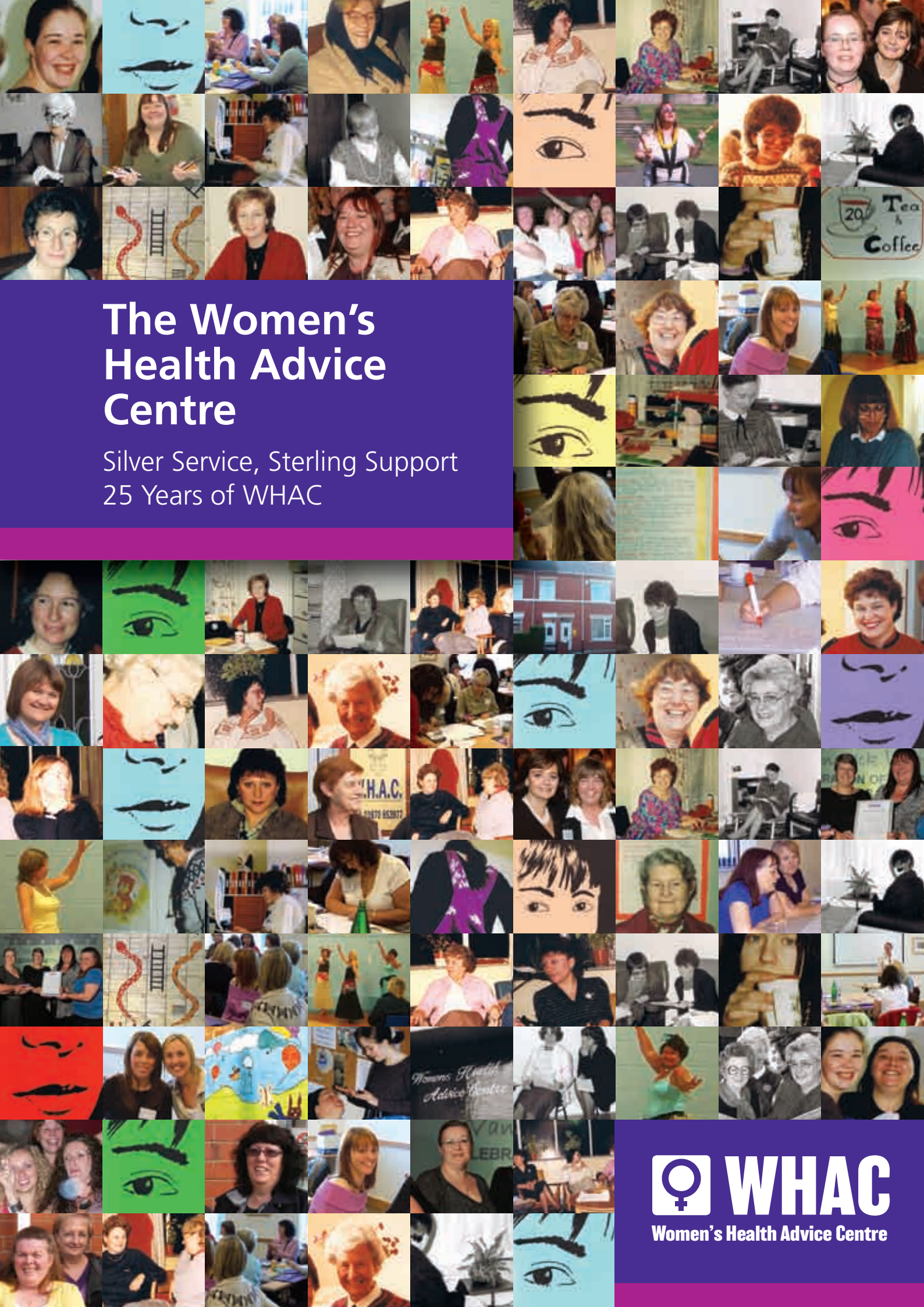
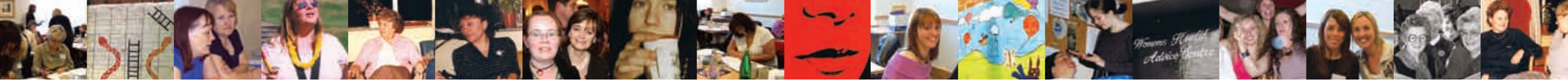


The Women's Health Advice Centre

Silver Service, Sterling Support
25 Years of WHAC





About the Women's Health Advice Centre

The Women's Health Advice Centre (WHAC) is a charity based in Ashington in South East Northumberland. The Centre opened in 1984 and has been delivering health and education services to local women for the last 25 years. WHAC provides a free counselling service for women experiencing a range of mental health related issues including depression and anxiety, the effects of domestic violence and sexual abuse and relationship problems. The Centre offers education courses on a range of topics, from building self confidence and esteem, relaxation courses and Tai Chi. Women can also access information, advice and guidance on a range of health related topics and one-to-one support in a non medical setting.

More information: www.whac-online.co.uk

About the authors

Barefoot Research and Evaluation is based in Newcastle upon Tyne. It has particular expertise in community development strategies and in work with the voluntary sector. Barefoot Research and Evaluation has carried out work for Northumberland Strategic Partnership, Northern Rock Foundation, Voluntary Organisations Network North East and local authorities in the region on initiatives to reduce inequalities and deprivation. Christopher Hartworth, the main author of the report, has almost 20 years' experience of research and evaluation, beginning in developing countries in poverty alleviation programmes and continuing in the North East of England in work with disadvantaged communities.

More information: www.barefootresearch.org.uk

Contents

	Page
Foreword:	
Cath Carnaby, Manager of the Women's Health Advice Centre	4
Introduction	6
South East Northumberland: the local context	8
History and beginnings	12
Services	16
• Counselling	18
• Education	26
• Health	32
• Volunteering	36
• Other services	38
Administration, systems and funding	40
Outcomes	45
• Helping people out of poverty	45
• Accessing the hard to reach	46
• Helping agencies hit their targets	47
Problems	51
Conclusion	54
Glossary	56



Foreword

The Women's Health Advice Centre or just simply WHAC, is celebrating its 25th year and I have the privilege of being there for most of them; firstly as a volunteer and then in paid employment and now as Manager.

To mark WHAC's 25 years, a review of our services to the community was thought to be fitting. This long overdue review was commissioned for two reasons; firstly to act as a testament to the commitment and dedication of the staff and volunteers who have been part of WHAC over the years and to the clients who are the reason for WHAC's existence. Secondly to demonstrate the difference WHAC has made to people's lives by offering support and a safe haven. The support has a positive impact, not just on the individuals who have accessed a service or volunteered helping them to achieve their aspirations, but also on their families.

Carrying out this review has been difficult for the authors because how can you do 25 years justice in 60 pages? All of the women's lives we have touched, all the laughter and the tears. But I am pleased with what is here because I think it is a good mix of history, reactions from people who have used us and proof of some of the impacts of WHAC.

Some people reading this, especially those who have worked with or in the voluntary sector, will recognise the struggle just to survive as an organisation. It is rightly acknowledged here that WHAC would not have survived if it wasn't for our willingness and enthusiasm to work with other organisations and individuals.

I hope everyone who reads this review can feel pride in a 'local' organisation that has helped so many people and by putting quality and integrity foremost has become an important jewel in Wansbeck's crown.

Cath Carnaby
Manager

The place that women go

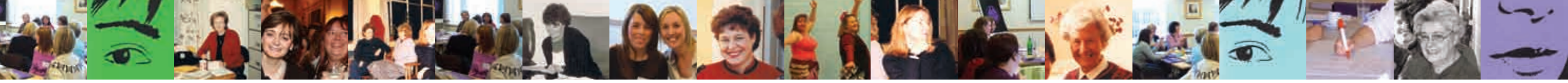
Once there was a village where the men earned all the cash
Anyone who challenged that was really rather rash
But one thing about humans is they often tend to change
And things that happen now would in the past have seemed so strange.

A building that was dedicated to the cause of 'shes'
Was opened up without the help or hindrance of the 'hes'
The need was for a place to be, to talk of wombs and feelings
Without the threat from overhead known as the old glass ceiling.

And so they went from flat to house and then they spread their wings
And undertook the task of understanding women's things
The joy and challenge mothers have, the loves and trials of wives
The difficulty they encounter making rich their lives.

Like those who wanted a career, advice about their health
Who didn't necessarily go in pursuit of wealth
So now you see before you where this gifted vision led
The place that women go to, to be heard when all is said
Look on WHAC and all its works and hear the message clear
It is a place that is unique. How lovely that it's here.

**This poem was written by Elsie Townley,
a founder member of WHAC's Creative Writing Group,
which started in September 1990, and is still going strong.**



Comments from service users

"I'd never been off sick before, but it was getting to that point and it would have been long term. I would have had a nervous breakdown and lost my job. WHAC were fantastic... they made me realise that what had happened wasn't my fault. I was able to face demons that I couldn't before. I can deal with my problems now... it has stopped the isolation.

Instead of giving up I found a solution because of WHAC. It has given me my self confidence back. If it wasn't for WHAC, my marriage would have finished, I wouldn't have been able to support my kids and I wouldn't have been able to go to court.

I'd done counselling before but it was better here, it wasn't rushed, no-one said you had to end, it was me that said that's enough. After it had finished, knowing that they were there, it was like having a safety net".

"My GP told me about WHAC but I didn't want the GP to know I was going to see them for counselling because I thought it would be seen as a weakness. I didn't want it to be known. I didn't want to go down a clinical medical route - I wanted a friend.

The sessions enabled me to transcribe my feelings into logical bits, untangle the threads and understand. I haven't solved all the issues but now I can see how to deal with them... I feel that I now have the tools.

It was immensely helpful... more than I expected. The counsellor was very down to earth, very professional and friendly. You could walk in and not have to go through three receptionists. That house is very important.

My life would have been very different if WHAC were not there. I would have separated from my partner, I wouldn't have been able to cope, I would have left work. It would have been the end of my marriage and the kids would have suffered. Instead of a fire fighting mam I am a calm and understanding mam.

I hope I won't need to go back but it's good to know I can if I do need to".

"I felt stuck in a place that I didn't know how to get out of. It was getting worse and worse. The doctor suggested WHAC. I contacted them and Cath invited me in for a chat and she said why don't you come for counselling.

The counselling, it was eye opening. I found that talking through the problems put them to bed. I couldn't have moved on without it.

If it wasn't for WHAC I'd still be on anti-depressants, I'd have definitely taken time off on the sick. It was the easy option, not going in to work, staying in the house... I could get six months sick pay. I wouldn't be working now I don't think.

But I saw WHAC, I got through it and my life is good now. It's reassuring to know it's there. I've recommended it to about a dozen people".

Introduction

Reports like these are common from women who come to WHAC for counselling and support and it is for these reasons that WHAC is so important to local women. WHAC is also important to the local society and economy because it provides routes or pathways into education and work, via its education courses or through volunteering. In many ways, it allows women to realise their potential, gives them back their self esteem and encourages them to become productive members of society.

This is a review of WHAC and this year it is 25 years old. This means that for the last 25 years it has been helping the women of Northumberland; helping them with their general health, helping them recover from mental and emotional distress, recover from the trauma of childhood sexual abuse, recover from the long term effects of suffering domestic violence. It has helped women into jobs and training, off medication and off benefits. By helping women, WHAC helps local communities as it is the women of Northumberland who hold communities together, both socially and economically. If they are ill, then communities are ill; if they struggle then so does the community.

And similar to local women, WHAC has struggled. Each year it faces a new struggle to find enough funding to continue its work. Hopefully, this review will demonstrate the benefits of WHAC to the county and its services, including the health services, the local authority, the Police and the Northumberland Strategic Partnership. What is clear from the evidence presented in this review is that because of WHAC, South East Northumberland is richer, healthier and more balanced.



South East Northumberland: the local context

WHAC has its offices in Ashington which is situated in Wansbeck in South East Northumberland. The area scores highly in the Index of Multiple Deprivation which means it is one of the poorest areas in Northumberland and in the country. The area has one of the worst health and education scores, the highest numbers of benefits claimants and lowest numbers of local businesses in the country.

The town of Ashington has the highest rate of unemployment in the county and there are parts of the town which are in the poorest localities in England and Wales. This means that many people are on the lowest incomes, children grow up in families where no one has had a job for several generations, general health is very poor and people have shorter life expectancies.

In such areas, mental health problems become very common as people struggle with the hardships of life and problems often become more pronounced in certain groups, particularly women. The following box lays out several recent facts about the situation in South East Northumberland and the local area of Wansbeck.



