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# **An Evaluation of the Positive Impact Project**

Final Report March 2019

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## Executive Summary

### Background

The Positive Impact Project (2015-2020) is being delivered by Well Women Wakefield. The project provides specialist support from dedicated caseworkers who are skilled in providing support, and developing knowledge and skills for women with complex needs. Women accessing the project have experiences of domestic violence, childhood sexual abuse, disordered eating and some are mothers apart from their children.

### Key Findings

- Stakeholders reported several positive outcomes for the women accessing the project, including empowerment, increased confidence and self-esteem, the ability to improve their circumstances, as well as access to new opportunities.
- Service users described how the support they had received from the project helped them to improve their mental health, increase their coping skills and encourage their participation in health and well-being activities.
- Stakeholders described the peer support component of the project as positive in enabling women to share their stories, support each other, build friendships and reduce their social isolation.
- Women using the service reported being able to trust their case worker and they welcomed both the practical and emotional support provided.
- Service users reported increased knowledge and awareness of domestic violence, feeling less isolated as well as being better able to cope following their involvement with the Positive Impact Project.
- Stakeholders articulated the value of the project particularly in working with women on their own terms and having a service able to provide on-going support, without time-limitations given the complexity of the issues that the women were experiencing.
- The model of delivery used is holistic, women-centred and needs focused. The project offers flexible support, and links to range of other services (internally and externally). The provision was viewed positively by service users but was not used in isolation. Service users also received broader support from Well Women in the form of counselling and access to other specialist courses.

## **Areas for consideration**

- Provision of childcare or childcare-related support linked to the delivery of the Positive Impact Project should be considered as a way to ensure that more women can engage. Service users felt that this would broaden the reach of the service offer. Stakeholders agreed and also suggested that more staff as well as evening groups would work to increase the reach of the project.
- Ensuring that the service delivery involves peer support workers in the form of volunteers, or staff with lived experience should be considered in relation to future project delivery as a way to further enhance the service provision.
- Future sustainability in terms of the continuation of the project needs consideration. Stakeholders articulated concerns in relation to the availability of time-limited funding especially given the complexities of women's needs, which take time to address.

## **How we did the evaluation**

Semi-structured interviews with staff and service users involved in the Positive Impact Project have been used to produce this report. 10 interviews with staff were conducted (5 in 2017, and 5 in 2018) and 3 service users were also interviewed.

## **Contact/further information**

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# 1: Introduction

## 1.1 The Positive Impact Project

The Positive Impact Project (PIP hereinafter) is funded 2015-2020 through the Big Lottery Fund, and is being delivered by Well Women Wakefield. PIP provides specialist support from dedicated caseworkers who are skilled in the following areas:

- Childhood Sexual Abuse – for women who as adults are still suffering as a result of their experiences as abused children
- Domestic Abuse – emotional and practical support for women still living in abusive situations or those women who have left a relationship and require further help to avoid repeating similar patterns
- Mothers Apart from their Children – for women who are unable to have contact with their children for a range of complicated reasons
- Disordered Eating – the project also offers support to women who have significant problems with disordered eating

Over the five-year funding period the project aims to:

1. Improve women`s mental health and wellbeing
2. Enable women to feel less isolated
3. Support women to become more resilient in coping with the more severe and enduring issues that are harder to overcome

## 2: Evaluation Methodology

### 2.1 Approach

Starting in 2016, we devised an approach to the evaluation which placed staff and service users at the centre of our research approach. The evaluation has been designed in a co-produced manner with the PIP lead since the beginning of the project, and this report presents the findings drawn from our qualitative data collection.

### 2.2 Evaluation Methods

#### Qualitative interviews

The evaluation team undertook semi-structured interviews with service users and key stakeholders.

- **Stakeholders**

Qualitative interviews with stakeholders captured learning related to service delivery, project progress and perceived user outcomes. See Appendix 8.1 for the interview schedule used with Stakeholders. Participants were sampled purposively based on their role in, and contribution to, the project. The evaluation team worked with staff from Well Women Wakefield to identify these individuals. Interviews took place via telephone, at two points in time to capture on-going learning, and ensure that all staff were included following internal changes at Well Women Wakefield.

- **Service Users**

The team conducted a focus group with service users (n=2) who had experienced the project, as well as one telephone interview with a service user (n=1) unable to attend. See appendix 8.2 and 8.3 for the schedules. The service user perspective was seen as crucial to determining the success of the project, however despite extensive efforts only a small number participated in the evaluation. Service users were asked to consider their journeys through the project, and to produce an illustrative storyboard as part of this process (Cross and Warwick-Booth 2015).

**Table 2.2 Overview of evaluation data collected**

Data type	Number and profile
Interviews with key stakeholders (n=10)	Between January – March 2017, 5 telephone interviews were conducted with stakeholders (case workers and referrers)  Between January –March 2018, a further 5 telephone interviews were conducted with stakeholders (case workers and referrers)

Data collection with Service Users (n=3)	<p>1 Focus group was held in September 2018 – 2 women attended</p> <p>A further focus group was offered in September 2018 - 0 women attended</p> <p>1 telephone interview was conducted with a service user unable to attend either focus group discussion but who wished to participate.</p>
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### 2.3 Ethics

The evaluation was given ethical approval through Leeds Beckett University ethics procedures. The following practices were adhered to ensure ethical rigour:

- Informed consent. This was attained from all participants.
- Confidentiality and anonymity – no personal identifying information is used in reporting data.
- Secure information management – security was maintained through password protected university systems.

### 2.4 Analysis

All interviews and the focus group were transcribed verbatim and analysed using thematic analysis methods (Braun & Clarke, 2006). This method is used for identifying, analysing and reporting patterns (themes) within data. Cross cutting themes are described and reported using direct quotations from the participants to illustrate them throughout the findings sections of this report.

### 2.5 Limitations

Limited data collection with service users (n=3). This is a hard to reach population and despite offering a range of data collection options (focus groups and interviews) as well as incentives to encourage participation (shopping vouchers), the sample we were able to include remains small.



### 3: Evaluation Findings

#### 3.1 Qualitative interviews with stakeholders

##### Summary of findings from stakeholders

- Stakeholders articulated the value of the project particularly in working with women on their own terms and having a service model which provides on-going support, without time-limitations given the complexity of the issues that the women were experiencing.
- The model of delivery used is holistic, women-centred and needs focused. The project offers flexible support, and links to range of other services (internally and externally).
- Stakeholders described the peer support component of the project as positive in enabling women to share their stories, support each other, build friendships and reduce their social isolation.
- Stakeholders reported several positive outcomes for the women accessing the project, including empowerment, increased confidence and self-esteem, the ability to improve their circumstances, and access to new opportunities.
- Stakeholders also felt that the project was effective at supporting service users, and as a model of delivery could be replicated in other settings.
- They reported concerns about sustainability in relation to time-limited funding, and recognised the complexities of engaging women with the project.
- Stakeholders suggested that more staff, evening groups and the provision of childcare would all work to increase the reach of the project.
- Stakeholders noted their own learning as part of the interviews, which included the need to support workers as well as service users, and the importance of a team approach.
- Finally, some changes had been made within the internal processes of the project, such as the use of allocation meetings and the broadening out of referrals. These were seen as an improvement by those who commented.

## The project approach to delivery

The project offers a ***unique flexible and accessible service*** that can adapt to the needs of women as these are often complex and wide-ranging:

“We work with them and alongside them and that’s what feels to me like the starting point for all of us and the woman is at the centre of everything we do.” *(Stakeholder 1 2017)*

“It (*referring to the role*) ranges from emotional support to some to listen to, to practical support, or we act as advocates at meetings such as child protection meetings, child in need meetings with social workers, meetings with housing, vulnerable adult services, so it’s really just about, what the woman needs when she comes to us.” *(Stakeholder 1 2018)*

“We offer them group work, and a lot of it is practical and emotional support that we give the women...we engage with that woman building her strength so that she can continue to do the everyday challenges she is faced with. We work as a whole with the woman so it would be a bit of everything, in a holistic approach.” *(Stakeholder 2 2018)*

The **flexibility** of the provision was noted as being important by stakeholders:

“We base it around the women and their needs. So it’s warm, it’s welcoming, it’s to build the women’s confidence.” *(Stakeholder 2 2017)*

“It works with women from different varieties, it can be domestic abuse, it can be, eating disorders, that kind of thing, to help both advocacy if needed, to help them find the right services. Each woman is treated individually, some women don’t want to go to groups, some women don’t feel safe enough to go to groups, it may start off with just some 1 to 1, it’s so much tailored around the individual woman.” *(Stakeholder 4 2018)*

The **outreach component** of the work was described as valuable for women who face barriers to accessing other services:

“There is a big barrier for women (specifically referring to BME women) to access mainstream services, so it could be a domestic violence issue, but we tend to find that women won’t access mainstream services. I do a lot of outreach work, working in the community. I do the same things what my colleagues do but I do it outside in the community in a safe setting for the woman...so it could be like a school parent’s room or it could be in a community centre.” *(Stakeholder 2 2018)*

Having a specialist worker able to support minority women was also useful given both the language and cultural barriers that many of these women face:

“And there is language barrier for the women, and I speak Punjabi and Urdu, the majority of the women I have coming through are the South Asian community ladies who speak that language, so I’m able to work them, with them if they don’t have

