

A Partnership Approach: Supporting and Empowering Vulnerable Women Within one UK City

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Abstract: This paper draws upon a three-year longitudinal qualitative evaluation of a voluntary sector strategic partnership and delivery project involving eleven women-centred organisations. The consortium, funded by the Big Lottery (charity), worked together to support the most vulnerable women and girls across a city in the north of England 2017-2021. The partnership of eleven female led organisations delivered front-line services which aimed to enable women and girls to lead safer and healthier lives. Partners combined their expertise to support women with multiple needs including: mental health, domestic abuse, sexual violence and exploitation, experience of the criminal justice system, sex work, and substance misuse. The project aimed to achieve 3 outcomes: *Outcome 1:* Improved and extended access for vulnerable women and girls in Leeds to the services and support they want when they choose; *Outcome 2:* A holistic response to ensure that the needs of women and girls with multiple and complex issues are better supported; *Outcome 3:* Women and girls will be empowered to support their peers and influence service delivery, development and design across the city. Our evaluation placed the project staff, partners, stakeholders and service users at the centre of qualitative data collection, using a co-produced Theory of Change approach to data collection. Our sample of 34 service users, 35 professionals (19 interviewed twice) and monitoring data shows that the project successfully met its objectives and developed a model of practice that could be used in other contexts to support and empower vulnerable women.

Keywords: evaluation, domestic abuse, women, peer support, partnership, model of support

1. Introduction

The Crime Survey for England and Wales year ending March 2021 reported 844,955 offences of domestic abuse, a 6% increase compared to previous years (ONS 2021). The World Health Organisation (2017) notes that violence against women, in particular intimate partner violence and sexual violence, is a major public health concern as well as a violation of women's human rights. The WHO estimates that 1 in 3 (35%) of women worldwide have experienced either physical and/or sexual intimate partner violence in their lifetime and approximately 38% of murders of women are committed by a male intimate partner (WHO 2017). Such violence negatively affects women's physical, mental, sexual, and reproductive health as well as impacting upon the physical and mental health of children as a result of exposure (SafeLives, 2014). Support from specialist services can reduce the impact of domestic abuse (SafeLives, 2014; Women's Aid 2022). The intervention discussed here is located in a northern city in England, located within a county which had the second highest recorded rates of domestic abuse-related offences of all regions in England and Wales during the year ending March 2020 (ONS 2020).

In the USA, gender-specific approaches attempting to respond to the multiple needs of women in holistic ways have been operating for a number of years (Bloom et al 2003). Evidence suggests that relational interventions in which gender-responsive, strengths-based humanitarian services are offered work well in supporting vulnerable women who access them (Goldhill, 2016). In the UK context, many voluntary sector organisations use women centred models as mechanisms to meet complex needs. Such support is gender-specific (for women only), holistic (attempts to meet a variety of needs) and based on relational trusted support through working with the same worker (Warwick-Booth and Cross 2020). Evidence shows that women often engage with such voluntary agencies, even after periods of non-engagement with statutory services and imprisonment (Anderson, 2011). There is wide ranging expertise for women-centred approaches within the UK voluntary sector and evidence illustrating the cost-effectiveness of such work (Walby 2004; Home Office, 2014). This paper contributes to the evidence base about gender-specific approaches by exploring a service model held within a partnership (eleven organisations working together to influence strategy), assessing the extent to which both met their aims and objectives.

2. Project background

Eleven women and girls' organisations from the voluntary and community sector in one northern city in England formed the partnership responsible for the project. The partners came together to specifically bid for a Big Lottery grant under a funding stream specifically for developing Women and Girls' Initiatives across England. Sixty-two projects were awarded funding, all intending to empower women through the development of tailored

support. The funders supported learning and evaluation as part of this work (Tavistock Institute 2021). This paper reports on how this consortium, worked to support the most vulnerable women and girls across a northern city over the four-year period 2017-2021. The focus of the service delivery was to holistically support the most disadvantaged and vulnerable women. The partnership also aimed to influence local services and strategy by advocating for women's needs. The project delivery model consisted of seven elements illustrated in figure 1.

