



*Working
for women's
wellbeing*

Evaluation of Women's Health in South Tyneside

Carried out by:



June 2013

Comments about WHiST from service users

"I'm just so much better. I hardly ever need to see my doctor now and I'm not on any meds [medication] either".

"I would advise everyone to go to WHiST for counselling rather than the doctor route. WHiST makes you feel comfortable it's non-medical. Doctor's route is very clinical".

"I used the crèche to be able to go to my counselling sessions. I felt that the kids were safe so I could concentrate on my session. It brought us both on loads".

"This place is totally unique. You don't need a label to come in, you can have loads of different issues and just come in here and chat. You don't need one really big problem [like other projects] it always has an open door".

"When I was backed into a corner, at that very point where I had no where to go, WHiST helped me see what was really there for me".

"I never came out of the house before because of mental health issues and alcohol problems but I feel safe coming here, so I am no longer isolated".

"It's a big fear of mine that this place doesn't exist. I wouldn't know what to do with myself".

"If it hadn't been for WHiST I wouldn't be here. I still have dips but WHiST is always here to help. I can't find the words to explain how good it is and I can't praise it enough. They go out of their way to help. They do things above and beyond what needs to be done".

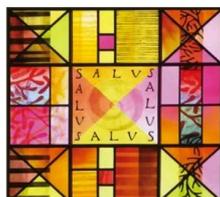
Acknowledgements

There are a number of people to thank for their contributions to this evaluation. We would firstly like to thank the service users and project beneficiaries who spoke honestly and openly about their involvement with WHiST and sometimes difficult subjects. Thank you to those professionals who spared time to talk to us about their reactions to and relations with the organisation. We are also grateful to the staff of WHiST who gave us time in their busy days to answer our questions and provide us with statistics. Finally, it is a testimony to the foresight and wisdom of the Board of Trustees and the Chief Executive Officer who saw the importance of investing their precious resources in an external evaluation to demonstrate their impact to others.

About WHiST

WHiST is a women's organisation based in South Shields, a coastal town in the Borough of South Tyneside in the North East of England. It provides a range of health related services to promote health and well being and support women in recovery from trauma and ill health. These include counselling, personal development courses, supported volunteering, physical exercise sessions, a drop-in café and a crèche. They have been delivering these services for over 25 years and are a respected and trusted local charity. This year their counselling service has supported almost 100 women through issues such as domestic abuse, bereavement, depression and other complex needs. They have offered 66 courses supporting women's mental health and building their confidence and the volunteers have delivered peer support and services directly to over 300 different women each year.

More information: www.WHiST.org.uk



About the authors

Barefoot Research and Evaluation is a social research organisation based in Newcastle upon Tyne, working across the North East and Cumbria. Barefoot Research and Evaluation has carried out work on a diverse range of social welfare programmes in the voluntary and public sector, with an emphasis on vulnerable and hidden groups. Dr. Christopher Hartworth has 20 years' experience of research and evaluation, beginning in developing countries in poverty alleviation programmes and continuing in the North East of England in work with disadvantaged communities. Joanne Hartworth has a First Class Honours Degree in Sociology, is a qualified teacher and an accomplished project manager, having managed literacy projects in East and West Newcastle.

More information: www.barefootresearch.org.uk



Executive summary

Women's Health in South Tyneside has been delivering services for over 25 years, operating from a purpose built women's centre in South Shields. WHiST works with women who experience a range of physical and mental health problems, but they also place importance on working with women who are well, in order to help them stay that way. This forms a holistic integrated model of service delivery which is referred to as a 'wrap around' service. In other words, women can come to WHiST and have all their needs catered for, in a One Stop Shop Model.

This is an evaluation of WHiST and its services, concentrating on its counselling, crèche and volunteering services. It was carried out by an independent specialist research organisation between January and April 2013.

Services

The three cornerstones of WHiST provision are courses, counselling and volunteering. These are underpinned by crèche provision. There is also a range of other services and activities run from the centre, all of which have been set up in response to local needs. These services are delivered by both volunteers and paid staff. They include:

1. Personal development courses: WHiST delivers three educational programmes per year. Each programme offers 10 different courses such as assertiveness and confidence building and overcoming anxiety.
2. Individual support: this is designed to meet short and long term needs and health difficulties and is offered in the form of counselling, peer support, personal development support, mentoring and complementary therapies.
3. Group support: there are a number of groups, such as drama, peer support, abuse and alcohol dependency support groups.
4. Physical exercise sessions: these are both ongoing, regular courses, or sample courses, which women can try out, such as Pilates and Aerobics.
5. Complementary therapies: these include Auricular Acupuncture and Body Massage.
6. Other services: a selection of organisations use WHiST premises to deliver their services to women, such as NECA, Tyneside Rape Crisis Centre and Bridges credit union.
7. Drop-in: these are held on a Wednesday and Thursday.
8. Activities: there are a number of specific activities, including Book club and a lunch club.
9. Child care facilities: crèche facilities are available five days a week.

Evaluation findings

From the research conducted for this evaluation, we make the following findings.

- **WHiST is a very well used and growing organisation:** they currently have nearly 3500 members, with around 250 new women joining each year. These women are from across South Tyneside and across all age

groups. They have grown by 54 percent in four years (between 2008 and 2012). WHiST provides an inclusive service and they provide both specifically targeted services, such as Black, Asian and Minority Ethnic exercise and services open to all, such as their volunteering programme. The centre consists of a spacious, segmented, purpose built building, located in a convenient, town centre location. There is such a demand for services that there are waiting lists for some services, including the individual therapies and the counselling.

- **There is a diversity and complementarity to WHiST's services:** WHiST caters for the individual needs of many different women and also provides opportunities for women to progress both within and beyond the organisation. Services range from drop-ins, courses, individual therapies and volunteering. There is a high degree of complementarity to the services, as women choose a route through the services and support to suit their changing needs, for example: women accessing counselling can progress onto self help courses such as Anxiety, Stress and Low Moods after counselling; women accessing exercises can go on to counselling and other services. Women who come to the centre often access more than one service.
- **There is a high degree of added value to WHiST:** this is evident through the range of services available and accrues to commissioners and funders. This is gained through women accessing more than one service whilst at WHiST. For example, a woman who uses the counselling service goes on to complete a course, access an individual therapy, exercise or volunteer at WHiST. This assists in recovery or progression and is something which is not available at other providers, for example, at counselling provided at GP services. The Women's Resource Centre carried out a Social Return On Investment (SROI) exercise on women's voluntary and community services. They found that for every pound invested into their services, women's organisations can generate, over five years, between £5 and £11 worth of social value to women, their children, and the state. WHiST is such an organisation and we can therefore assume that values will be comparable.
- **The peer support that takes place at WHiST is important to their impact and a key ingredient of their delivery model:** during the interviews conducted for this evaluation many women expressed the value of the support they received from other women. Indeed, this was expressed as an important factor as to why women accessed WHiST and stayed with the organisation. Peer support cuts across all service elements and indeed, the organisation. If a Social Return On Investment exercise was to be undertaken, the peer support element of WHiST would be one of the factors which made the organisation unique and so successful in what they do, and something which cannot be delivered or purchased from other health providers.

- **There is evidence of progression amongst the women that use WHiST:** the service provision is demonstrated to be effective at enabling individuals to make positive changes to their lives and to move on and progress in areas such as personal development, education and employment. For example, between 2008 and March 2013, a total of 128 women have gained a nationally accredited qualification. This is an important function as it highlights a movement in service users and not a maintenance of status quo, i.e. WHiST is not a centre where women with static conditions use for a number of years. They grow, develop and move on. This is evident from self reported outcomes at three months after service completing and WHiST data systems which gather information on progression.
- **WHiST plays significant public health and mental health recovery roles:** this is provided through its services and activities which improve women's health and well being and through their counselling which help women recover from poor mental health. This is demonstrated in a number of different ways, from case study material which has shown women to make considerable progress after periods of ill health, to monitoring outcomes after courses or therapies. Women have recovered in different ways but commonalities include increased social networks and reduced isolation, valuing the safety provided by WHiST and addressing depression and anxiety. The types of women who are reported by WHiST to benefit include those affected by obesity, smoking, chronic and enduring conditions and poverty. It was also reported by WHiST and partner organisations that victims of domestic violence receive significant health benefits from accessing health-related services in a gender specific environment. For these women, there are limited other health options available.

The public health outcome is evidenced through the number of women who attend the keep fit classes (from Zumba, through to Salsacise and Tai Chi). These are often a key target group for the Health and Well Being Board, older women or those with Long Term Conditions (such as diabetes, asthma and arthritis) who are unlikely to access health and fitness activities in other venues. WHiST's health role is further demonstrated through the high number of referrals it receives from GPs and health care professionals. There is therefore a professional recognition of their expertise and effectiveness.

- **WHiST is demonstrated to be effective at improving women's self esteem, general well being and independence:** these have all been demonstrated to be important determinants of health and well being, including helping people back into work. These impacts have been formally measured using standard measuring tools and through self reported improvements. For example, the Lodex evaluation (see section 3.3.2) used by South Tyneside PCT demonstrated that WHiST has long term positive effects on all aspects of well being, social functioning, meaning and purpose, and resilience and coping. This is also

demonstrated through the qualitative data produced for this evaluation through Focus Group and Semi Structured Interviews.

- **WHiST plays a specific role supporting survivors of domestic violence:** WHiST offers effective support to women experiencing violence and abuse and women who are living with consequences of violence and abuse. WHiST reports that for many of their clients who experience abuse there are limited options for support. . Survivors are able to access a range of services which assists in their recovery, from counselling to support groups and complementary therapies. The experience of domestic abuse is relatively common amongst WHiST service users and there is a recognition from these women (demonstrated through interviews) that WHiST supports them to both remain free of abusive relationships and to recover from the trauma that they have experienced.
- **Volunteers and the organisation share a high degree of reciprocity:** this means volunteers benefit from WHiST and WHiST benefits from the volunteers. Volunteering often comes after being involved in one or more of WHiST's services such as counselling or the courses. Volunteers are intrinsic to the organisation, playing a prominent role in how it is run, and an intrinsic part of what WHiST stands for; to help and support women back into productive life.
- **The crèche plays an important role in enabling vulnerable women to access services:** the crèche was found to be very important to the work of WHiST as it allows women to participate in activities that they may otherwise be unable to do. By working with mothers, through their counselling, courses or other services, WHiST plays an important role in healing the mothers and assisting in their recovery. By providing high quality crèche services, they also allow their children engage in age relevant play and learning. This dualistic approach is reported by WHiST and their service users to result in good outcomes for both mother and children. As one Child Support Worker commented "*they do their healing together*".
- **WHiST has over achieved on many of its Big Lottery Moving On and Including Women outputs and outcomes:** WHiST has achieved all of their agreed outputs and outcomes for the Big Lottery and over achieved in many cases. This demonstrates an increasing demand and unmet local needs. Indeed, the Chief Executive Officer stated "*As we have broadened out our services we have seen increase in demands, long lists for health and well being courses, relaxation, anxiety depression, anger and every kind of exercise you care to mention*". In addition to the Big Lottery, WHiST has a good track record in delivering both to budget and agreed outputs with a range of funders.
- **WHiST is recognised as an excellent organisation:** this recognition comes from a range of organisations and institutions, local, regional and national. WHiST has a reputation for delivering professional and effective

services. In addition to this, WHiST has been the recipient of a series of local and national awards.

Conclusion

A considerable amount of data is presented in this evaluation. This has been produced from WHiST's comprehensive data management systems and feedback and monitoring mechanisms. It has also been produced from Focus Group and Semi Structured Interviews that we have carried out with a range of stakeholders, from partner agencies to beneficiaries. The most important of these is of course the women that use WHiST. We feel that the voice of the beneficiary is strong in this evaluation and that voice expresses the impact that WHiST has on improving women's mental health and well being, making women feel safe and bringing them back into productive society.

This level of data is of significant worth as it provides a strong evidence base; in other words it proves that WHiST is having a positive impact. Through looking at the data, we can now make a series of statements:

- WHiST is a trusted and respected local organisation.
- It has dedicated and experienced staff and volunteers and it has strong leadership from its Chief Executive Officer and its Board of Trustees.
- It is a safe and secure place for vulnerable women.
- It provides services for women across the spectrum of demography, socio economic group and need.
- It is very well used.
- It is effective at what it does.

We have found that WHiST makes a difference to women with poor health, often chronic conditions and multiple and complex needs. WHiST supports women who are at risk of a deterioration in their health as well as supporting women who need to maintain their health. WHiST also engages with women who would otherwise not access health-related services, either as a result of being unable to identify similar holistic services elsewhere or being unable to overcome the barriers to accessing provision elsewhere, such as child care needs or fear of statutory involvement.

WHiST also enables women to take control of their decision making about their health and how to make improvements. WHiST does this through encouraging women to take control of their support from the outset by selecting a route through the services to suit their changing needs and to work at a pace that women are comfortable with.

We have also found that WHiST is effective at improving women's health by increasing women's confidence, helping them to work through trauma and depression, building social networks and offering ways to improve fitness levels. WHiST improves health and well being and helps women move on and progress.

The evaluation finds that WHiST delivers on many of the issues that have been identified as local strategic priorities. These include reducing social isolation and addressing loneliness, delivering health and well being services, providing personalised services offering health and well being and chronic conditions support to women, including older women, ensuring progression in health and progression towards and into employment.

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and Moving On

1.0 Introduction

WHiST has been delivering services in South Tyneside for over 25 years. It offers an array of services which have many impacts.

This is an evaluation of WHiST and its services, concentrating on its counselling, crèche and volunteering. It was carried out by an independent specialist research organisation¹ between January and April 2013.

The report first introduces the area, the organisation and its services. It then looks at the services in detail, presenting their outputs and their outcomes. Following this, we look at the findings of research carried out with service users and partner agencies. We then summarise the key findings and present the key outcomes of WHiST.

1.1 The evaluation

This evaluation was commissioned by WHiST who wanted to better understand the impact of the organisation on women who use their services. The evaluation employed a series of different methods to measure impact, including:

- Semi structured interviews with staff
- Semi structured interviews with professionals from partner organisations
- Semi structured interviews and focus groups with volunteers (a total of 14 individuals)
- Semi structured interviews with counselling clients
- Analysis of project records, monitoring systems and other data
- Review of secondary information and research.

Themes emerged within individual interviews and across different interviews. Recurring themes across transcripts were taken to reflect shared understandings of the participants and the report is structured according to these recurring themes. This is known as the grounded theory constant comparison method, where each item is compared with the rest of the data to establish and refine analytical categories².

1.2 Background and context

WHiST is located in the town of South Shields in the Borough of South Tyneside. It is bordered to the north by the river Tyne, to the west by the North Sea, to the east by Gateshead and to the south by Sunderland. It is an urban area with an industrial and maritime past dominated by coal mining, ship building and fisheries. It has a population of approximately 148,000³ living in an area of 64km².

