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Women in Safe Engagement and Recovery Project (WiSER)

Year 5 Evaluation Report

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disadvantage

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Introduction to WiSER

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WiSER is a specialist service provision providing support for women and girls aged 16 and over who have experienced abuse as well as multiple disadvantages. It is funded by Mayor's Office for Policing and Crime (MOPAC) via Department for Levelling Up, Housing and Communities' (DLUHC) Safe Accommodation continuation funding and is a partnership of 8 organisations: Ashiana, Against Violence and Abuse (AVA), Hopscotch Asian Women's Centre, Iranian & Kurdish Women's Rights Organisation (IKWRO), IMECE Women's Centre, NIA, Single Homelessness Project (SHP), and Solace (lead partner). Street Talk also provide counselling to women accessing WiSER. The service is available across 8 London boroughs: Barnet, Camden, Enfield, Hackney, Haringey, Islington, Tower Hamlets and Waltham Forest.

Women experiencing multiple disadvantage being supported by WiSER can be experiencing a range of issues such as "homelessness, substance misuse, mental ill health, physical ill health, insecure or uncertain immigration status, be affected by or at risk of prostitution, have a history of offending behaviour and a history of children being removed from care and/or at risk of further removals". WiSER supports "women who are frequently excluded from mainstream services and/or find it hard to engage with support" by using assertive outreach and holistic wraparound support methods.

The project has now completed its fifth year at the time of writing the evaluation report and funding has been renewed for a sixth year, which is a testament to the innovative, nuanced, survivor-led support that WiSER provides.

We would like to thank all of those who were interviewed and surveyed and shared their views as part of the evaluation process. Quotes have not been edited to ensure we stay true to the voices of the service users, staff and partners who contributed to this report.

Key Findings in Year 5

The impact that WiSER had on the women it supported included

- Having a reliable support system
- Having a trusted person to talk to
- Making positive progress
- Improved wellbeing

Particular features of the WiSER service that worked well were:

- Effective communication from Advocates
- Providing holistic support to meet the full range of survivor needs
- Flexible survivor-led use of contact time
- A trauma informed approach
- Support from Peer Mentors
- The centrality of a supportive environment for Advocates

Challenges faced during the year included:

- Uncertainty and staff changes caused by funding cycles
- Continuity of support for the women accessing WiSER
- Partnership working and challenges with services not understanding women's experiences of multiple disadvantage

- Under-representation of groups within those accessing WiSER
- Challenges with consistent recording of data

Recommendations

1. Recognition by commissioners and funders of the impact of short term funding for the service, both in terms of survivor support and consistency, as well as staff wellbeing and recruitment.
2. Understanding the individuality of the WiSER service. The holistic nature and flexible approach of support provided and how this differs to other models of support when considering commissioning or re-commissioning.
3. Ongoing prioritisation of support for the Advocates, such as the unique Counselling Psychologist support, to assist with Advocates' wellbeing and the impact this has on service provision.
4. Ongoing use of the co-developed 'Wellbeing Tool' to better understand how women's wellbeing is impacted by WiSER.
5. Outreach by the WiSER project and partners to identify and better support marginalised groups underrepresented within WiSER including LGBTQ+ community, those with insecure immigration status and specific demographics such as the Somali and Bengali communities. Ensuring more active outreach via service promotion and partnership building, as well as collaborative working with local specialist 'by and for' service providers.
6. Consider carrying out an Equality Impact Assessment of the WiSER service for year 6, to identify any notable gaps in service provision for underrepresented groups and communities, and how these may be addressed.
7. WiSER Advocates to consider using supervisions and other reflective spaces to explore biases and barriers when it comes to asking questions and gathering information relating to women they work with. Allowing women to decide themselves, how much to share; central to the empowering, collaborative, survivor-led model.
8. Consistency within the WiSER project in recording data and completing the data tools, to help with monitoring the impact of WiSER on the women it supports.
9. Further exploration of WiSER service users' experiences of mental health interventions and services in year 6.

Evaluation Methodology

In order to conduct an evaluation of the WiSER service, AVA used a mixed methods approach to obtain quantitative and qualitative data collection, to capture survivor stories, Advocate voices, wider team and partners' experiences, as outlined below:

- Evaluation data tools
- Focus groups with WiSER Specialist Advocates
- December session attended by 7 Advocates
- March session attended by 9 Advocates
- Semi structured interviews with women accessing WiSER service
- 4 women during creation of the Wellbeing Tool

- 5 women at the end of the year
- Interviews with WiSER staff (Service Manager, Deputy Manager, and Counselling Psychologist).
- Focus group attended by 5 Peer Mentors
- Survey completed by 10 internal members of the WiSER partnership
- Survey completed by 19 external partners working with WiSER

Evaluation data tools

The evaluation data collection tools for year 5 were adapted from previous years, based on feedback from WiSER Advocates and women with lived experience accessing the service, to make them easier to use, while still capturing relevant data. This data includes demographics, needs, support provided, wellbeing, experiences of accessing and using WiSER and the impact of the support provided. Workshops were held with WiSER staff to demonstrate the adapted tools and talk through any questions and challenges.

The tools used were as follows:

- **Consent form** - to ensure women accessing the WiSER service are aware of the purpose, use and storage of data, and can choose to consent, or not, to providing this information for the evaluation.
- **Entry form** - completed upon entry to the service, for those who entered the service between April 2022 - March 2023. This form is designed to capture data around protected characteristics and identified support needs upon entering the WiSER service.
- **Wellbeing Tool** - to be completed with women accessing the service at periodic intervals. The Tool aims to capture wellbeing data identified as meaningful by women with lived experience, and act as a reflective aide for both service users and Advocates. Further details about the creation, development and review of the Wellbeing Tool are outlined in Section One.
- **Exit form** - completed upon exiting the service, for those who exited the service between April 2022 - March 2023. Capturing data around protected characteristics and circumstances at the point of exiting the service. To help in understanding distance travelled for those who have accessed the service.
- **Satisfaction survey** - to capture the experience of those who have used the WiSER service. This includes being able to feed back on the counselling provision through StreetTalk and the WiSER Peer Mentor support provision.
- **Advocate's Activities & Reflection log** - completed monthly by Advocates between August 2022 - March 2023. The Activities log aims to understand the support being provided by Advocates and understand from the Advocates' perspective how services respond to their service users' specific needs. The Reflection log acts as a reflective aide for Advocates to consider individual experiences of working within WiSER- achievements, challenges, multi-agency working, learning and training needs and any thoughts around the WiSER service provision.
- **Case Studies** - provided by Advocates to illustrate the survivor journey, support provided by WiSER and the impact for those accessing the service.

Limitations

There are some limitations to the use of these data tools. With WiSER service users being supported by the WiSER service for longer periods of time than traditional crisis intervention support and IDVA models, many who enter the service during the year, will continue to receive support past the end of the financial year. This means a limited number of new service users are accepted into the service, and there are few women both entering and exiting the service in the same year.

One satisfaction form was able to be completed by WiSER this year, feedback from WiSER staff suggested this was due to the circumstances of women when exiting the service, which resulted in limited survivor feedback through this format. However through some survivor interviews, internal staff feedback and responses from both internal and external partners, the evaluators are able to gain a picture of the value of WiSER to survivors, local partners and to staff themselves.

Section One: Capturing relevant indicators of change for WiSER service users

Purpose

In years 3 and 4 AVA noticed that collecting wellbeing data could be challenging for Advocates. We wanted to understand resistance to collecting wellbeing data and understand how WiSER service users felt about wellbeing data. To do this during year 5 we attempted to collaboratively produce a Wellbeing Tool with AVA's Experts by Experience, WiSER service users and through input of Advocates. We believed a co-produced Tool would capture relevant wellbeing information and provide meaningful indicators of change to the women accessing WiSER. The idea was to use this at the start of a woman's journey with WiSER and then periodically review it, approximately every 3 months, but more importantly when it felt right and useful for the woman herself. The aim was for the Tool to act as a useful reflective aide and ensure that wellbeing data is being collected to understand a woman's journey and the impact that WiSER support has on women accessing the service.

AVA believes strongly in well crafted goals as part of trauma informed care, goals can be a positive, future oriented statement and can be more practical and empowering than large outcomes, which are often static, set by the service or funders, and might feel unachievable for the majority of WiSER service users. When made small and achievable, they can start to build confidence and momentum towards positive change and can chart progress in a way that outcomes statements might fail to recognise. We also know that women's recovery is not linear and that well worded and negotiated goals are an effective part of safety planning and support working. It was for this reason that we wanted to ask women about their goals as well as their outcomes, as part of a woman centred wellbeing approach.

Methodology

To do this AVA conducted interviews with 4 women accessing WiSER, identified by the WiSER team; carried out a focus group with 5 of AVA's Experts by Experience and shared a survey with WiSER Advocates, which received 4 responses. Through this, challenges and positives from the previous Wellbeing Tool were identified, and suggestions were made for what would be beneficial to include in the Tool moving forward. This resulted in the creation of a new Wellbeing Tool, which could be used from September 2022.

