeking help from services, or from trusted people in the community, and generally relates to circumstances where people encounter stressful circumstances. The existence of help-seeking behaviour is especially important in the context of poor mental health. A reluctance to seek support has been associated with stigma, poor mental health literacy, and a preference for self-reliance (Gullivar et al. 2010). Help-seeking has received a lot of attention in recent years because a lack of help-seeking is linked to lower rates of service utilisation (Lally et al. 2013) and, although weaker in men than women generally, it is also associated with low income and ethnic minority status (Magaard et al. 2017).

Figure 7 shows responses to questions about the likelihood that women would seek help from different sources (n=68). Only 6% of respondents reported it was very likely they would not seek help from anyone with a large majority selecting that they would seek help from either a person close to them or a professional (respectively 83% and 96% state this is 'somewhat' or 'very likely'). Given the importance to the intervention of retaining women and building trust in public services and social supports, these are very positive findings.

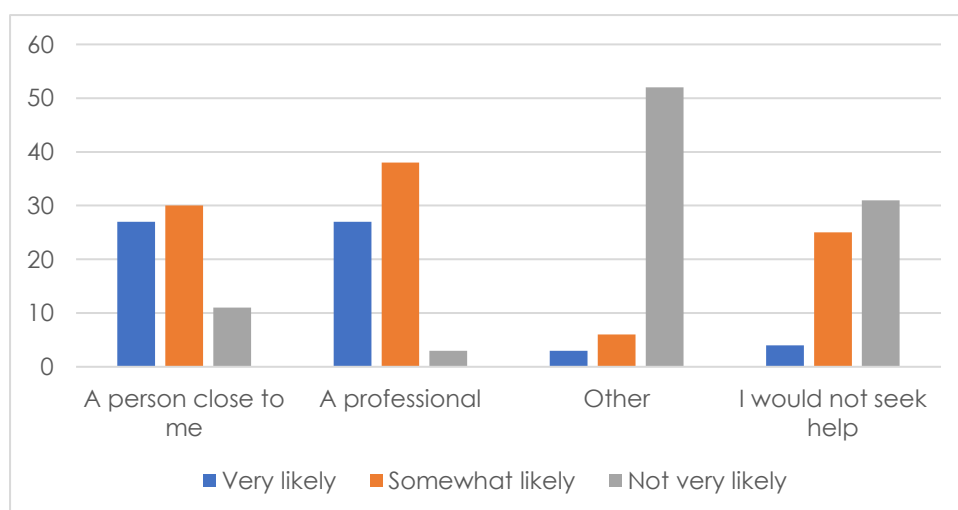


Figure 7: Likelihood that respondents would seek help

Women were also asked about the areas of their lives in which they still need help. As we can see from Figure 8, there are very few areas where women need help but do not know where to get it from (only one or two women selecting this option for

some areas). Respondents are currently receiving help across a whole range of services. Two areas stood out where women needed support but were not yet accessing it: sexual violence (16%) and domestic violence (17%). For both of these women did generally know how to access support but for whatever reason were not yet ready/willing to do so.

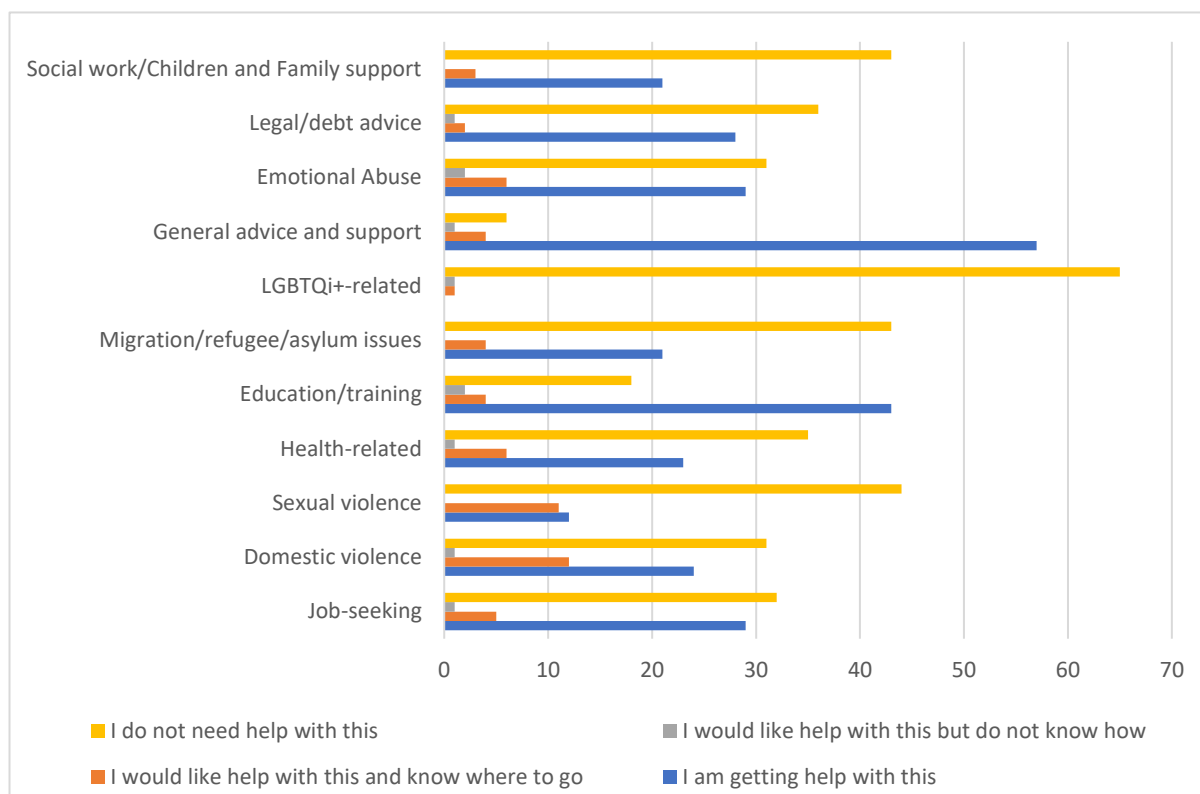


Figure 8: Perceptions of needs being met

Finally, women were asked about their perceptions of the services they are accessing (Figure 9). 83% agreed strongly that the range of services available were meeting their needs. The majority of respondents also reported that they felt understood and that they were supported to develop skills that they needed. In general, women also reported that staff helped them to develop plans about things they can change and think positively about the future. Again, these are all a strong endorsement of the aims of the project, and no respondents disagreed with any of these statements.