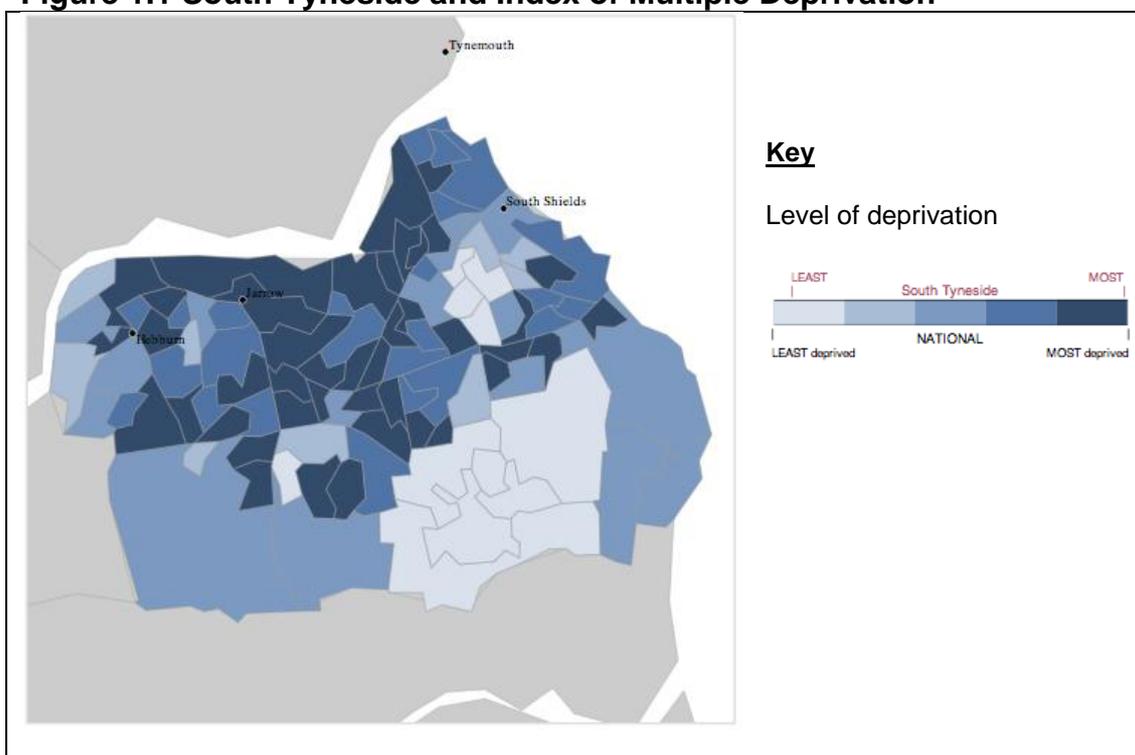
¹ See www.barefootresearch.org.uk for comprehensive information.

² Pope, C., Ziebland, S., and Mays, N. 2000. Qualitative research in health care: Analysing qualitative data. *British Medical Journal*, Vol. 320, pp.114-116.

³ South Tyneside Joint Strategic Needs Assessment, 2011.

South Tyneside is an area of relative deprivation (see figure 1.1), ranked 52 out of 326 local authority areas in England⁴. Deprivation data includes having high scores in health inequalities. In relation to population profiles, there is an increasing number of older people, aged 65 years and over and this is set to increase by 20 percent over the next 10 years and the number 85 years and over will increase by 40 percent.

Figure 1.1 South Tyneside and Index of Multiple Deprivation



Source: Office for National Statistics, 2010

With levels of deprivation come inequalities, particularly in health, education and employment. In relation to health inequalities, there are a number of strategic bodies in South Tyneside who have specified aims to address this. For example, the South Tyneside Partnership Strategic Vision states:

'We want people in South Tyneside to live healthier and longer lives. We will encourage people to make positive decisions about things that impact on their health. We will improve health in specific groups and areas by focusing on prevention and early intervention, and improving access to personalised services and support⁵.'

The South Tyneside Health and Well Being Board identifies both reducing the social isolation of older people and encouraging more physical exercise amongst older people as priorities. This key local body also recognises the risk of poor mental health to public health. NHS South of Tyne has carried out a mental needs assessment⁶ and has developed a specific mental health

⁴ Shaping Our Future, 2011-16, South Tyneside Council Strategy.

⁵ The South Tyneside Vision, 2011-31, South Tyneside Partnership.

⁶ Mackereth, C. 2009.

strategy. This strategy states:

'NHS South of Tyne and Wear will work to improve the emotional health and well being of the population of Gateshead, South Tyneside and Sunderland, by supporting individuals and communities. We will work in partnership with local people and organisations to promote social inclusion and reduce health inequalities, so improving both individual and community well being'⁷.

The Mental Health Needs Assessment recommends that 'any attempt to address mental well being must take social inclusion into account, and this means attempting to build up social capital'⁸. Indeed, it identifies that one of the strongest factors putting people at risk of poor mental health is social isolation, to which older people may be particularly vulnerable. It points out that 'Loneliness and social isolation, particularly in the older adult, have been shown to influence psychosocial well being. Loneliness has been related to chronic illness ... there is an important relationship between loneliness and psychological well being in older adults particularly in the area of depression.'⁹.

There is a strong relationship between social networks and mental health: those with few social contacts are at increased risk of mental health problems¹⁰. Social networks can prevent problems arising from stress and research suggests that they can help women recover from depression¹¹. The needs assessment specifically identifies a gender disparity concerning mental health. They find a gender bias in relation to those suffering from poor mental health, with women much more likely to be diagnosed as suffering from depression than men: 70.6 per 1000 compared to 29.6 per 1000^{12, 13}.

It also says that support for getting people with mental health needs into work is important, as is providing help to get people back to work after sickness.

⁷ Emotional Health and Well being Strategy for NHS South of Tyne and Wear: Gateshead, South Tyneside and Sunderland, 2010-2020.

⁸ Emotional Health and Well being Strategy for NHS South of Tyne and Wear: Gateshead, South Tyneside and Sunderland, 2010-2020.

⁹ Alpass, F.M. and Neville, S. 2003. Loneliness, health and depression in older males. *Ageing and Mental Health*, 7 (3) 212 – 216; page 212. In Mackereth, 2009, *Op. Cit.*

¹⁰ Stewart-Brown, S. 2002. Interpersonal relationships and the origins of mental health. *Journal of Public Mental Health*, 4 (1) 24-29

¹¹ Brugha, T.S., Bebbington, T.E., MacCarthy, B., Sturt, E., Wykes, T. and Potter, J. 1990. Gender, social support and recovery from depressive disorders: A prospective clinical study. *Psychological Medicine*, 20 (1) 147 – 156.

¹² Singleton, M., Bumpstead, R., O'Brien, M., Lee, A. and Meltzer, H. 2000. Psychiatric morbidity among adults living in private households, 2000. London: Office for National Statistics.

¹³ Mackereth, C. 2009. Mental health needs assessment of the population of NHS South of Tyne Tyne and Wear.

Box 1.1 What is emotional health and well being?

The terms mental health, emotional health and well being are often used interchangeably. However, 'mental health' is often used instead of 'mental illness'. For this reason, 'emotional health' is the term used within Emotional Health and Well being Strategy, which refers to a positive state, not just an absence of mental disease or illness.

Well being has been defined as:

*'A dynamic state, in which the individual is able to develop their potential, work productively and creatively, build strong and positive relationships with others, and contribute to their community. It is enhanced when an individual is able to fulfill their personal and social goals and achieve a sense of purpose in society'*¹⁴.

Source: Emotional Health and Well being Strategy for NHS South of Tyne and Wear: Gateshead, South Tyneside and Sunderland, 2010-2020.

2.0 Women's Health in South Tyneside

Women's Health in South Tyneside (WHiST) was created in 1985 by a group of local women. The beginnings of WHiST were informed by the Black Report¹⁵, which showed in great detail the extent of which ill-health and death are unequally distributed among the population of Britain. The report concluded that these inequalities were not mainly attributable to failings in the NHS, but rather to many other social inequalities influencing health, including income, education, housing, diet, employment and conditions of work .

At that time, WHiST offered advice and information provided by volunteers from a small premises in Flag Court South Shields. From the first contacts with local women, it became clear that there were unmet health needs and gaps in service provision. In 1985, they applied for a government grant which paid for a full time Project Coordinator and a part time Administrator. The project became formalised and was registered as a charity.

A new purpose built centre was constructed in 1999. It was designed by a female team of architects, staff and project users, and built with funds raised from The Lottery, English Partnerships, South Tyneside Council, Nexus, Northern Rock, The Barbour Trust and other small trusts. In 2005, the building was extended with monies from the Coalfields Regeneration Fund. This was formally opened by Dame Tanni Grey Thompson and provided space for additional training and counselling provision.

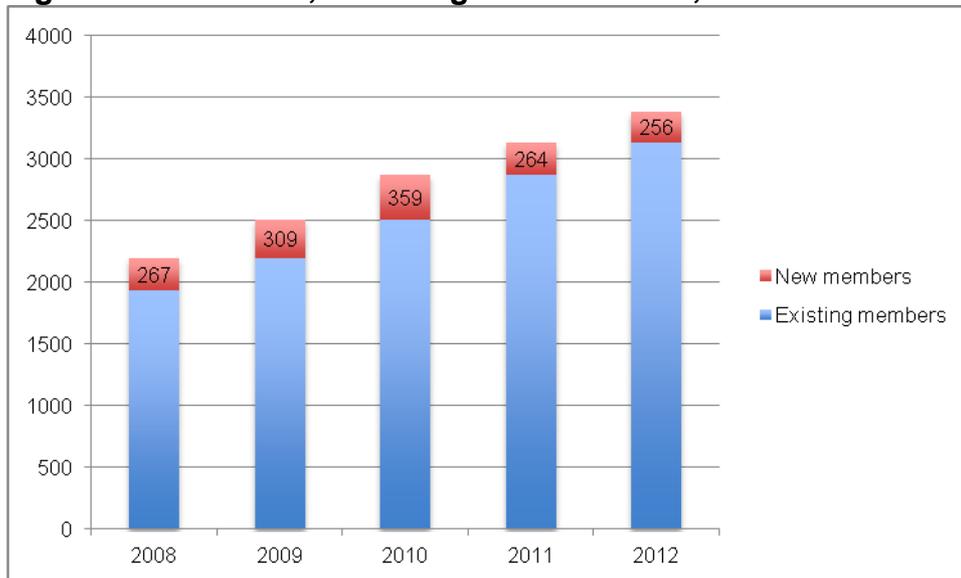
WHiST is a very well used centre with a growing membership. In March 2013, it had 3389 members, with over 250 new members joining each year (figure 2.1). As an illustration of usage, in a recent census/survey of weekly centre

¹⁴ Foresight Mental Capital and Well being Project. 2008. Final Project report – Executive summary London: The Government Office for Science.

¹⁵ Black, D. 1980. Inequalities in Health, Department of Health and Social Security, HM Government.

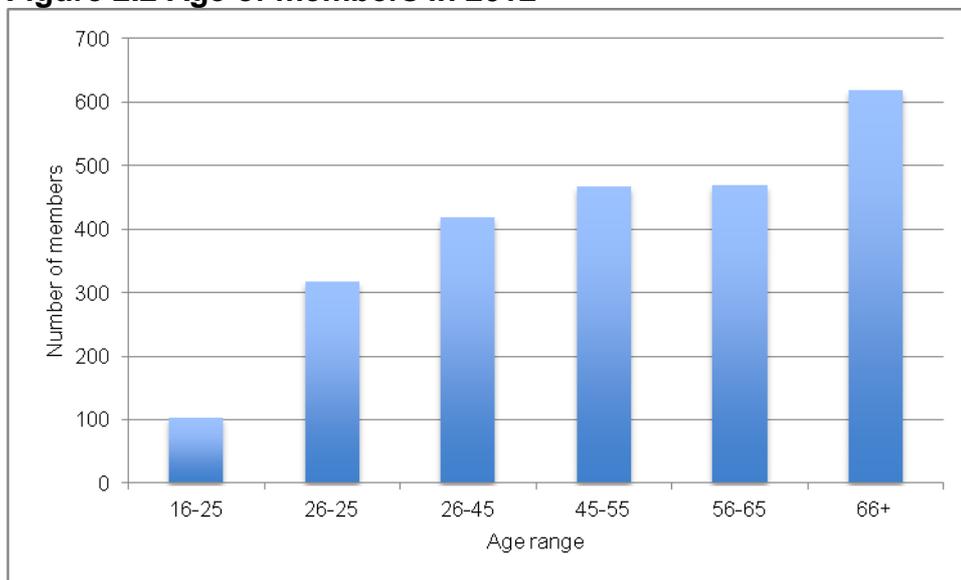
usage, they had a total of 224 different women using the centre, 42 of these women attended more than once during the week.

Figure 2.1 Members, including new members, 2008 and 2012



WHiST is used by women of all ages (figure 2.2), with no particular age dominating. However, as can be seen, the over 66 age group is the most numerous (many of whom access the exercise classes that WHiST provides). Women who use WHiST come from across South Tyneside.

Figure 2.2 Age of members in 2012*



* Where given: not all members included date of birth on their registration documents.

2.1 Staffing

WHiST delivers its services with a small team of paid workers and a dedicated team of volunteers. Indeed, volunteers have been an integral part of WHiST and its ethos since it began.

There is a total of nine paid staff, including job shares, part and full time staff. These include a Chief Executive Officer (full time), a Counselling Coordinator post (job shared), a Volunteer Support Worker (job shared), a Finance and Administrator (full time), an Admin Worker (full time) and two Child Support Workers (part time). WHiST uses up to 14 tutors who work on a sessional basis, delivering courses.

They have 35 volunteers involved in the organisation who provide a range of roles (presented in section 3.2). In addition, there are currently 13 professionally qualified (to Diploma in Counselling level) Volunteer Counsellors. These are overseen by the Counselling Coordinators who scrutinise applications, carry out interviews, deliver induction, training and supervision for all volunteers. All volunteers are CRB checked and counselling volunteers are referenced. Volunteers access the same staff development and training opportunities as paid staff.

The staff and the organisation are governed by a Management Committee. There are nine Trustees who are predominantly residents and volunteers; professionals are also represented.

2.2 Funding

WHiST raises funds for its services through a variety of means. This includes developing projects and applying for funding for these from charitable trusts. An important funder for WHiST since 2002 has been the Big Lottery who have funded both their counselling service, called Including Women and their volunteer support programme, called Moving On. WHiST also raise funds from other charitable trusts such as Lloyds TSB Foundation that funded work with women experiencing violence and children who have been abused, Greggs Trust who partially funded core costs, The Community Foundation, and The Women's Fund (a list of funders since 2009 is presented in appendix one).

Funding for services also comes from statutory services who wish to invest in women's health. This has included Social Services, who have given the same level of grant over a long period, the Primary Care Trust which funded the counselling service in order to achieve mental health outcomes. It has also included the South Tyneside Drug Action Team who between 2005 and 2009, funded WHiST to support women with substance misuse problems. This type of funding is ironically more sporadic and time limited than other funds and is dependent on available budgets and priorities.

WHiST also fundraises themselves in the traditional approach of charities, such as organising raffles, tombolas and sponsored activities. Most of these are organised by volunteers and many of the activities and events are attended by the volunteers. In other words, members of WHiST are raising funds for their own services. Donations are also collected

2.3 WHiST's approach

WHiST is an open access centre and women can drop-in at any time for support. WHiST operates a membership which means that any individual accessing a service at WHiST must become a member.

WHiST takes an holistic approach to health and well being and acknowledges that both physical and emotional well being must be catered for. They therefore work with women who experience a range of physical and mental health problems, but they also place importance on working with women who are well, in order to help them stay that way. This forms an holistic integrated model of service delivery which is referred to as a 'wrap around' service (their Pathway of care is presented in appendix two). In other words, women can come to WHiST and have all their needs catered for, in a One Stop Shop Model. If services are not available, either services will be brought in or women will be accompanied or signposted to those other services.

WHiST allows women who use the Centre to direct their own support. As one staff member said "*women can choose their own path ... we don't subject women to our opinions*". This includes giving women the space and freedom to determine their own needs and choose the intervention that they require, whether this is individual support, participation on a course or counselling, or a combination.

2.4 Services

WHiST provides a number of services to local women. Whilst some of the services are stand alone initiatives, they all interrelate and complement each other.