Collaboration

- **WiSER service users**

The 4 women being interviewed were women who were accessing the WiSER service. They were asked if they had seen or used the previous Wellbeing Tool; all were either unsure or had not used or seen the previous Tool. They were then read the original questions from the Tool and asked for their feedback. Most did not mind and were “comfortable” being asked the questions and thought that the type of “questions are good”, with another saying they were comfortable being asked the questions but that it “depends on mindset”.

When considering what would be helpful to include in the Tool moving forwards, the general consensus was having pictures of some sort, to make the format of the Wellbeing Tool more helpful. A service user who was interviewed felt it was beneficial to “review” the Tool over time and felt “having a document as a guide to focus on a couple of areas would be helpful”, they noted that they are “an overthinker”, “thinking about the past a lot, so this would help”. They also thought a space to “think about thoughts and where I would like to be in a couple of years, looking forward to the future” would be beneficial.

- **AVA's Experts by Experience**

A group of 5 of AVA's Experts by Experience attended a focus group, to share their thoughts on the previous Wellbeing Tool and what could be done differently or would be helpful to include. These women were shown the Wellbeing Tool during the session, but had not previously used it. There was a range of feedback ranging from “the questions are good” and “does not seem triggering for users” to “seems judgemental” and “it's doesn't feel like it's what you can do-much more about what's going wrong”.

- The focus group were then asked for suggestions for a new Wellbeing Tool both relating to content and format. Feedback included adding “scales” and to “give examples” in relation to open questions. Some attendees liked the “weather check in” they had used in other settings and felt something similar would be good to include. During the discussion it was raised that “a lot of people define ourselves by the role we do” so the importance of asking “what have you done just for yourself?”.

- **WiSER Advocates**

The general feedback from WiSER Advocates through the survey was, while some thought the original questions were “good”, they were “not comfortable” to ask the questions or felt they could be “shaming and intrusive”. There was a mix of feedback around whether the previous Tool was completed with the service user or by the Advocate themselves, based on how they think the service user is feeling. Advocates also felt that “there is no time or it does not seem appropriate” to ask these questions. In terms of the format there was a range of opinions, based on experience of the women they were supporting, from “the current format is good”, to including “pictures and scales” would be beneficial, to “pictures would seem patronising”. It should also be noted that some of the Advocates who subsequently joined the WiSER service, were not here during this initial consultation period and therefore were not able to contribute towards the creation of the Wellbeing Tool.

Creation of the Wellbeing Tool

This varied feedback resulted in a Tool that captured wellbeing not just through traditional methods such as scaling, but also with a forward focus on short and longer term goals, including how to work collaboratively towards achieving them with the support of the Advocate. Integral to WiSER's way of working, the women accessing the service and survivors with lived experience, were central to this development.

The main image on the Wellbeing Tool represents collaborative working, loosely following the "Skilled Helper Model" by Gerard Egan. The areas of support written within the bricks of the image used in the Wellbeing Tool, reflect some areas which Advocates may support service users with and act as prompts, but are not prescriptive. The arrangement and levels of these identified support needs are loosely based on Abraham Maslow's "Hierarchy of Needs". However, as identified by a WiSER Specialist Advocate, there are a range of other wellbeing models which are also reflected, such as the "Te Whare Tapa Wha" model for understanding health and wellbeing, represented as a "wharenuī" or "meeting house" by the Māori Health Advocate Sir Mason Durie. (1)

Review of the Wellbeing Tool

To understand the effectiveness and usability of the Tool, methods of feedback were implemented at various stages of the trial process. Focus groups were held with Advocates after trialling the Tool for 3 months and 6 months; as well as interviews with women using the WiSER service, Peer Mentors, WiSER Managers and the Counselling Psychologist.

- **Feedback from WiSER staff on draft on Wellbeing Tool**

After drafting the Wellbeing Tool, the Advocates, Managers and Counselling Psychologist were asked for their views. A few suggestions around amending phrasing and removing potentially triggering examples were raised and the Tool was adapted to reflect these. Some concerns were raised around the connection between goals and wellbeing and trying to understand why this would form part of a Wellbeing Tool. A workshop was then held with Advocates to review the Tool, go over the creation process, understand any further feedback and suggestions for the Tool. Nothing further arose during this session.

- **3 month review session with Advocates**

The Advocates were invited to provide feedback on the WiSER Wellbeing Tool via a focus group in December 2022, after an initial trial period of three months.

Some of the Advocates had successfully completed the forms with the women they were supporting, with one commenting that "it really doesn't take that long and I think we did it at the back of the bus" and another commenting that "the experience was not too bad, because she did sit down and completed it, she answered the questions and she did not complain".

However for others the experience had been less positive, saying that the women who had completed the form "were feeling a bit uncomfortable" and were "completing it because I'm asking them to, they don't actually want to".

(1) Ministry of Health New Zealand, 'Māori health models – Te Whare Tapa Whā' <https://www.health.govt.nz/our-work/populations/maori-health/maori-health-models/maori-health-models-te-whare-tapa-wha>

During the focus group there was detailed discussion around the section in the WiSER Wellbeing Tool focusing on “goal setting”. Some of the Advocates reported that using this section had been positive, as it had “opened up conversations” and prompted the WiSER service users to “sit and think what she wanted and how we were going to get there and I think that was useful for her”. Another Advocate commented that “it put the idea in their head of maybe I should be doing stuff for myself”.

Other Advocates felt that the goal setting section was less useful, as the WiSER service users were “in survival mode, they’re not used to thinking about future goals” and that doing so could be “triggering” for them. More specifically: “My clients have never been on...holiday, most of them never had a job, they’re not safe at home. They’re just looking at going ‘oh, well, that never happened to me’.” This might indicate that the Tool needs an additional layer of co-production to refine the wording.

Other feedback provided by the Advocates considered the Tool to be “patronising” or “intrusive”. Some Advocates were unclear on the purpose of the Wellbeing Tool or what the information would be used for. Some felt due to the circumstances of the women, it was very difficult to gather this information “the biggest challenge for me is that I never get them to sit down and complete forms”, citing varied contexts. Because of this “there’s so many other things that we need to talk about or get through, and it’s not a priority to get this done because so many things are going on”. Some noted that the women were already asked to fill in so many forms, “they fill out so many forms like this all the time, it’s not just AVA it’s like they have to fill out all these, tick-tick. You have to do this in prison, you do this with every worker you see, with the probation officer, with social workers, it’s continuous.”

Several Advocates acknowledged that their own personal dislike of forms and “admin” may have impacted on their experience and how they presented the WiSER Wellbeing Tool to the WiSER service users. They spoke about how they are “just not a forms person”; “not a great admin person”; “I struggle with forms myself” and consequently “my attitude is Oh, God, I don’t want to ask her to do this form, I hate forms”. One Advocate reflected that “maybe I’m creating a barrier”.

In summary, at this point many of the Advocates saw the WiSER Wellbeing Tool as being yet another piece of admin to do, which they did not choose to prioritise either because they did not feel informed about it, did not like forms themselves, or because they had other more urgent priorities. They did however acknowledge that the WiSER Wellbeing Tool could work for “people who are more stable” and living in more settled circumstances. The Advocates felt that they might consider taking a more informal approach to using the WiSER Wellbeing Tool whereby they could pick and choose sections to complete (or not complete) depending on the particular WiSER service user and their circumstances.

• Response from Managers

In March 2023 the Managers reflected on responses to the WiSER Wellbeing Tool. It was acknowledged that “the usage of it was very low”, and they felt that “it’s a shame” that the WiSER Wellbeing Tool was not being used as “I feel like we’re taking away the voice of the women if we’re not offering that that to them” so “we need to try and do it more”.

The Managers attributed low uptake of the WiSER Wellbeing Tool to “so much going on for the client, this falls to the bottom of the list when the women are in crisis” alongside “some different understanding of the purpose” amongst the Advocates. As well as an underlying feeling that the form might be considered “daunting” because “there’s a general uncomfortableness with pulling out forms”.

The Managers felt, however, that the concerns raised by Advocates may be resolvable: “what I think is ironic is that that they are probably talking about this all the time in their sessions with the service users, and this is just a very formatted way of looking at it” and “we ask them so many more difficult questions than a wellbeing form” and “they're having these informal conversations with the clients anyway”.

In recent months the Managers had therefore considered all of these issues with a view to “just understanding what the blockages are” for the Advocates. In response to this scoping, the Managers concluded that “we need to have it on the Advocates’ radar a bit more” and that doing this continually was particularly important, as they had experienced “a high turnover of staff last year”, so refresher information could be helpful. To achieve this, WiSER Managers have “now decided to have it as a standing agenda point, we're talking about the concerns or worries or fears about using some of these forms” within team meetings. The Manager reflected “it got a bit diluted along the way, so we're trying to remedy that by just having as a constant agenda items. I think the more we talk about it the more confident people become about using it.”



- **6 month review session with Advocates**

The Advocates were invited to provide feedback on the WiSER Wellbeing Tool again via a focus group in March 2023.

