

# **‘From Street to Home’**

## **Workstream 2 (deliverable: 2.1) Evaluation of the Anawim-Midland Heart partnership (Full report) UK March 2015**

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# Women with Multiple Needs: Breaking the Cycle

## Evaluation of the Anawim Midland Heart partnership (Full report)

### Introduction

This evaluation of the Midland Heart and Anawim partnership (hereinafter referred to as the informal agreement) is one of the major objectives of the EU project *From Street to Home: Investigating how an integrated approach to housing provision and social support can reduce the threat of violence against women*<sup>1</sup> funded by the European Commission Directorate for Justice, DAPHNE programme.<sup>2</sup>

The project, which involves practitioners and researchers from five countries across Europe, addresses the lack of an integrated approach to housing and on-going social support for women at highest risk of being victims of violence. As well as looking in detail at the support needs of vulnerable women in their countries, it will identify and analyse how expert services that offer joined-up accommodation and social support can be established and operated successfully across the EU, taking into account context-specific environments and cultural differences.

One of the aims of the project is to develop an evidence base that enables policy makers and practitioners to connect housing with social support for vulnerable women more effectively. The project partners also intend to produce recommendations and guidelines for future implementation that are grounded in sound and thorough research.

The project hypothesis is that a major issue facing women with multiple needs is a lack of clear housing pathways accompanied by integrated social support. To provide a robust evidence base to inform policy recommendations, the project will test this hypothesis and investigate what does, and does not work in both service delivery and partnership working. Increasing partnership working could take the form of, for example, housing organisations collaborating more closely with other organisations providing social support, resulting in a more joined-up service for vulnerable women. The project partners will be communicating with organisations that arrange and deliver services to women, to identify examples of joined-up approaches that have been successful.

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<sup>1</sup> <http://www.streettohome.eu/>

<sup>2</sup> [http://ec.europa.eu/justice/fundamental-rights/programme/daphne-programme/index\\_en.htm](http://ec.europa.eu/justice/fundamental-rights/programme/daphne-programme/index_en.htm)

## **Section 1: Background and Context**

The Anawim/Midland Heart informal agreement was identified as a potential model of good practice and suitable as an evaluation case study for the 'From Street to Home' project. The intention of the evaluation, undertaken by a series of interviews with key stakeholders, therefore was to investigate:

- what does and does not work in service improvement,
- how women with multiple and complex needs experience the service and outcomes,
- the cost-effectiveness of the partnership
- if the partnership results in any 'added value' impacts.

This evaluation report will begin with a brief consideration of the multiple needs that are often associated with the client group, followed by an introduction to the two partner organisations. Themes arising from the interviews with stakeholders will then be considered, concluding with some recommendations and items for discussion.

### **The Client Group**

The client group of the Anawim and Midland Heart Housing Association informal agreement are vulnerable women with multiple needs. The evidence shows that these women will often present with a range of unresolved issues and have experience with the criminal justice system. Women in the criminal justice system are more likely to have chaotic lives compared to men and are also likely to have a range of complex and multiple vulnerabilities and needs, including mental health problems, alcohol and substance abuse, and homelessness. It is common for them to have experienced deprivation and serious abuse as adults or during childhood and to be mothers with primary caring responsibility for their children (Calderbank et al., 2011; Corston Independent Funder's Coalition, 2011; Criminal Justice Alliance, 2010; Fawcett Society, 2004).

The journey through the CJS often does not address women's multiple needs resulting in a cycle of re-offending. Women with multiple problems have particular needs at each stage of their journey through the criminal justice system. In the community, women require holistic support that will prevent them from re-offending. Upon arrest, there is a need for diversion to effective support. When in police custody, there needs to be screening for personality disorder and mental health issues.



**Figure 1: Women’s Journey through the Criminal Justice System**

At the point of remand, women need advocacy at court and in pre-sentence reports for community sentences. When they reach prison, support is required to ensure that effective plans for release are in place, which incorporates ‘through the gate’ support into safe and secure housing.

Availability of health, drug and support-services in the various stages of the criminal justice system is often ‘hit and miss’ and, in some cases, can be destructive for some women. It can be effective if, for example, they are in prison long enough to achieve a degree of stability. If this is not continued in a seamless way however, women can return to the cycle of destructive behaviour (e.g. drug use, sex work).

Figure 1 above reflects, to some extent, a woman’s journey through the CJS. This starts at the point of arrest where they are either released and returned to the community or held on remand in prison. One in seven women is imprisoned on remand, spending on average four-six weeks incarcerated. More than half of women remanded in custody do not receive a custodial sentence.<sup>3</sup> People experiencing homelessness are more likely to be remanded in custody as the ability of criminal justice agencies to monitor them is compromised by their lack of a fixed address<sup>4</sup>. This is a cyclical process and, currently, women’s centres like Anawim are well

<sup>3</sup> Table 1.1c Ministry of Justice (2012) Offender Management Statistics Quarterly Bulletin, January to March 2012, Ministry of Justice

<sup>4</sup> Howard League, 2013, No fixed abode: The implications for homeless people in the criminal justice system Summary. Available online at: [https://d19ylpo4aovc7m.cloudfront.net/fileadmin/howard\\_league/user/pdf/Publications/no\\_fixed\\_abode\\_web.pdf](https://d19ylpo4aovc7m.cloudfront.net/fileadmin/howard_league/user/pdf/Publications/no_fixed_abode_web.pdf). Accessed 10/02/14

positioned to break this cycle. However, lack of funding combined with a lack of safe, affordable housing and changes in government policy put their ability to intervene at severe risk.

Estimates imply that there are around 910,000 women with both chaotic lifestyles and multiple needs in the UK (Corston Independent Funder's Coalition, 2011). As a direct result of their chaotic lifestyles and/or multiple needs, many of these women will have contact with the criminal justice system.

As Table 1 below shows, 297,938 sentences were given to women in 2011. 76.6 per cent of these sentences were fines and 9.6 per cent were community sentences (Ministry of Justice, 2012).

<b>Percentage of disposals issued to those sentenced for all offences, by gender, 2007-2011: Females</b>					
<b>Disposal</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>
Absolute or conditional discharge	7.8%	7.5%	6.8%	7.5%	7.3%
Otherwise dealt with	1.8%	3.0%	1.3%	1.5%	1.4%
Fined	75.2%	73.9%	76.9%	75.8%	76.6%
Community Sentence	10.6%	10.7%	10.3%	10.2%	9.6%
Suspended Sentence	1.9%	2.1%	2.1%	2.3%	2.5%
Immediate Custody	2.7%	2.9%	2.6%	2.7%	2.7%
<b>Total</b>	<b>289,505</b>	<b>288,338</b>	<b>314,815</b>	<b>305,094</b>	<b>297,938</b>

**Table 1: (Table adapted from: Ministry of Justice (2012) Statistics on Women and the Criminal Justice System 2011, p.57).**

In the last 15 years, the number of women in prison has increased by 114% (Ministry of Justice, 2011a). Most women in prison are convicted of non-violent offences and sentenced for acquisitive crimes such as handling stolen goods, fraud, shoplifting and theft (Home Office, 2002; Fawcett Society, 2003 and 2004). Almost two thirds of women who receive sentences for less than 12 months are reconvicted within a year of release (Prison Reform Trust, 2011).

The sentences that women receive are generally quite short. Figures issued in 2012 indicate that two thirds of all women sentenced to custody were serving sentences of six months or less (Ministry of Justice, 2012).

<b>Custodial sentence length for females and males found guilty of a criminal offence, 2007-2011: Females</b>					
<b>Custodial Sentence Length</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>
Up to and including 6 months	68.6%	67.9%	67.2%	69.1%	65.0%
Over 6 month and up to and including 1 year	12.3%	12.7%	12.2%	10.4%	12.2%
Over 1 year and up to and including 4 years	15.3%	15.7%	16.9%	17.4%	19.2%
Over 4 years (1)	3.8%	3.7%	3.7%	3.1%	3.6%
<b>All Offenders</b>	<b>7,795</b>	<b>8,359</b>	<b>8,100</b>	<b>8,196</b>	<b>8,046</b>

**Table 2: (Table adapted from: Ministry of Justice (2012) Statistics on Women and the Criminal Justice System 2011, p.76).**

More than half of the women who go to prison do so on remand and they spend, on average, six weeks in custody. Of those on remand, sixty percent will receive a custodial sentence (Prison Reform Trust, 2011:3). The length of sentence can have a dramatic impact on the lives of women prisoners. Their children may be taken into Local Authority Care for example, or they may lose their job and their home. These are factors that can increase the chances of reoffending and the prevalence of other issues including mental health problems (Wedderburn, 2000; Durcan, 2007).

### **Women as sole carers**

Many women prisoners often have primary care responsibility for dependent children (HMI Inspectorate of Prisons, 2007; Calderbank et al., 2011). Due to the small number of women's prisons, women are more likely to be detained further from their homes, making it difficult for them to maintain contact with their children (Corston, 2007). The Bromley Briefing (2009) indicated that there are 17,700 children separated from their imprisoned mothers resulting in many being taken into local authority care (Durcan, 2007).

### *Re-Unite*

Many women face problems in obtaining custody of their children following a prison sentence because they do not have adequate housing. Often, these women are applying for housing and housing benefit to suit the needs of their children but are, in essence, perceived as 'single women' and are unable to secure the necessary accommodation to allow them to re-establish custody of their children.

This 'catch-22' situation is a key problem for those women who want to be reunited with their families. Family responsibility has been identified as playing a key role in reducing women's re-offending. The Re-Unite programme addresses this specific issue and aims to reunite mothers with their children where it is in the best interest of the child. Re-Unite was originally set up in 2007 in London but after a successful evaluation in 2009 has expanded to a number of cities around the UK, including Birmingham.<sup>5</sup>

### **Mental Health Problems**

Women prisoners usually have a higher prevalence of mental health problems than women in the community at large (Gelsthorpe et al., 2007; Corston, 2007). They are almost twice as likely to have recently received help for mental health problems as men, more likely to need help in prison for mental illness, more likely to use prison health services and to take medication and are much more likely to self-harm (Singleton et al., 1998; Corston, 2007 quoted in Fossey and Black, 2010).

The Prison Reform Trust (2011) report that 37% of women sent to prison have attempted suicide at some point in their life and the Ministry of Justice statistics (2010) indicates that women accounted for 43% of the 24,114 recorded incidents of self-harm, despite comprising only 5% of the total prison population.