The three cornerstones of WHiST provision are courses, counselling and volunteering. These are underpinned by crèche provision. There is also a range of other services and activities run from the Centre, all of which have been set up in response to local needs. These services are delivered by both volunteers and paid staff. They include:

1. Personal development courses: WHiST delivers three educational programmes per year. Each programme offers 10 different courses such as assertiveness and confidence building and overcoming anxiety.

In 2012/13, the courses were:

Anxiety, Stress, Low Moods
Assertiveness and Confidence Building
Basic Listening Skills
Gardening
Health & Well being
Rebuild¹⁶

¹⁶ This is a course aimed specifically at survivors of domestic abuse.

Relaxation
Wellness Recovery Action Planning (WRAP)
Women's Voices
Gardening
Who Cares for women with Social Services involvement.

2. Individual support: this is designed to meet short and long term needs and health difficulties and is offered in the form of counselling, peer support, personal development support, mentoring and complementary therapies.

3. Group support: there are a number of groups, which include the following.

Drama
Gardening
NECA
New Beginnings
Women supporting women (Lesbian group)
Walking
Eating together

4. Physical exercise sessions: these are both ongoing, regular courses, or sample courses, which women can try out. They include:

Pilates
Aerobics
Yoga and chair yoga
Active for Life
Salsacise
Tai Chi
Zumba
Keep Fit

5. Complementary therapies: these sometimes change depending on the availability of volunteer therapists. For example, hypnotherapy has been offered but currently there is no therapist available. Therapies provided by WHiST in 2012/13 include:

Auricular Acupuncture
Bach Flower Remedies
Body Massage
Hand Massage
Homeopathy
Indian Head Massage
Reflexology
Reiki

6. Other services: a selection of organisations use WHiST premises to deliver their services to women. In 2012/13, these included:

Age UK offer advice on benefits and finance and come when requested

Credit Union, at the Wednesday drop-in
Citizens Advice Bureau
Health trainer, at the Wednesday drop-in
Neca – Jigsaw Group
Tyneside Rape Crisis Centre provide specialist counselling from WHiST
Legal advice from local solicitors

7. Drop-in: these are held on a Wednesday and Thursday.
8. Activities: there are a number of specific activities, including:

Book club
Book sales
Social events
International Women's Day Celebrations
Library
Monday lunch club
World Mental Health Day

9. Child care facilities: crèche facilities are available five days a week.

3.0 WHiST's core services

In this section, we present the core services delivered by WHiST¹⁷. This includes a presentation of their outputs, i.e. numbers, and outcomes, as monitored by WHiST's internal outcome monitoring systems.

3.1 Counselling

Counselling is an important ingredient in therapeutic interventions for women. It has been demonstrated to be effective at supporting women through recovery, whether this is recovery from being a survivor of abuse, from poor mental health, substance misuse or ongoing physical health conditions.

Counselling is a cornerstone of WHiST's work, which they have provided since 1996, starting with just a few women. The service was started in response to the needs of women who used WHiST.

In 1998, WHiST received a grant from the New Opportunities Fund (which became the Big Lottery Fund) that enabled them to provide counselling to around 10 women (which equated to approximately 10 hours a week counselling time). The counselling was delivered by a paid counsellor (who is still in post today) and three volunteers who were completing their counselling training¹⁸.

In 1999, WHiST moved into their new building. In 2005 they extended the premises which provided additional counselling rooms. This meant they could provide counselling for more women. Currently they have a total of 13 volunteer counsellors; 12 are fully qualified.

WHiST has had a waiting list for its counselling services since they started in 1996. Currently (April 2013), they have approximately 20 people on their waiting list, which represents a waiting time of between six and eight weeks. However, if a priority case requires immediate attention, they will be seen more quickly.

3.1.1 Approach

WHiST counsellors have diverse expertise in a range of counselling methods and approaches. These include Cognitive Behavioural Therapy, Gestalt, Humanist and Neuro Linguistic Programming; all can be described as person-centred. WHiST's counselling adheres to and is governed by the standards set by the British Association of Counselling and Psychotherapy.

After referral, women are seen by the Counselling Coordinator who will carry out a pre-assessment. On the basis of this, clients are matched with a suitable and relevant counsellor. The client will then receive counselling. WHiST do not have a maximum number of sessions and are directed by the client's

¹⁷ We recognise that this is not a complete picture of everything that WHiST provides.

¹⁸ Their last year of a three year counselling diploma.

need. Most women initially receive between six and 10 sessions and then after review will be offered further sessions should it be appropriate. At the final session, the client will undergo an assessment. This assessment is currently an inhouse form but they will soon be transferring to use a counselling standard measure such as GADD 7.

Women who attend counselling often progress onto WHiST's courses, such as assertiveness and confidence building, or other services, such as the drop-in or as a volunteer (as shown in figure 3.4).

3.1.2 Funding for counselling

The largest source of funds for WHiST's counselling service is from the Big Lottery. Under the project title, Including Women, the Big Lottery fund WHiST's counselling service and crèche provision. Including Women started in 2008 and will end in March 2014 after having been granted a one year extension from the Big Lottery's Change and Impact programme.

The Big Lottery project funds one full time Counselling Coordinator post, two 25 hour Child Support posts and agency staff cover.

In 2012, the counselling service was extended with funds from the Primary Care Trust under their Increasing Access to Psychological Therapies¹⁹ (IAPT). This enabled WHiST to extend the counselling services and increase in the number of volunteers. This funding has been extended for a further year until March 2014, albeit at a reduced amount.

The role of counselling in helping women recover from substance misuse has been increasingly recognised, for example, with most diverting women from custody projects²⁰ including a counselling element. It was because of this recognition that in 2005, WHiST we were awarded Drug Action Team (DAT) funding (£50,000 over three years) to support women with alcohol related needs. This funding ended suddenly and prematurely in 2007 when NHS restructuring took place and budgets were reduced.

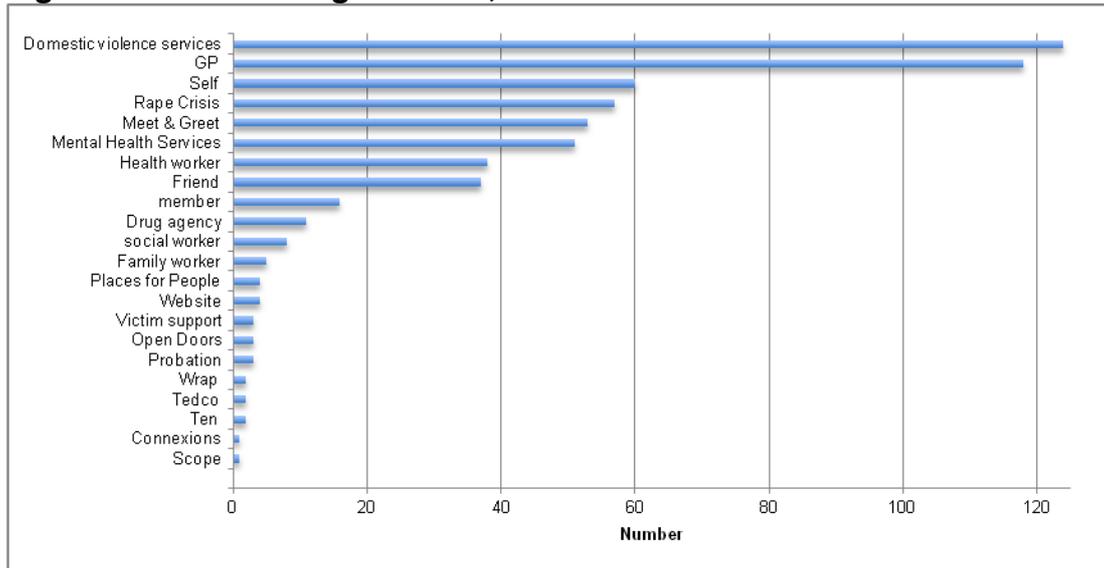
3.1.3 Referrals

Referrals into the counselling service come from a range of places (see figure 3.1). The two most popular sources of referrals are from GPs and from domestic violence services (predominantly coming from Options, a local South Shields domestic violence service). Self referrals are the third highest source of referrals. Other high sources of referrals are rape crisis, mental health services and health agencies (such as Health Visitors).

¹⁹ The Improving Access to Psychological Therapies (IAPT) programme is a Department of Health (2006) initiative aimed at ensuring that people presenting in primary care with mild or moderate depression have greater access to a range of psychological therapies.

²⁰ See <http://www.corstoncoalition.org.uk> for more information.

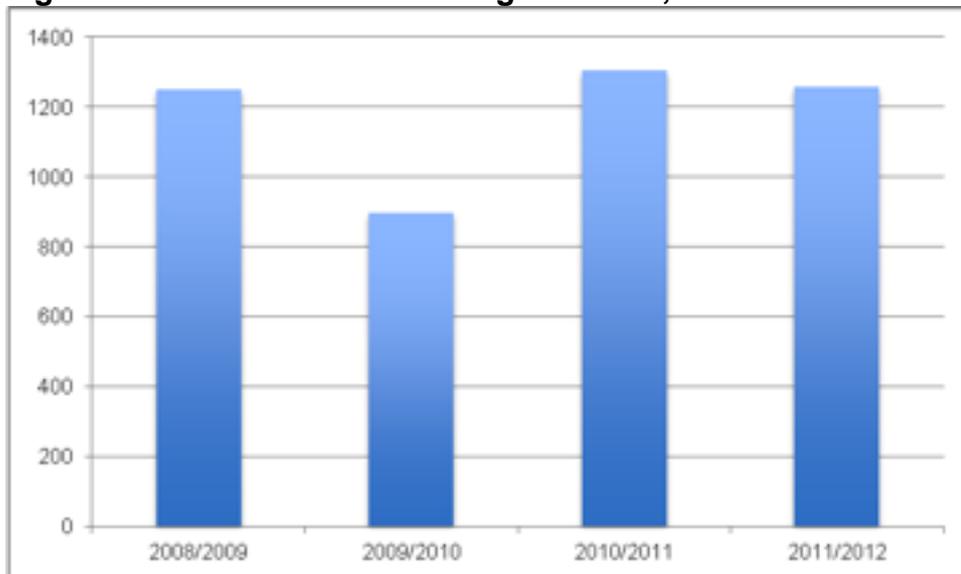
Figure 3.1 Counselling referrals, 2008 to 2012



3.1.4 Counselling outputs

WHiST has delivered a total of 4408 sessions in the four years between 2008/09 and 2011/12 to a total of 619 women. This averages seven sessions per client²¹ and 21 sessions each week. There was a dip in counselling in 2009/10 due to staff sickness.

Figure 3.2 Number of counselling sessions, 2008/09 to 2011/12



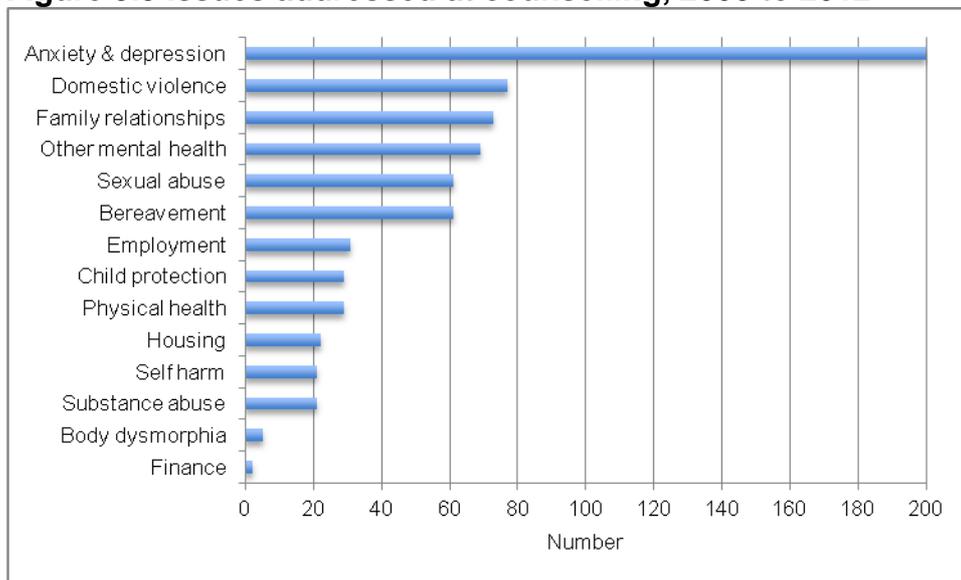
3.1.5 Issues addressed at counselling

Women present with a range of different issues which require addressing through counselling (figure 3.3). The most frequent issues are those of poor mental health, and within this classification, the most numerous issues are anxiety and depression. This is followed by domestic violence and family

²¹ It is recognised that the number of sessions per client will vary considerably.

relationships. Other numerous areas are childhood sexual abuse and bereavement.

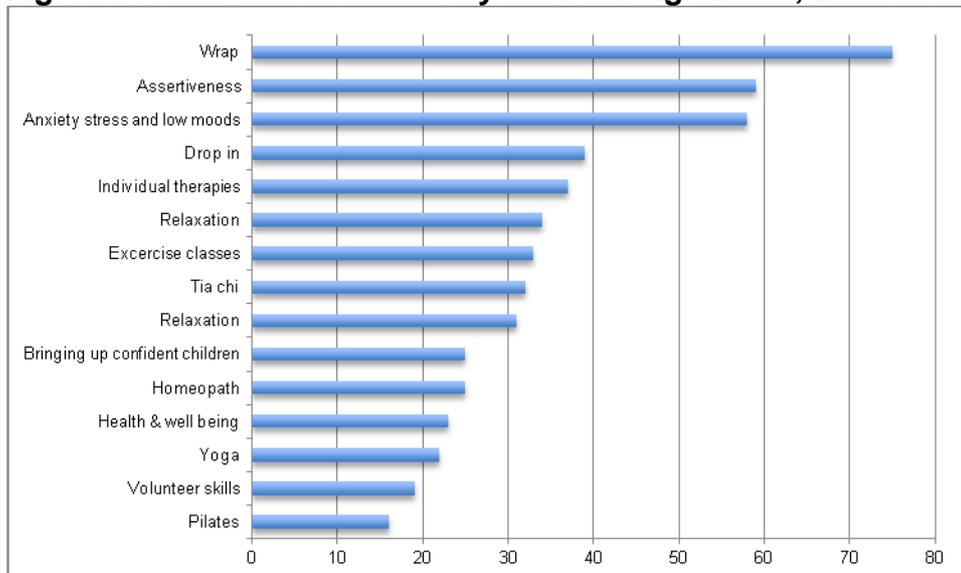
Figure 3.3 Issues addressed at counselling, 2008 to 2012



3.1.6 Progression

Counselling clients went on to access a total of 698 courses at WHiST between 2008/09 and 2011/12. Figure 3.4 shows the most popular. The highest number of courses were taken in Wrap, followed by Assertiveness and Anxiety, Stress and Low Mood.

Figure 3.4 Courses accessed by counselling clients, 2008/09 to 2011/12



3.1.7 Research with counselling clients

Interviews for the evaluation with counselling clients took place in April 2013 with a total of eight women. Due to the potentially sensitive nature of the subject, one to one interviews were the most appropriate research method to use. The majority of the women interviewed were referred to WHIST via medical routes, either through their GPs or psychiatric nurses. Many of the themes which became apparent during the interviews are interlinked and many themes cross into others. However, we have attempted to draw out the major and dominant themes and these are presented below.