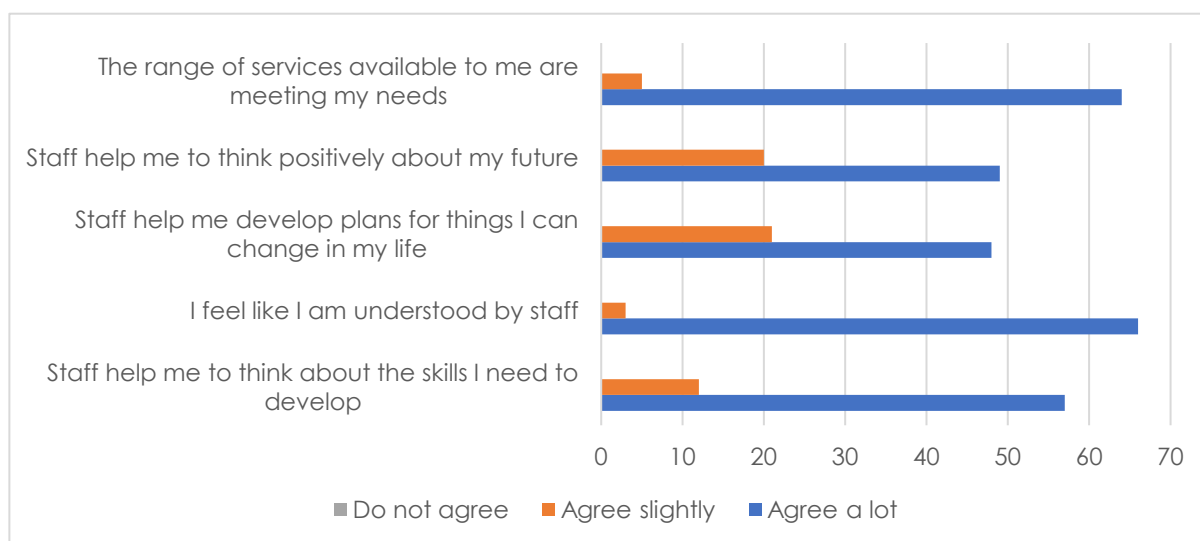


Figure 9: Reflections on support being received

In the interviews, women told us they often did not get the help they needed from State agencies and expressed some dissatisfaction with local services that they had accessed. However, those who received the targeted supports provided by the Partnership were very satisfied.

There was very positive feedback about the support groups and classes women engaged in, especially the small group sizes and the safe space provided (see case study 3).

"It helped me a lot because it was a small group and you could ask any question you liked; you didn't have to be in a hurry."

All interviewees said that they still needed support from the agencies they had engaged with, especially on benefits, migration issues or other legal issues. The support from key workers was cited as being very important and was used on an 'as needed basis'.

"I still need help with my confidence, I'm still struggling but overall I think I'm getting through it I'm still getting help with my benefits and I'll need help with gas and electric bill, so my worker is going to help with that. The extra support helps me out, the services have gone above and beyond, treated me like I'm a human being, they are not patronising, they listen to me. I've never felt not listened to, I feel looked after and that my opinion matters."

4.2.4 Outcomes: Mental health

Mental health is a key outcome area for the women working with the Partnership. All of the services provide emotional and psychological support and mental ill-health is both a cause and a consequence of other difficulties. Mental health was measured using the short Warwick/Edinburgh Mental Well-being scale (WEMWBS). This six-item

scale has been widely used nationally and internationally for monitoring and evaluating projects and programmes.³

The findings do allow us to compare women's perceptions of changes to their mental health before and after they engaged with the services. Figure 10 compares the proportion of women that told us they experienced optimism, usefulness and so on 'all of the time' or 'often' before and after they engaged with the intervention. As we can see, there are large increases in the number of women reporting positive mental health. The findings were tested using a two tailed Wilcoxon signed rank test and each response was found to be highly statistically significant ($p < 0.0001$).