The mental health needs of women prisoners are complex and often stem from histories of abuse, high levels of drug misuse and co-morbidity that are compounded by the prison environment. While in prison women are more likely to seek help for high levels of both severe and enduring mental illness and psychological distress, than men (HM Inspectorate of Prisons,

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<sup>5</sup> <http://www.re-unite.org.uk/>



2005). Many women with multiple needs display trauma symptoms due to past violence and the lack of a safe environment. It is important to understand how trauma can be an obstacle for some women to access services and treatment (Saakvitne et al., 2000). Unacknowledged or untreated trauma and the related symptoms may prevent women asking for help for health, mental health, and substance abuse problems and hinder their engagement with treatment (Brown, 2000; Melchoir, Huba, Brown, & Slaughter, 1999). In recognition of the differences between male and female offenders with personality disorder the National Offender Management Service (NOMS) and the Department of Health (DH) have produced a separate strategy for women offenders with personality disorder (National Offender Management Service (NOMS) and the Department of Health (DH), 2011). The strategy acknowledges that female prisoners have experienced high levels of trauma during their lives that includes severe and repeated physical and sexual victimisation, for example one in three women in prison has suffered sexual abuse. After release from prison it is possible for the women to continue treatment in a psychologically informed planned environment (PIPE) for example in an approved premise.

Among the serious issues that have been identified as affecting women prisoners are a history of self-harm, worries about children, abuse and homelessness. These are all factors that impact on mental health. Many of the prisoners in the study by Durcan (2007:7) *'had previous contact with mental health services but had not been followed up and had lost touch'*. Fossey and Black (2010:1) argue that a *'fifth of women in custody fulfill criteria for a borderline personality disorder (BPD)'* and that *'BPD is a debilitating and distressing condition (Perseus et al., 2005), and research suggests that prison itself may make it worse (Wolff & Shi, 2009)'*. Hence the need to support community sentences as alternatives to custody.

In the area of wellbeing, women were identified as suffering higher levels of emotional distress compared to any other group of prisoners. This is consistent with other research and prevalence studies and with research that links psychological distress with previous domestic and sexual abuse. This is a background shared by many women in prison (HM Inspectorate of Prisons, 2007). As previously noted, a particular concern for women is separation from their children.

In the community, individuals from black and ethnic minorities are more frequently diagnosed as schizophrenic. However, referral and take up of mental health services by black and ethnic minority prisoners is an under-researched area. The HM Inspectorate of Prisons (2007) found that the situation for BME prisoners with mental health issues was complex as their different needs were not sufficiently recognized by health care staff.

A further issue is the operation by some Community Mental Health Teams (CMHTs) of a *'three strikes and you're out policy'*. This is a process where failure to attend three appointments results in the patient being *'struck off'*. Policies of this nature fail to take into account the difficulties women with complex needs, for example, have.

### **Experience of Domestic violence and abuse**

Women prisoners in the UK have been identified as being at particular threat of violence and domestic abuse. Evidence indicates that they are more likely to experience abuse than women in the general population (Corston, 2007). This is particularly evident for women on community based sentences where a high prevalence of past domestic and sexual violence continues while they are serving their community sentence (Rumgay, 2004).

The Corston Report (2007) identified that 50% of women in prison had experienced violence and abuse and one in three women has suffered sexual abuse. In 2008, half of women prisoners interviewed as part of the background for the HM Prison Service Order 4800 said that they had experienced domestic violence and a third had experienced sexual assault; a third reported having experienced sexual abuse in childhood (HM Prison Service, 2008: 2–3). This level of abuse indicates the need for provision of access to practical and therapeutic help to deal with the damaging physical and psychological effects. Such provision could have a positive effect, particularly if undertaken in the community, in the same way that treatment for problematic drug or alcohol use has impacted, act to reduce future offending behaviour (Social Exclusion Task Force, May 2009; Rungay, 2004).

### **Addiction**

A large proportion of women with multiple needs have an addiction to drugs or alcohol. 39% of female sentenced prisoners admit to hazardous drinking prior to entering prison, with half of these having a severe alcohol dependency. Up to 55% of people entering prison are problematic drug users (Criminal Justice Alliance, 2010). In 2009, approximately 70% of women entering prison required clinical detoxification and 65% said that they had used drugs during the previous year. The percentage of women who had used crack cocaine was 49 percent and 44 percent had used heroin (Social Exclusion Unit, 2009). Stewart (2008) argued that prisoners sentenced to less than one year had higher rates of heroin, cocaine or crack use (44 per cent) compared to those serving longer sentences (35 per cent).

The HM Inspectorate of Prisons found that women were slightly more likely than men and much more likely than young adults to have problematic drug use when they arrived at prison and that women were less likely to be alcohol dependent compared to men (HM Inspectorate of Prisons, 2007). According to HM Chief Inspector of Prisons for England and Wales report (2010), two-fifths of sentenced women prisoners (39 per cent) admit to hazardous drinking that involves the risk of physical or mental harm.

### **Housing and accommodation**

The effective resettlement of prisoners into the community is central to preventing reoffending. Yet on release, around 70% of prisoners report having no employment, education or training in place and around 30% have no accommodation, with many more only having access to temporary housing. This has significant effects on reoffending, with 74% of prisoners with problems with both employment and accommodation reoffending during the year after leaving custody, compared to 43% of those with no problem with either (Criminal Justice Alliance (2010)).

Securing housing is a key concern for women offenders and a higher proportion of women are homeless at the point of release from prison compared to men (Social Exclusion Unit, 2002). Securing housing is a higher priority than gaining employment for women. Often, imprisoned women are under threat of losing their home, as they are less likely than male prisoners to have a partner to maintain a tenancy on their behalf. Women with multiple vulnerabilities often require a range of services to meet their complex child care needs. Such interventions are often needed to prevent family breakdown as a result of separation from their children (Gelsthorpe et al., 2007; Corston, 2007).

Loss of their home is a particular concern for women leaving prison who hope to regain custody of their children. They can find themselves in a 'Catch 22' situation, lacking appropriate housing and being ineligible to apply for an appropriate tenancy as they have not secured custody of their children. There is less evidence available concerning women who are not sentenced to custody. However, it is likely that a large proportion will have significant needs and would benefit from an integrated approach that addresses their complex needs (Corston Independent Funder's Coalition, 2011).

A re occurring theme is that partnership working is crucial to providing joined up and holistic services to women with multiple needs. Partnership working has improved both in the policy arena and in service delivery. In the current situation of cuts in public expenditure it becomes more vital that working in partnership where efficiency is increased and duplication of services are reduced. The review by Revolving Doors provided evidence of the willingness and ability of local statutory and voluntary services to come together to develop imaginative local solutions for this group of women with multiple needs (Revolving Doors, 2013)<sup>6</sup>

## **Section 2: Anawim and Midland Heart**

The informal agreement under consideration here results from recognition by the two partners that finding suitable safe and stable accommodation for women with multiple needs is problematic. The catalyst for the initiative was the Re-Unite programme developed by Commonweal in London.<sup>7</sup> The agreement between the two partners was designed to develop and build upon the foundations laid by Re-Unite. The two partners recognise that the housing provider, Midland Heart, takes on an element of risk, but this is offset by the continuing support provided to the client by Anawim. We will begin this section of the report by introducing the two partners engaged in the initiative.

### ***Anawim***

The Anawim Centre in Balsall Heath offers a wide range of support to women and their children. A range of organisations refer clients to Anawim including the Probation service, the police, Social Care and Health and housing providers. On some occasions, women refer themselves. Each woman at the Centre is allocated a case worker who will work with them to formulate a case plan that addresses the needs identified. As the Anawim website notes: "Anawim's approach is holistic, individually tailored and designed to last for as long as it takes for the woman to change her life for the better"<sup>8</sup>.

Anawim is involved in a number of projects supported by the criminal justice system and other funders. Anawim provides alternatives to custody working in partnership with the government, through probation, by offering initiatives to reduce women's offending and re-offending. In 2009, Anawim was one of the organisations chosen by the Ministry of Justice to offer the

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<sup>6</sup> Thinking Local - Key Lessons from the National Development Programme, <http://www.revolving-doors.org.uk/documents/thinking-local/>. Accessed: 10/01/2014

<sup>7</sup> Commonweal Housing: <http://www.commonwealhousing.org.uk/>

<sup>8</sup> From the Anawim website: <http://www.fatherhudsons.org.uk/index.php?/site/comprocombasedsub/anawim/>

Specified Activity Requirement for women offenders with multiple and complex needs who would otherwise have been sentenced to imprisonment, having previously offered a Community Payback scheme. Now they take women on Mental Health Treatment Requirements as well with the help of a Department of Health funded pilot. Anawim is also part of the Re-unite programme that was originally set up in 2007 in London with the aim to reunite mothers with their children where it was in the best interest of the child.

The Services that Anawim offer require liaison and partnership working with a number of other agencies to provide various services to the women including financial advice, drug and alcohol services and counseling. In addition, the Centre also offers a wide variety of courses. These range from classes that focus on self-help and confidence, creative arts and therapeutic workshops to academic and accredited courses designed to move the women towards employment.

The Anawim Centre provides family services including a crèche run by professional childcare workers and offers women advice and support with all aspects of parenting including child development, nutrition and school attendance. Workers also undertake home visits to help women to take advantage of facilities in their own areas. The Centre includes an Outreach Team that supports women in prison, in the community- including those living in hostels- and women working on the streets. The team undertakes night outreach once a week to offer help and support to women who are working on the streets at night.

To meet the identified and often unidentified needs of many of the women who attend the Centre, a Mental Health team was created. This has meant that women can now be referred to Anawim on court orders with a requirement to attend the Centre for mental health support. This was a pilot as part of the liaison and diversion strategy but is under threat of closure when the pilot finishes in April 2014

The following table details the services available at Anawim:

Services delivered by Anawim – a women’s community project or ‘One stop shop’		
Core	Best Practice	Optional
case working (assessment, support planning and co-ordination)	Access to mental health services	Accommodation – partnership with Midland Heart Housing Association
One-to-one assertive support, motivation and problem-solving	One-to-one counselling	
Confidence and self-esteem building activities	Benefits, finance and debt advice	ROTL (release on temporary leave from prison) placements Legal advice Methadone/substitute prescribing Social enterprise activities Access to showering facilities
Specialist domestic violence support	Challenging offending or anger management courses	
Crèche on site and childcare provision in school holidays	Drug and alcohol misuse support services and interventions	
Referrals to specialist agencies, rape and sexual abuse support, drugs, alcohol and debt	Education, training and employment support	
Re-unite	Specific work with sex workers	
	Healthy living and self-management sessions	
	Volunteering and mentoring training and opportunities	
	Housing advice & support with pathway into secure tenancies and temporary accommodation, with private landlord, hostels and supported housing	
	Parenting support	
	Prison in-reach and resettlement support	
	Practical help (e.g. some meals, clothes, toiletries, food parcels)	
	<b>CJS-specific interventions</b>	
	On-site access to Probation appointments	
	Court liaison	
	Community sentence provision:	
	- Unpaid work placements	
	- Specified activity requirements	
	- Mental health treatment requirements	

**Table 3: Services available at Anawim**

### **Midland Heart Housing Association**

Midland Heart began in the 1920's when, as Copec, it first became 'passionate about communities', improving slum housing in Birmingham and campaigning for clearance.<sup>9</sup> Midland Heart is one of the largest housing, care and regeneration groups in the country with approximately 32,000 homes.

