Women's Community Services:
A Wise Commission

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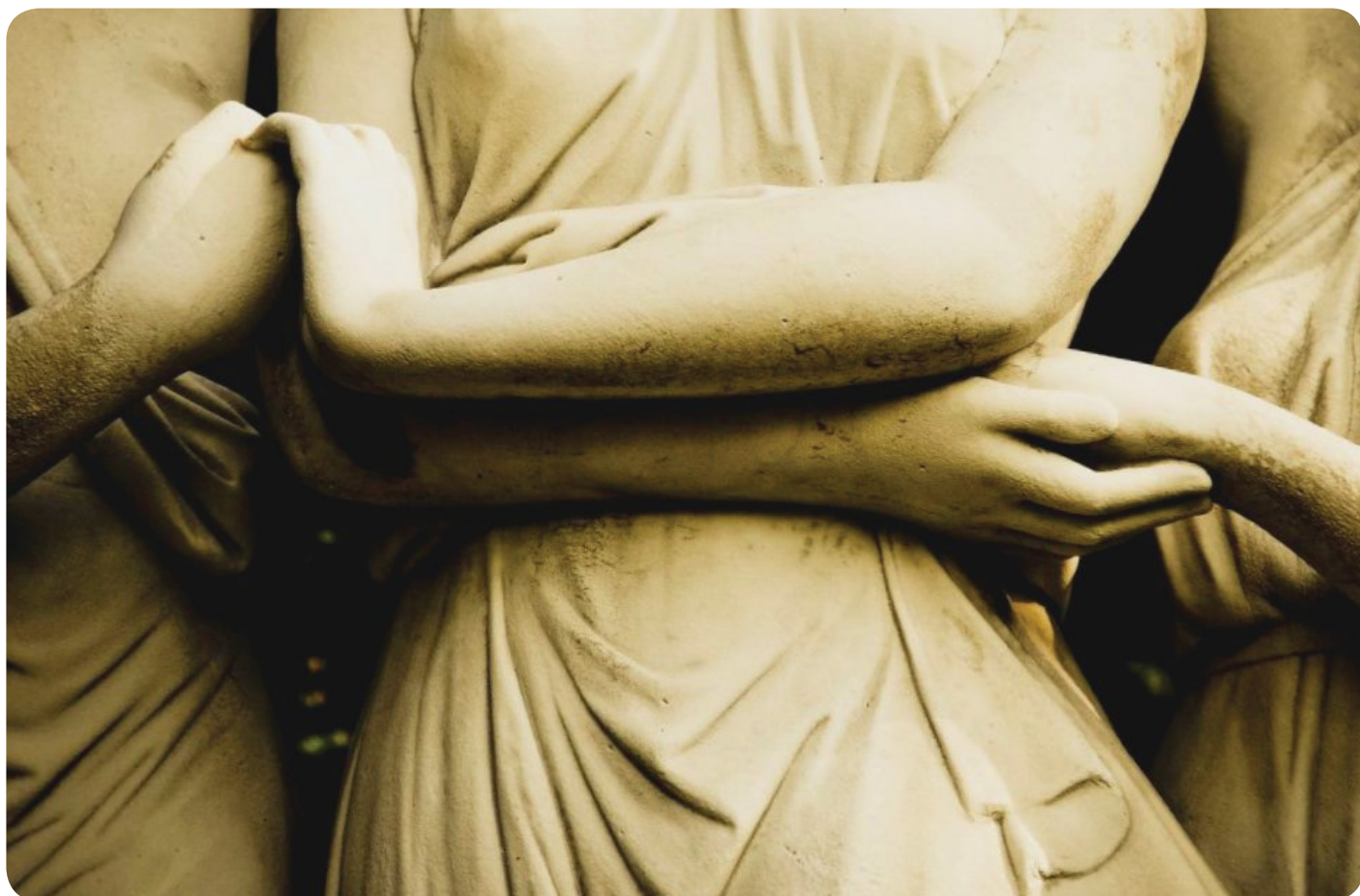
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Executive Summary

Women's community services can significantly improve the well-being of vulnerable women, and in doing so help them achieve long-term changes in their lives. The services offer women the key tools they need to begin to make changes – a feeling of being more in control of their lives, supportive relationships, a sense that their lives have meaning, and hope for the future.

By helping women to make positive changes their lives, women's community services can help reduce demands on state services including police, courts and offender management, prisons and social services, primary and emergency healthcare, and housing. They can also improve the long-term outcomes for the children of their clients.

This report aims to support local commissioners and decision-makers in meeting the needs of vulnerable women efficiently and effectively.

Its findings are the outcome of a year-long research collaboration between **nef** consulting and five women's community services, which was funded by the Ministry of Justice (MoJ) and the Corston Independent Funders Coalition (CIFC) through the Women's Diversionary Fund (WDF). It presents the views of clients and staff on the ways in which the services facilitate change by undertaking activities that improve women's well-being. It offers primary evidence on the demonstrable impact services have on well-being and explores secondary evidence about how these impacts may contribute to reduced reoffending, improved health, and better outcomes for children.
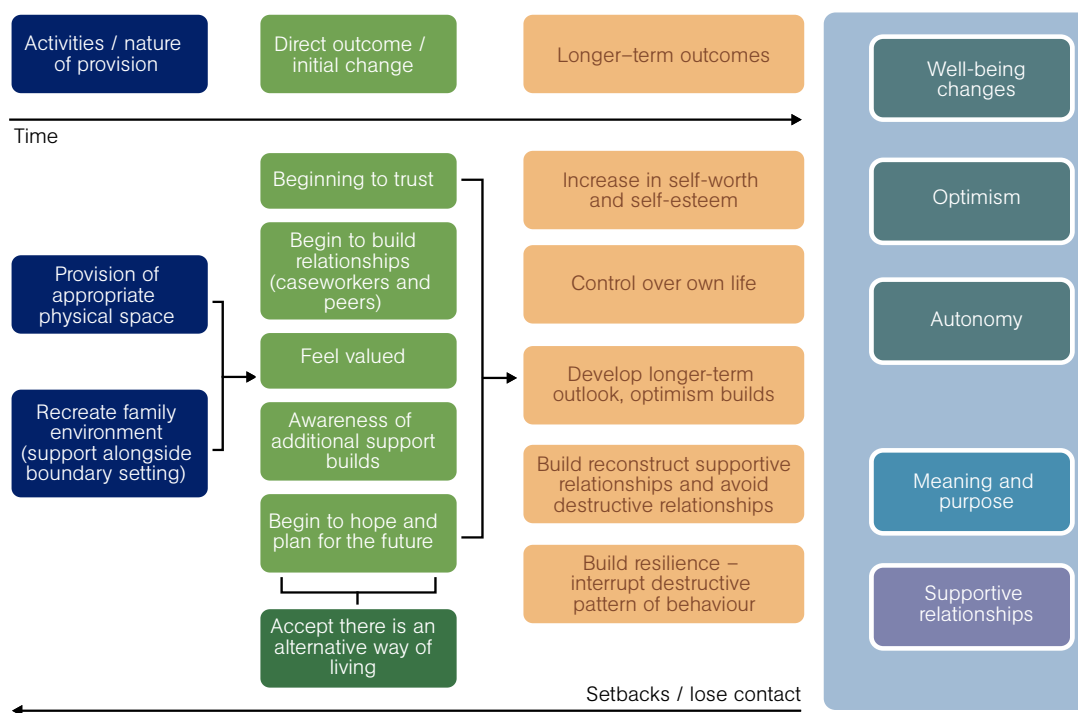
A need for a different approach

Women offenders represent a minority in the criminal justice system – only 23% of those sentenced in court are women. But their needs are very distinct from male offenders. They are far more likely to have complex emotional needs and relationship issues. They are also more likely to be single parents.[1] In fact, the needs of most women offenders make them more similar to the broader population of women who have experienced abuse and trauma. Women in this situation require a distinctive and sensitive approach, and there is a shortage of evidence about effective approaches for women offenders.

Women's community services which work with both offending and non-offending women have been viewed as a key part of this approach. In her 2007 watershed review Baroness Corston stated that 'they are pioneers of a woman-centred approach, have found the right way to treat women and that their work must be extended and built on as a real alternative to prison.' In response to the Corston review the MoJ, CIFC, WDF and most recently the National Offender Management Services (NOMS) have funded some women's community services. However, in this time of shrinking budgets, the long-term future of these services cannot be seen as secure. Women's community services have broadened their reach, drawing in funding from other statutory services that benefit from their work, and will be under increasing pressure to explore alternative funding opportunities.

Woman-centred support

By delivering practical support in a way which is targeted at improving key dimensions of women's well-being, women's community services can facilitate

Figure 1. Theory of change and outcomes for women's community services.

Activities / nature of provision	Direct outcome / initial change	Longer–term outcomes	Well-being changes

Time →

	Beginning to trust	Increase in self-worth and self-esteem	Optimism
Provision of appropriate physical space	Begin to build relationships (caseworkers and peers)	Control over own life	Autonomy
	Feel valued	Develop longer-term outlook, optimism builds	
Recreate family environment (support alongside boundary setting)	Awareness of additional support builds	Build reconstruct supportive relationships and avoid destructive relationships	Meaning and purpose
	Begin to hope and plan for the future	Build resilience – interrupt destructive pattern of behaviour	Supportive relationships
	Accept there is an alternative way of living		

Setbacks / lose contact ←

long-term outcomes which will reduce demand for a range of state services. There is a strong case for commissioners from criminal justice, health, and children's services to look at commissioning these services.

Women's community services support a population of highly vulnerable women, both inside and outside the criminal justice system, who are characterised by a range of issues including histories of physical and sexual abuse, drug and alcohol addiction, trauma, and mental health problems.

Women's community services offer practical, emotional, and therapeutic support to their clients in tailor-made interventions that aim to address a range of underlying issues. Service users particularly highlighted the importance of the way in which the support is delivered. They valued the safe, women-only spaces and the set of supportive relationships with workers and peers that they were able to build there. Figure 1 presents the theory of change for women's community services that emerged from this research.

Our research identified that over a three-month period, 44% of women demonstrated a measureable increase in well-being. The greatest increase in well-being was in the area of autonomy.

The services facilitate change across four aspects of well-being:

- **Meaning and purpose** – Feeling that what you do in life is valuable, worthwhile, and valued by others.

- **Supportive relationships** – The extent and quality of interactions in close relationships with family, friends, and others who provide support.

- **Optimism** – Feeling optimistic about your future.

- **Autonomy** – Feeling free to do what you want and having the time to do it.

Each of these aspects of well-being is an important determinant of long-term outcomes in terms of reoffending, health, and outcomes for the clients' children.

For example, supportive relationships with non-criminal peers, optimism about the future, and a belief that you are free to stop offending are important components of desistance.[2] Supportive relationships also have a positive impact on both mental and physical health,[3] while optimism, autonomy, and resilience are important resources for challenging addiction.[4]

Recommendations

National policymakers

1. **Make public strategic priorities for women in the criminal justice system:** We recommend that the strategic priorities are communicated as a matter of urgency to allow decision-makers to determine how to respond locally.

2. **Protect existing NOMS funding for women's community services:** Funding is being provided by NOMS to Probation Trusts for services for women offenders, which is welcomed by this report. Given that this funding is not increasing however, it is crucial that it continues to be protected in future years.

3. **Conduct a national strategic needs assessment of vulnerable women:** National level research should be undertaken to measure the size and needs profile of the population of vulnerable women in the UK, to assist with commissioning decisions around holistic women's services.

Local commissioners

4. **Understand local needs and innovate to meet them:** Local commissioners must understand the full extent of their local need and work with partners and other statutory bodies to innovate to meet this need. Innovation is required as pressure mounts to meet a wider need with the same level of resources.

5. **Institute a joint commissioning framework and dialogue for vulnerable women:** A joint commissioning strategy for vulnerable women will facilitate the commissioning of services that cuts across local commissioning silos to provide a seamless and effective service for women with complex and multiple needs.

6. **Ensure that payment by results (PBR) mechanisms protect and enhance provision for women in the criminal justice system:** PBR presents challenges for local commissioners to commission women's services effectively. We recommend the following to account for women's community services in PBR:

    6a. **Meaningful measurement:** Introduce meaningful indicators of change that capture a woman's journey and her progress.

    6b. **Safeguards for small providers:** Local commissioners should introduce stipulations, such as inclusion of small providers in bidding and contracts, to ensure that women's community services are not marginalised due to lack of volume.