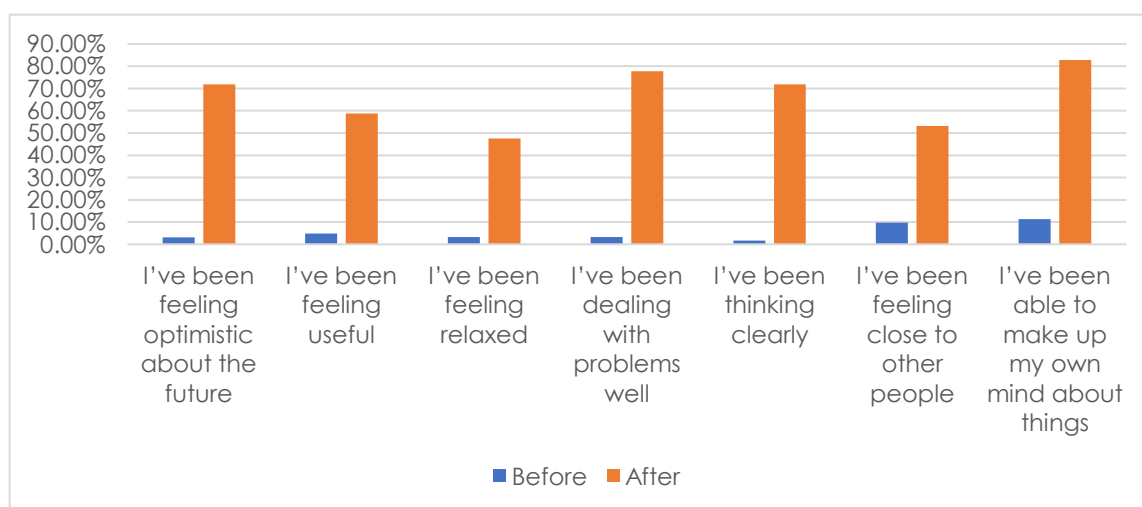


Figure 10: Changes in the number of women reporting experiences 'all of the time' or 'often' before and after the intervention

All of the women interviewed told us they had mental health needs. They reported having suffered a significant amount of stress, anxiety and depression due to the difficulties they were facing, such as domestic violence, being at risk of arranged marriage, family estrangement, homelessness and rape. More specifically, women described experiences of self-harm, suicidal ideation, trauma, and post-traumatic stress disorder.

"I was in recovery from anorexia, self-harm, when I first started (the confidence building course). I was really traumatised, I couldn't really speak, I started to gain confidence in the second half, started to make a few friends, was able to have conversations."

Indeed, three of the five women we spoke to told us that they would not have carried on living without the support and help that they received through the Partnership. It is notable that these three women had also been engaged with the services for some years, including some prior to the Partnership starting. .

"Maybe I would have killed myself, sometimes I would think that how can I kill this man, he would insult me from top to down: 'you are so fat, so short', 'you need to go and do

³ <https://warwick.ac.uk/fac/sci/med/research/platform/wemwbs/>

operation'. And he didn't want to help me with anything and he used it to force me to have sex with him."

"I dread to think, honestly I don't know if I'd still be here. I was a mess when I came here. I was in such a state. I was really amazed that she stuck with me. If it hadn't been for her, I wouldn't be where I am now. I didn't understand what had happened. I thought it was all my fault. There's a chance I would have killed myself, probably."

"I think they saved my life to be honest. I don't know if I'd be here. I feel safe as well. The safe groups, not many people know about them. I find that very good. It's not a public group, its only people who have had similar experiences."

Finally, in the absence of the Partnership, the women generally told us there were no other options for them. Hence, the sense of despair that they had been feeling.

"I would have been depressed, so worried. My life would have been upside down to be honest. I wasn't talking to anyone at that stage. I was getting emotional about the issues. It (the Women's Partnership) was very, very helpful."

4.2.5 Outcomes: Finances, debt and housing

A common experience for most women engaging with the Partnership is periods of financial hardship, indebtedness, or housing instability. To assess changes in basic needs, we asked women to evaluate a series of statements. Figure 11 shows the changes in responses. Again, we can see improvements across every area, especially in stabilisation of finances and financial literacy, understanding of benefits/entitlements, levels of debt, servicing that debt and sticking to a budget. All of these are highly statistically significant ($p < 0.0001$). There was no change in the number of women who had a bank account, which was almost universal (95%). There were also improvements in housing, knowledge of where to get emergency help and use of foodbanks. All of these changes were also statistically significant ($p = 0.000$; $p < 0.0001$; $p = .006$ respectively).

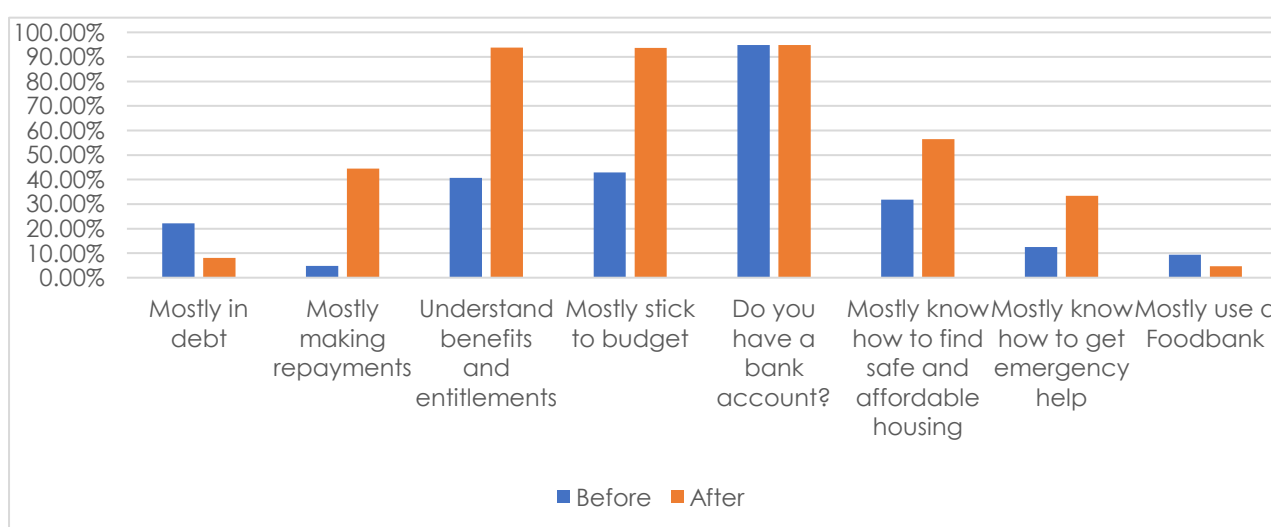


Figure 11: Changes in responses to questions on basic needs

Financial issues were also discussed in the interviews. Several of the women interviewed had used foodbanks when they struggled financially. They reported that the Partnership had helped them in accessing these. Others had key workers help them with debt problems, difficulties with benefits and with referrals for legal aid.