The housing portfolio of Midland Heart includes nearly 22,000 general needs properties, over 2,000 shared ownership homes and significant care and support provision of nearly 6,500 units. The supported housing sector provides accommodation, care and support for those who are homeless – including those with complex needs – older persons and those with mental health and learning disabilities. Midland Heart recognizes the key role played by third sector organisations in supporting some of the most marginalised in society and actively seeks partnerships with smaller service providers which will help to achieve better outcomes for those with the most complex needs.

Every year Midland Heart invests more than £100 million in improving existing homes, building new ones and making neighborhoods' more desirable and sought after places to live. Midland Heart resources are used to respond to local need, champion local causes and ensure a voice for customers at a national and regional level.

Midland Heart believes that housing is a key wellbeing issue. Social Housing traditionally accommodates and supports some of the most vulnerable in society, on the lowest incomes,

<sup>9</sup> <https://www.midlandheart.org.uk/about-us/a-little-history>

with higher health inequalities and the potential for high care needs. Midland Heart believe that all their tenants should be able to live in an environment they can afford; where they feel safe; are empowered; can shape services and where care and support that is appropriate to their needs can be met.

The support that Midland Heart provides is built around the needs of individuals and includes a range of services such as welfare and debt advice; employment support; community capacity building and help to live independently. This can be provided by the internal resources of Midland Heart, but liaison also takes place with a range of statutory and third sector providers in order to build the fullest and most appropriate package of support possible.

Midland Heart run a range of initiatives such as the *Back on Track programme* that was developed to support young people to build their skills and resilience to develop a stake in society. The programme is an apprenticeship placement at Midland Heart. Wrapped around this is a system of support which aims to catch any issues which may affect their chance of meaningful employment – offering intensive family support and staff mentors, housing and money advice and help with immigration.

Midland Heart also runs a number of hostels that cater for the homeless or those in need of housing. These include:

- The Snow Hill, Birmingham – The Snow Hill, formerly a hostel housing men in single rooms with shared facilities, has 46 apartments for homeless people with support needs and 46 for employed people who have not been homeless and do not have support needs. This housing scheme includes the Frost and Snow Café set up to provide homeless people with opportunities to help them into work, the social enterprise cupcake bakery has trained more than 60 people.
- Helen Dixon House Hostel caters for women aged over 25 who are homeless, at risk of homelessness or in housing need. There are 42 units of self-catered accommodation with some rooms that have shared facilities and some which are self-contained. The hostel provides housing related support to all customers to enable people to move towards independent living. A full risk and needs assessment is undertaken with each customer and appropriate support is provided to address their individual needs. Initial length of stay is 28 days with a possible extension of up to 4 months
- Lancaster Street Multiple Needs Unit Hostel, operated by Midland Heart, currently caters for 15 males aged between 25 and 48. Customers must be referred through a support agency, have a history of exclusion and with a multiplicity of need. All customers are subject to a maximum of four years stay. Accommodation comprises of 15 bed-sits with shared facilities also provided. The project is staffed 24 hours per day and housing related support is provided to encourage social inclusion and to re-establish links within the community.

## Section 3: The evaluation

### Testing and evaluating an integrated approach initiative

As noted above, the evaluation of the informal agreement between Anawim and Midland Heart was designed to explore the effectiveness of the collaboration between the two organisations. Other key components of the evaluation included investigating what does and does not work in service delivery, examination of the service experience and outcomes for women with multiple and complex needs, assessing the cost-effectiveness of the partnership and, if applicable, any 'added value' impacts.

The informal agreement works on the basis of Midland Heart making available up to 40 ring-fenced tenancies Anawim provides the social support to the women who are selected/put forward for tenancies. The agreement is a development of the Re-unite programme described above. The two organisations are, however, involved in the Re-unite programme, which accommodates between six to eight women per year.

The evaluation framework, which includes a qualitative evidence base and a cost benefit analysis, was agreed with both Anawim and Midland Heart. This ensured that the process reflected the essence of the programme and the views of the various stake holders (service providers and clients) consulted.

Beneficiaries were pro- actively involved in the evaluation both to evidence the impact of the initiative and to obtain feedback to help inform potential future developments. The voices of the beneficiaries were a crucial element of the evaluation and the approach captures women's perspectives and experiences of their involvement and engagement with the initiative. Similarly, it is important that both organisations are receptive to the voices of service users and a 'listening culture' is in place.

### Sample

#### *In-depth interviews with stakeholders*

The primary method employed for the evaluation was a series of interviews with key stakeholders. Interviews were conducted in April and May 2013 with six key personnel based at Anawim and five from Midland Heart. Participants represented a range of roles from management to staff engaged with delivering services to clients.

#### *In-depth Interviews with beneficiaries*

In addition, nine sample interviews were carried out with women recipients of the joint initiative, all of whom were living in a Midland Heart Housing Association property. Each woman was interviewed at Anawim or in her own home with the interview lasting on average 50 minutes. Interviews were semi-structured based on pre-determined schedules that covered key points (see appendices). The aims of the research were explained to all participants prior to interview and consent forms were obtained. The conversations were digitally recorded with the consent of participants and written-up post interview. Interviews were not transcribed verbatim, but key points were identified for later analysis. No individual participants are identified in this report.

As can be seen from table 4 below, the sample group of women service users was varied. The majority of the women had experience of domestic violence or abuse and were being treated for depression. In addition most of the women had problematic drug or alcohol use.

<i><b>Name of respondent</b></i>	<i><b>Experience of DV/abuse</b></i>	<i><b>Mental Health Problems</b></i>	<i><b>Experience of CJS</b></i>	<i><b>Drug and or alcohol addiction</b></i>	<i><b>Number of children</b></i>	<i><b>Benefits</b></i>	<i><b>Ethnicity</b></i>	<i><b>Age</b></i>
<b>A1</b>	Impact of DV between parents	Depression	none	Uses cannabis	0	Yes - also working P/T	Black Caribbean	20
<b>A2</b>	11 years of DV	Depression and PTSD	Order at Anawim	Heroin	5	Yes	White British	27
<b>A3</b>	Experienced DV	Depression	Served time in prison	None	0	Yes	British Indian	32
<b>A4</b>	15 years DV	Depression	Order at Anawim	Alcohol	6	Yes	White British	42
<b>A5</b>	Sex worker and DV	Depression	In prison	Heroin	2	Yes	White British	24
<b>A6</b>	None	Depression	Served time in prison	Alcohol	1	Yes	White British	35
<b>A7</b>	12 years DV	Depression	Served time in prison	Alcohol	3	Yes	White British	44
<b>A8</b>	Experienced DV	Depression	18 month order	None	5	Yes	White British	46
<b>A9</b>	Child abuse	Depression	None	Alcohol	2	Yes	White British	43

**Table 4: Profile of women interviewees from Anawim with Midland Heart Tenancies**

#### *Case worker interviews – case studies*

To supplement the above data, further interviews were undertaken with caseworkers at Anawim to explore the needs of those women considered too chaotic to interview or to provide informed consent. The Anawim support workers identified eight case studies. The names of the women in the case studies were not disclosed to the interviewer.

As table 5 below indicates, chaotic clients present similar key issues to those of the women interviewed at Anawim. All of the case study sample have experience of abuse and/or domestic violence, have mental health problems, drug or alcohol addiction, have been sex workers and most have been in prison multiple times.



<i>Name of respondent</i>	<i>Experience of DV/abuse</i>	<i>Mental Health Problems</i>	<i>Experience of CJS</i>	<i>Drug and or alcohol addiction</i>	<i>Number of children</i>	<i>Benefits</i>	<i>Ethnicity</i>	<i>Age</i>
<b>CW1</b>	Sex work from 13 yrs.	Mental health problems – self-harm	Multiple times in prison	Drugs, alcohol, gas	3 (all adopted)	Yes	White British	43
<b>CW2</b>	Sexual abuse & DV, sex worker	Hears voices on antipsychotics	Been in prison	Crack and Heroin	3 (all adopted)	Yes	White British	38
<b>CW3</b>	Sex worker, sexual abuse (in care)	Psychosis, self-harm	Been in prison	Crack and heroin, alcohol	No children	Yes	White British	26
<b>CW4</b>	Physical and sexual abuse, sex worker, DV	Hears voices, anxiety, depression personality disorder	Multiple times in prison	Alcohol, crack, on methadone	2 pregnancies lost due to beatings	Yes	White British	33
<b>CW5</b>	Sex worker, DV, sexual abuse	Depression, anxiety, self-harm	Been arrested	Cannabis	4 children adopted	Yes	White & Asian	26
<b>CW6</b>	Sexual abuse, extreme DV, sex work	Anxiety, sees faces, hears voices, depression on antipsychotics	Been in prison	Crack, methadone, Alcohol	3 children in foster care	Yes	White British	38
<b>CW7</b>	Sex worker, DV	Depression and antipsychotics	Prison more than once	Crack, heroin	3 children adopted	Yes	White & Asian	34
<b>CW8</b>	Sex worker, DV, sexual abuse	Hears voices, panic attacks	No CJS involvement	Cannabis, alcohol	No children	Yes	White British	50

**Table 5: Profile of women from the case study interviews with support workers at Anawim**

## **Section 4: Key Findings from interviews**

An initial thematic analysis of the interviews was conducted to identify key issues arising. Following this initial exercise, the key themes were mapped across all stakeholder groups to produce a comprehensive review of the perceived needs of service users, how the partnership works in practice, perceived successes and barriers and views relating to sustainability. These will now be examined in greater detail.

### **Identifying Need**

There was clear indication from all stakeholder groups that women who were beneficiaries of the joint initiative often demonstrated a significant number of needs identified from the UK

Nine Pathways to Reducing Re-offending. To re-cap, these consist of seven original pathways established in the UK government's Reducing Re-Offending Action Plan (2004):

1. Accommodation
2. Education, Training and Employment
3. Mental and Physical Health
4. Drugs and Alcohol
5. Finance, Benefit and Debt
6. Children and Families of Offenders
7. Attitudes, Thinking and Behaviour (Home Office, 2004).

