An Impact Evaluation of the 'Joy Project'

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An Impact Evaluation of the 'JOY Project'

September 2018

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FOREWORD AND ACKNOWLEDGEMENTS

This evaluation report is the result of research undertaken throughout 2018. It was commissioned by [Worcester Community Trust](#) (WCT) and carried out free of charge in recognition of the longstanding, valuable and valued partnership between Worcester Community Trust and the [University of Worcester](#) (UW).

For over 10 years, WCT has supported UW to train students from a range of courses and disciplines. They have provided placements for students, mentored them whilst on placement and provided students with a variety of opportunities from which to learn and grow a range of employable skills. WCT have worked closely with academics to continually review and redevelop courses offered at UW. They have supported conferences, workshops and joint venture projects, providing a strong partnership link with external placement providers and employers. We would like to thank WCT for asking us to do this evaluation and we look forward to a continued and long-lasting relationship.

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Finally, thanks are extended to the representatives from other organisations and agencies who work with the 'JOY Project', for taking time from their busy schedules to talk with us.

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ABBREVIATIONS

ADHD	Attention Deficit Hyperactive Disorder (ADHD)
BBO	Building Better Opportunities
BME	Black and Minority Ethnic
CE	Chief Executive
CES	The Charity Evaluation Service
CSCS	Construction Skills Certification Scheme
DCM	Dialogic Change Model
GEO	Government Equalities Office
GIRES	Gender Identity Research and Education Society
GRA	Gender Recognition Act
HOW	Heart of Worcestershire College
HRP	Household Reference Person
IAG	Information and Guidance
JSNA	Joint Strategic Needs Assessments
LGB	Lesbian, Gay and Bisexual
NRS	National Readership Survey
ONS	Office for National Statistics
PCC	Police and Crime Commissioner
PTSD	Post-Traumatic Stress F
SROI	Social Return on Investment
ToC	Theory of Change
UW	University of Worcester
WCC	Worcestershire County Council
WCT	Worcester Community Trust
WEMWBS	Warwick-Edinburgh Mental Well-Being Scale
WMRSASC	West Mercia Rape and Sexual Abuse Support Centre
WMWA	West Mercia Women's Aid
WRC	Women's Resource Centre

GLOSSARY

Activities: The specific works that the 'Joy Project' does, in order to further or fulfil its aims

Attribution: The assigning of observed changes to the service.

Baseline: The position of service users prior to accessing service against which progress can be assessed or comparisons made.

Beneficiaries: The people that the 'Joy Project' seeks to reach through its activities, and who stand to benefit as a result.

Coding: A way of grouping participant responses by applying code to each answer given. Coding allows the grouping of responses into themes.

Commissioners: Those who commission services and who need to know that their money has been used to good effect.

Counterfactual: Outcomes that may have occurred in the absence of the service.

Data: Information collected for analysis

Effect: Intended or unintended change due directly or indirectly to an intervention.

Evaluation: Assessment of ongoing or completed activities, their design, implementation and results.

Funders: The people who provide the financial resources for the project.

Impact: The difference a service makes to people's lives

Impact chain: A representation of how an organisation achieves impact by linking the organisation to its activities, and the activities to outputs and outcomes.

Indicator: A specific variable to track outputs or outcomes.

Inputs: The things required in the running of activities i.e. running costs / resources.

Objective: An intended outcome relating to work which describes a tangible change for beneficiaries

Outcomes: The anticipated effects of a service's outputs

Outputs: The work carried out to achieve the aims of a service

Monitoring: The systematic collection of data on specified indicators to provide stakeholders with indications of the extent of progress and achievements

Service users: Women who are the recipients of 'JOY Project' support or who take part in 'JOY Project' activities

Stakeholders: Those who have a legitimate interest in the project, e.g. commissioners, funders, staff and service users

Target: An intended output or outcome of work, usually expressed as a value to be achieved over a reporting period.

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INTRODUCTION

This report gives an overview of research undertaken to evaluate the impact of the 'JOY Project' which is based in the City of Worcester, England. The project is "*a woman only community project which provides support to enable women to gain a variety of skills, enhance their confidence and empower them to make their own informed decisions*" (WCT, 2018a). The 'JOY Project' sits within the services provided by Worcester Community Trust (WCT). The evaluation was commissioned by WCT but, was carried out free of charge by researchers from the University of Worcester (UW) in recognition of the longstanding, valuable and valued partnership between WCT and UW.

The evaluation considers the extent to which the project serves the local community by comparing data on service users with local socio-demographics and outlines the extent to which the project's aims and outcomes set by the funder (The Big Lottery Fund) are met. It also highlights additional outcomes and captures the impact of project activities on service users. Ultimately, it draws conclusions about the quality, impact and value of the 'JOY Project'.

The evaluation used Theory of change (ToC) methodology, gathered and analysed quantitative and qualitative data including existing project data, a service user questionnaire, focus groups with service users and interviews with paid staff and representatives from other organisations / agencies that work with the 'JOY Project'.

This report documents the findings of the evaluation but, begins with an overview of the research process and methods used. It then gives background and context to the 'JOY Project' via a brief literature review on women only services, followed by an outline of the project. The findings are critically discussed in section 3 which precedes the conclusion, and a list of suggested recommendations that emerged from analysis of data collected.

1. METHODOLOGY & METHODS

1.1 Evaluation Aims

The evaluation of the 'JOY Project', had three specific aims as follows:

1. To ascertain the extent to which the stated project outcomes are being met and highlight additional outcomes
2. To draw conclusions about quality, impact and value
3. To capture good practice and make recommendations for improvement in service provision and/or delivery

It should be noted that the evaluation was not concerned with measuring inputs such as levels of funding and staffing, or outputs such as the number of women engaging with the service; though these are touched upon to give background and context (see section 2), and for comparison to local socio-demographics (see Section 3). The focus of the evaluation was on outcomes which 'The Charity Evaluation Service' (CES) (2011:10) defines as:

> The changes, benefits, learning or other effects that happen as a result of your work. They can be wanted or unwanted, expected or unexpected.

The CES (2011) go on to give some examples of outcomes which include;

- improved self-esteem and self-confidence
- improved motivation to find work
- gaining skills or qualifications
- getting work.

1.2 Methodology – Theory of change (ToC)

The 'JOY Project' can be described as a 'social intervention' which; according to Kubisch et al (1995:1) is any initiative concerned with *"promoting positive change in individual, family and community circumstances"*. As such, the focus of the

evaluation was on the generation of positive change for target beneficiaries. The methodology was then rooted in what Weiss (1995:3) calls 'Theory of Change' (ToC), which she defines as "*a theory of how and why an initiative works*".

The fact that the project is a 'social intervention' and not a 'medical intervention' is important, because evaluations of 'medical interventions' do not usually consider social context to be of great importance (Boruch, 1987). In evaluations of social interventions however, social context is highly significant to the success or otherwise of the interventions. Hills (2004) tells us that 'social interventions' aim to effect positive change in target beneficiaries but, that such change can extend to families, populations and communities:

> *Many-community level programs are not simply delivering one*
> *intervention with a specific goal but, are responding to local*
> *…concerns by establishing a program of activities, adopting them to*
> *changing circumstances and responding to opportunities that arise*
> *from the community (Hills, 2004:7).*

With this in mind, the evaluation applied ToC methodology to ascertain the extent to which positive change is evident for target beneficiaries in relation to the stated project outcomes, highlight any additional outcomes and identify any wider social outcomes. The ToC process for this evaluation can be seen in illustration 1, as adopted from Connell and Kubisch (1998:22). This shows that ToC is a staged approach to evaluation that involves linking the context of any intervention i.e. the identification of a problem or need, to the setting up of its activities and the expected short and longer-term outcomes. It is also a reflective process that requires evaluation of the intervention in order to modify it where necessary. The starting point for the evaluation of the 'JOY Project' was not on the outcomes then, but on the rationale for the project and its activities i.e. the justification for the particular courses of action selected (Sullivan et al 2002:213); and the theory that underpins these.

Weiss (1995:66) observes that ToC *"takes it for granted that social programs are based on explicit and implicit theories about how and why the program will work"*. ToC is then a 'logic model', meaning that it assumes that logical steps are put in place to achieve a particular outcome (Burch & Heinrich, 2016). The research team first needed to understand the background and context of the 'JOY Project' then, and this is outlined in section 2 of this report.

Illustration 1
The 'Theory of Change' evaluation process

1.3 Methods of data collection

Connell and Kubisch (1998:18) state that ToC methodology does not prescribe the use of any particular method for data collection over another. This evaluation used a number of methods as follows.

1.3.1 Meeting with Project Manager

The first step of the evaluation was to establish the background details of the project via a semi-structured interview with the project manager who was responsible for the original construction of the intervention. This took place on 20th March 2018 and focussed upon the development, structure, activities and outcomes of the project. It was then possible to set the project in wider context via a literature review.

1.3.2 Literature review

A literature review was undertaken in order to look at the project in more depth, and place it in historical, social, geographical and statistical context. The literature reviewed included information about women's centres for context, information about the 'JOY Project' which was provided by the project manager and sourced online, local socio-demographic data and local reports such as the current Worcestershire Joint Needs Assessment (Worcestershire County Council (WCC), 2018).

1.3.3 Interviews with paid project staff

Individual semi-structured interviews were conducted with the 3 paid project staff on Friday 8th June and Monday 11th June 2018. The interviews were designed to extract details of their role, elicit views on the extent to which the project meets the outcomes laid down by the funder, and perspectives on the quality, impact and value of the project (see Appendix 1). The interviewees were also given the opportunity to give any other information they thought relevant.

Prior to the interviews taking place, staff were given information sheets (Appendix 2) to ensure they had all details about the evaluation. They were also asked to sign informed consent forms (Appendix 3) in line with ethical research practice (see 1.5).

1.3.4. Service user questionnaire

All service users were given the opportunity to complete a questionnaire which had 4 sections (see Appendix 4). The first section was designed to collect socio-demographic data about respondents in order to produce statistical data and consider if the 'JOY Project' is serving the population of the local community. Section 2 gathered information of the respondent's journey into the project, their support needs and their involvement with other agencies. The latter enabled reflection on the extent to which positive change may be due to the 'JOY Project' and / or other factors. Section 3 asked respondents to consider the impact of attending the 'JOY Project' and the final section allowed them to give their subjective opinions of the project.

Information sheets about the evaluation (Appendix 2) were distributed by the research team at an initial briefing in February 2018 and discussed with staff and service users. These were further distributed to those who did not attend the briefing by the project manager. This ensured that all service users knew about the evaluation and understood that they would be asked to complete a questionnaire before the questionnaire went live.

Questionnaires were distributed in hard copy by request of the project manager but were also available electronically via Survey Monkey. This allowed options for service users in terms of completing the questionnaire and ensured those who did not have good computer skills could respond. Hard copies were given to the project manager for distribution, along with a sealed box into which service users put completed forms. Project staff were asked not to help women complete questionnaires as it was felt that this might compromise honest responses. Two members of the research team (both female) were visible at project venues when activities were taking place however, to support any service user with literacy, issues and offer general support in completing the questionnaire.

The questionnaires could be completed anonymously but, respondents were asked if they would like to take part in a focus group at the end of the questionnaire. If they indicated that they would like to do so, they were asked to give their name and contact details which were kept confidential.

A total of thirty-eight service users completed questionnaires. Thirty-two completed them in hard copy and six online. Two service users started to completed the questionnaire online but did not finish. It is not known why they did not complete, nor is it known if they went on to complete in hard copy due to the questionnaires being anonymous.

The 'JOY Project' service user database showed a total of 158 service users (enrolled up to July 2018). Of these fifty-nine had exited the project leaving a total of ninety-nine 'active' women. The database also showed that thirteen service users enrolled in July 2018; eight after the questionnaire closing date (13th July 2018) (see Illustration 2). The fifty-nine exited women and the eight who enrolled after the questionnaire closing date were not counted when working out the questionnaire response rate, which was 41.75%. All service users (active and exited) were considered when quantifying database data however (see Section 3).

Illustration 2
'JOY Project' Service User Enrolments
(Database July 2018)

Baruch & Holtom (2008), reviewed 1,607 studies between 2000-2005 that used the questionnaire method and found the average questionnaire response rate to be 52.7%. By 2018 however, this average had dropped to 33% according to a similar review (Lindeman, 2018). The response rate for this evaluation was higher than the current average then.

The response rate is important as a higher response rate means data collected will be more representative of the service user population. Although Cook et al. (2000:821) points out that the "*response representativeness is also important in survey research*". This means that any analysis should include consideration of the extent to which sub-groups (groups with different socio-demographics) within the sample responded and which, if any, did not. For this reason, the socio-demographics of service users collected via questionnaires and the database used for discussion in the findings section of this report (see Section 3).

1.3.5. Service user focus groups

Twenty-one questionnaire respondents indicated that they would like to take part in a focus group. These were contacted by a 'JOY Project' staff member. It could be argued that this staff member acted as a 'gatekeeper' then.

Gatekeeping is "*the process of allowing or denying another person access to someone*" (Holloway and Wheeler, 2002:45) i.e. the research sample, usually because they have some responsibility to protect vulnerable populations. In this case, access had already been granted via an organisational gatekeeper (WCT) and a professional gatekeeper (the 'JOY Project' manager) (Polit, 2001), and contact had been made with service users; twenty-one of whom had indicated a wish to participate in a focus group. The 'JOY Project' staff member acted more as an intermediary between the researchers and the twenty-one service users then, to ensure a "*smooth path for the researcher*" (Holloway and Wheeler, 2002:48) in terms of process. The staff member informed the service users of the date, time and venue of focus groups and confirmed their attendance.

Good communication between the researchers and the staff member in question, limited any possible ethical dilemmas such as coercing service users to participate in a focus group if they had changed their mind; an issue particularly relevant given the authority of staff in relation to service users. Any negatives related to the use of the staff member as an intermediary was offset by an understanding that they had insider knowledge of the service users. This enabled them to direct service users to one of two focus group times, in order to ensure that any potential conflict due to service user personality clashes was reduced. The identification and alleviation of possible issues was good ethical practice underpinned by a desire to protect the focus group participants.

Only seven of the twenty-one service users who had indicated they would like to be part of a focus group, participated in one of two focus groups that took place on 20th July 2018 at a venue provided by the 'JOY Project'. Reasons given for not participating by those who had indicated a wish to take part included not being able to make the time and / or date, lack of childcare, and the complex needs of

service users, particularly with regards to mental health and anxiety about participation. The research team agreed a list of questions to put to the seven focus group participants (See Appendix 5) that would enable them to explore service user questionnaire responses in more depth, and gather additional data. Each focus group participant was required to sign an informed consent form (Appendix 3).

1.3.6. Case studies

Four service users were spoken to in depth in semi-structured interviews on the 3rd and 4th July. This resulted in rich data and allowed the researchers to include case studies in this report. The service users volunteered their time and their stories and informed consent was given via informed consent forms (Appendix 3). Case studies can be seen in Appendix 14.

1.3.7 Input from representatives of other organisations / agencies who work with the 'JOY Project'.

Some of the 'JOY Project' activities i.e. some courses are delivered by external organisations / agencies. Representatives from these, and from organisations and agencies who refer women to the project, were invited to comment about the project by email, telephone or Skype. Due to time limitations this was not a key element of the evaluation and therefore they were not invited for interview. Nevertheless, 6 people from 4 different organisations / agencies (who have not been named for anonymity) commented and their anonymised comments have been included in Section 3 when the findings are discussed.

The methods used for this evaluation, as outlined above, are supported by James (2011: 14) as being effective for evaluation rooted in theory of change (ToC) methodology because, ToC methods should "*invite dialogue from a number of viewpoints and sources of evidence*" for triangulation.

1.4 Data analysis

1.4.1 Impact chain

The creation of an 'impact chain' (Illustration 3) guided data analysis of existing 'JOY Project data. The chain allowed for the production of what Stern et al. (2012:11) call a "*logical sequential model of an initiative's work, and what it aims to achieve".* Use of an impact chain allowed for a clear overview of the structure of the project, its activities and outputs and the outcomes to be measured via the evaluation (see section 2), before the collection of data and data analysis required to close the impact loop (see Illustration 17).

**Illustration 3
Example impact chain**

1.4.2 Thematic analysis

All data gathered as part of the evaluation process i.e. data from interviews and questionnaires, were analysed using thematic analysis. Thematic analysis is a widely used method for analysing qualitative data as it can produce trustworthy and insightful findings (Braun and Clarke, 2013: Nowell et al, 2017).

The thematic analysis process entails the systematic familiarisation of data, coding, searching for themes, reviewing themes, defining themes and writing up of the transcribed data (see Illustration 4)

Illustration 4

This process meant that data collected was repeatedly read for meaningful and relevant themes associated with the outcomes of the 'JOY Project'. The process is reflective and iterative, meaning that it involves constantly moving between the data analysis stages and furthermore, each member of the research team read and coded the data separately and then decided collectively on relevant themes.

This triangulation ensured that the analysis was as trustworthy as possible, via the validation of themes by two or more researchers in line with the principles of thematic analysis (Braun and Clarke, 2013).

1.4.3 Measuring change

The first research aim of this evaluation was to ascertain the extent to which the stated project outcomes are being met and highlight additional outcomes. The 'JOY Project' aims to meet 2 outcomes as set by the 'Big Lottery Fund'. These outcomes are shown in Table 1, as are the 3 associated indicators used to measure change.

Table 1
The 'JOY Project' outcomes and Associated Indicators
(The Big Lottery Fund, 2017)

OUTCOMES	INDICATORS
4 Disadvantaged women will have improved motivation, confidence and social skills leading to reduced isolation and increased community participation	The number of women who demonstrate increased self-confidence, motivation and improved social skills by actively participating in project & community The number of women who self-report improved & sustained self-confidence and interpersonal skills via activity & course questionnaires & evaluation The number of women who self-report improved & sustained self-confidence and interpersonal skills via activity & course questionnaires & evaluation
5 Disadvantaged women will acquire new skills and aspirations and enhance learning, leading to sustained change and improved future volunteering and employment opportunities	The number of women who have improved educational achievement by completing a JOY skills-based activity and obtained a certificate The number of women who have progressed from service user to become a volunteer or mentor and have provided mentoring support to at least 2 other women The number of women progressing to external opportunities including mentoring, volunteering, further training and paid employment

Targets are set by the funder in order to measure if the outcomes are being met, and it is clear that the funders require positive change to be measured quantitively. As the evaluation was undertaken after commencement of the project and its activities, it was impossible to collect baseline data (quantitative or qualitative) to

measure change. A quantitative overview of the extent to which targets and outcomes are being met, is given in this report though, drawing on existing project data (see Section 3).

Thematic analysis of qualitative data gathered for this evaluation allowed the researchers to capture change voiced by the service users themselves as well as perspectives on how and why change occurs, the activities that influence the most positive change and the quality, impact and value of the 'JOY Project' (research aim 2). Russell and Killoran (2000:17) note however, that '*there are conceptual problems about establishing causality and distinguishing the effects of a particular intervention from other factors*"; i.e. it can be problematic to know if any change is attributable entirely to a particular intervention or whether they would have occurred in the target population in any case. This is especially difficult where service users are in involved with more than one service (Millward et al 2003).

Evaluations of 'medical interventions' typically measure the counterfactual, which is the extent to which change may have occurred in the absence of the intervention, via a control group; a group with the same characteristics as the research sample, but who do not get the medical intervention. As Kubisch *et al* (1995:5) state though;

> *finding an equivalent 'comparison' community that is not benefiting*
> *from the initiative, and with which outcomes in the target community*
> *can be compared is fraught with methodological and logistical*
> *problems.*

These methodological and logistical problems of finding a similar sample made it impossible to use a control group for this evaluation but, the methods used ensured that qualitative data was collected about involvement with other services, and other factors that may have affected change. This allowed research participants to reflect on the extent to which they believed any change was due to the 'JOY Project' or other factors. The collection of qualitative data also allowed for a consideration of external social contexts that might have a significant bearing on the chances of achieving intended outcomes, which the project may not be able to

influence. Qualitative data analysis uncovers the complexity of change then, and the wider systems and actors that influence it (James 2011). It uncovers a theory of change (ToC).

To make a case for impact, the ToC approach aided the research team to identify links between the project's activities and outcomes and discuss causal inference in relation to the 'JOY Project'. Connell and Kubisch (1998:16) call this "*a systematic and cumulative study of the links between activities, outcomes and contexts of the initiative.*"

1.5 Ethical considerations

The Higher Education Research Act (2017) gives universities the right to collect data for research purposes. Ethical approval for this evaluation was given by UW's Research Ethics Committee. Nevertheless, *"the complexities of researching private lives and placing accounts in the public arena raises multiple ethical issues for the researcher*" (Mautherner, Birch, Jessop, & Miller, 2002, p. 1). Research ethics tell us that particular care should be taken when undertaking research with vulnerable populations (Sutton et al. 2003). For the purpose of this evaluation, all participants were deemed 'vulnerable'. Services users shared personal information, in the process exposing economic, social, physical, mental and cultural vulnerabilities and staff opened themselves up to scrutiny. With this in mind, ensuring that all participants understood the aims and process of the evaluation and making sure that they were supported throughout was paramount.