4.2.6 Outcomes: Legal issues/migration

An important and innovative element of the intervention is the involvement of the CELC within the Partnership. As we can see from Figure 8, 40% of women in our sample are receiving legal support and consider their needs to be met in this regard. The benefits of legal support were explored in the qualitative research. Three out of the five women interviewed had used legal services through the Partnership, either through referral to the CELC or via the legal advisor in CRASAC. The types of legal advice included advice on separation/divorce, immigration, and on sexual violence cases. See Box 2 for a case study on the benefits of the CELC.

Partners also told us that the connection with the CELC was greatly beneficial. Instead of having to wait a few days, they are able to call them and have a dedicated contact to go through. This saves time for the partners and leads to a more effective referral. Indeed, one interviewee told us that the most significant outcome for them was the increased use of the CELC and noted the quality of the advice provided. One woman described the value of the inclusion of legal advice in the Partnership as follows:

"I wouldn't say I was isolated, but I wasn't finding the right places to be, I went to the migrant centre, the family hub. I found the children's play section and it was lovely, but they did not know how to help me on the immigration side of things."

Coventry Haven is the biggest referrer to the CELC. This is because access to benefits is a significant issue for migrant women, as it is dependent on their immigration status which is often linked to their abusive partner. Although referrals happened before the Partnership, these are now more effective, not just because of efficiency but because women no longer have to tell their stories twice, thus avoiding risks of re-traumatising them. In addition, they do not have to contact multiple agencies. In response to the increase in referrals, the CELC has secured funding for an immigration lawyer specialising in applications for survivors of domestic violence to regularise their immigration status.

Box 2: Case study on benefits of the CELC

Blessed is a 57-year-old woman. She was in an abusive relationship with her husband. She suffered very high levels of mental abuse and sexual violence. She first accessed

the Coventry Women's Partnership via a referral from the Migrant Centre, where she sought information about how to separate from her husband.

She was assessed by CRASAC and went to counselling for 2 years. She had difficulties in that there was a cultural bias in her home country against divorce and she really struggled with the need she had to get away from her abusive husband. Her counsellor helped her to come to terms with this conflict and to resolve it. She was referred to the CELC for legal advice and support with benefits, immigration advice and representation. She had one daughter whom she wanted to shield from the hardship she was experiencing. She experienced poverty and difficulties with securing housing. For some time, she lived in Coventry Haven's refuge while she got more secure housing organised.

As time went on, she regained her confidence and felt able to begin applying for jobs. She now works in healthcare and is very content in her job. She has recently secured housing and is still accessing help from a key worker to find charitable support to aid her in furnishing her new home.

Her experiences of using the services of the Coventry Women's Partnership have been very positive. She spoke very highly of all the workers she engaged with and claimed that, without their help, she would not have survived.

4.2.7 Outcomes: Physical health

Women were asked to report on changes in their physical health. There was a large increase in the proportion of women that considered themselves to be mostly in good health (see Figure 12), and this is highly statistically significant ($p < 0.0001$). There were smaller but substantial improvements in those that were 'taking steps to improve their lifestyle', 'making and keeping appointments' and 'knowing how to manage illness'. Again, these were all statistically significant ($p < 0.0001$).

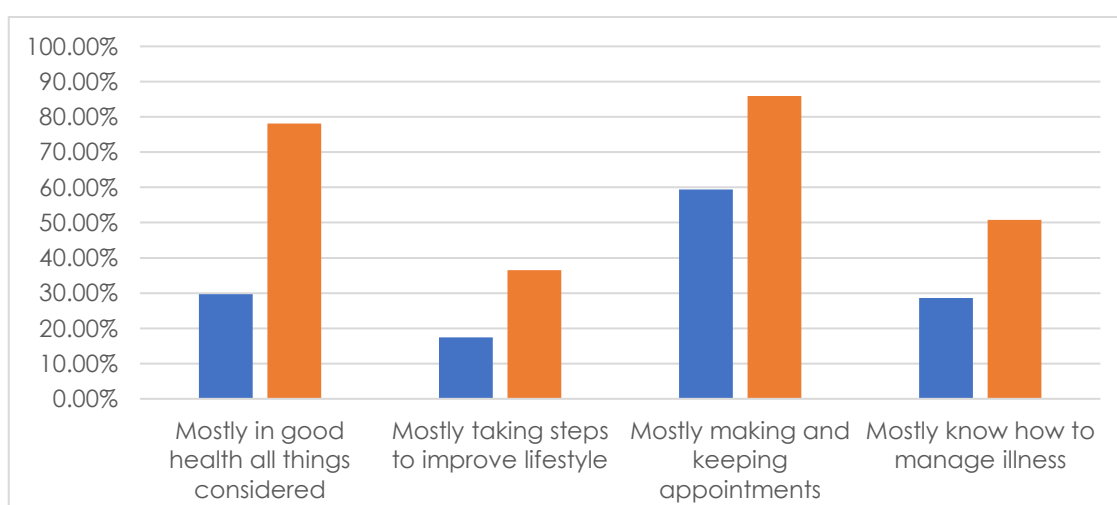


Figure 12: Changes in physical health

Some of the women interviewed had poor physical health (liver disease, angina, diabetes, and stomach problems linked to stress). Those that experience ill-health told us that their health improved after receiving the support they needed from the Partnership.

4.2.8 Outcomes: Relationships

Two questions in the survey assessed changes in relationships and the results are presented in Figure 13. As we can see. There are large improvements in the proportion of women saying that their relationships are free of physical, emotional, sexual or financial exploitation (almost 90% agreeing with this at follow-up). There have also been improvements in the proportion saying that they have regular contact with at least one family member (over 80% at follow-up). Both of these changes are highly statistically significant ($p < 0.0001$).