South East Northumberland and Wansbeck

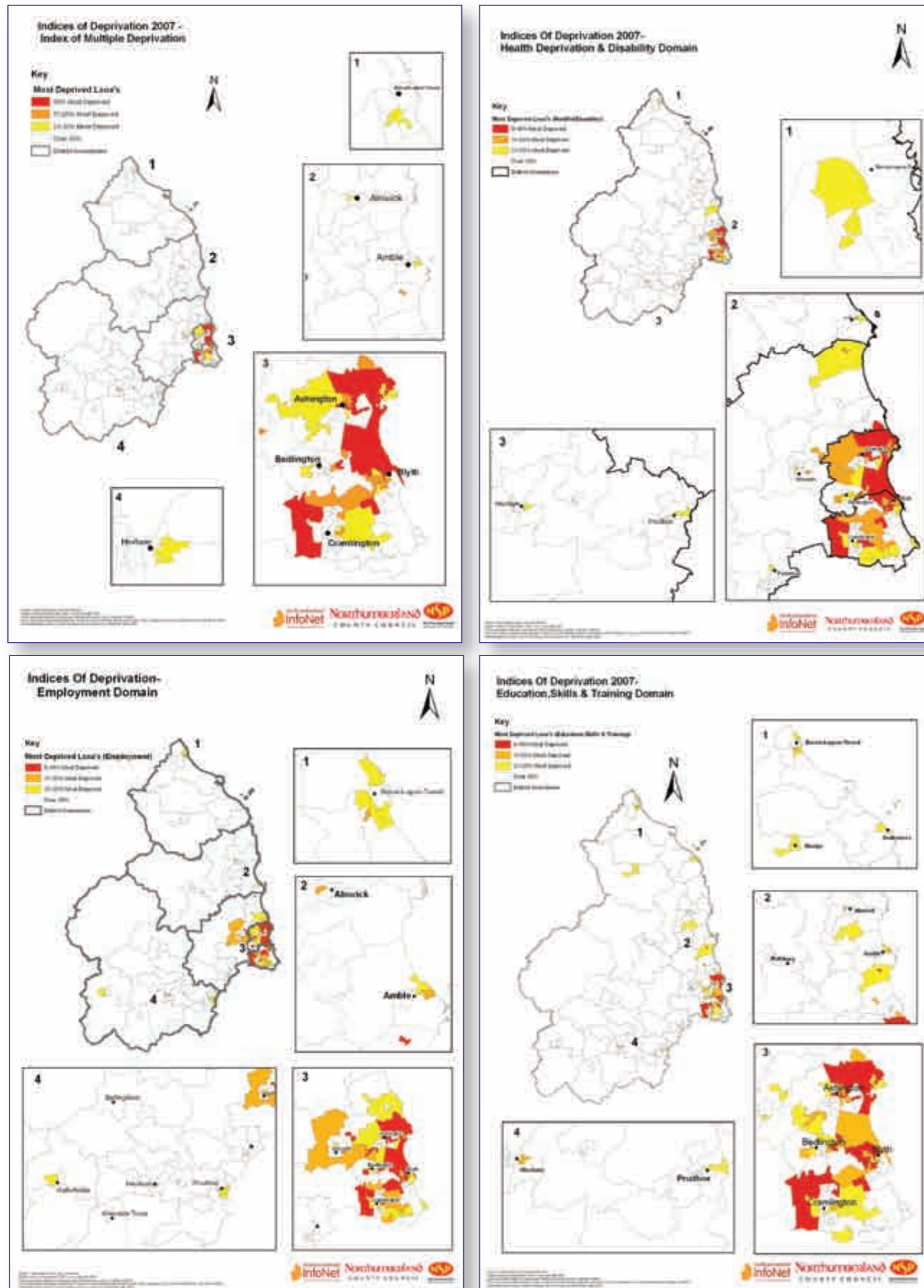
South East Northumberland is only a small part of the county but it contains around half of its population. It also contains the poorest areas and many localities rank very highly in the most deprived nationally on all indicators relating to the economy, employment, health and education. The South East area has the highest levels of multiple deprivation and poorest performance on economic and benefit statistics, both within Northumberland and in comparison with the rest of England. The following key facts relate to the situation in May 2008.

Key facts about Wansbeck

- A total of 20 percent of the working population of Wansbeck are on benefits of some kind (Job Seekers Allowance, Incapacity Benefit, Lone Parent or other income related benefits). Ashington is in a concentrated pocket of very high claimant rates, up to double the district, county and regional averages.
- Wansbeck had the highest rates of Incapacity Benefit claimants in the county. Hirst, in Ashington, is one area with claimant rates three times the county average.
- It has the highest rate of Job Seekers Allowance claimants and is significantly higher than both the North East and England average.
- It has the highest rate in the county of people claiming Lone Parent benefits, with averages far higher than county and national rates. Hirst had a rate of 6.9 percent (the national average is 2.6 percent).
- Wansbeck has one of the worst health inequalities of the country, with Hirst and the College areas of Ashington being near the top of the national league tables for the areas of worst health.
- Wansbeck scores very poorly in the education statistics, with Ashington in the top 10 percent of poorly performing areas across the country.
- It has the second lowest VAT registration rate in England and the seventh lowest in the UK.

Source: InfoNet 2008.

Deprivation in Ashington and Northumberland



The maps opposite show the areas of highest deprivation in the county and in South East Northumberland, with the poorest areas being shown in red. As you can see Wansbeck and Ashington score worst in all areas.

The levels of deprivation presented here have been the focus of strategic partnerships, such as the Wansbeck Initiative and investment bodies like the Coalfield Regeneration Trust, for the last 10 years. Their objectives have collectively been to reduce local deprivation and the gap between the inequalities in the locality and the rest of Northumberland.

WHAC has been focused on reducing inequalities for 25 years and this work continues today, through tackling mental health and improving general health, giving people the ability to stay in work or helping them back into work through providing pathways into education or through volunteering and helping people with their debt problems. These are discussed in the following sections, but first we present a brief history of the organisation.





History and beginnings

The Centre started life in 1983 as the Northumberland Committee for Women's Health. It first received funding from the Northumberland Community Health Council (CHC), who were set up in 1974 to provide the patients' voice for the National Health Service. Members of the Health Council recognised that many of the existing medical services were inadequate in dealing with women's health. It was known that GPs did not fully understand many of women's health needs and women often lacked the confidence to discuss their health issues with the then mostly male doctors. The Chief Officer of the Health Council said "people were scared of doctors".

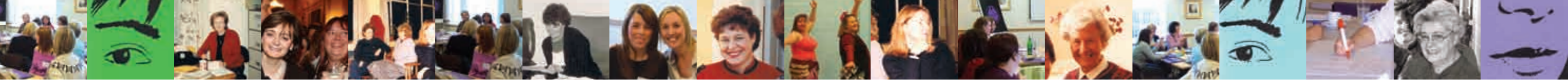


As is the case in many instances of those involved with WHAC, one of the founding members had personal experience of poor NHS provision for women. She said "I knew that women weren't getting the health support they needed, I had a late miscarriage and I got no help from my doctor... women weren't good at communicating with GPs and GPs weren't good at listening".

Indeed, there were antagonisms between the existing health services and the idea of WHAC in those early days. The coordinator in 1983 explained "GPs were against us and saw us as a threat... one said if you start doing pregnancy tests we'll run you out of town".

This situation was not unique to Northumberland but was felt across the country and it led to the creation of Well Women Clinics which offered help in areas such as premenstrual tension, menopause and post natal depression. The Northumberland Community Health Council then looked specifically at trying to set up such a service in Northumberland and this resulted in them giving a grant of £8500 to WHAC and assistance in kind (professional advice, the use of photocopiers and some administrative support) in 1984 and it was then that WHAC was formally conceived. One of the founders of WHAC explained that as a result of the links between the CHC and the Health Authority, there were very good links into the statutory services and their expertise and background, particularly their emphasis on quality assurance. So, from the early days quality of service has been a foundation of WHAC and that continues today.





The first paid worker started in 1983 and worked for three years before the funding ran out. For the next three years, between 1986 and 1989, WHAC was run entirely by volunteers. In those early days, there was a militant feel to WHAC as it was created in the midst of radical times of protest. It was the time of the miners' strikes and high unemployment and Ashington was one of the hotbeds of protest. It was also a key moment in the feminist movement. WHAC supported many miners' wives in efforts to keep families from breaking up and dealing with the effects of anger, resentment and loss of income. This support in those early days was very important to women in Wansbeck as it saw a reversal of their role in supporting their families and husbands (whilst they worked in the pits) to having their needs catered for by WHAC. And this support continues today.



The coordinator at that time said "Women were starving and coming in with alopecia. I remember the Benefits Office withholding maternity grants... the families were punished. Then women went back to work, they found their voice... there were lots of divorces and men were suspicious of WHAC".

These effects were amplified because Ashington was a very traditional, mining town and the general environment was one that was very male dominated. One of the few female county councillors explained:

"Ashington is very male dominated, my dad was a miner, then there's the trade unions and the Labour Party. I used to do everything for me dad when he was ill and my brother tried to lighten my load, he offered to do the shopping but my dad would say 'no, that's Millie's job'. My mam never got over the doors 'cept once a fortnight. Women need to build their self confidence back up and get self esteem".

WHAC was therefore conceived and operated to provide services to an uncatered for minority group and for the next 10 years it provided a range of health and support services to local women.

They ran health fairs at local venues, including advice and guidance on healthy eating, stopping smoking and women specific health issues; they ran a 'listening' service for women, which was a precursor to their professional counselling service which started in 1992; they produced a series of health leaflets covering issues such as premenstrual tension and the menopause; and they ran education courses. The following box presents a history of WHAC in their own words.

A brief history of the Women's Health Advice Centre

In November 1983 the Centre was up and running at its premises in an upstairs flat in Laburnum Terrace. We had three years' supply of money from a DHSS¹ funded consortium that supported health and social projects, a dynamic and energetic coordinator and a small team of volunteers. We trained six volunteer counsellors and opened one morning, one afternoon and one evening a week. No appointments – clients just walked in.

The official opening took place in May 1984. In those first three years, WHAC organised two health fairs and started running courses, relaxation and support groups. Courses were very popular and annual attendance at the centre was around 600 and 50 percent of the counselling took place over the phone. There was an emphasis on providing practical help and information on health issues like PMT and menopause and clients usually had no more than one or two 'listening' sessions.

WHAC has faced financial crises on a regular basis and somehow survived them all. The first came in 1986 when the original funding ended. We also lost our coordinator and our premises. WHAC was kept afloat by a small band of volunteers for three years. Then Wansbeck Council came to the rescue and let us have our present premises in Council Road for £1 a year rent.

The original idea was that WHAC in Ashington would be just one of a number of similar centres throughout the county. One was set up in Blyth but took a different direction to WHAC and eventually wound down. All our efforts went into keeping the Ashington centre going while demand for counselling and courses steadily grew. At times it was all a bit chaotic, with just a few volunteers trying to hold things together in a building that lacked central heating and was only open for two or three days a week. We made do with a tatty collection of old furniture and one old fashioned typewriter.

¹ Department of Health and Social Security



We had been given a computer by the Health Authority to produce a series of women's health leaflets – but nobody knew how to use it and for nearly a year it sat in the crèche room untouched.

In 1989 Wansbeck Council gave us a £10,000 grant, which was enough for us to employ a part time coordinator. This meant we at last started to have some kind of system and organisation in the office and enabled WHAC to open for another day. Throughout the 1990s WHAC began to evolve into the organisation we know today. A big boost came in 1996 with a National Lottery grant, which enabled us to increase the manager's hours – but the end of that year saw us under threat of closure due to losing our grant and major source of funding from Wansbeck Council. Volunteer expenses were axed and the manager took a temporary cut in hours. As we moved into the new Millennium demand for WHAC's services continued to expand and WHAC employed a volunteer development worker, a cleaner and a counselling coordinator. But all this expansion means that in 2005 WHAC is bursting at the seams and once again we are facing difficult financial times with no prospect of getting the much needed building extension.