A pre-evaluation briefing event took place at a 'JOY Project' venue, where information sheets (Appendix 2) were distributed and discussed. The information sheets were given to staff and service users who were not present at the briefing event, by the project manager. All who took part in interviews and focus groups signed informed consent forms (Appendix 3), to indicate their voluntary participation and consent to their data being collected and used in the ways listed on the form. Consent is an ethical requirement of the UK Data Service. All service users were provided with in house support through the evaluation process.

The University of Worcester (UW) is committed to processing research data according to data protection legislation (General Data Protection Regulation (GDPR) & the UK Data Protection Bill 2018). As such, participants had the option to withdraw their data from the evaluation up to 14 days after it had been collected. Data collected from participants remained confidential and data used was anonymised. This evaluation report does however, include anonymised quotes from participants.

All paper and electronic data was stored, used and destroyed according to the guidelines in the General Data Protection Regulation (GDPR) and the UK Data Protection Bill (2018) which are reflected within UW's [Information Security Policy](#) and 'Records and Document Retention Schedule' (informed by legal requirements and the recommendations of the [Records Retention Schedule for Higher Education).](#) For clarity, these state that data collected or received, should be stored on a password-protected computer, using a university one drive for business account, or in a locked filing cabinet on campus. External storage devices used to share information between the project and the research team were encrypted. Data may be stored for up to 5 years after collection as stated in the [Records Retention Schedule for Higher Education).](#)after which all data will be destroyed using UW's confidential waste collection process (see [Information Security Policy](#)).

No money or other inducements were offered or given to participants.

2. THE 'JOY PROJECT'

2.1 Context

The 'JOY Project' is a woman only service that officially launched in April 2017. As such it is part of the important legacy of second wave feminists, who created safe, women only spaces where women could live (refuges for abuse women), disclose sexual violence (Rape Crisis Centres), get support, socialise and learn (women's centres). Through the 1970's and 1980's, these became a vital part of the voluntary and community sector, providing much needed support to women (Women's Resource Centre, 2015).

Research consistently shows that women only spaces are beneficial. A study by Newbigging and Abel (2006:31) found that:

> *women report feeling emotionally and psychologically supported in women-only settings because their diversity and their needs are appreciated in the context of their complex lives.*

Newbigging and Abel (2006) suggest that generic provision often fails to recognise the importance of the surrounding issues that impact on women's realities such as poverty, social isolation and past and present abuse. Research by the Women's Resource Centre (WRC) (2006), concluded that women only spaces also benefit families, communities and society as a whole, and that they are successful because their approaches are based on values of empowerment, rights and self-determination and, because they tailor their services to the needs, aspirations and experiences of their service users. Later research (WRC, 2007) found that women from all walks of life prefer to use women-only services within a range of different contexts, with some saying they would not go to mixed services. The needs of these women would not be met then, if women only services did not exist. Their existence is however, questioned on the basis of discrimination (Wolf, 2013; Weiss, 2017).

Generally, the Equality Act (2010) does not allow for discrimination against those with 'protected characteristics' (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sexual orientation

and sex) but, there are exceptions. Paragraph 27 of Schedule 3 of the Act states that if the targeted provision is a proportionate means of achieving a legitimate aim and the services meet one of six conditions (for example only people of that sex need the service), it is lawful to provide it to women only. (See Appendix 6). In addition, paragraph 27 makes clear that, if a public body exercises a public function relating to the provision of a single-sex service, they are also covered by these exceptions. This ensures that funders can fund single sex services.

Historically, women only spaces have been funded by a combination of donations, funding bids, charges to referring agencies and commissioning by local councils and more recently, by Police and Crime Commissioners (PCC). They have though, always been less likely to be funded than other services (WRC, 2012). Research has found that 70% of women's organisations felt that being women-only made it more difficult to access funding (WRC, 2007).

Funding to women's organisations is sometimes seen as an easy target for savings and is often one of the first areas of spending to be cut according to Bennett (2015), who argues that this has been the case during the austerity measures introduced by the Coalition government (elected in 2010) and continued by the Conservative government (elected 2014). This is in spite of evidence that women's services meet the diverse needs of women from local communities, improve women's soft and hard skills and health, reduce re-victimisation and re-offending and provide good value for money (WRC 2011; 2012; 2015). In this climate of funding cuts, remaining services must show funders that they are having a positive impact, indeed, there has been an increased emphasis on outcome measurement and outcome-focused commissioning across services in recent years. This evaluation report provides evidence on impact for existing and potential future funders but also gives project staff and the women who use the 'JOY Project', an important opportunity to voice what the project means to them and how it has impacted on their lives.

2.2 Background

The 'JOY Project' evolved from the work of the Asha Women's Centre, which supported women in Worcester for 20 years but closed in January 2017 due to lack of funding. The Asha Centre initially developed from work with women offenders and in its heyday, attracted attention from the Department of Health who cited it as a good practice model in 2003, and Baroness Corston who identified it as a model of best practice in her Home Office report on vulnerable women in the criminal justice system (2007). The Asha centre expanded its work to incorporate supporting any women from the local community who needed any kind of support but in its latter years stopped self-referrals and charged referring agencies for support given to the women they referred. Austerity measures introduced by the Coalition government (2010) and since continued by the Conservative government (elected 2014), cut funding to the referring organisations and agencies, reducing available funds to pay Asha for referrals. This played some part in Asha's closure.

Concern over what would happen to the women who were service users of the Asha Centre, led to a successful Big Lottery Fund bid by Worcester Community Trust (WCT) in February 2017 for a 'Moving on Project' as a follow on to Asha. February to April 2017 was a transition period, during which WCT consulted with stakeholders (including Asha service users and potential referring agencies) to develop the projects structure and governance and recruit and train staff and volunteers (including a service user steering group). During this time, the project was re-branded as the 'JOY Project. It was officially launched in April 2017.

2.3 Structure

2.3.1 Governance and management

The 'JOY Project' is one of a suite of projects provided by WCT. These projects can be seen in Table 2. As such it is governed and managed by WCT.

Table 2
WCT Projects

Building Block	Construction skills centre teaching plastering, block work, tiling, carpentry and more.
Building Better Opportunities (BBO) Job Coach	BBO Job Coach has a specific focus on those furthest away from the job market
Snack and Chat	Offering a hot and healthy two course meal but, also a warm and friendly environment where individuals feel safe and at ease, and supported to address issues
Extend	Exercise class for over 50's to improve strength, balance and increase stamina
Reconnections	A service to reduce loneliness and social isolation in Worcestershire, run by Age UK in partnership with WCT and others.
Courses and activities	Delivered by WCT partners providing a range of opportunities for learning and active engagement
Volunteering	Opportunities for practitioners in training from all courses run by the University of Worcester, and volunteer opportunities across the organisation
Community projects	Opportunities for community engagement both in and around community hub centres
Community connectors	Working closely with members of the public and partners to deliver drop in sessions to support the socially isolated and those with low level stress and anxiety.
Youth work	Positive opportunities and experiences for young people aged 10-19 years including fitness, arts and crafts, beauty workshops, dance, cooking and sports that will unlock potential, make their voices hard and create a greater sense of community and responsibility.
Kidzplay Play Schemes	For children aged 5-10 years with lots of fun, learning new skills including sports, cooking and arts.
Toddler groups	Baby and toddler groups (term time only) with the support of WCT and Action for Children
DAWN	A free, confidential and non-judgmental tailored service for women who are experiencing or have experienced domestic abuse.
JOY	A woman only community project which provides support to enable women to gain a variety of skills, enhance their confidence and empower them to make their own informed decisions.

WCT Update (2018d:6).

WCT was set up in 2010 to join together three charities and take on the management of community centres owned by Worcester City Council and youth and community work on behalf of the City Council and WCC. The work of WCT is funded through income generated by letting out the community centres and from grants, charitable funds and contracts (WCT, 2018d).

WCT has a Board of Directors who are Trustees and volunteers. This Board sets the strategic direction for WCT. Day to day performance is delegated to the Chief Executive (CE). Helen Scarrett, CE until July 2018, stated that WCT

> *contributes hugely to the wellbeing of the citizens of Worcester, in particular those who fall between the cracks of everyday life and need support and a chance to be part of a wider community (2018c).*

A new CE Faith Sanderson, took on the role in July 2018.

WCT is a registered charity which runs six Community Hubs in Worcester which can be used for community and commercial use, and from which the activities of the above projects are undertaken (WCT, 2018b). The six hubs serve the city of Worcester but are situated in the postcode areas shown in Table 3, which are illustrated on the map (Illustration 5).

The 'JOY Project' currently runs activities in four of the six hubs, KGV, Warndon, The Tolly centre and Horizon.

TABLE 3
Location of WCT Community Hubs.

	HUB	POSTCODE
1	The Green Centre	WR2
2	KGV Brickfields	WR4
3	Warndon Hub & Building Block	WR4
4	The Tolly Centre	WR4
5	Ronskswood	WR5
6	Horizon	WR5

**Illustration 5
Postcode areas of Worcester**

2.3.2 Paid staff

There are currently three paid staff. A Project Manager (21 hours), a Project Worker (37 hours) and an Outreach Worker (21 hours).

2.3.3 Volunteers

The paid staff are supported by volunteers, most of whom are or have been supported by the 'JOY Project' and / or the Asha centre previously. Some volunteers were university students doing work placements at the project and stayed to volunteer when their placement was finished. There are at any time a minimum of fifteen volunteers (Heywood, 2018).

Some of the volunteers are part of a project steering group. All members of the steering group are current service users and their role is to represent other women who attend 'JOY' and suggest activities. Though the project answers to the funders in terms of meeting set outcomes, it can be argued then that it is service user led, in terms of what activities take place to meet the outcomes. This is supported by regular service user consultations (Heywood, 2018) and evidenced by forms requesting women to state what activities they would like to do each term (see Appendix 7).

Paid staff and volunteers have been trained on a number of relevant subjects including first aid, mental health and post-traumatic stress disorder (PTSD) and information and guidance (IAG).

2.4 Purpose

As stated in the introduction, the 'JOY Project' is "*a woman only community project which provides support to enable women to gain a variety of skills, enhance their confidence and empower them to make their own informed decisions*" (WCT, 2018a).

2.5 Theoretical underpinning and methodology

2.5.1 Theoretical underpinning

The theoretical underpinning of the 'JOY Project' is feminist, in that it is a woman only project that aims to empower women. In addition, it recognises that empowerment must begin from women's own experiences and the importance of the social, economic and environmental structures that shape women's lives (Carr, 2003). Lee (2001: 12) tells us that

> *empowerment is an essential element of feminist theory which seeks to increase the personal, interpersonal and political power of oppressed and marginalised populations for individual and collective transformation.*

As such empowerment is both a theory and a process (Carr 2003; Carroll, 2004), Almaseb & Julia (2007) believe that empowerment is best viewed as a theoretical framework which helps women take more control over their lives and develop a sense of self-efficacy, self-esteem and self-confidence, and this is evident in the work of the 'JOY Project'. In addition, the 'JOY Project' uses the 'Empowerment Star' to measure the progress of change in women. (See 3.7.1).

2.5.2 Methodology

The project functions within a 'Theory of Change' (ToC) methodology, in that the project activities are designed to aid positive change. The project process, the fact that it is results oriented and women (service user) focused, and the fact that staff regularly engage in consultations with the women and appreciate the importance of stakeholder dialogue; indicates that it is in line with the four stage Dialogic Change Model (DCM) (Collective Leadership Institute, nd) shown in Illustration 6.

Illustration 6
Dialogic Change Model (DCM)

Stage 1 of the DCM relates to understanding the external context that drives need and creating a service rooted in Theory of Change (ToC), engaging and drawing on the knowledge of stakeholders in this process. This was evident when need was identified when the Asha Centre closed (see 3.2). Stage 2 is geared towards consolidating the project i.e. agreeing its goals and activities according to stakeholder voiced needs and in line with ToC methodology, before 'Implementing and Evaluating' them (stage 3), and this was done when the project was planned. Stage 3 is the point where change should be evident. The methods used for this evaluation report allowed for the capture of stakeholder voices in relation to 'JOY', their involvement in it, and the extent to which it has created positive change (see section 1). This will allow WCT and the project manager to consider project changes or further developments based on stakeholder input (stage 4).

2.6 Target beneficiaries, local socio-demographics and referral

2.6.1 Target beneficiaries

The target beneficiaries are women aged 16+. There is no maximum age limit. The priority is to support women who live in the city of Worcester but, 'JOY' can support women out of area for group work. The 'Big Lottery Fund' grant form (2017), shows that local socio-demographics were considered when applying for funding. The form indicates that the target beneficiaries include women who are disabled, of diverse ethnic backgrounds and religions and differing sexualities. This is monitored by collecting data on women service users via self-referral forms and forms for professionals to signpost/refer to the project, which are online and available also in hard copy. This data is transferred to the database which is analysed on a quarterly basis in preparation for quarterly reports to the funder. This allows staff to consider socio-demographics. Service user data is updated every six months to ensure it is current (Year one report to funder; February 2018)

2.6.2 Local Socio-demographics

a) Population statistics, age and gender

The 'JOY Project' funding bid to the Big Lottery Fund (2017) used population statistics from the 2011 census (ONS, 2011) as a base to estimate percentages of target beneficiaries. With this in mind, it is the 2011 census which is predominantly drawn on here but more up to date statistics are used where available.

The City of Worcester is in the County of Worcestershire which is a mix of urban and rural areas. In 2011, approximately 60% of the population lived in and around the main urban centres including Worcester, with the remaining 40% dispersed across the county which covers about 670 square miles (Worcestershire Public Health Intelligence Team, 2013). The County is made up of six Districts as follows, and as can be seen in Illustration 7.

1. Wyre Forest
2. Bromsgrove
3. Wychavon
4. Malvern Hills

5. Redditch

6. Worcester City

The 2011 census tells us that the population of Worcestershire was 566,169. (Worcestershire Public Health Intelligence Team, 2013), with WCC (2017b) giving an estimated population of 583,000 for 2017 (WCC, 2017:9). They also estimate that 102,700 people lived in Worcester City in 2017 with just over half of these being women (see Illustration 8). This shows no significant change from the 2011 census when 49.25% of the population was male and 50.75% female (WCC, 2013). WCC estimate that in 2018, 103,300 people live in Worcester city, and that this will rise to 104,700 by 2021.

Illustration 7
County of Worcestershire Districts

Illustration 8
Worcester city Population by Gender 2017 (WCC, 2017:9)

The age distribution of the population of Worcester City for 2017, is given by WCC (2017a) but, this does not differentiate by gender. The 2011 census shows that the majority of women aged 15 and over at that time were in the age groups shown in Table 4 below (ONS, 2011).

TABLE 4
Age Groups of Women in Worcester Aged 15+ (Census 2011)

15-19	20-24	25-29	30-39	40-49	50-59	60-69	70+
6.9%	6.3%	6.4%	14%	17.7%	15.5%	15.6%	17.6%

The highest age groups were then the 40's and the over 70's, but combined, the over 50's made up almost half of the population (48.7%). WCC (2013:9) tells us that Worcestershire consistently has a higher percentage of people in the older age groups than the national average and a consistently lower percentage of children (defined as 0-15 years). In 2011, 18.7% of the population in Worcester City were aged 0-15 years.

b) Deprivation, health and housing

Worcester City is divided by postcodes, as shown in Illustration 5. The socio demographics for the Worcester population living in postcodes where WCT Community Hub area are located (as collected by the 2011 census), can be seen in Appendix 11. Socio demographics for all Worcester postcodes are available online via 'PostcodeArea'.

According to the most recent Worcestershire Health and Well-being Board Joint Strategic Needs Assessment (2017), Worcestershire is less deprived on average than England but in Worcester city, there are significant pockets of deprivation. The 2011 census shows the level of deprivation for each postcode (see Postcodes-UK for an overview of areas the postcodes cover). The census (ONS, 2011) bases the 'Dimensions of Deprivation' on four indicators as follows:

1. **Employment:** Where any member of a household, who is not a full-time student, is either unemployed or on long term sick.
2. **Education**: No person in the household has at least Level 2 education, and no person aged 16-18 is a full-time student
3. **Health & Disability**: Any person in the household that has general health that is 'bad' or 'very bad' or has a long-term health condition/disability
4. **Housing**: The household's accommodation is either overcrowded, or is in a shared dwelling, or has no central heating.

Levels for Worcester City postcodes WR1-WR5 are shown in Table 5.

TABLE 5
Levels of deprivation by Worcester City Postcodes WR1-WR5

	WR1	WR2	WR3	WR4	WR5
(Census, 2011)					
Population	9,985	7,890	8,175	5,437	9,985
% female population	48.1%	50.8%	51.2%	50.2%	48.1%
No deprivation	41.7%	49.6%	53.6%	52.8%	41.7%
1 Dimension	33.03%	32.3%	30.2%	30.3%	33.3%
2 Dimensions	18%	15.8%	14.5%	14.5%	18%
3 Dimensions	6%	2.3%	1.6%	2.2%	6%
4 Dimensions	1%	0%	0.1%	0.2%	1%
% of households with 1 or more Dimension	58.4%	50.4%	46.3%	47.1%	58.4%

The majority of deprived households in the above postcodes have one 'Dimension of Deprivation' fairly equally. When it comes to two or more Dimensions however, it is clear that WR1 and WR5 (see Table 6 & Postcodes-UK for areas covered), are the most deprived, and are the most deprived overall.

Worcestershire Health and Well-being Board Joint Strategic Needs Assessment (WCC, 2017a), informs us that deprivation often has an adverse effect on health and that life expectancy is 5.9 years lower for women in the most deprived areas of Worcester, in comparison to the least deprived. The majority of people (both genders) in the Worcester areas in which WCT Hubs are located, stated their health was 'very good' or 'good' in the 2011 census (ONS, 2011) (see Appendix 11), but this is not broken down by gender. In addition, as only one person per household completes a census form, this view is dependent upon the perspective of that person. WCCs Worcestershire Census Atlas 2011 (2014:11) gives statistics for the population of Worcestershire Wards and found that people in Wards 103 (Rainbow Hill), 104 (Gorse Hill) and 108 (Warndon) most often reported 'bad' or 'very bad' health. (See Illustration 9 and Table 6 for Worcester Wards. A full list of Worcestershire Wards can be seen in Appendix 11. Also see Postcodes in Worcester for a complete list of postcodes related to Worcester Wards).

Illustration 9
Worcester Wards

The 2011 Census (PotscodeArea, nd) gave a breakdown of the types of houses people in Worcester City lived in, and the number of bedrooms they had (see Table 7).

TABLE 6
Worcester Wards

Ward No.	Ward	Postcodes	Indicative Areas
79	St. Johns	WR2	St. Johns Dines Green
95	Cathedral Ward	WR1 WR5	City centre Wylds Lane /Midland Road area Diglis
96	Nunnery	WR4, WR5	Nunnery Wood Newtown Road Ronkswood
97	St. Clements	WR2	Henwick/Hylton Road area of St. Johns
98	Claines	WR3	Claines
99	Bedwardine	WR2	St. Johns
101	St. Peters	WR5	St. Peters
102	Battenhall	WR5	Battenhall
103	Rainbow Hill	WR3, WR4	Rainbow Hill
104	Gorse Hill	WR4	Tolladine
105	Warndon Parish South	WR4, WR5	Trotshill Lyppard
106	St. Stephens	WR1, WR3	St George's Square Gheluvelt Park Blanquettes
107	Warndon Parish North	WR2, WR3, WR4, WR5	Berkley Way area Woodgreen
108	Warndon	WR3, WR4	Warndon Blackpole
109	Arboretum	WR1, WR3	Arboretum

TABLE 7
Housing by type and number of bedrooms in Worcester City Postcodes
WR1-WR5 (Census, 2011)

	WR1	WR2	WR3	WR4	WR5
Detached	3.5%	34.4%	29.1%	50.9%	3.5%
Semi	10.2%	38.6%	39.4%	24.2%	10.2%
Terraced	20.2%	17.6%	11.9%	5.3%	20.2%
Low level apartment	32.9%	4.7%	9.5%	7.8%	32.9%
In block of flats	25.5%	2.3%	7.1%	5.3%	25.5%
Bedsit	3.8%	1.3%	1.9%	2.2%	3.9%
Commercial (hotel, B&B etc.)	3.5%	1.1%	0.4%	0.4%	3.5%
Mobile/caravan	0.1%	0%	0.4%	3.9%	0.1%
Shared	0.3%	0.1%	0.3%	0%	0.3%
Other	0%	0%	0%	0%	0%
Number of bedrooms					
0	0.8%	0.1%	0.1%	0.2%	0.8%
1	27.6%	2.8%	5.3%	3.8%	27.6%
2	35.2%	19.4%	20.7%	19.8%	35.2%
3	25%	53.8%	49.1%	38.2%	25%
4	8.2%	19.7%	20.5%	28.2%	8.2%
5+	3.1%	4.3%	4.4%	9.75	3.1%

WCC (2014:2), tells us that housing forms a large part of health and wellbeing, and that poorer housing is associated with terraced housing. Though terraced housing is for the most part, low in Worcester city, there are some communities of terraced streets, particularly in the Arboretum (WR1), Rainbow Hill (WR3) and Wylds Lane (WR5) areas. The 2011 census also identified higher levels of overcrowding in the Wylds Lane and Arboretum areas, areas where many Asian communities reside. WCC's briefing, 'The Health of Black and Minority Ethnic Groups' (Russell, 2017) informs us that 27% of Asian people in Worcestershire, live in the most deprived areas of the county. Citing Windle and Edwards (2006), WCC (2014:6), also tells us that there is generally a higher number of social rented tenures (council and housing associations) in urban areas such as Worcester City with those in social rented properties experiencing the poorest health. The 2011 census gives a breakdown in terms of home ownership and

renting which can be seen in Table 8 (House of Commons Library Statistics Profile; nd):

TABLE 8
Home Ownership and Renting: Worcester 2011
(House of commons Library Statistics Profile; nd)

OWNED	27,077	64.4%
Of which owned outright (no mortgage)	12,181	28%
Shared ownership (part mortgage, part rented)	436	1%
Privately rented	7,645	18.2%
Of which rented from Landlord/Letting Agency	7,093	16.9%
Rented from 'other' i.e. family/friends	552	1.3%
Social rented	6,438	15.3%
Of which rented from Council	2,356	5.6%
Of which rented from 'other' i.e. Housing Association	4,082	9.7%
Living rent free	446	1.1%

Barton (2017:6) draws on 2016 statistics to tell us that these figures are still similar and are in line with the trend for the West Midlands and across England. (See Table 9).