This time the Advocates provided neutral or positive feedback on the WiSER Wellbeing Tool. Most of the Advocates said that “I’ve used it”, commenting that “it is way easier than I thought it was going to be” and “it really only took a couple of minutes”. They noted that the WiSER service users had been “OK using it”, “happy to share their thoughts” and “it was not too difficult for them to complete”.

One Advocate shared a tip with her colleagues that “I don’t do it online with the client, I showed her it then I read out the questions in a way that was more casual for her, then I write it down on my phone and later I went on to the computer and filled it in.”

It appears therefore that the responsive actions taken by the Managers have made a difference in reducing some of the early barriers to using the WiSER Wellbeing Tool and that many of the concerns have been addressed or proved unfounded.

- **Feedback from WiSER service users**

As part of the end of year interviews, which took place in March 2023, 5 WiSER service users were asked about their experience of using the WiSER Wellbeing Tool:

Two did not recall seeing or using the WiSER Wellbeing Tool. Two reflected that “she did ask me questions” and “I don’t mind doing forms once in a while”. One spontaneously raised the WiSER Wellbeing Tool and spoke positively about the experience:

“ We were filling in some form about how I felt, there was pictures of the sun and clouds and rain, one with a cloud with the sun. I specifically remember this because I was having a nice day and I pointed at the clouds with a bit of sun. She took a point to ask why did I pick that one, and thinking about it allowed me to think why it was how I felt. I was happy that day but I had depression so I was sad with a bit of happiness that day. ”

- **Feedback from Peer Mentors**

Peer Mentors were also asked to give feedback about the WiSER Wellbeing Tool in March 2023, 4 Peer Mentors shared their thoughts.

All of the Peer Mentors felt the WiSER Wellbeing Tool could be helpful for service users as part of the support that they receive from WiSER. One Peer Mentor noted “I like the pictures because if I am feeling unwell, I often do not have words to describe it, so the images are helpful.”

That said, they also noted that “depending on how I feel on the day I might either like it or hate it”; “overall, I quite like it. It just depends on mood and how it is delivered” and “I would like to use it together with a worker, not on my own”. This can be considered by Advocates when using the Wellbeing Tool with other service users.

To better understand its use and impact, the Wellbeing Tool should continue to be trialled during year 6. Further feedback can be obtained from survivors, Peer Mentors and Advocates and considered for any future usage.

Section Two: Evaluating the impact of the WiSER service

The women accessing WiSER, were referred by a range of services including Adult Social Care, Hackney Domestic Abuse Intervention Service (DAIS), Hospitals, IMECE, internally from other services within Solace, Local Authority Housing, Multi-Agency Safeguarding Hub (MASH) Teams, Mental Health Services, Nia, other health services, SHP, St Mungo's and Victim Support.

- **WiSER referrals**

In year 5 the WiSER project maintained a caseload of approximately 50 women. Per quarter supporting:

- Quarter 1 - 53 women
- Quarter 2 - 52 women
- Quarter 3 - 53 women
- Quarter 5 - 49 women

In Quarter 4 referrals into the service were stopped due to funding uncertainty, and some cases were redistributed within the team due to staffing issues.

In total 12 Advocates (since November 2022) across 7 frontline delivery services within the partnership, supported the women accessing the WiSER project.

During year 5 the project engaged with 7 new service users; 6 new entry forms were completed of which:

- 83% disclosed experiencing mental ill health
- 83% were currently experiencing domestic and/or sexual abuse
- 67% identified as living with at least one form of disability under the terms of the Equality Act 2010
- 67% had children removed from their care
- 50% disclosed alcohol or substance use
- 50% were experiencing homelessness
- 50% were currently or had previously engaged in offending behaviour

WiSER Advocates were asked to complete a monthly Activities and Reflection Log, between August 2022 - March 2023. During this period Advocates reported in the log, that they had supported WiSER service users to attend a range of appointments with services. The main areas of appointments were with Housing, GP, Drug and Alcohol services and services to support with Mental ill-health. Collectively Advocates supported women to attend over 400 appointments with services, during this period of time.

The main areas of support that Advocates reported working with service users on, were: housing, mental ill-health, substance and/or alcohol misuse, support in relation to experiencing VAWG and physical ill-health.

The impact of these multiple and compounding needs have “deep rooted and long lasting consequences on women’s identity and wellbeing” (2) as highlighted in Agenda and AVA’s ‘Breaking Down the Barriers’ report. This report also recognised the wider “societal and structural” (3) barriers resulting in stigma, victim blaming and gendered patriarchal attitudes which prevent women from receiving the support they need. The emotional and physical impact of child removal for a mother was explored in AVA’s ‘Staying Mum’ report. This included that “mental health deteriorated”, impact on the “relationships with friends, family”, “vulnerable” towards further abuse and an impact on “living standards and financial stability” (4). WiSER’s approach is to work holistically and collaboratively with the women to support and address these needs. It also highlights the need for a gender and trauma informed service.

During year 5, 8 women exited the WiSER service:

- 3 of these are now supported by other agencies
- 2 had only engaged with WiSER sporadically
- 1 had moved to another area
- 1 was in prison long-term
- 1 declined support

The following section describes the impact that the WiSER project has had on the women that it supports.

- **Response to the service**

“ *It’s a pleasure to work with an organisation that makes you want to say thank you. I’ve nothing bad to say, I have so much gratitude.* ”
(WiSER service user, interview)

(2) AVA & Agenda (2019) ‘Breaking Down the Barriers: Findings of the National Commission on Domestic and Sexual Violence and Multiple Disadvantage’ London: AVA & Agenda <https://avaproject.org.uk/wp/wp-content/uploads/2019/02/Breaking-down-the-Barriers-full-report-.pdf>

(3) Ibid

(4) AVA (2022) ‘Staying Mum: Findings from peer research with mothers surviving domestic abuse & child removal’ London: AVA <https://avaproject.org.uk/wp-content/uploads/2022/03/Staying-Mum-Final-1.pdf>



Five women accessing the WiSER service were interviewed in March 2023. All of the women that were interviewed were extremely satisfied with the service, commenting that “I’m really happy with the project” and “I think they have done a lot for me”.

The WiSER service users praised the WiSER staff, referring to them as “good people” and stating that they had been “in good hands” with WiSER. In particular, the WiSER service users described their Advocates as being “great” and “brilliant”.

The feedback from WiSER service users on the support they received was very positive, however this was a small sample of women who had accessed the service and were able to be interviewed. The caveat that women being interviewed or asked their opinion of the service, may feel they are required to provide positive feedback, based on their experiences of services and support, should also be considered.

The WiSER Partners were also very positive about the service. The internal partners commented that WiSER is “a much needed great project” and a “valuable project” with “great demand”, with one stating that “it is excellent and the model should be rolled out across the country”. An external partner commented that “it has been great having the extra support that WiSER gives to our clients”, recognising the nuanced support that WiSER provides.

A small number of service user complaints or concerns were raised to Managers across the course of year 5, and abusive behaviour by WiSER service users towards Advocates also happened occasionally. These situations were dealt with by the Managers in a trauma-informed way that heard, supported and maintained the safety of both the women accessing the service and the Advocates.

- **A reliable support system**

“ Having someone there that believes in you and helps you in small little ways. It’s nice. ”
(WiSER service user, interview)

The WiSER service users described receiving “time”, “help”, “positive energy” and “positive support” from their WiSER Advocate, providing them with a reliable support system which many did not have elsewhere. As one WiSER service user described: “They have been more supportive than any other organisation. All I’ve had before is neglect, a lot of neglect.”

The WiSER service users benefited from “knowing that I’ve got support”, “knowing she’s there for you to help you”, “having someone there that believes in you” and “has got my back”. This has been vital for the WiSER service users, as it gave them “strength and confidence” through “all of this” that they were experiencing. The WiSER service users recognised the important role that WiSER has been playing in their lives, describing how “they are my everything for now” and “if they weren’t there I wouldn’t have managed”.

The WiSER service users particularly appreciated the reliability of this support, noting that their Advocate was “always there on the phone” and “every time I call them they respond to my needs”. Two of the women interviewed had also received support from a WiSER Manager in the temporary absence of their Advocate, and they felt reassured to know that they could do this: “If she isn’t there and I panic I know 100% [name of Manager] will be there, and that is reassuring” and “when I can’t get hold of her I would call her manager, just a handful of times, obviously they will have holidays or sick leave, that’s quite comforting I can reach out to her”.

This was also a theme picked up by the Advocates themselves “This project is amazing at picking up clients and work when someone is off sick, it makes it so much easier to take time off.” This not only allows for effective continuity of service, but allows Advocates to feel able to take the time they need, integral to being a trauma informed service.

Sam's Journey

Sam is a 45 year old survivor of domestic abuse and sexual abuse and is originally from Poland. She was referred to the WiSER service in 2021 by a domestic abuse service. Sam has been trapped in a cycle of homelessness, trauma, substance use, sexual violence and domestic violence. She cannot write, text, or use the internet.

