**Evaluation of ‘Women’s Outreach Team’**

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**1. Purpose and Structure of this Report**

The Women’s Outreach Team (WOT) is a partnership between Circle and Addictions Support & Counselling. This evaluation set out to capture the service’s impact on the women and children, and to hear from them directly, and assess the economic benefit of this intervention. In the first section the Scottish Context is presented as well as the background and overview of the service. To evaluate the service an analysis of 35 files was carried out of women who had been working with the service over the past eighteen months. Findings from interviews with one brother, one grandmother and three girls aged eleven from different families who were also receiving support are presented within the discussion of this overall group. Central to this research was a qualitative study that set out to be longitudinal, with nine women who had been supported by the service for a year interviewed initially between July-September 2017, and five of these women re-interviewed the following year, so two years after their initial contact with the service. In addition to this, three women were interviewed who had been supported for at least a year in July-September 2018. All interviews were recorded and if consent was not given for the interview to be recorded, contemporaneous notes were made. All interviews were analysed using a thematic analysis. Drawing on the work of Nowell et al. (2017) this involved six phases, namely: becoming familiar with the data; generating initial codes; searching for themes; reviewing themes; defining and naming themes; and finally producing the report. All 12 women are reported on as one group, except where it is appropriate to report on any one of the five in their own right separately. In section 6 a discussion of the focus group with staff is presented. In section 7 the economic evaluation is also presented, outlining the methodologies undertaken and drawing conclusion on the value of the service. Finally, conclusions and recommendations are drawn at the end.

**2. National context and research base on women who have offended**

At the time of writing there are just over 370 women in prisons in Scotland. The Commission on Women Offenders made recommendations in 2012 to improve outcomes for women in the criminal justice system. These included establishing community justice centres offering a one-stop support network, mentoring services to support women’s compliance with court orders, alternatives to remand, and replacing HMP & YOI Cornton Vale with a smaller specialist prison for women who are serving long-term sentences and present a significant risk to the public (Prison Reform Trust, 2017). In Scotland the average annual cost per prison place is £35,325 (Sturge, 2018). Research has highlighted the complex histories of abuse and trauma that women in the criminal justice system have had, and often continue to endure (Ministry of Justice, 2018; Barry and McIvor, 2008). For example, the charity *Women in Prison* report that 79% of the women who use their services have experienced domestic violence and/or sexual abuse (Prison Reform Trust, 2017b). Addiction issues often manifest to deal with underlying mental health problems (Mental Welfare Commission for Scotland, 2014). Women have high levels of self-harm and there is a call for women in prison who do this to be treated by an external agency (Kottler et al. 2018).

A study of suicides in England and Wales found that male prisoners were five to six times more likely to commit suicide than the general population, whereas, female prisoners were 20 times more likely (Fazel et al. 2017). Graham et al. (2015) carried out a landmark study in Scotland, linking data together from a range of sources over a ten-year period from 1996-2007. This revealed that men who had been in prison were 3.5 times more likely than the general population to die from suicide and deaths of undetermined intent, and women 11.7 times more likely to do so. Although numbers are small, there was a substantially elevated mortality among women and in younger age groups in prison, suggesting the need for targeted interventions and consideration of community sentences when appropriate.

It is estimated that approximately 65% of women in prison in Scotland are mothers, with about 60% of those being main carers who intend on taking up that care again upon release (Wilson, 2015; Prison Reform Trust, 2018). Prison has a lasting impact on women and their families, with 30% reporting they lost their tenancy whilst in prison (Prison Reform Trust, 2017). Separation of parents from their children and especially from mothers is often traumatic, experienced like grief (ibid), and can have a lasting impact on adult lives as shown by the growing research base on Adverse Childhood Experiences (ACEs) (Meltzer, 2018).The UK has ratified what is known as the ‘Bangkok Rules’, that non-custodial sentences are preferable for women with dependent children and that if a custodial sentence is necessary, the best interests of the child should be considered and ensure appropriate provision has been made (Prison Reform Trust, 2018).

McIvor et al. (2004) found that the young women in their study felt more shame and stigma as a result of their offending than the young men. Social capital and recovery capital, that is connecting to others and building a pro-social identity in the process of desistance and recovery is crucial (Nugent and Schinkel, 2016; McNeil at al. 2015’ Best and Laudet, 2010). However, research brings to light that women’s ‘family and friends’ are not always protective factors, with many isolated and socially excluded, and a community sentence can even be an opportunity to build mutually supportive relationships and begin to work towards a normalised identity (Radcliffe and Hunter, 2014).The reconviction rate for offenders released from custody in the 2015-16 cohort was 43.4%, and in comparison reconviction rates for Community Payback Orders were 30.8% in 2015-16 (Scottish Government, 2018). Women have particular challenges in fulfilling community orders often relating to childcare, mental health issues and lacking support (Prison Reform Trust, 2014; Ministry of Justice, 2018). Taking this all into account, Circle proposed setting up the ‘Women’s Outreach Team’.

**3. Background and Overview of Women’s Outreach Team**

Circle were granted funding by the Big Lottery Fund to deliver the ‘Women’s Outreach Team’ (WOT), to provide an intensive support service for women given non-custodial sentences, such as Community Payback Orders (CPOs), to be supported to fulfil the orders and avoid the damaging impact of custody on women, children and communities. The service was set up in partnership with Addictions Support & Counselling (ASC), a service provider with experience of working in the criminal justice system. Their role, alongside Circle, was to provide intensive outreach support addressing health, addictions, relationships, parenting and other issues to ensure that women are rehabilitated.

They set out to work primarily with mothers and their families to provide a whole family approach to the women’s rehabilitation, and have extensive experience in supporting women who have substance misuse and/or mental health problems. A key aspect of this service that makes it different from others is that both ASC and Circle provide support in the home of the individuals or in an appropriate community venue, with a particular focus on linking them to relevant services when ready.

Circle’s work is informed by a number of core principles; firstly, to strengthen families within their ecological environment, in partnership with parents, wider family members and with partners across systems, e.g. in the family home, with schools and in the community (Bronfenbrenner,1989). They recognise that families face multiple disadvantages due to structural inequalities and have also often experienced trauma, abuse and loss. Strength- based work seeks to empower family members. Circle helps build individuals’ and families’ social capital with emotional, practical and advocacy support, overcoming barriers to social isolation, shame, stigma and challenging discrimination. An ethics of care is adopted. They help to deal with underlying issues, treating family members as active participants in their learning and also seeing the person as a whole person, using a solution-focused approach to emphasise strengths.

In the context of WOT, the whole family approach could be said to emphasise the crucial script of ‘mother’ to retain or build upon aiding desistance (Sharpe, 2015; Rumgay, 2004). They also emphasise being solution- focused, where strengths of the women as individuals are emphasised and future possibilities explored, so not just the role of mother. They encourage motivation and posit that the problem is the problem, not the person, and that people have unique ways of solving their problems. In this way it is not prescriptive, but is person-centred.

The service has two Family Outreach Workers, one Addictions Counsellor and a half- time Project Manager. Referrals are made through Criminal Justice Social Work colleagues and include consultation with G4S (providers of electronic monitoring) where relevant; although an emphasis is placed on the voluntary nature of engagement with the service in light of the person-centred approach both Circle and ASC adopt.

Initial assessment for suitability of the service takes place within a two-week period and a comprehensive assessment over six weeks. Assessment includes development of a family support plan and a recovery plan. This involves meeting the women in their homes, understanding their needs as they describe them, meeting with other family members, and making a professional assessment of whole family support and recovery/wellbeing needs.

Where the main focus is for whole family support, the person responsible for assessment is the Family Support Worker. Where the main focus is substance misuse and/or mental health needs, the person responsible for the assessment will be the Addictions Counsellor. Where the need is for both types of provision, a joint home visit is conducted and structured to suit the individual, i.e. discuss both aspects of the service, spend some time discussing family-based support and distinct time around recovery needs.

The intervention decided on is based on the needs of the women, so it might initially be daily or 2-3 times a week. From the outset the service had predicted that most women will engage for a year with some interventions lasting up to 18 months, particularly where ‘new’ crises or changes are identified, e.g. sudden bereavement of a family member, or the birth of a child.

The support offered is informed by knowledgeable and experienced practitioners who have an understanding of the impact of mental health, substance use, trauma, domestic abuse and child protection, as well as child development. Family work - as will be shown - provides both practical and emotional support, not only to the women, but also to the children and even wider family members.

**4. Findings from Analysis of Case Files**

**4.1 Overview**

The following presents an analysis of 35 case files of the women and children supported by the service for at least six months. It was noted by the service that they had worked with an additional 16 cases so 51 women overall. Circle record only what is relevant for each woman using an outcomes assessment created specifically for the service (Appendix B). Each file was read and the information abstracted, recorded and reviewed. In this section the summary of outcomes, issues recorded and support given are presented. It also came to light that the service were supporting the majority of the women’s children also, and in some cases providing intensive support. This is evidenced in a case study later in the report.

**4.2 Summary of Outcomes**

Of the 35, eight were still active cases. The shortest length of time was one month and the longest 31 months, which was also still an active case. The average length of cases was one year. The following table provides a breakdown of the length of cases.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Closed cases** | Number of cases | Average time in treatment (months) | %  by closure reason | % still active |
| Closed - lack of engagement | 13 | 10.1 | 48% |  |
| Closed - no more to do (positive) | 10 | 12.8 | 37% |  |
| Closed - referral to other services | 4 | 7.0 | 15% |  |
| Total closed cases | 27 | 10.5 | 100% |  |
| **Total active cases** | 8 | 15.8 |  | 23% |

**4.3 Summary of ‘Closed and Lack of Engagement’ Cases**

The WOT service work very hard to keep women and their children engaged by making home visits, calling or texting in advance, and making sure, particularly if there has been relapse, that women realise that they are not being judged. Of the 13 where they had stopped engaging, seven had only been working with them a short time and two of these women, both sisters had died within a couple of months due to their addiction issues. The service supported the brother with the funeral arrangements and when he was interviewed he said he was very grateful and did not think the service could have done anything more, for him or his sisters. It is worth noting that Scotland is estimated to have the highest rate of drug-related deaths (DRDs) in Europe, around a third of which are females (Barnsdale et al. 2018). Comparing the annual average for 2012-2016 with 2002-2006, female DRDs have increased at a higher rate relative to male DRDs (169% compared to 60%), and it is predicted that this will continue to rise (ibid), with a call for further investigation to be carried out into female-specific risk factors.

In the other six cases:

* five had made significant progress; particularly in helping the women gain stable housing, get white goods for their home, engage with social work meetings and two had also been supported into volunteering. This shows that non-engagement doesn’t necessarily equate to negative outcomes.
* although the other woman had stopped engaging, the service continued to give the kinship carer and the children support. When she was interviewed, she also said that the service had gone ‘above and beyond’ in helping her get what she was entitled to, and also if she needed someone to talk to they were there.

**4.4 Summary of ‘Closed – Positive’ Cases**

10 women had reached a positive conclusion, whereby they were in stable housing, no longer taking substances, managing their finances better and children had improved wellbeing. Three of these women were supported to get away from their abusive ex-partner and into their own accommodation with their children. One of these women also got a job through the support from the service by linking in with *Routes to Work*.

**4.5 Summary of ‘Closed – Referral to Other Service’ Cases**

In four cases, staff linked the women in to other specialist support to help them deal with their mental health, with one woman being sectioned.

**4.6 Summary of ‘Active’ Cases**

For the eight active cases, five have reduced their substance misuse and three have already made significant positive change, connecting to mental health support and leaving their abusive partners.

The following information provides a breakdown of the progress made as a group. Circle only collect information relevant to the women and their families and therefore data isn’t available on every category for every person.

**4.7 Offending Behaviour**

Of the 34 women where this is recorded, 32 (94%) have not committed any further offences. One woman had committed assault and another shoplifting, but neither had returned to prison.

**4.8 Housing**

16 women (46%) were supported with housing, with six prevented from becoming homeless, four supported to deal with rent arrears, another to get off the streets, and one other women to get support for her mental health issues.

Two women were helped to get into more suitable accommodation, one of whom had a disability. Three other women were supported to flee violence and - alongside partner agencies - get into their own housing away from their abusive partner. Five other women were supported into permanent housing.