English as their first language... I also feel my role is important because sometimes there is cultural barriers.” (Stakeholder 2 2018)

The approach and ethos underpinning delivery was described as **women-centred and holistic**. Being able to work with women for as long as they needed was also noted as valuable, given the complexity of the issues that many of the women presented with. The project approach is to work with the whole woman to support and empower her to make decisions and changes:

“It’s important that we listen to what the women want and we respond to what it is that they want, at that moment in time, and the fact that we are not time limited, we can work with them for as long as they need, so I think that is really important as well.... because we are not as restricted, there is not as much ‘red tape’ if you like, although we have our policies and procedures, we are pretty much, we are quite flexible in terms of what we can do, to help that women, because we are ‘need’ focused it’s different.” (Stakeholder 1 2018)

“We are led by the woman which I really like, it’s a really great way of working.” (Stakeholder 1 2018)

It was highlighted that the project is a service that **women can work with at their own pace**. Staff members suggested that their role involves acknowledging that they cannot change women’s lives for them but they can support them to change their own lives if they are ready to make changes. Unlike statutory services the project can offer ongoing support to women. This feature means that women can access support in their own time when they feel ready. **Trust and relationship building** were described as central to this work:

“That feels really nice that we’re not saying to women ok we will do 8 or 12 weeks of work and then after that you will move on to sorting yourself out. I’m finding that women do naturally find their own way and go off on their own but it’s nice to say to women you’re doing really well, you don’t need us, however if you have a wobble give me a ring...we’re still going to be here.” (Stakeholder 1 2017)

“I’d say the team at the centre are really good at building the relationships with the women and making them feel safe” (Stakeholder 2 2018)

“I think they approach women on an equal level, they talk to them and engage with them, whether it be visiting them at home or bringing them into the centre, they don’t judge them, it’s a very non-judgmental service and they build the trust with the woman and that takes time, so I think it’s about building trust, and with the trust, comes the ability of the women to work towards changing their situation.” (Stakeholder 4 2018)

The **time** required to build relationships and develop trust was noted by some, especially given that some clients were not at a point where they would be able to access mainstream services:

“It’s trust, trust is a massive issue, it’s that communication but then they’ve felt ‘well I was alright to come here, I felt safe enough, I’m sure this will be right for me’. And

they've [PIP] been able to offer that. They can go at the person's pace and that makes such a difference, there's a lot of services you can refer to and you've got so many weeks and if you're not through it's finished." (Stakeholder 5 2017)

"Once they see that they can trust us and that they're safe and they feel comfortable within the setting then they're much more likely to come back and access other things." (Stakeholder 3 2017)

"A lot of services at the moment can't hold women for a long time because of funding but, because that project, the way its set up, they can hold onto a woman for as long as she needs, to move forward." (Stakeholder 4 2018)

"Our service isn't time limited at the moment, we've got funding until 2020. It's not time limited as long as the women are still moving forward towards, you know, whatever it is that they wanted to achieve cause, what we want is for the women not to need us anymore and to go off and you know, live the rest of their lives without the need for intervention from services." (Stakeholder 5 2018)

The **needs of the women** who were accessing the service were recognised as variable and diverse,

"Our women come from a massively different range of backgrounds, a lot of them have suffered domestic abuse, a lot of them have, you know, they are apart from their children. It's hard to pin a demographic on it because it can be anyone really, so I see women who have come from very well-paid jobs who have, you know, been privately educated, but have been in domestic abusive relationships and are therefore apart from their children, so I might see those women. I see a lot of women who have, there is historic deprivation going back generations." (Stakeholder 5 2018)

This stakeholder also commented upon the **changing levels of need** that she was seeing, suggesting that this had worsened in recent years:

"There has been such a huge social breakdown over the last, say 14 years since I've been in support services. People are really sad now and they have such difficult lives, when I first came into support services all those years ago, people would just present with one issue, so they might be struggling a bit with their debt, or they might be having a bit of a hard time with their kids, there was still a community all those years ago, now, people are really isolated, so all that stuff, has really changed, its having such a massive impact on the people that we see now, it's difficult." (Stakeholder 5 2018)

Referrals were also drawn from a range of areas including social work, and from women themselves:

"We have outside referrals, I think you've got a couple of social workers to ring, we work really well with the social work teams, but they also come through a drop in... Our main source of referrals are through Social Work, Community Workers, Liaison and Diversion which are part of the, or sit alongside the Police service, we've had a few referrals from secondary mental health services, so CPM's Health Visitors, they are

coming from all over the area at the moment.” (Stakeholder 5 2018)

## Outcomes for women

### Peer support

Stakeholders suggested that when women feel **safe and secure** within the group then they can open up and share things with the group members. A high level of peer support was reported for women involved in the service. Some women formed strong bonds and became friends outside of the project. This was described as important in tackling social isolation, and enabling women to build friendships:

“I’ve had groups where the women will support each other [...] without their peer support some women wouldn’t come or attend because of that support that they get in the group.” (Stakeholder 2 2017)

“The women have all experienced similar things and they just sort of support each other and we just facilitate it, so we do that as well. yeah it works really well.” (Stakeholder 1 2018)

“Peer support goes in and it also widens their social networks, because what we find is a lot of our women are really isolated, so in these groups, they are building friendships, they are going out and doing things outside of the Centre, so it’s really helping them move forward.” (Stakeholder 5 2018)

Stakeholders commented that in groups **women often supported each other**:

“Before we had very limited services, for women around domestic violence and it was more sort of a generalised approach to the impact on children rather than engaging the women directly about their relationships, and I think in a group environment its really helpful to hear each other’s experiences and sort of appropriately challenge each other on ‘well do you think that was ok?’ or ‘I think that’s abusive’ It makes them question their own views and values as well, which is really helpful.” (Stakeholder 2 2018)

“But they come back to tell either their stories, you know, they are confident that they are able to share their stories, but also like to offer that support to other women.” (Stakeholder 2 2018)

“Just before Christmas, and one of our other group members went ‘oh welcome to the family’ well everybody was in tears but it was a healing space...that one sentence meant that she could sit and feel comfortable and you know, other women that are really struggling are doing that for other women, it’s amazing.” (Stakeholder 5 2018)

One noted that peers and their support can be helpful in **enabling women to recognise situations of domestic abuse**:

“I’m thinking of one particular client, she joined in groups, because as you are probably aware, women with domestic abuse often don’t see they are in an abusive relationship, and what PIP does, or has done for that particular woman, had made her realise it was an abusive relationship, that she shouldn’t accept been treated like that, and what she then did...so for me that’s a good example of how the work had a very positive impact on that particular lady.” (*Stakeholder 2 2018*)

Having ***circumstances in common*** was important in relation to the peer support provision, however, this did need careful management:

“When the women come here, they are coming for a common reason, so they are coming because you know, there is something they want to work on, there are issues they need to address. So, they can get support from each other, and I think we are really good at creating a non-judgmental space in the centre. So that they are here for support, they are not here to judge on another. So, it works very well, its carefully managed.” (*Stakeholder 5 2018*)

## **Empowerment**

Stakeholders noted the importance of the project in ***empowering the women*** who accessed it:

“Another woman that I worked with she was being subjected to domestic violence. She said because I’m working with her it’s given her the strength to continue and without that she believes that she wouldn’t be alive [...] she’s actually made a decision that she wants to move so she can start her life a fresh but she feels that if she hadn’t been coming to the PIP then she wouldn’t have been able to make that decision” (*Stakeholder 2 2017*)

“I think it’s really powerful. Like I say it allows them to take control of their life back when they feel it’s totally slipping away from them, so most women, their lives are extremely chaotic, they have a lot going on, they have been through a lot and they just don’t know where to turn.” (*Stakeholder 1 2018*)

“From a woman being rock bottom to you know, be able to you know stand on her own two feet and have overcome all them things. A complicated, messy situation, but then they have changed that by engaging and working with us...” (*Stakeholder 2 2018*)

Empowerment was reported as an ***outcome***, but was also described as a ***mechanism*** in enabling women to move into other services, and to get further support:

“I think what the project has on the women, it actually gets them to a place where it empowers them to do something for themselves, to look at themselves, I think it puts them in the right place to actually to start to look at counselling...it gives them the strength to look at how they got themselves to this point in the first place” (*Stakeholder 4 2018*)

“So, it’s handing that power back to the woman to make those changes with support and I think that’s why we work really well... really stressful for a woman with all these

barriers to accessing services, so it's about giving her that power back. What do you want from your life? How can we support you to get that? And I think that is why we get the good engagement and the good outcomes." (Stakeholder 5 2018)

### **Increased confidence and self-esteem**

Emotional support offered through the project was described as a mechanism to **increase confidence levels, self-esteem and self-belief**. For some women this had a very positive impact and has evoked women to make constructive changes to their life even in challenging and complex circumstances:

"One of the women changed her image completely, she cut off her hair, she embraced her grey hair, she got a really short hair style and just blossomed it was like a butterfly coming out of a cocoon almost. All the women changed in very subtle ways. It did seem to be quite visual things that we noticed so it was things like wearing different kinds of clothing or putting some jewellery on or doing their hair differently or changing their hair colour. Really simple things and also coming in with a different poise or posture, coming in with their shoulders back and their head up and a bit more confidence." (Stakeholder 1 2017)