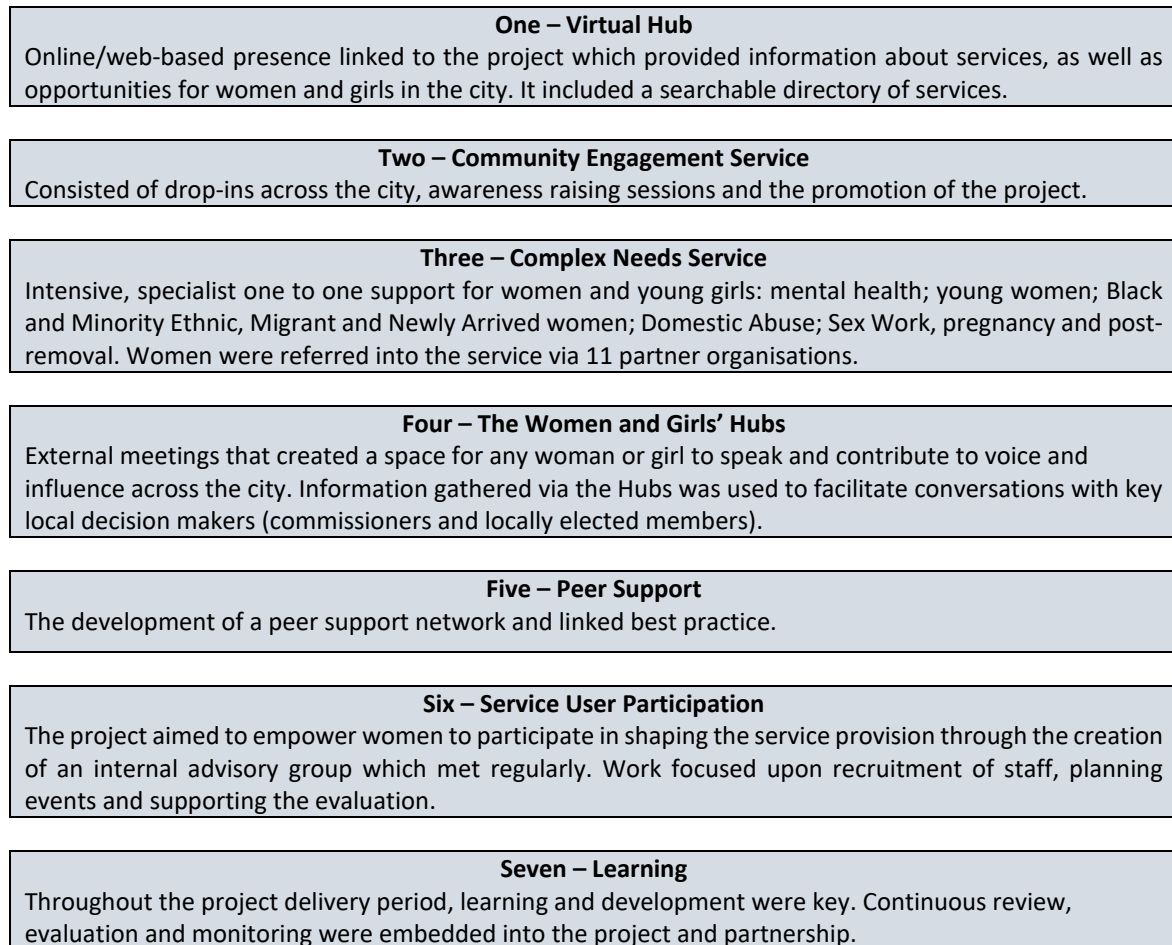


Figure 1: The seven elements of the project

3. Methodology

Our qualitative evaluation was conducted from April 2017 to April 2020. Data from interviews, focus groups and observations were used to assess the project's effectiveness against its intended outcomes and to support a test and learn approach to service delivery. We drew upon co-production principles (Warwick-Booth et al 2021) to place the project staff, partners, stakeholders and service users at the centre of data gathering. To ensure that the evaluation was rigorous we developed and tested a Theory of Change (TOC) which provided a framework for data collection (see figure 2), to understand the context in which the programme was operating (Judge and Bauld, 2001).

Our evaluation adopted a qualitative feminist approach. Such approaches are broad ranging and varied, so we operationalised feminist values by recognising the power dynamics present within the research process (Abell and Myers, 2008), attempting to address them by exploring lived experiences and articulating the voices of women whose knowledge has traditionally been less visible (Cross and Warwick-Booth, 2015). Co-producing knowledge with stakeholders and participants enabled us to evaluate the 'softer' outcomes that were described as important from their perspective, rather than drawing upon our own 'expert' ideas. We also used reflexivity to recognise the implications of our own identities and positionality compared to participants. Female researchers from the same local area are better received in women-only spaces, and we also took care to use inclusive language in our practice, rather than formal academic speak. We sampled purposively drawing upon the experience of staff to select appropriate service users for inclusion, ensuring that we minimised the psychological impacts from them sharing their experiences.