**4.9 Domestic Violence**

It was noted in the files that 15 women (43%) were in an abusive relationship when they came to the service. It was difficult from a reading of the cases to ascertain if the women were or were not still in the relationships, but it was clear that staff were a positive influence throughout and when the women had made a decision to leave, acted quickly and sensitively.

Circle carried out a review of all the cases as a team and there were actually 30 women, 86% of the women supported, who had been in abusive relationships when they first came to the service.

**4.10 Substance Misuse**

20 women (57%) had reduced their substance misuse. Six of these women were no longer drinking at all and one woman was stable on methadone. Two partners of the women were also getting support to deal with alcohol use. Five women had relapsed and their assessment scores of progress had dropped, ten were unchanged, and still dealing with their substance misuse.

**4.11 Being Heard**

25 women (71%) had substantial support given to help them attend social work meetings and ‘be heard’ and this came through very strongly as something appreciated by the women in the interviews. Two women were also supported to attend court.

**4.12 Employment**

Of the 29 women where this was recorded, five were in work, one was volunteering, one had been in work and another volunteering until they had their children. 11 wanted to get into further education and the remaining six into employment. This reinforces that women who have offended in the past are aspirational and that being a mother isn’t the only identity they may seek. Supporting pathways into employment remains important as part of individual goals, but also in reducing poverty. There is conclusive evidence that poverty and gender are inextricably linked and women face a range of barriers to employment and progression (Scottish Government, 2018b).

**4.13 Financial Situation**

For the 28 women where this was recorded, 21 are now managing their finances better. Three had paid off their fines or benefit sanctions and 11 had support to get the ‘right’ benefits in place. For one woman, getting to Glasgow to sort out her Personal Independence Payment (PIP) claim would not have been possible without the support from staff. In the other cases they were managing better, but life continued to be a struggle. Two women had also been supported to get a Crisis Grant and Community Care Grant.

**4.14 Social Isolation**

20 women (57%) were less socially isolated and engaging with the local hub or simply leaving the house more. For 11 women there was no change recorded in their engagement with community activities and social isolation, and this was mainly because of their issues with chronic anxiety.

28 women out of the 35 (80%) reported that they had improved relationships with wider family.

**4.15 Family Circumstances: Main Care of Children**

17 women’s children were in their care at the beginning of engagement and this remained unchanged. In one case the children remained in care throughout, but in the other cases they were with family members or their fathers. In two cases the mother now had contact with the children, whereas previously there had been none.

In two of the files it was noted that the children were on the child protection register at the beginning of engagement but no longer by the end. In another case the Safeguarder was no longer required and the worker supported the mother to play with her baby more at home, taking him out of his high chair and this led to him excelling in developmental milestones.

Circle carried out their own review of the families supported and of these 35 cases, 13 had actually come off the child register but this has not been recorded in the files.

**4.16 Family Health and Parenting**

For 32 women, the impact on family health was recorded. Specifically, there were improvements noted for 20 women (63%), with appointments being made with social work, mental health provision and doctors. The files also noted that three of these women had children with disabilities and the service did a lot to support them to make hospital appointments. In 11 other cases there was no change recorded and in one, their progress was declining due to their non-engagement and apparent relapse into taking drugs.

For the 34 women for whom the number of children is given, there were a total of 64 children. Specifically, 13 women had one child, 15 had two children, four had three children and two had four. The workers also indicated that 23 families (68%) had their ‘developmental and emotional needs’ better met. The service directly supported 20 (58%) families, and specifically 49 children. In all 20 cases, support involved facilitating the family to talk about the past and deal with the issues, or to help the children understand more about their mother’s mental health. Ten of these women were also supported during their pregnancies to go to the doctor or hospital and to source baby clothes and furniture from the baby bank. The WOT staff gathered data independently as a team and from the 51 women being supported there were 79 children they were in contact with. The team also took families on away days, for example the pantomime, which would not have happened previously due to social isolation and cost as prohibitive factors. For some children, intensive therapeutic support was given by the service to help deal with deep-seated issues regarding the children’s mental health and dealing with past abuse. Two boys had said they were suicidal and staff connected them with specialist mental health support and counselling to deal with past abuse, as well providing significant support in their own right to build their self-worth, work through emotions and develop coping strategies. The case study of one boy is presented below and highlights that there are many challenges, even for children to access support.

|  |
| --- |
| **Case Study: Richard, aged 9**  Richard had seen his mother being abused by his father. She had been stabbed and hospitalised a number of times. He had also seen her be abused and not gone to hospital, frightened they would take Richard away from her. When Circle came into Richard’s life he sat at school with an iPad playing games and not interacting with the other children. He was being bullied because of the way he smelled and he was different to the others. He was not wearing the ‘right’ uniform and Circle supported him to get this. After weeks of building trust with the worker Richard told them he is sometimes accidentally incontinent. Circle, along with his mother contacted the school to meet with the support teacher. It was decided that Richard would benefit from CAMHS to get the support he needs and also attend an after school club. He opened up to his worker about how angry he was and the worker helped him develop techniques to deal with this anger, to not let things build up and speak to them, his mother or his support teacher. Richard told the worker that he sleeps in with his mother because he is afraid that if his father comes back he will hurt her again. He also shows the worker a ‘No Crying Test’ game he plays on his iPad, where he is to watch videos of sad things and not cry. He tells the worker that he gets upset about his gran having died but doesn't talk to anyone and not his mum as he doesn't want to get upset, or his mum to get upset either. The Circle worker made it clear to Richard that it is normal to get upset and you are allowed to cry. Over the next year the Circle worker supported Richard and his mum. He was no longer sleeping in with her and was more aware of his hygiene. He even came in from school one day to say that he had been having a great week at school and had spent the majority of time within the class. He even participated in gym and hardly used the iPad. He also had managed his anger and no one in school was calling him names anymore and he enjoyed being there. The mum and Richard had still not heard back from the CAMHS assessment and when the worker called they said that they had closed the case because they had not received a reply from their letter. Circle made them aware that the letter had been sent and the referral process began again. Richard’s mum became ill and he moved in with his elderly grandparents. The worker noticed that he was wearing the same clothes for days. When asked about this he said that he slept in them to make sure he was ready in the morning. They got him some new clothes. It was revealed that Richard was sexually abused when he was younger and used to go to counselling. His teacher is currently trying to connect him with literacy support and at present he has started to self-harm. CAMHS discharged him because he missed his appointment when his mother was ill. |

All three girls aged ten who were interviewed said that they really liked having a worker as it meant they could talk to someone outside of the family and outside of the school about their mums and the problems they have been going through. They all said that going away for the day as a family helped them to ‘get away’ from everything and they really enjoyed all being together. One girl said she loved the pantomime and could recall exactly where her, her mum and the worker sat in the theatre. This therefore is about helping families to connect and making fun memories.

The WOT staff recorded that there were improvements in the way parents implemented appropriate behaviour strategies and rewarded positive behaviour. In all of these cases the worker supported the mum to implement boundaries and to bring in reward charts. In one case the worker took time to teach the mother how to play with her child, she herself never having had this when she was growing up.

In 16 out of 28 cases (57%) the service reported that there had been improvement in attachment between the women and their child and this was mainly down to improved contact, but also in two cases access to counselling.

In 17 out of 26 cases (65%) the service reported improvement in families doing more activities together. The families struggled financially and one woman on a tag was also restricted physically by what she could do. Lastly, many of the women suffered from anxiety, and really needed a lot of support to overcome this and get out of the house.

**4.17 Other Practical Support**

In the files it was revealed that WOT staff have supported at least three families to get Christmas presents and go to the foodbank. These are both highly likely to be vastly under-reported in the case files as this is not information staff routinely collect. One boy was supported to move school and his attendance improved; another boy was supported to go to speech therapy. Two women were able to get furniture for their new homes through the service.

**4.18 Conclusion**

This analysis brings to light the practical and emotional support the service gives to the women, their children and wider families. By coming to families in their own homes, the women get the support they need, as one of the barriers these women have is making the journey to other appointments, such as social work meetings. The service supports women and children who often live rurally and have limited disposable income to spend on public transport. This is probably one of the key reasons why this service is successful, when as the interviews will show in the next section, so many other services have not been. The practical support to help with housing and stability, to connect people with support to deal with past and ongoing abuse, to leave abusive partners, to open up about underlying reasons for addiction issues, takes time and effort to build trust. 20 women (57%) had reduced their substance misuse. Six were no longer drinking and one woman was stable on methadone. Two partners of the women were also getting support to deal with alcohol use. The service goes to exceptional lengths to engage with the women and to keep them engaged. 37% of all cases have been closed with positive outcomes and the family stable and feeling able to move on without support. The WOT service have given direct support to 20 women’s children (58% of cases), that is 49 children. In all 20 cases this had involved supporting the family to deal with issues, or help the children understand more about their mother’s mental health. Ten of these women were also supported during their pregnancies to go the doctor or hospital and source baby clothes and furniture from the baby bank. Families were supported to go away on family days, for example the pantomime. For some children, really intensive support was given to address deep-seated issues regarding the children’s mental health and dealing with past abuse. What is very clear is that these are often complex cases and this is no easy job, requiring workers to be persistent, non-judgemental, and supportive.

**5. Findings from Qualitative Study of women supported**

**5.1 Overview**

In this next section, the interviews with 12 women are presented. Nine women were interviewed at the beginning of the evaluation and had all been supported by the service for a year at that point. Five of these women were re-interviewed one year later to find out their progress, so two years since their initial contact with the service. In addition, three women were interviewed who had been supported by the service for a year. All 12 women are reported on as one group, except where it is relevant to mention the progress of those five separately. The timelines of the interviews are presented in Appendix B.

**5.2 Background of Offending**

Eleven of the women had received a community sentence, one following being on remand in prison. Three women had also received a driving ban.

The following is a summary of their offences:

|  |  |
| --- | --- |
| **Offence** | **Number (n=12)** |
| Assault | 3 |
| Drink Driving | 3 |
| Breach of the Peace | 2 |
| Wasting police time | 1 |
| Shop lifting | 1 |
| Benefit Fraud | 1 |
| Carrying a weapon | 1 |

This was the first offence for three women. For two women there had only been a week between this and what was their first offence. For two women it had been a gap of three months between this and their last offence, for three women a gap of a year, one six years and another woman who had mental health issues was unsure and unable to answer what the gap had been, between this and the last offence.

Apart from the three women who were first time offenders, one woman appeared to be what could be said to be ‘life course persistent’ having been consistently offending since she was young (Moffitt, 1993). The remaining could be considered ‘late onset’, having only begun offending when they were much older (Sapouna, 2017).

**5.3 Looking Back: Life having hit ‘an all time low’**

All of the women said that at the time when they were first introduced to the service they had hit an all-time low and they felt shame, stigma and loneliness.

*Losing my licence, I was mortified and my pride got hurt. Once I started drinking, I hit it quite bad. I piled on the weight and went on a load of tablets, and that made me low too. I nearly killed myself. Looking back on it now, it was ridiculous. I didn’t know how to cope.… It was the miscarriage, my partner dying, one thing after another…I didn’t know as well about being pregnant. (1)*

*I was so low it was unbelievable. (7)*

Some of the women felt that the Community Sentence was good for them as it meant they were out meeting with other women, and for those in an abusive relationship, they felt that they had met other women like them, and this made them feel less alone.

*I told my criminal justice social worker that I didn’t want to be around men so they put me in the women’s group and I loved it. It was great, we could all sit and talk to one another and do arts and crafts. I loved it and some of the women were going through similar things to me. I didn’t say, but you knew. (10)*

Two women though in particular struggled to complete their CPO due to childcare issues.

*I struggled to carry out my community sentence because my children are autistic and if there was no one here for the kids I couldn’t go. That is why it took me so long. (2)*

**5.4 Initial Reservations about the Service and how these were Overcome**

All of the women said that when they were initially told about the WOT service they had reservations, and this was mainly because they felt they had a lot of services already in their life, or they were concerned about what would be involved.