- **Counselling service at WHiST significantly improves mental health:** obviously this is the major area to examine in this section of the evaluation but improvements in people's mental health needs to be examined from various angles:

- **Increased confidence and self esteem:** clients stated that this had significantly improved since accessing counselling services at WHIST. This ranged from the ability to go outside of the house, access public transport and engage in society. Comments included:

"My 50th year was the best year of my life. It was the first time I was able to go outside by myself and just do stuff".

"I go out, go on the bus and the Metro, I wouldn't have done that before".

"It [counselling] gave me the confidence to move on to the next step, to get past some issues, to get to a place where I could deal with life".

- **Reduces isolation:** with this point directly relating and following on from the above point, it was clear that since accessing the counselling services, the women were more able to engage with other people and WHIST provided a safe place for them to explore this:

"No one judged me and I was able to make friends and socialise a bit. I wouldn't have done that without the counselling, without WHIST".

- **Improves quality of life:** some of the women felt like their lives had: *"improved 100 percent"* as one woman said, since accessing counselling services at WHIST. Again this overlapped with the above points but also included the women's ability to begin to realise what they had to do to continue to get well:

“It’s a long road [recovery], so far I’ve improved about 30 percent. It was really bad but now I can see what I need to do. That’s massive”.

“I’m 75 percent better than I was a year ago. The difference is amazing”.

“At first I needed it [counselling] just to get through each day. Now I feel so much better, more confident to go out in the world”.

“It’s a long road to recovery but it’s always getting better. I was a shell of myself this time last year”.

- **There is evidence of progression of counselling clients in a range of areas:** from improvement in mental health to progression in education and employment. Many of the women began to participate in courses, therapies and classes at WHIST while receiving counselling and felt like this aided their recovery. They felt like they were actively encouraged to participate in any services that WHIST offered and this participation helped with their recovery:

“I’ve done loads of courses now and I was greatly encouraged to do them. They all helped with recovery ... allowed me to recover”.

“Since getting counselling and doing courses at WHIST, I have completed a two year full time course at college and I’m now a trained therapist. Without the counselling and the encouragement from WHIST, I wouldn’t have done it”.

It was acknowledged and appreciated by the clients that they were able to participate in classes although they were not always capable of doing so. However, they always felt like they were encouraged and supported in their attempts:

“I was encouraged to do a course and was told that I could leave if I felt uncomfortable. I tried several times unsuccessfully. Then I successfully did a BACH course and I progressed from there. Now I’ve done lots of achievement and accredited courses at WHIST and I have gone to college to do a Reiki and head massage courses. I am just confident now to go out into the world”.

“It put me in a better frame of mind to build relationships with people. It showed me I could apply for courses, get jobs and now I work full time”.

As well as progression in education, training and employment, the counselling clients have seen a reduction in accessing other services and/or medical intervention from their GPs or clinics:

"I applied for a job last week and went for the interview. I'm doing courses at college and I went to the doctors last week and cancelled my appointment when I got to the waiting room. I didn't feel like I needed to see them. I see the doctor less and less".

"I'm just so much better. I hardly ever need to see my doctor now and I'm not on any meds [medication] either".

Many women who receive counselling from WHIST go on to volunteer at the project (see following section). This provides further evidence of progression in multiple areas.

Some counselling clients no longer feel the need to receive regular counselling at WHIST. However, they feel very strongly that WHIST is available and this adds a sense of security to their lives: *"In the back of my mind I know it's there if I need it".*

- **The service is highly valued:** this is an important aspect of any evaluation to examine whether project beneficiaries value and appreciate the service. We have already seen that there have been positive reactions to the project from a range of clients, who have benefitted from the counselling service.

The value placed on the service by service users is experienced on a number of different levels. On a basic but crucial level is the value attributed by clients for the counsellor, their approach, how they conduct themselves and their demeanor.

"I really needed someone to talk to, someone who wasn't biased, not pushy, just someone who would listen".

This seems to be an important aspect about the counselling service offered at WHIST. Many of the participants had received counselling from other places, particularly the NHS and found that the counsellor's approach was direct and *"goal driven"*. It was felt that this approach was very *"clinical"* and made the women feel uncomfortable. Whereas, the counselling approach at WHIST was described as *"active listening"*. All of the clients greatly appreciated this approach. They felt like counselling in medical venues was different due to time constraints, where access to counselling is time limited. However, at WHIST they felt like they were able to access counselling for as long as they and their counsellor felt they needed it, with their case and progression reviewed regularly:

"I've been going for about a year. They always review how far you've come and how to move on. I've come a long way".

"I would advise everyone to go to WHIST for counselling rather than the doctor route. WHIST makes you feel comfortable it's non-medical. Doctor's route is very clinical".

“WHIST was 100 per cent better than counselling through a medical route]. I would go to WHIST again if I needed to in the future. It would be my first choice”.

“I couldn’t fault the counsellor. She is very empathic and an active listener. I am very comfortable around her”.

“I have a good rapport with my counsellor. It wouldn’t work if I didn’t”.

Another aspect of the service that is appreciated by the clients, is the way the service is run. All of the clients thought that the delivery of the service was *“second to none”*, and that it *“always runs smoothly”*.

There are waiting lists to see a counsellor at WHIST, which is to be expected from a project delivering such a good service. However, all of the participants found the staff and service users at WHIST easy to approach and there is *“always someone to speak to if you have to wait to see a counsellor”*. It was also acknowledged that the staff do try to make the waiting time as short as possible and, it was felt that the service is *“worth waiting for”*.

All of the participants found that the counselling service at WHIST *“very professional and well organised”* and *“easy to access”*. Again this was a much valued aspect of the service, with the women stating that when you *“are having a hard time, you can’t be bothered to be messed around, it just gets too confusing”*. No one had any experience of changed, cancelled or confused appointments. They all found the sessions easy to plan and to arrange at convenient times:

“There are never any issues with appointments. They are always smooth and easy to plan ... it’s an excellent service”.

Although the appointment times are easily arranged and accessed, sometimes the women felt like they needed to just chat outside of appointment times and they felt like this was always available regardless of how busy the staff were:

“You always feel like it’s OK to go outside of appointment times if things are too much. [name of counsellor] is always available for a chat and so are the other staff if you need it”.

Some women also appreciated having access to specialist outside agencies at WHIST and the fact that the WHIST counsellors will refer the women for specialist help if they feel this is necessary:

“I had counselling with [name of counsellor] but she thought I needed to see the Rape Crisis counsellor and she [name of WHIST counsellor] arranged for me to see them there”.

It is also important to note here, that the provision of a crèche was stated as being extremely important for some of the women who were carers of children and without this facility, they would have been unable to access the counselling service:

“I used the crèche to be able to go to my counselling sessions. I felt that the kids were safe so I could concentrate on my session. It brought us both on loads”.

“It’s a women’s group ... you need a crèche for lots of women to do stuff that’s available. I needed it for the counselling”.

- **The provision of a safe place is highly valued:** this was consistently referred to by the women as an important factor of the project. The women reported WHIST was a: *“safe place to be”* a lot of which was due to the fact that it is a female only project:

“As a women’s organisation, WHIST has an understanding, they are approachable for women. This is particularly true for me and the counselling. They understood my problems from a women’s point of view”.

The women also commented that WHIST was: *“an easy safe place to be”* where *“no one judged you”*. Comments included:

“It’s a nice safe place, you can just go for a coffee. That also helped me get better”.

“I felt safe there [WHIST]”.

“The main thing with WHIST is it makes you feel safe”.

WHIST offers a highly valued counselling service that the clients feel is unique in its non-medical approach. All of the participants felt like they had progressed significantly since accessing counselling services at WHIST, although they were aware that this recovery was rarely short. As a result, the fact that the counselling services at WHIST were not time restrained was greatly appreciated by everyone who participated in the research.

“It [WHIST and counselling service] saved me. I can’t say anything more than that”.

“WHIST is brilliant and what they offer is amazing”.

“Without WHIST I don’t know where I would have been today ... down a big hole, trying to find a way out”.

“When I was backed into a corner, at that very point where I had no where to go, WHIST helped me see what was really there for me”.

3.2 Volunteering at WHiST

Volunteers are vital to WHiST. Their role is so important that without volunteers they would not be the organisation that they currently are. Each year, volunteers contribute between 1200 and 1400 hours to WHiST. Indeed, it could be said that WHiST is a volunteer led organisation.

Currently (February 2013) they have a total of 35 regular volunteers, with a core group of 20. The volunteers are generally older women, with most being over 50. However, there are younger women, the youngest being 23. There are a small number of women who offer the complementary therapy service. These sometimes include students at local colleges who need to complete a certain number of practitioner hours to gain their qualifications.

WHiST does not advertise for volunteers or struggle with identifying or retaining volunteers, as other organisations often do. A common route to volunteering is through women coming to WHiST as service users. For example, an individual may access the counselling service, then attend a course or access a complementary therapy. After this, they may choose to volunteer with WHiST. Other women come to WHiST specifically to volunteer.

3.2.1 Volunteer programme development

The volunteer programme as it exists today began in 2002, when WHiST appointed a Volunteer Coordinator, with funding from the Big Lottery. The Coordinator was appointed at the time to provide support and structure to a small group of women who volunteered regularly for WHiST. Their remit was to develop the volunteer programme as a means to involve women, build confidence and improve health and well being. In 2002, WHiST started their complementary therapy service which continues today.

In 2006, WHiST secured further funding from the Big Lottery to continue to expand their volunteering programme. This second phase focused on linking WHiST and its volunteers into the local community and ensuring the progression of volunteers. During this period, the existing Coordinator reduced her hours and was joined by another part time worker. It was towards the end of this phase that they saw a significant increase in volunteer numbers, from around 20 regulars to approximately 35.

In 2009, the volunteer programme was funded for a third time by the Big Lottery. The programme is targeted specifically at women with complex difficulties who may be suffering from disadvantage and exclusion. This volunteering project has discrete aims, which include:

- Supporting women to become or remain active volunteers
- Enabling them to deliver services to other women
- Assisting them to take more strategic positions at WHiST.

The project also has a specific health focus, helping women in their recovery from ill health, keeping them out of the health and social care system, building confidence and supporting personal development.

3.2.2 Approach of Volunteer Coordinators

The Volunteer Coordinators support volunteers in a number of ways. In contrast to many other organisations that use volunteers, the Coordinators focus on the volunteer and not the service that is being delivered. WHiST ensures that the individual is supported effectively in order for them to contribute meaningfully to the organisation in a volunteer role they choose. In this way, the volunteers choose, propose and are supported to develop volunteer services.

The Volunteer Coordinators provide individual support to volunteers on an informal, one to one basis. They run monthly volunteer groups, attended by up to 30 volunteers. Here they discuss work programmes, any issues or barriers and development plans.

The Coordinators run two types of volunteer training: a Volunteer Workshop which is a one day introduction to volunteering at WHiST; and an OCN accredited Volunteer Training Programme. WHiST runs one of the latter courses each year.

When WHiST is approached by an individual wishing to volunteer, they will have an indepth exploratory interview, which will look at motivations, needs and practical arrangements. If the volunteering is appropriate they are invited to attend a Volunteer Workshop. If after this they continue to be interested, they complete the training. It is not necessarily the case that all volunteers have completed the training, and after the workshop, they can go on to volunteer. However, people who volunteer are encouraged to complete the training and indeed most do.

3.2.3 Volunteer run services

Volunteers provide a range of services, from running the drop in services to supporting women to access courses and counselling. The following diagram presents the range of roles provided by WHiST's volunteers, followed by a narrative description of the main tasks.

Figure 3.5 Services delivered by volunteers at WHiST



Source: WHiST, 2013

- Members of the management committee.
- Assist with course delivery: this is an important role they provide, as a tutor assistant. They assist the tutor to work with the students and manage the learning process particularly if there are participants with emotional needs or with those who may become upset or agitated (this sometimes happens as some courses, such as Assertiveness, may provoke an emotional response). This allows the tutor to focus on the needs of the core group of students.
- Coffee bar: volunteers run the coffee bar area.
- Drop-in: they run the Wednesday and Thursday drop-ins which receives between 80 and 100 women. The drop-ins run between 10.30am and 2pm.
- Meet and greet: one of a group of volunteers welcome new women to WHiST every Thursday. A Meet and Greet for professionals follows after this.
- Course development: volunteers have developed courses for WHiST users based on need. For example, a course was run on sleep problems because of emerging demand.

- Monthly lunch club: this service was developed by volunteers to address the isolation experienced by many women. It was found that many women who lived alone often did not cook meals and also spent most eating times alone. The lunch club has an active group of 10 core individuals that meets to eat each month.
- Gardening: volunteers focus on the management and upkeep of the WHiST garden.
- Awareness raising through events: volunteers will often respond to requests from other organisations for stalls or displays about WHiST. For example if the PCT was running a health promotion event or a Church has a fair, WHiST volunteers will provide a presentation and hold a stall.

3.2.4 Research with volunteers

As part of the evaluation, focus groups and semi structured interviews were carried out with project volunteers. A total of 14 volunteers were interviewed. As in the previous section on research with counselling beneficiaries, the data from interviews were coded and thematically analysed and this section is structured according to those themes.

Volunteers who were interviewed came to WHiST through many different pathways and for many different reasons, for example, referrals came through GPs and other health care providers, social services, domestic violence service and some people self referred after hearing about the project through friends, family members or seeing adverts. The reasons behind referrals was also varied. For example some people came because of mental health issues and depression, drug and alcohol problems, relationship problems, some people were new to the area and wanted to make friends, some had recently stopped working either through redundancy or retirement and needed something to do. Others had skills they knew they could offer and wanted to volunteer.

Some volunteers who participated in the research, came to WHiST to participate in activities and then began volunteering and some came purely to volunteer. However, many of the project volunteers, initially came to WHiST because they needed help and accessed the counselling services, after which, they participated in the courses, classes and therapies that WHiST ran. It became apparent throughout the research that the volunteers at WHiST are linked in to many of its services: they accessed counselling, when they felt capable they accessed courses, classes and therapies, after which they volunteer the skills they have acquired on these courses; many of which are dependent on volunteers to run them and they access the crèche to enable them to do all of these activities. However, regardless of the reasons for first accessing the project, all of the women became volunteers because they felt like they simply *“wanted to give something back”*.

During the analysis of the data collected from focus groups and semi structured interviews with volunteers, many themes became apparent. Many of these themes do not stand alone but rather they cross over and interlink as in section 3.1.8. The dominant themes are discussed below.

- **The project reduces isolation and loneliness:** this was a key finding from the interviews and focus groups, that the project enables women to make social connections and networks, and become involved in activities and volunteering. This was reported to have major benefits, particularly to their emotional and mental health. On a basic level, the groups were a place for people to go because they feel that they have nothing else to do. As one volunteer said:

“Some people just come because they are lonely and that’s OK”.

But there are more profound impacts which relate to people’s mental and physical health and the range of issues that they are facing on a daily basis that brought them to the project. For example, one volunteer stated:

“I never came out of the house before because of mental health issues and alcohol problems but I feel safe coming here, so I am no longer isolated”.

Similarly, one volunteer commented:

“I had a trust issue, due to domestic violence. I wanted to make friends but I didn’t know who I could trust. Low self esteem and confidence stops you wanting to go out and meet people. I am able to do these things now”.

Meeting other women and realising that others face problems and difficulties and there is no need to face problems by yourself, was shown to be very liberating:

“People have similar problems, you realise that you are not alone. It makes you feel less isolated”.

In fact the volunteers expressed that experiencing loneliness, doubt, fear, worry and a range of other negative and debilitating experiences have stopped or significantly reduced since finding WHiST. They were aware that people experience a range of problems in their lives and sometimes these are more difficult than the problems they are facing themselves. For example one volunteer commented:

“It makes you realise how lucky you are ... there’s people worse off than you”.