Without the WiSER service Sam would suffer around her mental distress, anxiety and trauma. She would miss her appointments and suffer hardship and have no access to services or food or money. She would have been street homeless and continued drinking and taking crack. However, through the support of WiSER, Sam now has a council flat, has contact with her family, is going to Narcotics Anonymous women only meetings, and is making new clean and sober friends. Sam was supported with how to use a phone and computer. Sam now has a hearing aid which means she can communicate more easily, is on the correct medication, and is attending her appointments. She is now volunteering one day a week, and is on a two year course at Luminary Bakery so she doesn't have to be on benefits long term.

Sam commented that "I would have probably died if I had not met WiSER. I am fighting with addiction and WiSER is beside me. The way WiSER worked with me has change every bit of my life. You will not recognize me. My worker stuck with me, didn't leave me. Usually other agencies leave, WiSER stays as I still needed so much more work for me after I got flat, and when I relapse."

The Advocate noted of their approach "If the women I work with decides she does not want to engage in a system that does not work, I walk beside her. I can be transparent and real and not let down the women with broken promises and support. Because the system is so broken, it is impossible to get the support the women deserve."



- **A trusted person to talk to**

“ It goes on as if I’ve known her for years. ”
(WiSER service user, interview)

Linked to the above, the WiSER service users described their Advocate as being “someone who I can talk to if I need”, and that they have felt “able to open up” and “tell her about my issues” because “they understand”. Speaking about their current Advocate, the WiSER service users said that they “trust her” or “have grown to trust her”.

Jenny's Journey

Jenny was referred to the WiSER Project by both a substance use support service and homelessness charity in 2019.

Before the WiSER Project, Jenny was living with her very abusive ex-boyfriend, not receiving any benefits, didn't have a GP nor ID and was regularly being made street homeless or being made to sex work through street prostitution by her ex-boyfriend. Her multiple disadvantages include mental health (she has Bipolar disorder, extreme anxiety, depression and PTSD), Epilepsy, drug misuse issues, difficult relationships with her children and family members. At the time of referral Jenny was involved with street prostitution and had sexually transmitted diseases (STDs). She had a criminal record due to being arrested for physically defending herself against her ex-boyfriend.

Jenny has said that she felt ‘light’ for the first time in a very long time – physically and mentally. Jenny has received consistent praise and encouragement from WiSER as her low level of confidence has been a huge factor. She knows that WiSER workers are non-judgmental and non-pushy so she often opens up about issues that would previously feel too intimate. This has led to results such as Jenny receiving treatment for Hep C and Syphilis, which in turn has increased her confidence greatly.



- **Making positive progress**

“ I’ve got my boys back in my life, and I’m a grandmother. I wouldn’t be sat where I am with my own place and my own bank account without her. I’d still be in my ex’s flat without any confidence. ”
(WiSER service user, interview)

The WiSER service users recognised elements of positive progress that they had made since working with their WiSER Advocate, saying that working with WiSER “has helped me”.

As some of the women described, because of WiSER: “I can be comfortable in the community, I can be a human being”; “I was in a bad place for me, but I’m good, I’m fine, I’m still breathing” and “I’m doing good, I’m still not 100% but she’s telling me I’m a lot better than I was and I’m coping”.

Elisha’s Journey

Elisha has experience of homelessness and multiple disadvantage. She was referred to the Rape Crisis service twice by Police in 2016 and 2018, and was then referred to the WiSER project in 2019, to help her break the cycle of abuse and move forward with her life.

Elisha is now engaging with WiSER every day and is open around all of the issues that she has faced. She has been supported by the WiSER project around many different issues she has been facing, such as her housing, finances, VAWG support and her health.

Elisha now has her own secure one bedroom flat, and her Advocates have been able to support her with managing online utilities accounts, attending hospital appointments and engaging with the drug and alcohol service to address her substance misuse concerns.

Elisha has also been supported holistically, to start prioritising herself and her self care. She speaks openly with her Advocate about how she is feeling in herself and has been getting support from her GP around her mental health. She has started getting regular haircuts and having her nails done, as she says she has finally started feeling like herself again.

Elisha states that she no longer feels afraid of her ex-partner and has been able to move on. She has been better able to manage her anxiety and can now take short trips on her own as well as make some smaller phone calls. Elisha has also been able to abstain from all illicit substances for over a year now and has had one drink in over 5 months. Elisha remains in stable accommodation, where she has been able to really make the place cosy and safe for her and her pets. She enjoys the flat and takes pride in where she lives. Her confidence has grown and she is able to spend a lot of time with her grandchildren who bring her joy. She hopes to be able to be a good role model for them now.



- **Improved wellbeing**

“ I was so exhausted about everything. I didn't think I could mentally cope with it all but she encouraged me. ”

(WiSER service user, interview)

Some of the WiSER service users during interviews had realised “how important it was to me to work to get well” and they recognised ways in which working with their Advocate had “contributed to my mental health impact”. For example: “when I left prison I was so depressed but because of them I feel good” and “I've got her in my life and it is contributing to strengthening me”.

Daisy's Journey

Daisy is 56 years old and is from London, and she was referred to WiSER internally by a service within Solace, in 2020.

Daisy has experienced abuse from various family members and she has a history of substance misuse, namely crack cocaine, although she does not currently use and says that she never wants to again. Daisy struggles with her mental health, as she has depression and extremely high levels of anxiety. She becomes stressed very easily and often breaks down in tears. She experiences suicidal ideation but her children are a protective factor. Daisy recently suffered the loss of her son who passed away whilst in prison. This has greatly impacted Daisy's mental health and she is struggling with her grief.

Daisy is engaging well with the WiSER project, she never misses appointments or cancels them and will always respond to texts and phone calls. She has been supported with accommodation, social care, and safety planning. Daisy is grateful for the support and feels that WiSER has done a lot for her. \

Daisy's Advocate has provided regular emotional support through weekly visits and phone calls. Daisy has begun to accept that she needs to access mental health services after initially claiming her difficulties were all related to her housing issues. She has been encouraged to access mental health support through the GP and to book GP appointments when she has been physically unwell. She is now less isolated and feels supported to reach out when she needs help.



Women accessing the service are also able to receive counselling support through Street Talk. Street Talk provide 5 hours of counselling to 5 service users. They have a flexible approach in working with women living with multiple disadvantage and service users can “see the counsellor face to face or over the phone and time is given for engagement.”

This year the WiSER Wellbeing Tool was also used to understand the impact of WiSER on women’s wellbeing.

- 19 Wellbeing Tools were completed in total
- 14 initial and 5 first review
- Which means 14 women’s wellbeing was considered through collaboratively using the Tool
- The average length of time between completion of the initial Tool and the first review, was 5 months

Of all 14 WiSER service users with whom an initial Wellbeing Tool was completed, some themes emerged in terms of areas they wished to focus on with the support of their Advocate, for both the short and longer term.

Short term goals:

- 50% - Housing - Support with working towards safe housing
- 36% - Alcohol / Substance use - Attending appointments with support services or wanting to attend rehab to support with alcohol or substance use
- 36% - Immigration - Some form of immigration related issue such as getting a passport or waiting to find out about the outcome of an asylum application
- 36% - ETE (Education, Training and Employment) - Looking to attend a specific training course
- 29% - Mental ill health / Wellbeing - Support around mental ill-health and/or general wellbeing and confidence

This changed to the following for longer term goals:

- 43% - ETE (Education, Training and Employment) - Looking to either attend college/ university, volunteering or have found employment
- 36% - Children - To have contact with or be living with their children
- 36% - Housing - Support with working towards or being in safe housing
- 21% - Alcohol / Substance use - Working on alcohol or substance use by staying on script or having been to rehab
- 21% - Mental ill health / Wellbeing - Support around mental ill-health and/or general wellbeing and confidence

Of the 5 WiSER service users with whom an initial and first review were completed with, on average 5 months apart, there was a mix in responses in terms of how their wellbeing was impacted through their journey with WiSER. More responses would help to understand more broadly the impact and any themes arising.

Section Three: Uniqueness of WiSER

The following section describes the factors which contribute to the uniqueness of the WiSER service.

- **Effective Communication**

“*She throws things in the mix, lets me know it is there when I’m ready. It’s in my head. She does it without telling me what to do. It’s better than being told what you have to do.*”
(WiSER service user, interview)

The WiSER service users felt strongly that their Advocate communicated with them well because “they have skills of talking to people to make you comfortable” and they “ask good questions, which is important”. The approach taken by the Advocates was described as being “relaxed”, “not too intrusive” and “working WITH me”, which “makes me happy” and “we do have a good laugh”.