    6c. **Expand PBR to include other outcomes:** Local commissioners should explore the extent to which PBR could be applied to outcomes other than reduced reoffending.

1. Introduction

In England and Wales today, female offenders face particular issues in the criminal justice system. Despite efforts to focus on the needs of women offenders, they often experience a criminal justice system which is primarily set up to deal with the needs of men.

Women offenders are a minority. Just 23% of offenders sentenced in court are women.[5] They represent only 16% of those commencing court orders[6] and today make up only 5% of the prison population.[7]

The needs and experiences of female offenders are very different from their male counterparts. Women offenders are significantly more likely to experience problems with their relationships and emotional well-being – often a proxy for mental health issues – than men.[8] The issues underlying women's offending are often related to present or past abusive relationships. As many as half of the women in prison have experienced domestic violence, and up to a third have been victims of sexual abuse.[9] Women are also far more likely than men to have care responsibilities – 14% of women prisoners report being single parents on entry to prison compared to only 1% of men.[10]

The profile of needs which underlies women's offending makes them very different from male offenders; they are more similar to a broader population of vulnerable women in the UK. Almost one in five women in the UK has symptoms of common mental health disorders and as many as one in ten may experience domestic violence each year.[11] Although research on the extent of multiple needs is lacking, it seems likely that there is an extensive population of vulnerable women in the UK who experience poor mental health, domestic violence, and other needs such as poverty, drug and alcohol abuse, unemployment and homelessness – only some of whom are in the criminal justice system.[12] While these women may be labelled as offenders, drug users, mentally ill, or domestic violence survivors, depending on the service which they are accessing, their experiences and needs may have much in common.

Women's community services attempt to help these vulnerable women – either within or outside the criminal justice system. By providing personalised, wrap-around support they seek to improve women's well-being. In the long-term this has the potential to not only change women's lives but also offer savings to the state through reduced offending, reduced demands on healthcare and better long-term outcomes for dependent children.

Background to this paper

This paper presents findings from a year-long research programme conducted by five women's community services under the guidance of **nef** consulting – the consultancy arm of **nef** (the new economics foundation), an independent think-and-do tank. The programme was funded by the Women's Diversionary Fund (WDF) – a scheme jointly funded by the Corston Independent Funder's Coalition (CIFC) and the Ministry of Justice (MoJ). **nef** consulting led the five services – the WDF grantees – through the process of conducting a Social Return on Investment (SROI) analysis[13] – an evaluation of the ways in which their organisations create change and the social value of the change that they create. The objectives of this project were twofold:

1   To build the WDF grantees' SROI capacity to demonstrate impact, helping them continue to deliver effective and sustainable services relevant to their local context.

2   To demonstrate the value of women's diversionary activities, as well as the wider women's community service sector, to policy- and decision-makers.

A team of two staff members from each grantee worked on the analyses, conducting fieldwork with clients and other stakeholders, and meeting regularly with the other grantee teams and **nef** consulting to discuss their findings.

This report has been prepared by **nef** and **nef** consulting to present the findings of the project to commissioners and policymakers in the areas of criminal justice, health, and children's services. It paints a picture of the activities and the impacts of the women's community service sector, drawn from the commonalities and differences between the five services. The aim of the report is to support national and local commissioners to meet the needs of vulnerable women and commission effectively.

The next chapter describes the context in which women's community services are operating. It explores the extent of single and multiple needs amongst women in England and Wales in a way that may be of value to commissioners in assessing the level of needs in their own areas. It also describes the current policy environment. Chapter 3 draws on the findings of the grantees to describe the ways in which women's community services create change for the women that they work with. In Chapter 4 we present data gathered through the grantee projects on changes in well-being experienced by clients and lay out the economic benefits of investing in women's community services. Chapter 5 draws on secondary literature to explore how improving women's well-being may reduce reoffending, improve health, and lead to better outcomes for children. Chapter 6 presents our conclusions and makes recommendations to commissioners about how to improve services for women with multiple needs.

See Appendix 1 for profiles on each of the grantees involved in this research and testimonials on their experiences.

2. Context

Baroness Corston's 2007 report on women in the criminal justice system represented a watershed moment for the sector. The rollout of community services as an alternative to custody was a key plank in her vision for a new approach to women in the criminal justice system.

Women's community services have a history which spans several decades, driven by pioneering projects like the Asha Centre in Gloucester and the 218 Centre in Glasgow, as well as the co-ordination provided by national bodies such as the Women's Resource Centre.

In 2009, in response to the Corston review the MoJ allocated £12 million to voluntary and community sector (VCS) organisations to develop tailored, community-based provision for women to divert them from custody. Courts were able to include women's community services within community sentences via a Specified Activity Requirement, making the services a potential alternative to custody for women offenders. In 2010, the WDF was established to sustain and develop the women's community services sector in the face of heavy budget cuts in the MoJ and elsewhere. The fund was a partnership between the MoJ and the CIFC, each contributing half of the £2 million total fund. The fund was used to support VCS organisations in developing new and existing one-stop-shop services for women offenders, and building capacity of the women's offending sector. It is not clear for how long the NOMS will be able to maintain this commitment in the current fiscal environment. The latest round of NOMS commissioning intentions signals support for Probation Trusts directly supporting women's community services, but budgetary constraints may make this difficult in the long term.

Another issue that might complicate the long-term viability of NOMS funding of women's community services is the department's stated commitment to 'roll out the principles of payment by results across the offender management system' by March 2015.[14] While what precisely this entails remains unclear and no PBR is yet planned for a women-specific service, the PBR models which have been piloted by the MoJ to date are a poor fit for women's community services. They focus wholly on reductions in reoffending, while community services are oriented to a broader range of outcomes. Further PBR requires service providers to take on significant financial risk – something which may be difficult for small and sometimes cash-strapped community services.

To achieve a sustainable long-term funding solution, women's community services will need to broaden their statutory funding base beyond the criminal justice sector. The wide range of services that they provide offers them the opportunity to tap into a variety of funding streams – providing they can convince commissioners of the value of gender-specific services. Indeed, many services are already doing so. However, balancing a diverse range of funding streams can create instability and significant administrative burdens.

Women's community services may find it easier to shape their local commissioning environment if they can follow the lead of organisations like WomenCentre in Calderdale and influence local processes Joint Strategic Needs Assessments – the needs analyses which inform which types of services are commissioned.

Additional considerations for local commissioners are how to implement the legislation of the Public Services (Social Value) Act 2012 and the Public Sector

Equality Duty 2011. From 2013, the Social Value Act will 'require public authorities to have regard to economic, social and environmental well-being in connection with public services contracts; and for connected purposes'.[15] Whilst there are a number of questions, around the definition and measurement of social value, and practical application of the Act, it nevertheless provides an opportunity for decision-makers to commission specialist services across a broader, and more meaningful, set of outcomes. For women's community services this may offer the opportunity to leverage the full range of impact they create across all of their funding streams.

The Public Sector Equality Duty 2011 states that 'a public authority must, in the exercise of its functions, have a due regard to the need to…advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.'[16] This provides further guidance for commissioners on how to account for women-specific needs.

Women with multiple needs in England and Wales

Women's community services such as the WDF grantees support a population of women with a diverse range of needs. Clients often come into the services through referrals from the criminal justice system, but not all are offenders or have any other single need. Instead clients are characterised by experiencing a challenging and interlinked range of problems.

In order to assess the potential demand for women's community services in England and Wales, we sought to identify how many women meet the criteria of having multiple needs. Unfortunately, this is an under-researched area. Women in this group may be categorised in any number of ways by the agencies they are currently engaged with, or they may be unknown to any service provider as they are too chaotic to engage with services.

More data is available on the number of women with multiple needs within the justice system of England and Wales. Research by the Cabinet Office Social Exclusion Task Force[17] suggests that, even looking only at those currently under probation service supervision, there may be almost 19 000 women offenders in England and Wales who could benefit from access to a women's community service.

The Task Force studied the Offender Assessment System (OASys) profiles of more than 11 000 women offenders, exploring the prevalence of nine individual criminogenic needs and of multiple needs. They found that 76% of women offenders had at least two areas of needs. Applied to the entire population of women under probation supervision,[18] this suggests that **19 000 women in England and Wales who are currently under probation supervision could benefit from women's community services**. That's almost one adult woman in every 1000.[19] Of these women, more than 15 000 will be experiencing three or more needs, while around 500 will be experiencing at least 9 of the 10 types of need examined by the Task Force. However, this figure excludes the potentially much larger group of women who are not under probation service supervision but who experience multiple needs.[20]

Relative costs and benefits of women's community services

The cost of providing effective services to women with complex and multiple needs is low compared to traditional sentencing options. Recent figures by NOMS put the cost of a prison place at £49 000[21] per woman per year and the cost of a Community Order at £2800 (not differentiated by gender).[22] However, the estimated projected cost of providing a woman with standalone holistic community-based services averages at £1300 per woman[23] – although this may be being offered in addition to a community sentence.

There have been a limited number of studies on the economic impacts, costs, and benefits of women's community services. Key studies include:

- Research by **nef** using the SROI methodology found that for every £1 invested in support-focused alternatives to prison, £14 worth of social value is generated to women and their children, victims, and society generally over ten years.[24]

- Research by **nef** and the Prison Reform Trust illustrates the potential for significant lifetime cost savings and crime reduction if the government establishes a network of support and supervision centres to help women offenders address the root causes of their offending.[25] The lifetime cost saving of early intervention with focused support for 2000 non-violent women offenders sentenced to prison in the UK in 2005 would come to an estimated £19.5 million, or around £10 000 per female offender.

- Revolving Doors Agency has developed a financial model that explores service usage changes when vulnerable women access women's community services. It finds that interventions costing £1151–£2302 can save the public purse between £47 000 and £264 000 per woman over five years.[26]

3. How women's community services create change

Women's community services offer practical, emotional, and therapeutic support to their clients in tailor-made packages which aim to address a range of underlying issues.
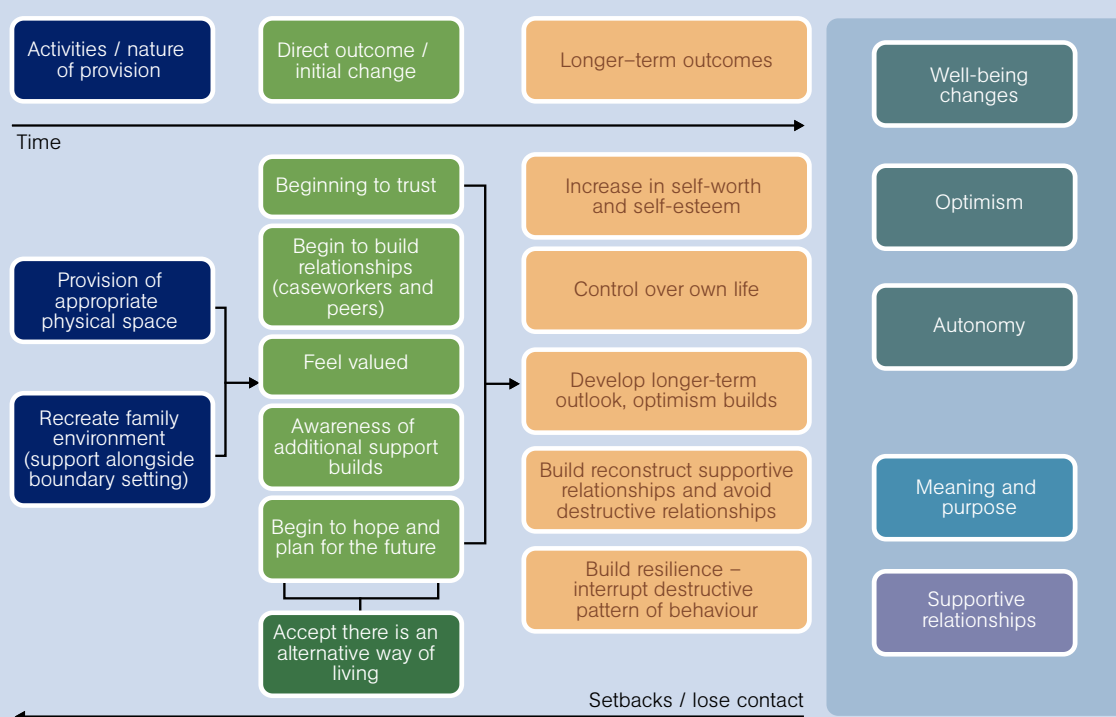
In order to understand the complex and varying nature of the work they do and the change they create, **nef** consulting worked with the WDF grantees to develop a theory of change for women's community services. A theory of change is an account of the process by which an organisation seeks to create change, exploring the activities it undertakes, and how these translate into outcomes.

