

# MANCHESTER ACTION ON STREET HEALTH

## Independent Evaluation of the Impact of Services 2023 - 2025

Sarah Tayleur & CK Kpiaye



# MASH EVALUATION REPORT 2023-2025

## Acknowledgements

A huge thank you to all the MASH staff who supported this evaluation—showing us around services, sharing your insights, and helping to facilitate conversations with service users. We are especially grateful to all the women using MASH's services who took the time to share their experiences and feedback. Your voices are at the heart of this project, and we truly appreciate your honesty and generosity.

A big thanks also to Sue's Space for collaborating with us on this project. Your time and effort made this work possible.

## About the Authors

This evaluation was led by a dedicated project team with extensive experience in research, evaluation, and frontline service delivery for women experiencing multiple disadvantages, including those involved in sex work.

**CK Kpiaye** brings over 11 years of experience in the homelessness sector complemented by their own lived experience of substance use, rough sleeping, and the criminal justice system. CK began their career at St Mungo's, supporting women exiting sex work and managing low-support housing services. Their passion lies in ensuring that women's voices are heard and their experiences are central to service delivery, making them uniquely positioned to deliver evaluations that are both empathetic and effective.

**Sarah Tayleur** specialises in research and evaluation for non-profit organisations, with a focus on people experiencing multiple disadvantages, including women involved in sex work. Holding an MSc in Health and Social Care Management (Distinction), Sarah focussed her academic research on the barriers women involved in street-based sex work face to accessing sexual health services. Sarah's work supports non-profits in enhancing their services, influencing funding outcomes, and ensuring long-term sustainability through robust evaluations and actionable insights.

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## EXECUTIVE SUMMARY

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### 1. Introduction

This executive summary presents the findings of an independent evaluation conducted to assess the impact of Manchester Action on Street Health (MASH) services for women involved in sex work across Greater Manchester. The evaluation, carried out between November 2024 and January 2025, examined how effectively MASH delivers on its core mission: helping women remain safe, healthy, and empowered. The evaluation employed a comprehensive, mixed-methods approach, combining qualitative and quantitative data, including surveys, interviews, focus groups, and activity data analysis. Conducted by independent researchers CK Kpiaye and Sarah Tayleur in collaboration with Sue's Space, a lived-experience advisory panel, the evaluation ensured the voices and experiences of women accessing services were central.

*"As soon as you come in, it's familiar. They make you feel safe, like you belong again."*

### 2. Key Findings

The evaluation highlights the important role MASH plays in the lives of many of the women it supports. Some of the

most notable findings of the evaluation are presented below.

#### Demographic data

The evaluation identified significant gaps in demographic data, limiting a comprehensive analysis of service reach and effectiveness among diverse groups. However, available data highlighted some disparities, particularly underrepresentation of Asian and Eastern European women. Staff acknowledged these gaps and the need for targeted outreach and increased cultural competency to ensure that all women can benefit equally from MASH's services.

Despite these gaps, the evaluation found that MASH successfully created an inclusive environment for trans women and women with disabilities. Trans women accessing MASH services expressed feeling welcomed and affirmed, which is critical given the limited availability of trans-inclusive support services. Disabled women similarly praised MASH for the flexibility and adjustments made to ensure accessibility and inclusivity.

*"Everything is excellent here. Not many places are trans-inclusive and trans-friendly, but this is the best place."*

*"MASH makes sure women feel included."*

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## Health

MASH supports women's health by addressing their immediate and longer-term needs. The evaluation identified substantial health improvements, with 86% of women in 2024 reporting better health due to MASH's services. Essential health interventions include STI prevention and treatment, mental health assistance, drug and alcohol harm reduction, and the provision of basic needs such as food, clothing, and hygiene facilities.

Women consistently emphasised the importance of compassionate, non-judgemental healthcare. Women also highlighted the vital role MASH played in addressing mental health challenges and substance use, often facilitating their first contact with external healthcare services.

*"If it wasn't for MASH's partnerships with GP services and their way of working I never would have gone to the doctors."*

*"Seeing the nurse helped me with my STDs... She supported and encouraged me to go to the hospital and get blood tests."*

*"They are brilliant, they help you out in every way. They give clothing, food. They are like a second family."*

*"Now I have come off heroin through MASH."*

## Wellbeing

Women described MASH as a source of emotional stability, friendship, and community, with 90% reporting improved wellbeing as a result of MASH support.

The consistent, compassionate care from MASH fosters resilience, boosts self-esteem, and reduces isolation. Many women who previously felt excluded or overlooked by other services deeply valued the emotional validation and empathy provided by MASH.

Women also highlighted MASH's role in reducing stress, increasing their coping skills, and enhancing their sense of identity and self-worth. The organisation is instrumental in rebuilding trust and relationships, creating an environment where women feel genuinely heard and understood.

*"Helped me look at myself and have really tried to help me love myself. More confidence."*

*"I'm really proud of myself. I really am."*

*"When my son saw me with my weight back on looking like his Mum again, he was overwhelmed. He looked so happy when he seen me and proud of how well I looked."*

*"I was suicidal, emotional, broken, and depressed, and coming here was the best thing."*

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## Safety

MASH significantly enhances the safety of women involved in sex work. The outreach van is particularly crucial, offering both physical protection and emotional reassurance. Women repeatedly described the van as essential.

*“If I’m feeling down, in a bad place, when you see the van it’s like a light. It’s like being at sea and seeing a lighthouse.”*

Between April 2023 and September 2024, MASH distributed 136 personal safety alarms and recorded 139 dodgy punter incidents, demonstrating proactive harm reduction efforts. Women expressed feeling secure and supported due to practical resources and emotional support, highlighting MASH's role in providing physical and psychological safety.

*“Always know that someone is gonna be there for you...They offer a sense of security.”*

*“Without MASH I wouldn’t be here today, they have helped me a lot. I had nothing, I was sleeping on the road and they helped me find somewhere to live. I worked with the outreach van first, they helped me find the accommodation.”*

## Achieving Goals

MASH effectively supports women in identifying and achieving their personal goals, ranging from securing stable housing and improving financial independence to reconnecting with family and accessing education or training opportunities. Of surveyed women, 82% indicated that MASH helped them identify and achieve their priorities and goals.

Women described feeling empowered and motivated by the structured yet flexible guidance provided, whether this involved practical life skills, financial management, or personal growth.

*“A woman knows that we genuinely care because we do, you know, and I think that comes across, and it makes all the difference in the world sometimes.”*

*“[case worker] has helped me with money like getting PIP back pay. I’ve bought a brand new sofa, I’ve had carpets fitted.*

*It felt amazing to go out, buy furniture and pay for it. I can’t even explain it. I was so proud. Walking out with the receipt. I was so excited. I absolutely love it.”*

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## Service Delivery

The evaluation strongly emphasised that how MASH delivers services is as impactful as the services themselves. Women highly valued MASH's consistency, kindness, flexibility, and the genuine care of staff.

Women repeatedly praised MASH for creating a non-judgemental, welcoming, and trusting environment where they could engage comfortably, leading to deeper and more sustained impacts.

Women particularly appreciated the flexible, person-centred approach, emphasising that this adaptability allowed them to access support at their own pace and according to their individual circumstances and readiness.

*"They are there to help. They understand what I am going through. They understand what I need."*

*"Mash know and remember me and always remember the last thing I spoke about, even if it has been months and months. This means a lot to me and makes a difference to my feelings."*

## 3. Recommendations

Based on the evaluation, the following recommendations were identified:

1. **Review and simplify the Theory of Change:** Engage with Sue's Space to streamline and clarify the existing framework.
2. **Improve demographic data collection:** Address significant data gaps to improve understanding of service reach and effectiveness.
3. **Cultural competency:** Offer structured training to ensure services are inclusive and culturally sensitive.
4. **Promote service accessibility:** Further reduce barriers for marginalised groups, enhancing visibility and targeted engagement.

## Conclusion

MASH is an essential service for women involved in sex work, providing safety, health support, wellbeing resources, and pathways to independence. By continuing its trauma-informed, person-centred approach, MASH can further its impact and ensure that all women receive the support they need to build safer, healthier lives.