TABLE 9
Housing tenure by region Q4, 2016 (Barton, 2017)

Region	Owned	Privately rented	Social rented
North East	64%	18%	17%
North West	61%	14%	24%
Yorks & Humber	60%	19%	20%
East Midlands	65%	15%	19%
West Midlands	65%	15%	19%
East of England	67%	16%	16%
London	50%	26%	22%
South East	70%	16%	12%
South West	69%	17%	12%

Using 2011 census figures, WCC (2014) tells us that the majority of people living in social rented tenure in Worcester City live in the Cathedral (95), Nunnery (96), Rainbow Hill (103), Gorse Hill (104) and Warndon Wards (108) (shown in red in Illustration 10). (See Table 8, Postcodes in Worcester and Appendix 11 for information on Wards)

Illustration 10
% Population living in social rented tenure in Worcester City
(Worcestershire Census Atlas 2011 (2014:6)

Barton (2017:14) breaks down housing tenure in England by the self-reported ethnicity of the household reference person (HRP), i.e. the person who owns the accommodation or is responsible for the rent. This shows that owner-occupation is most common amongst households led by people who are White, Indian or Pakistani. Households led by a Black HRP are least likely to be owner-occupiers. Private renting is common amongst people of ethnicities categorised as 'Other', 'Other Asian' and 'Mixed. Households led by a White HRP are least likely to rent privately and social renting is high amongst households whose HRP is Black (48%) or Bangladeshi (33%). Households with an Indian HRP are least likely to be social renters (7% are). (See Illustration 11).

Illustration 11 (Barton, 2017:14)

c) Nationality and Ethnicity

88.5% of people living in Worcester City in 2011 were born in England according to the census (ONS, 2011). (See Illustration 12).

Illustration 12
Population of Worcester City by country of birth (Census, 2011)

The 2011 census also shows that Worcestershire is predominantly a 'White' British county and this is reflected in Worcester City. Statistics from the 2011 census show that BME (Black and Minority Ethnic) people, made up 7.6% of the Worcestershire population, a small proportion compared to the regional and national populations which both stand at around 20% (WCC, 2013; Russell, 2017). Table 10 shows the population by ethnicity for Worcester City in 2011.

TABLE 10
The BME Community in Worcester City 2011 (WCC, 2013).

White British	89.1%	Indian	0.8%
White Irish	0.6%	Pakistani	1.9%
White Gypsy/traveller	0.1%	Bangladeshi	0.5%
White Other	3.6%	Chinese	0.4%
Mixed White/Black Caribbean	0.5%	Asian Other	0.8%
Mixed White/Black African	0.2%	Black/African/Black Caribbean/Black British	0.2%
Mixed White/Asian	0.4%	Black Other	0.2%
Mixed Other	0.3%	Arab	0.1%
		Other ethnic group	0.2%
ALL BME			**10.9%**

With the exception of the 'White Other' group, the largest ethnic minorities in Worcestershire in 2011 were Indian and Pakistani with populations of people from a Pakistani background low outside of Redditch and Worcester City. The number

of people identifying as Gyspsy / traveller is very low at 0.1% (WCC, 2013) though it is recognised that some families may not identify themselves as Gypsies or Travellers for the purpose of the census so this figure may be lower than the reality (Brand, 2014:9). A total of 426 households in Worcestershire were identified as having a 'White Gypsy or Irish Traveller' ethnicity in the 2011 census. 108 were residing in Worcester (only thirty-nine of which were in caravans or mobile accommodation).

WCC (2013) tell us that the largest change in population since 2001 has been those identifying as 'White Other', and that this relates to an increase in people from Eastern Europe. The Worcester City areas with the highest proportion of BME residents in 2011 including Eastern Europeans (WCC, 2017) can be seen in Table 11. The ethnicity breakdown for people in the postcode areas in which WCT hubs are located, can be seen in Appendix 11.

TABLE 11
Worcester City areas with the highest proportion of BME residents in 2011 (Russell, 2017).

Area	% BME
Wylds Lane / Stanley Road / Victoria Avenue	76%
Gorse Hill (Tolladine) & Ronkswood	20%
The Arboretum	29%
Perry Wood	18%

d) Refugees and asylum seekers

There are no official figures for the number of refugees or asylum seekers in the UK (Hawkins, 2018), never mind in Worcestershire or Worcester City. We do know that asylum seekers made up approximately 6% of immigrants to the UK in 2016. 37% of these were nationals of Asian countries, 29% nationals of Middle Eastern countries, 23% nationals of African countries, and 7% from Europe. 25% of asylum applications were made by women (Refugee Council, 2018).

e) Religion

The majority of the population in Worcester City, like Worcestershire as a whole was 'Christian' in 2011 according to the census (WCC, 2013: 6) (see Illustration 13). Those with 'no religion' in the county as a whole was 23.3%, with 25.2% of households in Worcester City stating they had 'no religion'.

The City of Worcester had, and still has low proportions of people affiliating to 'other' religions and those stating they were Muslim was higher in certain postcode areas of the city. A breakdown of religion by postcode, can be found online at 'PostcodeArea'. Appendix 11 shows the religion of people in WCT Community Hub areas, as collected by the 2011 census. This highlights the fact that as in Worcester City overall, Christianity was the majority religion in all Hub areas, followed by 'no religion'. In the WR5 area (Ronkswood and Horizon Hubs) however, there was a lower Christian population and a higher Muslim population than in the other areas.

Illustration 13
Population of Worcester City by Religion (Census, 2011)

f) *Disability*

Self-reported disability figures for 2011 (explained as difficulties that limit day to day activities) show that Worcester City has a lower rate of people whose disability limits their day to day activity 'a lot' (7.2%) than other areas of Worcestershire. 9% had a disability that 'limits their activities a little' and 83.8% said their day to day activities were 'not limited at all' (WCC, 2013).

The proportion of the Worcestershire population who self-reported a serious health problem or disability by age and ethnicity can be seen in Illustration 14. This shows a higher number of people age 65+ With a disability. Mixed and Asian ethnicities are seen to be most at risk of serious health issues or disability in the older age groups, with those identifying as 'mixed ethnicity' being most at risk in all age groups.

Illustration 14
% of the Worcestershire population whose day-to-day activities are limited a lot or a little by health problem or disability, by age group & ethnicity in Worcestershire, 2011 (Russell, 2017).

g) Sexual identity / orientation

The census has not historically gathered information on sexual identity / orientation and there are no figures for Worcestershire. The Office for National Statistics (ONS) 'Statistical Bulletin on Sexual Identity (2016), estimates that 93.4% of the UK population (16+) is heterosexual and 2% Lesbian, Gay, or Bisexual (LGB), The same report estimates that 1.6% of the West Midlands population is LGB and 0.5% identifying as 'other' in the 'Annual Population Survey (APS) (2016) from which the estimates were drawn. 4.1% did not identify their sexual identity / orientation.

h) Employment / occupation

The unemployment benefit claimant rate in Worcestershire was relatively low at 2.9% in 2011 (WCC, 2013:14) in comparison to the West Midlands (4.6%) and national (3.7%) rates. A November 2012 report (WCC) showed some pockets of high unemployment in Worcester City Wards though. These were Gorse Hill (6.7%), Warndon (6.3%), Cathedral (5.9%) and Rainbow Hill (5.8%). A breakdown of hours worked and social grade (class) by postcode, can be found online via 'PostcodeArea'. The Social Grade classification of the National Readership Survey (NRS) was used in the census 2011 to categorise occupation (see Table 12).

Appendix 11 shows the hours worked and the social grade of people aged 16-64 in WCT Community Hub areas as collected for the 2011 census (ONS, 2011). This indicates that most in the WR4 area, most workers were in the A / B category (37.2%) with 12.6% in the D / E categories and in WR5, most were Lower middle class (30.2%) but a massive 28.6% were in the D / E categories

TABLE 12
NRS SOCIAL GRADES (nd).

A	Upper middle class	Higher managerial, administrative, professional
B	Middle class	Intermediate managerial, administrative, professional
C1	Lower middle class	Supervisory, clerical, junior managerial, administrative, professional
C2	Skilled working class	Skilled manual workers
D	Working class	Semi-skilled and unskilled manual workers
E	Not working	Pensioners, casual workers, unemployed/state benefits

The 2011 census (WCC, 2013) informs us that 41.9% of the Worcester City adult population (16+) was in full time employment in 2011. The 'Worcestershire Local Economic Assessment' Report (WCC, 2018) tells us that just under 80% of people (aged 16-64) in Worcester City were in some kind of employment in 2017 with 90% of the workforce being male and 68% female. Interestingly, a greater

proportion of males are employed in 'Skilled trades occupations', whilst a greater proportion of women are employed in 'administrative and secretarial occupations', 'caring, leisure and other service occupations' and 'sales and customer service occupations' (WCC, 2018:20).

WCC (2018) also state that since 2011, the employment rate for Worcestershire has generally increased and unemployment and inactivity rates have fallen, with a 2017 unemployment rate of 1.7% in Worcester City. Unemployment is broken down by Ward in Illustration 15 (WCC, 2018:12) which shows that the highest number of unemployed by far, live in the Cathedral Ward, though it should be noted that this is the largest Ward in the city.

Illustration 15
Unemployment in Worcester City by Ward (May 2018) (WCC, June 2018).

WCC (2018:14) inform us that in 2017 there was a 21% economic inactivity rate in Worcestershire;18.8% in Worcester City. Economic inactivity is described as "*the number and proportion of the population that are not in employment or unemployed"* This includes those who are retired, those who are on long term sick, students, and people looking after family / home including unpaid carers.

i) Education

The 2011 census (ONS, 2011) found that in England and Wales, 27% of the population aged 16+ had achieved Level 4 or above (see Table 13) qualifications in 2011.

TABLE 13
Categorisation of educational levels (Census 2011)

Level 1	1-4 GCSEs or equivalent qualifications.
Level 2	5 GCSEs or equivalent qualifications
Level 3	2 or more A-levels or equivalent qualifications.
Level 4	Degree or equivalent, and higher qualifications.

Using this model of educational levels, just over 20% of the West Midlands population had achieved at Level 4. The educational level of those living in WCT Hub locations can be seen in Appendix 11.

The 'Worcestershire Economic Assessment' report (WCC, 2018:25) found that in 2017, the highest educational level of people across Worcester City was NVQ Level 4; the equivalent of a degree using the model shown in Table 13. The report recognises a significant increase in educational attainment since 2011 but does not attempt to explain it. It also tells us that 48.8% of the Worcester City population (16+) had achieved fiver or more GCSE's. This is not differentiated by gender.

J) Relationship status and children

An analysis of Worcestershire census data by marital and civil partnership status (ONS, 2011) shows that the highest proportion of the adult population (16+) were married, nearly double the number of single people. In terms of the population of single people however, Worcester City had a much higher percentage than other Districts. It was thought that this was probably due to the student population (WCC, 2013). The county data showed relatively few people in civil partnerships and a higher proportion of widowed people than the national average which correlates with the older population. 13.3% of the Worcestershire population were cohabiting with a member of the opposite sex, while 0.8% lived with a partner of the same sex. 9.1% were separated or divorced.

The 2011 census considered a dependent child as being aged 0-15 years (ONS, 2011). In 2011, 18.7% of the population in Worcester City were aged 0-15 years. 2,963 households in Worcester City were lone parent households of which, 2,684 were lone mothers. There is no definitive current data on lone parents in Worcester but the ONS (2016) tells us that the number of lone parents in the UK increased by 18.6% between 2011 and 2016.

k) Key social issues

Worcestershire Health and Well-being Board under the [Health and Social Care Act 2012](#) has a duty to undertake Joint Strategic Needs Assessments (JSNA), which provide information on health and well-being in order to inform strategy.
The Worcestershire Health and Well-being Board's current priorities apply to all ages and are:

1. keeping the population active
2. preventing alcohol harm
3. maintaining good mental health and well-being

The focus on an 'active' population is due to concerns around obesity. Concerns about mental health led to a Briefing (Shepard, 2016) which found the prevalence of depression in Worcestershire to be higher than the England average, and that poor mental health has increased in the county in recent years. It also found that women are more likely to be diagnosed with depression than men but men are more likely to attempt and complete suicide (Shepard, 2016). The JSNA Briefing 'Deaths from Suicide & Undetermined Intent' (Altay, 2017), informs us that on average, one person dies each week as a result of suicide in Worcestershire. The Briefings link poor mental health to substance abuse but state there is a particular issue with alcohol in the county. A JSNA assessment of substance use (WCC, 2014) estimated there to be 84,562 problematic alcohol drinkers in Worcestershire and 14,623 dependent drinkers. This is not split by gender.

Links are also made between alcohol and domestic abuse. The WCC 'Domestic Abuse and Violence Needs Assessment' (WCC, 2016:16) accepts that the *"numbers of victims appear to be increasing"* in Worcestershire. Overall, numbers

of victims in Worcestershire, according to police data, increased from 2,772 in 2014 to 4,762 in 2015 though this might be down to increased reporting. 74% of victims were women, with the most common age range of 35-44 years. The report identifies a high volume of children being involved (mostly witnessing), and apparent links between victims living in areas of high deprivation and the use of alcohol by both victims and perpetrators. Table14 shows the Worcester City areas with the highest domestic abuse incident rates per 1,000 population in 2014-15.

Table 14
Worcester City areas with the highest domestic abuse incident rates per 1,000 population in 2014-15 (WCC, 2016:16)

Ward	Most common Area	Incident rate per 1000 of the population
Warndon	Old Warndon Cranham Drive area	70.05
Cathedral	Worcester Bus Station area	60
Cathedral	Lowesmoor	59.85
Gorse Hill	South West	41.83
Nunnery	Ronkswood Canterbury Road area	39.71
Gorse Hill	Warndon Windermere Drive area	39.67

Most calls to West Mercia Women's Aid come from the WR1, WR4 and WR5 areas of Worcester (WCC, 2016).

As well as focussing on the key priorities listed above, WCC recognise that there are a number of social issues that are a challenge for Worcestershire and that there are many influences on people's physical and mental health including social, economic and environmental factors and traumatic events. Information and Briefings on other areas of concern to Worcestershire Health and Wellbeing Board can be found here

2.6.3 Referral to the 'JOY Project'

Women can access the 'JOY Project' via referral or signposting by an organisation / agency they are already engaged with, or they can self-refer. Those who are referred tend to be the most vulnerable according to the 'Year One Report' to the funder (February 2018), usually due to complex issues. The report goes on to say that intensive one to one support is hugely beneficial for these women but that, capacity means staff need to assess and prioritise. A maximum of thirty women receive regular one to one support (Heywood, 2018).

Self-referral forms and forms for professionals to signpost/refer collect socio-demographic data, but also information about perceived support needs. When women first attend the project, they have a one to one discussion with staff to identify their needs and assess if the project can give them appropriate support. In some cases, support from other agencies may be deemed more suitable i.e. in cases where there is domestic abuse or a mental health issue. The Warwick-Edinburgh Mental Well-Being Scale (WEMWBS) is used to assess women's mental health (see Appendix 8). Signposting / referrals will be made by 'JOY' staff as necessary. In some cases, women will receive support from 'JOY' and other services concurrently.

2.7 'JOY Project' Activities

Women accessing the 'JOY Project' are supported on a one to one basis according to need and capacity (see above) and in group settings via a range of activities.

Activities include but are not exhaustive of, learning skills such as sewing and cooking, courses to gain qualifications i.e. functional skills (literacy & numeracy), arts and crafts and drop ins / coffee mornings. These are facilitated by project staff, volunteers, wider WCT staff, freelance tutors and external bodies such as the Heart of Worcestershire College. (HOW) With support, each woman is directed to suitable activities during the one to one discussion when they first attend the project (though referrals from probation may be more directive) and they choose activities thereafter (Heywood, 2018). WCT state that "*each woman will access a journey tailored to their specific needs and abilities*" (2018d:3). Timetables of

group activities are produced each term. (See Appendix 9 for the Summer 2018 activity timetable). There is no limit to how many activities women can attend.

There is a creche available for some but not all activities (See Appendix 9) but, no transport is provided to enable women to attend which, according to the project manager, leads to women attending activities at the community hub most local to them (Heywood, 2018).

The 'JOY Project' also run trips in school holidays. A charge is made for trips and for the 'Sharing Skills' activities (see Appendix 8) but all other activities are free to women.

2.8 Measuring women's progress and project exit
2.8.1Progress
Service users have interim meetings with project staff to review their progress every 4-6 weeks or as deemed appropriate by project worker. Discussion at these meetings focus on progress as measured against their own goals. Such progress is evidenced via service user narratives on soft and hard outcomes but also by their self-rated scores given on pre and post course questionnaires (see Appendix 10), the passing of exams / gaining qualifications where relevant and securing volunteer work and employment.

Some service users also use the 'JOY' passport, which captures their goals and progress. The passport has only applied to those women who regularly have one to one support with project staff but most recently, group service users have been offered the opportunity to use the passport. While a good tool, the project manager acknowledges that the passport is not an inclusive tool as it is only available in English (Heywood, 2018).

Project staff also use the 'Empowerment Outcomes Star' (see Illustration 16) to measure progress. The 'Empowerment Star' is one of many 'Outcomes Stars' developed from 2003 by 'Triangle', a social enterprise that "*exists to help people reach their highest potential and live meaningful and fulfilling lives, often in the context of social disadvantage, trauma, disability or illness"* (Triangle, 2018). The

aim of the 'Stars' is to measure service user outcomes and there are a variety of specific 'Stars' for use with specific clients i.e. those experiencing poor mental health, young people, substance misuse and those experiencing domestic abuse.

The 'Empowerment Star' was developed to measure change in women who have experienced domestic abuse but is offered to any 'JOY' service user for whom staff deem its use appropriate to their situation. Like the other 'Stars', it is designed to measure distance travelled towards end outcomes, rather than whether end outcomes have been achieved (see Illustration 16). At the 'JOY Project', women re-visit their 'Empowerment Star' every six to 12 weeks to review progress.

The use of the 'Empowerment Star' is in line with the methodology and theoretical underpinning of the 'JOY Project' (see 3.5), as it is a participatory approach to outcome measurement (MacKeith, 2011:5) is rooted in three core beliefs:

1. **Empowerment** - Solutions to social problems rest on the harnessing of the agency and abilities of the people experiencing the problems.
2. **Collaboration** – Activities undertaken to address social problems should be agreed between service provider and service user
3. **Integration** – Social problems should be addressed through a systematic on-going cyclical method of planning, taking-action, critical reflection and evaluation

This sits nicely with feminist theory and the DCM model (see 3.5.2).

Illustration 16
Example of completed 'Empowerment Star' (Triangle, 2018)

The way that the progress of women is reviewed as outlined above, is used to assess progress in relation to outcomes set by the funder. These are shown in point 3.8 below.

The 'JOY Project manager states that organisations / agencies who refer to the 'JOY Project', do not all, or always, ask for progress reports on the women they refer (Heywood, 2018).

2.8.2 Exiting the project

There is no formal exit process used by the 'JOY Project', The project manager states that women's progress is reviewed (see above) and women are signposted to external courses or volunteer / employment opportunities as appropriate (Heywood, 2018). She also states that women usually inform staff if they are moving on and that staff try to contact women who simply stop attending. She made it clear however, that staff do not pursue women if it becomes clear calls are not being returned, out of respect for women's right to withdraw from the project without giving any reason.

2.9 Funding and outcomes

2.9.1 Funding

Funding from the Big Lottery Fund allowed the 'JOY Project to be launched in April 2017, and for the project activities to be free to women, with the exception of trips and 'Sharing Skills' (see 3.6). The project is currently 100% dependent on this one funding stream. 'The Big Lottery Fund' requires two outcomes to be measured as part of the funding agreement.

2.9.2 Outcomes

The two outcomes are shown in Table 1 (page 20) which also shows the three associated indicators for each outcome. The indicators were used for this evaluation, to measure the extent to which the outcomes are being met (evaluation aim 1), draw conclusions about quality, impact and value (evaluation aim 2) and capture good practice. This led to recommendations for improvement (evaluation am 3) to close the evaluation impact chain loop (see Illustration 17).