A two-stage process was followed:

- First, each grantee organisation worked with their clients, staff, and other stakeholders to create a theory of change for their own organisation.

- Secondly, **nef** consulting worked with all of the grantees to identify the commonalities and create an overarching theory of change.

The overarching theory of change, therefore, is rooted in the accounts of key stakeholders of the services – primarily clients and frontline practitioners. It covers four areas, which are presented in turn, and is in accordance with the desistence literature, presented in Chapter 5. The four areas are:

Figure 2. Common theory of change and outcomes for women's community services.

Activities / nature of provision

Direct outcome / initial change

Longer–term outcomes

Well-being changes

Time

Beginning to trust

Increase in self-worth and self-esteem

Optimism

Provision of appropriate physical space

Begin to build relationships (caseworkers and peers)

Control over own life

Autonomy

Feel valued

Recreate family environment (support alongside boundary setting)

Awareness of additional support builds

Develop longer-term outlook, optimism builds

Build reconstruct supportive relationships and avoid destructive relationships

Meaning and purpose

Begin to hope and plan for the future

Build resilience – interrupt destructive pattern of behaviour

Supportive relationships

Accept there is an alternative way of living

Setbacks / lose contact

- The need for women's community services.

- The activities that the services undertake.

- The direct outcomes of those activities for clients.

- The longer-term outcomes of the intervention for clients.

In order to measure change systematically, we considered how well-being indicators could be used to measure the impact that the services were having on women.

Underlying need

According to stakeholders, the women who use women's community services are highly vulnerable. Many are experiencing, or have histories of, physical and sexual abuse and/or are substance abusers, and suffer from associated trauma and mental health problems. They find forming and maintaining relationships difficult. Many live in poverty and are part of families or networks where intergenerational offending is common. They have complex needs and lead chaotic lives, and 'move from one crisis to another'.

Stakeholders report that these women are typically experiencing sustained periods of trauma and anxiety. Changing their pattern of behaviour is difficult. They are at risk of further violence and/or abuse, and are angry and frightened. They have low self-worth, 'do not see themselves as worthy of help', and feel isolated and outcast from society. Typically they do not know how to ask for help. Their outlook is entirely short-term.

These issues mean they are unable (they lack the time, cannot arrange childcare, do not have access to telephones or money) and/or unwilling (influenced by a range of factors including fear of relapse and concerns over the short-term focus of provision) to sustain engagement with mainstream support agencies. They tend, therefore, to fall between the gaps of mainstream provision. They may intermittently receive short-term, limited care, which does little to materially improve their medium- and long-term outcomes.

Activities

Stakeholders described women's community services as primarily having two forms of activities: First, they aim to create an **appropriate physical space** where women's issues can be addressed. The physical space is women-only; it is safe in both a physical and emotional sense. While client relationships are often initially formed through outreach to where women are (i.e. on the street) and the service provides flexibility, the safe space that they provide underpins the range of services.

Secondly, women's community services have **distinct ways of working** that balance support and empathy with boundary setting and challenging the women's behaviour. Part of this involves recreating a 'family environment': boundaries are set and the women are challenged; there are expectations placed on them which are necessarily enforced sensitively.

Stakeholders view a relationship between workers and clients based on mutual trust as essential to creating the first steps towards change. This is built in the following ways: one-to-one relationships between workers and staff, practical support to address some of the women's immediate problems, being accountable to the women (i.e. doing what they say they will), listening and asking questions, recognising achievement, developing tailor-made responses to women's problems, treating them as equals, and encouraging them. Having someone believe in them and give them hope allows the clients to begin to accept that change in their lives is possible – a precondition of recovery.

Direct outcomes for clients

Stakeholders describe client's progress within services as following a pathway, albeit one which varies for each client and often includes relapse and regression as well as progress. The first change that occurs is that women who use these

services feel heard, respected, valued, and cared for. Trust is built between them and their caseworker. From this starting point, relationships can also be built with other clients. The service provides a physical space and a personal relationship that are stable and safe. Awareness of the support available can then increase and support services can be accessed. If successful, this begins a process where the women can become progressively more open and hence able to receive further support.

As they continue to use the services, clients begin to hope for change in their lives and begin to think about their future; something that is generally absent at the start of support. This engenders initial changes in physical and mental health. Self-worth and self-esteem increase and some of the more serious physical health problems begin to be addressed. They begin to think and plan beyond the immediate term. Ultimately, they are presented with an alternative life path and identity they can envision a different set of behaviours and activities for themselves.

## Long-term outcomes for clients

Stakeholders report that achieving longer-term outcomes requires that the women build on this initial change and view their futures differently. If successful, they are able to see a more secure and safer future for themselves and begin to take greater ownership in securing this. Emotional well-being is improved; the women have greater self-awareness, and are able to exert more control over their lives. Alongside this, changes in the nature of the women's relationships are evident. This can include family reconciliation and increased awareness/avoidance of destructive and or dangerous relationships, alongside a more secure network of support.

Over time, according to stakeholders, this brings about changes in resilience, confidence, and their ability to speak out and access support services themselves. The ultimate outcome for some service users is that they are able to avoid destructive relationships, ultimately breaking the cycle of harmful, destructive, and dangerous patterns of behaviour.

Well-being changes

One of the key themes emerging from the theory of change is the important of psycho-social changes such as supportive relationships, increased positivity, and greater self-awareness. In order to better understand how these impacts fit together, we mapped them against **nef**'s well-being measurement framework.[27] The framework was developed from the 2006 European Social Survey data to show how well-being indicators can provide a new, more meaningful measure of national success and help governments take decisions to improve the lives of their citizens. It is made up of 12 domains which attempt to capture all of the aspects of an individual's experienced level of well-being.

Figure 3. nef's well-being framework.
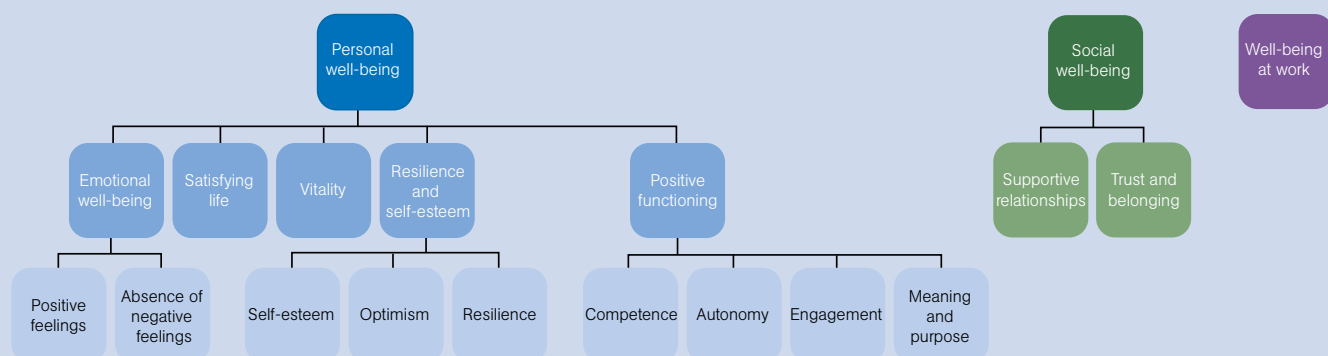
Using the framework, we identified that the changes described by stakeholders occurred principally within four well-being domains:

- **Meaning and purpose** – Feeling that what you do in life is valuable, worthwhile, and valued by others.

- **Supportive relationships** – The extent and quality of interactions in close relationships with family, friends, and others who provide support.

- **Optimism** – Feeling optimistic about your future.

- **Autonomy** – Feeling free to do what you want and having the time to do it.

Using this framework enabled us to use **nef**'s validated[28] and nuanced set of well-being indicators to measure whether the grantees were producing the impact described by stakeholders in the theory of change. We will discuss our findings in the next chapter.

4. Evidence of the impact of women's community services

The theory of change explains how women's community services support clients through activities that create changes across five well-being domains: meaning and purpose, supportive relationships, resilience, optimism, and autonomy. In order to test this theory, we measured well-being changes in clients over time.

In this chapter we present outcomes from these measurements, as well as the findings of the SROI analyses conducted by the grantees.

Background

In order to test the theory of change, **nef** consulting worked with the grantees to measure changes in their client's well-being over time. Each grantee selected or created a range of well-being indicators that covered the domains where they believed they were having an impact. The indicators took the form of survey questions which clients answered on a five-point scale.

The grantees surveyed a representative sample of service users that was then scaled up to the total number of women who use the services in a given year. A total of 91 women were surveyed through the SROI project across all grantees, representing just over 17% of the 535 clients seen by the grantees in 2011/2012. Further details of the methodology are presented in Appendix 2.

Changes to women's well-being

In order to assess whether the grantees were creating the well-being changes predicted by the theory of change, we measured the well-being of respondents at the beginning and at the end of a three-month period. Due to the shortness of the measuring window, we expected that any changes would be small so we analysed the results looking for the presence or absence and direction of change rather than magnitude (size of change) alone.[29]

Figure 4. Overall direction of well-being changes for clients.

44%	34%	23%
Positive	Maintained	Negative
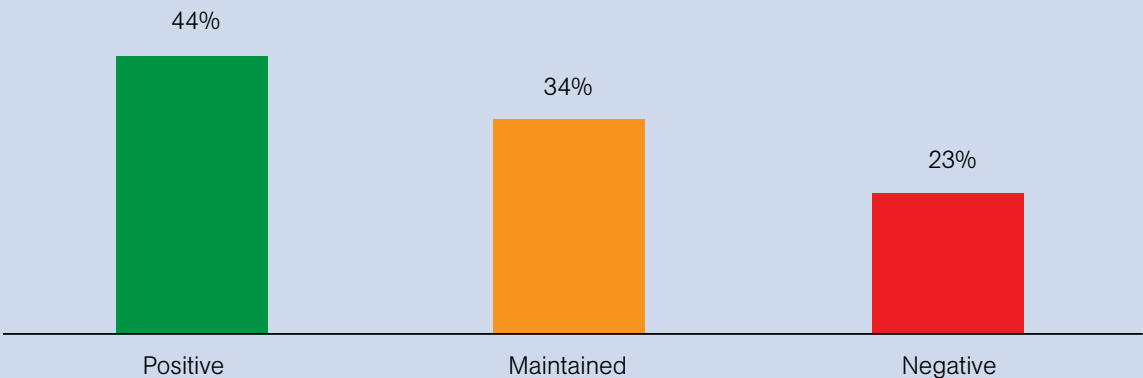
The largest group – 44% of clients – experienced an overall improvement whilst around one-third maintained their level of well-being over the period and just under a quarter of women reported an overall negative change in their well-being over the period. The theory of change highlighted that women's journeys are neither linear nor straightforward. Indeed, maintaining the status quo requires avoiding a worsening situation and for many of the women who work with the grantees, this is an achievement in and of itself. Furthermore, grantees report that some negative movement is not unexpected. This was not uncommon early in their work with clients, as the clarity that came with recovery often made women feel more negative about their current situations.

There are a number of agencies and factors that impact a woman's ability to desist from crime or achieve the well-being outcomes highlighted in this chapter. As part of the SROI methodology, an appreciation of these factors is crucial, to avoid over-claiming social value created. Presented in Appendix 4, a summary of the alternative paths that women would have followed forms the basis of the counterfactual or deadweight (what would have happened anyway) used in this study.

Drilling down below the direction of travel measure, we can better understand the impact of the services by looking at which domains saw the greatest impact. Figure 5 describes the average degree of change in each of the four domains across the grantees.[30]

Outcomes related to autonomy and self-efficacy demonstrate the most improvement at 16 per cent (i.e. an average improvement of 0.8 across the five-point survey scale). This suggests that a key impact of the grantees is helping clients to improve their self-esteem and, as a result, to take control of their own lives. The second-largest improvement at 10% is in the domain of meaning and purpose. This expresses how far individuals feel valued and important, and are able to make sense of their own lives. The final components are smaller improvements in clients' resilience, optimism, and supportive relationships. A breakdown of the results by grantee is presented in Appendix 5.

Although consistent with existing theories on desistence, caution should be exercised when interpreting these findings. The sample used is small and the timeframe over which change is monitored is short. To confirm these indicative results, a larger sample size and longer time frame would be valuable.