*"I love MASH. Like I say, MASH saved my life. They save many women's lives, actually. They're still doing it now."*

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## INTRODUCTION

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### 1. Introducing Manchester Action on Street Health

Manchester Action on Street Health (MASH) began almost 30 years ago as a street outreach van responding to the HIV/AIDS epidemic. Since then, MASH has remained steadfast in its mission to support women involved in sex work across Greater Manchester to stay safe, healthy, and feel empowered to take control of their lives. Over the decades, the nature of sex work, the broader social context, and the types of support required have evolved significantly. Yet, MASH's commitment to serving some of the city region's most marginalised women has remained unwavering.

The women MASH supports often fall through the cracks of mainstream services, facing systemic barriers, stigma, and discrimination that exacerbate their vulnerability. These women are disproportionately impacted by social and health inequalities, and this has only been amplified by challenges such as the Covid-19 pandemic and the ongoing cost-of-living crisis.

MASH's approach is rooted in choice, empowerment, and meeting women where they are. By offering a range of non-judgemental, confidential, and trauma-informed advice and support services, MASH focuses on addressing the real, material

conditions of women's lives. The organisation works alongside women to create meaningful, personalised change.

MASH operates at the intersection of many complex issues—different forms of sex work, homelessness, mental health, substance use, criminal justice, asylum and immigration, domestic and sexual abuse, exploitation, and poverty. By adopting a holistic approach and working in partnership with other organisations, MASH addresses the root causes of the challenges faced by service users. The organisation also strives to amplify the voices of women, ensuring their experiences and perspectives drive change.

### 2. The Purpose of this Evaluation Report

To ensure MASH's services continue to meet the needs of the women it supports, an independent evaluation has been conducted. The evaluation took place between November 2024 to January 2025, using data from April 2023 to January 2025. The evaluation seeks to determine whether MASH is achieving its stated outcomes and delivering effective service provision.

The evaluation aims to:

- Assess the impact of MASH's support on service users' safety, health, wellbeing, and ability to identify and achieve their goals.
- Explore how the intersectional identities of service users (e.g., care leavers, individuals from the global majority, those with disabilities) influence the outcomes of MASH's services.

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- Identify ways to enhance MASH's service delivery based on insights from the evaluation.
- Demonstrate the impact of MASH's work to potential commissioners and funders.
- Share findings to enable other agencies and policymakers to better support women who engage in sex work.

This report presents the findings from the evaluation, carried out by independent researchers CK Kpiaye and Sarah Tayleur, with the collaboration and support of Sue's Space. These findings aim to provide a comprehensive understanding of MASH's impact and inform the organisation's continued efforts to support women effectively.

## METHODOLOGY

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This evaluation employed a comprehensive, mixed-methods approach that integrates quantitative and qualitative methodologies to assess the impact of MASH's core services. The approach is designed to align closely with MASH's Theory of Change, ensuring that the evaluation measures the organisation's intended outcomes and impact while remaining grounded in the lived experiences of service users.

A central feature of our methodology is the collaboration with MASH's Lived Experience Advisory Panel, "Sue's Space." This partnership informed all stages of the evaluation process, from fieldwork to data analysis and the creation of the final report. Involving Sue's Space ensured that the evaluation remained

ethical, relevant, and sensitive to the needs of the women MASH serves.

Our methodology focussed on centring the voices of women using MASH's services, as they are best placed to describe the impact of the support they received. It combined data collected by MASH with additional research conducted by our team. In this additional research, we aimed to amplify the voices of women who are less often heard and ensure the evaluation was as accessible as possible. This involved a flexible approach—meeting women where they were and offering different ways for them to share their feedback.

After an initial round of data analysis and mapping against the Theory of Change, we also identified gaps in evidence and designed some data collection activities to fill these gaps.

## 1. Scope

The evaluation focussed on assessing MASH's core services and outcomes for women they support, excluding some of MASH's services and wider systemic impact. The evaluation specifically targeted MASH's core services operating within Manchester:

- **The Drop-in Centre:** Open weekdays, providing food, activities, and support.
- **The Outreach Van Service:** Offering harm reduction support to women engaging in sex work during nighttime outreach.
- **On-Foot Outreach:** Supporting women rough sleeping or begging in Manchester City Centre.

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- **One-to-One Long-Term Casework Support:** Providing tailored assistance to women over an extended period.
- **Sexual Health Clinic:** Delivering specialised sexual health services.
- **Specialist In-Reach Support:** Working with women in two temporary accommodation settings to provide targeted support.

The evaluation assessed the extent to which these services contributed to achieving the outcomes defined in MASH's Theory of Change, which serves as a framework for understanding how MASH's activities lead to long-term change for the women it supports. The outcomes assessed were:

- women who sex work are healthier,
- safer,
- have improved wellbeing,
- and are able to identify and achieve their goals.

The scope of the evaluation was defined to capture the experiences, challenges, and achievements of MASH within the identified areas, providing a focused understanding of the organisation's impact on its target outcomes. By linking the evaluation to the Theory of Change, the evaluation aims to provide insights into the effectiveness of MASH's services in realising its intended long-term impact.

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<sup>1</sup>The exact number of unique individuals cannot be determined, because we don't know how many women participated in the survey

## 2. Data Collection and Use

The researchers used some existing monitoring data collected by MASH and collected some additional data specifically for the evaluation. One hundred pieces of feedback were collected through various methods, though it should be noted that some women may have contributed through multiple channels (e.g., both survey and interview). Therefore, the total number of unique individuals represented in the data is likely lower than 100<sup>1</sup>.

Type of data	Date collected	Number of responses
Activity data	1 <sup>st</sup> April 2023 to 30 <sup>th</sup> September 2024	Every intervention recorded between these dates
Service user survey (2023)	2023	30 women accessing MASH services
Service user survey (2024)	2024	40 women accessing MASH services
Outcome star data	1 <sup>st</sup> April 2023 to 30 <sup>th</sup> September 2024	12 women being supported by MASH

across both years. Additionally, it is unknown whether the women interviewed also completed the survey.

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<b>Interviews</b>	Dec 2024 and Jan 2025	14 women accessing MASH services
<b>Impact statements</b>	Dec 2024 and Jan 2025	9 women accessing MASH services
<b>Feedback flyer</b>	Dec 2024 and Jan 2025	4 women accessing MASH services
<b>Staff focus group &amp; follow up questions</b>	Nov and Dec 2024	13 staff members
<b>Away day session</b>	Dec 2024	36 number of attendees at Away Day including staff, trustees and volunteers
<b>Case Studies</b>	Collated in 2023 and 2024	Three women

## Survey Data

There is an annual service user survey which collects anonymous feedback from service users about the impact they feel MASH has on their lives both quantitatively and qualitatively. The survey is collected primarily on paper, with some women choosing an online option. Responses were filtered to exclude those who had only accessed a service outside of the scope of this evaluation (e.g. Housing First, Sauna). There were 30 responses from the 2023 survey and 40 responses from the 2024

survey. It should be noted that some women with limited confidence with writing are supported by staff to complete the survey, which might lead to biases in the data.

## Outcome Star

MASH uses the Drug and Alcohol Star as an outcome monitoring tool to track and measure progress across key areas of a person's life. This tool is widely used in services supporting individuals experiencing homelessness, mental health challenges, and substance use issues. It enables both service users and practitioners to collaboratively assess progress, identify challenges, and plan future support. Each domain is scored based on a combination of self-assessment and practitioner input, creating a visual representation of change over time. These domains are scored periodically, allowing for comparisons over time to track trends, measure progress, and identify areas where further support may be needed.

For this evaluation, Outcome Star data was available for 12 women, primarily those receiving one-to-one casework support. The data was shared in aggregate form, ensuring anonymity. In this report, we use this data to indicate trends in where women are making progress, remaining stable, or experiencing setbacks. By summarising the number of women in each category across different domains, we can identify where MASH has the most impact.

It is important to acknowledge that stability—such as maintaining a tenancy, staying on an opioid substitute script, or avoiding an increase in risky behaviour—can itself be a positive outcome. Where progress is not made, this may be due to

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systemic failings, such as the lack of suitable housing, rather than a lack of support. Furthermore, life domains are interconnected; for example, difficulties in maintaining a tenancy may be influenced by substance use and/or mental health challenges.

## Activity Data

MASH record every intervention with service users onto a database. Anonymised data was shared with the researchers that included demographic information about the women MASH support and the services and support they accessed.

## Interviews, Impact Statements and Feedback Flyer

One of the researchers spent time in Manchester on three occasions between December 2024 and January 2025 to get feedback from women using MASH's services.

We prioritised hearing from women who are more often excluded from services and face more barriers to involvement by offering different ways of feeding back, through speaking with the researcher, writing or drawing on a feedback flyer with prompt questions, or writing an impact statement.