Illustration 17
Evaluation Impact Chain Loop

3.FINDINGS AND DISUSSION

The evaluation of the 'JOY Project', had three specific aims as shown in Section 1 and below:

1. To ascertain the extent to which the stated programme aims and outcomes are being met and highlight any additional outcomes
2. To draw conclusions about quality, impact and value
3. To capture good practice and make recommendations for improvement in service provision and/or delivery

The findings in relation to Aim 1 are discussed in Part 2 of this section. This is preceded by a consideration of the socio-demographics of service users (Part 1) comparing these to local area socio-demographics as outlined in Section 2 of this report, and to the estimated targets given in the successful bid to the 'Big Lottery Fund' (2017). The narratives of staff and service users from interviews and focus groups are weaved into both parts of this section.

Section 4 of this report gives conclusions about the extent to which 'JOY Project' aims and outcomes are being met, and on the overall quality, impact and value of the project (Aims 1 and 2). The report finishes with Section 5, which lists good practice and recommendations for improvement.

PART 1 - JOY Project' service users
3.1 Overview

The 'JOY Project' service user database showed a total of 158 service users (enrolled up to July 2018). The 'Quarter One Report' to the funder (March-May 2017) shows that twenty-six service users enrolled in this first quarter of operation. This number is slightly higher than the twenty-two that the database suggests (see Illustration 2), but this is explained in the 'Year one Report' to the funder (February 2018:2), which states that a new database was implemented during the first year that enabled a *"more streamlined and efficient reporting mechanism"*. All quarterly reports show an increase in women accessing 'JOY', with 114 women by the End of February 2018 (confirmed by the database; Illustration 2) and 158 by July 2018

when this evaluation was conducted. Ninety-nine service users were active at this point.

There was a spike in enrolments in March 2017, probably due to the project becoming more known after promotional literature was produced and disseminated and through word of mouth. Word of mouth was the means by which 47% of questionnaire respondents found out about the 'JOY Project (see Illustration 18). Word of mouth was via other service users but also through the outreach worker who is active in raising awareness about the project as highlighted on page 85). 32% of questionnaire respondents said they had been referred by an agency / professional. These included Connections, health professionals (doctors, health visitors, mental health support workers) social workers, counsellors and the police. Many of the women had heard about the project from more than one source. This reflects the multi-agency working by staff, most particularly, the project manager who sits on a number of multi-agency boards and belongs to a range of networks. The 'Year One Report' (February, 2018:5) confirms this stating "*We have created trusting relationships with statutory and non-statutory services,* which provides a steady referral flow and promotion within the city". This is evident by partnership working and networking activities outlined in all 'JOY Quarter Reports'. The project also uses a social media platform.

Illustration 18
How questionnaire respondents found out about the 'JOY Project'

The majority of questionnaire respondents had self-referred (34%) (see illustration 19). Nine (24%) said they had been accompanied by a friend when they first attended suggesting they were also self-referrals. Though the database is incomplete in terms of referral to 'JOY', it indicates that sixty-three women self-referred and twenty-seven were referred by an agency / professional. Referring agencies / professions included Social Services / family support workers (6), a homelessness agency (1), probation (4), the police (3), a substance use agency (2), health (2), employment agencies (2) and other WCT projects (7). Another four were ex-Asha service users.

Illustration 19
How questionnaire respondents accessed the 'JOY Project'

Interestingly, there were also spikes in enrolment in July / August 2017, January 2018 and July / August 2018. This suggests that women are approaching 'JOY' during school summer holidays and after Christmas, notorious pinch points for family stress and financial worry.

Thirteen questionnaire respondents (34%) had been attending 'JOY' since it started (see Illustration 20) and twenty-three (60%) attended 'JOY' more than once every week (15 respondents attended weekly, eleven twice a week, eight three times per week, three four times and one five times each week).

Illustration 20
How long questionnaire respondents had been attending 'JOY'

Fourteen respondents (37%) had received support from other services before attending 'JOY', some of which had signposted or referred them to the 'JOY Project' (see above). Many respondents stated they had received support from organisations who had not referred them to 'JOY'. These included Onside Advocacy, West Mercia Rape and Sexual Abuse Support Centre (WRSASC), West Mercia Women's Aid (WMWA), services to help them get back to work and other WCT services i.e. Community Connectors, the Job Coach and the DAWN project. All services with the exception of WMWA were deemed as excellent, very good or good. WMWA was stated as being 'very poor' by the two questionnaire respondents who stated they had received support from them. It is perhaps surprising that some of the other WCT services had not signposted or referred to 'JOY'. The project 'Year One Report' to the funder (February 2018:10) tells us however, that 'JOY' activities are promoted via WCT by 'JOY' staff. This perhaps indicates a need for better internal signposting / referral mechanisms.

Ten respondents (26%) were receiving support form 'JOY' and one other service concurrently as can be seen in Illustration 21. No respondent said they were receiving support from multiple services concurrently. Two women said they were also receiving support from 'JOY' and the 'DAWN Project', though the database does not show any women receiving support from 'DAWN'. It is however incomplete. Two respondents said they had received support from 'DAWN' in the past and one said she would like to access 'DAWN' in the future. The database (July 2018) indicates that five women were getting support from a Job Coach via WCT and one from Community Connectors, also via WCT, as well as from 'JOY'.

Illustration 21
Questionnaire respondents receiving support
from 'JOY' and another service

3.2 The socio-demographics and support needs of 'JOY Project' service users

3.2.1 Gender

Just over half of the Worcester City population are women (WCC, 2017:9) and the target recipients of the 'JOY Project' are women as it is a woman only service. The estimated target given for funding purposes was then met as can be seen in Table 15.

Table 15
Estimated target beneficiaries by Gender Big Lottery Funding Bid (2017)

Gender	% Estimate (Funding 2017)	Year one report (Feb 2018)	Database (July 2018)
Male	0%	0	0
Female	100%	100%	100%
Total	100%	100%	100%
		114 enrolled women	158 enrolled women

There is no category in the funders reporting template or in 'JOY Project' data collection tools to capture service users self-identified gender. This is, perhaps an oversight in a culture of gender fluidity and one in which the transgender population is becoming increasingly visible and familiar.

Evidence given to the Women and Equalities Committee transgender inquiry (2015) by the Gender Identity Research and Education Society (GIRES), claimed that 650,000 people i.e. 1% of the UK population, *are likely to be gender incongruent to some degree".* There are no concrete statistics on the transgender population in the UK or in Worcestershire / Worcester City but, it is estimated that globally, male to female transitions (trans women) are three times more common that female to male (trans men) (Kaplan, 2010). With this in mind, the 'JOY Project' manager was asked about working with trans women. She stated that the project works within the WCT 'Equality and Diversity Policy' which highlights its commitment to working alongside all members of the community to ensure equality and opportunities for all. She went on to say:

> *Our project does not discriminate or disadvantage any individual based on gender. We will give all individuals an opportunity to access the support we offer within the JOY project, so women are empowered to lead on their journey. Our staff would be fully supportive of working with trans women and are committed to the policies at WCT. I am sure many of our women {staff and service users} would encourage and support tans women, however we may need to offer some information sessions on this topic to ensure all our women are up to date on this, as they may not have any previous experience of trans women. JOY supports all women, and are committed to doing this in our community, for our community.*

It would be useful to collect data on gender then, to capture trans women using the project and their needs but, also for good equality monitoring. This would also broaden the range of funders to which applications could be made, including applications for money to run awareness raising and training as appropriate.

The questionnaire respondents were not directly asked to comment on the importance of 'JOY' as a woman only project. This was because the researchers wanted to find out if this emerged by itself as a theme. The questionnaire asked them to reflect on aspects of the project that were important, and what made the project successful. The questionnaire also allowed them to offer any additional comments that they hadn't been asked about. Only two respondents explicitly stated that men being at WCT hubs or leading 'JOY' activities was an issue for them (see Illustration 26). When asked for their opinions on the most beneficial thing about 'JOY', respondents did however say such things as:

> *it carried on from Asha and has continued to help women*

> *Helping women of all ages*

> *Equality and empowerment*

Their 'additional comments' included:

It {'JOY'} is about bringing women together and making them feel like they belong.

JOY' helps women reduce their problems and gives them help and Support through difficult times in their lives

It gives women a safe environment to meet in, which is very difficult in this day and age

These comments suggest that being a woman only project is important to service users. This is supported by the women who participated in focus groups and in staff interviews. Staff stated that being a woman only project is "*very important, very important {sic} because you are going to have some women that have been through loads and loads of rubbish and that's putting it politely*". Staff pointed out that "*going somewhere where there are men is really daunting to some of the women*" but that "*some are more wary than others*". Staff went on to say that "*the women that are accessing currently from the Asian population, don't seem concerned about having a woman only hub"*. Staff also informed the researchers that they had asked service users if having men access the project would have an impact. Responses indicated that there would be a negative impact on group dynamics and on relationships; particularly if the men were partners of the women.

If a woman came in through the doors and she had her partner with her, and she had been coming for a few weeks already on her own. Now she is going to be completely different.

This was supported by service users in focus groups as follows:

Focus group participant: *A lot of the women have been abused and the women, they can talk to them about it and if men were in they wouldn't feel free to talk*.

Researcher: *So, the dynamics of the group would be change*d?

> **Focus group participant:** *Yeah it would change. I mean I haven't been abused but I know some who have and I know for a fact that if men walk in the women would walk out and they will be gone.*

One staff member recognised that many of the service users have husbands and sons but, where women had experienced bad experiences from men, being with men was a "*bit of a process*" and that being introduced to men "*in house*" allowed for their trust in men to develop gradually. This gives some argument to the involvement of men in the project at some point in the service user's journey. Currently, there are some male tutors and WCT hubs are open to men and women, but not 'JOY' activities. Other staff felt that being woman only made the project a "*stand alone project*" because there are other services for the general community but;

> *many women will not attend these because a lot of women really struggle….and can't really get there, cause {sic} it is a lack of trust and they just feel that men just don't get it….so having a women's only place where they feel safe erm {sic}, it does stand alone really.*

One member of staff believed that there is potential to develop from a woman only project to a women's centre stating "*there might be a significant number of women who would access if we were to be a woman only centre".* This suggests that this staff member thinks some women do not access 'JOY' due to the possibility that men may be at the hubs where activities take place. The Horizon hub currently preserves one day each week for the hub to be "*women only*", according to staff, who stated that there is support from service users for this hub to become a women's centre. This is supported by comments by service users to staff on six-month project evaluation forms analysed. Staff believe this to be due in some part to its location. The Horizon hub is the nearest hub to the city centre (though there is a lack of women attending from the WR1, city centre area as discussed below) and "*it is situated in the heart of the Asian community".* One focus group

participant stressed the importance of relationships between women from all backgrounds because they are women, stating:

> *I think women feel, think the same, you know and I think men are totally…I don't mean to be disrespectful of them, but they are on a totally different plain to women.*

Focus group participants suggested that a similar model working with only men would be greatly welcomed. This was supported in an informal discussion with a man at a WCT hub.

Overall, it became clear that staff and service users value the 'JOY Project' as a woman only space.

3.2.2 Age

The Big Lottery Fund reporting template gives three age categories for service users. The categories are 0-24, 25-64 and 65+. As the 25-64 category is the biggest age range, this was consistently the category into which most service users fit according to all exiting data and data collected for this evaluation (see Table 16 and Illustration 22). Table 16 shows that the estimated target for this age group (70%) for funding purposes has been more than achieved. The target for women in the 65+ age range increased from February 2018 to July 2018, meaning that target has also been achieved but, the target for younger women (0-24) has not been met.

Table 16
Estimated target beneficiaries by age Big Lottery Funding Bid (2017)

Age	% Estimate	Quarter 4 report (Feb 2018)	Database (July 2018)
0–24 years	20%	15%	7.6%
25-64 years	70%	80%	79%
65+ years	10%	5%	11%
Total	100%	100%	97.6%

0.4% age category not given

114 enrolled women

158 enrolled women

Illustration 22
Age categories of service users (Database July 2018)

The 'JOY Project' offers a service to women aged sixteen years and above. The database tells us that of all women enrolled on the project since it started, twelve were aged 16-24 years (see Illustration 22). Of these, nine had exited at the point at which this evaluation took place. Reasons given for exit were:

a) Moving into education / training (1)
b) Entering employment (1)
c) No longer being interested / change of circumstances (7)

No date is given for their exits on the database so it is not known how long the women were at the 'JOY Project'.

The voices of the remaining three women aged 20-24 (the 16-19 year old had exited) were not captured via the questionnaire which is a great shame. Of the thirty-eight questionnaire respondents, all were aged 26+, with the majority (52.6%) being 40-59 year (see Illustration 23). A lower number of those aged 30-39 completed questionnaires than expected, as did a relatively high number of respondents aged 70+ (15.7%), given the ages of service users once broken down into smaller categories (see Table 17).

Illustration 23
Age groups of service user questionnaire respondents

Using the birth dates of service users from the database, it was possible to place service users into the age categories used by the census (see Table 17). Figures

for the female Worcester population in 2011 (ONS, 2011) are given underneath. This supports the fact that the population of women attending 'JOY' is not entirely representative of the local population in terms of age. Women in Worcester in 2011 were mostly in the 40-49 and 70+ age categories. 'JOY Project service users on the other hand, are most commonly aged 30-49 years. The number of women aged 60+ attending 'JOY' is low in comparison; as is the number of younger women.

TABLE 17
'JOY Project' service users by age (Database July 2018)

15-19	20-24	25-29	30-39	40-49	50-59	60-69	70+	No birth date given
1	11	12	39	35	28	11	9	12
0.6%	6.9%	7.6%	24.6%	23%	17.7%	6.9%	5.6%	7.6%

2011 Census (ONS 2011)

15-19	20-24	25-29	30-39	40-49	50-59	60-69	70+	No birth date given
6.9%	6.3%	6.4%	14%	17.7%	15.5%	15.6%	17.6%	N/A

3.2.3 Support needs

Question 19 of the service user questionnaire asked respondents about the issues they needed support with when they first made contact with the 'JOY Project'. Illustration 24 shows the responses. Most women indicated that they had multiple issues that they needed support with. 34.2% of respondents highlighted ten or more issues (see Illustration 25). Of these (53.8%) were aged 40-49 years and predominantly lived in postcode areas WR4 and WR5 (two lived in the WR3 area, and two did not give their postcode). This is to be expected given that the majority of respondents were from these areas. The fact that only one service user from the WR1 area participated in the questionnaire means that information is missing about the needs of women in that area which is one of the most deprived areas. All issues listed are related to the ONS (2011) 'Dimensions of Deprivation', based on employment, education, housing and health and disability, which are discussed below.

Illustration 24
Number of questionnaire respondents who needed support with specific issues when they first attended the 'JOY Project'

Illustration 25
Number of issues questionnaire respondents said they needed support with when they first attended 'JOY'

The majority of respondents needed help with issues that can impact negatively on community and employment participation, and on health. 57.9% needed support with their confidence levels for example and just under half (47.4%) cited loneliness, wanting to make friends and wanting to get involved with community as reasons for first attending 'JOY'. 44.7% said they needed support in relation to their motivation, 39.5% needed support with social skills and mental health issues and 13.2% needed support due to domestic abuse. Substance use and sexual abuse were the issues that fewest women said they needed support with though these issues are notoriously difficult to disclose (Elkins, 2008; Ullman 2010). Fewer respondents said they attended 'JOY' for 'hard outcomes' such as gaining educational qualifications (23.7%) or help with gaining employment (15.7%), though 39.5% said they needed help with finances / debt. This correlates with responses given by questionnaire respondents, when asked about the activities they participated in (see illustration 26) (backed up by the 'JOY' database: 2018), and what they hoped to achieve by attending 'JOY' (Illustration 27).

Illustration 26
'JOY Project' activities undertaken by questionnaire respondents

Illustration 27
What questionnaire respondents hoped to achieve by attending 'JOY'

Illustration 26 clearly shows that informal, leisure type activities are more popular than those that lead to 'hard outcomes' such as educational qualifications and employment related activities. Given that the activities offered at 'JOY' are service user led, in that service users inform staff of activities they would like to do, we can safely say, that service users prefer to spend time doing activities that enable them to socialise and make friends. This was supported by staff in interviews and service users via questionnaires and focus groups, and is not surprising given the issues they identified as needing support with i.e. loneliness (see illustration 24). One staff member stated;

> *the qualifications are really important, but I think we tend to get more bums on seats for the coffee drop ins because it is so informal……everyone feels really comfortable and really, really relaxed.*

Comments from service users included:

> *It's great to be out and about with friends*
> *I love mixing with different people*
> *I get on with the people in the group and feel part of it*
> *We giggle all the time*
> *I feel part of a community and I feel like I belong*

The 'soft outcomes' that come from such informal activities should not be underestimated however. As one staff member said "*every little step is an*

achievement for somebody in some way, shape or form" and research evidence shows the potential detrimental effects of loneliness. Loneliness increases the risk of high blood pressure, heart disease and stroke and increases the likelihood of mortality by 26% (Valtorta et al, 2016). Loneliness also puts individuals at greater risk of cognitive decline (James et al, 2011). When asked about the most beneficial / valuable thing about 'JOY', most questionnaire respondents said *"friendship and community"*, stating that informal activities can be *'therapeutic'*, as there is much laughter and lots of sharing of experiences. The creation of friendships that extend outside of 'JOY', reduces isolation and loneliness and improves mental health, confidence and self-esteem. This can be life changing**.** **"***Attending 'JOY' has given me lots of confidence and new friends. I've come a long way. I feel more confident with myself and other people*", said one service user. A staff member told the research team that increased confidence allows women to access other services to address specific needs:

> *Just coming in and meeting new people uhm {sic}, having the*
> *opportunity to discuss and listen to other stories that they might be*
> *able to identify with, like, gives them the confidence to be able to talk*
> *uhm {sic…. because of that confidence…they're able to access other*
> *services whether it be involved around domestic abuse, or mental*
> *health services".*

One staff member stressed that the complex lives of many of the service users makes committing to more formal activities such as studying for educational qualifications difficult. In informal and leisure activities, a woman can decide "*she can do one week, miss a week…. that ain't a problem, but if she was doing a qualification…you need to attend for sort of like six, ten, eight or twelve weeks or whatever".* This was confirmed by one questionnaire respondent who said "*I'm uncertain of committing to projects or groups, then being unable to continue, and let people down"* Staff were though, keen to point out their good working relationship with the Heart of Worcestershire College, who provide courses for 'JOY', and who are understanding of the difficulties in retaining women on courses, and who "*will continue to run a course, even if it's just got three people which is fantastic".* Staff also appreciate their working relationship with WCC who

also provide courses but state that WCC will sometimes stop a course if numbers go below seven or eight women, which can be difficult.

Considering informal and formal courses that lead to qualifications, another staff member said *"I don't necessarily think one is valued more than the other…they've both got a place and you'll find some of the women actually access both"*. Scrutiny of data proved this to be the case though, more informal than formal activities are offered by 'JOY', at the request of the service users. The staff member went on to say, "*what you find generally speaking is that women have accessed these {informal courses}, before they go on to do additional courses*". This is often the case according to service users, but few appear to want formal educational courses or courses or help with employment (see illustration 27). One staff member does point out however that some women might not ask for educational courses due to embarrassment.

> *Some people have never learnt how to write, read or write, but to be able to get through they've had to be able to sign their name….so you kinda pick up that….it could be something we're doing in cookery and I'm like, 'what does it say we should be doing?', and they're looking and they're like 'oh, I haven't got my glasses on'….there's a lot of different ways I find out that they can't erm read and write….so we know they need basic English {sic}.*

The fact that activities are service user led is in line with the project's theoretical underpinning (see page 30) and is very important to staff and service users. One staff member said:

> *Because they've owned it. Because they've always felt like they've owned it, they've led it because they've been listened to and because they have seen that what they've asked for happens, then uhm, they feel comfortable with it (sic}.*

Nevertheless, there might be some room to offer more educational courses / qualifications and employment related activities that staff deem necessary from

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observations and interactions with service users, in addition to activities requested by the women. The research team believe that while staff stress that service users "*completely steer what the content of the project is, so there's no arguing to be had; this is what people have asked for and this is what we try and facilitate*", the addition of courses deemed necessary by staff is in line with a project that they say is "*completely based on the needs of the communities*" i.e. the service users.

3.2.4 Employment and Education

The employment and educational level of 'JOY' service users are not captured on the database but the employment status of questionnaire respondents can be seen in Illustration 28.

Illustration 28
Current Employment status of Questionnaire Respondents

We can see that most of the thirty-eight questionnaire respondents (39.5%), were unemployed. The highest educational level of unemployed respondents can be seen in Illustration 29. This shows that 20% had no qualifications. All of these were 'White British', two were in the 50-59 age group and were single with adult children. One was aged 40-49 with two adult children and one younger (5-10 age group). All three classed themselves as disabled, making employment difficult, and all three were in receipt of benefits. In fact, all those stating they were unemployed were in receipt of benefits as is to be expected

Illustration 29
Highest qualification of unemployed questionnaire respondents

Six of the unemployed respondents (40%) said they needed support with gaining employment, so with activities offered by 'JOY' being service user led, it is surprising that more activities are not targeted and employment focused. Women do have the option of seeing a WCT Job Coach however, and five women on the database were doing this at the time of the evaluation. Self-identified support needs of respondents i.e. confidence building, motivation and empowerment (see Illustration 24) are pre-requisites to employment though, as are volunteering and mentoring which are discussed in Part 2 of the evaluation findings (page 112).