- **Providing Holistic Support**

“*They meet everything that I need. So many things. They supported me financially, with transport, with clothing.*”
(WiSER service user, interview)

The WiSER service users described the way that their Advocate had helped them by meeting the full range of their needs, and supporting them with any issue large or small. For example:

“*I was a victim of rape, she helped me to follow it up. She tried to help me get an injunction. They even turn up to court with me. There’s a lot to do all at once. I had a blockage in my kitchen sink and she will follow it up for me.*”

“*My children’s dad attacked me and I couldn’t walk so she came to mine and we went to the GP. She’s been with me to make sure I get doctor’s appointments. She is going to help me change my locks. When she couldn’t get hold of me she said it wasn’t like me so she contacted my next of kin who told her I was in hospital and she was following up to find out how I’m doing.*”

“*Without her I’d never go to any appointments or read my letters. I put them on the side and don’t deal with them. I never had a bank account, ID, none of that all my life. So sitting down with me. Going through my post, my letters. Things with my benefits. Certain things that I need like water and gas and meters. I’m learning.*”

The WiSER service users noticed a range of qualities in their Advocates that contributed to the effectiveness of this support, including that their Advocate “knows what she’s doing”, is “very professional”, “proactive”, “likes to get things done” and “doesn’t mess about!”

The WiSER project had contributed financially in some of these cases, which was very much appreciated by the women accessing the service. Women recalled that “she got me a brand new Hoover” and “I’m going through a court hearing, they contributed towards my hair strand test. Who else is going to give me that? Nobody!” The benefit of this financial support was also highlighted by one of the external partners, who noted that their service users “have been supported in gaining their own accommodation as well as furnishings for these properties by way of grants. This has put them in a better place to start addressing their substance misuse issues as well as moving away from negative relationships.”

Additionally, the WiSER service users valued that their Advocates “referred me to other departments” and supported them to find and access other relevant experts and services such as “a lawyer” or “a doctor”. They noted that “without her I wouldn’t have the knowledge of the support available” and that exploring these routes with the assistance of an Advocate was particularly helpful for them because “as soon as a professional puts a word in they take it more serious”.

A suggestion was also made by an Advocate as part of continuity of support and stability “I think it could be quite good to have a list of services in the boroughs that we work with- with contact details, so if we have a client who moves to another borough, we already know who to contact to get them support”.

Zoe's Journey

Zoe is a 32-year-old White British woman who has recently given birth to her fourth child. Zoe has slept rough, sofa surfed, and lived in a refuge or temporary accommodation via the Local Authority for many years. Zoe has a long history of abusive partners and three other children who are not in her care. Zoe has mental health support needs (hears voices, anxiety, PTSD) and suspected learning difficulties but does not have a formal diagnosis. She engages in survival sex to fund her addiction to substances - heroin and crack.

Zoe’s engagement with other services prior to her WiSER referral was difficult. Attempts had been made to re-engage and re-refer her to Social Services, Housing and the Drug and Alcohol Service. WiSER has supported Zoe with referrals to other community services such as CGL – the drug and alcohol service.

WiSER has supported Zoe with her accommodation, benefits and setting up a bank account. Funding from WiSER has been used to provide Zoe with mobile phones and a tablet so that she can remain in contact with services and access the internet for emails and banking. She has been accompanied to the food shop and given food vouchers and foodbank vouchers when she was unable to eat for days.

Zoe has expressed that she is grateful for having support from the WiSER Project, and particularly that she has experienced a continuity of support without feeling judged and hopes that her Advocate can continue to work with her in the future.



- Flexibility with time

“ It is not your time, it is the service user’s time. Ad hoc, on demand. ”
(WiSER Advocate)

The Advocates noted that the WiSER service users are “the most vulnerable people in society” who “have typically fallen through the cracks of other services” and as such “they are not used to being listened to” and “they might struggle with engagement”. All of the WiSER service users that we interviewed described the very complex circumstances that they were living in, for example:

“ I’ve got really bad OCD. I was alcohol dependent, not in a good place, vulnerable. People take advantage. I’m a year and a half sober. I’ve got a child who’s got autistic. I need to be focusing on my son’s needs. I’m trying to keep my home to a good standard. My son was removed from my care – I was broken. ”

“ I can’t be in the UK without support. I have immigration problems and it is hard to make it better because you don’t have access to anything. I wanted to study but because of my status in the country they couldn’t take me. It is a sad thing. ”

“ Because of my mouth I get into trouble. I moved here and I was trying to get used to it. I didn’t want anyone to know my history. I hold my head up. I need to look for better people, good friends. ”

“ I was having a few difficulties with my ex, my children’s dad. I was discharged from a recovery house. I was in intensive care and I went into rehab. ”

The Advocates therefore felt strongly that the most important things that they could offer the WiSER service users were “time” and “flexibility”. Often this was not provided by other services, with one Advocate saying “I think other services are quick to see my client’s non-engagement as a means to not offering further support rather than recognising her lifestyle.” The practicalities and day-to-day actions taken within the WiSER project were always “client led”, and entirely focused on “what she wants” and “getting them whatever they need” which could be “so varied”. As the Advocates described:

“ We’re sometimes cleaners, sometimes feeding pet rats, as well as the usual stuff of helping with benefits and housing. We just do so much. ”

“ I’ve had a service user who said ‘the support you are giving me is the support my mum should have given me. ”

“ If she still wants to be using and sleeping on the streets, we work with that. If she wants to contact the Police, we work with that. I have a woman that is using crack and living with the perpetrator in a tent, she hears voices. She wants to stay there, so I support her to stay there. I can look at a whole other way of working. ”

This flexible approach was highlighted by one of the internal partners as being a unique aspect of the service, as “we work with WiSER service users much longer and in a more informal capacity and keep the cases open even when engagement is low due to the nature of the project as flexibility is required in order to build a rapport and trust”. An External Partner observed that “generally WiSER seem more hands on” than other services and “go the extra mile” because they “understood that our cohort of clients due to their lifestyles are harder to engage with and do not give up”. As a consequence of this a different Internal Partner felt that “WiSER is more accessible to the most vulnerable”.

In the WiSER project, “the caseloads are low” which enables this approach and gives the Advocates “the freedom to be really flexible with the women that we work with” and “work at the woman’s pace”. The Advocates “have the time to persevere” so that they can “build up the trust” which “allows you to really, really make a difference”.

The Advocates observed that having the opportunity to consider the needs of the WiSER service users “holistically” and the fact that “we don’t have an agenda” is an unusual approach. Comparing this to approaches taken by other organisations working in this space: “we respond to the needs of that client in a way that I’ve never seen done before from an organisation”, “others services don’t have that flexibility” and “I just don’t think there’s any other service that offers all of that”.

“*With WiSER we take the best of the homeless outreach teams in terms of a set of outreach relationship building like running around London and seeing people in the community, but then we also combine it with the best of the VAWG sector, which is like risk assessment, safety planning, knowing survivors, and we combine it to make this hybrid way of working. It’s literally the best way to work with this client group.*”
(WiSER Manager, interview)

- **A trauma informed approach**

“*We understand the trauma, we understand the different levels of complexity, we understand what that might look like, we understand the women that we work with. They are going to have ups and downs. We understand what the trauma is, what those attachments are, and the difficulties they’ve experienced. We’re very much focused on what the women bring to us, we’re giving back the control to those service users and being aware that actually it’s going [to] be a challenge.*”
(WiSER Manager, interview)

The WiSER Advocates, Peer Mentors and Managers attributed the successes of the WiSER approach to it being “very trauma informed” and “client-centred to the core”. Overall this was felt to be “a very good approach”, “the best approach for these service users” and “we see results with that”.

The various staff members noted that they are “trained to be trauma informed”, and “there’s a definite, strong ethos and culture in the team about the way that we work and the mindset that we work with is truly trauma informed”. Crucially this trauma informed mindset permeates everything in the WiSER project, it is “just underlying” and “genuinely felt within WiSER”.

Managers felt that this underlying mindset was enabled by excellent and focused recruitment, stating “I think we have a knack of just recruiting really good people into the project”. Underpinning this, the Managers felt it was important to recognise that working as a WiSER Advocate “isn’t an entry level job” and that it requires “a particular type of worker who can handle this type of work and can be compassionate in the way they need to be”. In order to work in a trauma informed way the Advocates need “passion”, “flexibility”, “creativity” and “the ability to think out of the box”.

Overall, this trauma informed approach was considered to be unique, in that it is “a different way of working compared to a regular community domestic abuse project”. Staff members felt that “other services are not trained to be trauma informed and I really see the differences”.

Advocates enthusiastically stated that “I love this way of working” and “I feel quite privileged to work for a project that works in this way”.

This approach also positively impacted on the WiSER Partners, as 75% of the internal partners responding to the survey agreed that ‘being part of the WiSER project has helped my organisation to develop trauma informed practices’. 60% of external partners agreed that ‘I better understand what being trauma informed means and how to implement this in my practice as a result of the WiSER project’. One commented that their involvement with WiSER “has made me consider how we ensure that trauma informed practice is embedded in our organisation at every level”.

The benefits of a trauma informed approach in supporting those experiencing multiple disadvantages is something that has been well researched and documented, most recently in a 2023 “rapid evidence assessment” report by DLHUC. (5)

“

If I'm getting stressed and say I don't want to talk she will back away. That's as much as you can do with someone who has a mental health issue. ”

(WiSER service user, interview)

Linked to the above, the WiSER service users felt that the Advocates are “very understanding”, “feel that sympathy for their client” and “respect their clients and my mental health”. The WiSER service users particularly appreciated the way that their Advocates “know my situation, my mental health, my anxiety”, “know how I go on” and “understand how I am”. Because of this, they felt that their Advocates know “how to be sensitive to me” and “what to do with me”, which allows the WiSER service users to “just be myself”.