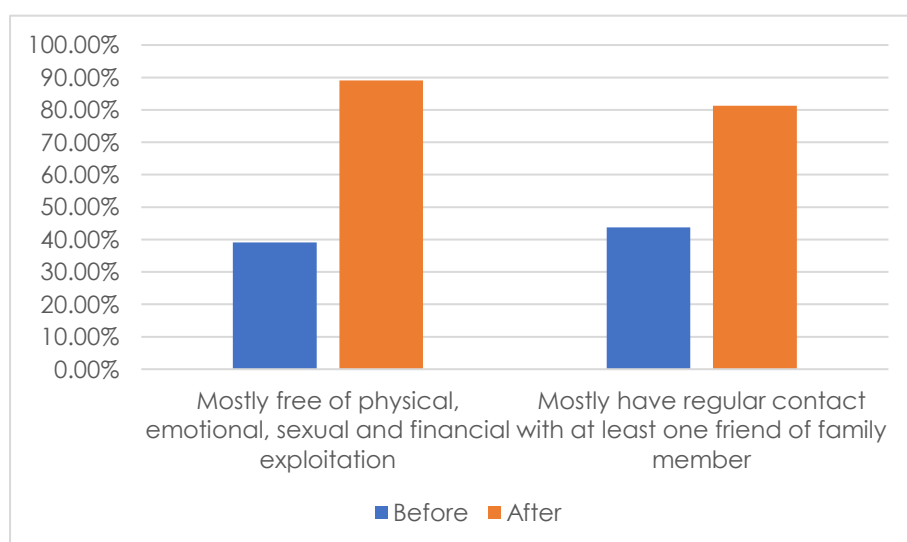


Figure 13: Changes in relationships

In general, we were told that domestic abuse does not present alone but brings many other complex issues, all of which are covered by the Partnership. To address this, Coventry Haven have been able to create drop ins at other organisations to enable access to more than one service provider, which has worked well because it ensures the service user receives support in the safest space for her.

In the interviews, all the women reported feeling socially isolated while they were experiencing the challenges that led them to engage with the Partnership. All women had experienced some form of abuse (sexual, physical, emotional) in their previous relationships with men. As demonstrated in the quantitative findings, there was a strong view that engagement with the project was positive for this area of

women's lives. There was also evidence from the interviews of women developing relationships and social networks outside of the Partnership, which were building resilience and could be a source of ongoing support. However, women were also aware that the partner organisations were still there for them, if they needed support. See Box 3 for a case study of the Women's Circle.

Box 3: Case study of Women's Circle

The Women's Circle was an initiative made possible through funding from the Women's Partnership. It was hosted by CRASAC. The need for such a group was identified through conversations between the partner organisations. The group was facilitated by counsellors and met every two weeks over a number of months. The purpose of the group was to provide facilitated space whereby women could engage in learning about self-care, share information, get information from external agencies, and receive mutual support in a safe space. One woman described the benefits as follows:

"There were other people like me, we learned stuff to do with being assertive, boundaries, self-care, we did something different every week, learning about how to look after yourself. For me it was very supportive because I had finished my counselling, and that was scary."

Another woman who had attended this group said that participating in the group had helped her to recover. She was very positive about her experience of the group:

"The women who led it were very real, there was no power imbalance, we were all in it together."

The group included visiting speakers from other services, who would provide information about services that were available to the women.

"I didn't feel I needed to use those services but knowing there's other organisations out there was good and for others that was really important. If I ever have friends who need any support, I could direct them."

A facilitator of the Women's Circle reported that having the staff from other services involved in the partnership visit the Women's Circle had the effect of making their communication and partnership stronger:

"It was nice to have a direct contact, having that person coming to the women's circle made that link stronger."

Furthermore, being part of the Partnership increased the facilitators knowledge of services available across Coventry. This knowledge was not in place prior to the Partnership:

"I was here four years before the Partnership started and I'd never head of FWT. Having the personal contact was great."

The Women's Circle also facilitated the service users to develop trust in other agencies:

"It allowed the women to establish a relationship with another professional, and to extend that trust that they had with us already."

This process also had the effect of identifying potential pathways for the women to progress along:

"We wanted to people to move out of the group and establish other networks, it was about progression."

4.2.9 Outcomes: Employment and finances

As discussed above, each partner within Coventry Women's Partnership has a specialism. FWT offer Social, Health and Economic programmes to women. As FWT's offer has a direct link to economic empowerment and progress, the Smallwood Trust asked FWT to complete Work Stars with the women they engaged and referred through Coventry Women's Partnership. As a result, to avoid duplication, specific employment questions were not included in the wider survey. Figure 14 outlines the average (mean) Work Star readings for Coventry Women's Partnership beneficiaries who accessed FWT at the last report to The Smallwood Trust in March 2020.

The Work Star shows holistic progress in aspiration and motivation, stability, basic skills, health and wellbeing. The data only include readings from those women who completed first and last stages. The longer the distance between the first and last reading, the more progress has been made. As we can see, there are improvements on average across all of these areas, suggesting progress in the employment outcome is taking place. Our qualitative work also found evidence of positive employment benefits, and all of the outcomes already discussed will also increase women's readiness for employment. There was much optimism about the prospect of progressing in education, upskilling/retraining, and securing employment.