The 'Worcestershire Local Economic Assessment' Report (WCC, 2018) showed that almost 80% of people (aged 16-64) in Worcester City were in some kind of employment in 2017, with 68% of the workforce being female, though WCC (2012) reported high unemployment in the WR1, WR3 and WR4 postcode areas (see page 74). Illustration 30 shows that 53% of unemployed questionnaire respondents were from the WR4 area, followed by WR3 and WR5. None were from WR1 but this reflects the few service users from that area.

Illustration 30
Postcode area of questionnaire respondents who said
they were unemployed

Four questionnaire respondents (10.5%) said they were not unemployed because they were full time parents. WCC (2018:14) give the 2017 economic inactivity rate (those who are on long term sick, students, people looking after family / home, unpaid carers and the retired) in Worcester City as 18.8%. Six questionnaire respondents were retired, one was a carer and four as stated above, defined themselves as full time parents. On closer inspection however, eleven of the fifteen who said they were unemployed (73.3%) had children under the age of eighteen years old (two unemployed women did not have children and two had adult children). Combined with the four 'not employed due to being full time parents', a total of fifteen respondents had full time parenting responsibilities.

Eight (72%) of the eleven unemployed women with children under the age of eighteen, were single parents as were three of the four women who said they were full time parents. No questionnaire respondents worked full time but nine worked part time. Most respondents who worked part time were married. Three were single parents with children under the age of eighteen, as were four of the five in 'other' employment meaning a total of eighteen questionnaire respondents (47.4%) were single parents. 2,963 households in Worcester City were lone parent households in 2011 (ONS, 2011) of which, 2,684 (90.5%) were lone mothers, with an18.5% rise in single parents in the years up to 2016 (ONS, 2016). It would seem that 'JOY' is reaching single parents from communities local to WCT hubs where activities run but, there is an argument for branching out as discussed on page 82.

According to the single parent charity 'Gingerbread', single parent families make up around a quarter of all families with children in the UK with a typical single parent being female and in the age group 30-39 (2018:2). Three of the questionnaire respondents who were single parents were in their thirties, nine were in their forties, four in their fifties and one in their twenties. This is though, representative of 'JOY' service users overall (see Table 17). Gingerbread (2018) also tell us that single parents are more likely to come from a BME background. This was not the case for questionnaire respondents. Five of the six BME respondents were married and one was widowed, though it should be noted that respondents, like most of 'JOY' service users were predominantly 'White British'.

There is evidence that single parents have higher levels of physical and mental health issues and disabilities, which along with their child care responsibilities, makes it difficult for them to work, and thus it is argued, they are more likely to live in poverty (NatCen & Kantar Public, 2017; ONS, 2017b). Gingerbread (2018) argues that this is exacerbated by government policy. The benefit cap introduced in 2016 by the Conservative government for example, is intended to encourage benefit claimants into work by capping benefits until they are working at least sixteen hours a week. Data suggests that single parents make up nearly three-quarters of capped households (Gingerbread, 2018). Policy changes in relation to when single parents must comply with full job seeking requirements has also hit single parents hard. This is based on the age of their youngest child and this age has decreased dramatically over the last ten years as shown in Illustration 31. There has though, been a 58% increase in self-employment amongst single parents over the last decade (ONS, 2017).

Illustration 31
Policy changes to when single parents at which must comply with full job seeking requirements dictated by the age of their youngest child

(Gingerbread, 2018:6).

According to the 'JOY' database, one service user is in the process of setting up her own business and has gained funding to do so. The 'JOY Project gives women the opportunity to lead 'JOY' social groups with the aim of making things to sell i.e. jewellery, re-investing profits into 'JOY'. This could easily be developed

into understanding the principles of self-employment or social enterprise. Service users and staff were asked if they felt that running courses, which equipped women to set up and run their own business would be beneficial. The focus group participants were in support of this suggestion, with one participant (who is disabled) getting particularly excited at the prospect of earning money from her sewing expertise from home. A representative from a partner organisation was also asked about their thoughts on this and could see its attraction.

> **Researcher:** *Do you think, if they were interested in setting up a little cottage industry of their own business…. getting support, would be helpful for financial independence you know? Do you think that would be of interest?*

> **External partner:** *I was talking with a woman today after Freedom who I've been working with for over a year. She said this summer she's got on a hairdressing course, and so she was thinking her dream would be to set up a business where she can do hairdressing and beauty at people's homes; like a mobile business. Those kinds of things I think attract younger women more, maybe because that's part of their culture*?

The above quote indicates offering support with self-employment may be beneficial to service users and a way to attract younger women. Another external partner raised the issue of needing qualifications for some self-employment however, suggesting potential courses that could be offered at 'JOY'.

> **External partner:** *Yeah, I do actually yeah…. a lot of them are very good at childcare, but you need level 2 qualification to even get the lowest position in a nursery, so those kinds of qualifications might be something that they will be attracted to doing through JOY.*

The highest qualification of most questionnaire respondents was GCSE level (26%), closely followed by entry level, and no qualifications (see Illustration 32).

Illustration 32

Highest qualification - all questionnaire respondents

The 2011 census (ONS, 2011) categorises educational levels from GCSE and above (see Table 13) and it is generally considered that GCSE is the level at which people become employable at lower middle-class level (C1) (supervisory, clerical, junior managerial, administrative, professional) (ONS, 2011). The socio-demographics of respondents with GCSEs and above (50% of respondents) reside are shown in Illustration 33.

Illustration 33
Socio-demographics of questionnaire respondents with
GCSEs or higher qualifications

Most had GCSEs Three had A levels, four had degrees and two had post graduate qualifications. Most with GCSEs or above were aged forty years plus, but this was the main age demographic for respondents. The majority were 'White British'. Seven (39.9%) were unemployed in spite of being considered 'employable' at C1 level (ONS, 2011) but, 63% of these classed themselves as disabled, and 42% were single parents, highlighting some of the difficulties of working. This further highlights the need to think more creatively about work.

Most respondents with GCSEs or above were from the WR4 and WR5 postcode areas, as expected given that most respondents came from these postcodes. The 2011 census data on the educational levels of those living in these areas can be seen in Appendix 11. This shows that in these areas, the highest qualification of most of the population is GCSEs. Of the remaining respondents, two (5.3%) did not give details of their educational levels. The other 44.7% had entry qualifications or none. Most were also from the WR4 and WR5 postcode areas, as expected given that most respondents came from these postcodes. Illustration 34 shows their socio-demographics.

The age range for those with Entry level qualifications or none, was slightly younger than those with GCSEs and above, with most being in the 30-39 age group. Again, the majority were 'White British' but, 50% more were from BME groups than was the case for those with GCSEs or higher. This supports the current and ongoing provision of functional skills courses via 'JOY' which can be attended by any service user, but which attract a high number of BME women, as observed by the researchers. Language, literacy and cultural issues can be barriers to education and employment according to Finney & Lymperopoulou (2014), who state the difficulties are more marked for BME women.

Illustration 34
Socio-demographics of questionnaire respondents with
entry qualifications or none

41% of those with entry level qualifications or none, were unemployed. 17.6% identified as disabled and 48% were single parents, again highlighting a need to consider more educational and employment related courses, and the need to think creatively about employment opportunities.

3.2.5 Health and Disability

The Worcestershire Census Atlas 2011 (2014:11) highlights that people in the Rainbow Hill (WR3), Gorse Hill (WR4) and Warndon (WR4) areas most often reported 'bad' or 'very bad' health. While this is not differentiated by gender, it provides more evidence to support the need for 'JOY Project' activities as outreach or in specific areas not currently covered by WCT hubs

Worcester City has a low rate of people whose disability limits their day to day activity to any extent according to the 2011 census (WCC, 2013). 16.5% of all 'JOY service users have a disability according to the database (see Table 18). Seven of these have exited the project leaving nineteen (19%) active service users with a disability. Of these, 53% are 'White British', and 58% live in the WR4 area (see Illustration 35). Seven of the nineteen (37%) identified as having a learning disability (three of whom also identified a mental health issue). Two had physical disabilities, three mental and physical disabilities, six preferred not to say and one had a behavioural disability i.e. Attention Deficit Hyperactive Disorder (ADHD).

Table 18
Estimated target beneficiaries by disability
Big Lottery Funding Bid (2017)

Disability	% Estimate	Year one report (Feb 2018)	Database (July 2018)
Disabled	25%	11%	16.5%
Not disabled	75%	83%	83.5%
Total	100%	94%	100%
		114 enrolled women	158 enrolled women

Illustration 35
'JOY' Service Users – Levels of disability (Database July 2018)

Seventeen questionnaire respondents considered themselves to have a disability or serious health issue (44.7%). All were over the age of forty years, with most in the 40-49 age group. Given that only nineteen active service users are shown to have a disability on the project database, this would seem a high figure. It is clear

by looking at the database though, that many women marked as not having a disability have some quite serious physical and mental health issues including bi-polar disorder, forms of personality disorder, issues with alcohol, arthritis and asthma. Recent policy moves to extend the provision of the disabled car parking badge ('blue badge'), to people with mental health issues, in order to "*give greater parity between physical and mental health conditions*" (Gov.uk; 2018) is an indication that mental health issues are considered a disability. With this in mind, the fact that the target figure for disabled women accessing the 'JOY Project' (Big Lottery Fund bid 2017), has not been met (see table 18), can be challenged.

3.2.6 Housing and community

Worcester City is divided by postcodes, as shown in Illustration 5 (page 29). All project 'Quarter Reports' for the funder show that most service users were from the WR4 and WR5 areas as shown in Illustration 36.

Illustration 36
Postcodes of service users
(Quarterly Reports to the funder 2017-2018)

This is unsurprising given the location of WCT hubs where 'JOY' activities take place. The more up to date 'JOY Project' database (July 2018), also shows that the majority of service users (active and exited) are from the WR4 and WR5 areas (see Illustration 37) and this was confirmed by the service users who completed questionnaires.

Illustration 37
Postcodes of active 'JOY Project' service users (Database July 2018)

A not insignificant number of women from the city centre area (WR1), the Dines Green area (WR2), and the Northwick / Perdiswell area (WR3) also access 'JOY' according to the database and the 'JOY Project' 'Year one Report' to the funder, the project database (July 2018) and service user questionnaire responses all show small numbers of 'active' women from areas outside Worcester City i.e. Droitwich (WR9), Pershore (WR10), Evesham (WR11) and Malvern (WR14). Women outside of Worcester can be supported by 'JOY' but can only do group work. One to one support is offered to Worcester women but the most vulnerable are prioritised due to staff capacity. Up to thirty women can be supported one to one. The database shows twenty-five 'active' women receiving one to one support, nine of which were questionnaire respondents.

WR1 and WR5 are the postcode areas that have the highest levels of deprivation (see Table 5; page 35), based on the ONS (2011) 'Dimensions of Deprivation'. The WR5 area is the area from which the highest number of 'JOY Project' service

users are drawn but only six women on the database are from the WR1 area and only one of these completed a questionnaire. The project 'Year One Report' to the funder (February 2018:10) tells us that 'JOY' staff promote activities in many ways, including via WCT *"which has a number of centres in the most deprived wards of the city"* and that "s*pecific targeted work is delivered to ensure that the most hard to reach, are reached*". This targeted work is undertaken by an outreach worker who explained her role to the research team as follows:

> S*o, I'm the outreach worker…. going out, trying to recruit different women…. I'm quite well known within Worcester, so when I'm in town I've always kind of got leaflets, and I've always got my cards with me. So, nine times out of ten when I'm in town, quite a few people that I'll see in town sort of come and see me. 'Here's one of my cards, give me a call, come 'n' come in and I'll talk about the project'… I'm constantly recruiting new women.*"

In spite of this, it would appear that women from the WR1 area, one of the most deprived areas of Worcester are not accessing the project in large numbers. Focus group participants suggested that this might be due in some part to the location of the Hubs where activities take place. The women knew of peers who had attended the Asha Women's Centre before it closed, who had told them that they found it difficult to get to community-based venues that are out of the city centre (Asha was based in the city centre).

When asked if they had had any difficulties accessing 'JOY' activities, fourteen respondents (37%) said no. They went to whatever hub ran the activities they wanted to do. Four (10.5%) respondents who were volunteers, went wherever they were needed and one respondent went to a particular hub because she knew there would be other women there whom she knew. Illustration 38 gives a breakdown of issues questionnaire respondents identified in terms of accessing 'JOY' activities. It should be noted that the woman who cited disability as an issue said this was down to anxiety and is the same for any venue and those who said they had had to wait to see staff when first referred, all had waits of less than one week. The 'Year One Report' to the funder (February, 2018:5) states 'JOY' has

"developed a strong, robust structure and governance from inception so women experience a seamless transition from referral to initial contact, which is essential for the vulnerable women we support". This appears that this is successful for most, but not all women. A week can seem a long time when in crisis. One service user said *"I had to wait too long to see someone".*

Illustration 38
Issues accessing 'JOY' according to questionnaire respondents

Most respondents put travel / transport at the top of the list in terms of issues accessing 'JOY' activities, clearly stating that money for public transport played a part in them being able to get to venues outside of their local communities. Focus group participants said that service users help each other via lifts and car sharing wherever possible though.

> **Focus group participant**: *Yeah, I pick a lady up called…. every week to take her to Horizon, you know for the coffee morning and then we go to the sewing group and bring her back. Normally on a Friday I pick her up as well.*

> **Researcher**: *So is that something you just organised amongst yourselves of did that come from the staff to organise?*
> **Focus group participant:** "*No we organised it. I think they {project staff} have mentioned about car sharing but I think as you get to know them {other service users}, you trust them and you know, then you just offer to help.*

One service user in a post course form said "*I was lucky enough to have lifts to both the Building Block and the Horizon centre*"

One questionnaire respondent said she got claustrophobic on public transport therefore could not use it so needed to attend a local hub. Another said attending a local WCT hub was practical due to it being next to her children's school, allowing her to be able to drop off and pick up before 'JOY' activities. Overall, the evaluation found a clear correlation between the location of WCT hubs where 'JOY' activities take place and where service users lived, with women predominantly attending hubs local to them. A total of nineteen (50%) questionnaire respondents said they attended local hubs (see Illustration 39), some saying they simply preferred to do activities in their local community. Wanting to get involved with community was identified by questionnaire respondents as a reason for attending 'JOY' (see Illustration 27) and the project 'Year One Report' to the funder (February 2018:10) recognises that offering support to women "*on their doorstep within their community, where there are*

familiar faces instantly breaks down barriers of engagement". Interviews with staff also identified the importance of accessing activities locally stating it is important *"for us to be able to deliver in a number of centres, in certain communities".*

Illustration 39
Questionnaire respondents' reasons for attending 'JOY' activities
at certain WCT hubs

It appears then, that women from postcode areas which do not have access to a local WCT hub where 'JOY' activities are offered, are significantly less likely to travel to another locality. There may be an argument then, for extending activities to other WCT hubs (the Green Centre and Ronkswood), and for creating a more formal marketing and outreach strategy to draw women from other areas, particularly the most deprived areas such as WR1. Current awareness raising about 'JOY' appears to be heavily reliant on informal word of mouth strategies (from the outreach worker and service users) supported by leaflets directed at potential service users. It is evident however that some agencies do signpost / refer to 'JOY' (see illustration 18) but a more formal strategy would be beneficial.

This might include visits and presentations to potential referring agencies, particularly those that serve deprived areas. Given that most women appear to want to attend local activities, it would also be useful however, to consider the use of additional and mobile venues. The type and location of venues would need careful consideration however, as the safety of service users is of primary concern to staff and a concern voiced by focus group participants:

> **Researcher:** *Do you think 'JOY' would work as well in a non WCT centre?*
>
> **Focus group participant**: *I'm not sure.*
>
> **Focus group participant**: *No, I'm not sure*.
>
> **Focus group participant**: *I think it depends where the centre is and what it is. I think those are the main issues really for the women to feel safe.*
>
> **Focus group participant**: *I think as well, knowing where these places are. I mean going through domestic abuse…a lot of stalkers and whatever. I know that I can come here {WCT hub} and not worry because I know that if anything did happen…*
>
> **Researcher:** *There are people around. I understand.*

The option to use a mobile service might alleviate some of these concerns. The provision of a mobile service to support young people, is already in existence in Worcestershire through Wychavon District Council, who support the 'Wychavon Youth Bus'. This mobile facility visits a number of hard to reach communities, providing young people with access to activities, information and support. The use of mobile unit as part of the 'JOY Project' would ensure that the service would remain a woman only environment and could offer a similar range of activities, information and support that are offered at current hubs. This would also help address the logistic difficulty of public transport costs that a number of the respondents identified in the questionnaires.

Questionnaire respondents predominantly lived in Housing Association or council accommodation as can be seen in Illustration 40.

Illustration 40
Questionnaire respondents housing tenure

This differs from the 2011 census figures for Worcester overall which highlighted that the majority of people in Worcester owned their homes; with 15.3% renting from Housing Associations or Councils (see Table 8). Information on housing tenure is not collected by 'JOY Project' staff so it is not possible to ascertain the tenure of all service users on the database. The 2011 census found that the majority of people with social rented tenure in Worcester lived in the WR1, WR3 and WR4 areas however. Half of the questionnaire respondents in social housing were from the WR4 area and a quarter from the WR5 area. This is not surprising though, given that these areas have large social housing estates within which WCT Hubs (where 'JOY Project' activities run) are located.

The housing tenure of those who completed questionnaires was in line with the findings of Barton (2017:14), in that owner-occupation was most common amongst households led by people who are White (9) or Pakistani (2), with private renting common amongst people of ethnicities categorised as 'Other'. Three (50%) of private renters described themselves as 'White British' while the others were Indonesian (1), Pakistani (1) and Slovakian (1). As stated above, it should be noted though, that the majority of questionnaire respondents were 'White British' (see below).

3.2.7 Nationality and Ethnicity

Like most of the Worcester population (see Illustration 12), most questionnaire respondents defined themselves as British or English (92%). Of these, three identified as Pakistani / British, one as British / Hong Kong and one as German / British. The remaining 8% self-defined as Indonesian, Eastern European and Pakistani. When asked about their ethnicity, they identified themselves as shown in Illustration 41.

Illustration 41
Ethnicity of questionnaire respondents

The 'JOY Quarter Report' for the funder (February 2018) (Illustration 42), shows that in all Quarters, the majority of service users were 'White British'. The ethnicity of the whole service user population was extracted from the database (July 2018). Illustration 43 shows the ethnicity of all service users enrolled since the project started, and those 'active' at the time of the evaluation. We can see that by far, the majority of service users are and have been 'White British'. This is in line with the fact that Worcester, like Worcestershire is predominantly a 'White' British city with a low BME population (see Table 10).

Illustration 42
Ethnicity of 'JOY Project' service users in all Quarters of activity (Quarter Four Report)

Illustration 43
Ethnicity of all service users enrolled since the project started & those 'active' at the time of the evaluation (Database July 2018)

Nevertheless, a much lower proportion of service users were 'White English' than was expected according to the target set for the funder (see Table 19).

Table 19
Estimated target beneficiaries by ethnicity
(Big Lottery Funding Bid 2017)

Ethnic background		% Estimate	Year one report (Feb 2018)	Database (July 2018)
White	English/Scottish/Welsh /Northern Irish/UK	89.2%	56%	62%
	Irish	0.6%	4%	4%
	Gypsy or Irish Traveller	0.1%	0%	0%
	Any other White background	3.6%	5%	0.6%
Mixed ethnic background	Mixed ethnic background	1.4%	1%	0%
Asian/Asian UK	Indian	0.8%	0%	0.6%
	Pakistani	1.9%	8%	12.6%
	Bangladeshi	0.5%	2%	2%
	Chinese	0.4%	2%	0.6%
	Any other Asian background	0.8%	11%	1.3%
Black/African/Caribbean/ Black UK	African	0.2%	2%	2.5%
	Caribbean	0.2%	0%	
	Any other Black/African/Caribbean background	0.1%	0%	Not differentiated
Other ethnic group	Arab	0%	0%	0%
	Any other ethnic group	0.2%	9%	14%
Total		100%	100%	100%
			114 enrolled women	158 enrolled women

There were more Irish service users than anticipated and a lower number of women form 'other' white backgrounds (one woman in total) on the database, though the 'Year One' report to funders indicates a higher number. One questionnaire respondent was from Eastern Europe so it is safe to say this this was the nationality of that person. This is surprising given that WCC (2013) highlighted the largest change in population since 2001 being those identifying as 'White Other' and relating this to a rise in the Eastern European population (see page 43). Staff recognised this gap in supporting women from this demographic stating, "*we don't have a real gauge of the number of women coming through emerging communities; Eastern European. I feel like we're missing those women*". This is an area recommended as a piece of developmental work for the project.

There was also a higher rate of Asian women attending 'JOY' than estimated, particularly in relation to the Pakistani community, perhaps because one of the WCT hubs where 'JOY' activities take place (Horizon) is in the heart of where much of the Pakistani community live. One staff member confirmed this.