We visited several locations and services, including on-foot outreach, Gransmoor and Peony supported accommodation, the Drop-in and the Outreach Van.

We engaged with 27 women across different settings:

- **On-foot outreach:** One woman completed a flyer.

- **Temporary accommodation in-reach interviews:** Three women participated in face-to-face interviews.
- **Drop-in interviews:** Three women engaged in face-to-face interviews.
- **Drop-in impact statements:** Eight women wrote a sentence about how MASH has impacted their journey.
- **Outreach van responses:** Three women shared their feedback by writing on a flyer during an Outreach Van shift.
- **Sue's Space interviews:** Two women who are members of Sue's Space did one-to-one interviews to share their experiences of working with MASH.

## Staff focus group

Two focus groups were held online in November and December 2024, facilitated by one of the researchers. These focus groups aimed to understand the operational context, challenges and successes of service delivery from the perspective of staff. Ten staff members attended: front line staff from on foot outreach, one-to-one case work support, outreach van and specialist in-reach support, frontline managers, and a volunteer coordinator. In the final stages of data analysis, a gap was identified in one of the outcome areas specifically around offending and so follow up questions were sent out to MASH staff. There were responses from 5 staff, 3 of whom had been at the focus groups. The Head of Services was also asked to make a statement to support this section.

## Away day

One of the researchers facilitated a session at MASH's Away Day attended by staff, trustees, Sue's Space members and volunteers to specifically explore intersectionality and possible barriers that women from different backgrounds and identities might face to accessing MASH's services.

## Case Studies

Three case studies that were developed by MASH in collaboration with women using their services were shared with the researchers.

## 3. Theory of Change

To ensure the evaluation is fully aligned with MASH's Theory of Change, we systematically mapped all available data against its framework. This included both quantitative and qualitative findings, enabling a comprehensive analysis of whether MASH is achieving its intended outputs, outcomes, and impact goals. The primary focus was on the outcomes specified in the tender, as outlined in the scope of the evaluation.

The full Theory of Change is provided below. To maintain clarity, areas of the Theory of Change that were in scope for this evaluation are highlighted, and those out of scope are not. This ensures transparency regarding the evaluation's focus and its alignment with the broader organisational goals.

By mapping findings to the Theory of Change, this evaluation provides a structured and evidence-based assessment of

MASH's effectiveness in achieving its intended outcomes and impact for women who engage with its services.

## 4. Sue's Space

We began working with Sue's Space in early November 2024. Sue's Space is a group of women who are currently or have previously accessed MASH's services and now come together monthly to contribute their lived experience and expertise. Their insights are invaluable as they have first-hand knowledge of MASH's services and the challenges faced by those accessing them.

Recognising the importance of co-production, we involved Sue's Space in shaping the feedback process for women currently using MASH services. This collaboration informed key decisions, such as identifying the services to focus on and designing the feedback flyer, an idea that originated from our discussions with the group.

In total, we held four focus group sessions with Sue's Space:

- **Session 1:** Introductions and context-setting. We shared our roles, goals, and the purpose of the evaluation.
- **Session 2:** Planning the feedback process. This session explored the best approaches for obtaining feedback, identifying key groups to speak to, and refining our methods.
- **Session 3:** Reviewing initial findings. We presented a summary of feedback gathered from service user data and interviews, allowing the group to reflect on the emerging themes.

- **Session 4:** Output planning. The group agreed on creating a one-page summary to highlight the most important insights, making the information accessible for those who may not read a full report. We explored what elements should be included and how to ensure clarity and impact.

Key learning from Sue's Space highlighted the importance of tailoring our approach to meet women where they are, ensuring methods were accessible and inclusive. Their contributions shaped both the design and delivery of the evaluation, making it more relevant and impactful.

## 5. Limitations

It is important to acknowledge the limitations of this evaluation to provide a balanced and transparent understanding of the findings. These limitations include:

1. **Seasonal data collection:** Data collection was conducted during the winter months. This coincided with periods of reduced visibility and engagement opportunities in Manchester. For example, on-foot outreach and van-based services observed fewer women present outdoors due to the colder weather. This seasonal variation may have influenced the data and limited the breadth of engagement during this period.
2. **Independent nature of the evaluation:** As an independent evaluation, the researchers did not have pre-existing relationships with the women involved.

Building trust is critical in encouraging women to share personal and sensitive information. While independence was prioritised to ensure objectivity, it also could have limited the depth of data collected. Women may have felt more comfortable opening up to trusted MASH staff with whom they have established relationships.

3. **Methodological prioritisation of marginalised voices:** The methodology emphasised engaging women whose voices are less often heard and who face significant barriers to engagement. While this approach provided valuable insights, it also meant that interactions were often shorter and less detailed due to the immediate needs and time constraints faced by these women. Researchers respected the participants' agency and followed their lead regarding what they were willing to share. Consequently, certain aspects of the Theory of Change, particularly those touching on deeply personal topics such as experiences with children or pregnancies, were not fully explored. Additionally, the evaluation included women at various stages of their journeys with MASH, including those still "in the middle of it" or nearer the beginning of their journey, which presented challenges in capturing more developed narratives.
4. **Reliance on MASH Data:** Some aspects of the evaluation relied on demographic data provided by MASH. However, this dataset included significant gaps, which necessitate caution when drawing conclusions. These gaps may have limited the ability to provide a



comprehensive analysis of trends and patterns among the women supported by MASH.

5. **Potential for social desirability bias:** In some interviews with the researcher, MASH staff were present for safeguarding reasons. While their presence was essential, it may have influenced the responses of participants. Women might have been reluctant to share negative feedback about MASH staff or services, either out of concern for their relationship with staff or fear that it could impact the support they receive.
6. **Complexity of the Theory of Change:** Given the depth and complexity of the Theory of Change, it was not possible to explore every area in equal detail. The evaluation prioritised key themes based on available evidence, participant engagement, and data quality. Some areas—particularly those where data was more limited or where women were less comfortable sharing personal experiences—received less in-depth exploration.
7. **Limitations of Outcome Star data:** While the Outcome Star is a useful monitoring tool, it has been criticised for

overemphasising individual behaviour change and overlooking structural factors such as poverty and housing shortages<sup>2</sup>. Its linear model may not fully capture the complexity of homelessness, addiction, and recovery. In addition, Outcome Star data is only available for a small number of women (12), primarily receiving one-to-one casework support. This small sample size may not be representative of the wider group of women accessing MASH support, and the higher intensity of casework support might result in a greater impact being observed in this sample than among those accessing other MASH services, such as drop-in or van-based outreach.

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<sup>2</sup> Johnson, G. and Pleace, N. (2016). How Do We Measure Success in Homelessness Services? : Critically Assessing the Rise of the Homelessness Outcomes Star. *European Journal of Homelessness*, [online] pp.31–51. Available at: <https://eprints.whiterose.ac.uk/102904/>.



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## MASH Theory of Change 2024

### Who

Women\* who are, have been or might become involved in sex work.

\* We define women as people who identify as women some or all of the time

### Activities

#### Service Delivery

- Drop-in centre
- Van outreach
- Sexual health Clinic
- Sauna outreach
- On foot outreach
- 1:1 support
- Partnership work

#### Involvement & Influence

- Service user involvement
- Strategic influence
- Training
- Communications

### Outputs

#### Service Delivery

- Needs assessed
- Emergency support provided
- Safety/support plans in place
- Support with housing, addiction, mental health, physical health, sexual health, domestic violence, sexual violence, relationships, life skills, court process, finance, debt, criminal justice, education & training, immigration provided
- Support to access other services provided
- Psychological / alternative therapy provided
- Attacks reported to NUM/police
- Food, toiletries, essentials provided
- Contraception provided
- STI, BBV testing & treatment provided
- Pregnancy testing & choices provided
- Vaccinations & smear testing provided
- Needle exchange provided
- Computer access provided
- Dodgy punter info distributed
- Access to creative/social activities provided
- Warm, safe drop-in provided
- Trafficking risks escalated
- Sleep/begging sites regularly visited
- MASH Van present on beat

#### Involvement & Influence

- Opportunity for involvement provided
- Service user expertise shared
- Service user stories shared
- Organisations trained

### Outcomes

#### Engagement

- Increased trust of MASH
- Improved professional relationships
- Feel more heard
- Feel someone cares
- Reduced feelings of stigmatisation
- Increased engagement with other services
- Reduced fear of stigma from other services