*A part of me has been afraid though that my wee girl would be taken off me, but I have been totally honest with them. I have never hurt her and it was the way I felt. He said, you have not had social work in your life and you are doing this because you want to. (W1)*

*I was worried because I had a lot of agencies in my life then and it felt as though social work were sending people to have an eye on me. I had to work with someone to maintain my tenancy and I have never had a problem with that. I still work with her but I didn’t really see the point. (5)*

Four women were unclear that engaging with WOT was their choice.

*My children were on child protection and I was in trouble with the police. I was in a bad place and thought I was going to lose my kids so when I was asked if I wanted to work with them, I didn't know it was a choice, I thought I had to but I am glad I did. (W3)*

*I didn’t know that Circle was a choice but I am glad that I am working with them and I would be happy to go out and meet others who have been offered this service so that they know about the service. (4)*

*I didn’t know it was a choice, I thought it was part of the supervision. (6)*

*I never knew it was a choice in the beginning. (7)*

**Suggestion for Improvement: It is important that it is made very clear to the women that engaging with WOT is a choice.**

All of the women felt that WOT ‘felt different’ to other services immediately, describing them as non-judgemental and putting them at ease so they were comfortable to work with them.

*I felt, they can really help me and they aren’t patronising and kind. (3)*

*X came in here and she was a normal person and she talked to me like I was a normal person too. (5)*

*With social work, I wasn’t too keen to tell them too much. I was afraid to talk to them…X met me at the office and did a home visit. I just took to her and she is lovely. (7)*

*I think he really cares and he tells me about his own family too. He cares. (4)*

One of the big differences noted about this and other services is that they come to the house and do home visits.

*Circle come to my house and it is closer relationship. I don’t need to go into an office and into a private room. This is totally different. …I think X really listens to me… and has seen me at my worst. (1)*

This also means that they come to the house for unexpected visits too, and for one of the women this was a turning point in how she viewed the service, as the worker made it clear that he can only help her if he *really* knows how she is doing.

*X even just appeared at my door one day. He said that I didn’t need to let him in and I let him in and I was so embarrassed… I think X saved my life. He said, the best thing you can do, is just be yourself that is when I can help you, when I can see you and help you. (1)*

The workers were also described as ‘direct’ and ‘to the point’.

*She tells you straight. I think that is good…I feel like she is the only one who knows me and has had more contact with me than social work. Everyone else sees me as this woman who has had these kids to a violent killer, she is seeing me. (5)*

*She was to the point and direct. (8)*

*She is honest with me and helps me. She gives me advice. (9)*

Yet at the same time, they are also viewed as not being judgemental, but instead genuinely wanting to help.

*… The thing is that they never judged me and they really helped to build me up*. *(1, Interview year after initial interview)*

There was only one woman who said that she did not like how direct the worker was and found this style of engagement difficult.

**5.5 Main Issues and Progress a Year/Two Years On**

All 12 were asked their main issues in the first interview. They said:

|  |  |
| --- | --- |
| **Main Issue** | **Number (n=12)** |
| Abusive Partner | 4 |
| Alcohol | 3 |
| Anger | 1 |
| Isolated | 1 |
| Mental Health Issues | 2 |
| Lack of Money | 1 |
|  |  |

For five women re-interviewed, now two years on from when they had been introduced to the service, two had originally said their main issue was an ‘abusive partner’. Two years on, both had been supported to stay away from them, get their own housing and been accompanied to go to court. In one case they had been back with their ex-partner over the time and the last assault whilst they had been pregnant had lead to the man being arrested. Both still felt their abusive partner was their main issue at this point because of the ongoing court case, but they now were determined after this to move on in their lives and were looking at higher education. Two of the women from this group had said alcohol was their main issue, and two years on both have given it up entirely. Both women felt that their main concerns were much different now: one to deal with health issues and the other woman to move into a bigger home. Both explained that discussing their lives now is like talking about someone else. Finally, the one woman who reported having had anger issues before, two years on said she was no longer angry and also wanted to move away for a fresh start. She too felt she was a very different person from before.

For the other women who had received support for one year from the team and been interviewed, two also were staying away from their abusive partners, one of whom had a partner now in prison because of the abuse he had carried out on her whilst she was pregnant. One woman who had felt isolated was beginning to engage more in the community and by the last interview considering setting up her own business. The other women in this group continued to struggle with their main issues. One woman was still relapsing on alcohol, although the periods of abstinence were getting longer and she said that she really welcomed that staff did not judge her and helped her to realise that she can do it. One other woman was still struggling financially, and the other woman finding it challenging to deal with her mental health issues.

This summary of these cases highlights that even with progress made, many of these women face setbacks and require the support of others to persevere.

**5.6 Housing Issues**

Of the 12, six had housing issues. Two wanted to move away because they did not feel safe.

*They helped me with housing because my ex-partner’s pals kicked my door in and came in with a knife but homeless refused to move me, even though it was dangerous and Circle helped me to be heard and get the application in. They did a supportive letter. (4)*

Two got help to get their houses repaired because of abusive partners and another support to deal with the state of disrepair after being broken into.

*They motivated me to get my house together too and it was getting me down. She came and she helped me to get the place sorted after he had wrecked everything. (10)*

*X got me stuff from her own family because she knew how bad the house made me felt. From being out of prison it has been broken into. (3)*

One woman had become homeless and over the year was supported to move into a permanent tenancy, but because of her mental health issues was unable to sustain it.

Another woman had debt issues but was connected to the service *Money Matters* and a payment plan set up so that her debt was cleared.

Another woman spoke about how she had fought hard to get a permanent tenancy and a flat that had a bath so her son with a disability could use it. She said:

*My self-confidence was at an all-time low a couple of years ago and I am getting it back up… I don’t really know what has come over me but I am just not letting things get to me any more and standing up for what I should be getting. My son can’t speak for himself so I have to do it. (6, 2 years on)*

**5.7 Financial Pressures and Food Poverty**

All of the women faced financial challenges and indeed it could be said that they downplayed the poverty they were living in. Five reported having debt at the beginning and all five were supported to deal with this. For three women, two years on, they now had their debts cleared.

*They helped me with my debts and I went to Money Advice and got it all sorted out and changed my electricity supplier. (1, Stage 2)*

*I got help to sort out all the debts and have a financial plan in place. (6, Stage 2)*

Two women were supported to get the ‘right’ benefits.

*She helped me with getting on the housing and to get to appointments, like the Job Centre and get my benefits. At the time I wasn’t on the right benefits (7)*

*I started on a new benefit and I got help with that. (4)*

All of the other women were on benefits and although they found it hard, they managed. Two women explained that before they would ignore bills, but now they faced them.

*Circle have helped me to get on top of my finances, before I was ignoring the bills, now I am dealing with them. (10)*

One woman explained that when she first engaged with the service, getting help to get her finances in order made a real difference to her mental health.

*I was really unorganised and forgetful and she helped me to prioritise things, write it down, so to phone Scottish Gas… I had a thousand pound bill from the gas company… The thing for me was getting help to deal with my finances, cause then I wasn’t jumping everytime the phone went. Getting that off my shoulders was great. I felt I could breathe again. (7)*

One woman was working and said that she found it hard to manage too.

*I have always been good with money because I work but I would say at the moment I am struggling. I paid my house outright but actually paying bills is tough. (11)*

Six of the women had used foodbanks and in every case the WOT staff had supported them to go, otherwise they said they were too embarrassed, with one woman saying that it was the type of place she used to volunteer in, rather than be a recipient. The service helped them to review this and instead view it as an entitlement, interestingly though, they would still not go alone.

*She helped me to go to the foodbanks and told me I had to go. We had no food. I was so embarrassed. One of them was like the military though, you had to stand there and answer all these questions, like it is not as if you are going there for a laugh. (4)*

**5.8 Fragmented Families**

Four women spoke about their children being on the child register and how difficult this was. For two women this was still the situation, one woman was trying hard to show that she was staying away from her ex and the children were no longer in danger, and the other woman was finding it hard because she no longer lived near the children and had not seen them in a month.

*My children were on child protection and I was in trouble with the police. I was in a bad place and thought I was going to lose my kids when I was asked if I was to work with them. (4)*

*I am not with my kids at the moment and it is really hard. My kids are 17 and 10 and are living with their father at the moment. I have been their mum since I was 17 so it is all I know. I really miss them. – (9)*

*I have my sons back and they are off the child register. Circle came to the panels with me. (10)*

*At the last panel meeting they said that I can see my kids once a month; that is not enough. My mum and dad has turned against us. (12)*

**5.9 Isolated, Lack of Support, Judged by Others and Anxiety Issues**

All of the women said that they felt isolated living in the rural area and also judged because of their crime. They all felt lonely. For the four women no longer allowed to drive, this had added complications, with bus routes infrequent and expensive.

*My family are about half an hour away in the car, but she is no’ a granny granny…We are very socially isolated here. (2)*

*I lost my car through all the madness. I lost my job. (5)*

*I felt really isolated. (6)*

*I need a car because living here, there is nowhere to go. It takes an hour and a half to get to my mum’s. We need to be in time for the bus and it costs two buses. (1)*

*… The ban on driving is another year and a half. I have accepted that but it is hard with the pram as it costs more money on the public transport out here. (1, 2 years on)*

One woman explained that the abuse she had been suffering from her ex-partner was also the reason why she had stopped leaving the house.

*When I lost my car it was hard, but to be honest I was isolating myself over years. I was so scared to go out and felt like someone was going to punch me all the time…I really do miss having my car and being so rural it really affects you. (10)*

*Lack of Support*

Only two women said that they had good support, from their mothers and one from her partner. The rest of the women felt alone. One woman was being taken advantage of by a ‘friend’, who was taking her money, and the service helped her question the friendship.

*They have helped me to ask who is good for me. (4)*

One woman had been in touch with a support service for alcohol use. The other women were getting ‘support’ from the Criminal Justice Social Worker but didn’t really feel like this was support, but more just ‘checking in.’ Almost all of the women said they were supported by the service to deal with anger directed towards children and family social work services, to calm down, attend panels and put their point across in a constructive way, and this was greatly appreciated.

*Judged by Others*

The women felt judged by others and one woman spoke about how she had been more or less assaulted at an evening out with other parents.

*All the mums at the school I hate, they look down on me…One of the dads was saying I was an escort and throwing 20ps at me and one of the mums called me pathetic and they were calling me names. So I have cut ties with them… How do you make friends though when people know so much about you and have decided who you are? (4)*

Two other women said that up until now they avoided interacting with the teachers, because they also felt judged.

*I didn’t go to the school before but my Circle worker helped me to learn that I can go in there and speak to the teachers…My wee boy is having trouble in school…He said he was being bullied and I spoke to the teachers…I worry that my name might be affecting him too. I don’t want that for my wee ones. Me and my whole family were affected by what my mum did and I don't want the same for my children. (8, two years on)*

*Anxiety*

Many of the women suffered from anxiety issues and it was challenging for them to even leave the house or speak to others.

*Before I was ashamed and being in the village I was worried about going out but my worker has made me see through that. (10)*

*My supervisor had said about Circle and getting support. I was still anxious about going to places and meeting people. I was really really low and was still staying in the same street… I had anxiety about using the phone and calling to get things sorted and she helped with that too. (7)*

*I think, I am not doing this again. I think the main challenge for me is my anxiety. It is like I can’t cope on my own. (1)*

*I still find it hard to get out and about and when I am with my fiancé I feel like I can do anything, but on my own it is really hard, but that is part of my condition. (8, S2)*

One woman recalled how recently she had been struck off from her GP’s list and there was a lack of understanding about mental health issues, even from the medical profession.

*I think I am learning to be easier on myself, but the reality is my anxiety can be fine for a while and then all of a sudden I feel like I am back to square one. I missed two appointments at the doctor’s, one was a phone call consultation and they have struck me off. I just couldn’t cope with dealing with anyone that day. I don’t think they really understand my condition. I have type 1 bipolar… I’ve lost a lot of weight through stress. (12)*

The service tries to teach the women ways of dealing with their anxiety, such as using breathing techniques, and for some women this really helped.