- **Support from Peer Mentors**

“

I really thank God for my experiences, because I didn't really think that they was a gift or a skill. I didn't go to school for this, I didn't go to university for this. I'm just doing this from what I bring. ”

(WiSER Peer Mentor, focus group)

Some of the WiSER service users are provided additional support by a Peer Mentor. Peer Mentors are women with lived experience and now support other women accessing the WiSER service. Peer Mentors provide a different peer perspective to the holistic support provision offered by WiSER Advocates.

During the year 5 delivery of WiSER, the Peer Mentors were recruited and inducted in July 2022 and started their roles in August 2022.

The Peer Mentors described the way that “my experiences help” the WiSER service users and “the lived experience actually has a lot of weight” with the women that they support, because “we are not judging you because we've done it too”. As one Peer Mentor described: “She feels like she's the only person in the whole world that's ever had that experience, and when I come back to her and I say I've totally done that or I've totally felt that, she's like oh, sweet! I'm not crazy, I'm not weird, I'm not alone.”

(5) Department for Levelling Up, Housing & Communities (2023) ‘Trauma-informed approaches to supporting people experiencing multiple disadvantage: A Rapid Evidence Assessment’ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1148546/Changing_Futures_Evaluation_-_Trauma_informed_approaches_REA.pdf

The Peer Mentors felt that this different kind of support benefits the WiSER service users, noting that “sometimes they’re more likely to take advice from us, because they know that [we’re] saying it from an informed, experienced place”.

Relationships between the Peer Mentors and the WiSER service users typically feel “more informal”, “somewhere between a professional and a friend”, and “we don’t have any other agenda other than listening to them”. The Peer Mentors felt that “it’s really helpful for them to have someone who is just a sounding board” rather than expecting them to “jump through hoops or constantly try and prove how well they are doing”.

Some of the Peer Mentors observed that the WiSER service users had disclosed things to them, that they had not disclosed to their Advocate, demonstrating that Peer Mentors play a role that is “something quite different” within the WiSER project:

“ We got on quite well and she was telling me things that she didn’t tell her Advocate. ”

“ She will disclose things to me that she might not disclose to her Advocate, and she loves her Advocate, but she knows I’ve been in similar places, and she knows that I’m going to understand the dark corners of her mind and the messed up things that she says. ”

“ They tell us things that they won’t tell a social worker or an Advocate, or a policeman, or a substance worker. ”



The Peer Mentor role was also beneficial for the Peer Mentors themselves; they reported finding the role “challenging” and “a steep learning curve” due to “boundaries, boundaries, boundaries, boundaries” and needing to “make judgement calls in the heat of the moment”. However, they also found the experience to be “amazing”, “enjoyable”, “rewarding”, “beautiful” and “kind of exciting”. One Peer Mentor reported that: “It's done more for me than two years of therapy in terms of my sense of self. I'm really proud now, talking about what I've been through and what I'm doing with it. It's been the most profoundly healing thing.”

- **The centrality of supporting the Advocates**

The evaluation has highlighted the centrality of supporting the Advocates in contributing to the success of the WiSER project.

“*You have to be good in yourself, emotionally, psychologically, physically, to be useful and beneficial to others. We are very vulnerable alongside the service users, or we become that in the situations that we come across.*”

(WiSER Advocate, focus group)

The WiSER Advocates described the “endless” challenges that they face in their roles, in which they experienced “sensitive”, “difficult” and “emotionally very intense” situations daily which often feel like “one step forward, two steps back”. When the Advocates first come to WiSER “they have to learn everything and...you just learn it slowly over time, but sometimes you learn it really fast” due to the circumstances that they face. Because of this, “some people will burn out” and others will experience “compassion fatigue”, and the managers and Counselling Psychologist within the WiSER project are “always looking out for signs” in order to “prevent that as much as possible”. However, it is acknowledged that “if you're in a better state of mind, if you feel as though you are able to do the work, then you are able to better support the women that we work with”.

Within the WiSER project self-care is prioritised, and the Advocates are given supported space, supervision and training to “think”, “unpack” and “try and make sense about what's going on”. This support is described in more detail below.

Two of the Advocates illustrated their journey with WiSER and the importance of their supportive work environment, as follows:

“*I remember when I first started there was a really challenging client and I would start to cry because she was really giving me a hard time and I didn't know how to manage it. With time and experience we know how to put up boundaries and build that relationship. It wouldn't affect me as before, I try to put my feelings aside, and my options, and be there for her. It takes time.*”

“*It took me probably a year, when I first started I was crying all the time. There is a lot of distressing sights to absorb. But 100% with the support you get from the WiSER project you deal with it in a healthy way and your resilience grows, it becomes much more manageable.*”

On balance, the Advocates reported that “I'm really happy with the support that we get” and “I get all the support that I need”. As one Advocate described: “I think the way in which WiSER works really, really well is the levels of support for both staff and service users, I think it's just absolutely incredible

“ If there are any issues, or if there's anything that's going on, we do know that we have each other as well. ”
(WiSER Advocate, focus group)

The Advocates noted that “there’s a huge amount of expertise on the team” and “it is really valuable to get support from each other”. This can include “reflective practice”, “a Whatsapp group” and “trainings” from colleagues.

During year 5, “challenging SUs on their abusive behaviour towards Advocates” and “sporadic engagement to a point where it is impacting the support and becomes detrimental to them” were raised by the Advocates. These issues were discussed during Team Meetings and ultimately added as a standing item in the Team Meeting agenda. The impact of WiSER funding cycle was also added as a standing item in the Team Meeting agenda. The WiSER project has therefore responded to arising issues of concern and ensured that similar situations can be addressed openly and proactively dealt with in the future.

“ I’ve worked in lots of organisations, here our Managers are there when we need them to be there. I know I’ll get a reply within an hour. I find that absolutely incredible. ”
(WiSER Advocate, focus group)

The Managers within the WiSER project were described as being “incredibly supportive”, “understanding” and “available”. They are always open to providing “ad hoc support” and “debriefs”, and they encourage the Advocates to “grow” and “do things” such as “trainings on a topic I raised”.

“ I think one of the best things of our project is that we have an in-house psychologist. It’s such a luxury. ”
(WiSER Manager, interview)

WiSER has an in-house Counselling Psychologist, who supports the WiSER team through “reflective practice groups”, “clinical supervision”, “in-depth conversations” and “monthly meetings with Managers”. She is also “available by phone or text message if you need her help urgently”. The Advocates often work with the Counselling Psychologist to “debrief” situations with the WiSER service users, which helps to “bring a little bit more insight to what might be going on in their day”.

Having an in-house Counselling Psychologist was considered to be a unique feature of the WiSER project, as staff members commented that they have “never actually come across a service that has an in-house psychologist” and “her job is to make sure we’re all OK, in previous places I’ve worked that is always last priority”. Having this role in-house provides “continuous support” and “Advocates get to build trust with her over time”, which the Advocates felt was “amazing” and “makes a huge difference”.

“ We have monthly workshops on topics. Vicarious trauma, defence mechanisms, the different types of mental health disorders, grief and bereavement, just basically topics that the Advocates might come across when they are working with the women that we work with. ”
(WiSER Counselling Psychologist, interview)

WiSER provides a “wide breadth” of regular training opportunities and workshops, on subjects of relevance to WiSER including “attachment theory”, “second hand PTSD”, “Borderline personality disorder”, “mental health issues” and “burnout”. The Advocates very much appreciated these training opportunities, describing them as “interesting”, “really helpful” and “so valuable”.

It was noted that the trainings were particularly relevant, “practical” and contained “useful strategies”, particularly because they were “in-house we can tailor the information we need”. Furthermore, “it’s not just a workshop then it’s done” because issues can be followed up, or refresher information can be requested and provided at any time.

The Advocates felt that the need for training in their role at WiSER was “endless” and “there is always going to be new situations” so with respect to training, “there should be more and more, bring on more” because “we all want to be improving our practice and be the best Advocates we can be”. Some Advocates outlined areas of training they would benefit from, in their reflection logs, including “supporting clients with disabilities”, “conflict resolution”, “form filling and understanding -U/C, PIP, Housing”, and “knowing more about drug use and drugs”.

The Peer Mentors also appreciated the training opportunities within WiSER, describing these as “phenomenal” and “exciting” opportunities which have “opened up my eyes”.

Challenges faced

The following section describes recent challenges faced within the WiSER project.

- **Continuity of support and the challenge of the funding cycle**

“ They keep leaving if they have found a new job and I get a new person. I cried when they left. ”
(WiSER service user, interview)

Most of the WiSER service users that were interviewed mentioned having worked with multiple Advocates, and the uncertainty that this caused. Their previous Advocates “had left” due a variety of reasons, which left them wondering “what’s happening?”