"One client that I'm working with, she was on a child protection plan, she had been in an abusive relationship, when I first met her she was sat rocking on the carpet, she couldn't look at me, she couldn't lift her head up and now she is on a 'child in need', so it's been downgraded by social services, she is confident, she speaks for herself, she can look at professionals in the eye and that's through the work we have been doing about building her self-esteem, managing her anxiety and also the awareness on domestic abuse and how that has impacted her life" (Stakeholder 1 2018)

Other stakeholders discussed the **increasing confidence** that women demonstrated, illustrated in a range of ways. For example, leaving relationships and implementing strategies to safeguard children:

"Definitely in their self-esteem, their self-worth, their own education-the knowledge that they've gained from it and their experience. Being able to be part of it without thinking oh that's not for me I won't be able to do that, they've actually come back and said I never thought I'd be able to be involved in things like this and they've got so much out of it. It's such a good resource and some have gone on to look at further education, there's been loads of options that have opened up for them and for their confidence and getting some self-belief. It's massive isn't it." (Stakeholder 5 2017)

"I think they seem a lot more confident in what they expect from a relationship and recognising the abuse... well she had ended the relationship, so we talked through how he was abusing her and she has put her own action plan in place now as to how she will safeguard her children from that, so we went from a point of saying well you need to tell me what to do to safeguard my children and not being able to do that herself and now been able to say this is what I'm going to do because I know how he is impacting my children. She has now got the confidence now to create her own action plan and say this is how me as mum is going to safeguard my children, and this is what

I'm going to do rather than expecting you to give me a plan to safeguard my children."  
(Stakeholder 2 2018)

Other women were able to **manage their lives** in a demonstrably different and much more positive manner:

"We are building that woman so she can stand on her own two feet and she builds that confidence, and she is able to manage herself, her home/family life once she is out of the doors as well, but then, we've had women, the same women are then wanting to peer mentor for groups and have become confident ladies and are wanting to share their stories." (Stakeholder 2 2018)

**Changes in emotions and feelings** were also described as an important outcome for service users:

"I think our woman have a lot of guilt you know, should have left their partners sooner, should have been a better mother, should have been able to stop abuse, and actually, so the lessening of guilt women report that they have less guilt, that they have better self-esteem, they have better confidence, that they are able to be heard is a biggy, we are asking the question, 'since coming if you have suffered trauma, has this helped?' they are all saying yes. And it's about, I think for me, those outcomes, those women are owning themselves now, and that's a really powerful thing for them." (Stakeholder 5 2018)

### **Changes in circumstances**

Stakeholders also felt able to comment upon the **changing circumstances for women** who had accessed the project:

"I think it's had a really positive impact...it could be that some women have been apart from the children and you know, they are dealing with so many issues, with domestic violence, children been taken into care, but we have worked with these women on a one to one, and in group, then women have, you know, we have had some women who have had their children been given back to them, we have had, we have seen positive results where women have come out of a domestic violence relationships much stronger." (Stakeholder 2 2018)

"These women are now going back into work, these women have got their children back, these women are volunteering, when we first start with these women they may be at a critical point almost, and when they leave the PIP they are going on to do stuff." (Stakeholder 2 2018)

Changes were varied, with a range of examples discussed to illustrate that each woman's journey may be different:

"We have women that have gone back into education, that have gone onto, into work, we've got women that are having better relationships with children, we have women



that now in stable housing that have got children back that have been in foster care, we've got women that are able to function on a day to day basis and for a lot of our women that is really difficult for them to do, so even though it may sound really small, one of our case workers has worked quite intensively for 6 weeks to get a bus. So, she was isolated, she couldn't leave her house or her street because of the fear of stepping on a bus and going somewhere else, but actually she is getting on busses now, so she is coming from her house into the centre, so she is accessing other services in the centre, so yes, it's just getting on a bus, but for her, its changed her life and its given her the confidence to try new things." (Stakeholder 5 2018)

The changing (more positive) circumstances were seen as being broader than the women being supported for one stakeholder:

"It's that ripple effect, so they, our women are having better relationships with their partners, their families, their children. They are going out and they are having discussions. I had one lady who... she's gone through quite a tough time but actually she had a conversation with somebody stood at the supermarket, she would have never have done that before, she would have had her head down, but now she's looking around and she is interested in the world so I think, you know the ripple effects are potentially massive." (Stakeholder 5 2018)

### **Learning for the service users**

A stakeholder noted the **importance of learning** for the women who were accessing the service:

"I've found that the project has been really beneficial...and I think from doing that they (*referring to service users*) have had a lot more insight into the risks, than we've previously seen and they themselves have been able to reflect, on their past relationships, current relationships and recognise the abuse and risks that have been present to them from that, which has been a lot more than we have seen previously from other groups that they have attended." (Stakeholder 2 2018)

### **Effectiveness of support**

The stakeholders reported that from their point of view, the project was working effectively, because it was **meeting the needs** of the service users:

"It's really effective and I think it's because we are not telling the women what it is that they need, it's led by them, so we are empowering them to make decisions for themselves, cause, although we are not time limited, we are not going to be there forever, so it's important that they get some control back of their life, to make their own decisions, and we help them in doing that." (Stakeholder 1 2018)

The effectiveness of the service was attributed to the **provision of a safe and secure space** for women to engage. Through the support offered, women are able to build relationships and trust with the workers and other service users:

“They come to us to build up a rapport and a trust, for example, the reason why I was in court today was because I built a rapport up with that client and she has nobody else to go to, so she came to me and said ‘will you help me? Will you come with me?’ so we just go as support.” (*Stakeholder 1 2018*)

The ***focus upon the whole woman*** and the entirety of her need was seen as an important component of an effective service:

“I think we are effective because we are a specialist women’s service, I think we are effective because I think we look at the whole. Whole woman’s life, not just one aspect. I think a lot of organisations will only deal with one thing and then you have to go somewhere else to deal with another aspect of your struggles. Actually, we’ll deal with that whole woman. And everything that she is, pretty much, you know, dealing with. If we can’t deal with one issue, then we will work alongside a partner agency who will do work with us all together, so it works really well.” (*Stakeholder 5 2018*)

Stakeholders were also involved with measuring effectiveness as part of the internal monitoring processes used within the project:

“We have a case work outcome sheet which we tend to do with the client, when we first meet them, a few weeks into working with them but we always do one at close as well, which monitors, that woman’s journey, specific to them.” (*Stakeholder 1 2018*)

### **Accessing services and opportunities**

Most of the women who attended went on to access further services within the Centre:

“Women had never done anything with the Well Women Centre before and they changed so much over the 3 months and by the end of that they have both gone on to do other things. One of the women has done another group after that and really enjoyed the whole group process.” (*Stakeholder 1 2017*)

“So we’ve referred the woman into the counselling service, in our in house counselling and then, once she has overcome some sessions for like, for example, bereavement, it could be that she needs to overcome that first, or some historical stuff so, councillors will work with them then the woman will come back to us, but, so sometimes you know, that can be a problem but, it’s not something that we can’t solve, we might not be able to solve it in the PIP but we can sort of sign post it into counselling.” (*Stakeholder 2 2018*)

Provision included, “a referral into other services in the centre such as counselling or complimentary therapies” (*Stakeholder 5 2018*) if this was required. Some women were also signposted to external services and some used it as a ‘springboard’ to other opportunities such a volunteering or part-time work:

“...a springboard and to be signposted onto other things that they could move onto but it takes that time. It isn’t a quick fix, it’s long term.” (*Stakeholder 5 2017*)

“We’ve had, my ladies going into employment, and that’s such a big step for them and then also into volunteering as well which is a big step for some of them, so I think it’s, I think that word fits the project, you know, positive.” (*Stakeholder 2 2018*)

An external stakeholder working with the PIP team commented upon how positive it was to work alongside them:

“From the experience we’ve had from linking in with people in that team, it’s really easy to speak to them, they call back, they engage, we talk to them about how they are doing, what other support they could offer them, you know there is lots of things that they do down there, so they identify other areas of support from their work with the women and discuss it with me as the children’s social worker, and then we come up with sort of a combined approach.” (*Stakeholder 2 2018*)

### Learning for stakeholders

Stakeholders expressed having learned from each other and from other services who engaged with the project. They acknowledged that working with women who have complex issues can be an ongoing process that takes time, and that a team approach was therefore helpful for both themselves and service users alike:

“What we do is so vitally important in society, women centres, the voluntary sector, women just want to be listened to. Women want to be listened to, to be heard and to be safe. It never ceases to amaze me once you provide the right conditions what women will feel comfortable to share and it never ceases to amaze me no matter how much abuse a woman has gone through what they can do to build themselves up, to be the most effective mum or partner or whoever they are in their life. The opportunities that they then give themselves it never ceases to amaze me. You may work with a woman who is homeless, sofa surfing, got addiction issues and given the right conditions you can offer that woman back the sense of self that sense of respect and that’s a very powerful things to witness. I feel very blessed to be part of that process and for them to let me see into their lives.” (*Stakeholder 4 2017*)

“I have learned a lot around the child protection arena, not only from colleagues but from clients as well...we’ve all got different backgrounds so we pick up different ideas on how to work with clients, different methods, we all work really well together and we all bring something new to the team, so I suppose I’ve learned how to structure my work a little bit differently, if my plan isn’t working, what else can I do? What differently can I do?” (*Stakeholder 1 2018*)

The need to support workers was also noted, because of the **complexity of need**, and the pace of their work:

“It’s fast paced, which is good, things can just change overnight, obviously, we are not a crisis service but we do get a lot of women who build up that report and trust with us and feel like they can disclose things to us about self-harm, suicidal thoughts, so I suppose, it’s quite nice in a way that women feel as though they have someone to talk

to about that rather than not having anybody” (*Stakeholder 1 2018*)

“Make sure you’ve got the right people for it. People who are robust enough to work with these women, because you are dealing with some, quite damaged ladies, so, for me the key is the staff. We’ve found some initial staff members were not prepared, for the severity of some of the things they were going to hear and see... make sure staff are prepared and have the correct support for what they are about to be, you know, exposed to.” (*Stakeholder 4 2018*)

Another point of learning was related to the engagement of women with the service, and the staff. Engagement was not always easy, and took time in some instances. Where women had been instructed to engage with others this also served as more of a challenge:

“Don’t get me wrong we have some who don’t want to engage, some of who have been told they have got to engage by other professionals, and then when we start doing the work they actually enjoy it.” (*Stakeholder 1 2018*)

“We do occasionally get women that are sent to us. Sent. From a service. ‘You have to engage with these’ or sometimes some of the Social Workers will say that ‘You need to access that’, ‘you need to go get counselling’ ‘you need to go see.....’ well actually that’s not the best use of that woman’s time because if the woman doesn’t want to move forward, and doesn’t want to engage with services, we are not going to get outcomes from her, and she’s not going to move forward because she doesn’t want to, and it’s about getting that woman at the right time for her, so that she is able to move along her journey and able to move forward in a healthy way. Once we get them there, brilliant. We do get really really good success rates with our women.” (*Stakeholder 5 2018*)

Other stakeholders talked about challenges of engagement, but felt that despite the challenges, they were able to engage women when other services had not:

“I’ve found that women will come and will engage, whereas, they may have a record with the social services or with someone else, where we get a referral and it says the woman hasn’t been engaging but when we’ve done that work, we have managed to get the woman to engage.” (*Stakeholder 2 2018*)

“So, the most important lesson is persistence maybe, I think, a lot of these women are really really hard to engage... we will try for a good month or 6 weeks, every which way to try to engage these women in some services, and sometimes it is, it’s just that last knock on the door, or that last phone call, or that last text message that might make them think ‘all right, I’ll give it a go’.” (*Stakeholder 5 2018*)

The individual focus of the ***provision tailored to each woman*** (as described earlier) was seen as important in relation to engagement:

“No one woman is the same, no one woman’s situation is the same, so therefore we can look and see what will help this woman best, and rather than making her engage with things she doesn’t want to, and therefore she will probably disengage, we can,

you know, we can encourage her to engage with what services she is able to at any one time.” (Stakeholder 4 2018)

Operating the delivery on a **strengths-based model** was also seen as important learning for one stakeholder:

“I’ve learned that women are really resilient and even though they might not feel it, they are, and they are strong and the fact that they get up and they keep coming, and even though they might be facing a mountain of barriers, the fact that they are still accessing support is just phenomenal and its quite humbling to be part of that.” (Stakeholder 5 2018)

## Sustainability

Despite the positive comments about the project delivery and the outcomes for women, stakeholders were aware of the challenges to the project given that it has **time-limited funding**. They articulated concerns in relation to this:

““Well the women will say you don’t get this anywhere else, you just wouldn’t get this [...] People need to be able to have therapy at their own pace in a way that they understand and I suppose that’s what we try to do.” (Stakeholder 4 2017)

“I think if the funding stops, it’s going to be very difficult for the women because they don’t have anywhere else in Wakefield for the work to continue, especially for a woman where she has come from such a messy background, there is complications, complex issues, like children are apart, domestic violence going on, childhood sexual abuse, historical stuff that.” (Stakeholder 2 2018)

“I just think it’s a good, excellent service actually, that is filling a hole that hasn’t been.... Seeing a gap in services that hasn’t been filled before, and I just hope it continues.” (Stakeholder 4 2018)

“After 2020 what then? What about the women on my case load? What about my case workers? What happens then? So guaranteed and continuous funding would be massive.” (Stakeholder 5 2018)

## Transferability of the approach

Stakeholders also felt that the model could and should be reproduced within other areas,

“It could easily be reproduced anywhere...it’s not a difficult model that we follow, it is focused on what our clients need, which I suppose any professional should be able to do. I think it’s quite simple and straightforward and its effective.” (Stakeholder 1 2018)

“You know, how we use this approach, we could promote that to others, other organisations, a training programme, you know like a pilot, piloting this, we could give some case studies, stuff like that.” (Stakeholder 2 2018)

“I think it is a service that should be in another area, I think it’s quite capable of being rolled out country wide. And I think it would be a good thing to do, definitely... it’s not something that can be done without the right funding and the right infrastructure, because we are doing it on a local level, if you are going to roll it out on a National level, it needs a different level of infrastructure to get it to work basically, although, individually, it could be done in different cities, that could work” *(Stakeholder 4 2018)*

“I think every city should have a woman’s centre and specialist woman’s service. I believe that people should have specialist men’s services as well, but it’s that statutory funding...” *(Stakeholder 5 2018)*

### **Suggestions for improvements**

It was suggested that as the delivery of PIP is supported by a small team who work limited hours, more staff would be useful:

“I think it works really well, we need more staff” *(Stakeholder 1 2018)*

“I want a bigger team because actually there are so many more women that need what case workers give, and what would benefit from that.” *(Stakeholder 5 2018)*

Additional flexibility was also noted as being something to consider, for example, delivering evening groups, or providing childcare provision as a mechanism to extend reach to a broader group of women:

“We could do with.... A lot of our groups are day time groups, they don’t put on evening groups for women who work and who can’t make the day cause I think the clients who attend the groups do get a lot from them, but they are in the day time, we struggle to engage with everyone that would like to come.” *(Stakeholder 1 2018)*

“I think the only difficulty some of the ladies have experienced, if they have young children, they find it difficult to attend due to child care issues, that would be the only thing that could be added to it, maybe to support them with some child care or crèche facilities while they are in that group, I think it might help more people attend.” *(Stakeholder 2 2018)*

Some stakeholders mentioned that it was not possible to help all women, despite the efforts of the team:

“The most important thing that I’ve learned, there is no, every woman can be helped, but she has to want to be helped. The one I’m thinking of is a domestic violence and she went back to the abuser and she didn’t want to engage with us anymore.” *(Stakeholder 4 2018)*

### **Changes to delivery**

There had been some changes to the service with the implementation of a new manager, and these were viewed as positive by staff. Positive changes included the use of new monitoring

tools that allowed the workers to assess trauma:

“It has had a lot of changes...we used to do the star assessment, but now we have our own, and there is some questions at the end of there as well, what we ask the women, you know, if there’s been any trauma or, and we evaluate like from 1 to 10, the ladies will mark that and then we will do that quite regularly with our women to see where they are at and where the improvements have been made... this one was better”  
(Stakeholder 2 2018)

Another positive change was the way in which the team were now being supported to work together, which facilitated more support for the service users as well:

“We’ve had positive change, I think we realised that it wasn’t working as well as it should have been, so now we work, even the team work holistically, so if the woman has a domestic violence issue but other issues as well, we work together on that woman, so she is getting support from us all, and not just one, not working with one then waiting to finish with that, we work holistically ourselves as well as a team...”  
(Stakeholder 2 2018)

“It seems to work for the woman, and we know we are all working with that woman so, and it helps like, because a lot of our staff is part time, it works better for the woman so she is not being left on her own as well, so if someone is on annual leave there is always someone in the team that can continue that work with the client.”  
(Stakeholder 2 2018)

Comments were also made about the introduction of allocation meetings as a useful addition to help the team manage the referrals, as well as enabling the service to support more women and therefore achieve broader reach:

“I think we are learning as we go along, we are human beings, we are learning as we go along and at the allocation service, allocation meetings, it’s just one example of that.”  
(Stakeholder 4 2018)

“I think referrals beforehand, there had been strict criteria, so I think the first thing I did when I came in was actually, every woman is worthy of support and if there are problems, we will work with women who are functioning with drug and alcohol misuse, we will support them in services, before they wouldn’t take that so if there was someone misusing drugs and alcohol they wouldn’t have that, they wouldn’t accept that referral, so that’s changed. We now have allocation meetings so we will discuss who is appropriate for referral, so I think it’s a very much more joined up and broader service delivery that we can offer now.” (Stakeholder 5 2018)

### 3.2 Qualitative data from service users

#### Summary of service user views

- Service users were referred into PIP in a number of different ways. For some the requirement for compulsory attendance was viewed positively (once they had engaged).
- Women often had low expectations before they attended. However, the case workers were viewed as being non-judgemental, caring and tailoring their approach to each woman's needs in a holistic manner.
- Women reported being able to trust their case worker and welcomed the practical and emotional support provided.
- The continuity of support from the same case worker, as well as the accessibility of the service were highlighted as important by women.
- The women-centred, friendly environment was valued by service users.
- Service users reported increased knowledge and awareness of domestic violence, feeling less isolated as well as being better able to cope following their involvement.