> *They {Asian women} kinda like, tend to go, use the Horizon centre*
> *more than the other centres. They do come in all the different centres*
> *but they're mainly around the Horizon centre and there's more*
> *women that tend to be in Horizon than men, so I think they class that*
> *as like a woman only centre".*

This member of staff and others, believe that Asian women learn about 'JOY' activities via word of mouth from other Asian women. The outreach worker informed us that she has *"built up a really, really good mutual respect with a lot of the Asian ladies, so a lot of them bring their friends in and say 'can this lady sign up for this, that and the other?'*

In spite of this good work, there are few Bangladeshi women attending 'JOY' (see Illustration 43). Much of the Worcester Bangladeshi community is based around the Arboretum area of Worcester which falls within the WR1 postcode; one of the most deprived areas of Worcester (see Table 5 and 3.2.4). The WR1 area does not have a WCT Hub in the locality to give easy access to 'JOY'. The data does

show a higher number of Black / African / Caribbean / Black UK women attending 'JOY' than expected however but, surprisingly, there were no women with 'mixed' ethnic backgrounds. A large number of women are categorised as 'any other ethnic group' however, which may be inclusive of this population.

No questionnaire respondents defined themselves as gypsies / travellers, refugees or asylum seekers and this information is not routinely gathered for the 'JOY' database. Though these populations are estimated to be small in Worcester (see page 42), they often have high support needs, particularly with regards to health and education (Kelley & Patel, 2006; Brand, 2014). Research shows that these communities engage more with health services than support services. 95% of the Worcestershire gypsy / traveller community for example, had accessed local GPs, 74% had accessed dentists and 43% had attended hospital in the year prior to being surveyed (Brand, 2014). In addition to outreach, leafleting health providers might then be fruitful for 'JOY' in terms of raising awareness about the project amongst 'hard to reach' populations then.

It is interesting and a little disappointing given the lower 'White British' population of service users than expected, and the higher number from other ethnic backgrounds, that the majority of the questionnaire respondents were 'White British'. Nevertheless, when respondents were asked what was the most valuable thing about 'JOY' they commented on valuing the diversity of women attending the project as follows:

It's a lovely project that helps us to improve ourselves and brings people from the whole community together

Getting women from all backgrounds and nationalities together

Mingling with various interesting people from different backgrounds but with the same issues and interests

This reflects the fact that activities are not offered particularly for women from particular ethnicities. Instead women are integrated.

3.2.8 Religion

The majority of the population in Worcester City, like Worcestershire as a whole was 'Christian' in 2011 according to the census (see Illustration 13), with 25.2% of households in Worcester City stating they had 'no religion'. The majority of enrolled 'JOY' service users state they have no religion though (35.4%), according to the database. This is the same for those 'active' at the time of the evaluation and is in line with the target estimate of 34% (Big Lottery Fund bid, 2017) (Table 20). Slightly more questionnaire respondents identified as Christian than those with no religion however (see Illustration 44).

Table 20
Estimated target beneficiaries by religion or belief
(Big Lottery Funding Bid 2017)

Religion or belief	% Estimate	Year one report (Feb 2018)	Database (July 2018)
No religion	34%	28%	35.4%
Christian	60%	17%	20%
Buddhist	0.2%	0%	0.6%
Hindu	0.3%	0%	1.26%
Jewish	0%	0%	0%
Muslim	5%	13%	13.3%
Sikh	0.1%	0%	0%
Other religion	0.4%	5%	7%
Total	100%	63%	78%
		37% not stated	22.8% not stated
		114 enrolled women	158 enrolled women

Illustration 44
'JOY Project' service users by religious affiliation
(Database and questionnaire responses)

Christian was the religion of most service users who stated a religion (20%), much lower than the estimated target of 60% (Big Lottery Fund bid, 2017) (see Table 20). The second most cited religion was Muslim which aligns with the higher proportion of Pakistani service users accessing 'JOY' than anticipated.

No service user identified as Buddhist or Catholic on the database but they did in questionnaire responses (see Illustration 44). The Buddhist has been included in Table 20 (database column). There is no category for Catholic so they have been placed in 'other religion'.

3.2.9 *Relationship status, sexual orientation and children*

Census 2011 data for Worcestershire (ONS, 2011) tells us that the highest proportion of the adult population (16+) were married, nearly double the number of single people, with Worcester City having a much higher percentage than other Districts due to the student population (WCC, 2013). Only one questionnaire respondent declared themselves to be a student. Even so, 31.5% of respondents stated they were single (see Illustration 45) with many being single parents as discussed above. If we include those who define themselves as divorced (not re-married), married but separated and widowed however, 60.5% of respondents were single.

Two respondents were co-habiting, which reflects the low numbers doing so in Worcestershire, according to the 2011 census (ONS, 2011). The BME respondents were married and living with their husbands with the exception of one who was a widow. Just three 'White British' women were married (8%). One service user was in a civil partnership.

The Office for National Statistics (2016) estimates that 93.4% of the UK population (16+) is heterosexual and 2% Lesbian, Gay, or Bisexual (LGB). 'JOY' staff do not

gather information on sexual orientation for the database which is an oversight given this is a funding target. The 'Year One Report' to the funder indicates that 100% of service users were heterosexual (Table 21) though as this data is not gathered, this is an assumption. Illustration 46 shows that 79% of questionnaire respondents were heterosexual, 3% bi-sexual, 5% lesbian and 13% not stated, challenging this 100% heterosexual figure and showing the diversity of 'JOY' service users.

Illustration 45
Marital status of questionnaire respondents

Table 21
Estimated target beneficiaries by sexual orientation.
(Big Lottery Funding Bid 2017)

Sexual orientation	% Estimate	Year one report (Feb 2018)	Database (July 2018)
Heterosexual	90%	100%	Not known 79% of questionnaire respondents
Lesbians/gay men/bisexual	10%	0%	Not known 5% of questionnaire respondents
Total	100%	100%	Inconclusive

Illustration 46
Questionnaire respondents by sexual orientation

The 'JOY' database shows that forty-nine 'active' service users (49.9%) had children aged 0-15 years; the age range the census uses to classify dependent children (ONS, 2011), with most having more than one child (see Illustration 47) though, the ages of children are not on the database for all children.

**Illustration 47
No. of children 0-15 years of 'active' 'JOY' Project women
(Database July 2018)**

Nineteen 'active' service users who completed questionnaires had children aged 0-15 years. Of these nine (12%) had one child or more aged 0-4 years i.e. pre-school children. Though a creche is provided for some 'JOY' activities (see Appendix 9), questionnaire respondents indicated that the lack of a creche prevented them doing some of the activities they would like to do (illustration 38) and focus group participants reiterated this stating:

The only thing i am not very happy with is the childcare. If there was childcare for all of the courses, but I know it's difficult {sic}

knowing that I've got children, there should be some help, because I'm losing out because I can't get anybody to look after my children."

An external partner also recognised that not having crèche facilities for all activities could be a barrier for some women.

I'm trying to think why wouldn't the women I'm working with engage with Joy really and I mean…the only thing I can think really is the fact that they're younger and maybe it may also be that there isn't always childcare and childcare is a big one for the majority of the women I'm working with.

This quote raises not only the issue of childcare but also, the idea that the 'JOY Project' is not for younger women. The lack of younger women accessing 'JOY'

has been identified as an issue to be explored. Discussions with external partners with these views should be part of that exploration.

Providing crèche facilities can be expensive but there is the potential to liaise with providers of child-care training courses to negotiate 'JOY' being a work-based placement provider.

Four questionnaire respondents had children aged 16-18 years and eleven had adult children (18+) with two having adult children and16-18-year olds. Only six questionnaire respondents (15.7%) did not have children, the same as shown on the database. Much of the database information on children is blank though. Most were aged sixty plus and were retired. One commented that she would like 'JOY' to offer discussion activities for older women without children. "*I would like a place to talk with women of my own age, about things like pensions, life, death etc.*" she said (see Illustration 48). Staff tells us that there is a WCT for older people, but it is not women only. Other suggestions for project development voiced by staff, service users and external partners are discussed below.

3.3 Project Development

When asked about activities women would like to do that are not currently offered at 'JOY', questionnaire respondents overwhelmingly stated more active things such as yoga, walking and swimming (see Illustration 48), and this is supported by comments from service users to 'JOY' staff, on six-month project evaluation forms that were analysed as part of this evaluation.

Service users and staff said that there wasn't always the space to do some of these activities but, given that 53% of respondents said being charged for some activities would not impact upon their participation (see Illustration 49) it may be possible to run these at other venues for a small charge. In the words of one respondent, *"I would pay because attending joy is very important for my mental and physical state".* 42% of respondents disagreed. One said that the most valuable thing about the 'JOY Project' is that "*it is free*".

Illustration 48
Activities questionnaire respondents said they would like to do at 'JOY'.

Illustration 49
Would charging for activities impact on your participation?
Questionnaire respondent responses

Charging for activities would mean that only those who could pay would be able to participate which would be exclusionary. Though there is a nominal charge for some activities such as trips and the 'sharing skills' session, staff believe that charging for all activities would impact on women attending:

> A lot of them are on benefits, a lot of them are struggling, they're on really low incomes and if we started charging for it, or charging for different bits and bobs, they will not come.

> When you find out some of the debts and different things they're not paying…. some of them haven't really got the money.

> I've always been someone who feels they should be paying for a service because then they value it more, but actually, I think they {service users} are so grateful, and they do value what we are offering anyway, and they have a commitment to it.

Staff felt that financial difficulties would get worse when "*Universal Credit kicks in*".

Rather than charging, it might be more advisable to do funding bids for particular activities or tap into the free activities available locally, such as the 'Worcestershire Walking Network'. This provides free regular, local walks which 'JOY' service users could attend, though it should be noted that this network is not women only. It does though offer training to people who want to be volunteer walk leaders which would be a great opportunity for 'JOY' women in terms of volunteering for the network and leading walks for 'JOY' service users.

There is a lot of evidence about physical health positively impacting upon mental health. With the prevalence of depression in Worcestershire being higher than the England average, and with more women diagnosed with depression than men (Shepard, 2016), introducing more physical activities would be a good move, would retain the 'JOY' ethos of activities being service user led, and would be positive for those service users with mental health issues. Fifteen questionnaire respondents (39.5%) included 'mental health' in their support needs (see

illustration 27). Even so, one staff member said there is a need to support more women with mental health issues stating, "*we could sort of like, target those with mental health.".* 'Keeping the population active' is one of the current priorities of Worcestershire Health and Well-being Board (see page 49), as are 'maintaining good mental health and well-being' and 'preventing alcohol harm'.

Only one woman on the database and two questionnaire respondents flagged up needing support due to substance abuse issues (see Illustration 27) but, substance use affects mental health and wellbeing. Maintaining good mental health and wellbeing is at the very core of the 'JOY Project', with all support needs flagged on the database and via questionnaires related to health and wellbeing. The 'JOY Project' is then in line with WCC priorities.

While not a WCC priority, WCC also flags domestic abuse as a key issue of concern. 74% of those known to be experiencing domestic abuse in Worcestershire are women (WCC, 2016), with the most common age of known cases being 35-44 years. 'JOY Project' service users are most commonly in the age groups 30-39 and 40-49 (see Illustration 22), spanning the most common age group for domestic abuse. In addition, WCT hubs where 'JOY' activities take place, are the most common postcodes for reported domestic abuse (see Table 14); with the exception of the WR1 area, which has a high incidence but is not served by a WCT hub.

Thirteen 'JOY' service users (34%) said they needed support due to 'domestic abuse' in questionnaire responses. The 'JOY Project' is not a specialist domestic abuse service but the 'JOY' project workers had previously worked for the DAWN Project', which is "*a free, confidential and non-judgmental service for women who are experiencing or have experienced domestic abuse"* (WCT, nd) and is also a WCT service. The project worker has experience and training in relation to domestic abuse but 'JOY' also works closely with current staff at 'DAWN'.

Not all of the thirteen questionnaire respondents who listed domestic abuse as a support need, had accessed the 'DAWN Project'. Two questionnaire respondents were receiving support from 'DAWN' as well as 'JOY' at the time of the evaluation

(see Illustration 21), two others had been supported by DAWN in the past, and one said she would like to access DAWN in the future. Some consideration could be given then, to the referral / progression routes between 'JOY' and 'DAWN' and perhaps vice versa. 'DAWN' staff did say though that the 'DAWN Project' and the 'JOY Project' have been working together since May 2017, and that there were some initial teething problems around protocols which have now been addressed.

> *I think in the beginning we needed to tease out some initial*
> *issues. … At the moment it is working very well and*
> *the beauty of having 'JOY' as part of what I do, means that once*
> *I've started working with a woman we can look at wider issues,*
> *it's not just about domestic abuse. I can refer them to the other*
> *courses that they've got {JOY}. I think at the beginning*
> *because both of them were new projects there were some*
> *issues with how are we going to sort that all out and how referrals*
> *were handled but now it's brilliant.*

The 'DAWN' staff member went on to say that the partnership has settled into a strong and robust complementary model of service delivery, and that the 'DAWN Project' specialises in working with women at crisis point, dealing with the immediate issues of domestic abuse with 'JOY' being the next stage in women's journey:

> *I think 'JOY' is a lot more about building self-confidence, breaking the*
> *social isolation and encouraging them to be part of groups and*
> *encouraging them to be able to manage appointments and their own*
> *finance and things like that on their own. And to me both roles*
> *{DAWN and JOY} are empowering roles but they're in different*
> *stages of a woman's empowerment really.*

In stark contrast to 'JOY' data regarding women aged 16-25 years (7.6% of service users according to the database) (July, 2018), the 'DAWN Project' works with approximately 30% of women in this age group. This is not unusual for a

domestic abuse project as national data tells us that this is the age group most at risk of domestic abuse (see Illustration 50).

Illustration 50
Partner abuse experienced by women in age groups from 16 to 59 years
(ONS, 2017)

The demographics for recorded cases in Worcester are older however (see above), suggesting that 'DAWN' works with a hidden population. It is not clear why these younger women do not move from 'DAWN' to 'JOY' in any meaningful numbers but, 'DAWN' staff suggest that "*courses and coffee mornings aren't something that necessarily appeals to women who are under the age of 25"*. They went on to say that young women are often;

> *dependent on their screen {social media} as their friendship circle….*
> *for older women, part of their culture is to meet up with someone for*
> *a coffee. It is not necessarily something that the young*
> *women that I work with have ever done. It is not part of their culture*
> *to meet for coffee*.

It may be then, that 'JOY' needs to give some consideration to what might attract young women. The merging of the two projects could also be considered. 'DAWN' was not evaluated as part of this research, but the quality of activities and support at 'JOY' is deemed excellent by questionnaire respondents (see Illustration 51) and focus group participants.

Illustration 51
Questionnaire respondent rating of the activities and support at 'JOY'

Service user comments included:

> *Staff were good at explaining what 'JOY' was about and easy to talk to. It was nice to talk to someone who understood what I was feeling. She {staff member}, gave me the confidence to go forward to do activities and meet new people.*

> *It's a brilliant project for women*

> *Really good quality of teachers*

Analysis of six-month feedback questionnaires from service users to 'JOY' staff support this.

> *I've really enjoyed meeting other women and taking part in activities that I've not tried before. It's always very welcoming and friendly. It's great that people know your name as soon as you walk in and you are offered a tea or coffee straight away. And if you don't want to take part in an activity, it doesn't matter. If you just want to talk or listen, that's accepted.*

Nevertheless, merging the two projects could make both stronger in terms of streamlining and efficiency, and would avoid duplication in terms of working with survivors of domestic abuse. It might also aid economies of scale (could share funding and reduce costs) and greater staff development as knowledge is shared. Any merger would need careful consideration however, as there are negative sides to mergers, such as leading to less choice for service users, and issues with synergy between staff.

Discussion of the findings in this section (Part 1), has highlighted some gaps in service provision and potential areas for development and these are bullet pointed in the recommendations. The researchers stress caution however, particularly in relation to developing work with women who have specific, sometimes specialist

needs or cultural particularities and language barriers as this requires specialist training. 'JOY' staff told us, that they have received training on important issues such as safeguarding, *data protection, health and safety and information, advice and guidance",* but that *"much of what we learn is on the job"*

>*Researcher: What training did you have to prepare you for this role?*

>**Staff member:** *So, we work within the area of highest needs, so I know the women around here. Erm, round all the different centres really, so I've worked with a lot of the women.*

>**Researcher:** *So, I'm hearing that. Did you have any formal training? To be part of this, apart from your experience of being in a project?*

>**Staff member***: Well, I've done training on domestic abuse in another role. There's always useful training. I'm always asking to go on training about drug and alcohol awareness and things like that. I'm up to date with safeguarding.*

It would appear that important generic training is given, but more specialist, issue specific training is not, though the 'Year One Report' to the funder (February, 2018: 2) does say staff and volunteers "*Staff and volunteers have been trained in a range of subjects, including first aid, mental health, IAG, PTSD, and trauma*". A lack of specialist training is not of great concern to staff on a day to day basis as they recognise that "*it isn't necessarily training"* that makes the project good, but empathy, and the ability to form relationships with the service users. The project managers told the research team that;

It's the project staff {names removed} that make it happen on the ground. I think they are amazing at uhm, empowering the women to take part, giving them confidence, and they have an amazing relationship with the women that's still very professional.

Service users support this, with most stating that the most valuable element of 'JOY' is the staff but, that more staff are needed. Staff themselves recognise this:

Researcher: *Would it be of benefit to have more staff?*

Staff member: *Yeah, I think you'd definitely be able to grow the service, whether it be geographically or uhm, to increase the number of women we could support on a one to one*

Up to thirty women can be supported one to one at 'JOY' and the staff member went on to say;

we've been over that number before and it just doesn't work, you just don't get the outcomes that you're looking for, and you're not able to support them {service users} and people get lost. So, if You're going to increase the service we would need more staff absolutely

In spite of an evident lack of specialist training for staff at 'JOY', staff interviewed cited a range of training that they had completed in other jobs that enhanced their knowledge and expertise but they did recognise that they' can't know or do everything and if they were to expand to work with women with particular issues, they would need to liaise with other agencies. *"We'd have to consider if there are other agencies out there that are supporting these populations, and we'd have to create a kind of professional relationship with them".* The 'JOY Project' does not have the resources and capacity under current funding to be all things to all women. That having been said, it could be argued that providing activities that align with Worcester Health and Wellbeing Boards current priorities and local key issues of concern, gives some argument to receiving some funding from WCC, particularly when we consider the fact that service provision through 'JOY' must save WCC money in terms of alternative service provision. It was not possible due to time constraints, capacity and cost to add a social return on investment (SROI) element to this evaluation but, but it may be something to think about as the next step. We can though, get some idea of the financial value of women only services through an analysis of five women only services undertaken by the Women's Resource Centre (2011).

The analysis found that for every £1 of investment in services, the social value created was between £5 and £11. The same report calculated the total social value created by women only services organisations as between £1,773,429 and £5,294,226. The report also highlighted a range of positive outcomes associated with women only services, that illustrate that investment in women only services provides benefits to women, families and wider society, as well as saving money for the State. Interestingly, it found that raising women's confidence and self-esteem, not only improves health and wellbeing (reducing health spend on these issues), but also supports women into education, training and employment, reducing the state benefit spend. Evidence that 'soft outcomes' are a fundamental stepping stone to achieving 'hard outcomes.'

In the current climate of austerity and funding cuts it is unlikely however, that local councils will be in a position to continue to fund the services they have historically funded, never mind fund additional ones. A representative of WCC said in

December 2017, that WCC needed to "*plug a gap of £33m in 2018-19'*, meaning further cuts would need to be made and sadly, research shows that women only services are often the first to be cut (GEO, 2009; WRC, 2011; Towers & Walby, 2012). The WRC (2011) concluded that women's services were becoming dependent of fewer sources of income, and were increasingly deriving income from voluntary sources, and often from single funders, which leaves them vulnerable. This is the case for 'JOY' which gets 100% of its core funding from the 'Big Lottery Fund'. As such, the 'Big Lottery Fund' sets project outcomes. Part 2 of the evaluation findings (below) considers the extent to which these outcomes are being met.

PART 2: **Evaluation Aim 1 - To ascertain the extent to which the stated project outcomes are being met and highlight additional outcomes**

The 'Big Lottery Fund' requires the 'JOY Project' to achieve two outcomes, with each outcome having three indicators with targets. The outcomes, indicators, targets and progress on targets are shown in Tables 22 and 23. The progress on targets is taken from the 'JOY' 'Year One Report' to the funder (February 2018); the most recent report. It should be noted that the research team did not review data on targets but relied on the report, but to time restrictions and capacity.

The extent to which the outcomes are met is discussed after each Table, using quantitative and qualitative data collected for this evaluation which was analysed using thematic analysis, with themes aligned to each outcome. This discussion considers any positive or negative change for women as a result of 'JOY' activities and considers the counterfactual i.e. if any positive change that might have happened regardless of attendance at 'JOY' (see methodology in section 1). The discussion then highlights additional outcomes identified through the evaluation.