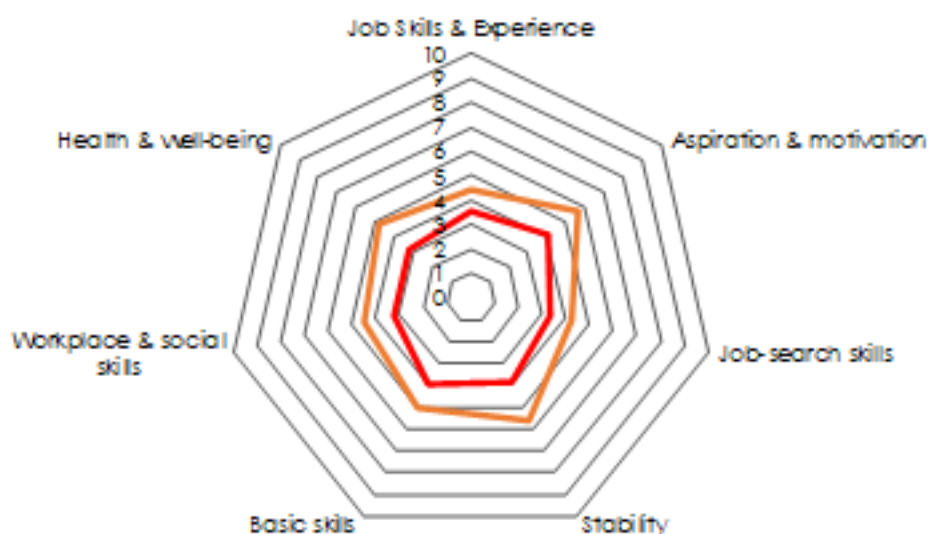


Figure 14: Findings from the Work Star

Many of the partners mentioned savings to women (who typically live on low incomes) from reduced travel, time spent attending multiple appointments and so on. Women also receive legal aid to help with their legal costs, which could be considerable, and in the absence of which women would potentially have to borrow money to finance seeking legal redress or forgo legal support altogether.

Women also receive help with accessing their full benefit entitlement, thereby improving their financial situation and, in some cases, preventing it from reaching crisis point. See Box 5 for a case study example of economic support for women.

4.3 Outcomes for the Partner organisations

In this section we discuss the Partnership model, and how it has impacted on the organisations and the women they work with. Although the organisations are not beneficiaries as such, changes in their method of recruiting and retaining women into the services is crucial to the success of the approach.

4.3.1 Referral process

The referrals process and interagency approach are two of the key features of the Partnership model. These were explored in interviews with the women and the staff members.

The initial referral process used by the women interviewed varied and included self-referrals, referrals through a Partner organisation and referrals through other services. However, once a woman is engaged with one service in the Partnership, the pathways to the other services are clearly defined. Staff told us that there is a high

level of communication between staff working in the services and an increased level of knowledge about what each service provides. Prior to the Partnership, referrals to other agencies were not very effective. Staff didn't know who to speak to, and women in desperate situations often needed support immediately. It was reported that women are now getting support more quickly:

"We have a direct way into all the other partners, the referral pathways."

"The clear referral pathways between organisations directly to specific points of contact has been invaluable and has saved time and efficiency of responses for women. By having the single point of contact within each organisation, it has created robust relationships which leads to learning and a quality response for all parties."

One organisation that works with sex workers told us that, for their clients, contacting new organisations can lead to anxiety and an expectation that they will encounter judgemental views. Careful referring is crucial for this group to ensure that they do not disengage. This has been accompanied by training for staff across the Partnership to ensure that sensitivities are understood.

"...lengthy meetings are stressful to women, and as much as we can do to save time on meetings or appointments in an office environment the better... these can be intimidating and lead to women giving up."

Box 3 sets out examples of pathways taken by the women once they are referred to a service within the Women's Partnership and Box 4 provides a case study of a referral pathway.

Box 3: Examples of typical referral pathways within the Partnership

1. FWT → CELC
2. KAIROS → CRASAC → CELC → FWT
3. Coventry Haven → FWT
4. CRASAC → FWT → CELC
5. CRASAC → Coventry Haven → CELC

Box 4: Case study of referral pathway

Debbie was referred to CRASAC from the Coventry Refugee and Migrant Centre due to having experienced sexual violence in her marriage. She was experiencing very poor mental health at the time.

"I was about to die; I was so depressed."

At CRASAC she engaged in counselling for two years, which was very positive for her:

"Having counselling was very freeing for me."

From CRASAC she was referred to the CELC for help with her Jobseeker's Allowance. Because she was married, she had to give information about her husband in this application but had difficulty accessing this information as she had left the abusive relationship. The CELC helped her to deal with all of the paperwork and the legal process. Debbie was very satisfied with the support she received in dealing with this problem.

"She was so helpful to me, very, very helpful. When you are in a situation like I was and you get the help from these (Women's Partnership) organisations. If it was not there, I think I would have died."

Eventually Debbie finished counselling, and subsequently got a job and is currently working and living in her own accommodation.

4.3.2 Interagency approach

"There is no project at FWT that doesn't use the Partnership, it cuts across the whole organisation."

Overall, the women's experiences point to the interagency approach supporting better referral due to the ease with which women can move between different services. The women's needs are identified early, and they are referred appropriately. There is trust in who they are referred to because there is an established pathway between the services:

"It's helpful [the interagency approach]. It's hard for me to trust people, I have to see you and get used to you, before I get into details about stuff. It helps that the organisations are close together. My worker in Kairos came with me to CRASAC and she helped me by coming here (to FWT) too."

Prior to the Partnership, there was only a reactive response. They would only refer women if accidentally disclosed, and Coventry Haven didn't know how to support women once their journeys through refuge had ended. In particular, there was a gap between crisis support and longer-term work on health, employment and education.

"It's been a transformative project for the women's sector and the voluntary sector too. A model of best practice on how to work together."

"I've worked in the voluntary sector in Coventry for 20 years and never seen a project so successful in improving how we support people. In meeting people's needs, the number of referrals and the quality of these referrals. In a context of such competitive funding that often pits organisations against each other, it's great to see agencies working together and knowing each other so well to the benefit of the people they support."

Rather than operating in a competitive environment, the organisations can now present a shared voice when responding to policy issues:

"...being part of the CWP brings a lot more legitimacy and attention."