Source: Taken from A brief history of WHAC by Pru Heathcote, 2005

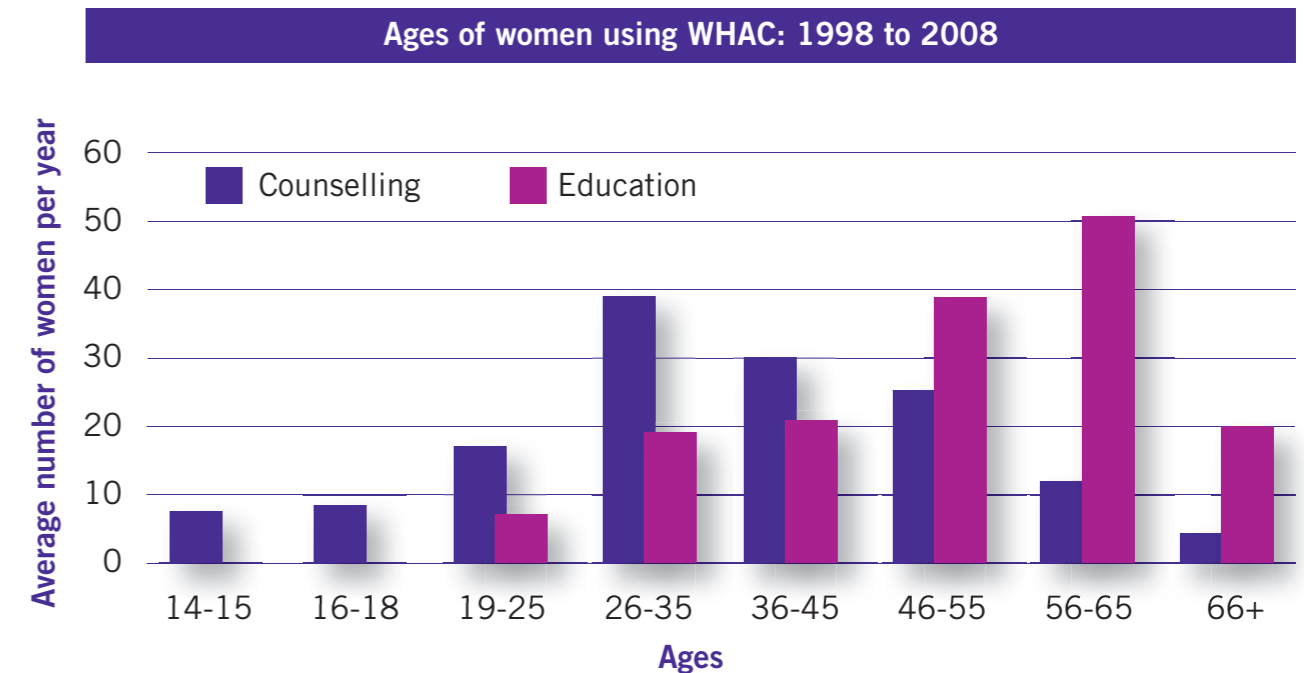
Services

WHAC provides four core services, which it has done for 25 years: counselling; education; health information, advice and guidance; and volunteering opportunities. Currently, they also have a health trainer and a debt advice service.

WHAC provides its services from an end terrace house in Council Road, Ashington. This is reported to be a major advantage by many women who like the location and its understated presence. This is felt particularly by women who are receiving counselling who may not want other people to know. One woman echoed the feelings of many by saying "people think you're just going into town and it's like you're just going into a normal house". A counsellor at WHAC said "it's good to go to a low key terrace house... clients are comfortable that people don't know why they are going". One counselling client said "very discrete location – fantastic". Another said "it's not obviously medical, it's very comfy, you can go and make yourself a cup of tea".

WHAC also deliver their services in an outreach capacity, particularly their education courses, for example they deliver Tai Chi at the Ashington Institute. They have also delivered counselling in the past in other venues, such as Children's Centres and GP surgeries. In the latter cases, this has been in order to enable clients with disabilities to access the services. Short term funding has also enabled outreach work to take place. For example, the local development programme, Improving Croft and Cowpen Quays, funded WHAC in 2005 for one year to provide counselling and self confidence courses in a particularly deprived area. They have also delivered outreach relaxation for carers at Blyth Valley Alzheimer's Group.

Women of all ages take advantage of WHAC's services, from the ages of 14 to over 70. The following graph shows that counselling tends to be used by younger women and older women tend to enrol on WHAC's courses.



WHAC started offering services to girls as young as 14 in early 2000, as they recognised that there was a lack of service provision (both statutory and voluntary) for this group. They realised that no other service catered for such a young age group and there was clearly a demand as girls were coming to them for help with problems of low self esteem and a lack of confidence. There were other girls who needed counselling because of sexual abuse.



Although the service users of WHAC tend to be dominated by the White British ethnic group (reflecting the make up of the local population), they have delivered services to Black Minority and Ethnic women in the past, including Black British, Eastern European and Asian women. This includes both counselling and education courses. One Asian woman who had received counselling at WHAC commented about the quality of the counselling service and the willingness of the counsellors to research specific cultural issues that related to her. She said “cultural issues did play a part in my problems and if they hadn’t understood that I’d have walked away. But they did and they were really good. I think there are lots of Asian women who do need counselling and WHAC are very good at that and they need to let people know”.

Counselling

The cornerstone of WHAC’s service is the counselling it provides and this is a major reason why people come to the Centre. There are many factors that make counselling at WHAC so accessible to local women, including:

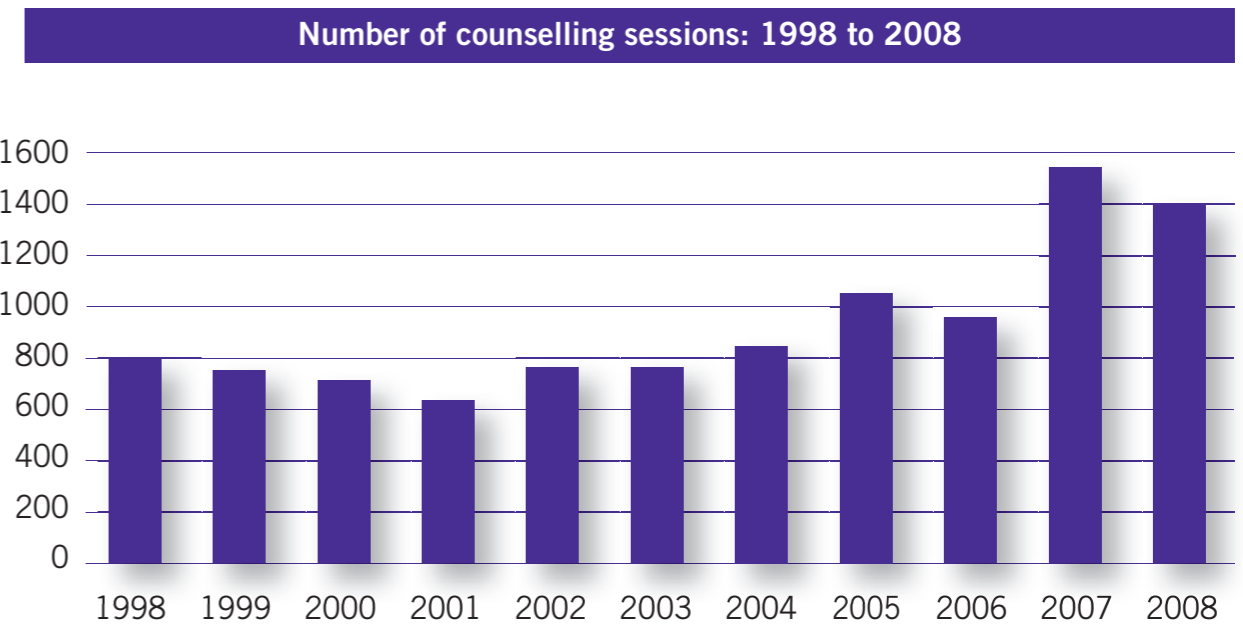
- It is a free service
- It is delivered in a non clinical setting, from a terraced house in Ashington
- It is for women only and so it is considered a safe environment
- The counselling approach, method and the counsellors are highly regarded by its clients
- It has a very short waiting list and people in crisis are seen immediately.

There are few other options open to women who choose counselling as an approach to deal with their mental health problems. There is the private option which is costly and counsellors are unknown (whereas WHAC has a trusted reputation); Relate, who deal predominantly with relationship related issues; Community Psychiatric Nurses (CPNs) that provide only brief six week interventions from clinical settings; and the longer term NHS psychological interventions with long waiting lists. The advantages of WHAC are illustrated by the following comments from a counselling client.

“I’d had my sessions with the CPN but it finished and I needed more. I’d had two sessions at Relate and been to one [counsellor] that I paid for, that was horrible. I needed more support. I was in a terrible state. The CPN suggested WHAC.

I was abit worried at first but when you went in, there’s someone to greet you, your counsellor. I like the terrace house, it’s lovely. It’s good that it’s for women, you feel safe. Before, I felt isolated. I don’t know what would have happened. I wouldn’t be working”.

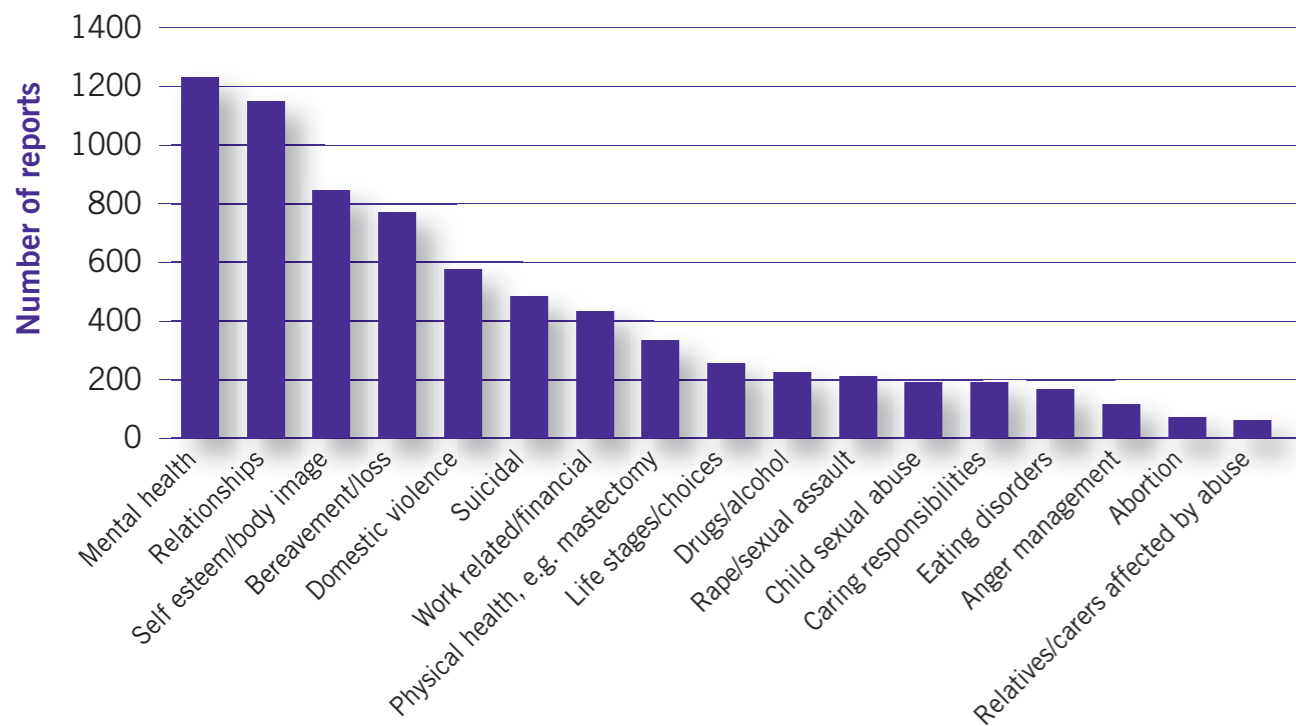
Since 2000, WHAC has consistently counselled approximately 150 women each year and delivers around 1200 counselling sessions a year. Before 2000, numbers ranged from 50 to 100. This provides a total of approximately 2500 women who have received counselling over 25 years.



The following graph (on page 20) shows the reasons why women have needed counselling between 2000 and 2008 (totals). Since 2000, almost every woman who has come for counselling has reported that they have mental health problems. Additional reasons include problems with relationships, self esteem and image related issues and bereavement. Domestic violence issues are also very common as are suicidal tendencies. It is noteworthy that work-related and financial issues were reported as a key issue with over 400 women in the last eight years.



Issues dealt with at counselling: 1998 to 2008

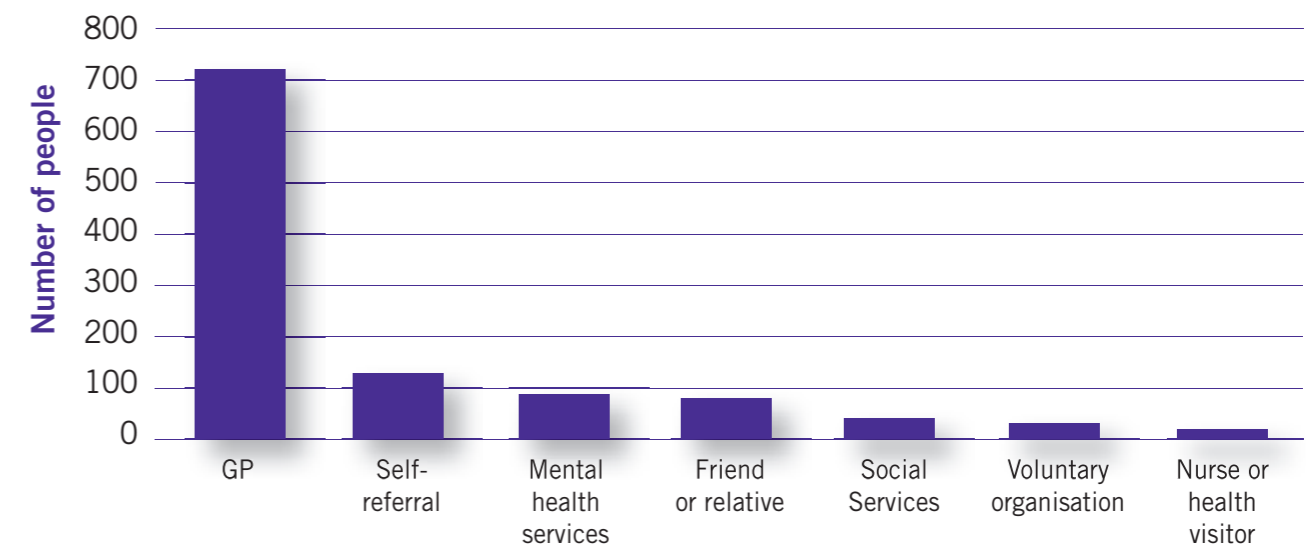


Each person who receives counselling has a minimum of six sessions (generally over six weeks) although most women receive many more sessions over longer periods. WHAC has the flexibility to be able to carry out additional sessions if needed and offer some long term counselling. WHAC will never terminate counselling until they feel that the woman is ready for it to end. It is common for the same client to return for either top up sessions or in times of crisis. At the initial assessment session, a Volunteer Coordinator or an experienced counsellor goes through a client's history and determines their need, i.e. whether they require counselling, self esteem classes, education or debt advice. Indeed, all services can be accessed if required.