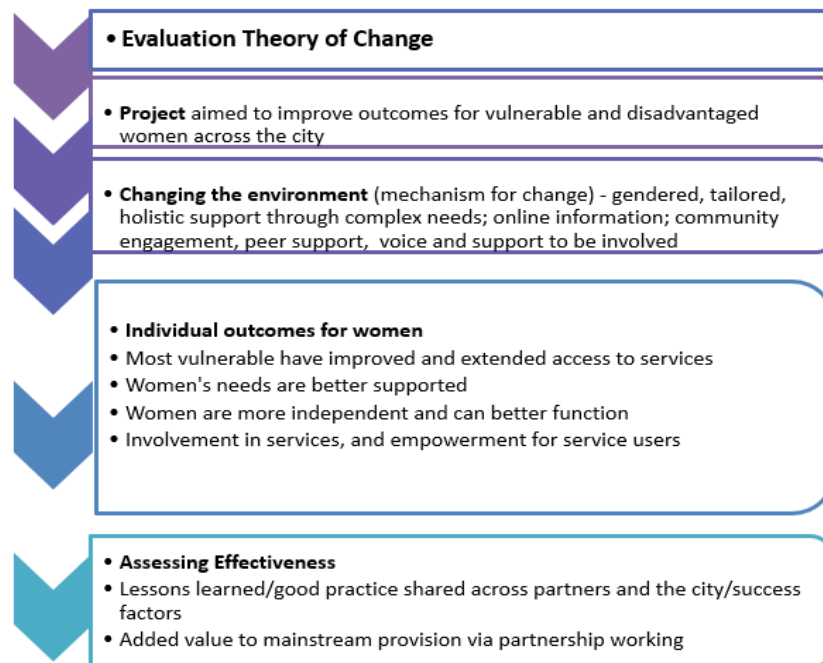


Figure 2: Theory of change

3.1 Service user data collection

A total of 34 service users took part and were interviewed in person or via the telephone, subject to their preferences. Service user schedules focused upon experiences of support, their involvement in the project, their outcomes as well as issues with the service. The evaluation team attempted without success to interview women who had not engaged with the support or had exited the complex needs service early.

Complex Needs Service users (n=16) were interviewed following exit from the Service. Qualitative comments from forms completed by women (n=25) exiting the service were also reviewed.

Advisory Group members were interviewed to explore their experiences of participation (n=4).

Hub attendees were interviewed in 2018 (n=2), and two focus groups were held with women attending (n=12)

3.2 Data collection with professionals

We completed a total of 54 interviews face-to-face or via telephone with 35 professionals, 19 were interviewed twice to capture learning over time. Interview schedules covered the project approach, its delivery, its impact upon service users, partnership experiences, learning, and suggestions for improvements.

Interviews were conducted with: professionals who referred into the service (n=4), impartial external professionals (n=4), the CEOs of the consortium partners (N=11, follow up n=7/8), the independent Chair, staff (n=12) involved in project delivery (5 Complex Needs Workers, 4 Community Development Workers, 3 staff members from the Core Team administering the project), and newly appointed staff (n=3). A focus group with a mix of workers (n=12) was conducted to explore collective learning from the project's model of delivery.

3.3 Service review with professionals

During March 2018, following one year of project delivery, a Service Review took place, with the evaluation team conducting focus groups to capture learning and challenges. Four focus groups were facilitated, segregated according to organisational roles:

- line managers

- the core team
- Chief Operating Officers
- staff members (Complex Needs Workers and Community Development Workers)

Staff were also invited to submit comments via email (n=2). Schedules covered the spread of support within each organisation, roles, commitment, respect and culture. Learning from the review was disseminated internally and used to shape service changes. For example, the Community Development Service was re-focused into a Community Engagement Service.

3.4 Analysis

Interviews and focus groups were recorded and then transcribed, aside from in one instance where a participant preferred not to be recorded (n=1), so notes were made. The data were analysed using Framework Analysis, with the initial framework drawn from the Theory of Change (see Figure 2) to organise data according to our evaluation aims. Framework Analysis develops a hierarchical thematic structure to classify and organise data (Ritchie et al., 2003), with patterns and connections then identified. Themes were agreed by members of the research team. Internal monitoring data was also descriptively analysed and mapped against the evaluation aims.