The feeling of isolation and loneliness was raised by many volunteers as a major factor in experiencing depression and anxiety. The role that WHiST

played in reducing this and therefore promoting good health and well being, was highly appreciated and much recognised by the volunteers:

“Being involved keeps me well, makes me feel cared for and supported. If you’re not well when you start [coming to WHiST], it makes you well. When you get well, it keeps you well”.

Finally, it was recognised that addressing problems and beginning to recover was not only beneficial to the volunteers themselves but to the wider community:

“... this [feeling less isolated] helps our families as well. It helps the whole community”.

- **The project provides an important social function:** following on from the above point, WHiST was reported to be somewhere that people could meet new people, make friends and provide peer support. Importantly, it was recognised that because it is a female only project, the women felt safe in the environment and they were aware that there was nothing else like WHiST in the area. All of the project volunteers valued the friendliness of the project and the feeling that there was always someone there to talk to and everything that was said was completely confidential. This included both the other women they meet at the project and the project staff themselves:

“I came as a stranger but there was always someone there who could speak to you and be friendly. I never met so many nice people in one place. I was bowled over”.

“They [Volunteer Coordinators] are very helpful and friendly. They are always available to listen. They can even tell when I’m not feeling myself”.

All of the volunteers felt that the project was non judgemental and a place where you could simply *“be yourself and never be embarrassed”*, and this was extremely important to them as a group. This friendship significantly impacts on feeling of isolation as the women feel like they can access a place where *“no-one ever sits alone”*.

The volume of women that WHiST attracts from a variety of social backgrounds and life experiences, together with the variety of different courses it offers, produces a project with an eclectic mix of people. The volunteers valued this mix and saw it as one of the attractions of the project:

“The diversity of things they [WHiST] offer attracts a diversity of people and that’s part of the attraction. It makes you carry on coming”.

“The friendships and groups make you realise the different skills you have and things you can offer. It also makes you more open minded to other people, non judgemental and more accepting”.

Fundamentally, the project offers a very important social function, reducing isolation in an environment where the women feel safe and not judged: *“here everyone is equal”*. This was clearly important to the volunteers, as a theme from the focus groups was the profound feeling of isolation and loneliness, experienced by many, that led to the crisis point that brought them to the project initially:

“When you live on your own you feel isolated. Coming to WHiST, getting help, making new friends, takes away your isolation”.

“I wouldn’t be here with out WHiST, without the project I would be in complete isolation”.

- **WHIST is the starting point for progression in many other areas:** there are a number of courses, classes and therapies running at WHiST at any one time, some of which are delivered or assisted by the volunteers, and a wide variety of women access these courses:

“The sheer volume of things they offer is amazing. There’s something for everyone as a volunteer or a service user”.

Box 3.1 Case Study One: Prudence*

Prudence was introduced to WHiST in 2007 through Options - a domestic violence organisation. She found WHiST very welcoming and she was always greeted with a smile. She received a lot of support and practical advice from the Volunteer Coordinator on English culture, immigration, writing letters. However, she found the friendly welcome she always received at WHiST very important to her as well as the feeling that everyone was treated equally.

Prudence initially did a volunteering course with WHiST but was in receipt of Job Seeker’s Allowance and had to get a job or voluntary work because she had been unemployed for more than six months. The Volunteer Coordinator arranged for her to do 13 week work placement in the offices of WHiST. She thoroughly enjoyed this experience and it give her the confidence to seek work and after her 13 week placement, she secured employment with the Citizen’s Advice Bureau.

This led to a series of successes and Prudence is now in the 3rd year of her Law Degree (BA.). Once this is complete, she intends to sit her Masters and eventually her Bar exams.

Prudence feels that WHIST has made a massive difference in her life. The contact and work experience she gained from WHiST, has defiantly contributed to her successes and will continue to do so. Prudence thinks that WHIST, its wealth of activities, its workers and support they offer, is simply *“Amazing”*.

*Not real name.

The variety of courses on offer allows the women to try things to see if they like them. This was greatly appreciated by the volunteers as it enabled them to:

“... Try things they wouldn't normally try. It helps you find out what you're good at”.

The variety of taster activities that WHiST offers results in the women trying lots of different things and often leads on to them continuing these courses, classes and therapies outside of WHiST:

“Taster courses help you to decide what you want to do before committing to a longer often paid for course”.

This has resulted in women who not only help their community by volunteering but also continue to learn new skills. Moreover, some of the volunteers have now been regularly exercising for several years after being introduced to taster exercise classes at WHiST, which in turn helps to support local health and fitness provision. In the current government agenda of lifelong learning and getting 'Fit 4 Life' and 'Change 4 Life'²², WHiST can be seen to be an instrumental agent in encouraging and enabling these things to be realised. Indeed, many women described the project as the *“starting point for everything”*.

- **The project is a unique, inclusive and not governed by time constraints:** some of the volunteers initially came to the project to access counselling or have needed to access the service during their time volunteering at WHiST, due to difficult events in their lives. It is important to note here that WHiST is unique in that it offers counselling for as long as the counsellor and the beneficiary think it is needed:

“The counselling doesn't end at a specific time. You can get counselling for as long as you and the counsellor think you need it”.

When the client in consultation with the counsellor is ready, the women can begin to access the courses, classes and therapies (the 'wrap around services) that WHiST provide and many of these people then become volunteers at the project. Throughout the research, the participants commented on how the project helps them on many different levels. The women referred to the project as a *“one stop shop”* where multiple issues could be addressed under one roof. For example, the women come for counselling, enroll on courses, use the crèche facilities to enable them to do this, gain confidence after completing courses, volunteer at WHiST and/or seek further qualifications and return to WHiST to offer their time volunteering their newly acquired skills.

It was also acknowledged that the project was unique as the women were able to access courses whilst in recovery, which in turn, aided their

²² <http://www.nhs.uk/Change4Life/Pages/change-for-life.aspx>

recovery as being involved and keeping busy: *“Takes your mind off things”*. The women felt that the project staff were aware of the issues in the women’s lives and understood if they could not: *“make a class one day”*, or they had to *“leave a session early”*, or *“their folder was late”*. Moreover, they believed that this understanding would not happen in college and therefore, they always felt unable to participate in activities before they discovered WHiST:

“It’s different to other places where you can learn. If you go to college and you are slower, or unwell, you stand out like a sore thumb”.

Because of the understanding that traumatic events in people’s lives leaves them, at times, unable to commit, the volunteers realised that this led to a freedom where they felt able to participate in things they would not normally feel capable of doing, which in turn helps them recover from traumatic events:

“Joining the courses helps you take your mind off the stuff that’s happening. Because you can do stuff at WHiST while getting over things it helps you get better – it saves you from more isolation”.

Some participants commented that ill health results in only being able to do activities for short periods of time. Again the volunteers found WHiST were very understanding and only expected people to do what they could and how some participation is better than none, especially if this reduces isolation and develops confidence:

“Ill health means I can only do short activities. Coming to WHiST, giving a small contribution gives me confidence. They have taught me that not everything needs to get done at 100 miles an hour – you can do things in small chunks”.

And:

“I wouldn’t have been supported health wise because there’s nothing out there to offer help. From a starting point of not being able to do anything, confidence and ability grows. WHiST enabled this. My condition never phased anyone”.

Another valuable aspect of the project was the cost and variety of the things it offers, making it very inclusive:

“The courses are free, the therapies and exercise classes are free²³. These keep me well and I couldn’t afford them otherwise. You can get a cheap coffee and food outside the house and have a chat. For people on benefits who are isolated, this is really helpful”.

²³ Although there are no fixed charges for the programs offered by WHiST, a voluntary donation can be made.

“It provides things that people like me just wouldn’t be able to afford otherwise – a cheap coffee, complementary therapies, exercise classes, courses. All of these things helped me and others recover”.

Furthermore, it was felt that unlike other projects women do not need to have one big problem before WHiST can help. For example, you would have to be about to be made homeless before a project which works with homeless people is able to help, or be diagnosed with mental health issues and/or depression before you receive counselling. This can often mean that women who have problems that are not presenting as urgent can be overlooked. Hence, preventative work is missed, resulting in projects constantly dealing with a stream of urgent cases where things have gone to far. However, WHiST offers help with many issues that an individual is experiencing on different levels. The early and immediate intervention offered by WHiST, can often prevent people from reaching crisis point:

“This place is totally unique. You don’t need a label to come in, you can have loads of different issues and just come in here and chat. You don’t need one really big problem [like other projects] it always has an open door”.

The culmination of all of these aspects leads to a project where women feel able to participate where they previously felt unable. This inclusivity leads to increased confidence and the belief that they can go on to participate in courses outside of WHiST:

“It’s a good confidence booster. From here you feel more able to go to college to learn. I went to college to learn to be a teacher [after accessing WHiST courses]. At 56 years of age I now have a new career. It’s all down to WHiST”.

- **The support given by the Volunteer Coordinators is highly valued:** as with many projects that rely upon volunteers, the role of the Volunteer Coordinator is a very important one. However, as many of the volunteers have arrived at WHiST with personal problems before embarking on a role as a volunteer, the role of the Volunteer Coordinators at WHiST is especially important in ensuring that the volunteers are well supported within their volunteering role. Throughout the research with the volunteers, it became apparent that the Volunteer Coordinators were very well respected and appreciated: *“they’re very calm and never panic”, “very approachable”, “simply excellent”.*

The volunteers were also aware that the role of the Volunteer Coordinator is a busy one:

“They [Volunteer Coordinators] are like swans – all serene on top and paddling like mad underneath”.

However, they felt like they could approach them at any time for help and support, whether this support related to volunteering or a personal matter:

“The Volunteer Coordinators are amazing they are always there to talk to you, not just on your volunteer role but also on a personal level. You can just off load anytime ... you don’t feel like you have to make a special appointment”.

The volunteers also commented that if they had issues that could not be addressed within the project, the project staff were knowledgeable and if they were unable to help they could point them in the right direction to places that could help:

“If you have a problem that WHiST can’t answer, they will point you in the right direction, put you in touch with someone who can. Staff knowledge is immense”.

It was very obvious throughout the research, that the Volunteer Coordinators always keep in mind the journey that many of the volunteers have made to reach the point where they are currently at, and go above and beyond in their supportive role:

“They [Volunteer Coordinators] don’t force you to do things you don’t want to do. They know you and know when you are feeling capable of doing something or not”.

“There is lots of backup [from Coordinators] if things get difficult when running courses and you can’t deal with things”.

“If you’re having a bad day you can ring and say. Everyone understands, you’re never forced to come”.

Furthermore, many of the volunteers reported that this understanding and absence of pressure results in them wanting to participate more, as they feel like the support they receive enables them to feel confident that they will be able to offer support themselves. Moreover, the volunteers felt respected and appreciated and never made to do activities that they did not enjoy or feel comfortable with and although some have volunteered at other places, they believe they have gained more from volunteering at WHiST than other places:

“You can volunteer as much or as little as you like. You’re not treated like an unpaid employee”.

The volunteers also reported that their role as a volunteer has given them skills, experience and a more varied CV. Some felt that volunteering at WHiST had opened doors for them and given them new direction. Some volunteers noted that their achievements outside of WHiST were celebrated inside of WHiST and the Coordinators always made sure that the achievements of the volunteers were recognised. The Volunteer

Coordinators also assisted in giving additional practical help to volunteers. For example, they acted as mentors for qualifications and give valuable feedback, offering work experience leading to paid employment and helping with application forms and CVs:

“It’s not just about what the person [volunteer] can bring to WHIST. It’s about helping the person to branch out, to grow as a person”.

“They [Volunteer Coordinators] encourage you to think outside of your box. They make you feel capable and now I have enough confidence to go to outside meetings and speak in public”.

Box 3.2 Case Study Two: Mary*

Mary came to WHiST in 2002 after referral from a nurse practitioner at her GP surgery. She was suffering with depression and her nurse thought she might find the project to be beneficial.

On her first contact with WHiST Mary was very depressed and can remember wearing a baseball cap, which she pulled over her eyes as she was unable to hold any eye contact. However, after some time, she began to feel very safe and at ease in the project and participated in a women’s walking group. This gave her the confidence to try additional courses at WHiST and she enrolled in an aerobics class. The opportunity arose for Mary to train to be an aerobics tutor and she was asked if she would be interested in doing a course. Mary agreed and WHiST supported her through this by giving her access to a group of women to teach aerobics.

After the successful completion of her aerobics instructor exams, Mary completed a Pilates instructor program. Although external to WHiST, she would previously would not have had the confidence to do this if it had not been because of her contact with the project. WHiST then employed her as a Pilates instructor.

Mary continued to participate in courses with WHiST and be supported through other external courses. These have included:

- Bach level 1 and 2
- Assertiveness and Confidence accredited course
- Personal Development accredited course
- Teaching qualification
- Cert Ed.: with a Volunteer Coordinator and a volunteer acting as her mentor
- Homeopathy: Mary was able to observe homeopathy clinics at WHiST whilst training. After three years of training, she qualified in 2010 and now runs the homeopathy clinic at WHiST.

Mary is now a paid tutor at WHiST, delivering Health and Well being courses and is self employed throughout the area delivering courses such as citizenship. However, she continues to volunteer for WHiST offering Reiki and homeopathy, as she wants to give back to a project that has given her so much. Throughout her personal development at WHiST, Mary used the crèche facilities at the project for her young daughter. She would not have been able to participate without it.

*Not real name.

The women who become volunteers receive training from WHiST to equip them with the skills and knowledge needed to be a volunteer. The women greatly appreciated this training they received and believed it helped them to fulfill their role as a volunteer:

“The volunteer skills enhancement course made me realise who I was again. When I lost my job, I cried every day. The course and [name of Volunteer Coordinators] made me realise that I could support others”.

The Volunteering project, has grown significantly over recent years. However, the volunteers believe this has been managed well through the expertise of the Volunteer Coordinators and they still feel like they receive personal assistance and care:

“There’s lot of volunteers now but they [Volunteer Coordinators] know everyone individually. They know us, what we’re capable of and what we’re good at”.

Without exception, all of the volunteers felt appreciated by the Volunteer Coordinators and by those who they volunteer for.

- **Volunteering promotes a sense of achievement and increases self worth:** all of the volunteers feel supported, motivated and develop an overriding feeling that they want to give something back in return for the support they received themselves:

“I feel like I give something back to the community ... be part of it”.

“I love giving back to people. If you have problems yourself, you get satisfaction out of helping other people. You feel good and proud about yourself for giving to other people”.

As well as feeling good about themselves for giving back to the community, other people and feeling capable at doing this, the volunteers also gained a huge sense of satisfaction from seeing the development of people in the groups they volunteer in:

“You can visibly see people grow. They do things they wouldn’t dream of previously”.

“It’s really good to see the groups that you work with develop. I was helping with the agoraphobia group and it’s amazing to see their development and journey. They can go out, go for a coffee ... you get great satisfaction from that”.

- **There is evidence to suggest that volunteering encourages individual development and personal growth:** volunteering at WHiST has made a huge difference in the lives of many women. Their self development inside and outside of the project is greatly encouraged and nurtured. This journey begins with participation on activities provided by WHiST:

“The courses help you to examine yourself. You always have a laugh and you always want to come back”.

The personal growth and development by some women have been significant and far reaching. Examples of such progression include, one woman who has secured employment as a part time support tutor at WHiST and is self employed as an acupuncturist and teacher. As a result of the project, another woman is in the third year of her law degree, another has qualified as a tutor through a local college and she believes that volunteering at WHiST give her the confidence to do this. Another woman has completed her Cert.Ed (supported by Volunteer Coordinators), together with many other qualifications and has secured employment as a tutor at WHiST. Others are now qualified therapists who now volunteer their services to WHiST:

“Self esteem, confidence, assertiveness, all tools to help you achieve and move on ... it helps you decide what you want to do ... get a career not just a job”.