#### Referral routes

Referrals into the project were made by a range of services, and in some instances were linked to other provision:

"It was through the doctors yeah, the doctors referred me...this is now part of my probation as well so from my second drink driving charge...I was already coming here but for my second drink driving charge they sent me to probation but they were quite...they were quite like understanding, they were like "I hope you don't feel like you need to come here, so what we're going to do is, when you go to Well Women's that's going to part of your probation." (Service User 1)

"I got referred through police because I got arrested so...as part of my caution, I had to attend here. Well we had to as part of my caution but I've got Social Services involved as well so they made it like...is it compulsory, that you've got attend?" (Service User 2)

Self-referral was recognised as an option, but described as problematic by one service user:

"...whereas voluntary you're like...and you find like voluntary you've got to refer yourself as well which is the scary point because you don't want to make that phone call...well that's what I've found anyway." (Service User 2)

The 3<sup>rd</sup> service user interviewed discussed her referral route into the Positive Impact Project. She was referred to Well Woman Wakefield as a result of seeking counselling through her doctor and looking for an alternative to the long waiting lists for NHS providers. She reported



that the counselling service was good and provided a safe place to talk about the issues she was facing. However, she felt unsupported via other service provision, and as a result discussed how her mental health had declined and her children were removed. Following this crisis, she was helped into the Positive Impact Project through the counselling service at Well Women.

### **Engagement with PIP**

Women engaged with the project for a range of reasons, with some noting that they had been told to work with the project staff by other services such as Probation and Social Work. One noted that she had been referred more than once, and on the first occasion was not able to engage with the support offered:

“I was referred before but I don’t think my state of mind was really in it so I kind of didn’t really turn up and stuff like that but then when I got to that point where I was getting myself really bad they re-referred me again.” *(Service User 1)*

Another noted that having compulsory attendance was useful in ensuring that she did engage with the Positive Impact Project, as well as other courses held within Well Women:

“But I found with me like if you’re forced to come as well it makes it easier, rather than coming voluntarily... The Freedom Programme, I’ve been offered that five times before and then because it was part of like my child protection plan I had to come and so because I had to come like even though I didn’t like it, I still come, I didn’t miss a session... if you’re like forced to go pretty much you can’t turn round and say “I’m not going” or you can’t ring up and say “I’m poorly, I’ll come next week” type thing yeah.” *(Service User 2)*

Expectations at the outset of their engagement varied but were low in a number of cases:

“I didn’t know what to expect, obviously when you’re in a certain state of mind you kinda think that nowt can help you.” *(Service User 1)*

“Yeah, that it was just like a place just to turn up...I’m just like “well this isn’t going to help is it?” but it’s been really good.” *(Service User 2)*

Some service users also discussed their fears about working with a new support service, noting concerns about professionals making judgements about them:

“I think because obviously the assessment you’ve got to go into stuff haven’t and that’s quite daunting because you feel like you’re going to get judged like obviously like people who come here they’re all got their own issues or made their own mistakes and when you’re telling someone about why you need to come you just automatically thinking “Oh God I wonder what they’re thinking about me”, it is really daunting that first assessment and it is horrible.” *(Service User 1)*

In turn, they also noted that they made judgements about professionals:

“...but in my head if they’re young I think like...I hated it when I first saw them, I thought “no she’s too young, she’s going to be too judgmental, she’s not going to know what she’s doing, she’s only a couple of years older than me like what must she think” and I thought I wanted somebody older, but then once I’d spoken to her and stuff like that I’m glad, I’, really glad I got her so that’s kinda good.” *(Service User 1)*

On occasion, this was based upon their previous experiences with other service providers, who they reported not being able to trust:

“I think Social Services are [swearing] though...no honestly they are, they’re not understanding, they’re just horrible, they make the situation worse.” *(Service User 1)*

“I think you’re not able to say what you really think with them [referring to social services] either like everything your feel you’ve got to hold back... And half the time they don’t even know like your case file either like.” *(Service User 2)*

Some women also highlighted the stigma associated with receiving support from some providers such as Social Services:

“...like going to school when Social Services are involved, you think like “oh my God, everyone knows” like and you always think you have a label, like you’re walking around with a label, it’s just like awful.” *(Service User 2)*

One service user noted that outside of the Positive Impact Project the way in which the system works can often fail women:

“It did make me feel a little bit sad listening to all the stories and hearing how the system kind of failed these women...The mental health team should have done a lot more with me and I don’t think my children should have been removed. I know that they’ve got procedures to follow and they’ve got to do that to make sure that their backs are covered but they’re not doing what they should be doing for women.” *(Service User 3)*

### **Importance of relationships**

Some women discussed the importance of being able to get along with their case worker, and knowing that support is available when they need it:

“Yeah I really like my worker and stuff like that, I think that helps, I think if you don’t connect with your worker it don’t work.” *(Service User 2)*

“Yeah, yeah I really like seeing the woman I’ve got now like I even ring her mobile...her work mobile if I’m having a mental breakdown or whatever [laughs].” *(Service User 1)*

One of the women noted the importance of feeling that workers knew who she was within Well Women, which contrasted to her previous experiences of other services:

“Yeah, but I was like surely someone else can’t come because they don’t know me [referring to Social Services], they don’t know any history which like when she first came out she didn’t know any history, she took it at face value and I was like “there’s been six year’s history, haven’t you read any of it?” and she was like “no”, whereas

here, once you've had your assessment [as part of the PIP project], they know you like even when you ring up they tend to know your voice or they know you don't they?... No like once you get seen by like one person you tend to keep that person so once they know you they can help you, you don't have to see loads of different people every time you come, it's lot easier just like coming in, sitting down, and they make you feel really welcome as well." (*Service User 2*)

## Support

The support provided within the Positive Impact Project was described as **flexible**, available if it was required on more than one occasion, and linked into broader services within Well Women:

"My case got closed just after Christmas and if I ever need any help I can always ring [Name], I can refer myself back to courses like I've done counselling, I've done Freedom Programme and I'm going back on Freedom Programme in January so if you ever need help you can always ring up, speak to someone, get advice because they're always there if you need them." (*Service User 2*)

"Yeah, like you seem to be able to talk to them [case worker] a lot more and like if you've got questions like they can help you without you needing to ask them for help like you can just sit and talk to them and they'll be like "right I know what to do to fix this", like my old support worker she's opening my case back up just because it's off back to conference and she didn't have to, she just offered to open it back up." (*Service User 2*)

One of the strengths of the Positive Impact Project was described by Service User 3 as the **combination of practical advice and emotional support that was available**. The practical support offered included ensuring the service user had all the information she needed before going into a meeting or simply being there by her side and offering support:

"It was nice to have that kind of one on one time specifically. With [name] she would come along to meetings with me so she was there in the moment with me... She'd be able to come along and, not advocate in a way...little things. I wasn't getting my minutes from meetings before and you don't know you're meant to be getting minutes because you've never been in that situation before so [name] would be on the ball, she'd be phoning them and saying 'where's my minutes'. Just little helpful things like that." (*Service User 3*)

This case worker model, was also accompanied by group sessions. The group delivery also **offered support and practical help** ranging from provision of a safe space to express emotions to a 'jargon busting' session which went through what might happen during care proceedings and finding solutions to common issues:

"It went through everything [the Making Sense course] just little things like grief, allowing us the space and the knowledge that we can grieve. People don't often think that when you've had your children removed that you're going to grieve about it

because you're a bad parent. That's what the assumption is. But we were in a space where grief is normal" (Service User 3)

"Just going through things like we had like a jargon-busting session so that we knew different phrases that might be used and then we were able to kind of go through kind of proceedings, what might happen, we were able to talk about our contact in quite a safe place." (Service User 3)

That the care and support of the service users were prioritised by case workers was another positive aspect of the service, with case workers managing their workloads to be able to attend meetings and being **accessible** during the times that the group support was not available:

"Yeah I loved her [referring to her case worker], every time I had like child protection conferences, I don't like that, she was there like if I had a child in need meeting she'd turn up, even though she didn't have to she'd still come, she was brilliant." (Service User 2)

"Because the group doesn't run continuously it was nice to be able to have that person at the end of it to be able to still go through and have that safe place and I guess just to validate what I'm feeling and what I'm feeling is right." (Service User 3)

"They'd always try to attend my meetings and if she had appointment kind of would try her best to kind of adjust things so that she could make sure she could attend." (Service User 3)

The **continuity of support from a named case worker** was also noted as being important by two service users. The caseworkers sharing their knowledge and taking the time to explain what would happen with, for example, child protection proceedings was described as valuable:

"Like once you get seen by like one person you tend to keep that person so once they know you they can help you, you don't have to see loads of different people every time you come, it's lot easier just like coming in, sitting down, and they make you feel really welcome as well." (Service User 2)

"Having [name] be there alongside me...especially having someone with the knowledge kind of on my side really helped. Cos you're sat in a room full of people normally and they're using all this kind of jargon and they're kind of separated from you so you feel a bit lost within it all and that can kind of have an impact on your mental health. And before I met [Name] I could definitely feel myself sinking, so then having [Name] be able to explain things to me and how things might work, just having somebody, I guess, cheerleading on my side was a huge help." (Service User 3)

Some women felt that the Well Women **environment was friendly** in general, and that this was helpful:

"They're friendlier [referring to Well Women staff] like no matter which member of staff...even when you come they all seem jolly and they actually like enjoy their job and

that they want to be here which I think is always helpful.” (Service User 2)

This, in part, came from the **sense of safety** that the project fostered in the women which allowed them to work through their emotions and move forward, in a **women-centred environment**:

“As a woman that experienced abuse at the hands of men having a safe place to go without any men there was really important. Having the Well Women Centre do that was a huge relief I guess.” (Service User 3)

“We could talk about our contact in quite a safe space. I’ve never found a service where they are so open about how seeing your children might cause either distress or any, like, positive feelings so you expect to be able to see your children and everybody expects you to be happy about that but you don’t get the safe space to talk about how leaving them at the end of the session might make you feel, or not being able to see them over Christmas or birthdays. Having that safe place to express that anger and kind of anguish that you might feel because you’ve got to be really careful with how you portray your emotions when you’re with Social Services. You can’t get angry because they will deem you unfit. So having that safe space to explore those feelings ... I just can’t express how helpful that was.” (Service User 3)

The Positive Impact Project has a clear **women-centred approach** and this is a key part of its success from the viewpoint of one service user. This approach included a **non-judgemental way of working and the wrapping of services around the women** whether this is through individual or group support and any complementary therapies which may be helpful:

“So having a place where I was listened too and I wasn’t judged and I wasn’t considered a bad mum was actually really helpful... It’s nice to just be able to go to one centre and you might think that you’re going with just one issue but them knowing that other things along the way can be helped in the same place instead of being passed from pillar to post” (Service User 3)

“You can go in there and it doesn’t matter, everybody’s life is so individual and what is troubling you won’t be troubling the other person but you can go to the PIP team and they will sit down and work out what you need. You’re not just going to get holed into some kind of programme with some steps that you have to meet. It’s completely tailored to what you need.” (Service User 3)

## Outcomes

One outcome for some of the women was **increased knowledge and awareness** of the nature of domestic violence, and the realisation that it is an experience shared by others:

“Yeah because before I come you don’t really realise how many people go through but then like when I did the Freedom Programme like everyone there said that they knew other people that have gone through it and even staff I’d realise a lot of them have gone through it.” (Service User 2)

“Because before [attending the project] you might feel embarrassed or ashamed, you feel like a really [swearing] mum, you do, that’s how I felt anyway, I felt so [swearing] so embarrassed, so ashamed, and obviously you know loads of people that have got kids, obviously they don’t tell you the ins and outs but you think “look at them with their kids” and stuff like that but when you come here you do realise how many there are and it is a lot of people that go through it and it is closed off.” *(Service User 1)*

One unique benefit of the group provision was the **reduction in feelings of isolation** and the acknowledgement that women from a range of backgrounds can all go through similar experiences:

“I’ve not got people around me that have had child proceedings so I felt very isolated so it was nice to be able to sit in a group and a) it not be kind of, I don’t know what the right word is, like, what society thinks a mum that’s had her children removed looks like if that makes sense? It’s like to sit in a group and there be lots of different women all from completely different backgrounds all going through the same thing. [This made me feel] not alone, not isolated, that there was...I wasn’t... Society has got it all wrong, that all kinds of women need help.” *(Service User 3)*

The women illustrated a range of outcomes they felt had resulted from their involvement with the project such as **being better able to cope**:

“I can deal with things better coming here, like I’m not going out and ruining my life even more and so yeah whereas if I weren’t here I wouldn’t do that... I think it’s been good coming out and being able to talk, do you know what I mean like it gives me motivate because sometimes...I do have kids together actually but they’re at school but sometimes when I don’t have kids if I stay in that’s when I get down, tired and drained so having the motivation to actually go out to an appointment really helps.” *(Service User 1)*

The differences made to the life of one service user from her involvement with the Positive Impact Project included a restoration of her **self-confidence** and a belief that she was a good parent:

“It gave me the faith in myself that I could fight to have my children back and that they could come back home. I honestly don’t think that they’d have come back home if I didn’t have that support.” *(Service User 3)*

“When my children were removed it completely made my faith in my parenting disappear and I knew that I had no issue with my parenting but because my children were removed it kind of makes you doubt yourself. They helped me see that I was a good parent and just because my mental health had failed a little bit it didn’t mean that my parenting wasn’t good.” *(Service User 3)*

One woman recognised that she was on a **journey**, which was not always going to be easy:

“I was going to say, just because you come here you still make mistakes...you don’t just improve.” *(Service User 1)*

## Suggestions for improvements

Service users offered a range of suggestions for the ways in which the Positive Impact Project could be improved for example, there could be more of a focus upon social activities in general, as well as those related to improving health:

“Yeah, like obviously they do a lot of activities and workshops and coffee mornings and stuff like that but I think maybe they should focus on more activities based like maybe a health walk because walking is meant to be really good for mental health so maybe a few...get a group of people, maybe even walk for charity or something... Yeah...or go out for a meal, like go out for some dinner every so often like with groups so it's more social... Yeah a lot of people are dealing with similar stuff like whether it's anxiety or depression or issues like I found it really hard to...even though I'm really chatty, when I'm out about I'm not but I find it really hard to make friends, like really, really hard, I'm quite secluded just like me, my kids and my partner or whatever so I think like, if they ever did like a dinner out somewhere and then...stuff that's more sociable rather than being here, do you know what I mean? I think that would be good.” (*Service User 1*)

It was also suggested that an offer of childcare would enable more women to engage with the service:

“I think the only downfall here is like they don't organise childcare and you find a lot of course are during day and if you don't, if you've got kids you struggle, that's the only downfall... Because a lot of the time you need to be out there and then and if you can't afford childcare you're missing out massively because by the time you can come...More people would be able to come then as well.” (*Service User 2*)

“They could do with a crèche thing so for people who do struggle with childcare they should maybe get some nursery nurses in, just for that hour or so because they'd be playing with other kids, it wouldn't just be them, that would be a good idea wouldn't it?” (*Service User 1*)

One service user noted that whilst there was no major need for improvement, she had experienced staffing changes in terms of case workers:

“My only issue was at that time a lot of caseworkers left and I think that's the nature of the beast. But now I know that they've got caseworkers in.” (*Service User 3*)

Further suggestions for how the service could be enhanced included the provision of more peer support volunteers to facilitate groups as the staff running them may not have been fully able to empathise with the experiences of the women as they themselves had never been in a similar position:

“One [downside to the group approach] was that the people running it, as much as they could sympathise, couldn't empathise because they've never been in that position. I did tell them how that might make other people feel, that they are just one step removed, and they really took it on board and that's why they've asked me to help run it now.” (*Service User 3*)

“Probably, going forward, maybe getting a few more peer support volunteers to help facilitate groups. Because of the Freedom Group, I think it would be really powerful for a woman that’s previously done the Freedom Group, which is to get freedom from domestic violence, to kind of help run that group. I think that’s definitely an avenue that they’re looking down but its finding the right women, finding them at the right time in their life...there’s a lot of things to think about I guess.” *(Service User 3)*



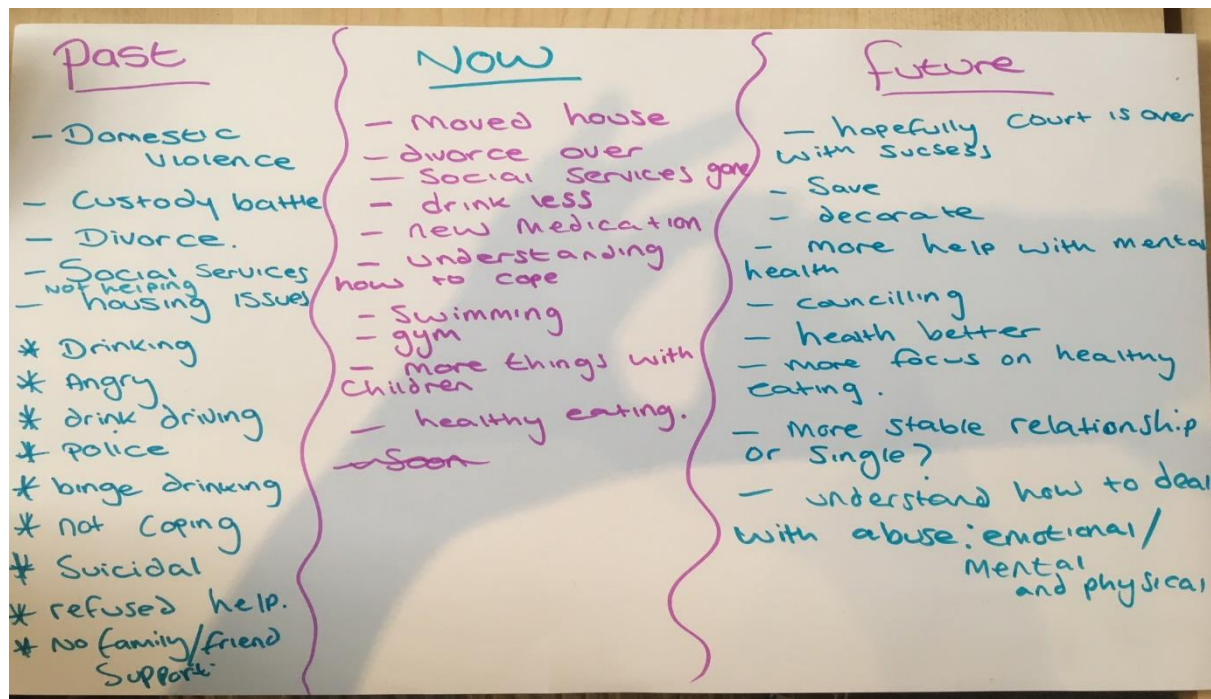
### 3.3 Women's journeys

#### Summary of service user journeys

- Throughout their time with PIP the service users outlined having complex, multiple needs.
- Women had accessed other services but reported feeling unsupported, judged, and not having their needs met in such instances.
- Women had been involved with a range of other external services before they began to work with PIP.
- PIP supported service users to improve their mental health, enabling coping skills as well as encouraging health and well-being activities.
- The PIP offer was viewed positively but was not used in isolation. Service users also received broader support from Well Women provision.