As a result of the work of the Prison Service Women and Young People's Group, two new pathways of offender management were developed, as reported, and commended in the Corston Report (2007). Pathway 8 focuses on women who have suffered abuse. Pathway 9 (Support for Women Prisoners who have been involved in Prostitution) as Clarke (2009) notes, identifies the 'need for prisons to work with specialist sex work projects to address the support needs of this group of women'.

Stakeholders noted that many of the above pathways are interwoven, resulting in women presenting with multiple needs:

...when a women engages with you, they might present with one need, so they might say I'm homeless, or I've got these debts or experiences, but when you sit down and do the star assessment<sup>10</sup> with them, everything unravels, it's never just one issue they have. It's like the domino effect; one issue brings on another (Interview with S10, 18/04/13).

The problem is, when you're hitting five or more of the nine pathways, they're all starting to interlink. So, you can solve one, but it doesn't quite get to solve the others yet (Interview with S6, 18/04/13).

If they've got a need in four areas – most of the women have got at least seven of the needs; when you think of it, everyone's going to have a need in finance debt; always work to do around money; children, family and relationships is pretty all encompassing (Interview with S3, 28/03/13).

### **Accommodation**

Stakeholders were unanimous in their view that stable and safe accommodation was a key requirement for women presenting with multiple needs:

Often the missing piece in the jigsaw and it's often the one big thing that can make the difference; if you're floating between one house and another, the agencies can't find you; you need to be stable for support to work; the work we've done with Anawim demonstrates that if you can give someone stability ... but there are many women who are not at that point; while they're bouncing around, .... You're crisis managing those people.... (Interview with S11, 11/04/13).

You've got a roof over your head, you're able to think straight, get your head down, not having to worry about what time you're going to be kicked off your mate's sofa in the morning and wondering where you're going to sleep the next night. If you've got to deal with that, how are you going to deal with your parenting skills, your anger management issues or your drug and alcohol issues, 'cos you haven't even got any space to think – everyone deserves to have their own space don't they really – a bit of stability? (Interview with S5, 04/04/13).

One of the key aspects of the Anawim – Midland Heart initiative however, is the requirement for the woman to commit to a stable lifestyle and engage in the process of tackling their problems. Interviewees at Anawim were conscious of the fact that in some cases, Midland Heart were 'taking a chance' with a prospective tenant. It was also evident that women who were continuing to lead chaotic lifestyles were unlikely to be selected as suitable tenants; this was due to a number of reasons including a desire to ensure that the partnership is sustained and recognition that a woman who is not ready for independent living is unlikely to maintain a tenancy:

...those that are heavily chaotic, heavily involved in drugs or alcohol, I don't really make them very aware of the service, because we want this partnership to work long-term and, as many support workers here know, if you put a chaotic drug or alcohol abuser, or someone who is just not ready for independent living in a property, things will probably go wrong (Interview with S6, 18/04/13).

We have to know that they are going to sustain the property. We wouldn't put anybody in who we felt wouldn't look after it, or someone who wasn't ready. The more chaotic clients, we've got other avenues to explore with them – hostel accommodation, temporary housing. Midland Heart is for people who are ready to settle down, so we're looking for people who are going to look after the property, who aren't going to be having parties... If I felt it was somebody who was still heavily using or who hadn't made the right decisions, then I wouldn't be doing a referral to Midland Heart (Interview with S10, 18/04/13).

### Community Sentences and Suspended Sentence Orders (SSOs)

The requirement to commit to a stable lifestyle ties in with the specifically designed specified activity for vulnerable women with complex needs set up in conjunction with West Midlands and Staffordshire probation trust and Anawim.

Many women who attend Anawim do so as part of a community order. A Community Order can be a combination of one or more of the following:

- Unpaid work (community payback)
- Residence (residing at a place specified by the court)
- Mental health treatment
- Drug rehabilitation
- Alcohol treatment

- Supervision (regular contact with a probation officer)
- Prohibited activity (not participating in certain activities specified by the court)
- Curfew (confining an offender to their home for a specified number of hours per day)
- Exclusion (prohibiting the offender from entering a place specified by the court)
- Programme (requiring the offender to participate in a programme e.g. anger management)
- Activity (requiring the offender to participate in an activity, e.g. a basic skills class)
- Attendance centre (for offenders under 25) When the powers in the Legal Aid, Sentencing and Punishment of Offenders Act (LASPO) 2012 come into effect judges and magistrates will also be able to impose foreign travel bans and compulsory sobriety as part of community sentences (Ministry of Justice, 2012).

As can be seen from the list above, women diverted to Anawim often do specified activities as part of their order. At Anawim, these are combined with a package of support from the outset. This normally involves a probation officer working with a support worker to ensure the maximum amount of support is available to women who are vulnerable and have complex needs.

One of the problems facing women is the consequence of breaching their order. An inspection of the use of alternatives to custody for women offenders by HMI Probation, HMCPSI and HMI Prisons (2011) revealed that:

‘The most striking finding, nationally, was that such a high proportion of women in prison were there on re-sentence for breaching a community order or prison licence. In 2006 Baroness Corston was told that 50% of new receptions in HMP/YOI Holloway were for breach of community orders or licences. The MoJ report *Statistics on Women and the Criminal Justice System* told us that in 2008, 25% of female adult receptions in prison and 24% of male receptions were for ‘other offences’ of which 60% for women and 42% for men were for breach of a court order. In 2009, 13% of all women received into custody on an immediate custodial sentence were there for breaching a court order’ (HMCPSI and HMI Prisons, 2011: 14).

Hence community orders for women need to include higher levels of assertive outreach and engagement skills due to the often complex nature of their home lives.

Although an investigation of the above is beyond the remit of this research, it does warrant further investigation given the view held by many working within the criminal justice system that short sentences are not meeting the needs of many women offenders.

The benefit of the close relationships that Anawim have with their clients is recognised by Midland Heart and helps them to form an idea of the specific needs that a prospective client will require:

They tend to know their customers well like us – that helps us because it gives a better picture of the individuals; they do that for us; we already know what support the customers are likely to need; quite specific in their needs... we also have regular contact with Anawim (more than other groups), we can speak with them to find out what they need and where (Interview with S2, 25/03/13).

A big one is the experience of violence and abuse - that is really high. That could be domestic violence in relationships as adults, or they've witnessed domestic violence in the home as children, or they've experienced emotional, physical or sexual abuse as a child, even into their teens sometimes and I think a lot of these women don't think a lot of themselves; very low self-esteem, self-worth, which I think could be a link with the offending. (Interview with S6, 18/04/13).

The prevalence of domestic violence and abuse was reinforced in the interviews undertaken with women beneficiaries:

...the majority of women have some sort of problem, have been in care, experienced DV and rape; pathway 9, prostitution, or are in exploitative relationships – wider sexual exploitation – it's there (Interview with S3, 28/03/13).

It was like my dad's friends who tried to touch me and things like that. A friend of the family he was touching me since about 3 years old. I don't think like I had a childhood. I have been around domestic violence. I have seen my dad do so much to my mum it is unbelievable. I remember a time when we were in the kitchen and my mum asked him to leave but he said I just want one last hug then I will go then he hit her and blood hit me in the face and all over my night clothes all over the floor I was screaming.... (Interview with woman A1, 19/04/2013).

The problem of domestic violence and abuse is recognised in the joint initiative and steps are taken to ensure that women are not housed near the perpetrator of violence. Similarly, women might express a desire to move to a new area because the domestic abuse perpetrator is due to be released from prison. There are instances however, when women have little alternative other than to return to an abusive ex-partner, often because they simply have nowhere else to go.

### **Impact of the agreement**

The benefits of the initiative were clearly expressed by both beneficiaries and support workers at Anawim:

I wouldn't be in the flat if it wasn't for Anawim and Midland Heart. I think I'd still be in that dirty bedsit down in Handsworth. Midland Heart have been good as well. They used to phone me to check I was OK in the property and the housing officer knows about the dog. They have told me if I have any worries or anything not to hesitate to pick up the phone. They have been good. They decorated the house before I moved in (Interview with woman A7, 16/04/2013).

I have now got a house through Midland Heart 4 bedrooms 3 stories it's a new build house. Through being at Anawim through the reunification programme that helps people like me who have had their kids taken of them because if I was still in that 2 bedroom maisonette I wouldn't been allowed to have the children back because they said that as it was such a small environment if they had given me the children back they would have been setting me up to fail again and they didn't want to do that so they said if I can get a bigger property then they can work at getting the kids back (Interview with woman A4, 28 March, 2013).

It's good to see them go through that process, one that I had got a four-bedroomed house – sometimes, they've been trying for years to get somewhere and they come here – it doesn't happen overnight, you've got to put some work in yourself and to suddenly see someone with a four-bedroomed house, it needs work, but they've got it, is a good result. You realise how important having that partnership with Midland Heart is – invaluable (Interview with S7, 04/04/13).

It's not about points, which is great because sometimes the points affect the need. With the direct let, it's about who they are, qualitative information, not just about numbers and what boxes they tick (Interview with S5, 04/04/13).

I have a beautiful 2 bedroom house thanks to Anawim and Midland Heart. The house is really spacious for me and my son and I have a cat as well. I have a lovely back garden. I have been here nearly 10 months now. So I am still decorating. Both Anawim and MH helped with the house i.e. MH gave me a decorating grant and Anawim helped me to get other grants (Interview with woman A5, 28/03/2013).

### **The need for Support**

One of the key principles of the joint partnership is recognition that on-going support is required by beneficiaries. This was also identified by the beneficiaries themselves:

I have got my support worker [from Anawim] and I can see her if I have any problems. She called me up the other day asking me like if I had any support needs and I am basically an efficient person looking after myself but there is always that I can ring her if I ever need her. She is like a safety blanket. She is absolutely brilliant (Interview with woman A7, 16/04/2013)

Midland Heart come round twice a month on a bus and if you have any problems you all sit down...so it is not just the matter of moving into the house and that is it done MH are still working with us to make a feeling of community (Interview with woman A4, 28 March, 2013).

I don't need counselling anymore, more a mentor somebody who can just check on me once in a while just to say hello are you alright? I think I need that kind of support and if I don't have it I feel that there is no one there for me, to help me. If I needed my support worker I can ring her up (Interview with woman A1, 19/04/2013).

I was referred to CAMHS and had a counsellor and she counselled me for a couple of years till I was 12/13 and she was there since I was 8/9 I told her all my problems that I had been abused, my mum taking drugs, my dad taking drugs and beating my mum – I seen everything. When I was speaking to her I kind of felt comfortable but then towards the end we were kind of like drifting apart she didn't come as much and I just felt left out like. I felt she had just used me she found out all about me wrote it all down and moved on. I just felt like oh my god I am never speaking to anyone again and not opening up (Interview with woman A1, 19/04/2013).