3.4 The Big Lottery Fund: Outcomes, Indicators and targets
3.4.1 Outcome 1
As stated above there are three indicators related to outcome one, by which to measure change, with associated targets. We can see from Table 22 that the year one targets have been vastly exceeded, and that end of project targets have also been exceeded for indicators 1 and 3 in the first year of the project. This highlights the need for the 'JOY Project', and the commitment of staff to meet demand. It is clear from the 'Year One Report' (February, 2018: 5), that staff get a lot of satisfaction from working with the service users, *"the impact on the women's life has been incredible to observe".* Interviews with some of the staff did though show that not all are entirely familiar with the 'Big Lottery Fund' outcomes. One staff member said "I can't remember them off the top of my head, without looking at them". Another said, "*They are, uhm…the project manager has been through what the expected outcomes are".* Neither of the staff could remember what the outcomes are or how many there are, highlighting the need for a refresher, perhaps a staff strategy / development day

Table 22
Outcome 1, indicators, targets and progress on targets
('JOY Project' Year One Report to the funder: February 2018)

Outcome	Disadvantaged women will have improved motivation, confidence and social skills leading to reduced isolation and increased community participation				
Indicator 1	The number of women who demonstrate increased self-confidence, motivation and improved social skills by actively participating in project & community	**Target (Year 1)**	**Target by end of project**	**No. achieved as of Feb 2018**	**Evidence**
		15	30	28	Passport Outcomes Star
Indicator 2	The number of women who self-report improved & sustained self-confidence and interpersonal skills via activity & course questionnaires & evaluation	**Target (Year 1)**	**Target by end of project**	**No. achieved as of Feb 2018**	**Evidence**
		25	55	103	End of course questionnaires
Indicator 3	The number of women who demonstrate improved motivation and engagement by taking on specific tasks and roles and responsibilities within the project	**Target (Year 1**	**Target by end of project**	**No. achieved as of Feb 2018**	**Evidence**
		15	33	84	End of course questionnaire Passport Outcomes Star

3.4.1.1 Thematic analysis of data

The 'JOY Quarter Four Report' (February, 2018), gives an overview of levels of change relating to outcome one for whole of the first year that 'JOY' functioned. These are based on pre and post questionnaires given to women before and after they participated in activities. At the point of the report there were 114 service users enrolled in the project and it should be noted that the results were collected over the year and are not a start of year and end of year analysis. They do nevertheless, show some positive change in terms of being confident and motivated to do activities at 'JOY' (see Illustration 52).

Illustration 52
Service user self-reported levels of change in confidences and motivation in relation to do you taking part in the 'JOY Project'?
('JOY Quarter Report' - Year 1)

The same report shows that 99% of service users felt more confident after attending 'JOY' activities (see Illustration 53).

Illustration 53
Service user self-reported increase in confidence
after taking part in 'JOY' activities
('JOY Quarter Report' - Year 1)

Focus group participants in this evaluation highlighted the impact that JOY had on improving their confidence and self-esteem:

…I mean when I first came here, my self-confidence and self-esteem was pretty low but now I'm just like me,…yeah but it was because of the JOY project, the courses as well are really good… when it gets down to it, trust, the listening, the friendships, the honesty, the non-judgmental… everybody just helps you rebuild your identity again because you seem to lose that a little bit yeah".

The above quote shows the importance of 'JOY' activities in building confidence, and the importance of the support from other service users and the friendships made. Participation in 'JOY' and making new friendships reduce isolation and increase community participation. The analysis of pre and post questionnaires for the 'JOY Quarter Four Report' indicates that 98% of service users had made new friends through 'JOY' during the year the project had been operating (see Illustration 54).

Illustration 54
Number of women making new friends through 'JOY'
('JOY Quarter Report' - Year 1)

Such friendships improve the social skills of service users. It is clear then that being motivated to attend 'JOY', leads to community participation, which increases confidence and creates friendships, so improving social skills. All themes in outcome one, are then linked and circular as shown in Illustration 55.

Illustration 55
Circular impact of outcome one

The questionnaire respondents were asked to state if their levels of motivation, confidence, friendships, social skills and community participation had 'greatly

improved', 'improved', 'stayed the same', or 'got worse', as a result of attending 'JOY'. The findings are shown in Illustration 56.

Illustration 56
Service user reported levels of change in motivation, confidence, friendships, social skills and community participation
(Service user questionnaires)

Though not all of the thirty all respondents gave an answer to the areas asked about, those that did all stated that their levels of motivation, confidence, friendships, social skills and community participation was 'greatly improved' or 'improved'. In addition, four respondents said their interpersonal skills had 'greatly improved', and a further eight that these had 'improved'. No respondent said interpersonal skills had 'stayed the same' or 'got worse', though not all answered. The analysis of pre and post evaluation forms for the 'JOY Quarter Four Report' (February, 2018). shows a 90% increase in levels of communication skills (Illustration 57).

Illustration 57
Service user self-reported levels of change in communication skills
('JOY Quarter Report' - Year 1)

Given that the majority of questionnaire respondents said they needed support with motivation (44.7%), confidence (57.9%), social skills (39.5%), interpersonal skills (29%) and loneliness, wanting to make friends and getting involved with community (47.4%) when they first made contact with 'JOY', it is satisfying to see how 'JOY' has helped them achieve positive change in these areas.

Thirteen (13.2%) of questionnaire respondents said they needed support due to domestic abuse and one thing that is evidenced is that women who have experienced domestic abuse, typically have low self-confidence (Scott & McManus, 2016) due to the pervasive impact of physical, psychological and emotional abuse. We also know that survivors of domestic abuse have difficulties with trust (Scott & McManus, 2016) which impacts on their ability to build friendships. All those who identified domestic abuse as an issue said they ability to trust had been improved and reported that they had made strong friendships through 'JOY'. All 'JOY' staff identified 'making friends' as an important outcome in its own right.

Five of the thirteen respondents (38%), said the level of domestic abuse they were experiencing had 'greatly improved', and another two said it had 'improved'. The other six did not comment. Two of three women who cited sexual violence as an issue they needed support with, said the level of such violence had 'greatly improved', and the third that it had 'improved'. Three women said they needed support with domestic abuse, confidence and sexual violence, showing the overlapping nature of these issues. The case studies (Appendix 14) highlight one particular service user who moved to Worcester due to fleeing domestic abuse. She joined 'JOY' not knowing anyone, and felt isolated and anxious and she believed she could not do anything. Subsequently, she managed to get a managerial job, which was much above her own expectations.

Comments by service users on questionnaires, in focus groups and interviews, and comments by staff and partner agencies, all flagged up the projects effectiveness at raising service user's levels of confidence (see p.71) and staff identified observing changes in women at 'JOY' and in terms of community participation outside of the 'JOY Project'. Women they say, are accessing other

services, and "*many {service users} are meeting each other outside of the project so, uhm, having coffee and starting to extend into other projects within the Trust {WCT}*". This shows that 'JOY' is effective in enabling service users to improve their personal and social circumstances. Comments also indicated that increases in service user levels of motivation, confidence, friendships, social skill, interpersonal skills and community participation was has been largely sustained over the time they have been at 'JOY', though there have been dips when women have faced difficult issues. The support of staff and other service users has been instrumental in getting women through these dips.

The improved confidence of service users also impacts on them wanting to 'take on specific tasks and roles and responsibilities within the project' (Outcome one, Indicator 3). The 'Quarter Four Report' (February, 2018) indicates that one person had a decreased sense of motivation and interest in helping with activities at 'JOY' (Illustration 58), but for the majority, levels had increased. One staff member told the research team:

> *….as they're grown in confidence, they'll start off doing uhm, helping a bit and some people will help…at coffee drop ins, then they want to go into cooking, then they want to help with something else. So, gradually they end up, sort of like, 'can we be a volunteer?*

This suggests that overall, the increased confidence from engaging with 'JOY', enables participation that not only enhances the women's own personal circumstances, but also the circumstances of others. Volunteering is discussed further under 'Outcome 2'.

Illustration 58
Service user self-reported change in level of motivation
and interest in helping with activities at 'JOY'
('JOY Quarter Report' - Year 1)

3.4.2 Outcome 2

Like outcome one, there are three indicators related to outcome two, by which to measure change, with associated targets. We can see from Table 23 that the year one targets have been exceeded, and that end of project targets have also been exceeded for indicators 1 and 3 in the first year of the project.

3.4.2.1 Thematic analysis of data

Indicator one – Educational achievement

Indicator one measures the number of women who have improved their educational achievement by completing a skills-based activity and obtaining a certificate. The 'JOY Quarter Four Report' (February, 2018), shows the number of hours that women spent doing activities in the year since it launched to February 2018. This amounts to 4,476 in total, excluding one to one support (see illustration 59).

Table 23
Outcome 2, indicators, targets and progress on targets
('JOY Project' Year One Report to the funder: February 2018)

Outcome	*Disadvantaged women will acquire new skills and aspirations and enhance learning, leading to sustained change and improved future volunteering and employment opportunities*				
Indicator 1	The number of women who have improved educational achievement by completing a JOY skills-based activity and obtained a certificate	**Target (Year 1)**	**Target by end of project**	**No. achieved as of Feb 2018**	**Evidence**
		45	90	105	No. of women completing course delivery
Indicator 2	The number of women who have progressed from service user to become a volunteer or mentor and have provided mentoring	**Target (Year 1)**	**Target by end of project**	**No. achieved as of Feb 2018**	**Evidence**
		25	55	32	Passport

	support to at least 2 other women				
Indicator 3	The number of women progressing to external opportunities including mentoring, volunteering, further training and paid employment	**Target (Year 1**	**Target by end of project**	**No. achieved as of Feb 2018**	**Evidence**
					Passport
		12	12	29	

Illustration 59
Number of hours service users spent doing 'JOY' activities
from project launch to February 2018)
('JOY Quarter Report' - Year 1)

Many of the activities were for leisure rather than educational qualifications, but all were educational and the women learnt valuable skills in courses such as sewing, DIY, cookery and first aid. The activities accessed through the first year are shown in Table 24. Further discussion of activities can be found on page 70. This concludes that informal, leisure type activities are more popular than those that lead to 'hard outcomes' such as educational qualifications and employment related activities, but that the 'soft outcomes' that come from such informal activities should not be underestimated. Discussion under outcome one highlights the importance of such course for building confidence, making friendships and reducing isolation.

'JOY' activities are service user led, in that the women are consulted about what activities they want to do. The timetable is then agreed in consultation with staff. The 'Year One Report' (February, 2018:4) to the funder states that this "*ensures attendance and retention, therefore we have had a large number of women completing courses and gaining certification".* Seventy-three certificates in total

were issues to service users from launch up to February 2018. Additional
certificates were awarded after that date, at a graduation event in July 2018.

Table 24
Activities accessed through the first year and associated hours
('JOY Quarter Report' - Year 1)

Activity	No of sessions	No. of visits by women	No. of hours	No. of volunteer hours
Coffee morning (Tolly hub)	10	78	156	44
Coffee morning (KGV)	10	50	100	44
Coffee morning (Horizon)	10	74	148	44
Beginners sewing (Tue)	11	99	198	0
Beginners sewing (Wed)	11	133	266	22
Advanced sewing	11	77	144	0
Cookery	11	66	124	0
DIY (Mon)	9	81	162	0
DIY (Thurs)	4	24	48	0
First Aid	1	9	18	18
Mental Health First Aid	1	10	20	20
Anxiety	5	9	27	0
Freedom	9	99	198	0
Confidence	10	60	120	0
English	11	99	198	0
Maths	9	72	144	0
Visits	3	13	54	6
Steering group	2	16	32	32
Volunteer admin	6	1	24	24

Celebrating the achievements of the women with a Graduation Day was a highlight of the project and inviting partner organisations to play a role in the celebrations was a particular area of good practice. The whole event was carefully considered and organised and the boost to the women's confidence and self-esteem was evident to see.

Activities are delivered by and with partner agencies such WCC, 'Erina's cookery School', Fortis Housing, Worcestershire Play Council and the Heart of Worcestershire College (HOW) (JOY Quarter Four Report, February, 2018). Some of these agencies have provided tutors and creche facilities 'in-kind', "*which has enabled us to exceed targets around obtaining certification and accredited qualifications*" ('JOY Quarter Four Report' (February, 2018:4). A total of £24,329.40 was given 'in-kind' this way up to February 2018 which is extremely generous, and which is very much appreciated by 'JOY' staff and service users. The 'JOY Year One Report' to the funder (February, 2018:13), gives a future aim of further building relationships with course providers *"to encourage them to deliver from our Trust {WCT} long-term".* The report recognises however, that such participants of such courses may not all be 'JOY' service users (or indeed all women), but sees this step as vital to the women's journeys.

Indicator two – Volunteering and mentoring

Indicator two of outcome two, measures the number of women who have progressed from service user to volunteer or mentor, and have provided mentoring support to at least two women. The 'JOY Quarter Four Report' (February, 2018:4) tells us that thirty-one service users have progressed to become volunteers or mentors, but it does not tell us how many women they have mentored. We do know though that these service users spent 712 hours volunteering and mentoring up to February 2018 ('JOY Quarter Four Report', February, 2018). 76% of service users (86), said they were interested in volunteering or mentoring when asked by 'JOY' staff (see Illustration 60).

Illustration 60
No. of service users interested in volunteering or mentoring at 'JOY'.
('JOY Quarter Report' - Year 1)

There are many more service users that can be progressed to volunteering or mentoring at 'JOY' then, though some of them may see this as a long-term goal. 44.7% of questionnaire respondents asked about their long-term aspirations for this evaluation said volunteering or mentoring, five of whom said they would like to eventually "*lead groups*". Other long-term aspirations included:

> *To have confidence*
> *To have friends*
> *To be happy*
> *To be employed*
> *To be debt free*
> *To study for a degree*
> *To be myself*
> *To come to terms with the past*

According to the 'JOY' database (July 2018), eighteen 'active' service users are volunteering at 'JOY' (18% of 'active' service users) at the time of the evaluation, with a further four volunteering externally; one at another WCT project. Of the 'JOY' volunteers on the database, nine are on the steering group.

The steering group was thought to be a very important aspect of the 'JOY' structure by questionnaire respondents and staff but, thirty of the thirty-eight questionnaire respondents (79%), said the involvement of service users in 'JOY' governance is 'very important' and another five said it is 'important'. One respondent did say though, that "*more women should be involved*". Some of the steering group members had moved to 'JOY' from the Asha Women's centre, and

have been instrumental in helpings guide structure and processes at 'JOY' in preparation for its launch. Staff said this *"was really vital to start off with"*. The 'JOY Year One Report' for the funder (February, 2018:5), describes the role of the steering group as a forum of women who *"represent their community and are advocates for the women {other service users}"*. The report goes on to outline plans to have steering group members on the WCT Board, and vice versa. This has now been implemented and is good practice. The research team asked staff about the structure of volunteering and mentoring and related training as follows:

> **Researcher:** *You mentioned a steering group, so there's sort of, layers of engagement is there? There are layers to being volunteers?......and all the internal women who want to volunteer, have to go through training before they can volunteer?*

> **Staff member**: *So, we started off with having uhm, volunteers within 'JOY', and kind of job specs if you like for the steering group. So, for the more serious volunteer, these are the ones we tend to put through training.*

> **Researcher:** So, they don't have to do the training unless they choose to?

> **Staff member:** *No, they don't' have to … they can become a volunteer tomorrow, obviously they can't be left on their own without DBS, but they can work alongside somebody*

The staff member went on to explain the role of volunteers who are not trained or DBS checked.

> *The volunteers are never usually left by themselves. They do things like, they set up rooms…. They don't use the computers, because obviously on the computers, we've got the database and client files, that's all private information really, and its confidential. So for a volunteer, they would just help with setting up, err, clear away, and help show people how to make things…If somebody was talking to*

somebody {about issues of concern}, then the volunteer would come back and say, 'oh, so and so just said this and I didn't know what to do with it', and we'd say 'well you did the right thing because you told us about it".

The researcher went on to ask about how women become volunteers. Staff said;

they {service users} always know we're looking for volunteers. We always send group texts out and go round to all of the groups if we've got an event coming up or an activity and we need volunteers. We will always ask them and obviously, the women that {name removed} is working with on a one to one, she will go through their goals and she will always ask you know. 'is volunteering something you would consider?'…. she's {staff member} identified within the passports, what they could potentially do. That's worked really well.

Staff went on to explain that volunteers and mentors lead some groups i.e. the 'sharing skills' group, and support other service users but that they usually "*start off doing uhm, helping a bit. Somebody will sit with someone and show them how to knit or crochet or do a bit of drawing*". Service users from focus groups, confirmed that they start volunteering in an informal way rather than being explicitly prepared to the role:

Researcher: *Do you feel that volunteering is just something you fall into and take on as you get more used to the groups?*

Focus group participant: *I think you fall into the volunteering.*
Focus group participant: *Yeah same, because I did, I fell into that and then all of a sudden, next thing I knew I was on the steering group! But I wanted it.*

When asked about training, one service user said, "*It should be up to the individual",* but another said, *"I've done a mentoring course and I'm doing a volunteering course*". The 'JOY Project' manager informed the research team that

she has been successful in securing funding from WCC to run an accredited volunteer course.

The 'JOY Quarter Four Report' (February, 2018:4), states that volunteers and mentors receive ongoing support, and that a *"structured volunteering plan is in place to ensure retention and personal development"*. The research team did not see this plan, nor did any staff member or service user refer to it. If this is not yet in place, the project would benefit from its development. A Volunteer Coordinator has recently been appointed by WCT however, and the 'JOY Project' manager said that with the help of the Volunteer Coordinator, she is *"trying to make things a bit more transparent…make them {volunteers} feel like they are employees and they are able to uhm, undertake the same amount of training and courses as a regular member of staff"*. This is a really positive development. When asked if she thought volunteers offer something different to paid staff members, the project manager said;

> *…it {the volunteer role} frees up uhm some staff time and allows us to work more intensely one-to-one with some of the women, It also creates much more sustainability in the long term. We're able to deliver a whole range of things because we know that we can concentrate on something else, or setting something else up…. It's an added value to the service really.*

Staff see volunteering and mentoring as steps in a pathway from building confidence, to accessing course, to moving into volunteering / mentoring, and for some, eventually entering external education or employment, though no formal pathway was seen or referred to. Twenty-two questionnaire respondents (58%) said they were interested in learning volunteer / mentor skills when they first joined 'JOY' (Illustration 24), with four of these saying they hoped to achieve the confidence to enable them to volunteer. Eight questionnaire respondents said they were actively volunteering at 'JOY' at the time of the evaluation, with seventeen volunteering or mentoring in the community in total (including the eight at JOY). All

fifteen said they had started volunteering since joining the 'JOY Project'. This is an excellent result and is relevant to indicator three of outcome 2.

Indicator three – Progressing to external opportunities.

According to the 'Year One Report' for the funder (February, 2018:4), twenty-nine service users moved into external opportunities (volunteering, education and paid employment), since the project launch to February 2018. This exceeds the target (see Table 23).

The extent to which service users have moved into volunteering and mentoring, including externally to 'JOY', is discussed above. In terms of progression into external training / education, four questionnaire respondents (10.5%) said they had moved onto external courses, though they did not state what courses these were or where they studied. Three of them did though say that their educational level had increased.

Discussion about some of the difficulties in relation to service users committing to formal educational courses is on pages 71-72. 'JOY' does however, provide English and Maths (see Appendix 9), which are necessities for anyone moving into further education or employment. The project also offers a pathway to vocational courses such as the Construction Skills Certification Scheme (CSCS), which is essential for individuals wishing to work in the construction industry. This has been very popular, came from women's involvement in the DIY course and is a potential route into employment for some as staff said:

> *"so, I don't know, a few of them want to do the CSCS cards, so that's a positive…two of them that wants to do it … so it's basically, it's uhm, when you go on a building site you have to have a card…so nine times out of ten it's men who normally…like go for that but we've got a couple of women on the project which would like to do that, so, and the one woman specifically. I wouldn't of thought she would ever, ever put her name down and she has…it's basically it's a little card and it just allows you to go and work as a labourer on a building site and stuff like that.*

The DIY course is one example of course that equip service users with practical skills that could lead to employment. Others include sewing and cookery. Six of the thirty-eight questionnaire respondents (15.8%) said the level of their practical skills had 'greatly improved' through participation in 'JOY' activities and seven (18.4%) said their practical skills had 'improved'.

Representatives from partner agencies, told researchers that 'JOY' service users have undertaken and competed accredited courses, sometimes in spite of not having prior academic qualifications, and that it is highly unlikely that without accessing the JOY project, the service users would have had the impetus to move on to external training and employment. *"JOY' should be seen as enabling service users to access training and employment that they wouldn't normally be able or willing to"* said one. It is also evident that 'JOY' is identifying hidden and unmet needs of service users in terms of basic literacy and/or numeracy skills (see discussion on page 73). Such a lack of basic literacy and numeracy can a have serious negative impact on the ability of women to participate actively in their communities. In identifying this need then, 'JOY' is improving their opportunities for participation, engagement and sustained change, as well as progressing to external education and employment. Due to this finding, it is clear that there is room to offer educational courses that staff deem necessary from observations and interactions with service users, in addition to activities requested by the women.