**5.10 Addiction and Mental Health Issues**

Six women said that when they first engaged with the service they had an alcohol problem and one woman was addicted to taking diazepam. One other woman had an alcohol dependant husband. By the end of the research, five women were no longer drinking and one woman had longer gaps in her drinking, although she was still struggling. The other woman was no longer taking diazepam. Two partners were being supported for their alcohol use. All said that they appreciated that they could be honest with their workers and supported to ‘build themselves up’ to be strong and address their underlying issues rather than turn to alcohol or drugs.

*I used to have a problem with valium and committing crime, I can pick up the phone and my worker is able to help me to not do it, to think it through and what it means to not do that. She is able to help me see what I could lose. I can be honest as well and say that I so want to take them. (3)*

All 12 reported having mental health issues. Most reported depression and anxiety and two women were diagnosed as having bipolar disorder. Of the nine women interviewed a year ago, four had started taking medication, and five had stopped. One of the woman said that looking back she had used alcohol as a form of ‘self-medication.’ In the re-interviews with five of those nine, two were still on medication, two were back on medication and accepted that they needed this as they have a personality disorder, and one was still off medication. Three had been supported to connect with a psychiatrist and Community Practice Nurse (CPN).

*I have been supported by them to connect with the psychiatrist and a CPN. (5, Two years on)*

*When I came out, I was neither sad nor happy. I was emotionless. The kids have seen a difference in me through the help. (7)*

For the three ‘new’ interviewees, all three said that they had been supported by WOT staff to have their medication reviewed and now felt that their depression was much better, as well as being ‘built up’ to get out of the house more. This highlights that being ‘off medication’ isn’t necessarily a success and that mental health provision isn’t just about receiving medication. The women said that they now realised that they had to take control of their mental health and this was about going to the doctor’s, revealing when they didn't think things were working and also looking at the wider context and what they like to do. Interestingly, one woman interviewed over the two years said that the main difference the WOT staff made to her was that she realised that her mental health issues do not define her. She said:

*My worker helped me to see past the diagnosis of personality disorder and get by that, not let that define me and hold me back. (8)*

*… The big difference she made to me is that I met her when I got my diagnosis and she made me realise that there was more to me than that. (8, S2)*

One woman explained that with her mental health, the idea of linear progression was simply not possible as she was very ‘up’ and ‘down.’

Six women had tried to commit suicide, and in four of these cases, prior to the support they had received from the service.

*I have tried to commit suicide a few times. I tried to kill myself last time about a week ago. My mum gave me up and she used to try to kill herself. It is so selfish; you need to think about who is affected. (4)*

*She took me to things. She picked me up from the hospital, I took an overdose…My mum sat with me the whole night and we were waiting on the psychiatrist and I told her to go home. When she left I phoned my sister to pick me up and she said no. She came to pick me up, the Circle worker. She was the right person to be there for me. (2)*

*I went on antabuse and nearly killed myself. Looking back on it now, it was ridiculous. I didn’t know how to cope. (1)*

*I didn’t want to be here at one point and the only thing that made me stay is for my two boys and how they would cope. (10)*

*I was suicidal before this and went to hospital. They are helping me to try to be kinder to myself. This time is the longest I went without a drink - three weeks. (11)*

*I was in this block of flats and I was gonna jump. (12)*

One woman reported that she used to self-harm, but now two years on no longer does this.

*Physical Health*

WOT workers confirmed the testimony of one woman, who had almost died as she had the flu and the woman informed us that it was only with the WOT worker making a home visit and insisting she went to hospital that she survived. Two other women had been attacked by their abusive ex-partners and hospitalised.

One woman, interviewed two years on had been to ‘Slimming World’ and won Slimmer of the Year. She said that she felt she had taken control and felt really good about herself, explaining that she now prioritises looking after herself.

Ten women reported that since since receiving support the number of GP appointments had dropped from 106 across the group, now to 50 in the next year, so by more than a half.

**5.11 Underlying Issues**

*Sexual Abuse*

Four women spoke about how it was only now that they were getting support to deal with past sexual abuse and how the service had connected them to specialist counselling.

*I went to counselling for support with sexual abuse and she took me there…I wouldn’t have made them otherwise. (3)*

*My mum’s boyfriend raped me for years when I was younger and this is all coming out now and I am getting support to get counselling for this through Circle. (11)*

*Physical Abuse*

Five of the women had experienced or were continuing to experience physical and sometimes sexual abuse from partners.

*Loss and Bereavement*

The women have experienced a lot of loss and bereavement. Two women had had miscarriages, one an abortion and another a stillbirth.

*I had the miscarriage three weeks ago and I have been so stressed.…My mental health…I have seen lots of counsellors and since the miscarriage, things have been bad. (4)*

One woman had lost a partner just at the point she had found out she was pregnant and another woman had lost both her parents within a short space of time. One woman had lost her father and was not close to her mother. Another woman explained that she had no family left.

*I am lonely. I have nobody, no family support. My partner died and my two brothers and I aren’t close. One tried to kill himself. (2)*

Two women were also trying to deal with a break up with their long-term partner. Both had turned to alcohol and one woman had now lost custody of her son.

*My relationship with my daughter went from being amazing to terrible when I was drinking. I now know that it was when me and her dad split up and I just could not accept it. I was so envious and judgemental towards him… My Circle worker helped me see that I had really struggled with that relationship breakdown. Now any issue I have I talk about it. I am an open book whereas before I bottled everything up. (1, STAGE 2)*

*My husband left me a few years ago and that is when it got really bad… sold it and then my husband left me. We were supposed to split up and then I got cancer. I just started drinking loads and giving money away to people. I was so stupid. We then split up and I just found it so hard. I could beat cancer but I can’t beat the alcohol. My husband took my wee boy away from me and that is when it got really hard. (11)*

**5.12 Impact of the Service in their Own Words: Emotional Support**

*Raising Confidence, Self-Esteem and Hope: ‘They Built me Up’*

All of the women said that when they first engaged with the service they were at an all-time low and had lost confidence or self-esteem. The worker helped them to believe in themselves and build hope, reimagine a different future and work towards it, and to forgive themselves. All appreciated the positive identity of being a ‘mother’ being emphasised.

*It helped that they saw me as a mum. Others just saw me as trouble… I had no confidence in myself, I was still living in that house and the fact that she believed in me really helped. It was the fact that she believed in me that I could do this. Sometimes I wondered what is the point, but she helped me to be positive. I had to live there for ten months. (7)*

*X has helped me to believe in myself. (10)*

*I have learned to forgive myself when I have set-backs and that life keeps going on. No matter how I am feeling at this moment. I won’t be feeling like this in the future. (1)*

*They made me realise that I can just sit with the kids and do painting. It made me so happy. It helped me with my emotions. Seeing them happy. They are good too with helping me to establish a routine. (4)*

The women also appreciated receiving support that was for them and found that talking to someone outside of their family meant they could be more honest about the help they needed. They felt that they had a personal connection with the worker and this in itself raised their confidence.

*It was good that there was someone outside of the family because I didn’t want to worry my mum. (7)*

*If I have any issues, you can’t tell family because they are like ‘I told you so’, but you can tell them anything, when she has her phone off, I am lost. (4)*

*I think with services, I am so fussy about who I will work with and who I will let into my life. I could tell X (the worker) anything. (8)*

*I have been building my confidence and am able to hold a conversation and getting out. (1, Stage 2)*

*They ‘See me’*

For those who had or were in abusive relationships, they felt that with the other organisations in their lives, they were there for the children, or blamed them for their situations and this made them even more likely to continue in these relationships. Engagement with the service marked a turning point in them feeling like the support was for them, and being so low and lost, they needed it.

*I had lost all confidence in myself and my ability to function and going through the court process, I had never before, I will never get in trouble again…. X really helped me mentally, and built me back up to whom I am supposed to be, X believes me and I think for a long time I didn’t have that… X made me realise that I am worth it…to realise what I do (being a mum), is appreciated and worth it. (2)*

*I was in an abusive relationship and I have had a lot of workers for the kids, but this feels like it is for me. (3)*

*It has helped that they see me as a mum and they tried to understand how I got to that point. Whereas with social work I had them coming in and saying ‘oh, we know this and we know that about you, and it gets your back up.’ (4)*

**5.13 Getting the Strength and Confidence to Get and Stay Away from their Abusive Ex-partner**

In all four cases where the women were in abusive relationships, the WOT staff were clear that they would help them ‘get out’, but also stuck by them when they also then got back with the person, which happened in two cases, before they then left again. They helped the women understand who they were, why they were in these relationships, but also that they could change it.

*Circle have been really good at helping me understand why I kept going back to my ex, he was really violent…I was scared to open up to someone in case I lost the kids. You know, they took their time to help me understand. They have helped me to get out of the cycle with him and without them, I don’t know. They helped me realise the reasons why I went with those types of men. They helped me to get into the Moira Anderson institute. I would say everything is still a wee bit up in the air, but that is where I am now and things are getting better. (4)*

*I am seeking a non-harassment order to keep my ex away from children. He attacked me twice badly whilst pregnant.… without Circle I would not have been able to stay away from partner or deal with social work. (5, two years on)*

*I was in a violent relationship with a man who was a monster. He waited until I was head over heels with him before he showed me who he really was, and even then he knew the right things to say…He was an alcoholic and took drugs too and made me think that I was the only one who could make him change… The last time I was attacked was in August…He did terrible things… He was in and out of prison too so I was spending all my time and money going up there and then having to put money into his account… When we claimed together because I wanted everything to be on board, you would hardly get the electricity in and he was looking for money to score or get his drink…The big change that Circle has helped me with is getting away from my abusive ex. (10)*

One woman explained that up until meeting the worker she had carried the shame of the abuse, and the worker helped her to reframe this and understand that this was not her shame, but his. She said:

*My ex partner is still dragging the case through court and said that he has mental health issues so it has been put back. That was really stressful but I have decided to not let it get me down because it will still be like he is controlling me. (6, two years on)*

**5.14 Controlling Anger and Keeping Calm**

Five women in particular said that they have been very angry with Children and Families Social Work Services or the teachers at school and the WOT staff helped them to learn to keep calm in meetings, and get their point across without getting angry.

*I went to a social work meeting and threw a chair at them all. I was in a taxi accident on the way back from seeing my boyfriend. I went to the hospital and the social workers were accusing me of escorting. I told them I had a boyfriend and they were saying that I was making this up… She has helped me to try to be more calm and try not to lose my temper. (4)*

*I was with Circle for about a year and it was through social work when I was given a supervision order…. My main challenge has been controlling my temper in the past and now I know there is a way of dealing with things. My worker really helped with that. She helped me to be able to step back and I could ring her at any point for advice. She was straight to the point, really honest. (8)*

*Circle have supported me at so many meetings. Before I would have lost it but them being there and supporting me helped me to keep calm. I would be on self-defence mode, but now I keep calm. (10)*

*She also taught me how to do mindfulness and going to the school, where before I would be shouting to get my point across I have learned now to step back and try to keep calm to get my point across. (7)*

*It is when the social work are involved that is when it is bad…The fact that they keep talking about the past, the past, the past…Yesterday I had to ask for the children to be excused they are 9, 6 and 4 and it is not good for them to hear this stuff…My worker is really supportive at helping me to keep calm. Even the social worker understands my frustration, they keep talking about the past and I can only change today and tomorrow. (5)*

A year later when re-interviewed the same woman said…

*I am building my confidence and learning not to get angry and to deal with social work. I think that without Circle I would not have been able to do it. (5, two years on)*

**5.15 Help Me to be Heard**

All of the women had received lots of support to attend meetings, engage with agencies, go to court, go to school meetings, and they felt the WOT staff helped them to be heard, particularly in the initial stages, when they did not have the confidence they do now to speak up.