She has been supporting me for the last 3 years. There has never been a time when she has said I am going to have to let you go which is nice as some agencies who work with you have a time when they have to let you go and you are not ready for them to let you go so there has never been a time when she said I am going to have to let you go (Interview with woman A6, 12/04/2013).

### **Perceived Barriers to Partnership Working**

Although participants from both Anawim and Midland Heart generally agreed that the joint initiative worked well, some areas of concern were noted. These generally related to the process element of the agreement and the flow of communication:

It [the process] could always be quicker, sometimes you sell it as a fast track and it doesn't really work out that way. It's probably faster than the council but I used to sell it much more as a fast track than I do now – and I sell it as just another housing option alongside your bidding rather than a fast track 'cos it's not been particularly fast but then I know that housing in Birmingham is an issue and maybe that's just my experience, maybe support workers have had a lot quicker turnaround than I have (Interview with S6, 18/04/13).

I think communication could be improved between the two sides, recently I've done three direct let referrals, some are more urgent than others and I've emailed them the paper work and the bidding numbers, so everything's done, but I don't get anything back – I know they've been done for a month now, so I've got to email and ask if anything has come up yet, ask them to have a look at the cases again, one of them is really quite desperate and I find that's something I do every couple of months is email to chase up progress. (Interview with S6, 18/04/13).

### **Sustainability**

There was recognition by both providers that sustainability of the initiative could be threatened by wider governmental policy. The necessity to secure funding was identified as one of the key areas of concern:

We might be talking two or three years down the line, but if the plans go ahead with the probation service, and, God forbid, we weren't successful in gaining any funding, then my role might not exist and we might not offer Specified Activity requirements here anymore and the women might just be supervised in the community by someone from a security company – I just think it's ridiculous! (Interview with S6, 18/04/13).

A bit unsustainable as I've got to fund it from elsewhere. Only sustainable as long as I can sustain the workers here. The probation money when it was MOJ, they were happy to support it and keep it going. Under Probation, they are less interested – much more interested how the order is going. In future, unless we can get funding from elsewhere, it'll be difficult to sustain it. If local council were sensible they would do something – it is hitting all their objectives but Birmingham City Council are bankrupt so don't have any money (Interview with S3, 28/03/13).

### **Route to Anawim**

Women are referred to Anawim through various routes. Some women are referred through outreach work in hostels, outreach in 3 prisons and through orders set by the courts.

Whilst being in prison the worker from Anawim was there and she was supporting me with housing and other needs that I had at the time because I was quite emotionally distressed as well with going to prison and with everything else I had to deal with before I went to prison (Interview with woman A3, 28/03/2013).

When I was 17 I was a drug abuser and I was on class A substances that were heroin and crack cocaine. There used to be a safe project here and I used to collect my prescribed methadone here to stop me taking the heroin and other drugs. It took me some time to get of the drugs and that is how I stated coming to Anawim for 3 days per week (Interview with woman A5, 28/03/2013).

I have always suffered with depression and I have not coped when I came out of a long term relationship and had two teenagers who weren't very respectful and I tended to drink a lot. I had a breakdown and ended up in hospital so they assigned me to Anawim as I needed help because I was quite suicidal as well. It was because I could see the mental health worker there. I know that a lot of the girls have been in trouble with the law and have to attend Anawim. I have been in trouble with the law in the past but I didn't go to Anawim because of that I didn't have to go as I was not on an order (Interview with woman A9, 01/05/2013).

### **Impact on family life since Anawim and MH**

The partnership has had a positive impact both for the women interviewed who have children and also for those who did not.

At first I wasn't sure about the house but it was a direct let. Then I looked through the windows and said I want it without viewing it! The kids love the house and it has a garden (Interview with woman A2, 11/06/2013).

A key issue for the women is to be able to secure the right sized accommodation to enable the process of their children leaving foster care to return to live with the as the follow:

I have had to work hard but if it wasn't for this place and Midland Heart getting me this house I dread to think where I would actually be now. I really do dread to think because I know for one I wouldn't be able to have my kids back because of the property I was in before. So all the work I would have done at Anawim would have been pointless as I still wouldn't have had my kids back. Basically Anawim and Midland Heart have enabled me, I know I have done all the hard work as well but these two things have enabled me to get the kids back (Interview with woman A4, 28/03/2013).



### **Isolation and loneliness**

Although not all of the women spoke directly about loneliness or isolation, it was evident in descriptions of their current lives that some did not have a circle of friends or found it difficult to trust people after previously experiencing domestic violence. Serving a prison sentence or living in hostels compounded this problem.

I have been with my ex-partner and his friends, been in prison and being in the hostels you actually learn a lot as well. I think in life you can't be too trusting or too caring and I think I learned that, well I know that I have been let down by men and let down by women as well. Friendship wise even if you meet somebody in prison or somebody in a hostel you just don't believe what they are really telling you. So I am just starting from square one really (Interview with woman A3, 28/03/2013).

I did get back in touch with Anawim when I was diagnosed and was poorly and I said to her that I could die and nobody would know and this is quite a sad thing to say but actually true (Interview with woman A9, 01/05/2013).

## **Section 5: Cost Benefit Analysis**

A key part of the evaluation has been to develop a social cost-benefit analysis model (CBA) which is used to highlight the impact of the social support provided by Anawim and housing provision by Midland Heart and provide an assessment of value for money.

The average yearly cost of a women's prison place is £56,415 (Hansard, 2011). Whereas an intensive community order could cost up to £10,000 - £15,000 per year (Prison Reform Trust, 2011). Sending women to prison is not a cost effective means of addressing many women's' complex needs or reducing their re-offending. The needs of women offenders are quite different to male offenders and the impact on women and their children can be very detrimental (Corston, 2007; Covington, 2007). Women offenders may well have drug and alcohol addictions, financial problems, education and training needs, housing problems and are also likely to have experienced domestic violence and abuse (Gelsthorpe et al. 2007; Prison Reform Trust, 2011).

### **Key Findings of the cost benefit analysis**

This CBA quantifies in monetary terms as many of the costs and benefits of this intervention as are feasible. For example, if we assess that the partnership has brought about a reduction in offending, then the model requires a monetary value to be placed on that level of change. The reason for turning outcomes into money is simply to create a common language so that the expected benefits from the partnership can be compared to the cost of delivering the intervention.

The model was developed by Midland Heart's in-house Innovation & Research team. The team have extensive experience in undertaking impact assessments and the techniques of social cost benefit analysis, having built bespoke models previously for other interventions and published a sector wide guidance document on impact measurement.

The full methodology is available in Appendix 1, which details how the different types of costs and benefits were calculated. An interactive spreadsheet model was also created alongside this report, which allows users to input data about specific women to create an indication of the costs and benefits of similar projects and case studies.

## **1. Cost Benefit Analysis Findings**

### **i) Overall Cost and Benefits**

For all 13 women who have been supported by the Midland Heart and Anawim informal agreement, the total costs and benefits illustrate that the monetary savings greatly outweigh the costs.

#### **a) Costs**

Using the figures provided by Anawim, we can estimate the following approximate total costs of the programme as:

<b>Type of cost</b>	<b>Average per woman</b>	<b>Total for 13 women</b>
Anawim support	£1,500	£19,500
Housing costs	£5,148	£66,924
		Total: £86,424

**Table 6: Approximate costs of programme**

The breakdown of costs is variable, and can be altered to create case studies in the interactive model. Here, we have kept to an average cost for simplicity.

#### **b) Benefits**

The benefits are calculated in line with the identified outcomes of Midland Heart and Anawim working together to help women with complex needs. The outcomes shown below were determined by analysing data and interviews with Anawim staff and clients of the programme, to create a 'Theory of Change' model which is detailed in the Appendix 1:

- Reduction in Offending
- Managing Substance Misuse
- Improved Mental Health
- Regaining Custody of children / Improved Parenting Skills
- Improved Education/Training/Employment
- Improved Social Networks and Relationships
- Improved self-esteem / confidence

- Improved physical health
- Improved financial management

These outcomes each have one or more related benefits which can be described in monetary terms. A more detailed explanation is provided in the methodology for the different types of benefits, and how we have assessed that the partnership is responsible for the change in a particular outcome. For example, if a person has reduced their offending behaviour, we must take into account that this might have happened anyway, or that they may also be involved in another rehabilitation project through a different organisation.

#### c) Results

In analysing the costs and benefits of the Anawim and Midland Heart informal agreement, it is clear that very little of the identified outcomes require achievement before the benefits are equal to the costs of the project. Creating 'Break even scenarios' is a useful way to show the value of the work of Midland Heart and Anawim:

- **If only two children are prevented from entering the social care system for one year, the monetary benefits are almost double the cost of the housing and support intervention for all 13 women.**  
The data collected shows that between the 13 women, 24 children either left social care and were re-united with their mother due to having a suitable property, or if with their mother already, benefited from a reduced chance of entering the social care system by her attendance at parenting classes and receiving other support.
- **If just two women are prevented from having a year-long prison sentence, the savings are equivalent to the housing and support costs for all 13 women.**  
Of the 13 women, 11 reduced their offending behaviour, while 2 continued to not have any offending issues.

## 2. Case Study

A more detailed way of illustrating the costs and benefits of the project is to analyse a real case study of a woman assisted by the work of Midland Heart and Anawim. Below, the story of Ella shows the real impact of the project on a woman's life. This is followed by an analysis of the costs and benefits of her housing and support programme.

Ella\* is 43 years old and has two children. She has always suffered from depression and had a nervous breakdown. She was referred to Anawim from hospital due to her suicidal tendencies and problems with alcohol. .

Ella suffered mental and physical abuse as a child that resulted in her going into care. There, her experiences led to drinking and depression. She did not experience domestic violence in her relationship, but her partner gave her no emotional support. She has also been in trouble with the law due to her drinking.

She was living in poor quality, privately rented accommodation. The landlord was not maintaining the property and was constantly threatening her with eviction as she fell behind with her rent. The poor standard of her living conditions made Ella feel very depressed. The Anawim support worker helped Ella to get a Midland Heart flat. Ella believes that she wouldn't have been able to access accommodation like her current Midland Heart property without Anawim's support. Since being in her flat she has stopped drinking.

\*Ella's name has been changed to protect her identity

### a) Costs

The costs of Ella's support from Anawim are broken down into various elements, as shown in a screen shot from the interactive model (see Table 7 below).

The cost of Ella's support from Anawim was therefore approximately £709, while the cost of her housing was approximately £5148 for one year.