Figure 5. Magnitude of change per domain for WDF grantees.[31]

| Resilience, optimism | Autonomy | Meaning and purpose | Supportive relationships |
| 6% | 16% | 10% | 6% |
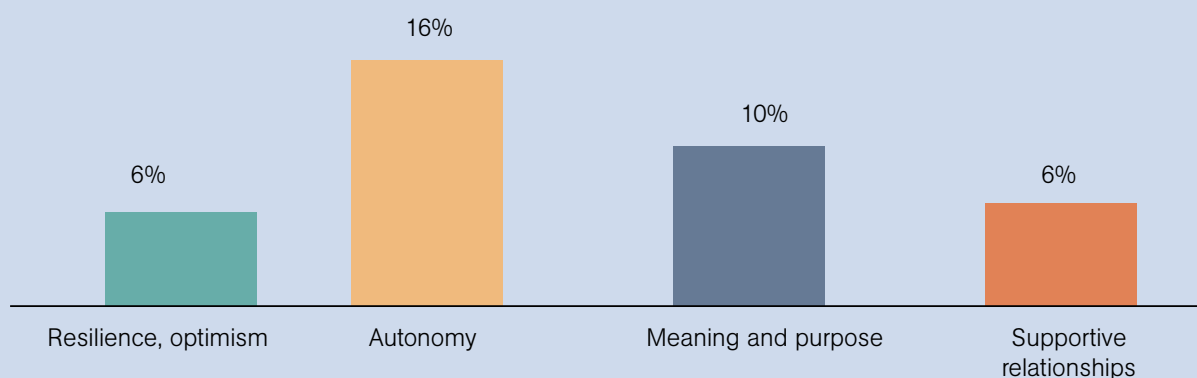
The SROI of women's community services

Inherent to the SROI methodology is the transfer of all outcomes and investment into a single, monetary currency. This section presents the social and economic value calculated by the grantees for the women and statutory services (referred to as the state).

Methodology

Using standard economic techniques, the demonstrable changes in well-being reported by the women were translated into monetary values using financial approximations of value (proxies). Each grantee selected proxies that best fit its outcomes and clients.

The theory of change and the demonstrable changes created for women also has a knock-on effect on statutory service use by the women. The grantees suggest that their impact can be translated to reduced service usage across three areas – health, housing, and re-offending. In order to measure this, grantees' monitored changes in service use based on direct observation of a client's service use and surveys of clients, using their existing output-based data collection systems. In some cases, statutory partners were engaged directly, for example, the police.[32] The reduction in service use over the course of the women's use of the service was then estimated. These estimates were multiplied by unit costs to calculate an overall financial value of the reduction in service usage. Impact adjustments were applied to account for the impact of other support services that clients may be accessing.[33]

Findings

In terms of state service usage, grantees estimate that across their client group they have been responsible for £1 620 000 in savings based on a reduced demand across the areas of health, reoffending and housing, as described in Table 1.

It is important to note that these savings do not represent cashable savings. The reductions in service usage are likely too dispersed to reduce the fixed costs of large statutory services. However they give an indication of the level of services which women's services clients may be accessing elsewhere and the potential value of investing in this area.

It is also worth noting that these figures were generated by the grantees directly, and should be treated as indicative only. Given the limitations on the scope of this study, further research would be required to decipher the marginal benefits of keeping women out of the criminal justice system. Appendix 6 presents a detailed breakdown of the indicators and amounts of change achieved per state outcome.

Table 1. Changes in service usages.

Service area	Types of service usage	Value of reduction in service usage
Health	• A&E admissions • NHS mental health service usage • Drug and alcohol treatment	£230 000
Criminal justice	• Arrest • Court appearances • Custodial sentences • Breaching hearings for women on community orders	£630 000
Housing	• Avoidance of eviction (Case file review) • Number of women maintaining stable accommodation	£760 ,000
Total		**£1,620,000**

SROI ratios

SROI allows a comparison of the triple bottom line (social, economic, and environmental) costs and benefits of an intervention. In this research, grantees calculated the cost of providing services for one year. Included are elements that do not carry monetary values, such as gifts-in-kind or volunteering. The grantees have varying sizes and scales of provision. At the smallest end, a grantee supported 69 women per year whilst at the largest end a grantee supported 250 women per year.

Among the five grantees, the SROI analyses found that their services returned a social value of between £3.44 and £6.65 for every £1 invested. Results from the smallest-sized grantee and the largest-sized grantee per one year investment period and per client are presented in Table 2.

As is illustrated in Table 2, the societal benefits per woman of the women's community services are between three and fourteen times the cost of the services.

These findings are illustrative of the grantees first analysis using SROI. As they become more experienced, the assumptions and calculations that underpin their analyses will become stronger. For the purposes of this report, these findings are an indication that the grantees are efficient at creating the outcomes that matter to vulnerable women and wider society and that they are also cost-effective alternatives to custody.

Table 2. Results for smallest and largest grantee.

Grantee size	Total cost of service for one year	Total benefits provided in one year	Cost per client	Benefits per client	SROI ratio
Small (69 clients)	£160,000	£583,523	£1,728.12	£6,166.99	3.44
Large (250 clients)	£432,031	£1,868,533	£2,318.84	£15,411.04	6.65

5. The importance of improving women's well-being for achieving policy goals

While there is clearly value in improving the well-being of vulnerable women, improving these outcomes is unlikely to form the basis of commissioning arrangements. Instead, commissioners are likely to seek services based on 'hard' outcomes whether they are reducing reoffending, managing addiction, or reducing children's anti-social behaviour.

Our research suggests that women's community services produce improvements for clients across five well-being domains: meaning and purpose, supportive relationships, resilience, optimism, and autonomy.

Identifying the direct impact of small projects, such as women's community services, on these outcome areas is problematic – the small populations they work with, the potentially long time frames over which recovery can take place, and the diverse nature of the needs of the client groups all make robust impact measurement difficult to achieve. However, much is known about the pathways which can lead women and their families to achieving 'hard' change outcomes.

In this chapter, we will explore the way in which research evidence demonstrates that the measurable well-being impact delivered by women's community services underpins hard outcomes in three areas:

- Reducing reoffending

- Improving mental and physical health

- Improving long-term outcomes for children and families

Reducing reoffending

Much research on the processes by which long-term offenders 'desist' from crime emphasises the importance of psychological and social changes. The 'good lives' model of desistance put forward by Ward and Maruna,[34] for example, describes the process of desistance in terms of rebuilding an individual's practical and psychological assets in order that they can develop new patterns of behaviour.
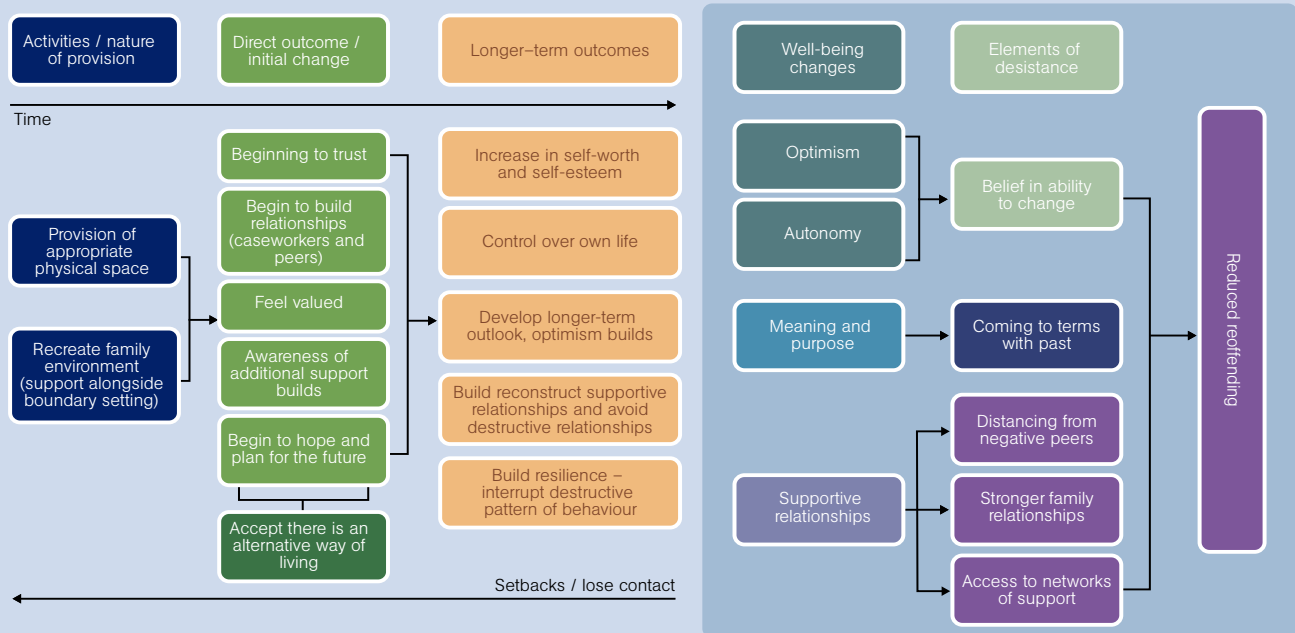
Research into desistance suggests three ways in which the well-being sought by women's community services can contribute to long-term reductions in offending:

- By contributing to women's **belief in their ability to change.**

- By helping women develop a **renewed sense of meaning and purpose.**

- By fostering **supportive relationships.**

Belief in ability to change

Research suggests that even where a course of action, such as desisting from crime, is viewed as desirable, an individual is unlikely to take it unless they believe that they are likely to be successful.[35] In other words, just wanting to 'go straight' is not enough – individuals also need to believe that they have what it takes to make it work.[36]

Figure 6. Women's community of service: reoffending theory of change.

Activities / nature of provision	Direct outcome / initial change	Longer-term outcomes		Well-being changes	Elements of desistance	

Time →

Provision of appropriate physical space · Recreate family environment (support alongside boundary setting) → Beginning to trust · Begin to build relationships (caseworkers and peers) · Feel valued · Awareness of additional support builds · Begin to hope and plan for the future · Accept there is an alternative way of living → Increase in self-worth and self-esteem · Control over own life · Develop longer-term outlook, optimism builds · Build reconstruct supportive relationships and avoid destructive relationships · Build resilience – interrupt destructive pattern of behaviour

Optimism · Autonomy → Belief in ability to change

Meaning and purpose → Coming to terms with past

Supportive relationships → Distancing from negative peers · Stronger family relationships · Access to networks of support

→ Reduced reoffending

← Setbacks / lose contact

Although most desistance research has focused on male offenders, comparisons of male and female offenders have shown that self-efficacy is particularly important to women prisoners.[37] This suggests that by improving women's feelings of optimism and autonomy, women's community services could contribute to reduced reoffending.

Renewed meaning and purpose

A second component of the way in which women's community services can support desistance from crime is by fostering the sense of meaning and purpose with which women understand their lives. A key component of desistance is the reconstruction of an individual's narrative identity - 'an internalised and evolving narrative that individuals constrict to integrate their pasts present and perceived futures into a personal identity that sustains and guides behaviour'.[38] A number of studies have shown that restructuring that narrative identity is a characteristic of successful desisters.[39,40,41]

Given the importance of personal narrative in desistance, we can expect that if women's community services succeed in improving women's sense of meaning and purpose, this will enable women to reduce their reoffending over the longer term.

Supportive relationships

The importance of both family and peer relationships in terms of reoffending has been established in a wide variety of contexts.[42,43,44] In studies of desistance, this is often understood in terms of the termination of destructive relationships with criminal peers and the establishment or re-establishment of supportive relationships.

Research around women's desistance suggests two ways in which women's community services can support desistance by strengthening relationships. First, having access to networks of social support can assist women to transition out of offending.[45] Cullen[46] defines social support as 'provision of affective and/or instrumental (or material) resources [through] intimate or confiding relationships.' A revealing study by O'Brien discusses how these relationships take a range of forms

including both peer-to-peer relationships with other women in recovery as well as mentoring relationships with support workers.[47] This suggests that the physical space of the women's community service can have value over and above one-to-one support in so far as it helps women form supportive relationships with peers as well as with professionals.

Evidence also suggests that family relations can be of specific importance to women's desistance. For example, an examination of historical survey data by Kleymann *et al.*[48] suggests that where mothers have custody of their children and positive attitudes towards them, this can have a strong specific value in supporting desistance. This points to the potential of the work which many women's community services do in supporting clients in rebuilding relationship with families can help reduce reoffending.

Improving health
The whole-person approach of women's community services directly targets health needs by supporting access to medical care. However, the well-being improvements that they seek to create provide a crucial underpinning for long-term improvements to health and well-being.