#### Basic needs

- Increased warmth
- Improved hygiene
- Reduced hunger & improved nutrition

#### Homelessness/ housing

- Prevention of rough sleeping
- Prevention of exploitation
- Reduced homelessness
- Increased maintenance of tenancies

#### Mental health

- Increased ability to process trauma
- Improved mental health
- Reduced mental health crises / suicide
- Reduced child removals

#### Drug/alcohol

- Increased use of drug scripts
- Reduced drug/alcohol use
- Reduced risky drug use / overdose

#### Physical/sexual health

- Increased access to urgent medical attention
- Increased diagnoses in place
- Increased access to medication
- Increased informed sexual health choices
- Reduced incidence of STI, B BV, Hepatitis, Covid, cervical cancer, unwanted pregnancy
- Improved pregnancy outcomes
- Prevention of chronic health issues

- Improved sexual health
- Improved physical health
- Increased life expectancy
- Reduced preventable deaths

#### Safety

- Increased sense of safety
- Increased number of crimes reported
- Reduced engagement with 'dodgy punters'
- Increased court processes completed
- Improved access to SAR C
- Increased prosecutions of perpetrators
- Reduced sexual violence
- Reduced domestic violence
- Reduced time trafficked

#### Offending

- Reduced criminalisation of sex work
- Reduced penalties from probation
- Reduced reoffending
- Increased awareness of begging / enforcement
- Reduced enforcement action on begging

#### Rights

- Increased awareness of rights
- Increased access to benefits
- Increased access to entitled legal status
- Reduced vulnerability to dodgy landlords, employers
- Increased freedom and rights

#### Skills

- Improved IT skills
- Improved creative skills
- Increased life & finance skills

#### Independence

- Increased understanding of own needs & goals
- Increased ability to self-advocate
- Increased access to online information and services

#### Wellbeing

- Reduced stress
- Improved mood
- Improved self-esteem
- Improved motivation
- Increased sense of identity
- Increased pride
- Feel more in control of one's life
- Increased dignity
- Improved coping mechanisms

#### Social

- Time used more meaningfully
- Increased social connection
- Improved support networks
- Increased reconnection with family / children
- Improved understanding of healthy relationships
- Reduced isolation

#### Voice

- Increased opportunity to share opinions and ideas
- Increased validation
- Increased sense of being believed
- Increased communication skills
- Increased confidence
- Increased sense of belonging
- Increased sense of purpose
- Increased self-awareness

#### System change

- Increased lived experience expertise influencing MASH, local agencies and policymakers
- Improved skills & knowledge of other workers / organisations
- Improved services offered by MASH
- Reduced stigma at other services
- Improved systems or services that affect women

### Impact

#### Women are

- Are healthier
- Are safer
- Have improved wellbeing
- Are able to identify and achieve their goals

#### In Greater Manchester:

- Women who sex work are heard, understood and experience less stigma
- Other agencies and policymakers understand the needs of women who sex work and are more effective at supporting them

### Assumptions

#### The staff, volunteers and services at MASH:

- Are consistent
- Can be trusted
- Are free of charge
- Are non-judgemental
- Build positive relationships with women
- Are honest and transparent
- Are able to challenge other organisations
- Don't write people off
- Have no agenda
- Are not time limited
- Are not statutory
- Provide autonomy and choice
- Are trauma-informed and gender-informed
- Are holistic
- Don't turn people away
- Are located in the beat
- Are open at accessible times
- Are based on what women want / have fed back
- Are safe
- Have clear boundaries
- Are person-centred
- Are proactive about reaching women
- Have a good reputation with women
- Work in partnership with other services
- Recognise that recovery isn't linear
- Are creative and adaptable in their approach
- Are robust and tenacious
- Are knowledgeable and experienced
- Use a harm reduction approach
- Recognise intersectional needs and validate women's unique experiences

## FINDINGS

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### 1. Findings: Introduction

*“I forget how short a time it’s been. I’ve made all these changes; it feels like ages. I can’t believe the person I’m talking about was actually me.”*

This section shares the findings from the evaluation of the impact of MASH’s services on service users’ safety, health, wellbeing, and ability to identify and achieve their goals. The evaluation highlights the important role MASH plays in the lives of many of the women it supports. Findings are structured in alignment with MASH’s Theory of Change, but it is important to acknowledge that outcomes are interlinked. For many women, safety, health, and wellbeing are not separate experiences but part of an ongoing journey of support and stability.

The 2023 survey data (n=30) indicated that MASH had a positive impact on the vast majority of service users:

- 60% reported MASH had made a great deal of difference to their lives.
- 30% reported it had made a lot of difference.
- 7% said it had made a little difference.
- Only 3% said it had made no difference.

Women’s engagement with MASH varies significantly—some use the service as a one-off to access condoms or basic support, while others engage over a longer period and

experience transformative changes in their lives. The long-term impact of MASH’s services is difficult to quantify, but feedback suggests that even small interactions may lay the foundation for deeper engagement in the future.

Between April 2023 and September 2024, 773 women accessed one or more of MASH’s core services. A substantial amount of demographic data is missing, but the sections below examine the demographic profile of the women MASH support with the data that is available.

We will then examine each outcome area—safety, health, wellbeing, and achieving goals—in greater detail, alongside an exploration of service delivery and the ways of working that shape MASH’s work.

### 2. Who do MASH work with?

Between 1st April 2023 and 30th September 2024, 773 women accessed one or more of MASH’s core services.

The women MASH worked with during this time period are aged between 24 and 50 years old. We will now share insights from the demographic data collected by MASH to look for trends in service use. However, significant gaps exist in certain areas, which necessitate caution when drawing conclusions.

### 3. Intersectionality

One of the aims of this evaluation was to explore how the intersectional identities of service users—such as individuals from the global majority, and those with disabilities—shape their experiences and outcomes within MASH’s services. Due to

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methodological limitations, it was not possible to capture detailed outcome data to distinguish the impact of services on different groups.

The main area of exploration focused on service use patterns among different groups, comparing the demographics of women accessing various services. This helped to identify potential gaps and disparities in service reach. Gaining deeper insights into the role of intersectionality in shaping service outcomes proved challenging. This was influenced by factors such as where women were in their journey, their ability to reflect on the impact of their intersecting identities, and their understanding of how these identities may have contributed to their lived experiences.

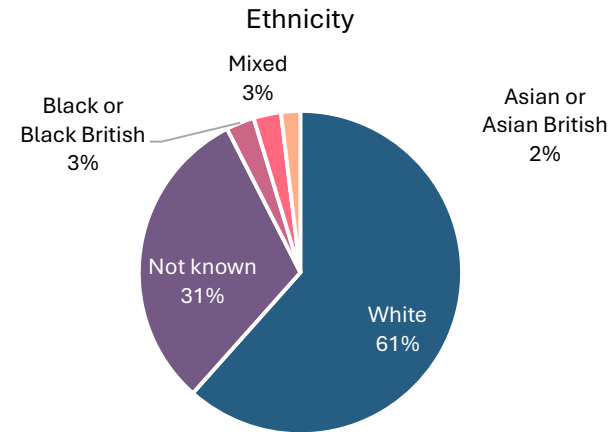
We present the data around different demographic characteristics in the following sections.

## Ethnicity

Recent studies suggest that the majority of street-based sex workers in England are White British, with smaller but notable representations from minority ethnic groups. A 2020 survey found that 51-63% identified as White and 34-47% as Black, Asian, and other ethnicities (Elmes et al., 2020<sup>3</sup>) depending on the sample. However, representation varies across different regions.