3.5 Ethics

The evaluation received ethical approval from Leeds Beckett University. The following practices were adhered to:

- Informed consent – written or verbal consent was obtained from all participants;
- Right to withdraw – during or after interviews. One professional withdrew a follow-up (2nd interview) the day after participating;
- Confidentiality and anonymity – no personal identifying information is used in data reporting;
- Secure information management –through password protected university systems.

4. Findings

Outcome 1: Improved and extended access for vulnerable women and girls in Leeds to the services and support they want, when they choose

Online Virtual Service Directory

The Virtual Service Directory and online communications were intended to be conduits to both support and information for women and girls through information about services and opportunities for involvement. An internal survey of users resulted in the website being restructured in January 2018. Following this restructure the top searches for specific services were for mental health and domestic violence support.

4.1 Community engagement service

Evaluation data showed that the Community Engagement Service successfully increased access to project services across the city, achieving more than its intended target of information provision to both women in the community as well as professionals. The service also worked well to engage with hard-to-reach communities. A Community Engagement Worker viewed it as particularly effective in extending access to women from ethnic minority communities:

"I feel like especially women from ethnic minority communities, they don't necessarily access mainstream services in the way that other people might. And it's important to have community-based organisations such as this, where they feel comfortable and where they're able to access support."

The Community Engagement Service reached women and girls through: workshops and events (4,326); community groups (1,831); and drop-in sessions (1,186). However, the drop-in service across the city was inconsistent and the service review led to it being refocused in 2018. Following which, there was high staff turnover, (8 staff left in under a three-year period) which resulted in a disjointed drop-in offer. Workers

delivering the service expressed frustration at being unable to work directly with women who presented with great need, and instead had to refer them on.

Outcome 2: A holistic response to ensure that the needs of women and girls with multiple and complex issues are better supported

4.2 Complex needs service

The most important learning from the evaluation was evidence about the success of the Complex Needs Service. The centrally managed service was underpinned by partnership arrangements that worked to glue the project and partnership together because of the shared commitment to holistically supporting service users. One worker said:

"No one women and girls' organisation has all of the specialisms and knows everything. There is more skill together than separate."

Complex Needs Workers were hosted within partner organisations which had expertise in one specialism. They met regularly, and shared learning about service provision throughout the delivery period. They carried caseloads of women offering them needs-based provision; practical support (e.g. attending meetings, language support); emotional support; listening, trusted relationships; and proactive engagement. The average length of support within the Complex Needs Service was 9 months. Caseloads were re-assessed after the first year of delivery and were lowered to a maximum of 12 for a full-time post and 10 and 8 for shorter, part-time posts, to accommodate the high levels of need being seen within the service. Reduced caseloads enabled workers to support women for longer, to address their needs more fully. The Complex Needs Worker supporting women selling sex, had a caseload of 10 (maximum) for a 35 hour per week post, due to the level of trauma in service users. Service users with multiple complex needs required more frequent, intensive, time-consuming support due to the complexities of their lives. . Complex Needs Workers were provided with external clinical supervision to help them in coping with their roles.

Our evaluation illustrated that the delivery model of the service being gender-specific was crucial to its overall success, as was its holistic focus. One worker described it as:

"Tailored holistic support in the form of an intensive, specialist service...suited to individual need [that] was on-going and flexible"

Being gender-specific led to the service being viewed as a safe and confidential space, delivered by women supporting women. Service users reported feeling better understood and safer working with other women (the all-female evaluation team was an extension of this ensuring women felt safe sharing their experience of the project); appreciating the practical consistent support which better met their needs; and working at their own pace towards positive outcomes. One service user valued not having to retell her story to different professionals:

"I don't have to explain from beginning to the end. You don't want to go through again and over and over and explain...It makes me more anxious. So, I always prefer to speak with one person and that's it."

This led to a range of positive outcomes for service users including increased confidence and independence, meaningful occupation and healthier interpersonal relationships. Our evaluation found that the Complex Needs Service was unique and valuable, and that it made a difference to the women who accessed it. Service users and staff reported that the service, modelled on trust and relationship building, was key to achieving positive outcomes. Service users said:

"I truly believe that she [Complex Needs Worker] has saved me, not just from myself but from life. She has given me a glimmer of hope that life is worth living if I choose to do so."