*She was an advocate when we would go to meetings. I had depression and found it hard with the courts and housing and she helped with that. They were trying to put me in a really bad area and they were not listening to me. She wrote a letter and was fighting with them. (6)*

*At the first court case with him I was pacing about crying and stressed. X was with me and she helped me stay calm. At the last court case I was calm and they asked me if I needed any screens and I told them ‘no, I am going to face him.’ I think it was X that helped me to do that. (10)*

*X is the only one that really helps me. They have supported me with making appointments and getting to the Moira Anderson. They have supported me with the school and being heard and are helping me with the housing. They got my ex-partner support. Circle were able to explain to social work about me and to back me up about the allegations about escorting… I don’t think that I would have got help with Moira Anderson without them, because I kept getting put on waiting lists. So the social worker hadn’t believed my wee boy before. I got referred to CAMHS team, that they couldn’t work with my wee boy and he needed specialised support but nothing happened, so it was through Circle that that was put in place. (4)*

*Circle have backed me up at meetings and I think without them I might not have my kids, they have stuck by me and with them being able to be witnesses for me I can prove I am a good mum. (5, S2)*

*I didn’t go to the school before but X helped me to learn that I can go in there and speak to the teachers. (8)*

**5.16 Support for Children**

As well as women now engaging more with the school, two women were getting intensive support for their children as already discussed and they were really grateful, as otherwise they said they would be at a loss about what to do.

*Circle are supporting my youngest son. I am worried about him, he doesn’t seem to be ok, he says things like ‘I want to hang myself’ and he is only ten. (10)*

*He didn’t used to sleep and said that he could see all these bad things in his head and she helped him because she told him to draw them in a book and then close it. He did that and then he needed this book all the time. But then he started drawing these horrible monsters everywhere and I had to paint the walls…He got sexually abused by his aunt… My son is opening up…There has been a lot of big changes though. I need more help with behaviour for them. (4)*

One other woman was getting help to establish her rights to see her son.

**5.16 Improved Parenting Skills and Relationships**

Four women felt that because of the service, they were now better parents, talking to their children instead of shouting, and with their addiction issues now under control, able to parent in a way they had not in the past.

*I have more patience because I am feeling better about myself who reflects on the kids and I don’t stress as much. (2)*

*They have helped me to be mentally stronger…she taught me not to bark at the kids and to put in a rewards system. They have really helped my six year old and compared to how he used to be, he used to cut himself and say he wanted to die, and now…a big big difference is to do with them. I had to take him to the doctors, every week, whereas now… (4)*

*She helped me with my family life as well and it was habit shouting at the wee ones. Everyone was loud and screaming. (7)*

*I see my wee girl now is so much more happier and confident. I am embarrassed to say this but I know that my wee girl used to give me kisses to check my breath for drink. Now she doesn’t need to do that. It’s just a different life and all of that before seems a lifetime ago…I wasn’t really the mum I was supposed to be before. Now I am. I can tell her off. (1, two years on)*

They are also able ensure that their children consistently engage in activities.

*C is doing better at school and beforehand when I was drinking there was no consistency, she was at gymnastics one week and not the next, same with Jiu Jitsu but now she goes every week and she has that consistency. (1, two years on)*

**5.17 Improved Relationships with Wider Family**

The WOT staff had worked with the wider family in some cases and this was said to have improved relationships for seven of the women, improving understanding and empathy.

*I have let him come to my mum’s to see me and that has opened her eyes. She is quite judgemental, had a hard life and can’t understand, whereas X has helped her and she has been coming to the psychiatrist and that. He has helped me with meditation too. (1)*

One other woman explained that the service helped her realise that her mother was not a good influence and to step back.

*This has been a big turn around for me accepting that I need to move away from my mum. (8, S2)*

In two cases the partners of the women were also supported to connect with other services.

*My husband has a drink problem. We had a stillbirth and he never spoke about it and that is how he coped with it. He stood by me, he was my rock. I had postnatal depression with the first one. My dad was a drinker and I swore I would not put my kids in that situation. I couldn’t be there for him as he was for me. This is the longest he has been here because X got him help…A man came to our house with X and we decided from there that they would refer my husband somewhere else and he took it up. It was counselling. So that was a year ago. (2)*

*My ex is now off the drink too. Circle helped him to link in with help in Glasgow. (4)*

**5.18 Practical Support**

The women really appreciated the support they got from the service to attend appointments with social work, the hospital, Department for Work and Pensions, and also appointments for their children. They all felt that without this support it would be almost impossible to attend. For those suffering from anxiety, having that other person with them really helped.

*I get help with getting to appointments for panels and that, otherwise I would have to pay for buses. (5)*

*Yes, C has taken me to social work appointments for my CJ, which would be two buses and about an hour and that costs you. (1)*

*They have done really well for me taking me to appointments. My son had a neurology appointment, my other son had counselling and with the three kids it would have been a nightmare. Three appointments for all of the kids. It is hard….She is good at helping me chasing appointments. She takes me to my Moira Anderson appointments. (4)*

*I was able to get away from there through the help with X. I had anxiety about using the phone and calling to get things sorted and she helped with that too. (7)*

*They help me to get out and with the shopping. (10)*

*They helped me to make the appointment for my assessment with the DWP. They expected me to get to Glasgow and I couldn’t walk and they wanted me to get a train. Circle helped me to get a taxi and even had the taxi driver help me. (10)*

*X has taken me to all of my doctor’s appointments. (12)*

For one woman, the practical support that the service gave her made it stand out from the many services she was getting support from.

*My wee one fell down the stairs and it was because I didn’t know how to put on the baby gates. He fell down the stairs and had multiple seizures. Circle help me to get on baby gates and it has made such a difference. All these social workers coming into my house as well and they do bugger all. My social worker explained that I need to show that I don’t need help, but a young person with 3 kids, you do need help. I am able to ask Circle, how do you do that? (4)*

**5.19 Linking in with Other Support Services**

One woman had been supported to connect with Venture Trust and classes within the community. It does seem that more of this type of work could be happening, but potentially there is not as much happening in these communities as there is elsewhere. For the future, potentially the women supported by the service could become the catalysts within these communities to get things up and running and address the isolation they feel.

*I had never done that before. I also did the mentoring course with them and am keen to get into that. I did the Bike Course…They linked me up with a health group and you can do taster sessions to do yoga. She found out about that and I did it. (7)*

**5.20 Continuing Barriers**

*Criminal Convictions*

Some of the women who were now trying to get into volunteering or employment were aware that their criminal conviction was or could hold them back.

*I hate when I have tried to get voluntary work and they ask about criminal convictions that has stopped me…I wasn’t allowed to do it because of my fraud convictions. It is a different situation from theft. You are just lumped in there with burglars and thieves. I could have been good for old people but I wasn’t allowed to do that. They offered me a craft class and to teach the old folk, but because of that, I have lost my bottle. (2)*

*Mental Health Issues*

As already explained, mental health issues often thwarted linear progression, but the women were keen to try and get as much support as possible.

*I get support from my psychiatrist and I am going to a support group for personality disorder and want to get more 1 to 1 therapy. (8. S2)*

*I don't think my medication is right. I am either up there or down there. (4)*

**5.21 The Future**

All of the women spoke about wanting to ‘get on’, getting into employment, training or volunteering.

*I would like to get a wee part time job or even some voluntary work. (7)*

*The future is a lot brighter now. I am going to hopefully get back into work as a carer, I loved it. (10)*

One woman was about to embark on a Masters and volunteering once a week at a befriender service. She really wanted to work in Child Protection Policy in the future.

*I want to be in a job where it is to do with domestic violence care or children, in the care sector. I don't to be sitting on benefits all my life. (6)*

Two women wanted to move away and start afresh.

*I want to move away from here because the whole place knows the family name and they just think we are all the same. I want a fresh start, yes I was wild when I was young but I don’t want that reputation to affect me and I want to move on. (8, S2)*

Two women who had not had contact with their children recently felt that getting this sorted was their main focus.

**5.22 Areas of Development for the Service**

*Bringing Women Together*

All of the women felt that it would be a good idea to invite those who have been through the service to act as volunteers, particularly in the initial stages when women are being told about the service. They also felt that it would be good to have a chance, whilst with the service, to meet with other women too, to make friends with those who are going through similar situations, so that these friendships can continue when the service provision ends.

*It would be good to meet other women yes, who are going through this and I could help others. It makes me feel good. (1)*

*I think linking in with other women would be good. They are always saying they don’t have enough workers, but maybe they could have a training programme for those who have come through it. You could also have a Facebook page for people to communicate. (4)*

*I think it would be good to have people who have been a part of the service speak to the women who first join because you are worried about what it actually means. (8, S2)*

*This should be at an earlier point*

All but one woman, who underplayed how much the WOT staff did, felt that the service should have been introduced to them at an earlier point in their lives, rather than having to go through the criminal justice system.

*The only thing I would say is that there should be a wider remit so that people who need this support can get it. You know when someone has committed an offence, you feel shame and that is making his job harder to get over the addiction. (1)*

*I had not heard about Circle before this and I think it would be good if they could help people without having to go through CJ and especially in here rurally. There are a lot of families very much like mine. For anything you need to go to the bigger places. We are just left. (2)*

*I wish I would have known about them sooner when I first got my diagnosis. (9)*

**5.23 Then and Now: How satisfied and happy are you with life?**

All of the women were asked how happy they were from a scale of 1-10 with life when they were first refereed to the service. All answered giving scores as low as 0, and no higher than 2. In the final stages two of the women did not feel that they wanted to answer this question, but for the other women the scores ranged from 7 to 10.

**5.24 How much do you attribute to the WOT service and how does this service compare to other services?**

One woman said that the service did not help at all. The review of her file shows that they had actually done quite a lot to help her into stable housing. For the remaining women, two said that they felt that their progress had been 50/50, between them and the WOT service. For the other nine women, the scores were around 70/30 or 80/20 with WOT taking the biggest share of the credit. Finally one woman said it was 100% down to the WOT service. The reason for this she said was because everyone else had given up on her ever leaving her partner, and they had stuck by her, and without them she doesn’t think she ever would have left him.

All but one woman felt that this was the best service they had ever worked with and the only one that some had stuck with.

*This is the only service I have stuck with. I think it is because of our relationship and we can talk to each other honestly and I trust her. (7)*

**5.25 What do you think would have happened without the service?**

One woman did not think the service had made any difference to her, but for the other eleven the difference reported was extreme. Four felt that they may have committed suicide without support, they had been so low at the time.

*Without her, I wouldn’t be here. I was suicidal. That is why I ended up getting their support, because of my mental health issues and I had stopped taking my tablets. (9)*

*When you met me I had almost died, my life was falling to bits and I was so ashamed. I felt like I was taking two steps forward and ten back. This time I have managed to jump ahead… I think I had lost confidence in the relationship with myself before. I had lost who I was, but now I am starting to like myself again. (1, two years on)*

Three women said that they would be with their ex-partner without the service, living in a violent relationship because at the time they had no self-worth, and the WOT staff helped them to build that.

*They have really stuck by me and no one else has ever done that. I had been back with him and they stuck by me. I don’t know where I would be without them. They have really made me believe that I am worth more. (5, two years on)*

*Without X I don’t where I would be. I needed to get out of the house…She motivated me to get out there. She would also sit and comfort me throughout all of these times I was having. She built me up and helped me to be strong. She helped me to be strong to stand against him and came to court with me, helped me to realise that I had nothing to be ashamed of. I had lost everything through him, even my own two sons. I made the decision that my dad should take my youngest son and my oldest son could go back to live with his father, I made that decision because I knew that social work were going to take them off me if I didn’t leave him. They didn't help me though, if anything their decision to take away my sons helped him to be able to say that they are not to be listened to or trusted. (10)*

Two women said that they would have reoffended without the support.

*I have no other offences, but I do think that genuinely if I had not had Circle I would have had other offences. I was going out all the time and taking coke, and I was angry all the time and they made me see that I don't need to get drunk all the time. I used to binge drink. I would be out with my friends and drink and then I would go back to my ex-partner and he would either beat me up, or we would have an argument…I would feel dead down about myself and they made me realise and see that I had to cut out those friends that were trouble. I would go with anyone to be liked and I was really, really lonely. (4)*

*I think Circle really helped and put me on the right path. I still think about her and the things she said. I miss her but then I also think it is good that I don’t need that support though and don’t have workers in my life anymore. (8, two years on)*

Two women said that they had stopped caring about themselves and having contact with the WOT staff helped them to begin to build confidence again in themselves.