Most people that come for counselling at WHAC have been referred by their GP. This tends to be an informal referral, in that doctors tell patients about WHAC and give them their contact details, rather than completing a formal referral form. GPs have long recognised the value of WHAC as they are unable to provide such a service and many patients present with issues of depression, anxiety, or issues such as weight related problems which are suspected to mask other mental health issues. There are reasons behind this form of self referral, for example, patients may not want a formal referral for a mental health related issue on their records, they may not want to be seen in a clinical setting, or they may be embarrassed about asking their GP for counselling.

Other people and organisations also refer and these are shown in the following graph, which shows referrals between 1998 and 2008. As you can see, GPs refer the most people, sending almost 100 women each year to WHAC. Mental Health Services, nurses and health visitors are also common referrers.

Who refers people to WHAC: 1998 to 2008



The types of voluntary organisations who refer include Tyneside Rape Crisis, Victim Support and Citizens Advice Bureau. There are other organisations and people that are not shown in the graph but who also refer in smaller numbers and include solicitors and teachers.

In January 2000, WHAC joined the British Association for Counselling and Psychotherapy (BACP), which provided a rigorous set of recommendations to adhere to. Since then, each counsellor is supervised by an independent qualified supervisor, not attached to WHAC, as is the BACP standard, and once a month they have group supervision. In 2005, they appointed the Volunteer Coordinator whose job it is to support and train the team of volunteers. There has been a significant professionalisation of WHAC's counselling services in the last four years, corresponding with the appointment of the Volunteer Coordinator and joining the BACP.



WHAC have consistently used around 15 volunteer counsellors at any one time and the majority of these stay at WHAC for between two and three years.

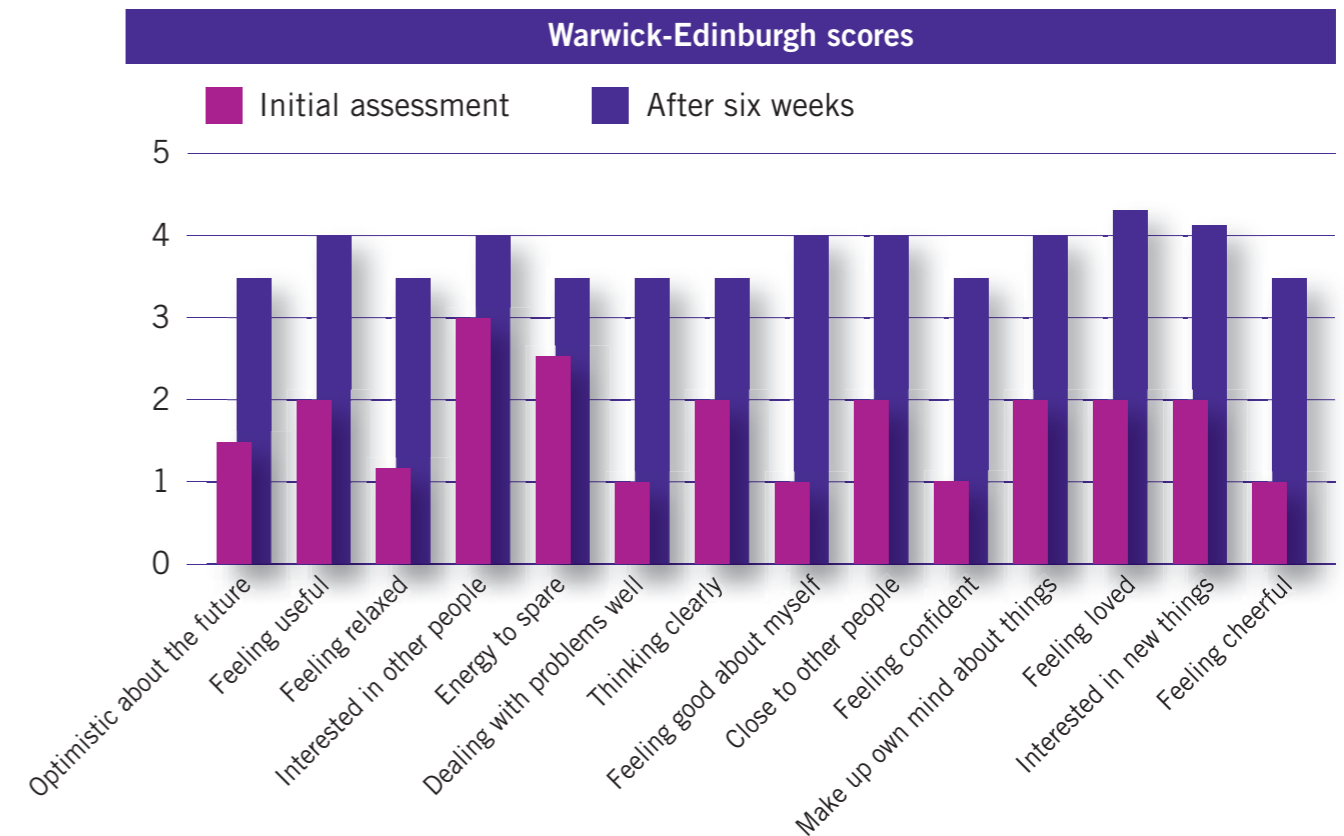
Each counsellor must complete around 120 hours of contact time with a client and each counsellor does a minimum of two sessions a week of one hour each. All counsellors are rigorously trained; all must have at least a Level 3 Certificate in Counselling; most are working towards a Diploma in Counselling (a three year course); most are attached to an academic institution; and all have undergone counselling themselves. They must also complete a two day induction as well as 10 hours general volunteering, in order to get to know the organisation, its processes, staff and atmosphere. They then complete four one-day training sessions over a five week period which is delivered by WHAC's Volunteer Coordinator. They then undergo one final interview at which point it is decided whether they are suitable to become a volunteer counsellor.

A range of types of women volunteer to be counsellors, the youngest being 20 years old and the oldest being 60. This allows the Volunteer Coordinator to be able to choose the most appropriate counsellor for the client. For example, young clients (18 years and under), of which there are a number each year, often prefer to be counselled by younger counsellors. WHAC also has placement students from the Northern Guild of Psycho Therapists who offer evening sessions and tend to work with longer term clients.

The counselling approach that is used by WHAC is effective at supporting women and treating mental illness and this is demonstrated by both qualitative and quantitative data. In relation to quantitative information, WHAC has recently started to measure the impact of its counselling by using the Warwick-Edinburgh Mental Health Well Being Scale, an NHS recognised measurement system, and a user friendly in-house designed Flower Power recording system. Both methods are used at initial assessment stage (to form the baseline) and at six weeks, to measure progress.

The Warwick-Edinburgh scores are shown in the following graph, which has been produced using the Hanlon System (see section on Administration, Systems and Funding). The high scores after six weeks demonstrate significant improvements in the women's health (where higher scores equate to health improvements) after receiving counselling. As can also be seen, after

counselling at WHAC, people's self confidence, esteem and ability to problem solve and think clearly improves significantly, as does their interest in new things.



These impacts are backed up by qualitative reports from people who have received counselling at WHAC. One woman who became a Northumberland County Councillor and an assistant executive member for health and social care, attributes her very existence to WHAC. She received counselling and support over a three year period and took advantage of their relaxation courses. She says "if it wasn't for WHAC I wouldn't be here. My whole life was my job and my parents and I lost both. I just wanted to dig a hole and die. I went to my doctor and he could only offer me six weeks counselling. I went to WHAC and they said 'don't worry you can come here as long as you like'".

At the beginning I couldn't go out of the house, only to WHAC. It was one crisis after the other. I remember one time, I got a parking ticket, that was a crisis point ... I went straight to see WHAC. I would have never made it on my own. When I needed WHAC they were always there. I was a county councillor for three years. I was the only female counsellor at that time".



The counselling provided at WHAC produces a number of outcomes, including:

- Reducing the isolation experienced by people with mental health problems. One service user said “the GP said there’s loads of people with mental health problems who just stay in the house and take their pills and that’s all they do, all the time”. WHAC therefore provides a link between people experiencing such isolation and the outside world, encouraging their participation in wider society. This happens not only from counselling but also from their education courses, such as building self esteem and relaxation.
- Helping women back into work and back into a productive life which means they can again contribute to society. There were many reports amongst service users about if they had not received counselling from WHAC they would be unable to work or would have had long periods on sick leave. One recent example is of a young woman who had received a lot of support from WHAC and has consequently been successful in securing a job. It was reported by WHAC that “this was a huge achievement as up until a few months ago she couldn’t cope with attending school or mixing with any peers”.
- Providing a mental health service which is not available elsewhere. One service user reflected the comments of many others by saying, “It’s so common, nervous breakdown, depression, but there’s nothing out there to help people, except WHAC”.
- Addressing mental health leads to progression onto other things, from women’s own personal development, to education and jobs (either back into work or less sick leave). One ex-counsellor at WHAC who now works for a national children’s charity reported clear progression routes. She stated “you go for counselling and then go onto education at WHAC and elsewhere... it’s personal development for women”.

Although WHAC still has a waiting list for counselling clients (of about one month), they see people much quicker than statutory psychological services, where the waiting list is currently three months. The Chief Executive at the Northumberland Council for Voluntary Services stated “Where else do people go? It’s easy access and prevents people from getting any worse. They see people quick and this saves on acute costs”.

Staff at WHAC and at other organisations closely linked to WHAC report that the demand for counselling far outweighs the supply of counselling sessions.

This is telling in two ways: firstly, it indicates that mental health issues are widespread amongst the population of South East Northumberland; and secondly, WHAC could take on more clients if they were financially secure which would enable them to take on and train more counsellors and receive more clients (see later).

Many service users of WHAC have already had sessions with their local CPNs but for several reasons many require different support. This has been reported by clients of WHAC to be a result of: not liking the method of counselling used by the CPNs; the level and nature of the relationship between patient and CPN (not empathetic enough); and being signed off when they felt their issues had not been resolved. When these clients started receiving counselling at WHAC, they found it effective and appropriate in four ways:

- They liked the method of counselling, it being person-focussed which meant they feel in control of the process
- The duration of counselling was not specified and they do not fear being ‘dropped’ after a pre-determined time
- They feel the counsellors share an empathy with them and they are ‘friendly but still professional’
- They feel that once they have completed their counselling sessions, they can go back to WHAC in times of crisis or need at short notice.

This latter point has significant reassurance value to the clients. Two other added advantages included, if their counsellor is on annual or sick leave, another counsellor will step in and if necessary they can receive counselling on the phone. One client said “The counsellor was sick and I needed someone else, she stepped in... she didn’t need to hear about my whole history. That was very important... she just guided me through that crisis”.

One major regional funder had this to say about WHAC “they provide an important role when a crisis is over, like domestic violence, sexual assault. Nobody currently provides the services that allow them to recover like WHAC, they are unique”.

This is important to agencies like the Police or Domestic Violence services. WHAC can play a vital role in helping women recover and get back into normal society after the trauma of suffering domestic violence or sexual assault. Currently, WHAC is under utilised by Northumbria Police and Domestic Violence services in the county.



Education

Since its beginnings WHAC has offered short education courses, lasting up to 12 weeks, on a range of subjects, some of which are accredited. In 25 years, there have been approximately 5000 women who have enrolled on WHAC's courses; around 200 a year.