There are two mechanisms which potentially link well-being changes to long-term health outcomes. First, increases in optimism and autonomy can help women manage damaging health behaviours.[49] Secondly, access to support relationships can directly improve women's mental health[50] and can also help with addressing damaging health behaviours.[51]

Optimism and autonomy
Feeling in control of your life is an important component of behaviour management. Without a belief in your own ability to meet goals and overcome challenges, challenging long-term goals such as overcoming addiction can seem futile.

Researchers have explored this effect through the concept of 'self-efficacy'. As discussed earlier, self-efficacy describes an individual's judgement of their capacity to complete tasks and achieve goals.[52]

Figure 7. Women's community service: health outcomes theory of change.
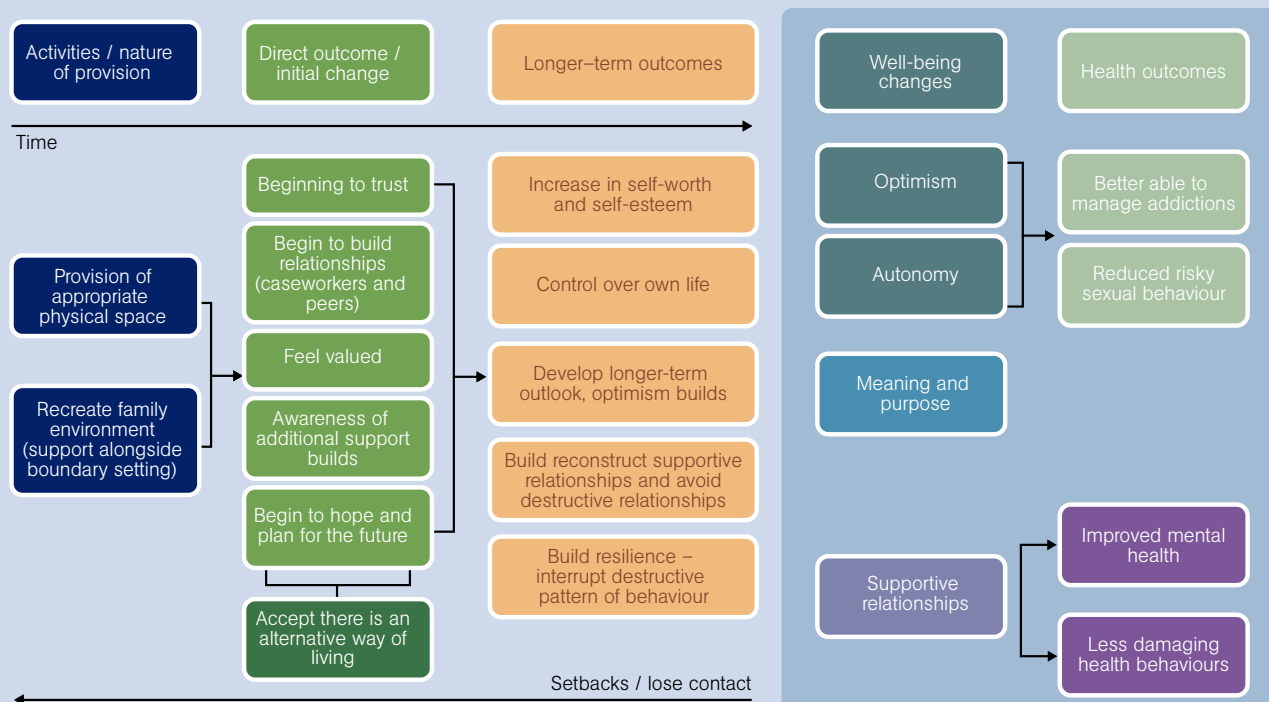
Self-efficacy has been shown to be particularly important in two areas of health behaviour relevant to vulnerable women – managing addiction and avoiding risky sexual behaviour.

Self-efficacy can be relevant across the whole cycle of addiction. Marlatt *et al.*[53] propose three categories of self-efficacy that are important to managing and overcoming addiction

a. Action self-efficacy (confidence in one's ability to achieve a goal) has been shown to be a predictor of success in achieving health goals[54] including around addiction.[55,56]

b. Coping self-efficacy (belief in one's ability to cope with situations that threaten relapses) has been shown to help addicts use coping strategies[57] and avoid relapses.[58,59]

c. Recovery self-efficacy (the ability to maintain belief in recovery through relapses) can assist with the maintenance of recovering from addiction.[60]

In short, then, increasing self-efficacy can help women both manage their addictions and eventually overcome them.

Research also suggests that increasing self-efficacy can help individuals avoid risky sexual behaviour. Risky sexual behaviour can produce a range of serious harms including unwanted pregnancy, sexually transmitted infections, and the long-term trauma associated with sexual abuse. Self-efficacy can help women make choices around the use of contraception and resist sexual coercion.[61] Research with a range of vulnerable groups suggests that belief in personal capacity to manage safe sexual practices is the most important predictor of the level of risky sexual behaviour.[62,63,64]

This research suggests that by helping women rebuild their feelings of being in control of their own lives and optimistic about their future, women's community services are providing them with resources which they can use to improve their long-term health.

Supportive relationships
Relationships are being increasingly recognised as a key determinant of both mental and physical health. Social isolation – the relative absence of social relationships – has been shown to have negative effects on a broad range of physical health outcomes.[65] For example, research has shown that risk of death amongst women with the fewest social ties is more than twice as high as the risk for adults with the most social ties.[66] Social isolation is associated with other negative outcomes including heart disease, high blood pressure, cancer, and slower wound healing.[67] The mechanism for the link between relationships and physical health is not well understood, but researchers have suggested that relationships may create direct changes in the body's immune system or the neuro-endocrine system which controls the release of hormones into the body.[68]

Access to support through relationships is also associated with improved mental health. Women who receive emotional or practical support through their relationships have been shown to have significantly lower levels of mental illness.[69]

Women's community services act to support women in developing supportive relationships in three ways. First, they provide support directly through care workers. Secondly, they provide spaces in which women can develop supportive peer relationships. Thirdly, they help women re-establish supportive family relationships. Research suggests that these activities may contribute significantly to women's long-term health.

Improving outcomes for children
As well as benefitting women directly, the work that women's community services do can also be of benefit to their children and families. There is significant evidence to suggest that improving the well-being of mothers can produce a range of long-term benefits for children.

Figure 8. Women's community services: children theory of change.
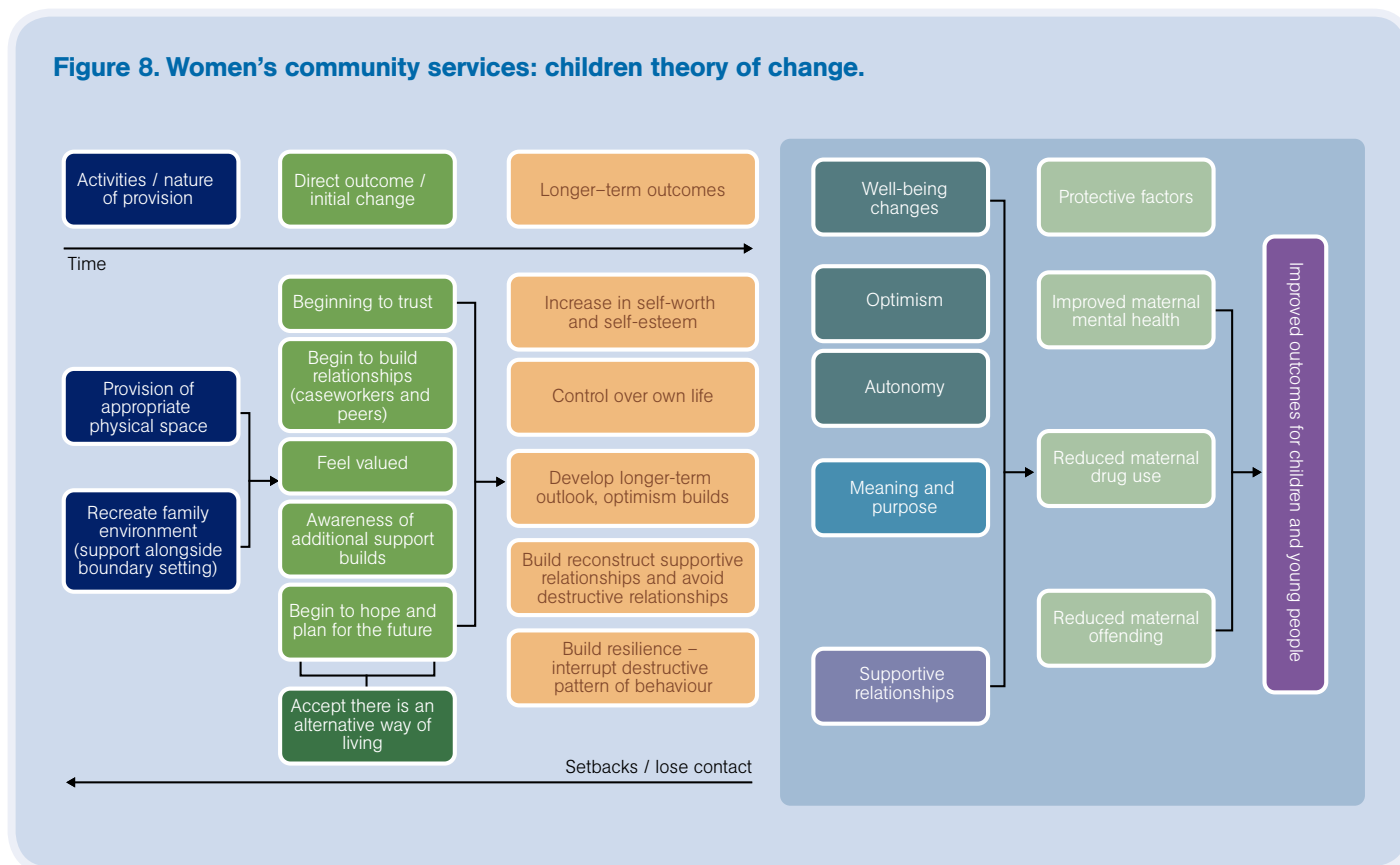
Whilst not every woman attending a women's community service will be caring for children, the long-lasting impact of changes to young people's behaviour and well-being makes this a potentially major area of impact.

Improving women's well-being can have a direct impact on outcomes for their children. But other outcomes associated with improved well-being – reduced offending and reduced drug use – can also have knock on impacts on outcomes for children.

Improved maternal well-being

Smith sets out the evidence on the relationship between parental well-being and outcomes for children.[70] Following a review of the literature she suggested that poor mental health – itself a form of poor well-being – seems to lead to disrupted parenting; through this mechanism the mental health of the child could be negatively affected. A further review by Berg-Nielsen also pointed to dysfunctional parenting styles as undermining the relationship.[71] They pointed specifically to parental negativity (related to the optimism component of our well-being framework) and ineffective discipline (which can relate to autonomy and resilience).

Poor emotional well-being and mental health in the child can lead to further problems, potentially at significant financial cost to society. For example, there is a relationship between low self-esteem in adolescents and delinquency, between anti-social behaviour and aggression.[72] The strength of parent-child bonds can also affect academic achievements. Relatedness to parents is predictive of school motivation and adjustment. Children who are more secure and better able to utilise parents are positive about and motivated at school.[73]

Reduced maternal offending

If women's community services succeed in reducing women's offending, this can have a significant impact on the likelihood of children offending. Several studies, such as that by Farrington[74,75] suggest that parental offending is one of the most important predictors of children's offending, and functions independently of other risk factors, such as drug abuse or low intelligence. The influence of maternal offending is particularly strong on female children.[76]

Reduced maternal substance abuse

Children can benefit if women's community services can help their mother's manage their addictions. Parental alcohol and substance misuse are issues faced by a huge number of children in the UK: almost 72,000 children in the UK live with an injecting drug user[77] and many more live with parents abusing other types of drugs or alcohol. Parental alcohol and substance abuse can have a serious impact on young people. It is associated with a range of negative outcomes for children, including truancy[78] and disruptive behaviour.[79]

The longer-term potential negative effects on the children of vulnerable women, women at risk of offending, and women offenders is stark. There is a wealth of research illustrating the relationships between maternal health and the behaviour of children, of which only a selection is presented here. Women's community services address the needs of the women, primarily, but by doing so can make significant difference to the lives of their children, also.