*The thing they do for me is just make me feel nice and treat me like a normal human being. I have started to build my confidence and honestly, I don’t know what I would have done without them. (11)*

**5.26 Conclusion**

These testimonies show how the women have often come from backgrounds of abuse and lead complex lives, with ongoing abuse, addiction, mental health issues and poverty to grapple with. They feel judged, stigmatised and worth nothing. They had hit an all-time low when they engaged with the WOT service, and for some, they could not see a way out and had been suicidal. The service helped them to build confidence and like themselves again. The WOT staff did this through time, effort, persistence and being genuine. They worked on stabilising the women first, making sure they were in a safe home, and for those who were in abusive relationships helping them to see they are worth more. They made home visits, conveyed that they want to know the *real* them and what they *really* need help with. By getting to know the women, building trust, emphasising and supporting their role as mothers, this also in turn was helping the women to reinforce a positive identity and to open up about underlying issues, and in turn connect to specialised support. The service has helped the women be heard and understood at social work meetings, to not get angry and work alongside others. They helped the women to go to appointments, to get access to mental health provision, forgive themselves for the past and be themselves in the now. This service is solution-focused and helps the women to look to - and be hopeful about - the future: an important counterpoint to other services, where it was reported that this is not always the case and they are dragged back continually to the past. Without support from the service the women believe they would have offended, committed suicide or lost hope. This has helped to change lives, not only for the women but also for their children, either directly or indirectly too.

**6. Findings from Focus Group with Staff**

**6.1 Overview**

The key questions asked in the focus group of internal staff were to gather views about what is working well, challenges faced, levels of support and what they feel makes a difference to the women.

**6.2 Good Practice Established**

* It was felt by all that the partnership between Circle and ASC means that the women get a robust service, counteracting what was felt to be a diminished substance misuse service offered otherwise. It was agreed that there is too much of an emphasis on ‘number crunching’ with other services, with less and less time given to ensure quality provision.
* Outreach offered by the service and by doing home visits staff get a more accurate picture of how the individual and their family are *really* doing, whereas other services that are appointment-based do not get this insight. Assertive outreach was felt to work.
* Staff noted that there is a lot of work carried out to support people to be calm and remain calm in appointments, to remind them about the appointments, often taking them there, and that this basic help is crucial.
* Staff acknowledged ‘We go above and beyond’.
* Connecting people to new networks in their local community, and in particular the recovery cafés, is important and expanding.
* Family days out are a vital part of what the service offers, reinforcing the importance of family participation.
* Connecting to specialist services was really valued, and particularly counselling for sexual or past abuse.
* Helping families to implement routines and boundaries, even simple things like putting up reward charts, was really effective.

**6.3 Challenges**

* The main challenge for staff is connecting women to appropriate support for their mental health issues and staff felt that there could be more in the community.
* Poverty – the realities of the women’s lives and what they are living in and what they are struggling to live on, and with Universal Credit, people not getting any money for weeks.
* ‘Cultural barriers’ were discussed about individual practitioners from other services not always taking their assessment of someone’s progress seriously and being resistant to allowing the women to move on from the past. It did not feel to them that in these instances the long-term impact of separation between the women and their children was fully appreciated.
* GDPR had created additional barriers, with the workers no longer able to advocate on someone’s behalf in the way they used to.
* Workers spoke about the current systems failing, for example waiting 45 minutes on the phone to deal with a child benefit claim.
* There is a lack of support in the community and waiting lists to see the psychiatrist can mean that an assessment is not ‘real, ’ with the women attending appointments and seeming ‘fine’ at the time.
* Professional pessimism of other services and the lack of respect shown is a significant barrier. It was noted that when the workers sometimes don’t immediately show their badge they are treated poorly too.
* Workers spoke about having to be resilient when ‘new partners’ for some meant that the ‘good work came undone because of another abusive man’.
* Workers were concerned that some GPs seemed to be too quick to hand out medication, rather than prescribing alternatives.
* Some of the women are very vulnerable and become a target for others, for example using their flat to drink or take drugs, and then they get hassle from the police.
* Most of the women have been suicidal at some point and staff spoke openly about how difficult this is.
* The rurality of this project in itself is a challenge and getting people bus passes difficult, although it was pointed out that if someone is on benefits this should really come as standard.
* Staff pointed out that many of the women would not be able to make the appointments set, especially by the DWP in Glasgow and that these challenges should be raised at a higher level to be reviewed.

**6.4 What do you think you need to do this job well?**

This is not an easy job and all agreed that staff need to have compassion, a love for what they are doing and persistence, and have to be in this for the right reason, to really want to help others.

**6.5 How do you get support?**

The team are close-knit and said they all feel well-supported with regular supervision from a caring, motivated management team. They all support one another and team development days are important to keep them buoyant.

**6.6 What do you think makes the difference for the women you support?**

As identified in the interviews with the women, the staff agreed that the key difference this service makes to the women is that they have someone they can trust, talk to, and not be afraid to be honest with about the help they need. Unlike many other services, this is not time limited in the same way and does not give up easily by, for example, striking off people after a missed appointment, and helps the women to believe in themselves.

**6.7 Conclusion**

The focus group brought to the fore the passion and dedication the workers have to support the women, their children and families. The partnership between Circle and ASC works very well and the model of working, providing outreach, practical and emotional support, emphasising and building on the role of mother, adopting a whole-family approach, is what the women and their families need, respond well to, and appreciate. The barriers are regarding mental health provision and challenging poverty. Cultural barriers between this service and other services were raised, with one solution and future focused, and other services sometimes risk-averse, stuck in the past and unwilling to move on. The staff spoke about some of the systems that appeared to be ill thought-out, such as Universal Credit and setting up Child Benefit payments, and the appointments for PIP for example in Glasgow without any financial support put in place for people on benefits to attend them. It was also felt that GPs could be more considered in how they handed out medication. Therefore, the barriers are structural, systems and also pessimism by other professionals who do not allow these women to move on. The staff understand that their role really above all else is helping the women to build confidence, and adopting a strengths-based approach; once the women have this confidence, they are able to really get on with their lives.

**7. Economic Evaluation**

**7.1 Overview**

This section sets out the methodology for the economic evaluation, the project costs and net benefits, and is based on coding up information from the testimonies of the 12 women interviewed.

**7.2 Methodology**

For the economic evaluation, a number of steps were carried out. First, as costs and benefits are distributed over a number of years, all need to be converted into present values by applying a discount rate of 3.5% pa to all costs and benefits after the first year of the project – i.e. 2016-17. This is in line with HMT ‘Green Book’ guidance[[1]](#footnote-1). Monetary values were also converted to constant 2017/18 prices using ONS’ GDP deflators in order to take account of inflation[[2]](#footnote-2).

Costs calculation: The full economic costs of the service were calculated, based on the forecast project costs of £517,362 for the three years provided by the WOT service. The total net present cost after discounting is £505,749.

The average present cost per woman-month of ‘treatment’ on the WOT programme was calculated based on the expected 75 women who would be engaged and receiving support over the life of the project. This results in an average present treatment cost per woman-month of £187.31. The monthly cost was then multiplied by the number of months that each of the 12 interviewed women were actually in the programme, or had been up until the second interviews in Q3, 2018. The present cost per woman ranged from £1,499 to £4,308, depending on the length of treatment. The six cases that were still ongoing at the time of the second interview will eventually cost more than the average, but it is impossible to estimate by how much. Thus, the estimated costs in the assessment of net economic benefit may be slightly underestimated and the value of money of the programme thus slightly overstated.

Attribution of benefits: a robust economic evaluation should include estimates of benefits net of what might have happened to the women had they not engaged with the programme. Without a matched control group, it is impossible to make a wholly objective estimate of the added benefit of the programme: some outcomes may have improved even without it, some may have got worse, and some may have remained the same. The assessment of net benefit was therefore made by asking the women what percentage of the changes in their lives they attributed to the programme. Estimates of this ‘attribution fraction’ ranged from 0% in one case to 100% in two cases. The overall average for the 12 women was 65%. This subjective estimate is likely to be biased upwards, given the general human tendency of interviewees to want to please their interviewers.

Measuring outcomes: A logic model was generated for the programme, showing the expected link between inputs, outputs and outcomes (Appendix C) and an outcomes framework was developed to score change. The outcomes framework used three different domains of benefit:

* Fiscal benefits – i.e. savings to the public purse owing to using less or less-costly public services as a result of the programme, e.g. reduced visits to A&E; reduced reoffending etc.
* Economic benefits – i.e. increases in the labour market productivity of the women, or their children as a result of the programme. These could arise though improved academic attainment of the children, or the women undertaking education or training, or securing employment. These benefits increase GDP.
* Social benefits – these are benefits that are not transacted in markets and thus harder to value. Examples would include improved wellbeing and community cohesion, and reduced depression and anxiety.

For each of the 12 women, evidence of change – better or worse – in each of these three benefit domains was scored as +1 if there was positive change on any element; 0, or -1 as appropriate.

Valuing outcomes: Monetary values were assigned to the identified fiscal and economic benefits using estimates from the Cabinet Office’s “Unit Cost Database”. This is a database of over 6,000 evidence-based estimates of the relevant unit cost-savings to the public purse of e.g. reduced re-offending; reduced GP visits; getting someone into work and so on, developed for England and Wales. This data source was developed by New Economy Manchester and is recommended by the Cabinet Office to estimate the social value of projects[[3]](#footnote-3). It is widely used to estimate the social return on investment on public sector and charity projects.

Although the values are not Scotland-specific, they are likely to give a reasonable indication of the potential monetary value of the benefits that can be realized by the WOT’s programme.

In the case of the social benefits, such as mental health improvements, the data source was the Housing Associations’ Charitable Trust’s Social Value Bank[[4]](#footnote-4). This is a database of methodologically-consistent valuations of non-market social benefits that can be used to estimate the social return on investment on programmes and projects that have benefits beyond those that are easily-monetisable. The valuations are based on research about the change in income that would on average be deemed equivalent to the benefit specified. The Value Bank provides estimates of the annual value of an individual being completely free from the problem specified. The women in the WOT programme were not completely free of the issues valued by the end of their time in the programme, so various conservative assumptions were made about the ‘distance travelled’ by the women. Complete relief from depression and anxiety for example has the highest estimated social value, and while many of the women improved as a result of the programme, none will have been completely free of such problems due to the programme.

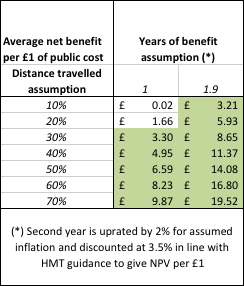
Finally, an assumption is required about the durability of the benefits. Since there was no evidence to base an assumption on for this programme, it was decided to adopt a conservative position and assume first that the benefits last only one year. As a sensitivity analysis, it was more generously assumed that benefits lasted for two years but diminished slightly to only 90% of the values achieved in the first year after the programme.

* 1. **Estimated Net Present Value of the Programme**

Depending on the combination of these two assumptions on a) distance travelled and b) duration of benefits, and after subtracting the present value of programme costs, the average net present value of the programme is estimated to range between a fairly modest £31 and a fairly substantial £29,253 per woman. However, there is wide individual variation, depending on the length (and thus cost) of treatment and the assumptions made about distance travelled and duration of benefits.

**7.4 Is this a good investment of public funds?**

Under certain combinations of assumptions, yes. The table below shows the estimated average net present value per £1 of public funding (a measure of social return on investment) according to different combinations of assumptions. A social return of at least £2 per £1 of public funding is generally considered a worthwhile use of public funds in central government. The combinations of assumptions that reach this threshold value for the social return are shaded green.



The table shows that under all but the most extremely conservative assumptions, the WOT programme provides a healthy social return per £1 invested.

**7.5 Conclusion and caveats**

Based on the methodology described above, and using reasonably conservative assumptions, the evidence suggests that the programme is a generally worthwhile use of public funds. For most women, the estimated value of the benefits achieved exceed their costs of treatment – but not for all cases - which implies that the overall social return to the programme will be highly-sensitive to the case-mix of the women on the programme. Including a higher proportion of more challenging cases that are more expensive to treat could bring down the average return, but not necessarily if the benefits achieved are particularly large or valuable. The most valuable immediate social benefits counted in this evaluation are those in improved mental health for a number of the women. The biggest immediate fiscal benefits are to Children’s Social Services from lower referrals. Any longer-term improved life-chances for children and the employability of the women have not been included in these estimates as the evidence on these was not yet secure. To the extent that the project is able to improve the academic attainment of the children and the employment prospects of the mother, this estimate of the net benefits of the programme is understated. On the other hand, the subjective attribution fractions may in some cases may be overestimated, because of the general human tendency of human subjects to want to please their interviewer. On the other hand, for the one woman who felt that the service did not give her any help at all, a detailed reading of the case-files and some of the interviews suggests that she did achieve some benefits as a result of the programme.