Interventions	Time Spent	Unit cost / per hour	Total cost	Number	Alternative Cost
<b>Costs co-ordinated via Anawim</b>					
Appt - External Agency	1 hour	£16.40	£16.40	1	£16.40
Appt – B’ham Settlement	1 hour	£26.12	£26.12	2	£52.24
Assessment	1 hour	£26.12	£26.12	1	£26.12
Attended	3 hours	Flat rate	£16.40	0	£0.00
Attend course	2 hour	£16.40	£32.80	0	£0.00
Attend Unpaid Work	3 hours	Flat rate	£16.40	0	£0.00
B’ham Mind	1 hour	£16.40	£16.40	0	£0.00
Contact with External Professional	.25 hour	£26.12	£6.53	0	£0.00
Counselling	1 hour	£26.12	£26.12	7	£182.84
Multi-agency appt.	1 hour	£26.12	£26.12	0	£0.00
E-mail	.25 hour	£26.12	£6.53	0	£0.00
First Star	1 hour	£26.12	£26.12	0	£0.00
Home visit	2 hours	£26.12	£52.24	5	£261.20
Letter	.5 hour	£26.12	£13.06	0	£0.00
Management advice	.5 hour	£26.12	£13.06	0	£0.00
One to one appt.	1 hour	£26.12	£26.12	3	£78.36
Review	1 hour	£26.12	£26.12	1	£26.12
Telephone with client	.25 hour	£26.12	£6.53	5	£32.65
Text	.25 hour	£26.12	£6.53	5	£32.65

**Table 7: Cost of supporting Ella**

Accordingly, the total cost of the project for Ella was around £5857.

#### b) Benefits

Ella achieved high outcomes across all areas identified in the Theory of Change.

In Table 8 below, each outcome and the assumptions that the benefit calculations are based on are detailed. Further information about how the monetary benefits for Ella have been estimated are detailed in Appendix 2, while causality attribution percentages are discussed in Appendix 1.

<b>Outcome</b>	<b>Assumptions</b>	<b>Monetary Benefits</b>
Reduction in Offending	Ella reduced her offending behaviour and did therefore not have a further arrest or community order. Causality attributed: 15%	£621
Managing Substance Misuse	Ella dramatically reduced her substance misuse, and did therefore not require a 4 week detoxification programme, and had a well-being gain in managing her substance issues. Causality attributed: 15%	£4,541
Improved Mental Health	Ella's mental health improved and no longer required an outpatient mental health visit, while relief from depression and anxiety lead to a well-being gain. Causality attributed: 15%	£6,540
Regaining Custody of children / Improved Parenting Skills	Ella had one child in care who is currently being returned to her, and another child who was not in care. Causality attributed: 50%	£19,276
Improved Education/Training/Employment	While Ella achieved increased employability skills through her support, there are no easily attributable savings in this area for her particular case.	£0
Improved Social Networks and Relationships	Ella improved her social networks and family ties, leading to a well-being gain. Causality attributed: 15%	£450
Improved self- esteem / confidence	Ella increased her self- esteem and confidence, resulting in well-being gain. Causality attributed: 15%	£450
Improved physical health	Ella improved her physical health, avoiding one GP and A&E visit, and gained increased well-being with relief from health problems. Causality attributed: 15%	£380
Improved financial management	Ella improved her financial management, leading to a well-being gain. Causality attributed: 15%	£450
	<b>Totals</b>	
	Cashable Savings	£0
	Opportunity Cost Savings	£19,148
	Social Impact – Well Being Savings	£13,560
	<b>Total Benefits</b>	<b>£32,708</b>

**Table 8: Outcomes, assumptions and monetary benefits**

### c) Results

While the project resulted in greater savings for some women, through moving them into employment or having up to six children returned to their mother from local authority care, Ella's story shows that benefits for all those involved are clear.

For Ella alone, the social value the partnership has contributed to is **£32,708** compared to a cost of **£5,857**.

It is important to note that it has not been possible to say for sure how much of this value is the direct result of the partnership. This is because we are not able to measure the amount of social value that would have happened without the partnership or the amount that other activities happening in parallel account for. Therefore we have used conservative estimates (the figure referred to in the table as causality attributed) about how much benefit we believe is the result of the partnership to mitigate the risk of over claiming.

Notwithstanding these issues this would suggest that for Ella **for every £1 invested, £5.58 of social value was created.**

## Section 6: Impact of the agreement between Anawim and Midland Heart Housing Association

As the above analysis suggests, the informal agreement between Anawim and Midland Heart appears to have a positive impact on service users. Interviews conducted with women who have received tenancies through the initiative, suggests that stable accommodation has assisted in their progress towards stability. All of the women interviewed were keen to say that the on-going support from Anawim had helped them to turn their lives around and provided the stability that they needed to maintain their tenancies.

Some issues have arisen however that warrants further discussion. These have been divided into two distinct categories:

1. issues arising relating to the process of the current informal agreement between the two partners
2. provision of services to women who are not considered for a tenancy through the current initiative.

### Issues arising relating to the process of the current informal agreement

During interviews conducted with stakeholders, a number of issues were raised concerning how the joint initiative was formulated and administered. Consideration of these points might help to improve communication between the partners and the service delivered to clients.

Firstly, there appears to be some confusion and lack of clarity around the exact nature of the partnership – this is summarised by the initiative being referred to as an 'informal agreement.' Although it is recognised that an informal approach can often be useful in responding to issues on a case-by-case basis, the partners might want to consider more formal arrangements that

serve to underscore the desired outcomes of the agreement. This might also help to clarify procedure for staff at both organisations. One way to address this issue would be to provide a joint training event for staff from Anawim and from Midland Heart. This would provide an opportunity to make professional links and to increase understanding of the constraints that workers face in their respective organisations.

This first point leads to a second concerning communication between the two organisations. Interviewees at Anawim noted that they are sometimes unaware of the current status of an application and suggested that a 'monthly bulletin,' listing the current status of all applications be provided by Midland Heart. Anawim interviewees also noted that they sometimes found it difficult to speak to someone at Midland Heart who knew about the joint initiative. There were, however, examples given of good working relationships being developed between staff at both organisations. It was suggested by one or two interviewees that the two organisations arrange a meeting involving staff engaged with the initiative; this has occurred in the past and might serve to alleviate any future communication difficulties.

A third issue arising from interviews concerns the allocation of housing officers to tenants housed via the programme. Both organisations understand that the client group have specific needs and those practical implications, such as the allocation of a male housing officer, should be considered. The question of specific training for housing officers relating to the distinct needs of the client group should also be considered.

The final point concerns the sustainability of the arrangement. Current UK government policy is impacting on the provision of services and maintaining the initiative is, as pointed out by one of the interviewees at Anawim, dependent on the ability of the organisation to maintain its staffing levels. While both organisations recognise the value of the informal agreement and have expressed a desire to continue with provision, there is little doubt that attracting appropriate levels of funding is a concern. This is especially pertinent at a time when the government's priorities in this area are being questioned. The Howard League, for example, recently noted that:

The justice select committee is clear that the crucial and different needs of women are being ignored by the steamroller of payment by results. Handing over probation to big private security firms is being given greater priority than making sure women in the justice system have the specialist support they need...The priority should be on reducing the number of women given ineffective short prison sentences – with more community sentences for women and small residential centres made available. These cost-effective measures would cut crime and turn women's lives around (Howard League, 2013).

Consideration of this point leads us to the second issue arising from the research, which is provision of services to women who are not considered for a tenancy through the current initiative. Interviews conducted with Anawim staff illustrated that professional judgement dictated which women would be selected as suitable for a Midland Heart tenancy. Clients are selected on the basis of undertaking and demonstrating a commitment to change their lifestyle and fully engaging with the process of doing so. These criteria are applied as Anawim workers understand that Midland Heart is taking on an element of risk with the initiative; they want the tenancy to be successful not only for the individual concerned but also to maintain the partnership. While this is perfectly understandable and demonstrates the professional competency of the support workers, it also means that some women, often those with the most



chaotic lifestyles, have little opportunity to access suitable accommodation.

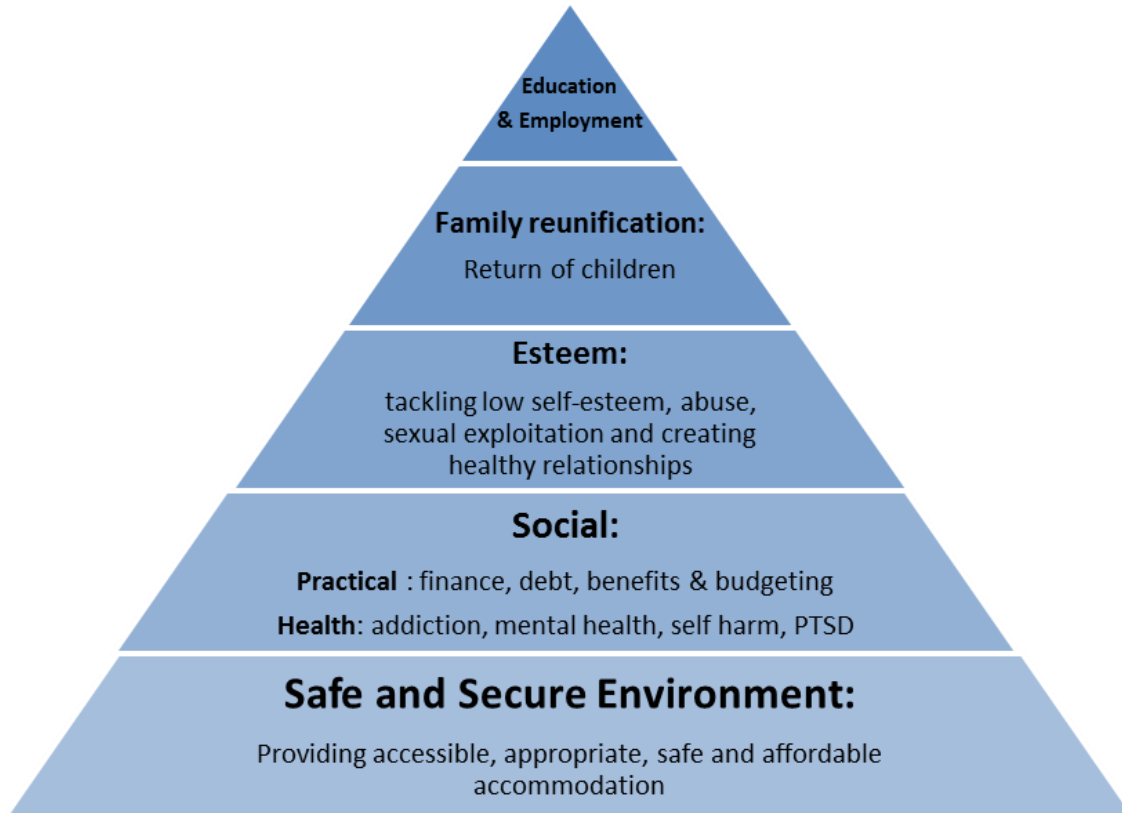
Analysis of the case studies for example, identified that housing was also a crucial need for this group. However it was identified that the majority of the women were not currently at a stage in their lives where they could maintain a tenancy and thus would not be recommended for Midland Heart accommodation by the Anawim support workers.