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<sup>3</sup> Elmes, J., Stuart, R., Grenfell, P., Walker, J., Hill, K., Hernandez, P., Henham, C., Rutsito, S., Sarker, M., Creighton, S., Browne, C., Boily, M.-C., Vickerman, P. and Platt, L. (2021). Effect of police enforcement and extreme social inequalities on violence and mental health among

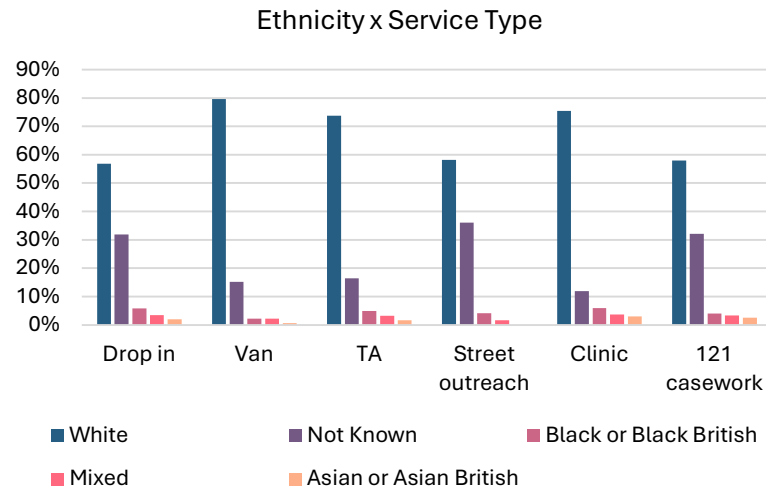


Ethnicity data reveals disparities in the demographic composition of women accessing MASH's services compared to the broader Manchester population. According to the 2021 Manchester City Council Census, Manchester's population is 57% White, 21% Asian or Asian British, 12% Black or Black British, 5% Mixed, and 5% Other. However, among women accessing MASH's services, Asian or Asian British women represent a very small proportion. Notably, no Asian or Asian British women were recorded as using MASH's street outreach services. Across services with the least missing data—such as the van (15% missing data), the clinic (12% missing data), and temporary accommodation (TA) in-reach (16% missing data)—

women who sell sex: findings from a cohort study in London, UK. *Sexually Transmitted Infections*, 98(5), p.sextrans-2021-055088. doi: <https://doi.org/10.1136/sextrans-2021-055088>.

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Asian or Asian British women made up just 2%, 3%, and 2% of users, respectively.

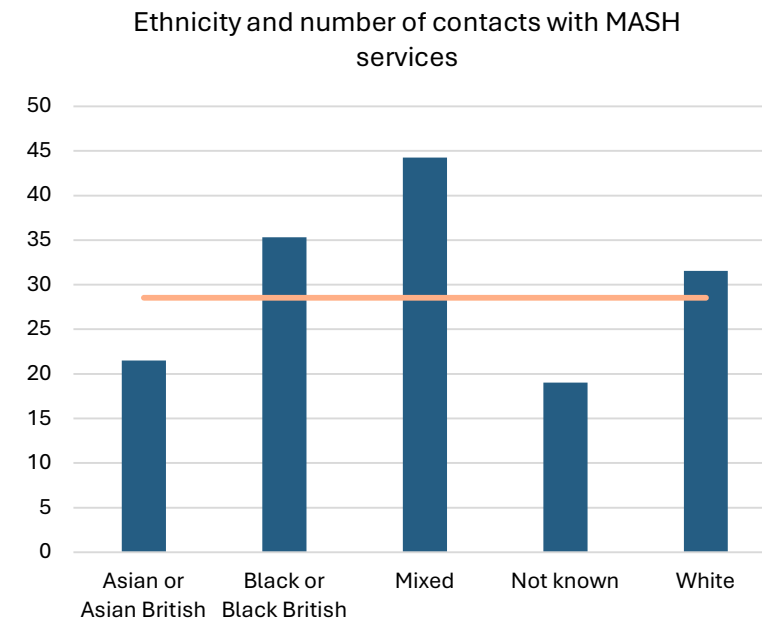


It is important to note that 31% of ethnicity data for MASH service users is missing, which limits the ability to draw definitive conclusions. However, the underrepresentation of Asian women raises key questions: Are there simply fewer Asian women involved in sex work in Greater Manchester? Or are there barriers preventing them from accessing MASH's services? Or are Asian women sex working in different ways that are outside of MASH's current scope of street and sauna-based sex work?

The chart below illustrates the average number of contacts women from different ethnic groups have had with MASH's core services, with the orange line indicating the overall average across all ethnic groups, between April 2023 and September

2024. While the analysis does not reveal any statistically significant differences<sup>4</sup> in service engagement between ethnic groups, the variations in average contacts appear notable.

However, caution should be exercised when interpreting these findings. The sample sizes for different ethnic groups vary significantly—for example, there are only 14 women in the 'Mixed' category, compared to 427 women in the White group. Furthermore, the 'Mixed' category encompasses a diverse range of ethnic backgrounds, including White and Asian, White and Black African, and White and Black Caribbean, each of which



<sup>4</sup> Spearman's rank correlation coefficient (p) of 0.007739.



may have distinct cultural experiences and barriers to service access.

## Staff reflections on ethnic diversity and inclusion

During focus groups, staff acknowledged that MASH is “a very white workforce” and expressed uncertainty about why so few Asian women access MASH’s services. Some staff questioned whether this is due to a lower number of Asian women involved in sex work, while others speculated that cultural or structural barriers may be preventing access. Staff also highlighted practical ways to improve inclusivity, such as offering a wider range of toiletries suited to different hair and skin types.

One staff member shared a positive example of inclusivity in action:

*“We have one male volunteer, the only male volunteer and who’s also from Asian heritage, and he was speaking with one of the women, a trans woman actually, in Punjabi. And this is the first time in such a long time she’s been able to speak her original language to anyone at MASH, and most services probably as well. So that was really positive, and she said she had such great conversations.”*

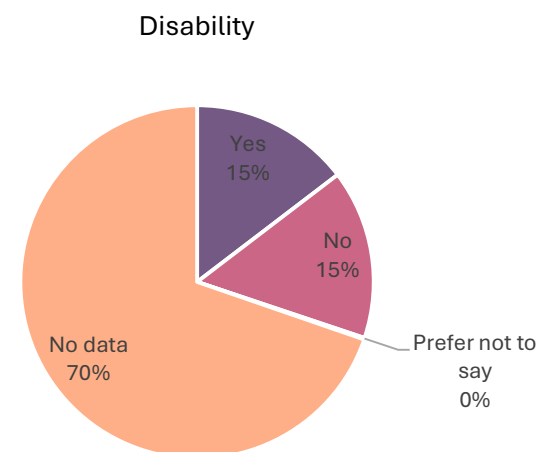
This example highlights the importance of intersectionality; ethnicity cannot be considered in isolation from other factors such as gender identity.

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<sup>5</sup> Beyond the Streets (2022) *Homeless, Learning Disabilities and Selling Sex*. [online] Available at: <https://beyondthestreets.org.uk/homeless-learning-disabilities-and-selling-sex/>

## 4. Disability

There is limited wider research into disability amongst sex workers, Beyond the Streets (2022) report that 36% of women accessing a London project had a disability<sup>5</sup>, 67% of which was behavioural and emotional. Elmes et al. (2021) found that 70% of street-based sex workers had experienced depression and anxiety and 56% had a physical or mental impairment limiting daily activities in the last 6 months.



Disability data is missing for 70% of women accessing MASH’s services, significantly limiting the ability to draw robust conclusions about the proportion of service users with disabilities and how their needs may differ. However, among the

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women for whom data is available, 50% are recorded as having a disability. This is substantially higher than the general Manchester population, where 19% of residents report having a disability<sup>6</sup>.

In staff focus groups, participants highlighted that disability within MASH services encompasses a broad range of conditions, including mental health issues as well as physical disabilities. However, the current data does not distinguish between different types of disabilities, which makes it difficult to assess whether particular groups face specific challenges in accessing support. There is a big difference between the access and support needs of someone who is neurodiverse compared to someone with a physical disability.

## Flexibility and adjustments for women with disabilities

Despite these data limitations, women accessing MASH services spoke positively about the flexibility and adjustments made to accommodate physical health conditions, mental health conditions, or disabilities.