"When I got in touch with [service] it was like a relief that I finally had that sort of worker that was seeing things from my point of view and getting the job done in some ways... it was all about what you were comfortable with and what's best for you."

The service offer was unique in that the model of support was linked to specialist workers, embedded in a city-wide partnership. The Complex Needs Service was the most successful element and brought added value through its city-wide reach. The Complex Needs Service supported 234 women in total. Their presenting needs

included mental health, financial issues, recourse to public funds, housing and physical health. 39% of service users had more than 5 needs documented at referral.

Outcome 3: Women and Girls will be empowered to support their peers and influence service delivery, development and design across the city.

4.3 Women's and girls' hubs

Hubs were successful at raising awareness around gender-specific issues, and empowering women and girls to influence city-wide services, conversations and strategy. The Hubs were embedded within the city's formal voice and influence arrangements during the project:

"[Project] has raised awareness of gender-specific issues and influenced city-wide services, conversations and strategic planning" External Partner

Statutory agency workers changed their practice due to increased understandings of gendered needs. Examples from external agency workers detailed gender-specific training within the Local Authority in the form of menopause workshops for all staff, as well as gender and domestic abuse being added into more conversations where they had previously been absent e.g. when football tournaments were taking place.

Women attended the Hubs for a range of reasons including: advice; awareness; networking; representing marginalised groups; and as professionals. The Hubs were seen as useful networking opportunities, they facilitated the sharing of information and provided opportunities to discuss and identify women's issues.

Women's Hub met over 12 times during the funding period. The Girls' Hub continues to meet monthly, and over 1,500 Women and Girls took part in activities facilitated through the Hubs. The work of women in the Hubs led to a successful funding application for further gender-specific work in the city until 2022.

4.4 Peer support

Peer Support was built into the project delivery model through the development of an approach for use in practice and the creation of a network of peer supporters. Service users were offered opportunities to work as peer supporters hosted within the 11 partner organisations, as well as through coming together more broadly through a city-wide peer support network. Our evaluation data illustrated that women liked to work in groups of their peers especially focusing on specific projects such as supporting other women and income generation through funding applications. Peer support was described as valuable by both professionals and service users, and enabled some women to develop leadership skills as well as increasing their confidence:

"It's been a big major part of my recovery in all avenues from domestic violence and drink as well and boundaries and have better relationship with the key people in my life like my kids and my family." Service User

"We have lots of young women who've had support themselves and then they get involved in the project, and then they start to support others. So, it can be that kind of peer support and that lived experience being really important." Staff member

During the funding period:

- 12 women passed an accredited Peer Support Training Programme, 2 were offered external paid Peer Support opportunities
- 114 women took part in other Peer Support opportunities
- 4 Peer Support groups were established within partner organisations
- Staff and service users co-produced the city-wide peer support network

4.5 Service user participation

Service users took part in the ongoing learning during the project delivery including the evaluation. The project developed a specific service user function in the form of an Advisory Board, focused on providing advice about service delivery. However, Advisory Board members were excluded from Partnership meetings. Service users

reported positively on their involvement with the Advisory Board because it gave them voice, purpose, skills and respect:

"It's usually, like, these faceless bigwigs isn't it... that are making these decisions in these services, you know, and the Advisory Board kind of breaks that down and adds that link that isn't there between them and the women who have accessed these services."

"It does sound amazing when you say to people 'oh I'm on the Advisory Board' it does sound really you know 'ooh'. Or having that on your CV. It is very impressive"

"I was looking at something that I could use my brain, not just look after children, not just do cleaning and ironing, not just being a mum, not just be a victim of domestic violence, and that's what I was looking for. You know I wanted to broaden out and just try different things."

During the project lifetime:

- 2,229 service users contributed to project learning through various activities
- 58 service users attended meetings or were members of the Service Users Advisory Board
- 258 Women provided individual feedback about services they have accessed
- 34 service users took part in the evaluation

Our evaluation data captured some important outcomes linked to service user involvement e.g. different recruitment practices for staff due to service user views being taken on board. However, whilst the aims of this work were clear, and feedback mechanisms for service users were built into some practices, being excluded from Partnership meetings was a source of frustration for Advisory Board members, leaving gaps in the co-production approach.