This group of women highlight the need for a support unit where their multiple needs can be addressed prior to them being considered for the Anawim and Midland Heart initiative. Those women with chaotic lifestyles released from prison are at their most vulnerable as they often have no accommodation to go to. A residential support similar to the multiple needs unit available for men would be particularly useful for this group as it would help them to access the support that they require, assist them to stabilise their lifestyles and reach a point where they would be capable of maintaining a tenancy and thus become eligible to take part in the Anawim Midland Heart agreement.

Although many of the women interviewed had experienced abuse and domestic violence early in their lives the initiative between Anawim and Midland Heart had helped these women to change their lives and in some cases to be re united with their children.

In some senses, this is a circular argument: if the women cannot commit to addressing the problems in their lives, then the chances of them maintaining a tenancy are slight. There would also be cost implications for Midland Heart in cases of this nature. However, if stable accommodation is recognised as the foundation on which to build, what opportunities are available to such clients? In the quotation above, the Howard League points to the provision of residential centres that will assist in the process of helping women to turn their lives around. The accommodation available to women outside such initiatives as the Anawim/Midland Heart agreement does not currently appear to be meeting this target.

Drawing on and adapting Maslow's Hierarchy of Needs has enabled us to illustrate how provision of safe and secure accommodation facilitates the process of engagement with services and support as Figure 2 below illustrates. A safe and secure environment of accessible, appropriate, safe and affordable accommodation is crucial before a woman can start to deal with social needs both practical (dealing with finance, debt, benefits and budgeting) and health needs (including addiction, mental health, self-harm and Post Traumatic Stress Disorder (PTSD)).



**Figure 2: Hierarchy of Needs**

The foundations required to enable women with multiple needs to make progress are at best difficult to access and at worse unavailable. These difficulties are exacerbated without safe and secure housing.

For women with some stability, the Anawim and Midland Heart informal agreement demonstrates that progress can be achieved and a real difference made to women's lives.

Currently, there is a lack of appropriate resourced and designed housing solutions for those women who are the most chaotic. Without safe and secure housing the women's' ability to engage with services and address their needs is compromised. As a result, they are more likely to continue their cycle of problematic and destructive behaviours.

The data gathered for this report indicates that stable and suitable accommodation is fundamental in the process of helping women to change their lives and desist from offending. However, it is also clear that more needs to be done to help those women who are at an earlier stage in their journey. We contend that provision of suitable services and accommodation would not only be more cost-effective, but would also be socially beneficial and assist in the process of reducing re-offending.

## Recommendations

The evaluation has indicated that the following is required to ensure the continuing success of the informal agreement between Anawim and Midland Heart:

- to provide a joint training event for staff from Anawim and from Midland Heart. This would present an opportunity to make professional links and to increase understanding of the constraints that workers face in their respective organisations;
- that Midland Heart to produce a 'monthly bulletin,' listing the current status of all applications;
- As the client group have specific needs, practical implications, such as the allocation of housing officers, should be considered. The question of specific training for housing officers relating to the distinct needs of the client group should also be considered;
- To be aware of the impact that government policy might have in sustaining the informal agreement.

The implications and recommendations for wider policy agendas are:

**Integrated service delivery.** Anawim demonstrates what works for this group of women: different service providers come to the centre and communication is effective as workers are located in one place and can easily share information. Services work better because women feel safe and have established a trusting relationship with Centre workers.

- *Recommendation:* the public sector should take responsibility to ensure that women's centres are properly resourced.

**Ensuring partnerships are working:** This is vital: the evaluation has shown that Anawim frequently takes responsibility for building and maintaining partnerships.

- *Recommendation:* multi agency partnership should be enabled and encouraged.

**The importance of data:** it is important that the data requirements to effectively evaluate impact are considered at the earliest possible opportunity, ideally in the planning stage of any intervention.

*Recommendation:* agencies and partnerships should ensure that mechanisms are in place to collect comprehensive and robust data to ensure effective evaluation of interventions.

**Kids in care:** The Re-Unite project (part of the partnership between Anawim and Midland Heart) has been successful in getting children out of care and reunited with their mothers. Threats to this success include the under occupancy charge introduced by the Coalition Government (2013), commonly known as the 'bedroom tax' and the local authority allocations policy.

- *Recommendation:* local authority housing and other social housing providers need to review their current allocation policy in respect of women seeking to be reunited with their children.

- *Recommendation:* local authority review the use of discretionary housing benefit to mediate against the effects of the under occupancy charge for women seeking to be reunited with their children.

**Managing transition:** Even if Local authorities change their allocation policies, many of the women require additional support before, during and after, in order to manage transition. The women interviewed stressed the importance of knowing that support will still be available when they have moved into a property with their children.

- *Recommendation:* continuing support needs to be funded adequately and requires children and family workers to mediate, protect and offer training in areas such as parenting skills.

**Establishing a multiple needs unit:** Despite the success of the Anawim and Midland Heart informal agreement, a need remains for a safe and secure environment for women who have multiple needs and chaotic lifestyles. Such a unit should include both accommodation and access to an holistic programme incorporating all key services as well as 24 hour support by trained staff.

- *Recommendation:* that consideration be given to providing and funding a multiple needs unit for women.

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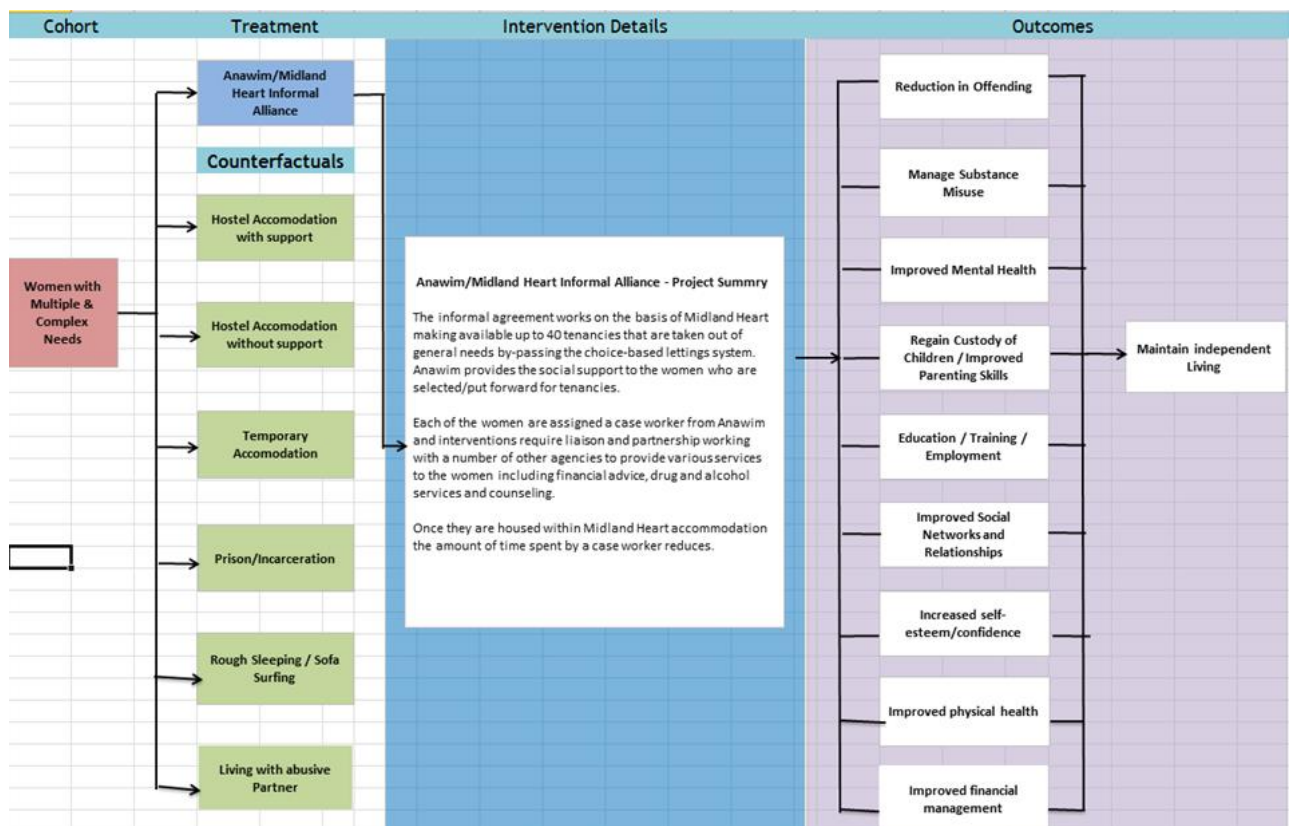
## Appendix 1

### Cost Benefit Analysis: Methodology

The first stage in undertaking this cost benefit analysis, was to build a theory of change (TOC). This helps illustrate the ways in which Anawim and Midland heart work together, and the how this informal alliance is expected to bring about the outcome of maintaining independent living for women with complex needs:

*“A TOC creates an honest picture of the steps required to reach a goal. It provides an opportunity for stakeholders to assess what they can influence, what impact they can have, and whether it is realistic to expect to reach their goal with the time and resources they have available.”*

Figure 1 details the TOC in diagrammatic form, and was created through qualitative interviews with key stakeholders and analysing the data collected by Anawim about the women who use their services. Through discussing the womens’ journeys with support workers, interpreting information from outcome stars<sup>11</sup> and looking at the recorded ‘tangible outcomes’ in the Anawim database (such as gaining employment), it was possible to develop the model shown below.



<sup>11</sup> Outcome stars are a way of scoring a persons’ progress in 6 key areas. Support workers undertake them jointly with clients approximately every three months, discussing and recording progress made in each area.



As shown in the diagram above, the TOC identified the following outcomes of Midland Heart and Anawim working together to help women with complex needs:

- Reduction in Offending
- Managing Substance Misuse
- Improved Mental Health
- Regaining Custody of children / Improved Parenting Skills
- Improved Education/Training/Employment
- Improved Social Networks and Relationships
- Improved self esteem / confidence
- Improved physical health
- Improved financial management

In considering these outcomes, two key aspects of cost benefit analysis need to be examined; evaluation and valuation. Evaluation refers to the task of estimating a causal effect of the intervention, i.e. which of the outcomes identified above, if any, can be attributed to the Anawim/Midland Heart informal alliance. Valuation refers to valuing the outcomes of the intervention, for example what is the economic value of 'improved mental health.' The methodology of each of these two elements is detailed in greater depth below.