There are other examples of personal development and progression. Some women have reported that the project has helped them in many areas of their lives. For example, one woman said:

“It [volunteering] stops me feeling a failure. I knew deep down that I had something to give, they [WHiST] helped me find it”.

Often the women feel like they have regained a sense of purpose in their lives, as volunteering helps them to achieve this:

“I retired recently, Suddenly I had nothing ... no identity, you’re nobody with no purpose. Volunteering at WHiST give me that purpose”.

Other women felt that the progression they had made at WHiST had: *“saved them from themselves”*, as one interviewee explained, with many believing that if WHiST did not exist they would be caught in a self destructive downward spiral. Some of the comments from the woman that reflected this included that they felt like they had: *“Discovered my self worth”, “... become a better parent and more supportive in that role”, “... strengthened as a person”, “... found myself and proud of who I am”, “... gained financial freedom”*. One women said:

“[Without WHiST] I’d be drinking too much, smoking too much cannabis, trapped in a loveless marriage, depressed and on lots of meds. I’d have no self worth, wouldn’t be working, I’d have no qualifications, no future and no areas for self development”.

They continued:

“I don’t know where I’d be without it [WHiST]. I have lots of triggers in my life I should know how to deal with them but I find it hard. WHiST has helped me through all of it from the very start”.

There was an overwhelming belief among the women that accessing the services that WHIST offers and volunteering had changed their lives and the lives of others around them:

“We can all make a difference and we are encouraged to make that difference”.

“When I came here I honestly didn’t think it would change my life as much as it has but it really has”.

- **WHIST’s wrap around provision and role as a one stop shop diverts women from other services:** throughout the research with volunteers reported the value of providing services ‘under one roof’. They reported the impacts included reducing isolation, improving mental health, providing a learning environment, encouraging self development, promoting health and well being, providing counseling and crèche services. All of these impacts stop women going to other services, notably GPs and other health services. The women believed that if WHiST did not exist it would be a huge drain on other resources and indeed, many other organisations save money due to WHiST’s existence. This was thought to be particularly true around physical and mental health, where people’s involvement in WHIST has stopped or significantly reduced years of medical intervention.

Furthermore, it was recognised by the volunteers, that in the current economic climate, which is seeing the closure of many charities, WHiST is becoming an increasingly important resource. They believe that the staff at WHiST are committed and always try to “... *raise the bar to see that it continues*”, in order to ensure that needs are accessed and catered for. This together with a workforce of committed volunteers has a significant impact on service users, the organisation itself, the community in general and the resources that they share.

- **The role of volunteers at WHiST is increasing:** the volunteering project has grown significantly over recent years, proving substantial need. Volunteers now play a major role in the development of the organisation, through being involved in the Board of Trustees, they develop and run activities and act as ambassadors for WHiST at external events. The volunteers are helping to manage the waiting lists, for example, the growing number of people accessing WHiST has been addressed through volunteers running groups that are not constrained by numbers, for example book clubs, drop-ins and walking groups. At such groups women can join immediately which “... *takes the edge off*” as one woman explained, until they can access counselling or participate in a course that they want to do. This immediate help reduces isolation and is a major contributing factor in preventing some women from reaching crisis point. However, throughout the research it was clear that the women believed WHiST could “... *have a place three times the size and still fill it*” as one interviewee said.

Box 3.3 Case Study Three: Astley*

Astley occasionally came to WHiST to access services before 2000, but became a regular service user since 2000 after a referral from her GP. She was referred because she was suffering from depression. Astley said she felt “*very low*” when she came to WHiST and could not see a future for herself. She had suffered a series of traumas in her life including bereavement.

The first day she came to WHiST she was met by one of the counsellors who then had arranged to see her. Astley appreciated the fact that counselling services at WHiST do not stop at a specific time, but rather counselling can go on for as long as you and the counsellor think they are needed. As soon as the counsellor thought she was ready to participate in wider group activities she enrolled Astley on a reflexology class.

Astley enjoyed the class and began to meet people and make friends, which, she said, “*took her mind off things*”. Eventually she got enough confidence to go to college and qualify as a masseur and reflexologist. She then volunteered as a therapist at WHiST because she felt like she wanted to give something back.

Astley now carries out a host of volunteering activities at WHiST, in addition to her therapies, including meet and greet, office cover and fund raising. She is also an active member on the committee and goes outside of WHiST to attend meetings.

She describes herself as once being a “*shy and nervous person*” who still needs the support of WHiST to do some things. However, she is aware of her achievements and her journey since participating in the project. These include qualifying as a therapist, public speaking and attending shows about massage where she distributed information leaflets that she had designed herself. Astley recognises that she *simply “does things she never thought she would do”*. She has even attended the Queen’s Garden Party.

Astley believes that without WHiST she simply would not be here. Although she still has down times, WHiST is always there to help, which prevents her from reaching crisis point. Astley summed up her belief in WHiST in the following quote: “*It saves lives. The transformations [in people] are just fantastic*”.

*Not real name.

3.3 Courses

WHiST delivers a comprehensive programme of courses. The educational programme is divided into three semesters each year, starting in January, April and September. The courses are funded through a variety of organisations, such as the Workers Educational Association, Lloyds TSB and Adult Community Learning, (the main funder), that WHiST has progressive partnerships with. The courses have a variety of subject areas, many of them focus on self development, emotional resilience and improving confidence.

3.3.1 Outputs

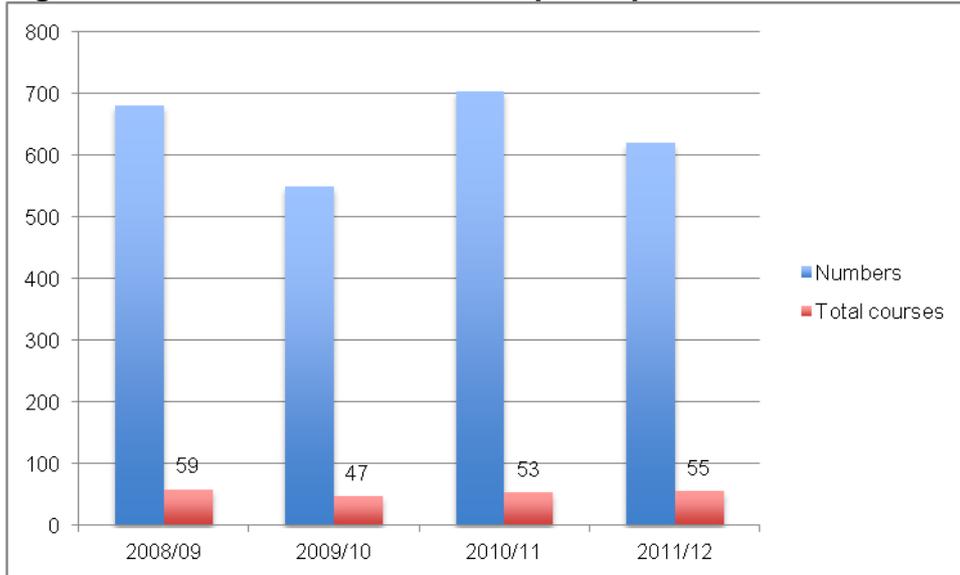
WHiST have delivered an average of 53.5 courses a year since 2008/09, which have been attended by a total of 2555 (see figure 3.6). A list of courses provided in 2011/12 is presented in table 3.1.

Table 3.1 Courses, 2011/12

Aerobics	New Beginnings
Anxiety, Stress and Low Moods	NIWE Food For Thought
Aromatherapy	Pilates
Arts and Well being	Rebuild
Assertiveness	Relaxation
Bach Flower Remedies	Salsacize
Black, Asian and Minority Ethnic Exercise	Self Care
Basic Listening Skills	Tai Chi Beginners
Bouncing Back	Understanding Anger
Community health matters	Volunteer Skills
Computers	WRAP
Drama Group	Yoga
Gardening	Zumba
Health & Well being	Practical Use of Herbs
Homeopathy	Practical Use of Lavender
Indian Head Massage	

The courses play a variety of roles for different women, including a progression route for women recovering from poor mental health, an introduction and a stepping stone to further education and as general activity to strengthen women's social networks and reduce isolation and supporting personal development.

Figure 3.6 Number of courses and participants, 2008/09 to 2011/12

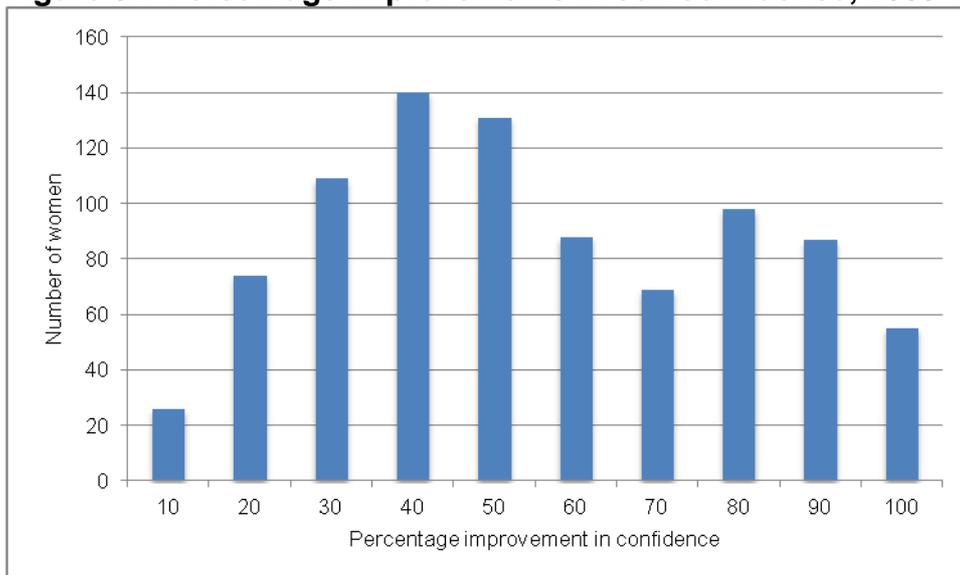


The reduction in 2011/12 is due to a temporary reduction in availability of physical space at the centre.

3.3.2 Outcomes

WHiST pay particular attention to examine the outcomes of their education programme, focusing on the impact of courses on improving women's self confidence. After each course, participants are asked to complete a Rickter Scale²⁴ scoring outcome monitoring form. Figure 3.7 shows the results of a total of 877 women who have completed the Rickter forms and who completed courses between 2009 and 2011. As can be seen, the courses are demonstrated to have a significant positive impact on self confidence scores.

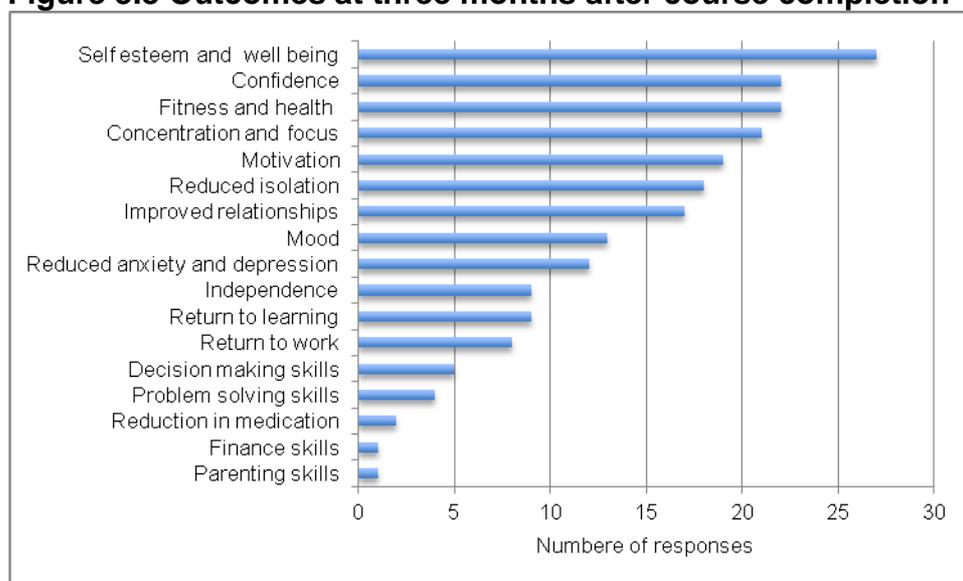
Figure 3.7 Percentage improvements in self confidence, 2009 to 2011



²⁴ www.rickterscale.com/what-we-do/the-rickter-scale

WHiST also carries out outcome monitoring after the completion of courses. Figure 3.8 shows the reported lasting outcomes at three months after completing courses (based on 57 responses). As can be seen, the impacts of the courses are considerable across a number of health and well being outcomes, particularly in the areas of self esteem and well being, confidence, fitness and health, concentration and focus, motivation, reduced isolation, improved relationships, mood, reduced anxiety and depression, independence, return to learning, return to work, decision making skills, problem solving skills, reduction in medication, finance skills, parenting skills.

Figure 3.8 Outcomes at three months after course completion



Three of WHiST's courses, Wrap, Assertiveness and Confidence Building, and Anxiety Stress and Low Moods have been evaluated²⁵ in December 2012 using Lodex²⁶. The evaluation tool is used by the Clinical Commissioning Group and the Local Authority and it provides scores in four areas: General well being (which measures changes in happiness and vitality), Belonging (which measures changes in life satisfaction), Purpose (which measures changes in optimism and hope), and Independence (which measures changes in self esteem). WHiST achieved the following:

- General well being: a demonstrated increase of four percentage points which represented 'a good increase over the timescale of the measured intervention which was on average 10 weeks'.
- Belonging: an increase of 10 percentage points, which represented 'an exceptional increase'.
- Purpose: an increase of six percentage points, representing a 'considerable increase'.
- Independence: an increase of eight percentage points, also representing a 'considerable increase'.

²⁵ Lodex, 2012, Project Evaluation Report, WHiST, South Tyneside PCT.

²⁶ Lodex has been developed in partnership with South Tyneside Primary Care Trust to provide a standard measurement of projects aimed at increasing well being. For more information, see www.lodex.co.uk.

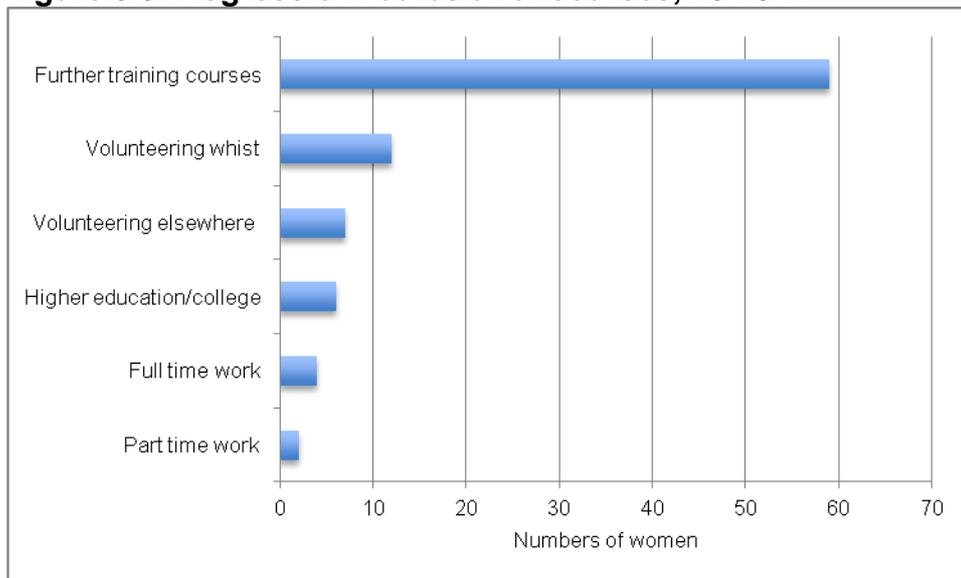
These results demonstrate that WHiST's courses have long term positive effects on: all aspects of well being; social functioning; meaning and purpose; and resilience and coping.