Women were asked to consider their journey in relation to the project, thinking about where they were when they started (the past), where they are now (present) and where they want to be in the future. Two women took part in this activity and both noted their journeys and discussed them with the evaluation team.

#### Story Board 1 (service user 1)



## Past

This service user started to attend the Positive Impact Project because she was experiencing a range of complex needs, felt unable to cope and was consequently engaging in illegal, risky behaviours:

“Me and my husband broke up, we were together 5 years, we had a really nice life, like he worked, we had a lot of money, we had nice cars, we went on holiday three times a year, a really nice house, but I just...we broke up four months after my daughter was born, I just think that I had a bit of depression and stuff...anyway, he moved out, obviously he took me to court, I got full custody, and then I started seeing someone else who lived opposite me, and then once online I found out he'd been in prison for rape, so I tried...basically social services got called because of this person so they came out and said “look he's been in prison for rape, he's beaten people” and I thought “oh my God, I can't have you around my kids” so when I tried to break up with this person he kept coming round and beating and beating me up, like hospitalising me, he was sexual abusive and stuff like that and then that's when [name] got involved and it went back to court again...I had to go see my kids three times a week, three to four times and week, but I had it at my auntie's house, not supervised but they couldn't be at my house...because I weren't coping with him beating me because he was doing it continuously like continuously, continuously because he lived opposite me, I weren't coping, I was drink driving...I was drinking like a lot like every time I didn't have the kids, I refused help, I was suicidal, I ended up in hospital and I refused the help of a psychiatrist, so I had no friends, I had no like family support either...I was like binge drinking...yeah that was it, I wasn't in a great place because I kinda didn't think I deserved that to happen.”

“So I started coming because I weren't dealing with it [referring to issues in her life] very well and I was doing outrageous, irrational things and I got myself into trouble which I never really done... I have PTSD and I'm under assessment for a personality disorder...so I started coming to deal with that and get over that and how to deal with things better and cope and things like that...I had a mental breakdown, I got arrested for like drink driving three times.”

## Present

She reflected upon some of the positives in her life at the point in time when she spoke to the evaluation team, but did also note that there were issues in her life that were still ongoing, for example, an unhealthy relationship, and a pending court case in relation to her drink driving arrests:

“So the good things I've got going now is I've moved house, away from that psychopath, [referring to a male she had a relationship with previously], so I haven't took it back to court yet because I want to focus more on getting myself right, so I do have my kids four times a week, which is actually in effect more than their dad but I've got money issues like because he gets all the money for them it's really hard to run a house, still buy their things on my income, and kids cost a lot...social services are [swearing - referring to them no longer being involved]...so I drink less, I'm on new

medication and I'm understanding how to cope better with stuff, like I'm going to the gym, I'm doing more stuff with the kids like walking and eating healthier but then like the bad points I've got coming up is the anxiety of waiting for court and what will kids think and stuff like that, I'm really bad with money, I'm in a bit of a [swearing] relationship...because he is really nice to me but he doesn't have much money and like I had to make him get a job like it's mainly me paying for stuff when I've got two kids to pay for and we go on holiday in 30 days and it's me that paid the full holiday when he was supposed to be paying me in instalments you know for his...for half and I can't afford to do that so he said he's doing spending money and we're going in 30 days and currently has nothing saved, it's so like possessive and controlling which is quite annoying so I've kinda got to like figure out, think that through...I think that Freedom Programme will help me on that but then obviously the thing is I'm not suicidal no more or I'm not binge drinking and stuff like that so...I haven't been arrested since [pause] like March so that's good."

## **Future**

She discussed her future plans in terms of her intending to continue to access support from Well Women, and engage with a specialist course to raise her awareness of domestic violence:

"No I'm going to start it on Monday [referring to the Freedom Programme] ...I did start it before but because I had loads of court cases coming up like with my drink driving, two drink drivings and then with [name] and divorce and all that it kinda landing on them days so I said "look let's re-do it" and stuff like that"

She also reported having hope about the future and planning to be able to get on with her life, as well as to tackle her ongoing mental health issues, with appropriate support:

"Mine is hopefully court is over and a success so I can get on with my life, save more money, obviously because I want to decorate but at the minute I can't decorate because I don't know if I might lose the house, more help with mental health, I've been referred to [name] I haven't had counselling yet, I have it years ago but that was before any of this happened, that was more to do with my childhood and my mum and dad, I'm hoping my health will get better, I want to stop smoking but I've wanted to do that for years so I might just crossed that out [laughs], more focus on healthy eating I've been doing that and maybe more stable relationship or maybe even single like I was saying to [name] I'm in a relationship out of fear of being alone so obviously my relationship with [name] becomes more stable otherwise I'm just going to have to kick him out or like I want some time on my own, I am busy and I am doing things at least if I'm...I need to know what it's like do you know what I mean so I want like...so the Freedom course will have a massive impact on what happens to mine and [name]'s relationship because I'll know how to deal with emotional abuse, mental abuse."

## Story Board 2 (service user 2)

Past	Present	Future
<ul style="list-style-type: none"><li>- Domestic violence</li><li>- arrests</li><li>- social services</li><li>- Drinking</li><li>- emotional</li><li>- drained</li><li>- depressed</li></ul>	<ul style="list-style-type: none"><li>- social services</li><li>- back to square one</li><li>- going round and round in circles</li><li>- stupid</li></ul>	<ul style="list-style-type: none"><li>- to become a support worker for domestic violence</li><li>- kids to have a happy life</li></ul>

### Past

This woman's story reflected a long period of involvement with other services including child protection, and other family support in the past:

"Well it started off with child in need 6 years ago and then I finally...that lasted just short of 3 years and then they closed it for a year and then I got with my youngest daughter's dad and then it all started again, went to Child Protection, come back down and in two weeks it's back to Child Protection so back to square one... so like when I was younger and I had my first child I had Young Families involved and they were amazing."

### Present

At the time that this woman spoke to the evaluation team, she felt unable to report positive outcomes specifically related to her requiring support from other services given that there were ongoing child protection issues:

"My situation has gone back to being how it was though... Social services, back to square one, going round in circles, feeling stupid because I've done this...so this time it's like all me kind of thing... on my case file it's got social services involvement for six years and she said that's a long time."

She did note that engaging with Well Women had enabled her to learn about domestic violence:

"Yeah, it's a 12 week course [referring to the Freedom Programme] and like every week you do a different section of booklet like and it's all about domestic abuse and the effect on kids and stuff like just warning signs pretty much because your new partner as much as you don't realise it shows the signs within two weeks of getting

together, which I thought was like really quick...that's them getting in control like I learnt a lot from that like just simply stuff, which I thought was really strange but it was just more the shock that after two weeks you find everything and there's warning signs, that's crazy."

She also acknowledged that having counselling as part of the service offer within Well Women had been useful and helpful for her:

"Pretty much, like the counsellor worked loads with it, she'd set weekly tasks and then like first time she'd be like "don't go straight home" because it's coming out of the house, which is my comfort blanket so when I needed to leave the house I wouldn't leave and she said like rather than rushing straight home take like a two minute detour and then when I went back the week after she was like "have you done it?" and I was like "yeah, I'm like never at home now" [laughs] so she said even that, just the encourage helped."

### **Future**

She had been planning to engage in further training with a view to learning about being a peer support volunteer, but because of the child protection issues, this was on hold for the moment:

"Yeah but it's a shame because like because my present has ruined my future as well because I was meant to start peer mentoring course and I can't start it now...because of child protection I can't start it until they come off it... it's like you do two hours for five week and then you start volunteering to become...and then because you've done your course you can run focus groups as well... it would be really good because I've even looked into applying to uni as well, for Open University to do counselling and do that."

### **Service user 3**

#### **Past**

This service user came into the Positive Impact Project from previous contact with services offered by Well Woman Wakefield which she had found helpful. When these came to an end she was signposted to PIP though she had no idea what the project was:

"It was a horrible place, the children had just been taken. I had a load of professionals around me that weren't listening. I'd got offending history from it because my mental health declined that meant I was having intrusive thoughts and one of the intrusive thoughts was that I'd killed my son. At the hospital there was no signs of abuse but because I'd said that I'd killed him they'd taken them. So having a place where I was listened too and I wasn't judged and I wasn't considered a bad mum was actually really helpful. The lady that did the work with me [name], honestly, she was amazing. I couldn't have asked for a better caseworker. And then through the court appointed psychiatrist we figured out that I had complex PTSD and that is because of the childhood abuse. Then I was referred to another caseworker [name] and she kind of like helped me deal with all of that, like, thoughts around the abuse."

## **Present**

The Positive Impact Project helped her make some positive changes in her life using the experiences she has had to now help others. This gives her a great deal of satisfaction:

“Now I am a peer support worker. So a peer support worker means I’m using my life experience and I’m a peer support worker for [refers to place she is working] ...I love it. I volunteer with the [refers to place she volunteers], I help facilitate their [name of course] which is the group for mothers living apart from their children.”