6. Conclusions and recommendations

The environment for services for vulnerable women is set to become more challenging. Budgets will continue to be squeezed and commissioners will be tasked with trying to do more with less.

The aim of this report is to support local policy-makers and decision-makers and commissioners in maximising the outcomes of their spending decisions and contribute to the evidence-base on what works for vulnerable women and, in particular, women offenders.

In this chapter we present the conclusions arising from the SROI research with the WDF grantees and make recommendations for decision-makers at national and local levels.

Conclusions

1. **By improving well-being, women's community services are effective at facilitating the change that women need:** The theory of change that emerged through this research and the secondary literature support the conclusion that by improving the psychological and social factors which make up well-being, women's community services help women achieve long-term improvements in reoffending, health, and outcomes for children.

2. **Women's community services are a cost-effective alternative to custody:** At a cost of less than five per cent the cost of a prison place per woman (£2,800 for community services compared to £49,000 per prison place), alternatives to custody provide a strong economic argument for investment and value for money.

3. **It is not possible to conclude whether the model is uniquely suited for women,** or whether the model can be replicated for other offending populations, such as young offenders, without addressing the research in more depth. Given the existing literature on desistence it is plausible that some elements of the model may be transferable but this report cannot make that conclusion with certainty.

4. **Interventions for women offenders and other vulnerable women require further exploration:** Whilst the evidence presented in this report should encourage interest and support in women's community services, it is limited in both its scope and its robustness. The grantees' findings should be viewed as indicative of the social and economic impact created by women's community services. Further research on the journeys of change that women experience, over longer time frames and through analysis of different types of holistic approaches, should be explored. This would provide more information with which to analyse the causal relationship between well-being and desistence outcomes, and decrease demand in state services, allowing for full cost-benefit analysis.

5. **Measuring what matters is possible and essential:** This research has demonstrated that it is possible to measure meaningful outcomes in a systematic way that can be aggregated. This is essential to women's community services understanding and demonstration of the results of their work to commissioners and decision-makers. Women's journeys are chaotic and change happens over the long term. Failure to capture progress will lead to a failure to allocate resources effectively or efficiently.

Recommendations for national policymakers

1. **Make public strategic priorities for women in the criminal justice system:**
The government has committed to publishing its strategic priorities for women in the criminal justice system, which will provide some clarity as to what it is trying to achieve. This document has been delayed and is still without a firm date for publication. We recommend that the strategic priorities are communicated as a matter of urgency to allow decision-makers to determine how to respond locally.

2. **Protect existing NOMS funding for women's community services:** Our findings suggest that women's community services create real improvements in women's well-being and that well-being improvements will lead to long-term impacts in priority policy areas including reduced reoffending. Funding is being provided by NOMS to Probation Trusts for services for women offenders, which is welcomed by this report. However, given that this funding is not increasing, it is crucial that it continues to be protected in future years.

3. **Conduct a national strategic needs assessment of vulnerable women:**
While the incidence of individual needs amongst women is generally well researched, the incidence of multiple needs remains relatively unclear. Our research highlights the value of services which address women's needs in the round rather than individually, but without information on the incidence of multiple needs, calculating the extent of service provision required is problematic. National level research should be undertaken to measure the size and needs profile of the population of vulnerable women in the UK, to assist with commissioning decisions around holistic women's services.

Recommendations for local commissioners

4. **Understand local needs and innovate to meet them:** Local commissioners must understand the full extent of their local need and work with partners and other statutory bodies to innovate to meet this need. Innovation is required as pressure mounts to meet a wider need with the same level of resources.

5. **Institute a joint commissioning framework and dialogue for vulnerable women.** The well-being wrap-around services for women which improve well-being have the potential to achieve outcomes in a range of policy areas including reoffending, health, and children and families. This enables the funding for women's community services to be spread across multiple commissioning streams. However, women's community services seeking to access multiple funding streams face high levels of instability and significant administrative burdens, even when successful.

A joint commissioning strategy for vulnerable women will facilitate the commissioning of services which cut across local commissioning silos to provide a seamless and effective service for women with complex and multiple needs that may be unable to navigate the complex web of need-specific services.

NOMS commissioning intentions for 2013/2014 lay the groundwork for this approach by calling for the alignment of priorities and resources with other local commissioners. However dialogue between Probation Trusts, PCTs, Local Authorities Children's Services, Police, and Crime Commissioners is required to intelligently share resources and meet the needs of women that cut across them.

6. **Ensure that payment by results (PBR) mechanisms protects and enhances provision for women in the criminal justice system:** PBR presents challenges for local commissioners to commission women's services effectively. We recommend the following to account for women's community services in PBR:

    6a. **Meaningful measurement:** Introduce meaningful indicators of change that capture a woman's journey and her progress. Binary measurement is a limited measure of success. Local commissioners should introduce meaningful indicators of change, such as distance-travelled measures, to support strong commissioning decisions.

6b. **Safeguards for small providers:** The introduction of private sector providers brings the understanding of results achieved through volume. Local commissioners should introduce stipulations, such as inclusion of small providers in bidding and contracts, to ensure that women's community services are not marginalised due to lack of volume.

6c. **Expand PBR to include other outcomes:** Local commissioners should explore the extent to which PBR could be applied to outcomes other than reduced reoffending. Although it would be a challenge to track back to an outcome, the importance of well-being and desistance as intermediary outcomes warrants a pilot to explore the potential inclusion of these outcomes in the new commissioning arrangements.

Appendix 1. The WDF grantees

This appendix presents profiles of each of the WDF grantees alongside testimonials of their experiences of conducting the SROI research.

Inspire Project Brighton

Profile

Set up in 2009 and funded by the Ministry of Justice (MOJ), the Inspire Project is a partnership of five women's organisations offering wrap-around services to divert vulnerable women from crime and from custody. The partners are: Brighton Women's Centre (BWC), Brighton Oasis Project, RISE (Refuge Information Support Education), Threshold, and Survivors Network. BWC is the lead agency, set up in 1974 to provide a safe, women-only environment and promote personal and collective empowerment for women in Brighton and Hove.

The Inspire Project represents a holistic, cohesive women's sector providing continuity of care for the women of the city. Inspire is part of a strategic, national effort to implement the recommendations of the Corston review (2007) and the Bradley report (2009) to provide credible, women-only alternatives to custody within the community. It aims to address the underlying issues which can lead to offending and reduce reoffending. Its core work is delivering specified activity requirements to women serving community orders.

SROI project scope: wrap-around casework support over the period 2010/2011.

Inspire's account of its experience by Stella Vickers

Inspire welcomed the opportunity to become involved in the SROI study along with four other women' sector organisations under the guidance of **nef**. The sector was reaching a critical point in terms of securing future funding to continue the transformative plans for women criminal justice interventions. Data drawn from the existing monitoring framework told a limited and incomplete story of the effectiveness of the intervention and SROI represented an opportunity for the women's sector to reach a better understanding of the impact of the work and to express this value in a way that could bridge the gap between traditional value-for-money analysis and self-reported success stories. My experience of working in the women's voluntary sector has itself been marked, with some amusement by the continuous enquiries, followed by concealed surprise of those wishing to know if we work to any outcomes at all.

I had read many of the reports produced by **nef** and had some knowledge of what was involved as well as the perceived benefits. I understood that stakeholder engagement was at the heart of the process and this as an exercise appealed to my commitment to service user involvement and continuous service improvement. I've never had a head for figures so the words 'economic modelling' struck a note of fear into my heart and feeling of despair resonant with a growing teenage recognition that maths was indeed not my strong point.

The training meetings held in London were one of the great successes of the project. They were always held in welcoming, accessible environments, well planned and executed. The pace was sufficiently quick to maintain momentum and yet there was time for questions. The facilitators were extremely patient, knowledgeable, and charming. While the facilitators were very accessible, in

hindsight I think more frequent meetings would have definitely helped… what would they have helped?

The difficulty I experienced and shared with colleagues was that on the training days I had moments of clarity and understanding which I was later unable to translate into the written exercises. In short, the opportunity to embed and consolidate the learning was simply not present in my day job and setting aside protected time to do this proved extremely challenging. Most of the people involved simply absorbed SROI into their day job and were left with the challenge of how to juggle the deadlines alongside other pieces of work.

The opportunity to learn alongside other colleagues in the sector was welcome as there was already mutual trust and a shared sense of vision and purpose. What also emerged was a range of skills that became increasingly evident as time progressed and the opportunity to give and receive support from each other. At the time I did not feel we fully exploited these and while there were peculiarities to each project there are also distinct similarities and possibilities to pool information and resources in a way that could save time and energy.

For Inspire there were two specific challenges which impeded the progress of SROI. One was data collection. This proved to be problematic and time consuming with a frustrating outcome. One of the truly innovative aspects of Inspire was it had been delivering a large number of standalone community orders and the reoffending rates for women completing these were not tracked alongside those on statutory orders. Despite excellent partnership working with Sussex Probation Trust and Sussex Police, they were unable to provide us with the reliable data required around the reoffending of this cohort of women. This limited our SROI to the value of benefits for women rather than to the state. The second challenge was the difficulty of Inspire being a partnership project and that myself and the other person undertaking the SROI worked in different organisations. While these challenges were not insurmountable, the geography of being in different locations was another barrier to be overcome when working collaboratively.

On behalf of the sector, I think the SROI will be an important tool with which to demonstrate the value of our services and to create a national picture. As well-being develops and takes a more active role in accrediting services, there will be a further opportunity to benchmark specific interventions in relation to SROI and this I feel will have strong appeal to commissioners who will be seeking value for money.

Just Women Project (New Dawn New Day), Leicester

Profile

Formerly Turning Point Women's Centre, New Dawn New Day was set up in 1990 and helps to improve the life-experience of women living in and around Leicester, Leicestershire, and Rutland. It offers a range of services which include crèche and playgroup activities, advice and counselling, pregnancy testing, youth and play work, and training and education.

The Just Women project, part of New Dawn New Day, works in partnership with Leicestershire and Rutland Probation and provides a one-stop-shop service for women offenders and women at risk of offending. The service provides advice and referrals to services such as health (including mental health), accommodation provision, education, employment and training, childcare, parenting and family relationships, and finance, benefits and debt. The majority of referrals are made through the courts.

SROI Project Scope: One-to-one mentoring and support service to women over the period of June 2011 to January 2012.
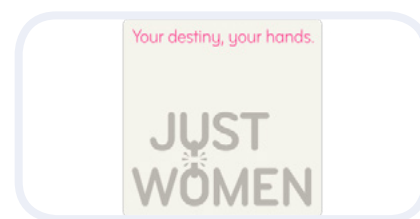
Just Women's experience by Ruth Epstein

SROI was a completely new method and tool for showing value that was very different from what we had done before. There were times when everything seemed to make sense and other times where everything seemed muddled up and we weren't sure that we were on the right track. For me the theory of change part and applying the proxies were the bits that I found easier to understand but choosing the proxies was difficult. The SROI process needed buy-in from staff who supported us in implementing it.

Part of it that was most important to us was finding out what mattered to the women. We were struck by how different this was from what mattered to the state. For the women it was often about feeling less stressed, having better relationships with their family, and feeling accepted as part of society whereas the state wants outcomes such as reduced reoffending and reduced numbers of women who are homeless. For most of the women we work with, the outcomes wanted by the state are a long way from where they are when they first engage with us; achieving stability can be an achievement itself.

The original distance travelled questionnaire was completed with a small sample of women over three months and so we would like to repeat the well-being measurement with a larger sample over a longer time period. Repeating the well-being measure would also improve the attribution rating, as this was one of the indicators which had high sensitivity within the sensitivity testing. The reoffending measure we used was an estimate and so ideally we would like more robust data in future, and might choose another indicator for reoffending next time.

During the process we narrowed the scope of the evaluation so it focused on one-to-one work with women; to begin with we also wanted to include their children and families as we recognise that offending can have intergenerational effects. Group work was also excluded. We would also like to take the learning fromv the SROI across the organisation so well-being is taken into account with all our services. We would use this to build a strong evidence base across the woman's journey – her engagement, distance travelled, and exit.

Finally, PBR is becoming more common as a means of funding projects which aim to achieve social change (e.g. Peterborough Prison, Troubled Families) but these projects use harder outcomes such as reduced reoffending or improved attendance at school and so may be missing what matters most to the people they aim to work with.