One woman told us that she wouldn't have known about the other service if her key worker had not signposted her and also accompanied her to the other services for

initial appointments. Again, a high level of trust in the services was evident in the interviews.

"I wouldn't have known how to access these services. These places are safe places to go to, not many people know where they are and stuff like that. You have to sign confidentiality forms and stuff. So they are hard to find information about."

The interagency approach also allows for progression pathways to be identified and put into motion easily:

"...the way (the different services) were connected was very helpful. I didn't know about the CELC before I came to FWT. At [another frontline organisation] it was first come first served, you would queue in the rain with the children, they would tell you somebody would call you but they never called so I lost hope. But then I came here and they introduced me to the CELC and I had an appointment just like that, and I got sorted."

"Because they were working together it helped. The help you don't get from Crasac, you could go get from CELC, because they are all talking together"

A key element of the interagency approach was the recruitment of the Partnership Connector, who works across all partners and provides a conduit linking women to support. Prior to this, the provision was ad hoc, and there was no capacity for wider work. For example, at FWT, whilst disclosures sometimes happened by accident or default, there was now capacity to directly address domestic or sexual violence and link in the right support. We were told that this is especially important in BME communities where the stigma around gender-based violence makes it harder to disclose.

Finally, as mentioned above, the interagency approach ensures that women don't have to tell their story multiple times, the benefits of which were highlighted by one partner.

We must not forget the reduction in women having to repeat their story more than once, plus knowing that their trusted organisation is able to provide them with expert fast access to other trusted specialists, that they may not currently have a relationship with. Trust is crucial for survivors to feel able to disclose their abuse and trauma. All organisations involved in the project undertake a trauma informed approach to supporting victims, which is vital

4.4 Outcomes for the State

In this section, we discuss the evidence for wider economic and social benefits. As discussed in the ToC section, there are three ways in which these are likely to be happening:

- 1) Through efficiencies and time savings from the Partnership model
- 2) Through reducing the demand for statutory services (e.g. reducing the risk of crime)
- 3) Through preventative work that minimises the risk that social problems arise in the first place

4.4.1 Efficiencies

The main method through which efficiencies are happening is through the improved referrals process, which means that all of the organisations are operating more efficiently. The organisations are also working more effectively with other agencies:

"Internally everyone knows what to do: speak to [Partnership Connector] to refer women across the Partnership and externally too."

"Wraparound support was not available before. Without a dedicated worker, this couldn't have happened. Without resources, even with all the will in the world, we couldn't do this."

"Savings in time is the most important thing for operational staff – and also for women because they just go forward and don't need to repeat their stories."

4.4.2 Benefits to statutory services

One of the ways in which the project is expected to benefit State services is by reducing demand. As one interviewee put it, the project works with women who would otherwise require state services and be in emergency situations more often:

"If the project wasn't here, the cost would have gone somewhere else. Other organisations would have had to support the women and/or statutory services would have had to intervene at crisis point."

Each partner is linked up to other agencies, so the Partnership is also linked into State agencies, thereby creating a web of services. There was evidence from the interviews that, over time, the Partnership enables women to become more independent of statutory and voluntary services:

"If we were not here the council would have to take up these cases."

"Kairos aren't the commissioned organisation for sex workers in Coventry; but if they weren't there, the commissioned service wouldn't be able to cope."

One interviewee told us that the voluntary sector brings benefits to the state sector by identifying the needs of women on the ground and by reaching those closed groups who are very often not known to services and who may have a cultural fear of authoritative bodies.

As specialist organisations have the knowledge, often by lived experience, of exactly what the needs and priorities of women are, and how to support them with the many disadvantages that they face. [Our value added] is that we have direct access to women in all communities [and can therefore] inform policy, from the voices of those affected the most.

4.4.3 Prevention

The Partnership operates as a preventative service to pick up problems before they reach crisis (e.g. identifying domestic violence in an employment programme). This should lead to long-term benefit for the women and their children, as well as economic benefits for the State. One interviewee described this as social benefits leading to economic benefits over time. They described how, as women's urgent

needs are met, they can begin to build skills that can lead to employment and financial independence in the future.

Preventative activities undertaken by the Partnership include:

- Child/maternal health workshops.
- Working with prenatal and new mothers on mental health
- Encouraging women to attend cervical smears
- Integration project where refugee women in the city are identified for wraparound support (Referral from this come from the City Council)
- Innovative support (by Crasac) for PTSD that saves money to the NHS
- Supporting women get on Universal Credit so they have an income to support themselves and their families.

There are also savings through prevention of problems arising for children and specifically in child protection. One interviewee gave the example of a pregnant refugee woman in very poor housing. The Partnership Connector was able to put pressure on services to act fast to fix the property before the baby was born. We were told that many of the women that the Partnership supports are single mothers, who are often engaged with social services and struggling with parenting and at risk of safeguarding issues.

The holistic approach of the Partnership and their ability to help those that were left behind by other services were identified as key features of the Partnership:

"Other services deal with just one issue, housing for instance. But if trauma and other things are not dealt with, it won't work. The Partnership has the complete support package."

"We work with women who have no options, who were told they weren't eligible by statutory services, but between us we can map out a pathway and support them."

The CELC also pointed to savings to local authorities from avoided homelessness. This includes human resources in dealing with homelessness applications to local councils, support provided by staff and the high cost of temporary accommodation in hotels, B&Bs or hostels. This type of saving is guaranteed when the CELC is able to stop people from being evicted. This is either through successfully appealing against an eviction order and/or by challenging unfair sanctions to benefits and reinstating them (resulting in clients being able to pay their rent). Even though both are ultimately costs to the public purse, the latter is much cheaper and has the added value of keeping individuals and families in their own homes and communities, resulting in fewer crisis impacts.