The Lodex evaluation concluded that WHiST had the most impact on well being of all the four IAPT projects in South Tyneside and the highest results recorded by any Lodex evaluation.

3.3.3 Progression

In relation to progression, there is evidence to show that women go onto other activities including further training and employment. Figure 3.9 shows progression routes in 2011/12. As can be seen, most women who filled in progression monitoring forms (n=90) went on to complete other courses at WHiST, followed by becoming volunteers at WHiST. Smaller numbers, although still significant (n=19) went on to volunteer elsewhere, go onto higher education or college and find employment.

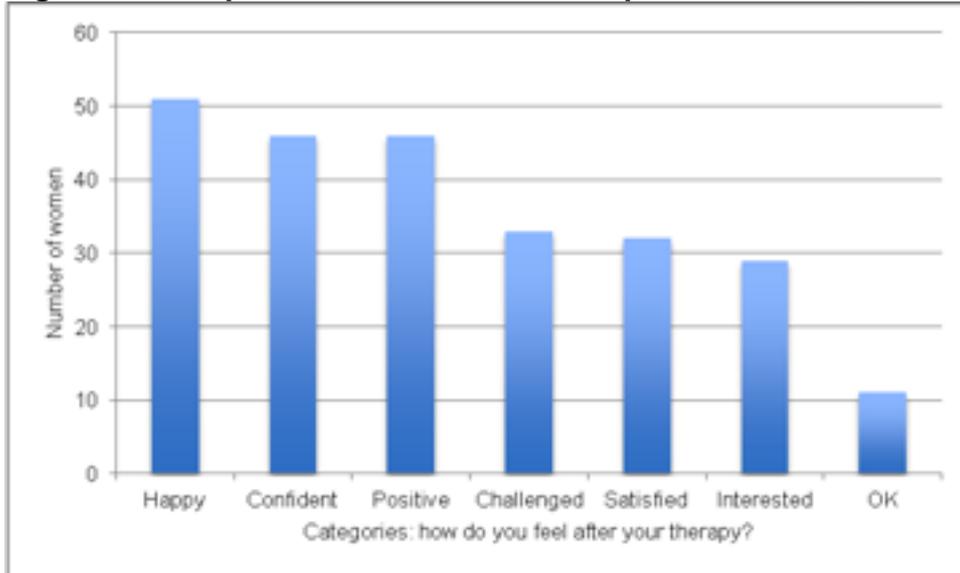
Figure 3.9 Progression routes after courses, 2011/12



3.4 Complementary therapies

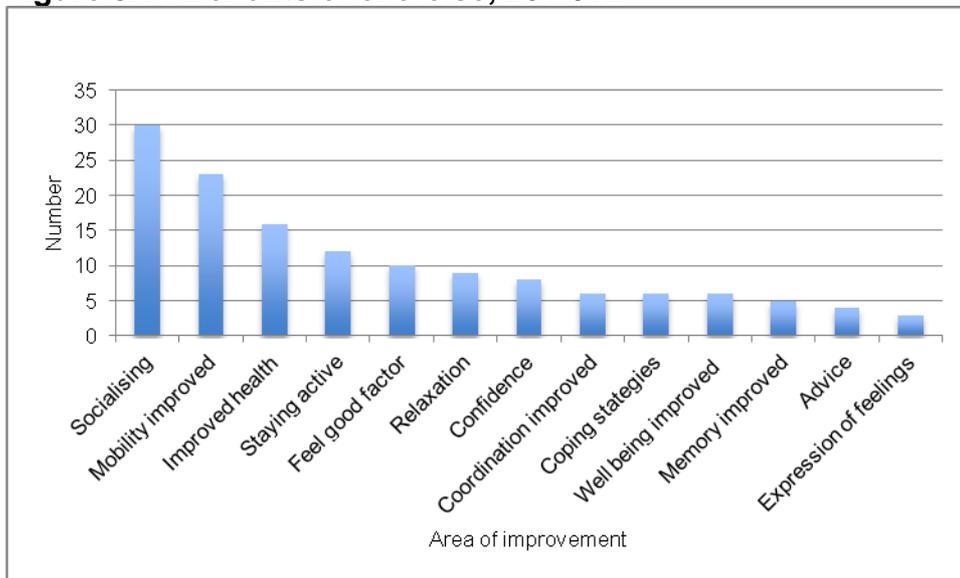
As well as providing counselling, WHiST provides a range of physical therapies. These therapies are free to members and are delivered by volunteers. WHiST monitors the impact of the therapies on the health and well being of clients through evaluation forms, which ask women a series of questions about the benefits accrued. Unsurprisingly, women reported a number of benefits, shown in figure 3.10.

Figure 3.10 Reported benefits after therapeutic treatment, 2011/12



WHiST also provides a number of physical exercise opportunities, from Zumba to Tai Chi. Once again using WHiST’s monitoring systems, we can see a number of outcomes are associated with the exercise classes. As can be seen from figure 3.11, accessing the exercise plays an important socialising function (unlike the other therapies which are individual experiences). We also see that there are a number of important health benefits including improved mobility, improved general health and a positive impact on staying active.

Figure 3.11 Benefits of exercise, 2011/12

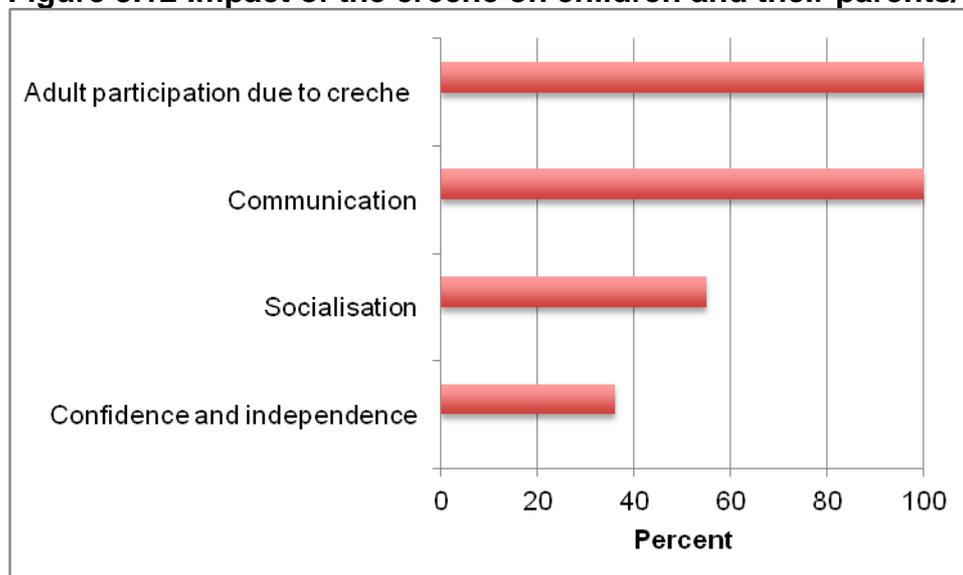


3.5 Crèche

Crèche provision is recognised as an important element in enabling women to access services. WHiST’s crèche does just this: providing a quality, crèche facility to enable women to receive counselling, participate in courses and other provision. Figure 3.12 demonstrates self reported impacts from women

using the crèche in 2012. As can be seen, the crèche enabled all women sampled to participate in WHiST services and it had positive impacts on their children’s communication, socialisation and confidence and independence skills.

Figure 3.12 Impact of the crèche on children and their parents/carers



WHiST has provided a crèche facility since it started in 1986. The crèche is available to women, free of charge, between 10am and 3pm. The crèche is staffed by two Child Support Workers and they take pre-school children between 12 weeks and five years. Women pre-book a place and can leave their children at the crèche whilst they are accessing a service, to a maximum of two hours per child. The crèche has enough room to take a maximum of Eight. It has small indoor and outdoor areas that open into WHiST’s garden. It has been described as “*small and familiar*” and its physical space emphasises its personal and safe nature. The crèche has been Ofsted inspected since it began.

The crèche has been financed from a variety of sources since it started, including Trust funds, charitable donations and the Big Lottery.

Between 2003 and 2007, the crèche was funded by the Big Lottery. It was at this point that the crèche provision became more formalised receiving Ofsted inspection and running five days a week.

In 2008, crèche provision was included in the counselling service funded again by the Big Lottery, the Including Women project. It was felt essential to provide a crèche to enable women to access counselling.

There is a level of sophistication to WHiST’s crèche provision and this reflects the range of clients’ needs and the quality of service provided. As an illustration, women with complex problems (for example with mental health issues or survivors of domestic violence) may be reluctant to leave children with other people. The Child Support Workers work hard to build the

confidence of women to enable them to leave their children. Workers invite women to visit the crèche before they leave their children and spend time with their children at the crèche. Workers report that developing relationships with women is key to providing an accessible service. As an illustration, one Worker said *“sometimes they forget we’re staff and we’re treated more like their friends”*.

It was noted by WHiST that the crèche provision is different from other providers as a result of the consistency of staff and the relationships that develop between Worker and parent and Worker and child.

The emphasis of the crèche work is play and preparing the children for nursery and school. For example, a Child Support Worker said *“we do a lot of messy play, getting them all involved, we do sitting at the table, playing outside ... we follow the Early Years Foundation Curriculum”*.

3.5.1 Research with crèche users

For the evaluation, we took and analysed a selection of crèche evaluation feedback forms, which looked at their experiences of the crèche and its impact on their child(ren). These feedback forms were analysed and three dominant concepts or themes were identified: confidence and independence; socialisation and communication. All of these are discussed in turn.

Increased confidence and independence: all of the crèche users that completed feedback forms stated that since attending the crèche, their child(ren) have increased in confidence and independence. All respondents (n=22) stated that their child is more confident since attending the crèche and 100 percent (n=22) state that their child is more independent and better prepared for attending nursery and or school. Comments from parents and carers included:

“My son is very shy and the crèche has helped him and he looks forward to coming”.

“It has helped my child with confidence”.

“It has enhanced her confidence in new situations”.

“He is learning and is more independent”.

“[The crèche] has encouraged them to use the toilet and sit at the table to eat”.

“Can see he’s more confident when playing and talking”.

Improved socialisation: parents stated an increased level of socialisation as a positive outcome for their children attending the crèche. The concept of socialisation includes: mixing more with other children and adults and learning

how to play and share. A total of 55 percent (n=12) stated the crèche has improved their children's ability to socialise with comments including:

"It helps us both to mix with other people and children. My daughter loves it".

"[my son] is more friendly and mixing well with children and adults".

"I feel because of the crèche my son is more socialised ... he has extra practice in letting his needs be known".

"[the crèche] Helped to improve [child] social skills. Opportunity to act with adults and children outside family".

"It has helped them to mix better with other children".

"Gets on better with other children and now mixes well".

"[the crèche] has made my child more sociable and is able to interact with other children".

Improved communication: the concept of communication, includes both the child's ability to talk to adults that are not family members or close friends and also using a language which is not their first language. It also involves the child's communication with their parents/carers about their experiences in the crèche and how they have new experiences to share. There were a number of reports about how the crèche improved the child's communication and talking.

"[name of child] Is more confident in an English speaking environment ... It is good for her to be there without me as it gave her room to play independently and talk to the staff ... Before that she hardly spoke to anyone except family members".

"His speech has improved so much".

"My son loves coming, he talks about the children all of the time".

"He has learned so much. He talks all the time about what he has done".

"He talks so much about what he has done and enjoys himself very much".

"He talks so much about what he does and enjoys himself very much".

Respondents also commented about the role of the crèche. In terms of the impact the crèche has on the lives of the parents/carers, 100 percent (n=22) said without the crèche facilities they would be unable to participate in activities held at WHiST. In some cases it is a grandmother who is looking after the children and is in need of support herself.

“Because of WHiST having a crèche I have been able to take this course [speaking and listening] now which has been beneficial for the full family”.

“[Because of crèche facilities] for the first time in three years I have been able to do something for myself [Tai Chi and Assertiveness course] ... I was depressed, felt worn out, cried each day. When she [health visitor] told me about WHiST and the crèche I was so glad that there was a helping hand in these difficult times! Thank you so much!!!”

“This is an amazing facility without which access to the services offered by WHiST would be impossible”.

The crèche is seen as a much valued and needed resource for aiding child development and for the participation of women in activities, which in turn have a positive effect on the whole family. The following comments show the how much the crèche facilities are appreciated and trusted as a safe environment to leave their children:

“My daughter was three months premature and had a severe egg allergy. The staff worked with me and I felt so confident about leaving my daughter. Wonderful crèche”.

“Very welcoming staff who were always available to talk to on my bad days. They always do amazing activities with my son”.

“I think both the staff and the crèche are fabulous”.

“The crèche is well equipped and has a lovely welcoming feel which I believe makes the children feel safe (a home form home)”.

“Friendly competent staff combined with a well equipped and maintained room, offer a welcoming and secure environment any mam would feel comfortable using – 10/10”.

4.0 Research with partner organisations

For this evaluation, we carried out a series of interviews with organisations that worked with WHiST. These included: commissioners, referral organisations and other voluntary sector organisations. From this research, we made a series of findings:

- **WHiST is important to the mix of organisations in South Tyneside:** WHiST was considered to be valuable and important to the range of community based services in the locality. It was recognised that WHiST provided services that were not available through other organisations (for example, one interviewee said “*there are no comparable organisations around*”). It was felt that WHiST helps other organisations, including the health and local authority, meet their priorities, for example those concerning improving mental health and helping women return to work or education. One commissioner stated “*They totally ‘fit’ our strategic priorities and objectives*”. This contribution was particularly felt in relation to health targets associated with Increasing Access to Psychological Therapies (IAPT). Health services found that IAPT targets were not being met in South Tyneside and WHiST were commissioned to respond to that which they were reported to have done successfully. One organisation said, “*WHiST adds value [to the commissioner] because of the other services they provide, which ultimately assist with recovery*”.
- **WHiST has a good reputation for providing professional services:** there exists a local confidence in WHiST for the services it provides and in the manner in which they are provided. This reputation has developed over a number of years and WHiST is now a respected local organisation. Interviewees commented: “*they do really good work*”; and “*you’re ensured of quality*”. Organisations reported positive feedback from their service users who then went on to access WHiST. As one organisation reported “*They [service users] love it*”. One interviewee commented about the quality of their location and building, by saying “*it’s a great centre, with a nice, calm atmosphere, purpose built ... it’s a good physical space*”. One commissioner reported of WHiST, “*I’ve always been impressed with their helpfulness and their willingness to engage*”. Another commissioner stated, “*The quality of what they deliver is exceptional , this was recently verified in an Ofsted Inspection in March 2013 where the inspector commented on the high quality of teaching and learning and the outcomes that were being achieved by WHiST*”.
- **A recognition of their impact on health and well being:** organisations had an awareness and understanding of the impact of WHiST on women’s mental health. Organisations were aware that WHiST was a well used centre that had positive impacts on women’s (particularly vulnerable women) mental health. It was recognised that this was of considerable benefit to local women who are able to access a place of safety. This need was particularly felt by domestic violence services who refer their clients to WHiST. It was also felt by partner organisations that women access

WHiST who would not otherwise access health or other services. A particular strength of WHiST was reported to be their provision of volunteering opportunities along with counselling and courses. It was felt that this enabled WHiST to play a role in providing for the needs of women at different stages in their recovery (for example from domestic abuse or mental health issues); from early stage therapy to volunteering and education in later stages of return to productive life. This is reflected by one interviewee who, when asked what WHiST did well, answered, *“Develop clients confidence and skills also involving clients in training to become volunteers”*.