#### **i) Evaluation**

Evaluating the causal effect of an intervention can only be understood with knowledge of 'what would have occurred anyway,' which is known as the counterfactual. In this evaluation it is therefore necessary to consider what would have happened to the women without the joint work of Anawim and Midland Heart, and establish a counterfactual scenario. For example, we could only estimate the impact of the informal alliance on an individual's reduction in offending, if we have a good understanding of the level of offending for a characteristically identical individual who had not received the intervention provided by the partnership (the counterfactual).

The process of establishing whether the intervention has caused a change in a particular outcome is known as causal inference and it is often referred to establishing causality. Causality can only be properly attributed by comparing what did happen with what would have happened in the counterfactual, but we run into the 'fundamental problem of causal analysis' – it is impossible to directly observe the counterfactual for an individual.

The gold standard approach to understanding causality is through randomised control trials, where some women would be randomly allocated to the partnership and others not. Using randomisation would have removed any issues in relation to bias as it implies all characteristics of both the women who received the intervention and those who did not are the same.

Selection bias is also an issue to consider in establishing causal estimates of an intervention or programme. This is where individuals choose to join the programme which is being evaluated, and as such they may be likely to be more motivated on the whole and potentially have an increased likelihood of achieving beneficial outcomes without the intervention anyway. Under

such scenarios, this would result in overstating the effect of the intervention on outcomes (such as crime and employment). There are ways of overcoming this, either with random assignment of the programme as previously discussed, or using sophisticated analysis through in depth statistical techniques.

As the Anawim/Midland Heart informal alliance was not able to be randomly assigned, and the data available was not suitable for the necessary level of statistical modelling to overcome this, a different approach had to be taken with this evaluation. As such, Midland Heart's Innovation & Research team created an interactive model.

The interactive model allows users to enter and alter the causality percentages of all the outcomes outlined in the theory of change. Causality percentages denote how much of the values linked with each outcome are reasonably attributable to the work of Anawim and Midland Heart. By allowing users to make judgements and create a set of assumptions themselves, the model can be used for different women and scenarios.

An example of the output that the model can create is detailed below in Fig 2 for one of the outcomes shown in the theory of change. The screen shot illustrates two potential elements of monetary benefits of managing substance misuse (the values themselves will be discussed in the next section). The causality percentages have been randomly selected, simply in order to show how the model's formulas could work.

Managing Substance Misuse							
	Number of Service Users	Number of Units	Unit	Annual Benefit (Avoided Cost) per Unit	Causality	Benefit (Avoided Cost)	Type
Avoided cost of Inpatient detoxification for people who misuse drugs or alcohol*	10	4	Weekly	£1,504	75%	£4,512	Opportunity Cost
Relief from alcohol / drug related problems	10	1	Annual	£24,257	10%	£2,426	Social Value

\*The cost refers to weekly cost of care to service users with substance related problems that are so severe they require medical, psychiatric and physiological care

Fig 2. Causality percentages example

Rather than produce a single set of results, Fig2 illustrates that different types of benefits that might be expected to occur through a series of scenarios can be shown. Defining the causality percentages could be undertaken by either creating a minimal threshold (such as 10%), or using knowledge/case studies to build up a reasoned figure.

Many cost benefit studies and impact assessments are undertaken using similar methods and these results are often publicly reported and quoted.

## ii) Valuation

Once the level of impact has been estimated, the next stage is to value this outcome so that it can be compared to costs of providing the intervention. However, difficulty arises because the 'value' of something is inherently subjective. It is different for each individual and therefore we can expect different groups to have alternative views on what is of 'value' for them regarding the outcomes achieved.

To help overcome this issue, the model uses the classification developed by Midland Heart which proposes three types of value; cashable savings, opportunity cost savings, and social/well-being values. Each outcome identified in the TOC has a set of savings tied to it.

a) Cashable savings

Cashable savings are often referred to as exchequer savings, and refer to genuine savings that an organisation can make within its budgets as a result of the change in outcomes from an intervention.

b) Opportunity cost savings

These could also be described as resource reallocation, ie some outcomes might mean certain resources could be used elsewhere. This classification is commonly used and is sometimes mistaken for a cashable saving.

An example is the benefits or savings associated with a reduction in crime. Studies often quote figures provided by the Home Office on the cost of crime, which take into account the cost of prison, police time and court costs. If an intervention results in less crime then it is true that the various stakeholders will not have to devote resources to dealing with the expected crimes that did not occur. However, these will not necessarily be cashable savings as those resources will most likely be deployed elsewhere, usually in dealing with other crimes.

This type of saving (or benefit) to the police, prison service or courts only becomes cashable if they make savings in the budget by, for example, having fewer police officers or closing a prison. This is only likely to happen when an intervention is carried out on a large scale and the outcome is very significant. Many interventions are unlikely to deliver a change of sufficient magnitude to result in a cashable budget saving.

Data regarding opportunity cost savings for public services are available through academic and government sources. Figures from such sources relevant to the outcomes depicted in Anawim/Midland Heart TOC have been included in the model.

c) Social value (wellbeing)

Social value refers to the impact that an intervention may have on the 'wellbeing' of individuals. It is perhaps easier to think of this as encapsulating those intangible aspects of a change in outcomes that we believe are important to people. For example, while crime has an impact on the police in terms of resources, it also has an impact on the wellbeing of the victims and those who live in fear of crime.

This will pick up the value of intangible outcomes such as improved confidence, improved self-esteem and the benefits of living in a safe area if they impact on an individual's sense of wellbeing.

The methodology for calculating social value requires complex economic modelling using income and wellbeing metrics in relation to sources such as the British Household Panel Survey. The impact assessment model here features social values which have recently been published.

Using the same example as before, Fig 3 shows how each type of value is clearly noted within the interactive model.

Managing Substance Misuse							
	Number of Service Users	Number of Units	Unit	Annual Benefit (Avoided Cost) per Unit	Causality	Benefit (Avoided Cost)	Type
Avoided cost of Inpatient detoxification for people who misuse drugs or alcohol*	10	4	Weekly	£1,504	75%	£4,512	Opportunity Cost
Relief from alcohol / drug related problems	10	1	Annual	£24,257	10%	£2,426	Social Value

\*The cost refers to weekly cost of care to service users with substance related problems that are so severe they require medical, psychiatric and physiological care

Fig 3. Different types of value in the cost benefit model

## Appendix 2: Data Source

Below are the data sources for the monetary values used in the model. Sources refer to

- Counting the Cost: Page, A. (2011). Counting the cost: The financial Impact of Supporting Women with Multiple Needs in the Criminal Justice System. Revolving Doors Agency.
- Health & Social Care = Health & Social Care Information Centre (2013), Personal Social Services Adult Social Care Survey: 2012-13 Initial Findings of Final Data.
- HACT = Fujiwara, D. (2013). The Social Impact of Housing Providers, HACT.

Reduction in Offending *				
	Unit	Benefit (Avoided Cost) per Unit	Type	Source
Avoided Costs of Arrest	Instance of arrest	£1,780	Opportunity Cost	Counting the Cost
Avoided Court Costs	Instance of attending court	£812	Opportunity Cost	Counting the Cost
Avoided time spent in Prison	Instance of Prison	£41,084	Opportunity Cost	Counting the Cost
Avoided Community Order	Instance of Community Order	£1,545	Opportunity Cost	Counting the Cost
*Excludes additional potential costs related to the crime itself and potential costs/impact to victims of crime. It also does not consider costs/impact from crimes avoided that might go unreported.				
Managing Substance Misuse				
	Unit	Annual Benefit (Avoided Cost) per Unit	Type	Source
Avoided cost of Inpatient detoxification for people who misuse drugs or alcohol*	Weekly	£1,504	Opportunity Cost	Health & Social Care
Relief from alcohol / drug related problems	Annual	£24,257	Social Value	HACT
*The cost refers to weekly cost of care to service users with substance related problems that are so severe they require medical, psychiatric and physiological care				
Improved Mental Health				
	Unit	Annual Benefit (Avoided Cost) per Unit	Type	Source
Avoided cost of Adult Outpatient Attendance	Instance of outpatient attendance	£146	Opportunity Cost	Health & Social Care
Relief from depression / anxiety	Annual	£43,453	Social Value	HACT
Regain Custody of children / Improved Parenting Skills				
	Unit	Annual Benefit (Avoided Cost) per Unit	Type	Source
Avoided cost of Child in Care	Weekly	£676	Opportunity Cost	Health & Social Care
Wellbeing gain from avoiding separation	Annual	£3,400	Social Value	HACT
Cost of placing child in care is the cost assuming the child remains in foster care for 12 months				
No assessment is made of the potential impact to children who avoid being taken into care				

<b>Education/Training/Employment</b>				
	<b>Unit</b>	<b>Annual Benefit (Avoided Cost) per Unit</b>	<b>Type</b>	<b>Source</b>
Avoided cost of JSA/Income Support from employment	Weekly	£72	Cashable Saving	Online calculator
Income Tax & National Insurance Paid from employment	Weekly	£22	Cashable Saving	Online calculator
Wellbeing gain - moving into employment	Annual	£8,700	Social Value	HACT
Wellbeing gain - participation in one adult learning course	Annual	£754	Social Value	HACT
<b>Improved Social Networks and Relationships</b>				
	<b>Unit</b>	<b>Annual Benefit (Avoided Cost) per Unit</b>	<b>Type</b>	<b>Source</b>
Wellbeing gain - socialising on most days of the week	Annual	£3,000	Social Value	HACT
<b>Improved self esteem / confidence</b>				
	<b>Unit</b>	<b>Annual Benefit (Avoided Cost) per Unit</b>	<b>Type</b>	<b>Source</b>
Well-being gain	Annual	£3,000	Social Value	HACT
<b>Improved physical health</b>				
	<b>Unit</b>	<b>Annual Benefit (Avoided Cost) per Unit</b>	<b>Type</b>	<b>Source</b>
Avoided cost of GP consultation	Instance of GP Consultation	£36	Opportunity Cost	Health & Social Care
A&E treatments leading to admittance	Instance of A&E treatment	£146	Opportunity Cost	Health & Social Care
Relief from health problems that limit amount or type of work	Annual	£2,354	Social Value	HACT
<b>Improved financial management</b>				
	<b>Unit</b>	<b>Annual Benefit (Avoided Cost) per Unit</b>	<b>Type</b>	<b>Source</b>
Wellbeing gain	Annual	£3,000	Social Value	HACT