The kinds of benefits discussed here are based on an 'invest to save' approach whereby upstream spending leads to a de-escalation of a crisis situation and

reduced need for more costly downstream services (homelessness, criminal justice and NHS).

"Prevention is the key here: preventing homelessness, fleeing situation, losing income; it's then easier on the family and on [statutory] services."

The final way that preventative benefits might flow is through the information-sharing, policy-influencing element of the project. Although the involvement of the Women's Budget Group was not formally part of the evaluation, partners spoke highly of the benefits that it brings by raising the profile of the work and promoting policy change in response to issues identified 'on the ground'.

These reports have created a legacy for the project. And for the service users who have been involved, it has helped them be heard, has given them a voice and input to affect change. This is vital in a survivor's journey.

Box 5. Case study of gender-based violence

Teema was 22 when she was referred to Kairos from a housing organisation where she was accommodated. She was referred because she was at risk of forced marriage. As she was isolated and estranged from her family, she needed help with benefits and housing. She was supported by Kairos for approximately 4 years. She received help with foodbank access, benefits entitlements, accessing hospital services. While she was engaged with Kairos, she was referred to Foleshill Women's Training where she received support from a key worker who accompanied her to appointments. The key worker also encouraged her to join a group.

"I wouldn't have wanted to go to groups. My workers encouraged me to go to groups and get out of the house, and socialise and stuff, but socialise with the right people. This helped with isolation."

She also engaged with the CELC as she had fallen victim to a financial scam and needed legal advice with the ensuing debt. Teema was a vulnerable adult because of her experiences. She survived an attempt at sexual abuse and sought help from CRASAC. The police were not helpful to her and she felt she was treated poorly by them. CRASAC helped her with an appeal on her case. She then started attending confidence building classes and group work classes which "showed me there were similar women to me out there who were in the same position that I was."

She has struggled with poor mental health and the support she received has helped:

"I would have gone down a spiral. I probably wouldn't have been here to be honest to you. T (key worker) was so good to me, whenever I needed her she was there. I felt like I was a burden but she was always there for me."

She still feels that she needs help with day to day responsibilities, such as with managing her bills and continues to access the services as needed.

5. Conclusion and recommendations

Several conclusions can be reached from this evaluation:

- 1) The Partnership is responding to a clear need – both individually and organisationally – within Coventry, and has exceeded its target to engage 300 women nearly three-fold
- 2) The qualitative evidence from the organisations describes a more efficient and joined-up process with more effective referrals, which is leading to efficiencies as well as better outcomes for women
- 3) The qualitative and quantitative evidence suggests the needs of women are being met and that outcomes have improved significantly across key areas like mental health, physical health, skills, confidence, relationships and finances. There is also evidence from the Work Star of improvement in employment outcomes.
- 4) Partner organisations have identified four pathways by which savings to the State are likely: improved efficiencies, absorbing the work of statutory services, upstream investments to reduce costly crisis situations and indirect savings through economic benefits to women.

As a result, we conclude that the Partnership is achieving its stated aims and make the following recommendations:

- 1) Given the Partnership is a pilot, there is a strong argument for extending the funding beyond the initial period.
- 2) Due to the savings to the State, there is also an economic argument for this programme being on a permanent statutory footing.
- 3) The model of service delivery should be carefully documented to assist other organisations, within and outside of the women's sector, to adopt the approach.
- 4) One option for improving the seamless nature of the work between the organisations would be to consider co-location in a Women's Centre. Similar models operate in other sectors such as homelessness (e.g. the Greenhouse in Hackney, or Mulberry Junction in Haringey). A related option would be a 'hub and spoke' model where some services are physically located separately but integrated via IT systems or other collaborative working methods. This may help to avoid uprooting services which are already well placed geographically. However, it was noted that many of the buildings that the services are operating in are in a state of disrepair and could benefit from an improved environment for both staff and clients. A Women's Centre could also include women's health clinics, creches and other women-specific

supports and building on service integration by including certain statutory services. Moreover, co-location would allow further efficiencies, for example by reducing the physical distance between organisations and enabling the sharing of resources (e.g. childcare facilities).

- 5) Although there were clear benefits identified through the evaluation, it was limited by the retrospective nature of data gathering. Where there is scope to embed before and after measures into service delivery, this should be done to improve the ongoing development of the evidence-base. This should include measures of service use and so on that can support the tentative findings on potential economic savings.
- 6) Longer-term funding ensures proper training, retention of staff and smooth and high-standard service delivery. The Partnership was funded for three years and this was crucial for its success, allowing enough time for partners to develop, adapt and consolidate their referral mechanisms and hire and retain skilled staff. Any future funding arrangements should take account of the benefits that longer-term funding (3-5 year minimum) brings.
- 7) FWT as lead partner received full cost recovery and as the pilot progressed it was recognised that for a project of this size to be successful additional funds were required for partners. FWT and project partners were able to approach the Smallwood Trust with an additional bid to meet areas of the project that they identified as running at a loss due to arising need. Any funded continuation should operate within a model of full cost recovery; meaning that full administrative costs, overheads, and developmental costs associated with the project are included in budget estimates to ensure the continuation of the project to a high standard.
- 8) There have been opportunities for staff to attend free or discounted training offered across partners. However, more in house sharing of training, resulting in the upskilling of all staff in the Partnership would further support a more rounded service in the future.
- 9) Staff identified the potential to offer out further training to women (as FWT do now) but to look at joint groups of internal staff across the Partnership jointly offering newly developed provision to women. This would be enabled by the co-location of services discussed above.
- 10) An online portal that can be accessed by women and workers was recommended. This would allow women to self-refer to the Partnership and could be accessed by each organisation. This could further support identification of need, seamless referrals, and further develop central monitoring and reporting for the project. However, there were concerns over the Partnership IT capacity and extra funding resources would be required to develop this.

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