Finally, as already noted, because half of the women are still actively on the programme at the time these estimates were made, the estimated costs of the programme could be understated, which would tend to bias upwards the estimates of social return. Given the need to make assumptions in the absence of objective evidence in evaluations such as this one, the estimates of the overall economic benefit of the programme are just that: estimates, not actual measures. But given the evidence available, these are the best estimates that could be made.

**8. Conclusion**

The wider research base highlights that prison has a negative impact on women with children, and on their children. Women are the group most damaged by prison with the highest rates of suicides. The ‘Women’s Outreach Team’ was set up to help women complete their community sentence, and all 12 of the women interviewed were able to do that, and by linking in with this service, changing their lives. No one had committed any new offences and no one had returned to prison.

Of the 35 case files analysed, 33 (94%) had not reoffended. Of the 35 cases, 23 (66%) had made substantial progress with the support given by the WOT service. Specifically, 10 cases (37%) were closed with a positive conclusion, with the women in stable housing, no longer taking substances, managing their finances better and children doing well. Three of these women were supported to get away from their abusive ex-partner and into their own accommodation with their children. One woman also got a job through being linked in with *Routes to Work*. Four cases (15%) had been referred to more specialist mental health services and one woman was sectioned. 13 cases (48%) had been closed due to a lack of engagement. The WOT staff work very hard to keep people engaged by making home visits, calling or texting in advance, and if there has been a relapse, helping the women realise that they are not being judged. In six of these cases the service had only been working with the women a short time and two women tragically died due to their addiction issues. But in the other seven cases, five had made significant progress, particularly in gaining stable housing, engaging with social work meetings, and two had also been supported into volunteering. This shows that non-engagement might not always be for negative reasons. Although one other woman had stopped engaging, the WOT staff continue to give the kinship carer and the children support. For the eight active cases, five have reduced their substance misuse and three have already made significant positive change, connecting to mental health support and leaving their abusive partners.

16 women (46%) were supported with housing and in six cases, the service helped to prevent the women becoming homeless. 20 women (57%) reduced their substance misuse. Six of these women were no longer drinking at all and one woman was stable on methadone. Two partners of the women were also getting support to deal with alcohol use.

Of the 34 women where it is recorded, they had 64 children between them. The WOT service directly supported 20 families (58%) and specifically 49 children. Ten women were also supported during their pregnancies. Support for the children ranged from taking them on family days out to more intensive one to one support, and in two cases linking them in with specialist counselling to deal with abuse.

Of the 29 women were this is recorded, five were in work, one was volunteering, one had been in work and another volunteering until they had their children. 11 wanted to get into further education and the remaining 10 into employment. This reinforces that women who have offended in the past are aspirational and that being a mother isn’t the only identity they may seek.

The qualitative interviews with the 12 women who have been supported by the WOT service for at least a year brings to light how they all felt they had hit an all-time low in the beginning, and some had even been suicidal. Although they had initial reservations about the service they felt immediately that this was different to others, describing it as open, direct, non-judgemental and putting them at ease. A key difference between this and other services is that it comes to the women and their families, and considering how rural many of these women are, this is really important. For five women being re-interviewed, now two years on from when they had first engaged with the WOT service, two had originally said their main issue was an ‘abusive partner’. Two years on, both had been supported to stay away from them, go to court and gain their own housing. Both still felt their abusive partner was their main issue, but they now were determined after the court case to move on in their lives and were looking at further education. Two of the women from this group had said alcohol was their main issue and two years on both have given it up entirely. Both women felt that their main concerns were much different now, one to deal with health issues, and the other to move into a bigger home. Finally, the one woman who reported having had anger issues before, two years on said she was no longer angry and also wanted to move away for a fresh start. These women felt like very different people from before such was the progress made and sustained.

For the other women who had received support for one year from the WOT service and were interviewed, two were staying away from their abusive partners, one of whom had a partner now in prison because of the abuse he had carried out on her whilst she was pregnant. One woman who had felt isolated was beginning to engage more in the community and by the last interview was considering setting up her own business. The other women in this group continued to struggle with their main issues. One woman was still relapsing on alcohol, although the periods of abstinence were getting longer and she said that she really welcomed that the WOT staff did not judge her and helped her to realise that she can do it. One other woman was still struggling financially, and the other woman finding it challenging to deal with her mental health issues.

This summary of the cases highlights that even with progression, many of these women face setbacks and require the support of others to persevere.

Echoing the findings from the files, the 12 women interviewed have been supported with housing issues, to deal with debt, get the ‘right’ benefits, access food and baby banks and address the impact of poverty. Prior to the WOT service’s intervention, they felt isolated, judged and alone, and lacked support. Many suffered from anxiety so leaving the house was a challenge. All had mental health issues and for some, progress included coming off their medication, but for most it was accepting that they needed it, and that linear progression was not reality and instead with their mental health, life was ‘up and down’. Half of these women had tried to commit suicide. The underlying issues of past physical and sexual abuse, miscarriages and bereavements, highlight the painful lives these women endured. In their own words, the main difference the service provided was to help ‘build them up’, from being so low they no longer wanted to live to starting to like themselves, have confidence, self-esteem and hope in a different future. Through this strength, four left their abusive partners and were starting a new life with their children. They felt they had improved as parents, no longer shouting and providing consistency for their children. These women continue to face barriers and having a criminal conviction and dealing with their mental health was an everyday struggle. However, they want to ‘get on’, get into employment, training, volunteering. For the vast majority, they felt the WOT service had made a vast difference and without them they might have committed suicide, reoffended or lost hope.

The staff are committed and passionate about supporting the women, children and their families to turn their lives around. This is not an easy task and requires them to go above and beyond ‘the norm’. Maybe the reality though is that ‘the norm’ needs to be redefined to be just that. By emphasising the role of mother, but not confining the women to just that, the WOT staff helped to reinforce positive identities. The concern for the workers was that other services sometimes refuse to let these women move on. The barriers identified for other services were structural issues, challenging systems and a level of professional pessimism. The staff understood that their role really above all else was helping the women to build confidence, and adopting a strengths based approach; they knew that if this was in place, the women were able to really get on with their lives.

On average women received support for 15 months, and taking all costs into account, including evaluation and training, this cost around £1,950 per woman. Based on what the women attributed to the support of the WOT service, and using other conservative assumptions about distance travelled on outcomes and duration of the positive changes after the programme, the estimated average net return per £1 of funding is in the range £1.14 - £8.86. The Net Benefit averaged £1,160 - £9,018 per woman. The most valuable immediate social benefits are improved mental health. The biggest immediate fiscal benefits are to Children’s Social Services. This economic evaluation shows that this service is – under conservative assumptions – a worthwhile use of public funds.

To conclude, this evaluation shows that Circle and ASC are not just helping women to fulfil their Community Sentences, but build self-worth, confidence and work towards a better future, for them and their children. Supporting the women into stable housing, to leave abusive partners, deal with past trauma and abuse, access mental health provision and move away from addiction are all life-changing.

**9. Recommendations**

**For the Women’s Outreach Team and the service’s future development it is suggested that:**

* **the WOT service is expanded to support women at an earlier point who want to refer for help and prior to them being in the Criminal Justice System;**
* **it is made very clear to the women from the beginning that engaging with the service is their choice;**
* **the service continues to adopt a whole family approach and other services consider the value of this way of working;**
* **the WOT service continues to evaluate their work and consider implementing simple systems for recording key data for this particular service, for example about the children they support and progress made; and**
* **the WOT service helps women to come together more, to create their own networks and become less isolated.**

**For other services and development of policy, it is suggested that:**

* **other services consider doing more outreach and assertive outreach work in the future;**
* **professional pessimism and practitioners who refuse to let people move on in their lives are challenged;**
* **at a policy level, free bus fares be made available to people who are on benefits;**
* **foodbanks and baby banks are reframed to those who need them to be about getting what you are entitled to;**
* **services could be more empathetic regarding health issues and rather than striking people off for missed appointments, instead seeing this as further evidence that help is needed; and**
* **drug related deaths are preventable and addictions support and counselling should be offered in non-clinical settings, alongside holistic support.**

**References**

Barry, M. and McIvor, G. (2008) *Chaotic Lives: A Profile of Women in the Criminal Justice System in Lothian and Borders*. Edinburgh: Lothian and Borders Community Justice Authority.

Barnsdale, L. Gounari, X. and Graham, L. (2018) *The National Drug- Related Deaths Database (Scotland) Report Analysis of Deaths occurring in 2015 and 2016.* Edinburgh: Information Services Division (ISD).

Bronfenbrenner, U. (1989) The ecology of the family as a context for human development: Research perspectives. *Developmental Psychology, 22,* 723–742.

Fazel, S. Ramesh,T. and Hawton, K. *(2017)* Suicide in prisons: an international study of prevalence and contributory factors. *Lancet Psychiatry,* 4: 946–52

Graham, L. Fischbacher, C. Stockton, D. Fraser, A. Fleming, M. Greig, K. (2015) Understanding extreme mortality among prisoners: a national cohort study in Scotland using data linkage. *European Journal of Public Health*, 25 (5): 879–885.

Kottler, C. Smith, J. and Bartlett, A. (2018) Patterns of violence and self-harm in women prisoners: characteristics, co-incidence and clinical significance, *The Journal of Forensic Psychiatry & Psychology*, 29:4, 617-634,

McIvor, G., Murray, C. and Jamieson, J. (2004) ‘Is Desistance from Crime Different for Women and Girls?’, in: R. Immarigeon and S. Maruna (Eds.) *After Crime and Punishment: Ex-offender Reintegration and Desistance from Crime*. Cullompton: Willan.

McNeill, F. Farrall, S. Lightowler, C. and Maruna. S. (2014) *How and why people stop offending: Discovering desistance.* Glasgow: The Institute for Research and Innovation in Social Services (IRISS).

Metzler, M. Merrick, M. Klevens, J. Ports, K. and Ford, D. (2017) Adverse childhood experiences and life opportunities: Shifting the narrative. *Child and Youth Services Review*. 72: 141-149.

Mental Welfare Commission (2014) *Mental health of women detained by the criminal courts.* Edinburgh: Mental Welfare Commission.

Ministry of Justice (2018) *Female Offender Strategy*. London: Ministry of Justice.

Moffitt T. (1993) Adolescence-limited and life-course-persistent antisocial behavior: a developmental taxonomy. *Psychological Review*. 100:674–701

Nowell, S. Norris, J. White, D. and Moules, N. (2017) Thematic Analysis: Striving to Meet the Trustworthiness Criteria. *International Journal of Qualitative Methods*. 16: 1–13.

Nugent, B. and Schinkel, M. (2016) *‘*The Pains of Desistance’, *Criminology and Criminal Justice*, Volume 16(5): 568–564.

Prison Reform Trust (2014) *Transforming Lives: Reducing Women’s Imprisonment.* London: Prison Reform Trust.

Prison Reform Trust (2017) *Why focus on reducing women’s imprisonment in Scotland?* London: Prison Reform Trust.

Prison Reform Trust (2017b) *“There’s a reason we’re in trouble”: Domestic abuse as a driver to women’s offending*. London: Prison Reform Trust.

Prison Reform Trust (2018) *What about Me?* London: Prison Reform Trust.

Radcliffe, P. and Hunter, G. (2014) *Imagining penal policy for women: The case for Women’s Community Services. Howard League What is Justice?* Working Papers 4/2014: London: Howard League.

Rumgay J (2004) Scripts for safer survival: Pathways out of female crime. *Howard Journal* 43(4): 405–419.

Sapouna, M. (2017). Adult-Onset Offending: A Neglected Reality? Findings From a Contemporary British General Population Cohort. *International Journal of Offender Therapy and Comparative Criminology*, *61*(12), 1392–1408.