The courses that WHAC have offered include:

- Alternative therapies
- Anger – how to cope with it
- Aromatherapy
- Arts and crafts
- Assertiveness
- Astrology
- Basic counselling
- Basic first aid
- Basic massage
- Basic psychology
- Beating the blues
- Building confidence and self esteem
- Bullying
- Christmas crafts
- Classroom assistant
- Complimentary medicine
- Complimentary therapies
- Creating joy
- Creative writing
- De-stress and relax
- DIY
- Drama
- Dreamcatcher
- Drugs
- Easter crafts
- Eat well 4 less
- Family history
- Feel like a millionaire
- Feng Shui
- Folklore
- Food for thought
- Fun with computers
- Healthy eating on a budget
- Herbs for everyday use
- Hobby ceramics
- How not to be a doormat
- How to read others by gestures
- Indian head massage
- Introduction to psychology
- Look good/feel good
- Matriarchal studies
- Meditation
- Money matters!
- Not just a housewife, not just a mum
- Nutrition therapy
- Pathways to self discovery
- Positive aspects to getting older
- Proggy mat
- Reading for pleasure
- Reiki
- Relaxation
- Revitalise and rebalance
- Self defence
- Sex sense for parents
- Sign language
- Silk and glass painting
- Stress busting
- Stress busting for lone parents
- Substance misuse
- Tai Chi
- Up in smoke
- Well being for women
- Who do you think you are?
- Wild women
- Women's health studies
- Understanding dreams
- What's in your stars?
- Yoga

The courses are delivered by qualified tutors, some of which are registered with the WEA (Worker's Education Authority) based in Newcastle upon Tyne, others are qualified sessional tutors. Some courses are free, whilst others may charge a fee depending on the learner's financial situation. Those on benefits only pay a small registration or administration fee or enrol for free. Often WHAC will subsidise the course costs if there is a shortfall from the learners.

Most courses are delivered from WHAC's premises and some, such as the Creative Writing Group, has been going for over 18 years. This group has received funding in the past from Newcastle University's Centre for Lifelong Learning and now is funded by Sunderland University's Centre for Lifelong Learning. They have published a number of anthologies, all of which have been funded and published by WHAC. A poem from the Creative Writing Group is presented at the front.



Several courses are delivered from other venues in an outreach capacity, such as the Tai Chi course. On the basis of WHAC's experience and expertise in self esteem and confidence building courses, the Youth Offending Team in Northumberland asked WHAC to design and develop a six week increasing self esteem, confidence building and assertiveness course for 16-17 year old girls. This was delivered from the E2E's premises in Blyth to seven young females and was very successful in improving the girls' confidence, contribution and participation.



Women enrol on the courses for many different reasons. Common reasons include wanting to: re-enter education and looking for a non formal route back in; begin to socialise and mix to rebuild self confidence and self esteem, often after an illness or long periods of isolation; or to develop personal knowledge and understanding. It is reported by staff, volunteers and participants on the education courses that they are extremely rewarding and effective. The tutor of the confidence building classes reported, “When women first come to the classes, they can’t open their mouth to even say their name and at the end of it, they create their own coat of arms and present it to the group... the change is incredible”.

The role of WHAC’s education courses in bringing people to the beginning of a ‘pathway to change’ or encouraging them along that pathway is very important. The metaphors of pathways and journeys are frequently used to describe an individual’s progress back into work, further education and training, a return to health and back into local society (interestingly the national pilot reforms to incapacity benefit are also called ‘Pathways to Work’)². People at the beginning of those pathways commonly have a series of characteristics, including:

- A lack of paid employment
- Disconnection from the labour market and little recent working experience
- Poor social connections leading to increasing social isolation
- Financial problems and worries
- Depression and/or physical ill health
- Very low self confidence and self esteem
- A very reactive, pawn-like response to circumstances, surroundings and possible opportunities
- Hopelessness
- A very demanding caring role for another person³.

Although, WHAC’s courses may be seen to be on the ‘softer’ end of the education spectrum (as opposed to the more qualification driven courses available such as literacy or numeracy), they are extremely important at engaging women in learning and encouraging them on a pathway to change. Central to this, is the ability of WHAC to establish a trusting relationship with those who use the Centre and to act as a listener and a friend (WHAC’s listening service was one of the first of the organisation’s services). The following case study that was written by a learner at WHAC, illustrates the importance of the education courses run at the Centre, but also in doing those courses at an organisation that is prepared to listen, trust and have confidence in a woman.

Talking about your problems can be the first step towards solving them

Once upon a time there was a woman who was feeling extremely depressed, tired and stressed. She did not know which way to turn. The previous years of looking after a sick husband had taken its toll. She had left her job due to her ill health which now gave her more time to look after her sick husband. This had its advantages but also the disadvantage of sometimes giving her too much time to sit and think about problems or wallow in sorrow about herself and her husband. Now this woman was told about the local Women’s Health Advice Centre where they ran courses and gave a listening ear. The woman took the phone number and filed it away having no intention of using it. Nobody would want to talk to her when she was so miserable anyway.

Weeks went past and Christmas turned to January. Well the woman felt even lower, so one Saturday morning in January she retrieved the number of WHAC from the depths of the filing box and tentatively rang it. Well of course it was Saturday morning and no one was there. But a cheerful lady’s voice was on the answering machine. Should she just put the phone down and forget it? “No, I will leave a message” she thought firmly which was quite unusual because she had not been positive for some time. Monday morning came and the cheerful lady returned her call asking her if she would like to call next day to see what courses were available. Tuesday came and the woman set off to go to this woman’s centre. But as she came to the door of the building panic came over her. She gingerly opened the squeaking door and put her head round the door. The cheerful lady was

² Wilkinson, D. 2007 Adding Value? Being Richer? Northern Rock Foundation Think series, Newcastle.

³ Ibid, 2007.



there and was helpful and friendly. The woman decided on a course called 'The Heroine Within' which sounded interesting. There was not really room on the course but the cheerful lady said one extra will be alright. She must have known the woman was clutching at straws.

After much deliberation and apprehension the woman turned up for that course and that was the very first step in the ending of the old lonely life towards new beginnings. She even went on from there. A kindly friendly lady put her name down for the Writers Group, "you will enjoy that, I know" she said. She joined the Writers Group and found very great pleasure in reading about famous poets' work and a great deal of satisfaction in expressing herself through her work. But above all through meeting, making friends and talking to women at the Centre she discovered that talking about your problems can be the first step towards solving them.

Source: Pat Porter

WHAC has recently employed an Education and Training Officer who has led the process of professionalising their education and training programme for staff, volunteers and users. This has included carrying out education and training needs assessments and creating individual learning plans for all groups, carrying out a skills audit of staff and volunteers and reviewing existing education and training processes and procedures. They have also recently carried out a survey of community training needs which looks to identify unmet learning needs and under represented women.

WHAC has developed a comprehensive Education and Training Strategy for the organisation which covers staff, volunteers and users. The Strategy includes: an annual plan, detailing education and training available through the year and new courses on offer; the availability of external venues (including accessibility information on each venue); new marketing initiatives including improved information leaflets and newsletters, the development of the website, improved use of external publicity and the creation of a training bulletin. This Strategy is coordinated by a Health and Education Working Group made up of both internal and external organisations.

WHAC is looking to strengthen their training programme for staff and volunteers through gaining accreditation with the British Association for Counselling and Psychotherapy and the NCFE. This not only improves the recognition of its training programme and provides the staff and volunteers with a qualification, but it also demonstrates to clients the quality of the service.

WHAC has also been proactive in developing its partnership working in the development and delivery of its education and training programme. For example, working in partnership to deliver courses from venues in the community and in the joint delivery of courses. WHAC has also started to develop bespoke education and training packages for specific organisations, for example, the E2E work in Blyth.

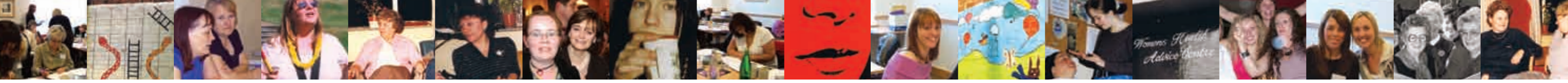
The developments in WHAC's education and training programme are creating a more sophisticated, professional and user-led (staff, volunteers and clients) system which ultimately improves the quality of service it can offer.

Health

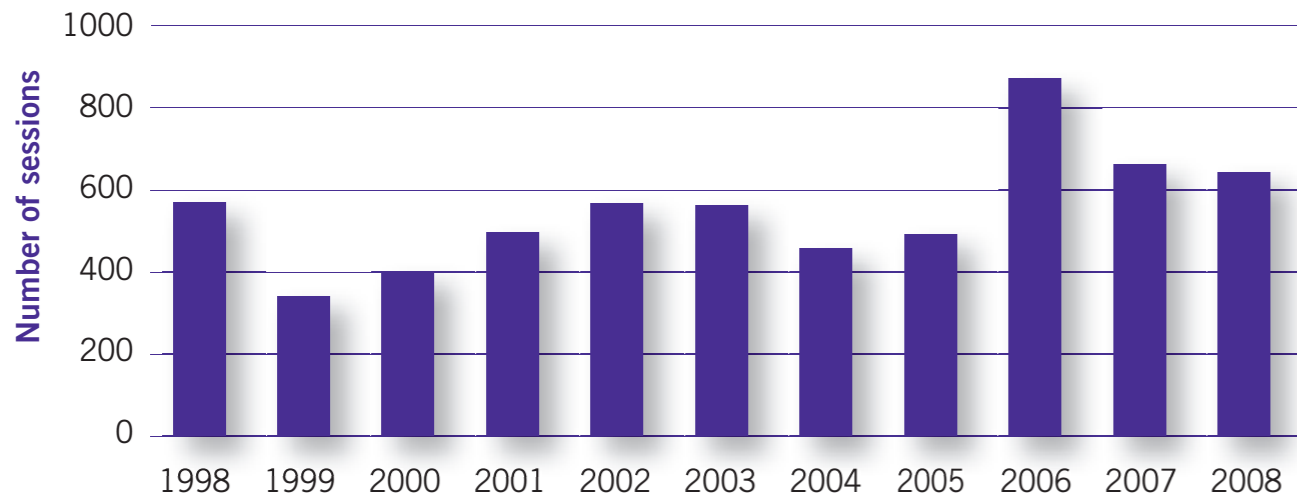
WHAC addresses the two major aspects of physical health and mental health. Mental health is covered in the section on counselling, so here we are concerned with physical health.

Since it began, WHAC has addressed a major identified weakness in women's health; that of providing information, advice and guidance. They have provided this in a non clinical setting in a comfortable and secure environment. This has been in the form of leaflets, publications, advice over the telephone and face-to-face support. In the early days of WHAC they used to run a series of health fairs across Ashington.

In 1989 WHAC produced a series of publications on common health issues experienced by women, such as the menopause, pre-menstrual tension and hysterectomy. The number of times that WHAC provides health information, advice and guidance, shown in the following graph, is evidence of the need of local women for such information and support. For example, in 2008 WHAC provided health information, advice and guidance over 600 times.



Information, advice and guidance: 1998 to 2008



In 2006, the Northumberland Care Trust recognised the trusted relationship that WHAC had with the local community and placed a Health Trainer within WHAC. Their remit is to support women (and men) who want to make lifestyle changes in areas such as healthy eating, exercise, substance misuse issues and mental and sexual health. The Health Trainer receives referrals from both existing WHAC clients or from external health and voluntary organisations.

The Health Trainer sees each client every week for four weeks, then fortnightly thereafter, spending between 30 minutes and one hour with each client. Activities include: creating a food diary and discussing it with them; accompanying them to exercise classes if they have never been before and lack a little confidence; showing them how to cook and with which ingredients. The Health Trainer said "one of my main things I do is helping them to make friends with food".

She continued "Most people know what they should and shouldn't do. It's the willingness to change that people lack. WHAC creates a supportive atmosphere and approach, in a holistic way. If you can get someone on a Tai Chi course, it hooks them on to feeling a bit better. Being miserable is a circle, you've got to get them to do something positive".

This is a good example of how the work of WHAC and in this case, the Health Trainer, starts people on a pathway of change. James Prochaska⁴, the health psychology theorist, proposed the now popular six stage model to health improvements and personal change, which are characterised as:

- Precontemplation
 - Contemplation
 - Preparation
 - Action
 - Maintenance
 - Termination.
- (These stages are expanded upon on the back page).

One of the keys to WHAC's success is how it can engage people on the precontemplation stage or near the contemplation stage of change. As Wilkinson⁵ (2007) states, 'The core of the success of organisations is their ability to draw in and build the relationships with people in often distressed personal circumstances so that they can engage in the contemplative stage at the start of a longer journey'. The Health Trainer adds another very important string to WHAC's bow, through creating other ways to engage with women.

There are important links between WHAC's other services and the work of the Health Trainer. For example, the Health Trainer commented that "women tend to come to me when they are near the end of their counselling... when they're well enough to deal with the subsidiary". In other words, their mental health issue was affecting their physical health and not vice versa. This demonstrates that mental and physical health are equally important when addressing health inequalities.

She also refers many people that she sees to WHAC's counselling service (if they have not already received the service). Most of her clients receive help and support for weight related issues and most of these disorders relate to mental health issues. The following case study illustrates these links and also shows the links between the other services at WHAC and how that leads on to individual advancement and progression.