'JOY' also provides opportunities for women to improve their work-related skills by giving them access training such as safeguarding, health and safety, data protection and volunteering / mentoring, free of charge, which they might not have accessed without attending the 'JOY Project'. As one service user said:

> *…so, I've done a counselling course through the JOY project, what else have I done? I've done a mentoring course and I'm doing a volunteering course so it's nice…*

Employment was not high on the agenda of many women attending 'JOY' (see illustration 24). Even so, seven questionnaire respondents (18.4%), said their level of belief in their ability to get employment was 'greatly improved', with another seven saying this level has been 'improved'. Four respondents said they had gained employment since being at 'JOY', with jobs in management (see Appendix 14), customer care, support work, and cleaning / caretaking. This is an excellent outcome.

'JOY' works closely with WCT 'fusion staff' according to the 'Year One Report' to the funder (February, 2018:13), including a Job Coach and 'JOY' staff make it clear that they will support service users in any way possible, stating:

> *Uhm, I think it {JOY} gives them opportunity to learn new skills and really build their confidence. In doing that, uhm, there's so many different avenues and pathways they can take, and as I said before, you work with so many internal agencies at Worcester Community Trust that there are…you know, if it's volunteering within the Trust or externally, we can support them in that. If they want to go into employment, we can support them with that…. and there's just a whole range of things that they can access.*

External progression is however difficult for some women. Staff said:

> *some of the people we've got, them {sic} looking after sick relatives, partners or whatever, so they're never going to be able to get a job, but some of the people who have young children…. there's a way forward, eventually they will go into employment cause they're like, actually I need to find work".*

This suggests there may be a need to target younger women with external education and employment opportunities, but there is also a real need to leisure activities for all ages.

3.5 Progression and Exit

Outcomes are measured quantitatively via the funder outcomes, and associated indicators and targets. Ways in which the progression of individual service users is monitored is outlined in Section 2 (page). Methods include evidence of attending / passing courses, pre and post course questionnaires (see comments on these in the above section), securing volunteer work and exiting for external education or paid employment, and regular rmeetings with project staff to review progress, for those worked with on a one to one basis.

Questionnaire respondents were asked how their progress was reviewed. The responses can be seen in Illustration 61. Most (34%) respondents said their progress is reviewed via one to one meetings with project staff. Three said their progress is not reviewed, and one did not know how it was reviewed.

Illustration 61
Questionnaire respondents' responses when asked
how their progress is reviewed
(Service user questionnaire).

Not all service users have one to one meetings with project staff, but those that do use the 'Passport' as a tool to record and measure goals and progress. Only six of the thirteen questionnaire respondents who had one to one meetings said their progress was measured using the Passport. Of these, two said the Passport is 'very useful'. Two of the thirty-eight respondents did not know what the Passport was. The bulk of respondents did not comment on it, probably because they do not have one to one meetings, thus do not use the Passport. There is a cap of thirty service users for one to one meetings (see page 51), though its use is being extended more widely.

Staff found the Passport *"really useful"* in working with women, as women can set and work towards their own goals. As such, each passport will be different according to individual's issues, needs, goals and aspirations. Steps towards goals are measured using the 'Empowerment Outcomes Star' which is designed to measure distance travelled towards goals, rather than whether the goals have

been achieved (see Illustration 16). In this way, small changes are captured which is good practice. Some staff report that service users "*love their Passport*" with some *"treating it like a bible"* and *"taking it everywhere*" with them. Others stated that some service users "don't really know what the purpose of it is", and that she is "*not familiar with it"*. The latter was however scheduled to meet with the project worker with the aim of familiarisation.

Thirty 'active' service users are shown to be using the Passport on the database (July,2018), and nineteen to be using the 'Empowerment Outcomes Star'. As the passport is also used as a journal, it may be that not everyone with a Passport is measuring progress via the star.

When questionnaire respondents were asked how far they felt they had moved in terms of achieving their goals, seventeen responded (44.7%). Their responses can be seen in Illustration 62.

Illustration 62
The extent which questionnaire respondents felt they had moved towards achieving their goals

One respondent said "*I've learnt a lot in a short period*" and another said she was quite relaxed about progress. "*I feel quite relaxed, I know I'll get there".*

The 'JOY' database (July 2018) shows forty-seven of the 'active' service users as having achieved one or more of their goals, with most achieving multiple goals as can be seen in Illustration 63. 'JOY' staff told the research team that organisations / agencies who refer to the 'JOY Project', do not all, or always, ask for progress reports on the women they refer.

The 'JOY' database (July 2018), also shows the reasons women exited from 'JOY'. One had been referred to the 'DAWN Project'. Three had entered other education and seven had found employment. The reason given for forty-eight exited women (81.3% of exited women) was 'no longer interested / change in circumstances' (Illustration 64). This is a massive oversight in terms of data collection. Not capturing what the 'change in circumstances' was, means that important outcome data is missing. It also means that circumstances may have worsened for some women, meaning they need more support. Similarly, it is important to find out why women are 'no longer interested' in 'JOY' if the project is to be responsive to service user needs. In questionnaires, one respondent said her housing situation had 'got worse' since being at 'JOY', and another said her mental health had worsened. While these were the only two women, and the only two categories that showed a negative change, they could easily stop attending 'JOY' and slip through the support net.

Illustration 63
The number of 'active' women achieving stated goals
(Database, July, 2018)

Illustration 64
Reasons given for women exiting 'JOY'
(Database, July, 2018)

'JOY' staff told the research team that the project has no formal exit process. One staff member said "*we probably should…again its capacity*". Staff said that the 'JOY' journey "*is their own journey, we're just here to guide them at their pace, at their time, and some are quicker than others*". Staff told the research team that there is no maximum timescale that women can attend 'JOY', that many women moved over from the Asha Women's Centre, which they had attended for many years, and that some women may never move on due to age (the retired are unlikely to go into education or employment), or social circumstances. The social side of 'JOY' is a "*lifeline to these women, it's like their family and that should not be taken away from them*". Focus data confirmed that there are a number of women who did not see themselves at a point where they would want to leave. Some of these women do however, lead activities and some groups such as 'sharing skills' are fairly independent of staff, meaning they take fewer resources and staff capacity.

Staff did say that service users, usually inform staff if they are moving on but, if they simply stop attending, attempts to contact them are made. "*I think {name removed} does a little bit of a follow up, but I don't personally, unless I see the in town, and then I'll stand and have a natter with them….and feedback to other staff*". Staff made it clear that they do not pursue women though, if it becomes clear calls are not being returned, out of respect for women's right to withdraw from the project without giving any reason. "*If they don't want to engage that's fine*". If the women were referred by another agency though the agency is contacted to ask if they have heard anything.

3.6 Additional outcomes

Staff said the 'JOY Project' has a massive impact on the mental health of service users, far exceeding what was expected. During the evaluation process, it became evident however, that staff, service users and external partners believed that 'JOY' "*doesn't just impact on that one individual, it can impact on the whole household*" (staff member). This is supported by the level of change in terms of relationships with family (including children) stated by questionnaire respondents. Twenty of the thirty-eight respondents (52.6%) said these relationships had been 'greatly improved' or 'improved'. No respondent said these relationships had 'got worse'. Staff pointed out that one person's participation in 'JOY' can lead to the extended family getting involved in 'JOY' or other WCT projects, until the whole family is involved with WCT activities in some way.

'JOY' also benefits local communities by having community hubs, via internal and external volunteering and mentoring, and entry into employment.

One of the biggest additional outcomes is the important friendships women make. Staff and service users said friendship should be an outcome in its own right.

'JOY' staff talked about the project giving "*women a sense of purpose, something to get up for, and get out for*". For many women just getting up and out of the house is a big and significant step. One service user said "*I didn't ever used to go out of the house. Without 'JOY' I would still be there*". Another said, "*home can be lonely and is male dominated*", showing again the importance of 'JOY' as a woman only space. Asked how they would feel if the project closed, service users said:

> *devastated. I would have nothing to get up for in the mornings.*

> *I would feel isolated and afraid of going backwards, like when I first attended*

> *it would have a huge negative impact on the community*

The individual goals that women set themselves in 'Passport's or otherwise, are also additional outcomes. It would be impossible to know or list all of these but they are important outcomes.

Staff highlighted the involvement and commitment of service users as being an additional outcome. "*The extent to which the women have stepped up to participate in activities and in volunteering and mentoring has been amazing*" they said.

One staff member said the way that targets had been exceeded was not unexpected but is an additional outcome.

Finally, while a SROI analysis was not part of the evaluation, an additional outcome is of course, the money that the local council saves by not having to spend on supporting the service users must be astronomical. WCC should take note.

3.7 Counterfactual

It is evident that 'JOY' creates positive change for service users. Explicitly linking change to a particular service or intervention is not always possible however, as argued by Weiss and Hirschon (1997:51), '*given the large number of variables.*" It was not possible to have a control group as part of the methodology of this evaluation (see section 2), but questionnaire respondents were asked to state the extent to which they believed the positive changes they reported are due to the 'JOY Project' or other factors. Their responses can be seen in Illustration 65.

Illustration 65
The extent which questionnaire respondents believed the positive changes they reported are due to the 'JOY Project'

We can see that eight respondents (21%) believed positive changes to be totally due to accessing 'JOY' and another twelve (31.5%) said 'JOY' played a part in positive change, along with other services. Eight (21%) said external factors such as support from family, and changes in finances or housing played a part.

SECTION 4: Evaluation Aim 2: To draw conclusions about quality, impact and value

This evaluation concludes that the outcomes required by the funder are not only met, but are exceeded, and there are a number of additional outcomes evident from the evaluation. In terms of quality, impact and value, the research team conclude the following:

Quality

The quality of activities and support at 'JOY' is deemed excellent by questionnaire respondents and focus group participants. This is supported by analysis of existing 'JOY' data and the extent to which new women are signposted via the 'word of mouth' of existing service users.

It is clear that the quality of 'JOY' is the result of staff commitment and passion for their roles, supported by service users who are equally committed and passionate.

It takes time to properly embed any new project; especially one that has been inherited. There have been some initial teething problems but, 'JOY' staff, supported by the steering committee and partner organisations, have succeeded in the creation of a high-quality project. JOY' receives 100% of its core funding from the 'Big Lottery Fund'. This funding has recently been awarded for a second time in recognition of the quality of the project.

Nevertheless, there are some gaps in service provision and potential areas for development as highlighted in the recommendations. Recommendations include seeking additional funding. The quality of the 'JOY Project' is sustainable in its current form but, does not have the resources and capacity to further develop the project at this point.

Impact

It can be concluded from this and other data collected and reviewed for this evaluation, that the 'JOY Project' is effective in engaging women and has a positive impact on those it supports, their families and local communities. This shows that the underpinning theory that guides it (see page 30) is appropriate.

Overall, staff work to the same underpinning theory but, there are instances where there are competing ideas about how best to work with women. This could lead to the most powerful voices making final decisions, which may not necessarily be the most appropriate, leading to feelings of disconnection and disempowerment. This is not the case at 'JOY'. Any differences in working practices are reconciled by an ethos that allows all to be heard and a determination to do the best for the service users.

Value

The work that the 'JOY Project' does in supporting women is of huge value to the individual women who use the service, their families and to local communities. The 'JOY Project' is then in line with Worcestershire Health and Wellbeing Board's current priorities, making it valuable to the local council.

The 'JOY Project' has added value in the form of the involvement and commitment of volunteers, and the commitment and passion of all service users. Added value is also evident via external partners, who support provide course 'in kind' allowing 'JOY' of offer a range of activities, most of which are free and the experienced and knowledgeable staff who are committed to maintaining and sustaining the project, and improving it as necessary ad considerable value to the project.

Should the 'JOY Project' close, it would have a devastating effect on staff, service user and their families and on local communities. There would also be implications in terms of increased costs to local councils in terms of finding a way to meet the needs of the service users.

The final words of this evaluation should be those of the staff and service users:

Staff member: *to be truthful the way it {JOY} runs, I think it runs brilliant. I think it absolutely runs brilliant. It's amazing.*

Service user: *I feel like I'm part of a community. I feel like I belong.*

Service user: *It is life changing. I am forever grateful for this opportunity.*

Service user: *it's a lovely project that helps us to improve ourselves and bring the community together.*

Service user: *Its fantastic project ran by wonderful women. What more could you ask for?*

SECTION 5 Evaluation Aim 3: To capture good practice and make recommendations for improvement in service provision and/or delivery

GOOD PRACTICE

- The commitment of staff
- The involvement and commitment of service users, particularly in relation to volunteering / mentoring and the steering group.
- Representation of service users on the WCT Board and vice versa.
- The functioning of 'JOY' as a woman only space.
- The service user led ethos.
- Working with men at certain times, is safe and supportive ways, as positive role models.
- The integration of women from a range of ethnicities and social / educational backgrounds and abilities.
- The provision of range of one to one and group activities in response to a range of support needs, most of which are free.
- The provision of a crèche for some activities.
- The introduction of a new database during the first year to enable a *"more streamlined and efficient reporting mechanism",* though there are some recommendations for the population of the database.
- Partnership working.
- Celebrating the achievements of the women with a graduation day was a was a particular area of good practice. The event was carefully considered and organised and the boost to the women's confidence and self-esteem was evident.

RECOMMENDATIONS

Access and attendance

- The 'Year One Report' to the funder (February, 2018:5) states 'JOY' has *"developed a strong, robust structure and governance from inception so women experience a seamless transition from referral to initial contact, which is essential for the vulnerable women we support".* This appears that this is successful for most, but not all women. It is recommended that waiting time from referral to being seen by 'JOY' staff be reviewed.

- Partnership working plays a part in signposting / referral to 'JOY' from organisations and agencies, but the project is highly reliant on 'word of mouth' to raise awareness about the project. It is recommended that a formal awareness raising strategy should be formulated.

- 'Pinch points' for family stress and financial worry such as school holidays and Christmas be considered in the formulation of any awareness raising strategy.

- It was surprising that some other WCT services had not signposted or referred to 'JOY'. This indicates a need for better internal signposting / referral mechanisms.

Recording information

- The self-identified gender of service users should be captured on enrolment forms, with the option for service users not give this information.

- The he sexual orientation of service users should be captured on enrolment forms, with the option for service users not give this information. This is a funding target

- The database is an essential tool when monitoring and evaluating the JOY project. It already contains a wealth of information but could be used more effectively to gather a wider range data to inform new initiatives and funding applications as follows:
    - The database should be regularly updated, ensuring all data is correct and all cells are populated. This is important as data such as

that on children for example, can be used as evidence for funding applications to children's charities.

- o There should be a cell to capture the self-identified gender of service users. Targeted funding applications can be made for trans women.
- o There should be a cell to capture the self-identified sexual orientation of service users. This is a funding target.
- o There should be a cell to capture the employment status of service users. This would aid the measurement of change in relation to employment.
- o There should be cell to capture the educational level of service users. This should be situated next to activities/ courses undertaken to aid the measurement of educational progress.
- o The age range category 25-64 years, should be split into smaller age rages in line with the census return, for ease of comparison to the local population.
- o The categories currently given for women exiting the project i.e. 'no longer interested'/'change of circumstances' could be split into two separate cells and investigated as part of an exit strategy. 'No longer interested' may imply they are not happy with 'JOY' activities which would need addressing. 'Change of circumstances', would warrant further investigation regarding progression to education or employment, or may mean a negative change that might warrant further support. Alternatively, remove the categories and ask women to give a reason for exit.
- o The date of women exiting the project to be recorded so that it is clear how long women attend 'JOY'.
- o A cell could be added to the database to record if service users drive and have a car, and if they are willing to offer lifts to activities to other service users. A car sharing list could then be made available to service users.

Activities

- While it is to be applauded that activities at 'JOY' are service user led, targeted activities / courses should be made available in accordance with the staff identified needs of women.

- Consideration should be given to offering discussion activities for older women and for women without children, and to offering 'active' activities such as yoga, walking and swimming. There are a number of established free activity groups locally e.g. Worcestershire Walking Network that could provide support to a programme of physical activity. Developing a programme of physical activities would help address the high percentage (39.5 %) of women who indicated that they required support with their mental health needs.

- Consideration should be given about activities that might attract and retain young women (16-24). A local needs analysis could be undertaken with the age group and close working links with youth workers would aid this and offer ongoing support.

- Consideration could be given to the development of an App for the engagement of younger women. Contemporary culture in this age group relies on the use of social media. The App could offer advice, support and engagement in 'text chatter' with a member of the JOY team.

- More educational and employment related activities / courses could be offered, even if cohorts are small. This includes activities around equipping service users with the skills to set up and run their own business.

- There is room to offer educational courses that staff deem necessary from observations and interactions with service users, in addition to activities requested by the women.

- The Building Block is a popular activity on the programme and currently it enables women to be part of the Construction Skills Certificate scheme and to gain the CSCS card. Development in accredited courses within this particular area should be explored further.

- An exploration of how 'JOY' may provide further creche provision is recommended. Discussion could be had with perhaps with local childcare course providers to offer work-based learning opportunities.

- Graduation Day should become an annual event.

Volunteering and mentoring

- It would appear that to date, there has been no formal volunteer / mentor process of recruitment, training and support, thought this is being addressed with the WCT Volunteer Coordinator. Volunteer and mentor roles should be clarified and differentiated via literature for service users i.e. a volunteer and mentor map. This should show levels of volunteering / mentoring, from helping to make tea and coffee to more formal volunteer and mentor roles that require training and DBS checks. The map should show the requirements, responsibility and commitment of each level and can be used as a progression document.

- Service users who wish to do volunteer / mentor roles that require levels of responsibility, commitment and DBS checks, should undertake accredited volunteer training linked to a WCT Volunteer Award or WCC Community Award. The research team recognise though that the 'Project' manager has secured funding from WCC to run an accredited volunteer course.

- There should be volunteer and mentor job descriptions

- Volunteer / mentor hours 'worked' should be logged as evidence for external volunteer opportunities or employment.

- Staff should ensure there is support for volunteers to find external volunteering opportunities as part of their progression.

- A skills analysis should be undertaken with service users, to identify skills that they may wish to share by volunteering in 'sharing skills' sessions.

Progression and exit

- A small number of service users told the research team that their progress is not reviewed, and one did not know how it was reviewed. It would therefore be useful to clarify how progress is reviewed with service users.

- Visit days, with taster sessions should be arranged with local colleges and the local university to enable progression.

- A formal service user exit strategy should be developed.

Staff and Staff Training

- A skills and training needs analysis should be undertaken with all staff to identify current the training they have completed (at 'JOY' and elsewhere) and identify gaps in relation to their work role and their development.

- It is recommended that upon completion of the training needs analysis, a staff training programme be developed and implemented. This can include training delivered by staff identified as having specific knowledge and skills that can be shared. In light of the lack of a training and development budget, such cascade training is cost efficient.

- Thought should be given by WCT in relation to finding funding for additional staff, or to extend current staff hours if the project is to be further developed

- Some staff are not entirely familiar with the 'Big Lottery Fund' outcomes, or the 'Passport', highlighting the need for a refresher, perhaps a staff strategy / development day. The findings of this evaluation could be discussed at such an event.

Project Development and partnership working

- There are some populations of women currently not accessing 'JOY' at all, or in any meaningful numbers. These include women from deprived areas i.e. WR1, some ethnic minorities (Bangladeshi and Eastern European women, gypsy / traveller women and refugees / asylum seekers), and younger women (16-25 years). In relation to this, the following recommendations are made:
  - That 'JOY' activities be extended to the WCT hubs where activities do not currently take place (Ronkswood and the Green Centre).
  - That consideration be given to the development of an outreach strategy and programme of outreach activities. Such a strategy could be stand alone, but would be better incorporated into an 'awareness raising Strategy'.
  - That any awareness raising and outreach strategy includes visits and presentations to organisations / agencies appropriate to targeted populations. This will aid partnership working and signposting / referral.

- o That as part of any outreach strategy and programme of activities, 'JOY' work closely with agencies that work with specific groups.
  - o The researchers stress caution however, in relation to developing work with women who have specific, sometimes specialist needs or cultural particularities and language barriers as this requires specialist knowledge and skills. Specialist, issue specific training should be given to staff, volunteers and service users as necessary.
  - o Considerations should be given to external venues for outreach or a mobile service.

- There is an opportunity to work more closely with the 'DAWN Project' in relation referral to and from 'JOY', particularly in relation to the 16–25 age group.
- There is also an opportunity to work collaboratively with 'DAWN' on funding bids and the potential to merge the projects with a view to providing both specific and holistic support for women. Any merger would need careful consideration however.
- The possibility of making the Horizon hub a women's centre should be further explored. This would not negate the need for activities in current WCT hubs, or outreach work. 'JOY' could work as a 'hub and spoke' model with the main hub being the women's centre.
- The implementation of a similar model working with male only groups should be considered.

Funding
- The evaluation did not consider social return on investment or cost / benefit. It is recommended that this be undertaken in the future.
- Additional funding to the 'Big Lottery Fund' should be sought to avoid 'putting all the eggs in one basket'.
- The 'JOY Project' works in line with Worcestershire Health and Wellbeing Board's current priorities, making funding bids to WCC a possibility. Discussion should be had about the possibility of such funding.

The above recommendations have been made by the research team after analysis of data gathered and analysed for the evaluation. The research team understand that not all recommendations will be thought necessary or doable by the governing body of 'JOY', or by 'JOY' staff, but they can be used as the basis for discussion on the 'JOY Project' and its future development.

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