Scottish Government (2018) *Reconviction Rates in Scotland: 2015-16 Offender Cohort.* National Statistics, Scottish Government. Available online at: https://www.gov.scot/Resource/0053/00539928.pdf

Scottish Government (2018b) *Every Child, Every Chance: The Tackling Child Poverty Delivery Plan 2018-2022*. Edinburgh: Scottish Government.

Sharpe G (2015) Precarious identities: ‘Young’ motherhood, desistance and stigma. *Criminology and Criminal Justice* 15(4): 407–422.

Sturge, G. (2018) *UK Prison Population Statistics, Briefing Paper***.**

Number CBP-04334, 23 July 2018. London: House of Commons Library.

Wilson, T. (2015) *International Review of Custodial Models for Women: Key Messages for Scotland.* Edinburgh: Justice Analytical Services, Scottish Government.

**Appendix A**

**FABI OUTCOME ASSESSMENT/REVIEW – All aspects highlighted in yellow are specifically assessed by the WOT Team.**

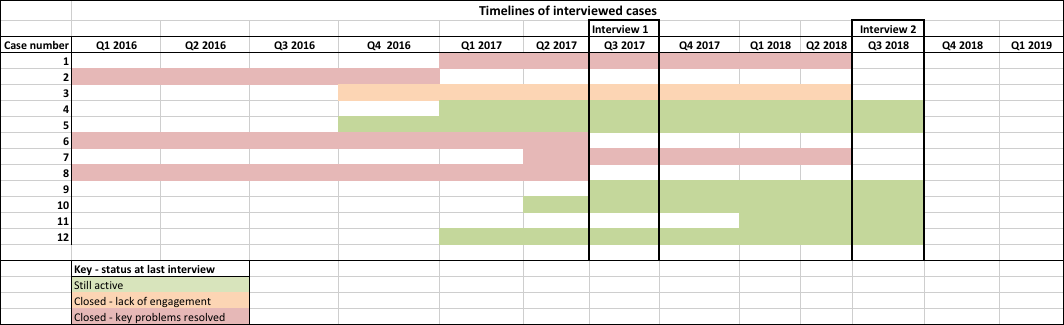
**SCORING GUIDE**

Indicators should be scored between 1 and 10, where 1 is the worst that something can be for a family and 10 is the best it could be.

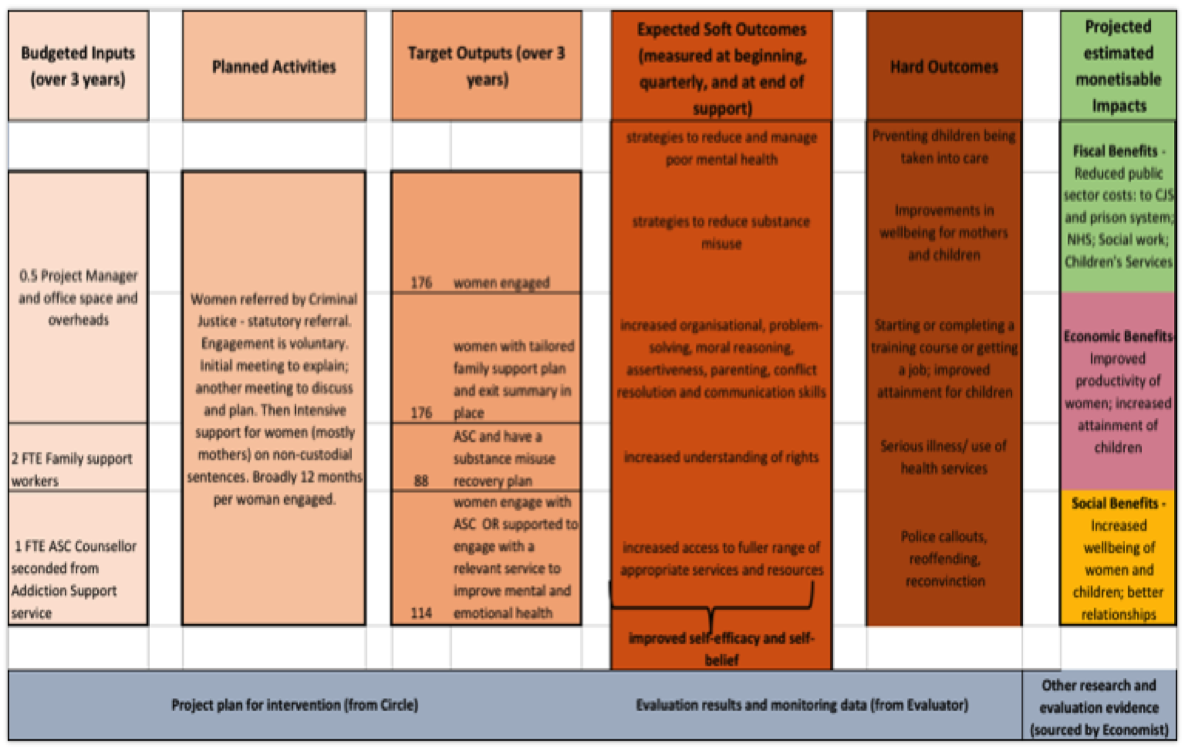
(This is the same way as you would score when using solution focussed scaling.)

|  |  |  |  |
| --- | --- | --- | --- |
| **OUTCOMES** | **INDICATORS** | | **SCORE** |
| **1: SAFE**  Families live in a safer, more secure home environment | **1.1** | Families' living conditions are considered to be a safe environment |  |
| 1.2 | Children/young people are at reduced risk of parental lifestyle issues |  |
| 1.3 | Families ensure that children's and young people's basic care needs are met |  |
| 1.4 | Parents/carers take greater responsibility for ensuring that their children are safe from harm |  |
| 1.5 | Parents/carers are supported to access safe and appropriate housing (Improved opportunities and access to safe and appropriate housing; advocating with and on behalf of parents in navigating housing services) |  |
| 1.6 | I am not involved in harmful risk taking behaviours(Improved circumstances where there is a reduction in being involved in harmful risk taking behaviours. Increased understanding of what ‘risk taking behaviours’ are and their impact) |  |
| 1.7 | I have good strategies for minimising risks to myself in social situations |  |
| **2: HEALTHY**  Families have improved health | 2.1 | Families' health needs are more adequately met & routine appointments are kept (Improved engagement with relevant health services and consistency in meeting need) |  |
| 2.2 | Families' physical and nutritional needs are better met |  |
| 2.3 | Families' developmental and emotional needs are better met (Improved mental health; physical health; age and stage of development; improved self-esteem and self-confidence contributing to emotional needs being better met) |  |
| 2.4 | Parents/carers are supported to safely reduce their alcohol and substance use (provision of assertive addiction support and services; increased understanding that assessment needs to consider that abstinence may not always improve parenting skills – awareness of risk i.e. relapse, parent’s ability to adjust to a drug free lifestyle, relationships and their capacity to develop positive coping strategies, skills and relationships) |  |
| 2.5 | I am not using alcohol, nicotine, drugs and/or other harmful substances |  |
| 2.6 | My lifestyle does not present a threat to my current or future health |  |
| 2.7 | Mums reach week 37 of pregnancy |  |
| 2.8 | Babies are born with a healthy birthweight |  |
| **3: ACHIEVING**  Parents/carers, children & young people are achieving | 3.1 | Children and young people are better engaged in education |  |
| 3.2 | Relationship with children's/young people's educational establishments is improved |  |
| 3.3 | Children's/young people's additional support needs are identified and explored |  |
| 3.4 | Children/young people are supported to manage and understand change (Improved opportunities for children and young people to be supported (1:1, groups – age and stage appropriate) in enabling them to develop understanding and manage the impact of change in their lives) |  |
| 3.5 | Parents/carers are supported to improve their own education/employment/training opportunities (Provided with support to improve opportunities to actively be involved, when and as appropriate, with relevant education/employment/training opportunities) |  |
| **4: NURTURED**  Families are more nurturing | 4.1 | Parents/carers are better able to recognise their children's emotional needs (Improved understanding of being able to recognise and understand their child’s/children’s emotional needs and how they can provide consistency in realistically meeting these) |  |
| 4.2 | Families agree age appropriate roles and boundaries and maintain these |  |
| 4.3 | Parents/carers can implement appropriate behaviour strategies & reward positive behaviour (Improved understanding of appropriate behaviour (age and stage) and improved ability to engage and be consistent in implementing strategies and reward positive behaviour) |  |
| 4.4 | Parents'/carers' ability to develop and maintain attachment with their children has improved (Improved understanding of what positive attachment is and how they can be enabled to develop and maintain this) |  |
| 4.5 | Likelihood of children being looked after and accommodated is reduced |  |
| 4.6 | Fathers are actively involved in the care of their children |  |
| 4.7 | I am not exposed to serious misuse of alcohol or drugs by family members |  |
| 4.8 | I receive appropriate care and guidance from my parents/carers |  |
| **5: ACTIVE**  Families are more active | 5.1 | Parents/carers encourage their children/young people to be involved in the community |  |
| 5.2 | Parents/carers are encouraged to positively engage in community activities |  |
| 5.3 | Families participate in activities together (Increased awareness of family activities they can do together and confidence in participating in these whether within home and/or their community) |  |
| **6: RESPECTED**  Families are more respected and have increased equality of opportunity | 6.1 | Children's/young people’s views are taken into account in the key decision making processes (Provided with the support and encouragement to express their views and opinions and how these can be shared and taken into account in the key decision making processes. Support to understand decisions that have been made) |  |
| 6.2 | Parents'/carers' views are taken into account in key decision making processes |  |
| 6.3 | Parents/carers are supported to understand and participate in decision making processes (Provided with the support and encouragement to express views and opinions and how these can be shared and taken into account in the key decision making processes. Support to understand decisions that have been made; feeling included in support plans and with particular regards to the needs of their child/children any decisions made may have expectations on them as parents in recognition of, that as parents, they have rights but equally they have responsibilities) |  |
| 6.4 | I have a well-developed sense of self-esteem and self-respect |  |
| **7: RESPONSIBLE**  Families take more responsibility | 7.1 | Parents/carers take responsibility for the wellbeing of their children/young people |  |
| 7.2 | Children's/young persons' challenging behaviour is reduced |  |
| 7.3 | Parents/carers have better understanding of the impact of their behaviour/actions on the family (Improved understanding of the impact of their behaviour considering not only offending behaviour but i.e. alcohol/drug use; domestic violence; relationships with others) |  |
| 7.4 | Parents/carers are supported to reduce their offending (Provided with support to recognise and identify with the triggers that influence offending behaviour and potential strategies that can support reducing choices that lead to offending behaviour) |  |
| 7.5 | Parents/carers are able to budget and manage the household finances (Improved awareness and ability of budgeting and how to prioritise managing household finances) |  |
| 7.6 | I do not engage in activities that could lead to school exclusion |  |
| 7.7 | I do not engage in anti-social or criminal activity within the community |  |
| **8: INCLUDED**  Families are more included | 8.1 | Families have increased support in the community and are less isolated (Provided with information on a range of different supports available within their community; provided with the support to establish links with relevant and appropriate resources that families can realistically access and be engaged with) |  |
| 8.2 | Families have improved relationships with family members (Improved relationships with family members; awareness of the ongoing development of relationships with family members – trust, openness, honesty – increased ability to manage change within the family and challenging circumstances) |  |
| 8.3 | Families have increased understanding of their rights |  |
| 8.4 | Families have improved access to financial assistance (Provided with relevant and appropriate support in addressing financial circumstances – links with i.e. CAB in assessing they are in receipt of all relevant financial support and assistance) |  |

**Appendix B: Timelines of interviewed cases**



**Appendix C: Logic Model for WOT programme**



1. https://www.gov.uk/government/publications/the-green-book-appraisal-and-evaluation-in-central-governent [↑](#footnote-ref-1)
2. https://www.gov.uk/government/collections/gdp-deflators-at-market-prices-and-money-gdp [↑](#footnote-ref-2)
3. To find out more about the data source please refer to: <https://www.gov.uk/government/publications/social-impact-bonds-unit-cost-data>. [↑](#footnote-ref-3)
4. To find out more, please refer to:

   : <https://www.hact.org.uk/social-value-bank>. [↑](#footnote-ref-4)