⁴ Prochaska, J. O. and Velicer, W. F. 1997. The transtheoretical model of health behaviour change. *American Journal of Health Promotion*, 12, 38-48.

⁵ Wilkinson, D. 2007 *Adding Value? Being Richer? Northern Rock Foundation Think series*, Newcastle.



This is a case study of a young woman with severe depression and who lost her job as a library assistant due to mental health problems.

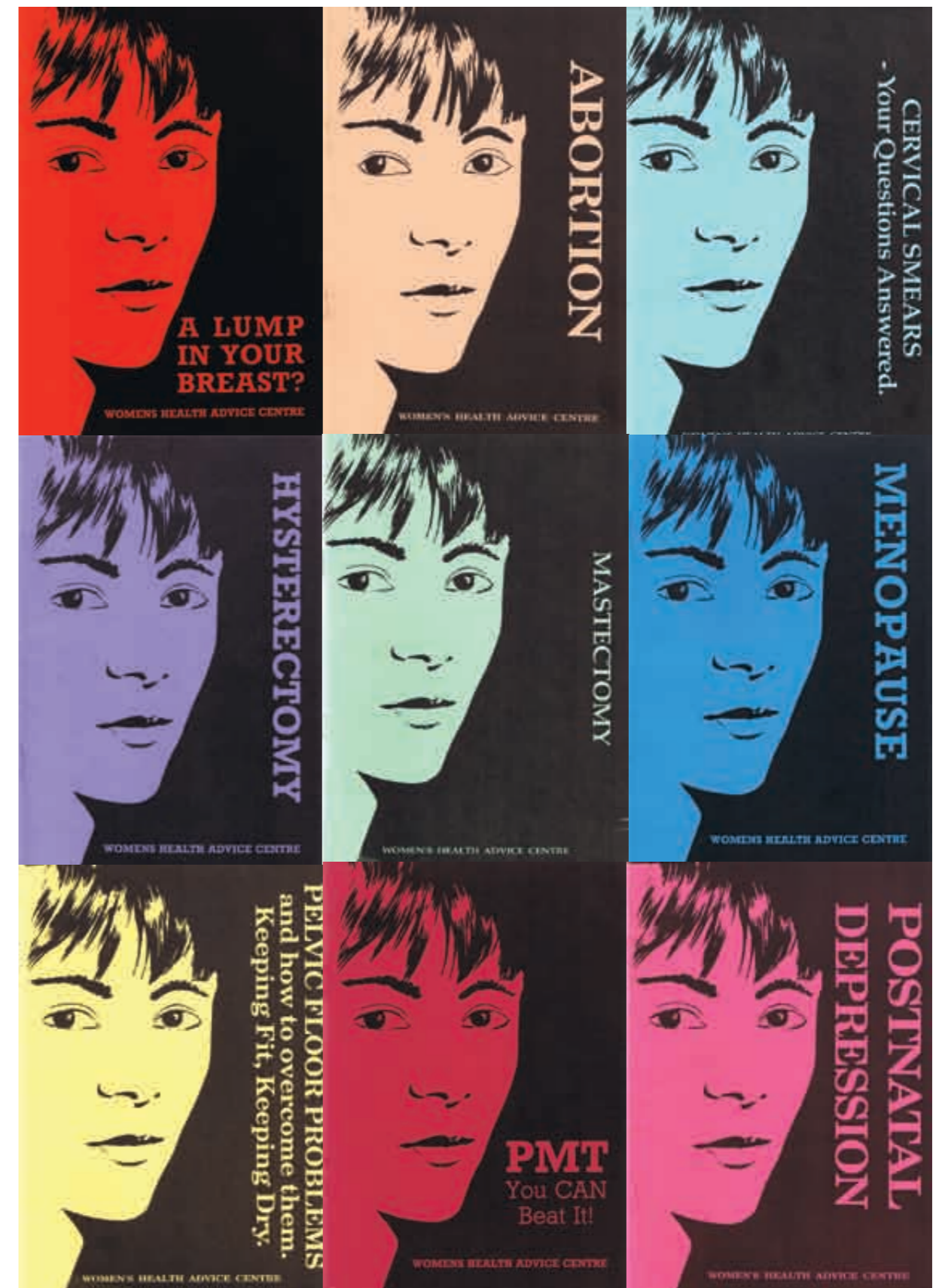
“I was referred to WHAC in 2007 by my GP. I was suffering from severe depression and post traumatic stress. I went to see the doctor about my weight... my weight was a problem because of the medication I was taking and a nurse at the practice referred me to WHAC’s Health Trainer.

She [the Health Trainer] was great, like a friend, and did loads of stuff with me. Although I was already receiving counselling from a CPN, I was struggling... it wasn’t really working out. She [the Health Trainer] said why don’t I try counselling at WHAC. Because I was still with the CPN I didn’t want to drop her and go to WHAC but around Christmas, the CPN suddenly said that she didn’t think that things were working and there was nothing more she could do for me.

I was in a state and I phoned WHAC. They immediately got me a counsellor and I started going once a week. It has been fantastic. If I wasn’t getting counselling from WHAC I don’t know what would have happened, I wouldn’t leave the house.

Why do I like WHAC? For one thing, it’s in a house, I’m usually in a right state after my counselling and at WHAC you can pull yourself together, fix yourself. When I was getting counselling at the doctors, I would come out into the waiting area and you could tell I had been crying and people were looking. It’s a safe environment too, you feel safe there and comfortable. I like the methods they use, it’s a very personal approach. I’ve done other things with WHAC too, like the relaxation course, I’ve never felt so relaxed, and the self esteem course which really helped me... they were [the group on the self esteem course] a great bunch of people. When I’m well I’d like to volunteer for WHAC, even train to be a counsellor”.

In relation to its health services, the Centre has long been recognised locally, regionally and nationally as an example of best practice. For example, in the 1999 Government White Paper, Saving Lives: Our Healthier Nation in Practice, it was the only organisation in Wansbeck to be recognised and it stated ‘WHAC is an example of good practice in the field of Health Advice’. WHAC also received the Partnership Award for Best Practice at the Wansbeck Works Celebration of Success Award 2008.





Volunteering

Much of WHAC's work is carried out by volunteers including volunteer counsellors and office staff. Volunteers are highly valued and highly supported at WHAC. They are provided with a range of training opportunities, some of which have included:

- Working with suicidal clients
- Domestic violence
- Rape trauma
- Child protection
- Working with depression
- Impact of sexual violence
- Group psychology for adult survivors of sexual abuse
- Drug awareness
- Management committee training
- Ethics and boundaries
- Working with young people
- Accessing debt advice
- British Sign Language
- Women and substance misuse
- Debt awareness
- Person centred art therapy
- Mentor training
- Manual handling

The procedures and processes for volunteers, both what they are required to do and the level of support that WHAC provides, are extremely rigorous (see section on Administration, systems and funding).

One volunteer counsellor reported "I really had to jump through hoops at WHAC, the first 12 weeks it was two hours a week training and one night a week of general volunteer training to get an idea about the organisation... and that's just the way it should be. It has a duty of care for its clients so they have a duty to suss them [prospective volunteers] out. I had three interviews after that and a full day workshop at the end. Then I had one more interview. I already finished my HNC, so I had three years experience before I saw a client... I waited for two weeks [after the final WHAC interview] before I got my first client. There's no other organisation that's like that [so rigorous]... it's hard and there's no middle ground. I am proud to say that I did my placement there".

There is also evidence of progression of both general and counselling volunteers into further education, training or employment and new careers or directions in life. One volunteer who has been involved from the beginning of WHAC stated. "I had three young kids, I knew nobody and I was feeling

isolated. I was looking for something to do, to gain confidence and I started volunteering at WHAC. I did a counselling course, then started helping with teaching small groups and support groups. Then I did a Cert Ed in adult education and started a new career and that was all thanks to WHAC".

WHAC has records of around 150 volunteers, both general and counselling, over the last 25 years who have progressed into work as a direct result of their volunteering and professional references from WHAC. This equates to between five and 10 each year. Their volunteers also gain further qualifications, particularly the counselling volunteers which graduate with a full diploma or MSc. However, other general volunteers also gain further qualifications and several volunteers have gained a foundation degree in Health and Social Care.

In the last 10 years a total of almost 100 volunteers have succeeded in gaining accredited qualifications, from City and Guilds in IT to MScs in Counselling. We can therefore conclude that volunteering at WHAC, which is often a logical progression from clients receiving counselling or participating in their education courses, leads to both jobs and qualifications. It is part of the process, which WHAC facilitates, about turning women's lives around and helping progression along the pathways of change.

Indeed, it is for these reasons that encouraging volunteering is a key objective within the Northumberland Strategic Partnership's Sustainable Community Strategy to 2021. It states:

'Encouraging volunteering... our objective is to ensure that we are motivated to get involved and, when we do, we can get started, are supported to continue, and feel we're making a difference.'

There is also the added value of WHAC's volunteers; if the counselling that volunteers provide at WHAC was costed, it would represent a value of approximately £50,000 per year.



Other services

WHAC has been involved in many other services over the years, all of which relate to reducing inequalities and supporting people. Many of these services have been project based and time limited, others however, like the support groups, are long term initiatives and are considered as a core service.

Examples of other activities include a significant piece of research into causes of premature death in women in Wansbeck for the Northumberland Care Trust's Health Promotion Department. This was commissioned as a result of WHAC's close and trusted relationship with communities in the area and local women.

WHAC also took part in the implementation of a successful mentoring project called At The Crossroads. This project supported women back to work or learning and was delivered in collaboration with the North Northumberland Women's Network and Fourth Action in 2007. This project resulted in eight women being awarded an Award for Progression (a Government recognised qualification) and 15 women went on to further learning, work or enterprise. Again this was possible due to WHAC trusted relationship with local communities.

A current project that WHAC is implementing is the Accessing Debt Advice (ADA) Service which was launched in March 2005. WHAC received funding from Wansbeck District Council's Gold Fund to implement a project in partnership with DAWN Advice (Debt Advice Within Northumberland), delivering both face-to-face and telephone based debt advice. The first client was seen in March 2005 and since then 74 women have been referred to the service. There are reports from the project and service users that the project has dramatically improved the lives of the women and their families. For example, WHAC's involvement with families has influenced decisions that have prevented evictions and stopped bailiff interventions. DAWN has developed their services to include family law advice, housing, welfare benefits and employment and all of these services are now available to WHAC's service users.

For the last eight years, WHAC has developed a programme of Support Groups, and this has been particularly valued by users of the Centre, volunteers and staff from other organisations. These support groups are facilitated by both volunteers and staff and they have been delivered from WHAC's premises and from within other organisations. A weekly Well Being Support Group has been successfully running at the Centre since January 2006 and has been accessed by approximately 60 women. Currently WHAC is facilitating a Support Group for Health Trainers as a pilot study for a year. This gives Health Trainers the opportunity to bring any difficulties or concerns they may have and to air them and also shares positive ways of working with clients. A Counsellor Support Group has also been delivered for eight years and provides an outlet for any client issues or concerns. Prior to this it was 'group led' and due to counsellor need it has developed a more formal structure, offering valuable support for counsellors working with emotive client issues.





Administration, systems and funding

Since its humble beginnings, WHAC has become a sophisticated and complex organisation and it now has corresponding systems and procedures to manage and oversee the services that it provides. It has comprehensive systems to deal with inductions and training of both staff and volunteers, it has in place databases and tracking systems and produces an annual report with regular newsletters and mailings.

To implement WHAC services and to administer the organisation they currently have the following paid staff contingent:

Manager
Volunteer Coordinator
Education and Training Officer (part time)
Health Trainer (part time)
Finance and Quality Assurance Officer
Administrator

All of the staff at WHAC are highly motivated and committed to the organisation and its service users. This was demonstrated in March 2008 when the Centre was facing closure through lack of funds. All staff (with exception of one who was moving out of the area) agreed not leave WHAC until the Centre was completely closed and all were prepared to work voluntarily until the work was done (i.e. the counselling clients all had closure and the education courses were complete).

WHAC has a small and committed board of trustees who are drawn from a cross section of professional and social life and they meet every month (the following box provides an example of a trustee's perspective on the organisation). The board provides direction and professional support and advice. WHAC holds an Annual General Meeting each year.

A Trustee's perspective

WHAC – a service of four main elements: staff, volunteers, service users and the Board of Trustees. None of these groups can be taken out of the equation and together they create synergy. WHAC is about all of these people, past, present and future.

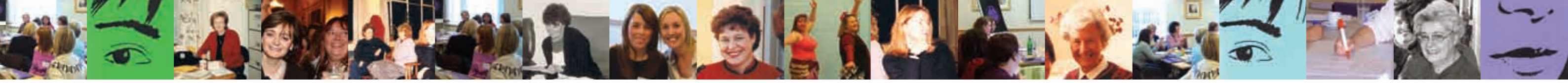
I discovered WHAC in 1990 when I saw a display about the Centre in Ashington Library. I was quite nervous when I got to the front door but a volunteer spotted me and asked me in. I had a chat with Cath (the Manager) about becoming a volunteer and was quickly put to work once Cath realised I could type. To cut a long story short, I spent 10 years volunteering and being on the Management Committee. I also did a fair bit of training during that time which helped rebuild my confidence and gave me new skills which have stood me in robust stead ever since.