Continuity of support was an issue raised by most of those interviewed, with WiSER staff members noting that “a service user that’s been with us for three years might have had two or three different Advocates, maybe even more” which “can feel quite destabilising for them” and is “not ideally how we would like to work”. Various WiSER staff members wondered “is that fair to the women that we work with?” observing that “we want to put the service users at the forefront of the work” and “they need consistency because it’s all about building trust in relationships”.

The WiSER staff felt strongly that fundings cycles and funding uncertainty contributed to the challenges they faced around continuity of support. One described the impact that funding uncertainty routinely has on the staff team:

“ In January time people will be anxious about hearing about funding in March. So then people apply for jobs as a security thing for themselves. Then we have a big exit between March and June, where we have loads of people leaving so we have to recruit, and then it gets to like October and we’ve got a full team. Everyone’s bonded. It’s brilliant, and then it starts again. Everyone’s anxious, people are applying for new jobs, and that cycle follows year to year. ”

According to the various WiSER staff members, this recurring cycle “puts a downer” on the WiSER project, leaving staff members “in limbo” and “on edge” which “is hard for everyone” and causes “anxiety within the team and with the service users”.

Staff members described “the stress of funding”, and how it made staff members “feel like you don’t have a secure job”, which “has an impact on how long people stay”. There is “a high turnover of staff because of that” and WiSER “loses workers”, due to staff members “hedging their bets” when “other opportunities come about.” As one Manager described:

“ We go through this cycle of recruiting new Advocates and it just ends up being a new team each year, not 100% new, but we do tend to lose a few Advocates, and then recruit a few more months down the line. We've had different people starting at different times in the year, inducting, getting them settled with the service. ”

As well as “losing expertise within the team”, this causes “gaps in service for long durations”, and ultimately a lack of continuity for the WiSER service users which has been “a bit messy”.

WiSER Managers felt strongly that “if we had longer term funding, two years, three years, we could just plan a bit better for the project” and that they could “have some really clear visions that we can implement” and “be just [a] bit more outward facing”. They noted: “We've actually just found out recently that funding has been confirmed for a further year. This is the earliest we've ever heard. We've got more time to plan for the year ahead, which is brilliant.”



- **Effective partnership working**

“ We can sometimes be like that glue, we see a lot of services are not set up for women that are experiencing multiple disadvantage so they have certain ways of working and sometimes quite could appear quite rigid to all the women that we're supporting. So we will be the people that are speaking to other services and showing them that this person has experienced trauma. ”
(WiSER Manager, interview)

Working effectively with other agencies also helps the WiSER project to progress strategically, and to support the WiSER service users both day-to-day and in a joined-up way.

The WiSER project is itself “a cross partnership project with half of our Advocates coming from partner agencies”, and alongside this WiSER works with “other agencies” in the course of supporting the WiSER service users. Typically a WiSER service user “can have lots of different services involved with her” so the Advocate role can involve “bringing that network together” to facilitate this support and think through “what could work with these clients”. 50% of external partners that engaged with the survey agreed that ‘the WiSER project has enabled effective partnership working in my borough’, 10% giving “neither agree nor disagree”, 10% disagreed and 30% indicated “I don’t know”.

Partnership working also comes with challenges, exacerbated by services not always understanding the specific needs of the survivors, not being able to work in a flexible way and some “victim blaming culture” where professionals “perpetuate the myth” such as “the abuse is mutual” due to stereotypical views of what a victim is perceived to be. This was a theme prevalent in the Activities and Reflection log completed by Advocates, examples of which are noted below:

“ [Service user] has been allocated an accommodation that does not suit her mental or physical health needs. This is likely because the housing officer was unable to take into consideration [service user]’s intersecting disadvantages when offering her accommodation. ”

“ Client's DV is a huge barrier to her accessing any other service due to him always being there and also becoming extremely paranoid and physical if she spends more than 20 minutes in any appointment. ”

“ The drugs and alcohol service implement huge barriers. [Service user] finds it hard to leave the house early due to needing a certain amount of alcohol and due to anxiety and the dna [drug and alcohol] service keep giving her early appointments and then acting punitive when she misses them. ”

“ There have been a lot of structural barriers for [service user] this month with her finances, where external services such as British Gas have not been understanding of her needs. She has not been getting the support that she needs from them because she cannot meet the requirements that they need from her or jump through the hoops that they are asking for because of her health problems. ”

“ My client is being judged for sex working by other agencies. ”

However there were some very positive examples of effective partnership work which resulted in positive outcomes for survivors:

- “ Attending MARAC for one of my clients. Her Social Worker was excellent in putting some of my clients risks and needs across and I did not feel alone at the meeting. ”
- “ [Service user]’s work coach has been very understanding of [service user]’s situation in that she has wavered any consequences if [service user] has missed an appointment. ”
- “ I have been working well with [service user]’s care co-ordinator who managed to secure the eating disorder clinic appointment. Working with a professional who has oversight over [service user]’s care needs has been greatly beneficial to my own wellbeing as the responsibility is shared. ”
- “ Within a few hours we had organised a whole council safeguarding response, with new accommodation sourced and a legally backed plan on how to proceed with any bail application, checked by commissioners. ”

Demonstrating not only the positive impact for survivors, but also for the Advocates in being able to work collaboratively and “lessening the load” for the Advocate. Also highlighted in the 2018 ‘Jumping through hoops’ report, “services benefit from not having to deal with complex cases alone, gaining a more holistic view of their clients, having a better understanding of risk and safety planning and the ability to intervene earlier to prevent crisis or escalation of need.” (6)

(6) Sharpen, J. (2018) ‘Jumping through hoops: How are coordinated responses to multiple disadvantage meeting the needs of women?’ London: AVA, MEAM, Agenda and St Mungo’s, p.8 http://www.meam.org.uk/wp-content/uploads/2018/10/Jumping-Through-Hoops_report_FINAL_SINGLE-PAGES.pdf



- **Underrepresented groups within the WiSER project**

“ I would say we are probably not that diverse. We have done exercises where we're looking at the demographics of the boroughs that we work in, and whether our service users reflect that demographic and I think we found yes in some of the boroughs are no in some of the boroughs. ”
(WiSER Manager, interview)

In year 5, of the 6 new referrals into WiSER with whom an entry form was completed, 83% identified as White British/ Irish and 67% identified as Heterosexual.

The following breakdown was provided by WiSER regarding self-identified ethnicity of the 58 women who accessed the WiSER service during year 5:



Some of the WiSER Advocates, Peer Mentors and Managers observed that “there are demographics we are definitely not getting”. The staff members observed that a variety of groups were “not being referred into our service” and “there’s still some work to do” to “reach out” more widely. Groups mentioned by staff members as being potentially underrepresented within the WiSER project included: “Black”, “Asian”, “Bengali” , “Somali” women; “refugees” and women with “insecure immigration status”; “LGBTQ+ and trans women”; “women that are using survival sex”, and women who are “street homeless”.

Section Four: WiSER service users' experiences of mental health services

This year as part of the WiSER evaluation, a small scoping research was conducted as part of the evaluation, to better understand WiSER service users' experiences of mental health crisis services in WiSER boroughs. This stemmed from findings in year 4 from women's experiences and further exploration was considered beneficial.

“ I am dealing with them at the moment, they are not bad, they are trying to make me comfortable. ”
(WiSER service user, interview)

To better understand this, we also asked internal and external partners about their views on mental health crisis services and whether they felt these services were able to meet the needs of women accessing the WiSER service.

- Only 50% of WiSER internal partners felt that crisis services are able to meet the needs of WiSER service users experiencing suicidality

We also asked WiSER's external partners about their views:

- Only 36% felt that crisis services are able to meet the needs of WiSER service users experiencing suicidality
- Only 50% felt all the WiSER service users they have referred to crisis teams received the same experience

The partners commented that crisis services are “over-subscribed”, have “long waiting lists” and are “not always suitable in meeting complex needs”. As one partner commented, “basically it's a postcode lottery what support you are offered and how good it is”.

A partner also observed that “this is also down to our clients willingness to engage, if they fail to attend appointments at mental health it is really hard to get follow up appointments”, and that “too many women diverted to addiction services when they are not mentally well enough”. Highlighting an ongoing challenge for women who are experiencing multiple disadvantages, in being batted back and forth between services, for example when trying to get support for their mental health, and being told to address their addiction (7), rather than a joined up, person centred approach to address needs and understanding behaviours. This was a theme also picked up by some Advocates who gave examples of this with a range of services.; overall identifying the lack of empathy and flexibility of some services when service users are unable to attend appointments and are “penalised for non-attendance”. For example not considering why this may be, “client is often late or misses appt due to MH”, referring to mental ill-health. This ties into the wider need to ensure a trauma informed approach is used when working with survivors experiencing multiple disadvantages.

The WiSER Advocates and Managers described the necessity of mental health support to the WiSER service users, as “a lot of clients may be very depressed, and very down” and “we're always in that space, because the majority, if not all, of our women, are experiencing some forms mental [ill] health, some of which are in crisis at points.”