4.6 The partnership

The seven elements of project delivery were situated within a wider partnership of 11 organisations who had previously competed for funding. Competition continued during the lifetime of the project. Although, there was some successful history of co-delivering services, on a smaller scale e.g. organisations had worked in pairs, this larger scale approach with more partners was new. The issue of the competitive funding environment was never formally addressed through Partnership meetings, despite some discussions about implementing a non-compete agreement. There were many tensions in the Partnership meetings, arising because of the competitive environment, resulting in the appointment of an Independent Chair in 2019 to oversee meetings, and remove the responsibility of chairing from Partner members. As Partner organisations were different in size, experience, structure, and culture this resulted in some power imbalances despite attempts to be inclusive and supportive especially in relation to smaller partners. Different dynamics within the partnership led to reports of *"not all voices being heard"*. One CEO said:

"...when you're a very small organisation, you're just doing your day-to-day run of the mill kind of your job. You don't really know what's going on in the wider picture of things."

Facilitators of the partnership included project delivery (especially commitment to the Complex Needs Service), the project team and its leadership, the appointment of the independent Chair and the level of commitment shown by partners. Challenges reported in the partnership included problematic attendance at meetings, time pressures and conflicting priorities. Benefits from being involved in the partnership included increased capacity, feelings of belonging, building relationships and opening opportunities, peer support and leadership network links, information sharing and communication, support with sustainability, and improvements across the wider city system which benefited women and girls. Learning was cited as important by all Partners irrespective of the size and structure of their organisation. Partners said:

"The peer support has been good. It's good to be able to call someone else up to talk something over as this is an isolating field to work in. It's good to get advice or copies of policies from others that we can use."

"The point of the consortium is to be more powerful together, to have more connections and to share the specialisms."

In summary the evaluation findings reflect a successful model of support (service), which built upon learning throughout the funding period to ensure that service user needs were met, however this took place within a problematic partnership and a time limited project.

5. Discussion

The academic literature suggests that organisations offering women-centred approaches to service provision are effective at meeting client needs. Using holistic, joined-up, women-centred, participatory approaches is the best way to work alongside women with complex needs, who are likely to face barriers in accessing support (Women's Aid, 2022). The nature of the intervention is very significant, women must be at the heart of the provision and supported in a holistic and gender-specific manner (Warwick-Booth and Cross, 2020). Service user outcomes from this project further support evidence in this area with holistic support underpinning positive outcomes. The importance of a women-centred approach needs note here as the relational methods used by the workers (Complex Needs Workers) form the mechanisms by which trust and healthier relationships are promoted (Covington, 2007; Warwick-Booth & Cross, 2020). Furthermore, voluntary sector service location and flexible service delivery are mechanisms of successful gender-specific interventions (Warwick-Booth & Cross, 2017), especially when combined with advocacy and multi-agency working (Cleaver et al, 2019). The delivery model implemented here also offered opportunities for collaboration and involvement for service users, facilitating empowerment in support of managing trauma symptoms (Petrillo et al 2019). Peer support evidence from the evaluation shows influence in relation to service delivery but it could have been extended further to include Partnership involvement, so was not fully co-productive (Warwick-Booth et al, 2021). Evaluation data did not capture experiences of women unable or unwilling to engage, or have their needs fully supported. Given the challenges of complex need, it is unlikely that every woman who needed support could access it. Time-limited funding does not support sustainable service provision, a well-recognised challenge in relation to voluntary sector delivery despite significant evidence of cost effective, successful work (Women's Budget Group, 2020).

The creation of a gender-specific consortium in one northern city attempted to ensure that the combined expertise of eleven organisations was drawn upon to avoid service duplication, to extend reach to the most disadvantaged women, to enhance learning and to develop strategy for wider women's services. Evaluation data captured positive reports of access and resonates with evidence from the USA demonstrating that community-based coalitions can be useful mechanisms for creating policy change, starting with awareness raising. However, internal coalition challenges can limit success (Kowalcuk et al, 2017), all issues identified within our evaluation. Knare et al (2015) discuss the importance of consistent coalition membership and participation, the ability of partners to identify issues, to leverage resources, to draw upon evidence (local data), and to access internal and external resources; with the partnership under evaluation meeting these markers of success, despite the challenges reported.

6. Conclusion

Our evaluation showed that the project was successful in delivering holistic, women-centred services within the city, and that it enabled service user involvement through multiple mechanisms. Furthermore, the project worked as a glue to keep partners invested in the more strategic work, though there were many challenges within the partnership. Whilst the Big Lottery funding stream encouraged joined up working, partners still have to operate in a competitive funding environment to survive which creates challenges in particular for successful partnership processes.

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