I got back into paid employment directly as a result of volunteering at WHAC. The Centre was involved in helping to campaign for a Women's Refuge in the late 1980s/early 1990s, as at that time, Northumberland was the only county that did not have one. Some of the dedicated women that set up that refuge were also involved with WHAC.

Being the kind of person who is very good with numbers, I was asked to spend some time at the Refuge setting up the children's play rooms with a grant from Children In Need. After this piece of work was complete, I was fortunate enough to be recruited to a vacant post at the Refuge and ended up working there for 10 years.

I initially gave up volunteering at WHAC in 2000, but came back in 2006 onto the Board of Trustees. Whilst I saw many changes, the essence of WHAC remains the same. It was like coming home after a long period of absence.

Unfortunately we went through a very difficult period last year when we were running out of core funding and prepared ourselves for closing the Centre. This was an emotional rollercoaster for everyone, but how we stuck together and battled through! I can't thank the Working Neighbourhoods Fund enough for coming to our rescue. It would have been such a devastating loss, and some of us would probably have needed counselling – with nowhere to get it from!



WHAC has a very strong commitment to the support, care and professional development of its personnel, both paid and unpaid. They regularly hold focussed residential days where they concentrate on the analysis of a particular element of WHAC's work or where they carry out evaluations. Each staff member is also supervised by an independent professional.

In relation to monitoring and evaluation, WHAC adopted the Hanlon system in 2008, a tracking database, which is becoming a national standard to chart an individual's progress across many areas, such as health, education and employment. It enables a range of partners to share information on an individual and provide interventions at key times in their life, for example, organisations can see who referred somebody, when and why, if they went on a course, if they require further skills, etc. Importantly, it allows organisations the ability to easily measure outcomes, such as jobs or qualifications.

Although the system has not been in place for very long, WHAC is already seeing some positive impacts. For example, reports can already be produced that show the impact of their counselling based on Warwick-Edinburgh scores at initial assessment and after six weeks (see graph in the section on Counselling). WHAC also undertakes regular and detailed evaluations of its counselling and education services with volunteers and users, in particular to identify strengths and weaknesses, maintain good working practices and help plan new services.

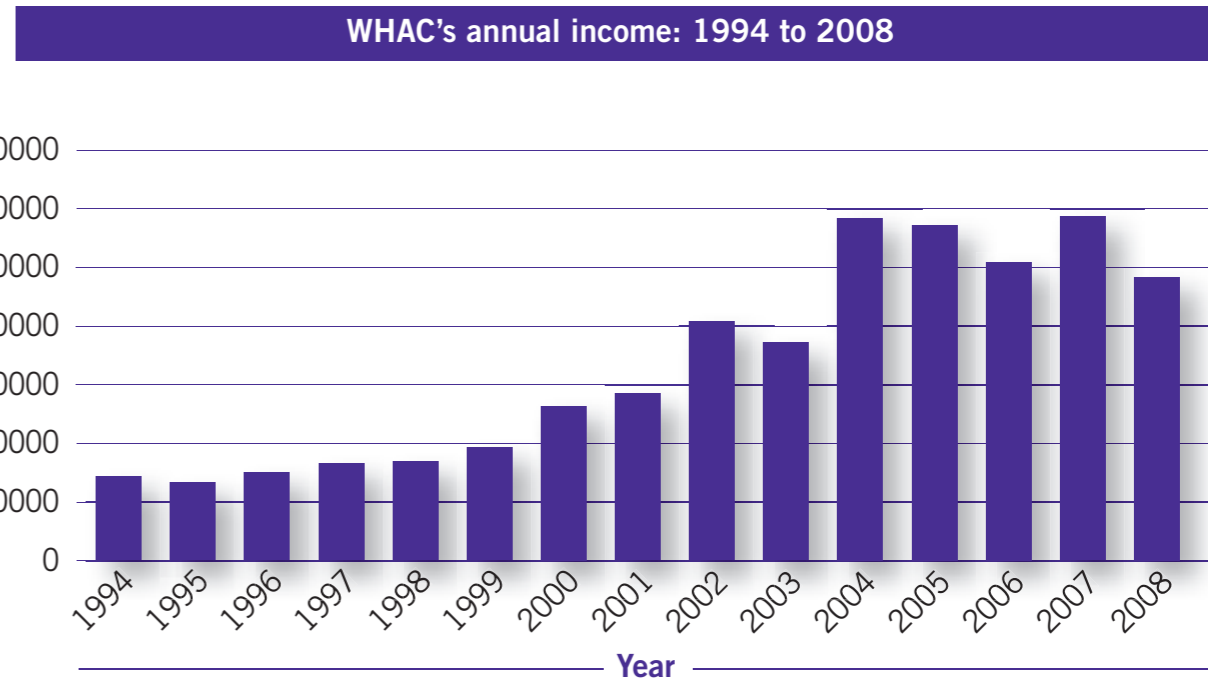
The Centre also carries out regular consultations with users and referrers to ensure their needs are being met, in efforts to offer a more holistic service, to identify gaps in provision and to involve the local community in development of the organisation. The regular reviews, consultation and monitoring and evaluation demonstrate a commitment to its service users, volunteers and referring agencies and ultimately to developing good practice.

WHAC's policy and procedures are recognised as being extremely comprehensive. This is illustrated by a senior psychologist at the Northern Guild for Psychotherapy who currently has two counselling students on placement. She stated "it's good enough for us to put people in placement... to be sure of the safety of students and counsees [sic]". This psychologist continues: "I love WHAC because of it's commitment to good practice, nobody relaxes, its policy and procedures are very tight. It is collaborative, transparent and there's no egos involved... it's like that from top to bottom".

This good practice is also reported to strengthen the wider voluntary sector in South East Northumberland. For example, the Chief Executive of the Northumberland Council for Voluntary Services stated "The skills and expertise that WHAC brings is invaluable to the [Voluntary] sector and in contributing to the wide voluntary community".

In relation to funding, this has always been a problematic area for the organisation and it has nearly been forced to close on a number of occasions due to insufficient funds. This most recently happening in March 2008.

As you can see from the following graph, WHAC's yearly running costs have increased markedly from 2004 and are now in the region of £120,000. This reflects the growth of the organisation, its complexity and the number of services that it now provides.





There have been many funders of WHAC in the past, including⁶:

- Ashington Widening Adult Participation
- Community Learning Trust
- Health Promotion Locality Community Chest
- Newbiggin Learning Initiative
- Northern Rock Foundation
- Northumberland Care Trust
- Northumberland Coalfields Regeneration Trust
- Northumberland County Council
- Northumberland Health Action Zone
- Northumberland Learning Skills Council
- Wansbeck and Morpeth Primary Health Care Group
- Tyne and Wear Foundation
- Wansbeck Council for Voluntary Services
- Wansbeck District Council
- Wansbeck Initiative
- Willan Trust

WHAC has enjoyed a long term and supportive relationship with the Northumberland Care Trust (NCT). They have received between £16,000 and £19,000 a year since 2000 from the Trust, which is a year by year funding relationship. To illustrate counselling costs, each counselling session costs WHAC approximately £80. They deliver around 1200 sessions each year which equates to £96,000. As you can see, the money from the NCT only pays for a proportion of total costs.

The NCT has also commissioned WHAC to undertake research with women about their health problems and needs and also has regularly funded small activities through their previous Community Chest.

Outcomes

In this section, we look at the things WHAC does well and the impacts it has on local communities. We must also look at how it helps other organisations achieve their objectives, particularly in reducing the inequalities we find in South East Northumberland.

Helping people out of poverty

WHAC directly provides services to the people of Wansbeck and Ashington that helps them in their struggles out of deprivation. Firstly through addressing their physical and mental health needs. They do this by providing counselling, information, advice and one-to-one support. Many women who come to WHAC for health issues are often referred for physical reasons, commonly for weight related health issues. However, these physical health symptoms often mask underlying mental health issues. Many others however come directly to WHAC for the counselling they provide.

One of the central priorities of the Government's White Paper Choosing Health is improving mental health, because it states, mental wellbeing is crucial to good physical health and making healthy choices; because stress is the commonest reported cause of sickness absence and a major cause of incapacity; and because mental ill health can lead to suicide.

From WHAC's records and testimonies from service users, we can estimate that WHAC supports around 20 women each year back into work after being on sick leave. We also estimate in a similar way that WHAC keeps over 70 women each year in work by addressing their mental health problems.

There is also evidence from testimonies of clients and WHAC's records that WHAC has saved many women's lives; in the last eight years, there have been a total of 500 women who have reported to have been suicidal. Although it is recognised that not all 500 would have taken their own life, a number would have and based on interviews with clients, the fact that they have not, has been attributable to WHAC.



Secondly, WHAC is an important source of volunteering which helps people out of worklessness and unrewarding careers. It does this in two ways, by:

- Giving women who have been service users of WHAC as a result of ill physical or mental health an opportunity to gain confidence and work experience in a familiar and supportive environment. This enables women who have previously been out of work due to ill health, isolation or a lack of self confidence and esteem, to start back into work.
- Providing women with an opportunity to change careers, from either low skilled or unsatisfying jobs, to a fulfilling counselling career.

Volunteering results in between five and 10 women each year securing employment for the first time after a long period of absence or into a new career.

They are able to provide such a service to local women because they are trusted, professionally competent and effective at what they do. They provide a consistent service in a welcoming and safe environment.

Indeed WHAC's ability at helping people out of poverty has been recognised over the years by both statutory and charitable sectors, demonstrated by their significant financial investment.

Accessing the hard to reach

WHAC provides services to women who would otherwise not receive provision or support from statutory services. One senior health care manager with the Northumberland Care Trust stated "it caters for women who wouldn't have approached routine health services". This was also noted upon by a senior psychologist who added that due to WHAC's "commitment to local women, it appeals to working class women".

This is borne out by the interviews with the clients of WHAC, with some women saying that they would never have considered counselling with the NHS and others reporting that they did try the NHS counselling provided through their GP, but they did not like the approach, so they dropped out, with their mental health issues remaining unresolved with all the potential knock on effects of increased medication, isolation and worklessness.

Providing services to many people who would not normally access provision is also linked to a reported ignorance on the part of other service providers about how to deal with people with mental health issues. It is another testimony to WHAC that firstly, they know how to deal with people with mental health and well being issues and secondly, that women access services at WHAC (where many would remain unprovided for).

Northumberland Council for Voluntary Services also recognise that WHAC engages with the hardest to reach. Their Chief Executive stated "many professionals do not appreciate the value of WHAC in engaging with the hard to reach".

Helping agencies hit their targets

The statutory agencies, such as local authorities, health services and strategic partnerships (e.g. the Wansbeck Initiative) have much to gain from the relationship between themselves and WHAC. In other words, by improving people's health (and their longevity) and helping people into work and off benefits, it fulfils many local, regional and national targets, such as delivering welfare to work and reducing local and national health disparities.

For example, the current Northumberland Strategic Partnership's Sustainable Community Strategy states:

'Our fundamental priority must be to narrow the gap between the 'haves' and 'have nots'. We need to concentrate our attention on making our most deprived communities more prosperous... Key to this will be our ability to tackle worklessness and grow enterprising activity.'

Our objective is to remove barriers to economic activity by providing individuals with comprehensive support... We will continue to apply a personalised support approach to long-term unemployed and workless individuals living in our most deprived communities that seeks to identify and remove specific barriers to their accessing learning and work'.

Simply put, WHAC delivers on achieving these objectives.



Another example of how WHAC impacts on partner agencies' objectives and targets is their relationship with the local health authorities. WHAC directly contributes to the Regional Health Care Trusts' efforts to decentralise and commission locally, thereby having the most impact on people's lives and reducing local and regional health inequalities. For many years, the Northumberland Care Trust has indeed recognised the efficiencies and effectiveness of WHAC's approach and has funded WHAC to deliver counselling and health advice for many years.

The Northumberland Care Trust also demonstrates this relationship by locating a Health Trainer a post which it funds at WHAC. The broad objectives of their Health Trainer Programme is to address the wider determinants of health and in order for them to do this, their Trainers must be located within organisations which are well used and trusted by local communities, which WHAC clearly is.

WHAC has significant impacts on the services that local medical practices are able to offer their patients. Indeed, GPs in South East Northumberland are one of the main referrers to WHAC and one GP practice in Choppington illustrated the views of many by stating 'WHAC is a very valuable resource for us'.

WHAC is a very important resource to both the Community Psychiatric Services for Northumberland and Tyne and Wear NHS Trust and for Public Mental Health for the Northumberland Care Trust. These latter two organisations view WHAC as both a referral point and a referrer. For example, GPs will refer people to Community Psychiatric Nurses who may see patients then for a standard six week period. After this period, CPNs may refer the patients to WHAC if either longer term work is required, or patients seek an alternative form (method) of counselling.