Support for Women around Northumberland (SWAN) Project, Northumberland

Profile

SWAN is a women's community service which receives funding from the MoJ under the Diverting Women from Custody Programme. SWAN's objectives are to reduce the reoffending of female offenders or those at risk of offending through providing a range of diversionary and preventative interventions. SWAN is delivered by a partnership of voluntary sector organisations in Northumberland – Escape Family Support, which is the lead agency, the Women's Health Advice Centre, Fourth Action, and Relate Northumberland and Tyneside. SWAN offers a peripatetic multi-agency service to divert women from custody, to support vulnerable women, and to provide early interventions for women at risk, especially targeting women in rural and isolated parts of the county.

SROI Project Scope: Holistic support provided by SWAN to its individual clients, such as information, advocacy, structured care programmes, counselling, complementary therapies, employment support, and diversionary activities over the period 2010/2011.

SWAN's experience by Sharon Spurling and Harriette Boyden

We have learned a lot through the SROI project. It has given us a method and the language to communicate with commissioners and funders about what works and why. Our challenge is to increase the opportunities to talk to others about this work and to embed it in our organisations. Our findings highlight the importance of what women value and communicate it with equal status with outcomes for the state, that which we are so used to valuing in £s. The risk of not doing so is that, as commissioning increases and the relative freedom of grant funding becomes extinct, the knowledge and experience of the women's community services will not be included in commissioning decisions and long-term poor outcomes for women will result.

The lead partners to SWAN – ESCAPE Family Support Ltd, Relate, Women's Health Advice Centre, and Fourth Action – have all been able to use the results of the SWAN SROI in demonstrating the value added by their work. We have passed copies of our report to commissioners and have been asked to speak to them about the project. It has been particularly useful in widening discussions around outcomes for women involved in SWAN and the value of measuring the journey and distance travelled as well as the outcome when they move on from support.

In the future, ESCAPE in particular, is looking to develop SROI proxies for its own activities and to re-visit SWAN's work to 'calculate' its own SROI.

Trust, London

Profile
The **Trust Women's Project** was started in 1999 by Diane Martin, **Trust's** former Director, in response to what she observed as the unmet needs of the women involved in street prostitution in her locality who were often isolated from mainstream services. Her individual response grew to involve volunteers and in 2004 the project was registered as a charity. Today the charity employs eight people and runs community-based services to support women involved in, exploited through, or exiting from prostitution. **Trust** operates mainly in the London Borough of Lambeth, specifically in Brixton and Streatham.

Trust's diversion work is centred on its intensive group programmes Discover (a closed abstinence-based group for women post-treatment) and Living It! (a closed 14-week course that builds on the work done in Discover to prepare women for moving on and taking further action for themselves and their lives).

SROI Project Scope: Trust's Discover and Living It! group work programmes for vulnerable women in the period July 2010–July 2011.
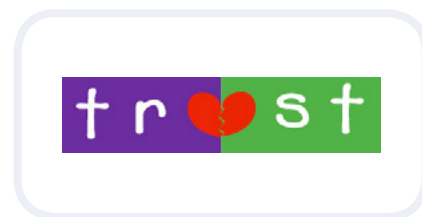
Trust's experience by Diane Martin

Through the generosity of the CIFC we embarked on a year-long journey to focus on the fascinating question of 'How does change happen?'

This would be a worthwhile exercise for any project to undertake, but we had the bonus of undertaking this journey with a group of selected women's community projects which greatly enhanced the experience.

Of course the final outcome figure is important as it represents and demonstrates how much social value a particular piece of work is generating for individuals and society; but of immeasurable value is participating in the process itself and the valuable learning that results.

We had the opportunity and privilege of not only being provided by the expertise of **nef** consulting, but of sharing this journey with other women's community projects and because of this it is impossible to quantify the benefits we received on a number of levels. This year-long project was a roller-coaster of learning curves and triumphs. At different stages I loved it, was frustrated and confused by it, and was inspired by it when we would all have a 'lightbulb' moment, in equal measure.

It is right to emphasise the outcomes but in terms of monitoring too little attention is paid to the incremental change needed to achieve the outcomes that are most commonly measured. We now have and need to take opportunities to present the distance travelled; the small hurdles that lead up to the final sprint; they are significant and need equal recognition as we need sustainable outcomes that are built on firm foundations. Because of this we need to be collectively involved in reshaping and determining the gender-specific outcomes that are valued and set in future commissioning.

This process has shown us how to integrate mechanisms within our monitoring systems that measure both short- and long-term change that most importantly is determined through direct client feedback as well as other indicators. These findings contribute to ongoing service improvement and a more sophisticated understanding of what works well.

The day where we all shared our findings and experiences with each other and a room of key individuals including our funders, government colleagues, and the women's voluntary sector was such a highlight of a year's hard work. It was so encouraging to see the demonstrable difference that women's community projects are making in the lives of vulnerable women, particularly in light of the challenges and limited resources that are often faced.

I am so grateful for the opportunity to have participated in this process and would encourage others to do the same. As well as the changes we have made as a result of involvement, it has also increased the confidence we have in our approach and the way we provide support through a holistic and women-centred model.

Women@ the Well (W@W), London

Profile

Set up in 2007, W@W supports women caught up in the many facets of pavement culture (homelessness, prostitution, drugs, alcohol, violence, and mental ill health), with a particular focus on women involved in street-based prostitution and women trafficked into prostitution.

From its site in King's Cross, W@W offers an open-ended service with no targets for women to 'move-on', no minimum levels of engagement, and no bans for bad behaviour. A woman may continue to use the centre for as long as she needs, which may be for the duration of her life. There is a 10-strong board of trustees, and 6 members of staff. During 2009, W@W supported 207 women.

SROI Project Scope: Given the holistic nature of the service, the scope considered the organisation as a whole, rather than one particular aspect over the period January to December 2011.

Women at the Well's experience by Helen Smith

One of the keys things that taking part in the SROI study did for us was make us aware of how much our service-users valued well-being outcomes. Going through all the stages of the process made us think in more detail about the work we do and how we create change, allowing us to build a clearer picture for

ourselves and therefore also create a clearly articulated story or argument about what we do and why it is effective. It also allowed us to see how well-being outcomes were not only outcomes in their own right, but also the stepping stones to some of the key targets for governments and other funders.

The theories from the study have informed our strategic plan and are now used when inducting new members of staff and volunteers to ensure that they understand the ethos of the organisation.

The study has also led us to being involved in a pilot scheme trialling a new database set up specifically to capture and measure information related to vulnerable women. We hope that this will also provide the opportunity for measuring well-being outcomes.

Link with existing literature

Many of the experiences described above are reflected in Hedderman *et al.,* 2008, *Implementing effective services for women offenders and those 'at risk' of offending: action research with Together Women.* Ministry of Justice Research Series 12/08. See also Joliffe et al., on reconvictions relating to TW (Research Series 11/11) which reflects the problems of measuring outcomes, problems in getting the monitoring data into useable form etc.

Appendix 2. SROI methodology

This research uses a methodology known as Social Return on Investment (SROI),[80] which attaches a financial value to all material outcomes – social, environmental, and economic – that are identified as resulting from an organisation or programme's activities. This provides a fuller picture of the benefits that flow from the investment of time, money, and other resources.

The WDF grantees were supported and guided through each stage of the SROI by **nef** consulting.

Phase 1. Setting parameters and developing a theory of change

Boundaries

- The first task in an SROI analysis is to set the scope: what activities will the SROI look at? All of the organisation's work or a discrete programme within it?

- The timeframe for the analysis must also be set: how far back or how far into the future will it reach? How long might the effects of a programme remain visible and measurable?

Stakeholders

- The organisation must then identify the stakeholders whose inputs and benefits are going to be measured.

- The key question in this process: Is the stakeholder **material (or significant)?** This is an accounting term. Put another way, it asks this: Does the stakeholder factor into decision-making about the programme? If they do, then outcomes and costs for them need to be measured.

- At this stage, the organisation doing the SROI works to identify stakeholders that affect or are affected by its work.

Theory of change and impact map

- With stakeholders identified, the organisation reaches out to them to ask the critical question: **How has our work affected you?** The answers are used to build a theory of change and then an impact map that describes each way the organisation/investment affects key stakeholders.

Phase 2: Collecting data

Indicators

- Having identified what the outcomes of a programme are, the next stage of the SROI involves developing indicators – things that can be tracked – for each outcome. With indicators, it becomes possible to know **how much** of a given outcome has happened.

Valuation

- The key element of SROI analysis is **valuation** – establishing what a social or environmental impact is worth in dollar terms. To do this, the organisation looks for **proxies** – places where society has put a monetary value on the outcome in question. Finding proxies usually involves secondary research, and may also take an organisation back to its stakeholders to ask them.

Data collection

- Once an organisation decides what indicators to use to track their outcomes, they can gather data to find out how much change is happening. This usually means a mixture of primary research (surveys and interviews) and secondary research. With solid data comes accurate measurement of costs and benefits.

- Data also needs to be collected on impact which is an understanding of how much would have happened anyway (deadweight), how much credit is down to other actors (attribution), and whether a net benefit has been created or simply moved (displacement).

- At the same time, the organisation must decide (and justify) on how long its outcomes last, and how much of the benefit 'drops off' each year after the intervention that creates it.

Phase 3: Model and calculate

- Once the data is in, the organisation must create a socio-economic cost-benefit model that will:

  - Calculate the present value of benefits and investment and the SROI ratio (which describes how many pounds of total value are created for every pound invested).

  - Account for the displacement, attribution, and deadweight of the organisation/investment under review.

Phase 4: Report
Final reports (such as this one) aim to:

- Consider and present the SROI produced by the organisation/investment.

- Identify how the benefits are divided between stakeholders.

- Identify how much change is created for each outcome by stakeholder.

- Identify the key factors that affect the SROI ratio.

Appendix 3. Well-being Indicators

Whilst many of the indicators draw from the National Accounts of Well-being framework, the WDF grantees selected the indicators that were most meaningful to them. This meant that some were adapted or replaced by existing data collection systems. The indicators used by each grantee are presented in Table A1.

Each grantee developed their own questionnaire with indicators for outcomes and impact (attribution and deadweight).

Table A1. Indicators and outcomes per grantee.

WDF Grantee	NAWB Indicators + others	Well-being domain
Inspire	I feel I am free to decide how to live my life	Autonomy
Inspire	Do you feel fit and well enough to do the things you need to do in a day?	Health
Inspire	In general I feel very positive about myself	Self-esteem
Inspire	I feel part of a supportive community	Social well-being
Inspire	Do you have anyone with whom you can discuss personal matters?	Social well-being
JWP	I generally feel that what I do in my life is valuable and worthwhile	Meaning and purpose
JWP	I'm optimistic about my future	Optimism
JWP	In general I feel very positive about myself	Self-esteem
JWP	There are people in my life who really care about me	Social well-being
JWP	Do you have anyone with whom you can discuss personal and intimate matters?	Social well-being
SWAN	How did you feel about yourself?	Meaning and purpose
SWAN	I am optimistic about the future	Optimism
SWAN	When things go wrong it generally takes me a long time for things to get back to normal	Resilience
SWAN	In general, I feel in control of events in my life	Resilience
SWAN	In general, I feel positive about myself	Self-esteem
SWAN	In general, I have good, happy, and enjoyable relationships with friends and family	Social well-being
Trust	How would you rate your ability to make decisions? How would you rate your ability to set and achieve goals?	Autonomy
Trust	How would you rate your ability to cope with difficult issues in your life? How would you rate your ability to think positively?	Resilience
Trust	Where would you rate your level of self-esteem?	Self-esteem
Trust	How happy are you with your relationships? How supported do you feel by your peers (the other women who went through the group with you)?	Social well-being
W@W	I am thinking of positive plans for the future	Optimism
W@W	What percentage of last week did you feel happy?	Positive feelings
W@W	How often do you access a safe place per week?	Safety
W@W	I feel good about myself	Self-esteem
W@W	There are people in my life who really care about me	Social well-being

Appendix 4. Pathways for vulnerable women

As part of the SROI process, the grantees developed pathways which represented a range of possible life trajectories for vulnerable women who were not receiving support from a women's community service. These were intended to help the project understand the distinctive impact of the grantees, but also have a wider interest. The pathways were based on their many years of experience of working with vulnerable women and offer an interesting qualitative picture of the prospects which can face vulnerable women without specific support. In this appendix we will present these pathways in more detail.