## **Future**

She has a clear idea of where she wants to move on to next and where there is a gap in the existing service provision that she could fill:

“I think just continuing with the peer support work for the minute and then, for me, I’d like to become a counsellor but I don’t know how long that would take. I’d be a counsellor and offer help to mums that don’t necessarily have support surrounding childcare. I think one of my main issues was that I couldn’t access support cos I had my children and no childcare. I think that’s still a bit of an issue if I’m honest.”

## 5: Discussion

The Positive Impact Project, operates with a specific service model underpinned by a philosophy of gender-sensitive working and holistic service provision for women (Caroll and Grant 2014). Across the UK voluntary sector, Women Centres have developed a range of gender-specific approaches, and there is evidence that women engage with voluntary agencies, even after periods of non-engagement with statutory services and imprisonment (Anderson 2011). Research has also noted the importance of holistic services for vulnerable women (Rice et al., 2011). Evidence indicates that tailored services based upon addressing individuals' needs rather than 'pigeonholing' women into specific services (i.e. mental health services, drug and alcohol services) are beneficial (Radcliffe et al., 2013), with the PIP approach offering a needs based service model.

Case workers are central to the project delivery in that they provide emotional and practical support and build trusting relationships with service users as a mechanism to develop resilience through such interactions. Emotional comfort and support following the creation of trust, combine to act as a mechanism for building recovery strategies (see Shepherd et al 2010). The importance of care in messages that women receive has been discussed within the broader literature, feminists have discussed the need for relational interventions when working with women (Rumgay 2004, McIvor 2007), in which gender-responsive, strengths-based humanitarian services are offered (Goldhill 2016). At the core of the work is a relationship of trust between service providers and women with complex and multiple needs (Duffy and Hyde 2011).

PIP is also delivered in partnership with other statutory agencies who provide referrals into the project, whilst continuing in some instances to work with service users at the same time. Collaborative partnership working has been shown to be important in the provision of multi-dimensional, gender, age and culturally response service provision (Bloom et al 2003). Some of the women interviewed had engaged with statutory service provision such as social work but felt that this had not been beneficial for them. The positioning of the Positive Impact Project within the voluntary and community sector was therefore important, from a service user view and valued once they had engaged with the project. Voluntary sector run services have been argued to be ideally placed to provide holistic support for women with complex needs (Radcliffe et al 2013). The service users interviewed felt that the PIP project was less stigmatised than statutory agencies, for example social work and criminal justice (Bove and Pervan, 2013, Gilligan 2015).

## 6: Conclusions

Project Outcomes	Evaluation Evidence
<b>Improvements in women's mental health and wellbeing</b>	<ul style="list-style-type: none"> <li>Stakeholders reported several positive outcomes for the women accessing the project, including empowerment, increased confidence and self-esteem, the ability to improve their circumstances, and access to new opportunities.</li> <li>PIP supported service users to improve their mental health, enabling coping skills as well as encouraging health and well-being activities.</li> </ul>
<b>Enabling women to feel less isolated</b>	<ul style="list-style-type: none"> <li>Stakeholders described the peer support component of the project as positive in enabling women to share their stories, support each other, build friendships and reduce their social isolation.</li> <li>Women reported being able to trust their PIP case worker and welcoming both the practical and emotional support that was provided.</li> <li>Service users reported increases in their knowledge and awareness of domestic violence, feeling less isolated as well as being better able to cope following their involvement with PIP.</li> <li>The PIP offer was viewed positively but was not used in isolation. Service users also received broader support from Well Women provision.</li> </ul>



<p><b>Supporting women to become more resilient in coping with the more severe and enduring issues that are harder to overcome</b></p>	<ul style="list-style-type: none"> <li>• Stakeholders articulated the value of the project particularly in working with women on their own terms and having a service able to provide on-going support, without time-limitations given the complexity of the issues that the women were experiencing.</li> <li>• The model of delivery used is holistic, women-centred and needs focused. The project offers flexible support, and links to range of other services (internally and externally).</li> </ul>
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## Areas for Consideration

- Provision of childcare or childcare-related support linked to the delivery of the Positive Impact Project should be considered as a way to ensure that more women can engage. Service users felt that this would broaden the reach of the service offer. Stakeholders agreed and also suggested that more staff as well as evening groups would work to increase the reach of the project.
- Ensuring that the service delivery involves peer support workers in the form of volunteers, or staff with lived experience should be considered in relation to future project delivery as a way to further enhance the service provision.
- Future sustainability in terms of the continuation of the project needs consideration. Stakeholders articulated concerns in relation to the availability of time-limited funding especially given the complexities of women's needs, which take time to address.

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## 8: Appendices

### Appendix 8.1 – Stakeholder Interview Schedule

#### Introductions

Stress that we want to talk about the project in a general way rather than trying to obtain specific information about any of the women involved. If names or identifying factors come up in the conversation, then reassure that the information will be anonymised.

#### *Background/Introductory information*

Please could you tell me about your role/what you do?

#### *Probes:*

What is important about the role?

Effectiveness of the approach?

How are you connected to The Positive Impact Project?

What impact has the project had on the women who have been referred to it/the women that you are working with?

#### *Probes:*

What changes have you seen in her situation/circumstances? Which of these might be as a direct result of her involvement with The PIP project?

How do you think the project has supported the women who have been referred?

Is the project engaging with women in a different way to existing services?

Do you think there is any evidence of changes and improved outcomes for the women involved? Can you give an example?

Can you describe The PIP approach?

#### *Probes:*

How do you think the project has supported service users?

Peer support?

One to One support?

What makes it unique?

Do you think it is effective? If so, how and why (what features make it so?)

Can you tell me about any learning that you have experienced in your role as part of the PIP project?

#### *Probes:*

Is there anything that you would do differently if you were to set up another project similar to this?

What have been the important lessons for you as a practitioner?

Do you think this model is specific to Wakefield or could this project be reproduced in another city?

*Probe:* why do you think this

Do you know anything about how is the project commissioned? How is the project managed?

*Probes:*

How/why the project has developed and what kind of strategic support are they contributing?

How effectiveness is evaluated?

*Closing questions*

Is there anything you would like to say about The PIP project which we have not discussed/talked about?

Thank you for your time etc., etc.

## Appendix 8.2 – Service User Focus Group Schedule

### *Introduction:*

Housekeeping – toilets, refreshments, fire alarm

Welcome and introduction to Louise and Ruth: explaining what will take place and ensuring that all the participants have had the necessary information and agreed to take part (consent).

The women have the opportunity to introduce themselves and say something about themselves.

### *General questions designed to put the women at ease:*

Tell us about how you got involved in the project. How did you hear about it? What were your expectations of the project? What do you think about it?

### *Questions/activity which focus on improvements in the women's life chances:*

A group activity will be introduced at this point to encourage conversation and sharing of stories/experiences.

Using photos and images from old magazines and newspapers the women will be encouraged to cut out pictures and stick them on a large piece of card which is divided into three sections under three separate headings:

- Where I was (before getting involved in the Project)
- Where I am now
- Where I hope to be

In each section they can stick pictures/images which 'speak to them' or say/represent something about each phase under each heading. We will then, with the permission of the women, use these 'story boards' to encourage them to talk about their experiences in relation to the project as follows:

- before they were involved in the project (Where I was),
- being involved in the project/what it's like to be involved (Where I am now)
- what they hope their future will look like as a result of being involved (Where I hope to be)

Encouraging the women to talk will enable probing and prompting during the telling of their personal stories using the 'story-boards' they have created.

### *Questions relating to how the women have been enabled to take a central role in the project*

How have you been involved so far? What is your role? What do you do?

Tell us what it is like to be involved. How does this make you feel? What works well for you? What sort of things could be improved and how?

*Focus group wind-down:*

Thanks for coming

We will subsequently, with the women's permission, take photos of the story-boards and the women will be able to take them away with them if they want to.

## Appendix 8.3– Service User Interview Schedule (face to face or via telephone)

### *Introduction:*

Welcome and introduction to the evaluation: explaining what will take place and ensuring that the participant has had the necessary information and agreed to take part (consent).

### *General questions*

Tell us about how you got involved in the project. How did you hear about it? What were your expectations of the project? What do you think about it?

Can I ask you to reflect upon your journey through the project please?

- Where you were when you started (before getting involved in the Project)
- Where you are now
- Where you hope to be in the future (goals/aspirations/positive orientation)

How has PIP made a difference to your life?

- Learning
- Improved confidence
- Improved well-being (emotional and physical)
- Changes in mental health
- Resilience
- Other improvements

Have you been able to make any changes because of your involvement with PIP? Could you give us an example?

- What do they do differently when compared to other services?
- Empowerment
- Self-determination

How have you found the group approach compared to the one to one?

- Positives?
- Negatives?
- Shared learning
- Shared experiences
- Problem solving
- Peer support
- Safety
- Suggestions for improvements

Do you have any comments about the case worker approach?

- Positives?
- Negatives?
- Areas for change

Do you think that PIP is successful, from your own point of view?

- What works well for you?
- How has being involved made you feel?

Would you recommend PIP to other women? Why/Why not and who do you think would benefit from being part of the project?

Do you have any suggestions for how PIP can be improved?

- What sort of things could be improved and how?

*Wind-down:*

Thanks for coming