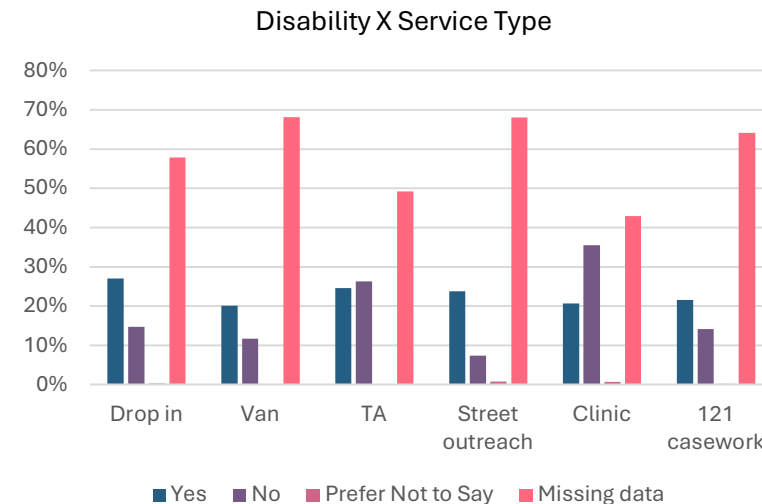
For example, one woman described how online therapy sessions were offered when attending appointments in person at the MASH centre was not feasible due to her physical health condition:

*“I just couldn’t manage to get there, and they were really understanding about that. They moved the sessions online, which made such a difference.”*

Women also highlighted the adjustments made to ensure inclusivity in activities such as Sue’s Space and the lino printing exhibition:

*“MASH makes sure women feel included.”*

For example, Sue’s Space could be accessed online for women who faced health or location challenges, and art supplies were sent to women who were unable to attend in person:



<sup>6</sup> Greater Manchester Coalition of Disabled People. (2017). *Mayoral Manifesto*. [online] Available at: <https://gmcdp.com/manifesto>.

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*“They gave me multiple options so I could still take part. If my arthritis was bad and I couldn’t do certain activities, I could still create something for the exhibition.”*

These examples demonstrate how MASH has adapted its services to meet the needs of women with disabilities. However, the broader lack of data on different types of disabilities suggests that further exploration may be needed to understand and address the full range of accessibility challenges women face.

## 5. Gender identity

There is some data available about gender identity amongst sex workers, English Collective of Prostitutes (2020) report that 8% of the women seeking their support and Grenfell et al. (2023) found that 2 of 20 women involved in street-based sex work identified as trans (9%).

Gender identity data within MASH services has significant gaps, with 62% of data missing. This limits the ability to conduct a detailed analysis of gender identity across MASH’s services. Methodological constraints also prevented a more granular exploration of how different gender identities interact with service access and engagement.

According to the 2021 Census, 1% of Manchester’s population does not identify with the gender they were assigned at birth, which is higher than London’s 0.5%. Despite the gaps in MASH’s data, 2% of recorded service users identify as a gender different

from their birth gender. This highlights the importance of ensuring MASH remains an inclusive and informed space for trans women and other gender-diverse individuals.

### Trans Women’s Experiences at MASH

Feedback from trans women in surveys and interviews highlighted that MASH services feel inclusive, which is particularly valuable given the limited availability of trans-inclusive services in Manchester. One woman accessing services shared:

*“Everything is excellent here. Not many places are trans-inclusive and trans-friendly, but this is the best place. I find peace, happiness, and learn new things. After the nail paint service, I feel glamorous.”*

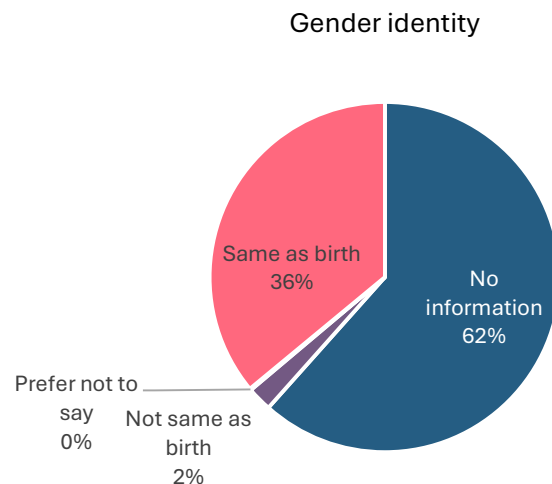
In focus groups, staff expressed a conscious effort to make MASH’s services—particularly the van and the drop-in—welcoming to trans women. Staff noted that they have had direct conversations to address transphobic language from other women accessing services when needed and are committed to ensuring all women feel safe and included in these spaces.

One trans woman shared her personal journey of finding support through MASH, demonstrating the service’s impact on her life:

*“When I came to Manchester, I was lonely. I googled support for trans people. I met the nurse on the van. She said I was welcome to come to MASH. I had syphilis for a long time. She took me to the hospital and explained what it was. I got treatment. I started to trust people. I had received abuse from women on the beat. I come here twice a week. I got therapy, I got my nails done.*

*[name of support worker] changed my life. I was scared of how to survive. I arrived with no family or friends. I love this place. Now I have found peace. They have a psychologist here that understands trans people. I have learned about safe sex and awareness.”*

This case study underscores the vital role MASH plays in providing safe, non-judgmental, and affirming services for trans women. It also highlights the importance of continued efforts to create inclusive, trauma-informed spaces that support the unique needs of gender-diverse people accessing services.



<sup>7</sup> English Collective of Prostitutes (2020) *Survey of sex workers’ access to Covid-19 support in the UK*. [online] Available at: <https://prostitutescollective.net/wp-content/uploads/2021/06/Covid->

## 6. Nationality

The nationality profile of sex workers in England is mixed, with differences between those involved in saunas and indoor work compared to those working on the streets. A 2020 survey by the English Collective of Prostitutes (ECP, 2020) found 40% of sex-working women seeking support were migrants born outside of the UK<sup>7</sup> compared to research into women working on the streets showing that 90% are UK nationals (Elmes et al., 2020)

Nationality data within MASH’s services is incomplete, with 36% of records missing. However, among the women whose nationality is known, 11% are from Romania or Hungary. This proportion is higher among women accessing the van and drop-in services, suggesting a need for tailored support for these groups. To address language barriers, MASH currently has translators who accompany outreach teams on the van, ensuring that women who speak Romanian or Hungarian can communicate their needs effectively. The support needs of Romanian and Hungarian women often differ from those of British women; for example, Eastern European women are less likely to use substances, whereas most other women who access MASH services do. Additionally, Romanian and Hungarian women may engage in sex work alongside day jobs, which is less common among other women who access MASH services.

[survey.pdf#:~:text=Profile%20of%20respondents%20Immigration%20Status,Migrant%2056](#)



# MASH EVALUATION REPORT 2023-2025

## Barriers to access for Eastern European women

In focus groups, staff identified several barriers preventing some Eastern European women from engaging with services:

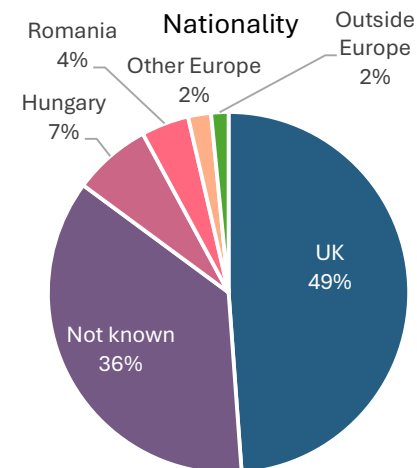
- Fear around immigration status and identity disclosure: Some Eastern European women believe that the outreach van is connected to immigration enforcement, deterring them from approaching MASH for support.
- Geographical distance: Many women from these communities live in Burnley, approximately 25 miles outside Manchester city centre, making it more challenging for them to access services.
- Cultural and religious influences: Cultural norms and religious beliefs may discourage women from seeking support from a service associated with sex work, particularly if they experience shame or stigma around their involvement.
- Dual employment and substance use differences: Many Eastern European women engaging in sex work do so alongside day jobs and are not involved in substance use, which may create a perception that MASH's services are not relevant to their needs.

Staff members acknowledged that building trust and relationships with women from Eastern Europe takes time:

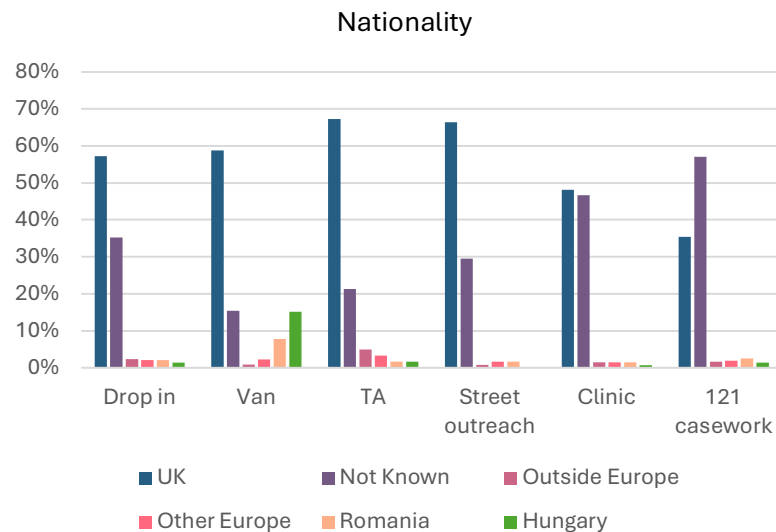
*“Building those connections and trust... but that’s very, very slow. For a long time, the women thought the MASH van was attached to immigration. It’s just about building those links and*

*trust with Eastern European women, and that happens slowly and continues to happen.”*

This highlights the importance of sustained engagement and proactive efforts to reassure women from these communities that MASH is a safe and non-judgmental space.