Attribution questions were asked directly to the women through questionnaires. When aggregated women gave, on average, 55% of the credit for their outcomes to the WDF grantees. For details on approaches to attribution see Nicholles et al 2011.[81]

Figure A1. Women's journeys.
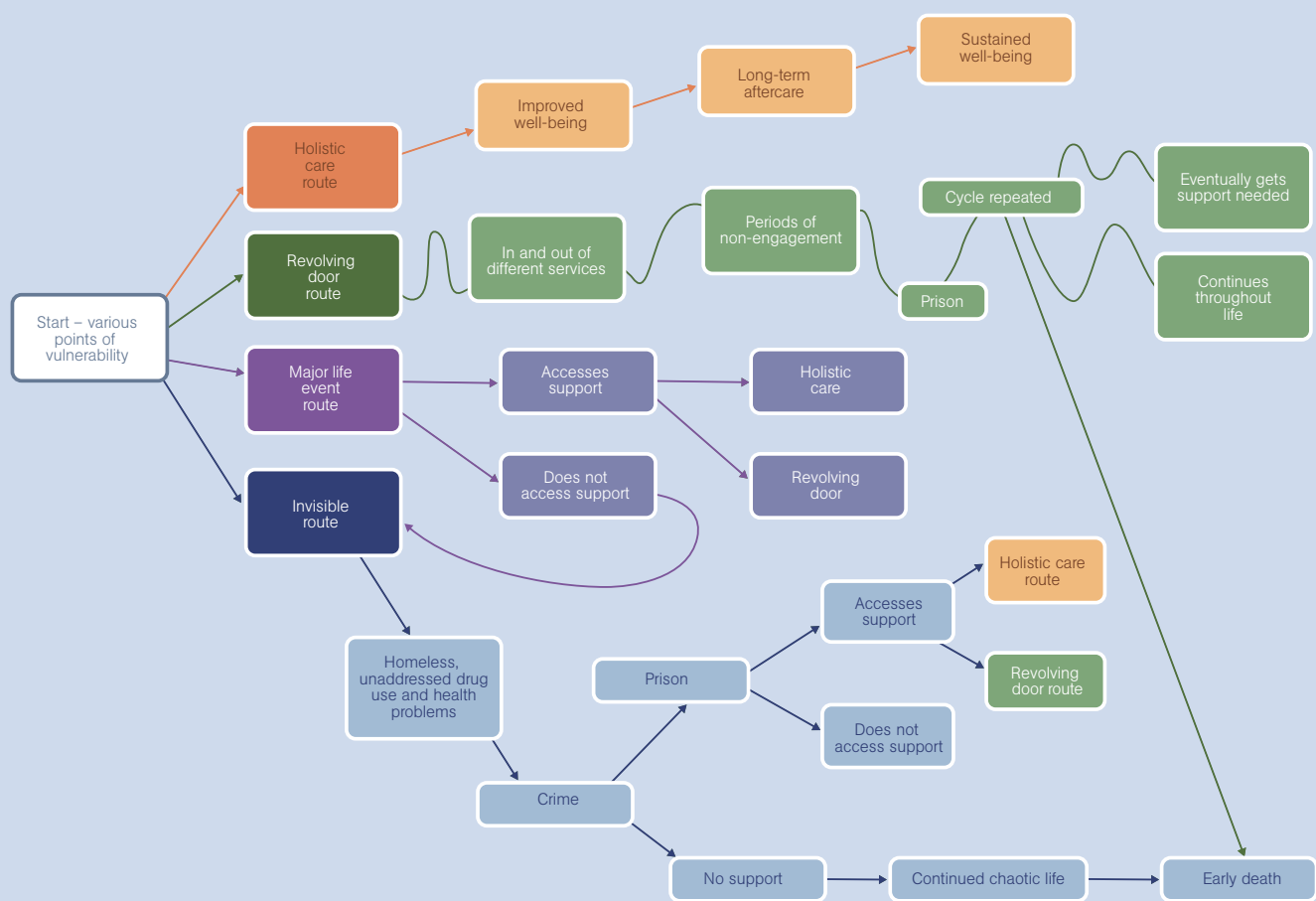
The alternative paths for women who access the diversionary services of the WDF grantees are as follows:

1. Accessing individual provision rather than holistic provision.

2. Becoming invisible to the system.

3. Exiting their situation as a result of experiencing a major event.

4. Accessing other voluntary sector support.

1. Accessing individual provision rather than holistic provision

The first path identified by the group was the access of individual provision by women rather than the one-stop-shop or holistic provision offered by their diversionary services. The likely outcomes from this path were mapped and are presented in Figure A2. Key elements of this path are the time it takes to access services, the general barriers to access, and the impact that this may have on the women. It was felt that because these services are not specifically designed to meet the complex needs of the women, they can often exacerbate situations and prolong finding adequate support. The issue of inconsistent access, denoted by the star, is a main factor in the overall ineffectual use of and access to services.

Figure A2. Alternative Path 1.
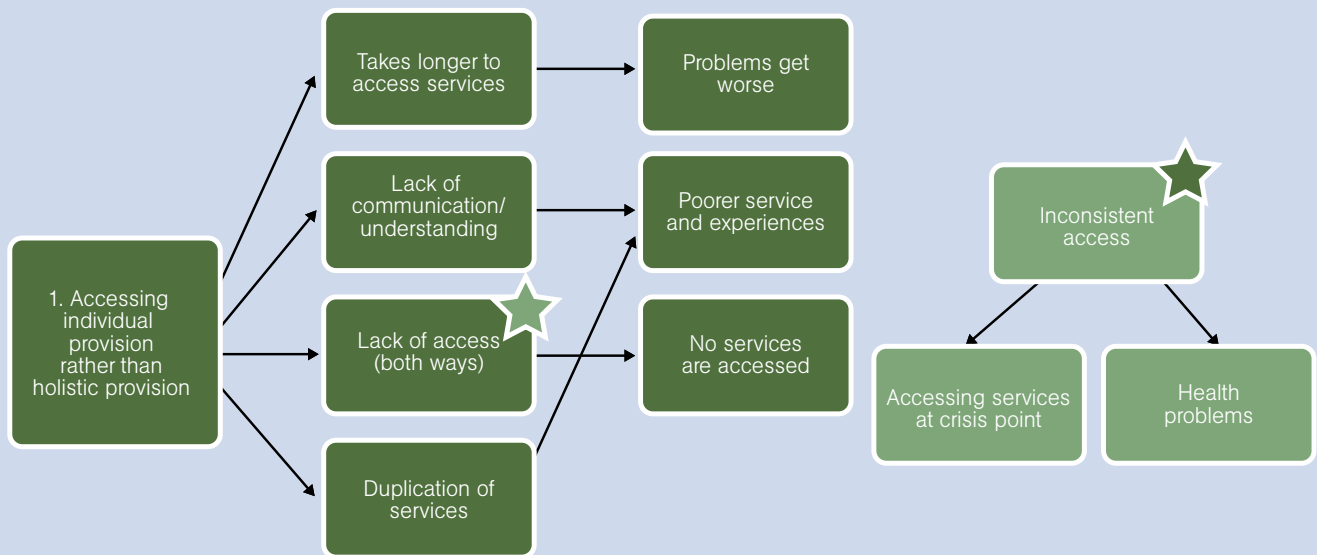
2. Becoming invisible to the system

The second path discussed is one where the women disappear from public view and become completely invisible to the system. The consequences of this path are severe because, away from the view of voluntary or statutory services, there cannot be any progress for the women. This situation of being invisible continues until they then become known to the system, which is often in tragic or dramatic circumstances such as premature death or as a result of a crisis.
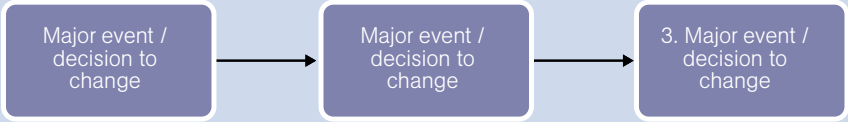
Figure A3. Alternative Path 2.
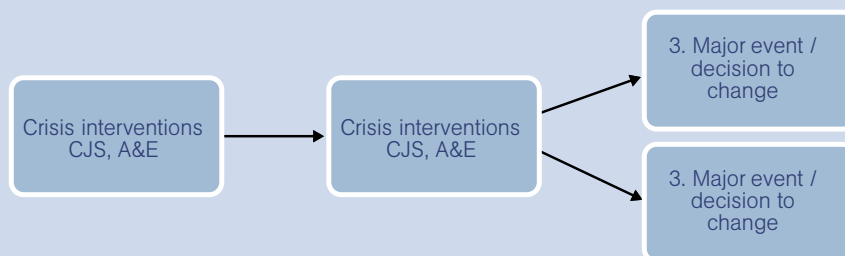
3. Exiting their situation as a result of experiencing a major event

The third path that women may experience in the absence of diversionary services is one that can ultimately lead them to exiting their situation. This is usually through a major event that shocks them into a change in behaviour or pushes a life-altering decision to be made. Examples cited by the WDF grantees included violent attacks on sex workers that could result in an exit of prostitution.
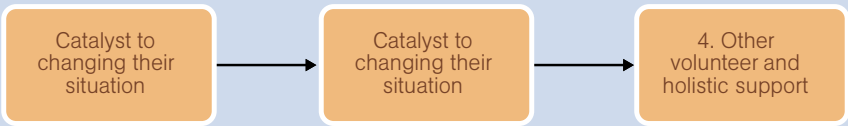
Figure A3. Alternative Path 3.

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┌──────────────┐     ┌──────────────┐     ┌──────────────┐
│ Major event /│ ──▶ │ Major event /│ ──▶ │ 3. Major event /│
│  decision to │     │  decision to │     │  decision to │
│    change    │     │    change    │     │    change    │
└──────────────┘     └──────────────┘     └──────────────┘
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4. Accessing other voluntary sector support

The fourth path identified is accessing other holistic support offered by the voluntary sector. If women go down this path, it is assumed that they will achieve similar outcomes to those highlighted in the theories of change of the WDF grantees.

Figure A4. Alternative Path 4.

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┌──────────────┐     ┌──────────────┐     ┌──────────────┐
│  Catalyst to │ ──▶ │  Catalyst to │ ──▶ │  4. Other    │
│ changing their│     │ changing their│     │ volunteer and│
│   situation  │     │   situation  │     │ holistic support│
└──────────────┘     └──────────────┘     └──────────────┘
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Appendix 5. Well-being changes by WDF grantee

A breakdown of results for each of the WDF grantees is presented in Table A2.

Table A2. Magnitude of change per outcome per WDF grantee.

Outcome	Inspire Project	Just Women Project	SWAN	Trust	Women at the Well
Resilience, optimism	0.0%	11.3%	10.4%	26.3%	3.0%
Autonomy, self-esteem	7.7%	16.8%	36.9%	33.7%	1.0%
Meaning and purpose	0.0%	6.4%	37.5%	0.0%	-3.5%
Supportive relationships	0.3%	-1.4%	23.5%	26.5%	3.3%
Average per organisation	**4.0%**	**8.2%**	**27.1%**	**21.6%**	**2.4%**

The variance in results between WDF grantees is due to many factors: nature of service provision, target client group, geographic location, size and scale, etc. This analysis is not intended to encourage comparison amongst the WDF grantees but instead to present their findings as collective evidence of an impact on the well-being of vulnerable women. The clients presented here are the not a homogeneous group, as the profiles in Appendix 1 illustrate. The women's 'position' is their individual journeys, coupled with their particular circumstances; this means that they achieve change at different rates and at different levels.

Appendix 6. State impact by WDF grantee

A breakdown of the impacts on state services estimated by the grantees over a one-year period in presented in Table A3. The unit of change is related to the indicator.

Table A3. Breakdown of state impact by outcome and indicator.

Outcome domain	Indicator	Amount of change
Health	Number of A&E admissions avoided	23
Health	Number of NHS mental health service usage avoided	190
Health	Number of women abstaining from drugs/ alcohol	14
Reoffending	Decreased number of reconvictions	10
Reoffending	Decrease in number of arrests	16
Reoffending	Decrease in number of court appearances	12
Reoffending	Decrease in number of custodial sentences	13
Reoffending	Number of women not breaching community orders	2
Reoffending	Number women maintaining non-offending status	170
Housing	Avoidance of eviction	2
Housing	Number women maintaining stable accommodation	210

Endnotes

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29   Trust has been omitted from the aggregate results because the scope of its SROI analysis, which was peer-to-peer group work, differed greatly to the other grantees. 93% of Trust's clients achieved positive movements, 7% maintenance and no negative movement.

30   Again, Trust is excluded.

31   For the purposes of this analysis, resilience and optimism have been combined into a single measure.

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33   For more information on the calculation of impact, see Appendix 4.

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