CPNs may be effective for many people but it is clear that for at least 150 people each year, they prefer having their mental health needs met by WHAC. This means that the Northumberland and Tyne and Wear NHS Trust and the Northumberland Care Trust are able to report that an additional 150 people's mental health needs are met, that otherwise would remain unmet with all the associated negative impacts that has on society and local economy. This is recognised by the lead on public mental health in Northumberland who stated "I think they provide a service which is more appropriate to women than primary core based services".

There is ample evidence to suggest that if core funding for WHAC was secured, then the numbers of those counselled could be increased to around 200 a year. If WHAC counselling service costs around £96,000 a year to implement and administer, then that represents a cost of approximately £500 per person receiving the service. This can be weighed against the costs of mental health to society (including to partners, children's outcomes, bereavement through suicide, friends and neighbours) and the economy (loss of earnings through sick leave, inability to work increasing costs on benefits, increase in medication and medical costs).

WHAC also provides an important referral route for Family Support Workers who work for the area's Children's Centres. Those workers provide a holistic package of support to families under pressure or struggling with a range of issues, many of which relate to low self esteem and Post Natal Depression. The Wansbeck Locality Manager stated "If WHAC wasn't there we would refer to adult mental health services and they'd have to wait months to be seen... at WHAC we know that they will be seen quickly".

There are also striking similarities in the objectives of Skilled for Health, which is a joint Government initiative from the Department of Health and Innovation, Universities and Skills, and the provision offered by WHAC. The Skilled for Health programme is the national strategy for integrating health and learning skills and sets out to simultaneously address the low skills and the health inequalities which are prevalent within disadvantaged communities. Many of the objectives of the Pathways to Work initiative (a Department for Work and Pensions' programme) are also similar to those of WHAC. Pathways to Work talks of Condition Management, which aims to educate, support and advise people on how to manage their ill health. Much of WHAC's work can be classified as Condition Management.

There are also impacts on other partner agencies. For example, the Workers Education Association (WEA) report that WHAC is important to them as it enables them to reach learners (particularly vulnerable learners) in Northumberland in a well used venue and helps them take learning into the community. They report that the advantage of WHAC is that they attract large numbers of learners, which WEA would struggle to find elsewhere. WEA use the example of running courses at Lynemouth Resource Centre where they used a Sure Start crèche and advertised the course well; only a few people enrolled. They also run courses throughout Northumberland but their



numbers are mostly low. This is in contrast to the courses run at WHAC, which are always well attended. In short, WEA objectives of 'education for all and providing people with the opportunity to better themselves' are achieved in Northumberland in partnership with WHAC.

WHAC is able to contribute to the objectives of other organisations and partnerships through being part of strategic groups and forums and this is something they have done for many years. Groups which WHAC is and has been part of include:

- Newbiggin Learning Initiative
- Northumberland Mental Health Promotion Group
- Northumberland Voluntary and Community Sector Consortium
- South East Northumberland Domestic Violence Forum
- South East Northumberland Health Improvement Group
- Community Voice
- Vision (Mental Health Group)
- Wansbeck Mental Health Networking Working Group
- Wansbeck Voluntary and Community Sector Network
- West Ashington Community Partnership
- Worklessness Group

Problems

The main problem experienced by WHAC is one of funding. WHAC is a charity and therefore relies upon funding from other people and organisations. It is a testimony to the success and tenacity of those involved with WHAC that they have survived, finding money from a range of sources, for 25 years. Indeed, there are several times over the years when the Centre was winding down in preparation for closure.

Whilst they have been successful over the years in gaining funding in the form of commissions from statutory agencies and grants from the charitable sector, they continue to be beset by problems of securing the next year's funds.

WHAC's funding problems directly impacts on their clients. For many years, WHAC has received funds from organisations and initiatives within Wansbeck which has meant that its service is provided for the people of Wansbeck. There has always been some flexibility in these arrangements but at one time, over a quarter of its counselling clients were being referred from medical services (e.g. GPs and nurses) from the Blyth Valley area. It was necessary for WHAC to only accept referral from Wansbeck due to funding requirements and caseload (i.e. they did not have the capacity to deal with Wansbeck and Blyth Valley clients). However, this does demonstrate a need across South East Northumberland for WHAC's services. One service user who worked in north Northumberland but now lives in Ashington said this about the need for outreach counselling services, "it would be good to get outreach into the country. Sometimes there's more deprivation in the country than in conurbations... people are very isolated and there's a hardness about people in the country".

Whilst there are funding uncertainties, it is difficult for WHAC to adequately plan, develop and advertise its services. It has a major impact on how many volunteer counsellors it can take on and also how many people they can accept onto counselling. This is a result of both the length of time someone takes to train as a counsellor (and the duration of their qualification) and the length of an individual counselling course (minimum six weeks but up to one year or more). The Manager illustrates this by saying "principally our commitment is to the client... we don't want to let them down". This has a similar impact on the number of general volunteers they take on as their training at WHAC lasts for at least three months. This also puts great pressure



and stress upon WHAC's Manager who is ultimately responsible for securing funding and ensuring the organisation's survival.

Funding has an impact on the services that can be offered from WHAC. For example, the WEA reported that they have reduced the number of courses that they offer from WHAC as a result of the funding uncertainties, which makes it difficult to plan their education programme.

Funding security also has an impact on the Health Trainer's caseload. In early 2008, when WHAC was preparing for closure, the number of referrals which came from WHAC's existing clients (through education, counselling or other contact), dropped to almost zero, as people were using the Centre less and less. Referrals at that time were only received from external organisations (and mostly from Ashmore House, a mental health centre). When funding was secured for another year, then referrals from WHAC increased and now form most of the caseload.

The evidence that WHAC provides a key and valued service to both service users and statutory agencies is overwhelming. They are located in a significant area of deprivation in Northumberland and address all the major weaknesses of: health, employment and education.

What WHAC requires is a secure funding base with which to develop and grow and expand into other areas within their field of expertise (women's health and employability).

Because WHAC fulfils a number of outcomes for a series of statutory agencies (predominantly Northumberland County Council, the Northumberland Strategic Partnership, the Northumberland Care Trust and the Northumberland Mental Health Care Trust) and contributes significantly to reducing local health, employment and education inequalities, it needs to be commissioned through a shared approach, i.e. all those agencies need to contribute to funding WHAC's core costs.

By sharing the funding, economies of scale will be achieved and those funding agencies will receive considerable returns (in relation to achieving their objectives and outcomes) for relatively small funding amounts. Other agencies with similar objectives, for example the Job Centre Plus and the Learning and Skills Council, would increase the economy of scale and spread the benefits even further.

We can illustrate the benefits of WHAC in two ways. Firstly, by demonstrating, as we have done in this review, the direct impacts of WHAC to its service users and to reducing inequalities in South East Northumberland. Secondly, and possibly more importantly, through agencies such as the council, health authority and strategic partnerships, asking themselves what would it mean to their services if WHAC was not there; what would this mean for their constituents and their local communities. Certainly, this review has found evidence from service users, if WHAC was not there then there would have been many more suicides and other severe impacts on people's lives.

A secure funding base would also allow it (either through capital investment or pursuing other funding) to realise its ambitions of physical expansion. WHAC has long recognised its need to grow into bigger premises and very recently (2004) commissioned an architect to carry out a feasibility study and to draw up plans. This physical development would increase capacity (for example, it lacks the space for group therapy work and many holistic therapies, it has inadequate office space and it is not suitable for people with certain physical disabilities). It should be noted that the proposals were to expand the existing premises and still retain their 'terraced house' form (albeit larger).

If an appropriate funding arrangement is not put in place, then there is a very real risk that at some point in the future WHAC will be forced to close. This eventuality is reflected upon by a Senior Health Care Manager at the Northumberland Care Trust "If they did go down, they'd be a huge loss to the community".



Conclusion

A major review⁷ of the Northern Rock Foundation's Money and Jobs Programme (whose purpose was to help disadvantaged people and communities to increase their assets, income and economic activity) identified the importance of 'pathways' to personal change and employment. The link between people's levels of self-worth, esteem and management, their engagement with social networks and sympathetic and non-judgemental assistance were identified as being intrinsic to these pathways. These pathways are exactly what WHAC provides: improving and increasing people's self confidence and esteem; reducing people's isolation; and bringing them back into social and economic settings. They do this via providing appropriate and accessible support.

The review identified that organisations such as WHAC were critical to the process of engaging with those hard to reach, getting them onto a pathway to change and eventually into productive social and economic life. In the review, it comments on the critical qualities of organisations that start people on the pathways to work and self improvement. It could be talking about WHAC when it states:

'They are clearly dealing with the unmet needs and hidden potential and aspirations of people, many of whom are unlikely to be known to the statutory agencies. Further, as these projects have become established and the quality of their work known, statutory and other agencies will refer some of their own clients to them where they have needs they find difficult to meet'.

It also says that reforms to Incapacity Benefit and the apparent success of the Job Centre Plus 'Pathways to Employment' pilots point to the need for more innovative and client-centred ways of engaging with the public, which is again something that WHAC provides.

⁷ Wilkinson, D. 2007 *Adding Value? Being Richer? Northern Rock Foundation Think series*, Newcastle.

This review has found an organisation that is firstly committed to its client group, secondly resilient and tenacious, thirdly viewed with a high degree of trust and respect and fourthly effective in bringing people back into productive life, both economically and socially.

Their only real threat is one of funding and this is a critical threat. The statutory authorities in Northumberland need to look seriously at co-financing WHAC's core costs to allow it to provide a secure and sustainable service and allow it to plan. This would also allow it to pursue project related funding, which charitable donors like the Northern Rock Foundation are keen to do, but who refuse to provide core funds.

And finally we would like to end the review with two quotes, one from the current Manager and one from the first ever Manager of WHAC.

"Our skill is being here... we have maintained our ethos and we have never compromised... we are here to help improve the health and well being of women and their families". [Current Manager]

"It is one of the things I am most proud about in my life... being part of creating it. It is a fantastic tribute to the women who run it". [First Manager]





Glossary

Name	Description
Statutory agencies	These are organisations such as the council, Police and the health authority which are in place by law and who must provide a service according to statute. They are laid down by central Government, from who they receive most of their funding.
Economies of scale	This means achieving the most from the least sums invested. This relates to both the size of operations (e.g. by increasing the size of a business, it decreases the unit costs) and cost sharing (organisations contribute relatively little but receive high returns).
Service user	Someone who uses a service, e.g. provided by WHAC.
Service provider	An organisation, e.g. WHAC, that provides a service, e.g. counselling.
Northumberland Care Trust (NCT)	This is Northumberland's equivalent of the Primary Care Trusts in other areas and is responsible for public health, GPs and social care (also including adult social care).
Northumberland Health Care Trust	Responsible for all secondary health care and hospitals and includes Wansbeck, Hexham, Blyth and Alnwick hospitals.

Name	Description
Health inequalities*	<p>Broadly speaking, there are three types of inequality in health:</p> <ul style="list-style-type: none"> • Inequality in access to health care (for example, refugees in London often have difficulty in obtaining primary health care) • Inequalities in health/health outcomes (for example, there are six years' difference in average life expectancy at birth between the boroughs in London) • Inequalities in the determinants of health (for example, in education, employment or housing).
Wider determinants of health*	While health and social services make a contribution to health, most of the key determinants of health lie outside the direct influence of health and social care, for example, education, employment, housing, and environment.
Service Level Agreement	A contract outlining the responsibilities of each organisation, one being the purchaser of a service, the other being the provider of the service.



Prochaska's six stage model

Precontemplation

People at this stage deny that there is a problem or that they have one. Those around them can see the problem clearly, but they are more likely to see problems and blame lying with other people and/or purely the result of external/unfortunate circumstances.

Contemplation

Here people start to acknowledge that they have a problem or issue they need to deal with and start to think about resolving it. However, feeling stuck, having little confidence, not knowing what can be done, and not feeling ready to try out new behaviours or activities, are usually present at the same time. Chronic contemplators substitute thought and worry for action. This stage can last a long time.

Preparation

This is the active planning stage, probably only lasting a month or two. Success though seems to be more likely where people prepare the ground with thorough planning rather than rushing to action.

Action

This is the stage where people overtly modify, change or add behaviours, engage in new activities and change their surroundings. "They stop smoking cigarettes, remove all desserts from the house, pour the last beer down the drain, or confront their fears." In short, they make the move(s) for which they have been preparing.

Maintenance

This is about developing strategies and thought patterns that consolidate the new actions and build on them. This stage can last for as little as six months or as long as a lifetime. The corollary is that promises of 'easy' change of the 'and in one step Jack was free' variety, rarely work. The maintenance effort itself only works, it seems, if the earlier steps have been undertaken.

Termination

The termination stage is the ultimate goal: where the adopted behaviours and patterns of thought become fully absorbed and habitual and there is low risk of relapse.

Source: Taken from Wilkinson, D. 2007 Adding Value? Being Richer? Northern Rock Foundation Think series, Newcastle.



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