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## 7. Overcoming barriers to access

Feedback from women accessing services suggests that the biggest challenge is not the support MASH provides, but whether women feel comfortable accessing it. One interviewee reflected:

*“MASH will do everything for whoever comes in with whatever needs they have, but it’s whether the people will actually go through the door—like, if they feel comfortable going to the drop-in, or if they feel comfortable to start trying to build those relationships with staff. That’s more of the barrier, rather than the work that MASH actually does.”*

This suggests that underrepresentation of certain groups at MASH is more likely due to barriers to access rather than their

experiences within the service itself. MASH should consider how to further reduce these barriers and make it clear that the service is open to all women, regardless of nationality, background, or identity. This could include more targeted outreach, culturally specific engagement strategies, and continued efforts to build trust with marginalised communities.

## 8. A note on capturing demographic data

Collecting demographic data can feel intrusive, particularly in outreach settings where trust is key. Staff initially found it challenging to ask personal questions but have grown more confident over time. One staff member reflected:

*“At first, I found it difficult to ask about things like sexuality. But now, I feel more confident, and it’s led to some really interesting conversations.”*

However, staff also noted that asking about identity can make women feel vulnerable, especially when leaving the van and returning to unpredictable environments:

*“We have to think about how asking personal questions might affect women’s sense of safety when they leave.”*

There was also discussion around who this data serves. Staff stressed the importance of ensuring women don’t feel like they are being interrogated for research:

*“You have to be mindful that women aren’t just being questioned or treated as fodder for research.”*

This highlights the need for a sensitive, voluntary approach to demographic data collection—one that prioritises trust and safety while ensuring the data benefits the women MASH supports.

Another key challenge in collecting demographic data is that many women's interactions with MASH are brief, and it can take time to build the trust needed to ask personal questions. Staff prioritise delivering services in a trauma-informed way, which means that the first point of contact is focused on meeting immediate needs rather than collecting data. As relationships develop, staff introduce these conversations when it feels appropriate and when a level of trust has been established.

While it is recognised that collecting data from women who access MASH only a few times can be difficult, there are still gaps in the data. For example, in one case, a woman had 303 recorded contacts with MASH, yet no demographic data was available. Strengthening data collection practices in such cases will enhance understanding of service reach and effectiveness.

These factors contribute to gaps in the data, and while we recognise that the figures are not as comprehensive as they could be, we also acknowledge the importance of balancing data collection with the need to create a safe and supportive space for women. A key recommendation from this report is to improve the way MASH gather this information while maintaining a sensitive, voluntary approach that prioritises trust and safety.

## 9. Health

Supporting women's health is one of MASH's core outcome areas, as outlined in its Theory of Change. This encompasses meeting basic needs (e.g., warmth, nutrition, and hygiene), mental health, sexual health, physical health, substance use (drugs and alcohol), and housing and homelessness.

### Health: Key Findings

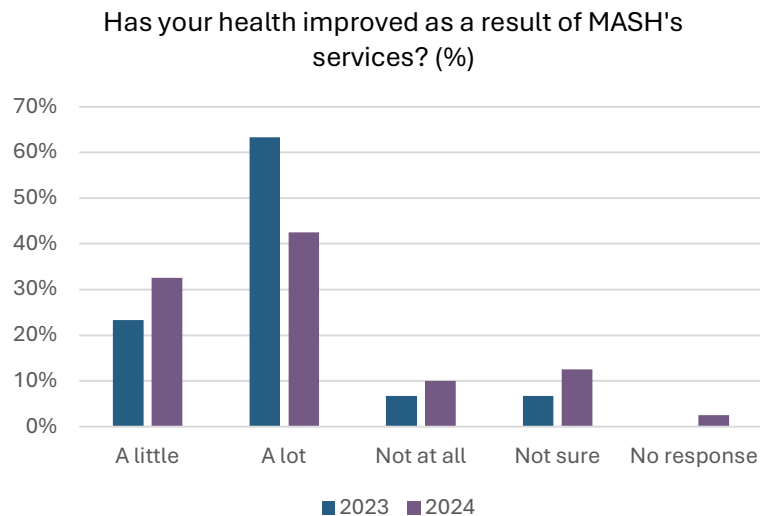
The evaluation indicates that MASH's services play a significant role in improving the health of women involved in sex work, particularly in supporting positive sexual health outcomes.

Survey data from 2023 and 2024 highlights this impact:

- 74% of women in 2023 reported improvements in their health due to MASH's services.
- 86% of women in 2024 reported health improvements.

MASH's direct health interventions—such as condom distribution and sexual health testing—are complemented by wider support that helps women access external health services, such as GP appointments, which they might otherwise avoid or miss.

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## *Long-term and holistic support*

- MASH can work with women over extended periods, providing consistent and trusted support.
- MASH meets women's basic needs, including food, accommodation, clothing, and hygiene facilities, ensuring immediate stability. Staff then go beyond immediate needs, helping women access education, psychological support, and funding opportunities.
- Having a dedicated in-reach worker who truly understands the women's needs provides deeper, more effective support than more generalised staff in other accommodation services, ensuring tailored, trauma-informed care.

## *Sexual health and healthcare access*

- STI prevention and treatment: Women receive ongoing support and encouragement to seek medical care, including assistance in building confidence and accessing external healthcare services independently.
- Condom access: Ensuring women have easy access to free condoms supports safer sex practices.
- Safe, non-judgmental healthcare: Women value the ability to receive healthcare in a space where they feel comfortable and understood.

## *Trauma-informed and personalised care*

- Staff build strong relationships with women, allowing them to recognise when someone is unwell and provide appropriate support.
- Women feel listened to and not judged, making it easier for them to seek help.
- A deep understanding of how trauma impacts women's lives and behaviours ensures that care is delivered with sensitivity and respect.

Women also report learning more about safe sex and sexual health awareness, helping them make informed choices about their well-being. MASH's compassionate and trauma-informed approach ensures that women feel safe, respected, and supported in managing their health.

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The sections below summarise the evaluation findings in relation to each health-related outcome in MASH's Theory of Change, highlighting the role of individual services where appropriate.

## Basic Needs

MASH plays a critical role in meeting women's basic needs. Through its services, MASH provides food, clothing, hygiene facilities, and warmth. Across core services, between April 2023 and October 2024, 176 women accessed food parcels on 535 occasions, showing the scale of support provided.

Many women highlighted the importance of these provisions, particularly the Outreach Van, where they could get food, a warm drink, and support in a safe environment; on the van, between April 2023 and September 2024, food and drink were accessed 2,458 times, needle exchanged accessed 291 times, condoms were given out 1,946 times.

*"They are brilliant, they help you out in every way. They give clothing, food. They are like a second family."*

*"Mash has helped me with everything. The doctors, housing. You can talk to them. I like the van they make a good brew, condoms and food."*

*"I'm thinking back to the days in Manchester when I had to sign on at the Job Centre. It wasn't in the city centre but that's where I always was. So for me to sign on to get my benefit money which enabled me to stay in my accommodation, that was a big barrier. I basically wouldn't be able to get there and I'd lose my benefits and my place to stay. That bus ticket would have meant I had somewhere to live."*

*"But that night it was simple things like they gave us free condoms, teas and coffees. I didn't have any money for condoms so that was great."*

Women consistently emphasised that it was not just the provision of these resources but the way MASH delivered them—with care, warmth, and dignity—that stood out. This is further explored in later section on Service Delivery.

## Mental health

MASH takes a holistic approach to health, making it challenging to separate mental health from broader wellbeing improvements. However, there is evidence that MASH specifically supports women's mental health. More general wellbeing improvements is explored in the next section on Wellbeing.