(7) Making Every Adult Matter (2022) 'Multiple disadvantage and co-occurring substance use and mental health conditions' <http://meam.org.uk/wp-content/uploads/2022/06/Co-occurring-conditions-briefing-FINAL-June-2022.pdf>



Several Advocates described their experiences relating to supporting the WiSER service users through mental health crises, and how they felt about responding to these:

- “ You turn your phone on and you've got eight messages from the night before when she was drunk and decided to message you because she was suicidal, and you don't know what to do. ”
- “ With my client there is a mental health issue there and I feel so inadequate. Every day, every week is different. ”
- “ Yesterday suicide was mentioned, when one decides to do it they are going to do it no matter what we say. This is so traumatic to realise, it is a very challenging part of the WiSER project. ”

The staff members described how the WiSER service users typically “fall between the gaps” as they may not “meet thresholds”, for example “meet the criteria of community mental health services” or the services “won't work with them because they're using substances” or “can't work with them because they can't get to the appointments”. Consequently WiSER service users with “access to mental health support” are “very few and far between”, and those that are supported, are typically limited to women with “very chronic mental health issues”.

As such, the WiSER Advocates and Managers observed that “it's so hard to refer into mental health services” so instead the WiSER project “holds a lot of that” and “we carry a lot of that work ourselves”. The implication of this being the detrimental impact this can have on the Advocates and wider WiSER team. From feedback it appears that WiSER service users generally receive external mental health support “when they reach crisis point”, and that this may be a frequent occurrence as “we're always giving out crisis team numbers”.

As one WiSER Manager described:

- “ I can think of a client that one of our Advocates is supporting, and every day she's having hour long plus conversations with a woman who's feeling very, very low, often suicidal, you know, we're doing that work. She's called the crisis team many times before. Community mental health teams probably aren't going to take her. So we're carrying that. ”

The WiSER Advocates and other staff have been “reaching out to crisis teams ourselves” but this has not always been a positive experience. The crisis teams are “often quite limited as to what they can do”, and sometimes the WiSER service users “haven't had a good experience or haven't felt supported and so don't want to call them to be honest”.

When, as part of the Wellbeing Tool, WiSER service users were asked if they have been able to access services in order to support wellbeing and mental health, they responded with the following:



This does not only relate to crisis mental health services, but generally being able to access support for wellbeing and mental health, and shows inconsistency in being able to obtain support. These responses were captured at the initial point of completing the WiSER Wellbeing Tool and some responses changed over time for the women who had completed a further review of the Tool and who indicated an improvement in their wellbeing and mental health.

This is an area which can be further explored in year 6, to better understand the relationship between crisis mental health services and WiSER, how women facing multiple disadvantages experience mental health services and support, and the impact this has on WiSER service users and the service more broadly.

Section Five: Overview of AVA WiSER training in Year 5

During year 5 AVA continued to provide training alongside the evaluation of the WiSER service.

“ Amazing explanation, heard it many times before but that was so much better. ”
(Learner, WiSER training)

14 training sessions, across three levels were held, open to all professionals working in WiSER boroughs. In total 306 learners registered to attend.

The training sessions provided were:

WiSER Level 1 - ‘Understanding Trauma and Multiple Disadvantages’
Explores gender and trauma informed approaches to multiple disadvantages.

WiSER Level 2 - ‘Trauma Informed Practice: Advancing your Practice with Clients Experiencing Multiple Disadvantages’
Builds on Level 1 and is a skills based training for frontline workers translating theory into practice.

WiSER Level 3 - ‘Trauma Informed Practice for Managers’
Allows managers space to think about trauma informed approaches in services for both staff and service users.

Of the 306 learners registered to attend, this broke down to the following for each level:

Level 1 - 125

Level 2 - 117

Level 3 - 64

Learners' Feedback

Feedback from learners has been positive with learners identifying how much they “enjoyed” the training, how “fantastic” it was and how much they “appreciated” it.

Surveys were shared with external and internal partners working with WiSER to understand their experiences of the overall WiSER service. Two questions were asked about respondents' experience of AVA's WiSER training:

- 12 respondents to the external survey and 5 respondents to the 'internal survey had received AVA training as part of the WiSER project.
- 88% of respondents across both surveys, who attended the training, either “Strongly Agree” or “Agree” that the training supported their understanding of trauma informed approaches and practice, and felt able to implement this in their work.

“ Thank you for this informative training, some new nuggets which I will be sharing with staff and volunteers. ”
(WiSER Y5 External Partners' Survey respondent)

Reflections

Due to delays with the renewal of WiSER funding for year 5, training did not start until the end of quarter 1. This combined with staffing changes within AVA resulted in some challenges with effective recording and reviewing of attendance.

The borough, organisation and role of the learner and the impact the training has on learners' understanding of trauma informed practice will be monitored and analysed in greater detail in year 6. This will help with identifying if there is higher or lower uptake within certain specialisations or geographical areas, and enable the WiSER partnership to promote the training. The number of learners attending both level 1 and 2 will also be reviewed to understand the impact that this has on learners' knowledge and practice.





Case management ID _____

WiSER WELLBEING TOOL

OVERVIEW

This tool has been designed alongside Experts by Experience and Advocates, to be a supportive reflective aide regarding wellbeing and goal setting, for women, while working with WiSER.

You do not have to complete the wellbeing tool if you do not want to. It will not affect your access to the WiSER service. If you start the form, you can stop at any time.

All data shared with AVA will be stored confidentially, in accordance with GDPR, and will be anonymised. The information collected will be analysed by the evaluator and will be used only in the production of a final evaluation report.

CONSENT

Please tick the box below, if you agree with the following:

I give my permission for my personal data to be securely and anonymously shared with AVA for the purpose of the WiSER evaluation.

Client initials? _____

Date form completed _____

ADVOCATES

Please tick this box if you are completing the form along with your client.

Advocate initials? _____

If the form has been completed in hard copy, Advocates please remember to input the information into the Survey Monkey link.



Case management ID _____

SECTION 1 - Wellbeing & Mental Health

1. Weather Check in
Today I am Feeling...



2. What is something you have done for yourself, in the last week, that you have really enjoyed?

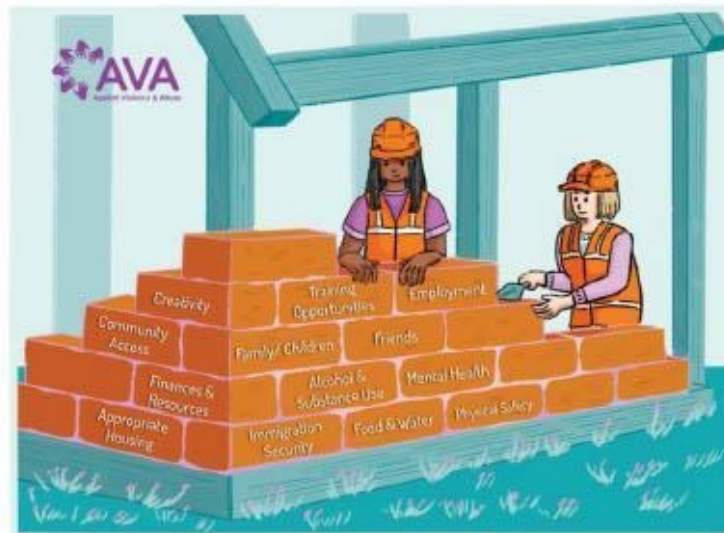
3. How have you been feeling over the past week?

Over the past week...	Never	Rarely	Sometimes	Mostly	Always
I am feeling more confident in myself.					
I have tried to avoid things that felt too much for me.					
My thoughts or feelings have felt intrusive/ overwhelming.					
I have been in contact with other people this month (friends/ family/ community/ professionals).					
I have felt happy with the amount of contact I have had with other people.					
I have been able to access services in order to support my wellbeing and mental health.					



SECTION 2 - Goals

Case management ID _____



1. Select 3 areas you would like to work on, with support of your Advocate, over the next 3 months.

You can use the image above for ideas or choose others, if these options do not fit the area you wish to focus on at the moment.

- 1.
- 2.
- 3.

2. Work together with your Advocate to set a goal for each identified area, to help you to achieve this.

Examples - I will attend a meeting with my Housing Officer on 3rd August / I will contact (advice agency) to put together a debt plan within 2 weeks/ I will attend my monthly counselling session...etc

Area 1 -



Case management ID _____

Area 2 -

Area 3 -

Looking to the future...

3. Where would you like to be in the next couple of years?
Examples - in a safe home/ in work/ on a holiday

4. What would help you to achieve this?
Set a goal which would help you towards achieving this.

At your next wellbeing check in, see how you are doing with your goals. Have you been able to meet them, do you need support to achieve these goals, or do they need to be reviewed?

Tick the relevant checkbox below, at your next wellbeing check in.

Goals met Goals partially met Goals needed to be reviewed

Thank you for completing the wellbeing form.

Violence against women and girls ends here.

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