- **WHiST is linked well into important local mechanisms:** most organisations felt that WHiST were well embedded within relevant structures, such as the Domestic Violence Partnership and Mental Health Partnership. They were reported to be performing well as a key organisation in the context of the multi agency South Tyneside IAPT pilot. Organisations felt it was important for WHiST to continue demonstrate their impact both within these structures and more generally.

5.0 Evaluation findings

From the research conducted for this evaluation, we make the following findings.

- **WHiST is a very well used and growing organisation:** they currently have nearly 3500 members, with around 250 new women joining each year. These women are from across South Tyneside and across all age groups. They have grown by 54 percent in four years (between 2008 and 2012). WHiST provides an inclusive service and they provide both specifically targeted services, such as Black, Asian and Minority Ethnic exercise and services open to all, such as their volunteering programme. The centre consists of a spacious, segmented, purpose built building, located in a convenient, town centre location. There is such a demand for services that there are waiting lists for all services, including the individual therapies and the counselling.
- **There is a diversity and complementarity to WHiST's services:** WHiST caters for the individual needs of many different women and also provides opportunities for women to progress both within and beyond the organisation. Services range from drop-ins, courses, individual therapies and volunteering. There is a high degree of complementarity to the services, as women choose a route through the services and support to suit their changing needs, for example: women accessing counselling can progress onto self help courses such as Anxiety, Stress and Low Moods after counselling; women accessing exercises can go on to counselling and other services. Women who come to the centre often access more than one service.
- **There is a high degree of added value to WHiST:** this is evident through the range of services available and accrues to commissioners and funders. This is gained through women accessing more than one service whilst at WHiST. For example, a woman who uses the counselling service goes on to complete a course, access an individual therapy, exercise or volunteer at WHiST. This assists in recovery or progression and is something which is not available at other providers, for example, at counselling provided at GP services. The Women's Resource Centre carried out a Social Return On Investment (SROI) exercise on women's voluntary and community services. They found that for every pound invested into their services, women's organisations can generate, over five years, between £5 and £11 worth of social value to women, their children, and the state. WHiST is such an organisation and we can therefore assume that values will be comparable.
- **The peer support that takes place at WHiST is important to their impact and a key ingredient of their delivery model:** during the interviews conducted for this evaluation many women expressed the value of the support they received from other women. Indeed, this was expressed as an important factor as to why women accessed WHiST and stayed with the organisation. Peer support cuts across all service elements

and indeed, the organisation. If a Social Return On Investment exercise was to be undertaken, the peer support element of WHiST would be one of the factors which made the organisation unique and so successful in what they do, and something which cannot be delivered or purchased from other health providers.

- **There is evidence of progression amongst the women that use WHiST:** the service provision is demonstrated to be effective at enabling individuals to make positive changes to their lives and to move on and progress in areas such as personal development, education and employment. For example, between 2008 and March 2013, a total of 128 women have gained a nationally accredited qualification. This is an important function as it highlights a movement in service users and not a maintenance of status quo, i.e. WHiST is not a centre where women with static conditions use for a number of years. They grow, develop and move on. This is evident from self reported outcomes at three months after service completing and WHiST data systems which gather information on progression.
- **WHiST plays significant public health and mental health recovery roles:** this is provided through its services and activities which improve women's health and well being and through their counselling which help women recover from poor mental health. This is demonstrated in a number of different ways, from case study material which has shown women to make considerable progress after periods of ill health, to monitoring outcomes after courses or therapies. Women have recovered in different ways but commonalities include increased social networks and reduced isolation, valuing the safety provided by WHiST and addressing depression and anxiety. The types of women who are reported by WHiST to benefit include those affected by obesity, smoking, chronic and enduring conditions and poverty. It was also reported by WHiST and partner organisations that victims of domestic violence receive significant health benefits from accessing health-related services in a gender specific environment. For these women, there are limited other health options available.

The public health outcome is evidenced through the number of women who attend the keep fit classes (from Zumba, through to Salsacise and Tai Chi). These are often a key target group for the Health and Well Being Board, older women or those with Long Term Conditions (such as diabetes, asthma and arthritis) who are unlikely to access health and fitness activities in other venues. WHiST's health role is further demonstrated through the high number of referrals it receives from GPs and health care professionals. There is therefore a professional recognition of their expertise and effectiveness.

- **WHiST is demonstrated to be effective at improving women's self esteem, general well being and independence:** these have all been demonstrated to be important determinants of health and well being, including helping people back into work. These impacts have been

formally measured using standard measuring tools and through self reported improvements. For example, the Lodex evaluation (see section 3.3.2) used by South Tyneside PCT demonstrated that WHiST has long term positive effects on all aspects of well being, social functioning, meaning and purpose, and resilience and coping. This is also demonstrated through the qualitative data produced for this evaluation through Focus Group and Semi Structured Interviews.

- **WHiST plays a specific role supporting survivors of domestic violence:** WHiST offers effective support to women experiencing violence and abuse and women who are living with consequences of violence and abuse. WHiST reports that for many of their clients who experience abuse there are limited options for support. Survivors are able to access a range of services which assists in their recovery, from counselling to support groups and complementary therapies. The experience of domestic abuse is relatively common amongst WHiST service users and there is a recognition from these women (demonstrated through interviews) that WHiST supports them to both remain free of abusive relationships and to recover from the trauma that they have experienced.
- **Volunteers and the organisation share a high degree of reciprocity:** this means volunteers benefit from WHiST and WHiST benefits from the volunteers. Volunteering often comes after being involved in one or more of WHiST's services such as counselling or the courses. Volunteers are intrinsic to the organisation, playing a prominent role in how it is run, and an intrinsic part of what WHiST stands for; to help and support women back into productive life.
- **The crèche plays an important role in enabling vulnerable women to access services:** the crèche was found to be very important to the work of WHiST as it allows women to participate in activities that they may otherwise be unable to do. By working with mothers, through their counselling, courses or other services, WHiST plays an important role in healing the mothers and assisting in their recovery. By providing high quality crèche services, they also allow their children engage in age relevant play and learning. This dualistic approach is reported by WHiST and their service users to result in good outcomes for both mother and children. As one Child Support Worker commented "*they do their healing together*".
- **WHiST has over achieved on many of its Big Lottery Moving On and Including Women outputs and outcomes:** WHiST has achieved all of their agreed outputs and outcomes for the Big Lottery and over achieved in many cases (see appendix three). This demonstrates an increasing demand and unmet local needs. Indeed, the Chief Executive Officer stated "*As we have broadened out our services we have seen increase in demands, long lists for health and well being courses, relaxation, anxiety depression, anger and every kind of exercise you care to mention*". In addition to the Big Lottery, WHiST has a good track record in delivering both to budget and agreed outputs with a range of funders.

- **WHiST is recognised as an excellent organisation:** this recognition comes from a range of organisations and institutions, local, regional and national. WHiST has a reputation for delivering professional and effective services. In addition to this, WHiST has been the recipient of a series of local and national awards.

6.0 Conclusion

A considerable amount of data is presented in this evaluation. This has been produced from WHiST's comprehensive data management systems and feedback and monitoring mechanisms. It has also been produced from Focus Group and Semi Structured Interviews that we have carried out with a range of stakeholders, from partner agencies to beneficiaries. The most important of these is of course the women that use WHiST. We feel that the voice of the beneficiary is strong in this evaluation and that voice expresses the impact that WHiST has on improving women's mental health and well being, making women feel safe and bringing them back into productive society.

This level of data is of significant worth as it provides a strong evidence base; in other words it proves that WHiST is having a positive impact. Through looking at the data, we can now make a series of statements:

- WHiST is a trusted and respected local organisation.
- It has dedicated and experienced staff and volunteers and it has strong leadership from its Chief Executive Officer and its Board of Trustees.
- It is a safe and secure place for vulnerable women.
- It provides services for women across the spectrum of demography, socio economic group and need.
- It is very well used.
- It is effective at what it does.

We have found that WHiST makes a difference to women with poor health, often chronic conditions and multiple and complex needs. WHiST supports women who are at risk of a deterioration in their health as well as supporting women who need to maintain their health. WHiST also engages with women who would otherwise not access health-related services, either as a result of being unable to identify similar holistic services elsewhere or being unable to overcome the barriers to accessing provision elsewhere, such as child care needs or fear of statutory involvement.

WHiST also enables women to take control of their decision making about their health and how to make improvements. WHiST does this through encouraging women to take control of their support from the outset by selecting a route through the services to suit their changing needs and to work at a pace that women are comfortable with.

We have also found that WHiST is effective at improving women's health by increasing women's confidence, helping them to work through trauma and depression, building social networks and offering ways to improve fitness levels. WHiST improves health and well being and helps women move on and progress.

The evaluation finds that WHiST delivers on many of the issues that have been identified as local strategic priorities. These include reducing social isolation and addressing loneliness, delivering health and well being services,

providing personalised services offering health and well being and chronic conditions support to women, including older women, ensuring progression in health and progression towards and into employment.

Appendix one: Funders since 2009

April 2011 to March 2012

Big Lottery Fund – Including Women
Big Lottery Fund – Moving On
Big Lottery Fund – Change & Impact Award
South Tyneside Council Adult Community Learning
The Willan Trust
South Tyneside Culture & Leisure
Lloyds TSB
South Tyneside Council Adult Care
Community Foundation – Womens Fund
South Tyneside PCT
Nancy Barbour Award
Barbour Foundation

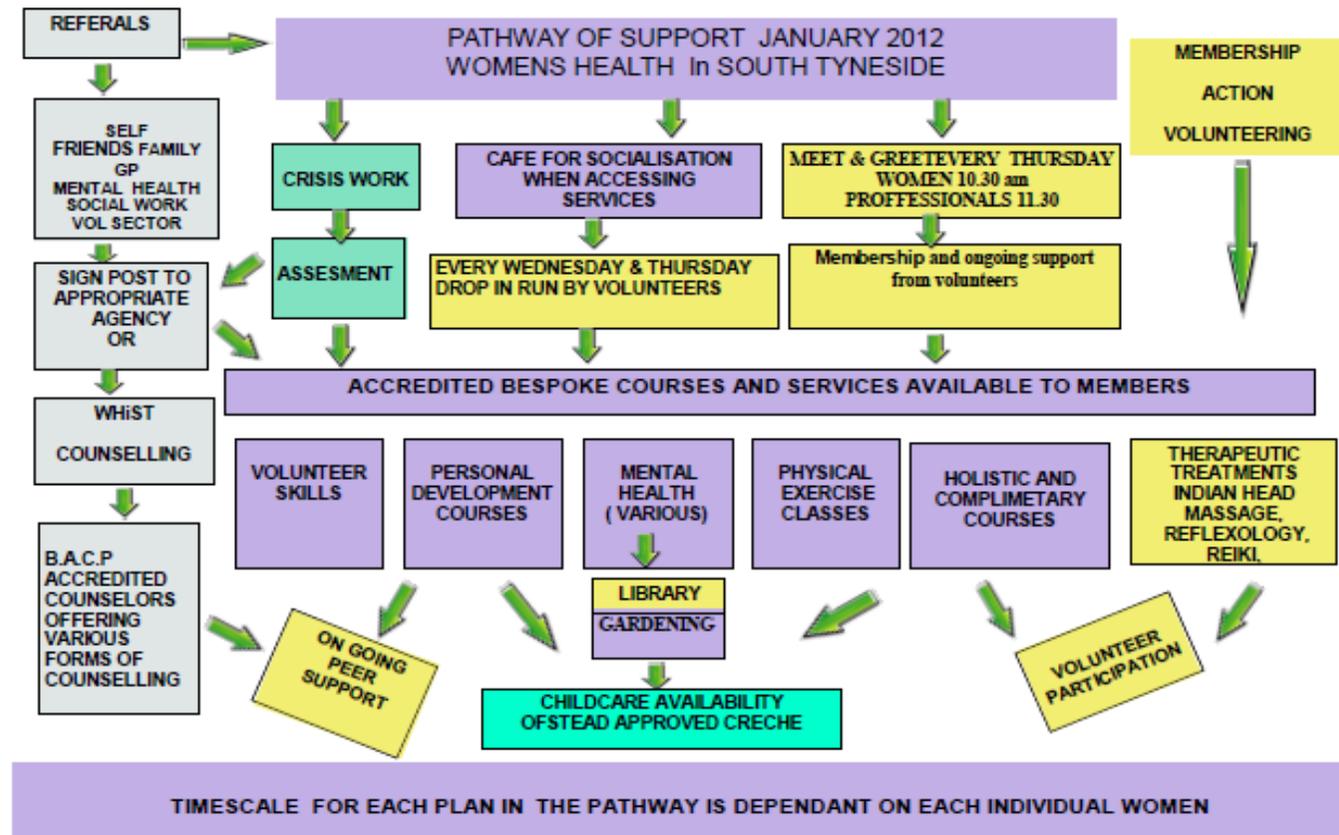
April 2010 to March 2011

Big Lottery Fund – Including Women
Big Lottery Fund – Moving On
Big Lottery Fund – Change & Impact Award
South Tyneside Council Adult Community Learning
South Tyneside Culture & Leisure
Lloyds TSB
South Tyneside Council Adult Care
Community Foundation – Womens Fund
South Tyneside PCT
The James Knott Trust
The Joicey Trust
The Hadrian Trust
The Sherburn Trust
Community Foundation – Womens Fund

April 2009 to March 2010

Big Lottery Fund – Including Women
Big Lottery Fund – Moving On
South Tyneside Council Adult Community Learning
South Tyneside Adult Social Care
Cooperative Community Fund
South Tyneside PCT – Mental Health Services
South Tyneside Council – Community Sport
South Tyneside Council – Family Fun
Workers Education Association

Appendix two: WHiST's Pathway of care²⁷



²⁷ Source: Julie Aylesbury, Student Placement, 2011

Appendix three: Outcomes for Including Women and Moving On

Table A.1 Outcomes for Including Women, 2008 to 2013

Outcomes	Expected at 2012/13	Achieved at 2012/13
Outcome 1: 1200 women will be better equipped to manage their health and social problems more effectively by the end of year five.	1200	Achieved: 1820
Outcome 2: 1,000 women will improve their confidence by accessing support and training opportunities by the end of year five.	1000	Achieved: 1158
Outcome 3: 750 women will take up provision leading to a healthier lifestyle by the end of year five.	750	Achieved: 2722
Outcome 4: 250 women will access support and training leading to improved employability by the end of year five	250	Achieved: 690

A.2 Moving On

Table A.2 Outcomes for Moving On, 2009 to 2012

Outcomes	Expected at 2011/12	Achieved at 2011/12
Outcome 1: By the end of the project, 50 volunteers with ongoing health difficulties will have developed the skills and experience necessary to offer advice, information and support to other women leading to an improvement in their own self-confidence, motivation, well-being and skills.	30	Achieved: 65
Outcome 2: By the end of the project, 50 volunteers with ongoing health difficulties will have increased their confidence and skills to enable them to work together to tackle their problems and to participate in wider community initiatives.	30	Achieved: 65
Outcome 3: By the end of the grant, 50 volunteers will have delivered and developed services for otherwise excluded women leading to a stronger, more integrated community.	30	Achieved: 65
Outcome 4: 1020 beneficiaries will have been supported by the volunteers to access services delivered by volunteers leading to improved health and well-being, improved quality of life and overcoming isolation.	612	Achieved: 1615