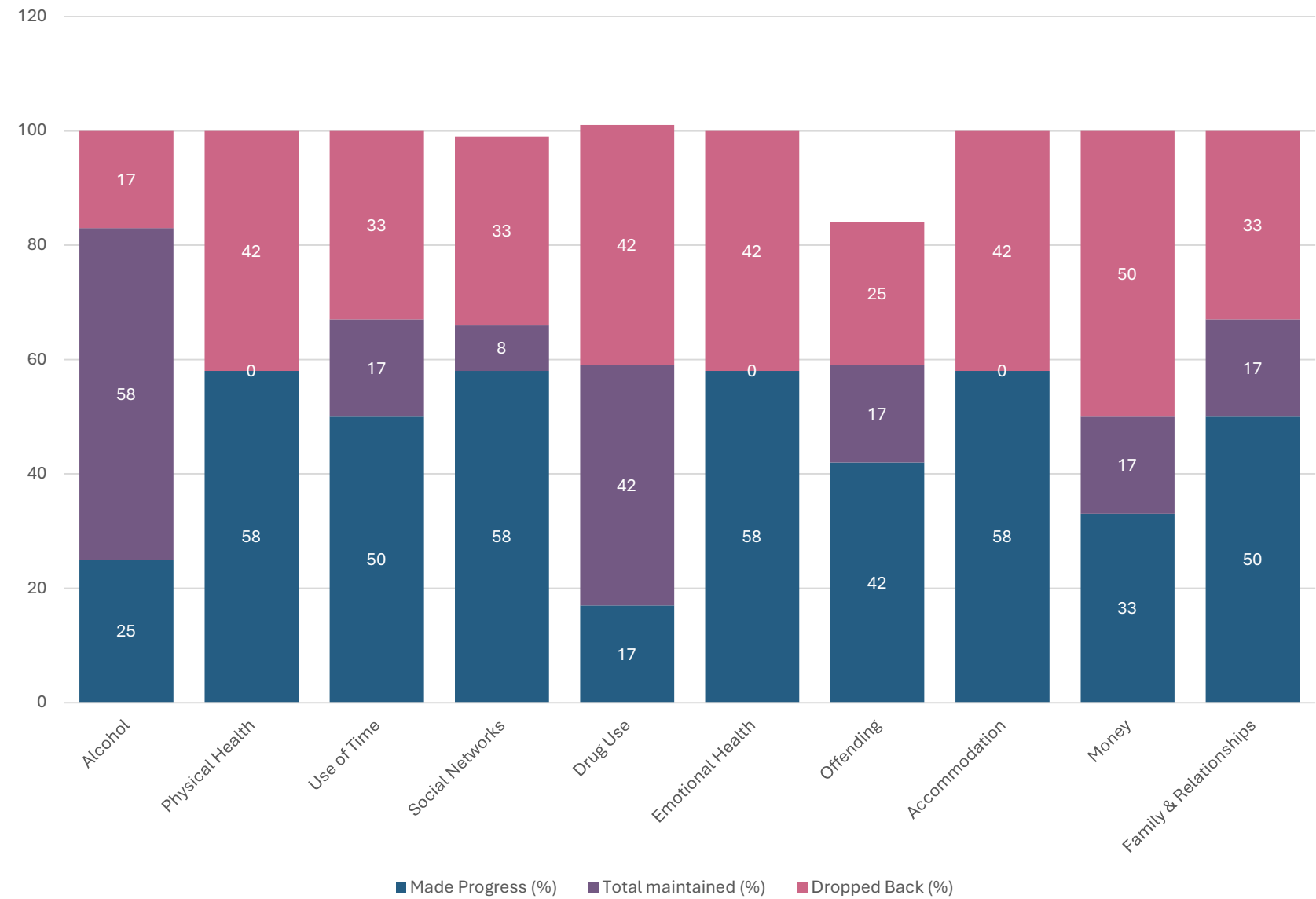
Women reported improvements in their mental health, ranging from support to see a mental health professional, getting medication, and crucially, feeling supported through difficult times.

*"She's helped to get all my proper support for my mental health. Now I'm under a psychiatrist and I've got a CPN [community psychiatric nurse]."*

While the evaluation did not explicitly explore sensitive issues such as child removals for the reasons outlined in the methodology, it is reasonable to suggest that MASH's broader health and wellbeing support could contribute to more positive outcomes in these areas.

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Outcome Star : Progress, maintenance and dropback over time



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*“I don’t know what I would have done otherwise as I felt abandoned by the mental health services. With everything that had happened to me, you’d think they’d be in touch a bit more often.”*

*“I’ve got BPD, anxiety and panic, PTSD and also OCD. I’m on strong medication. I’ve lost two people I love in my life. It could have been a very different story or I could have relapsed. I would hate that to happen to someone else.”*

## Physical and sexual health

This evaluation shows that MASH’s core services have a significant impact on physical and sexual health, providing essential support and facilitating access to other health services.

Overleaf we show a chart showing the Outcome Star findings from the evaluation period. This is to allow ease of comparison across areas and give a full overview but we will discuss the findings in relation to each in relevant sections in the report.

## Physical health

266 women received support for physical health on 2,479 occasions between April 2023 and September 2024. Outcome Star data for the 12 women shows that 58% of them made progress in physical health which is one of the highest across all domains.

There is still however a high proportion (42%) of women who’s physical health deteriorated, suggesting that structural barriers and chronic conditions still impact women’s health despite the

support provided by MASH. The 58% who made progress should not be overlooked, as it highlights the positive impact of MASH’s support in improving physical health, even in the face of significant structural challenges and chronic health conditions. Interestingly, no one maintained in this area, raising the question of why women’s physical health tends to either improve or decline rather than be maintained—a trend that may reflect the fluctuating nature of health conditions in the context of homelessness, substance use, and access to healthcare.

MASH’s one-to-one support plays a vital role in ensuring women attend health appointments, such as GP visits, which they might otherwise avoid due to past negative experiences, lack of confidence, or difficulties navigating medical appointment systems. Having a support worker accompany them—both for practical reasons, such as covering transport costs, and for emotional reassurance—can make a significant difference. Knowing that someone will be there to help advocate on their behalf, or empower them to speak up for themselves, gives women the confidence to engage with healthcare services they might otherwise struggle to access.

*“If it wasn’t for MASH’s partnerships with GP services and their way of working I never would have gone to the doctors.”*

## Sexual health

The sexual health clinic is a cornerstone of MASH’s services, with 522 women supported on 3,601 occasions during the evaluation period. Additionally, 461 women received condoms on 3,182 occasions.

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Women and staff highlighted the clinic's positive impact on preventing and addressing STIs, as well as supporting broader health needs:

*"Seeing the nurse helped me with my STDs... She supported and encouraged me to go to the hospital and get blood tests."*

*"There's a nurse so you can have regular sexual health checks, which is good for if you work in the sex industry."*

One woman said she had never had a smear test until she went to MASH, and as a result, she had a laser and biopsies following a smear test which would not have happened if it was not for MASH.

STI screening at the clinic during July to September 2024 identified 112 positive cases (17 gonorrhoea, 38 trichomonas, 12 chlamydia, 12 syphilis and 33 mycoplasma genitalium).

Women explained that the non-judgemental and inclusive approach offered by MASH's sexual health clinic makes it more accessible and provides sexual health support without fear or shame. One woman highlighted that the "sensitive, considerate" approach taken by the sexual health nurse and that she doesn't ask unnecessary questions like "how many sexual partners you've had", which contrasts to previous experiences; one woman described having previously *"Avoided STI screening due to fear of judgement."*

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<sup>8</sup> Crisis UK (2016) *Health and wellbeing*. [online] Available at: <https://www.crisis.org.uk/ending-homelessness/homelessness-knowledge-hub/health-and->

## Homelessness and Housing

The evidence around homelessness and housing is included here because of the well-documented links between homelessness, housing and health<sup>8</sup>.

The main evidence from this evaluation is around reduced homelessness. Several women fed back through the survey and interviews that MASH had helped with housing when they were experiencing homelessness:

*"Without MASH I wouldn't be here today, they have helped me a lot. I had nothing, I was sleeping on the road and they helped me find somewhere to live. I worked with the outreach van first, they helped me find the accommodation"*

One of MASH's core services is the specialist in-reach into two temporary accommodations in Manchester. Staff provided example of a really positive move-on from this service, but also shared challenges:

Two women living at one of the supported accommodations MASH provide in-reach to, both of whom had experienced over a decade of domestic violence in past relationships, were able to take significant steps towards rebuilding their lives with the support of MASH and Women's Aid. Having fled violent partners, they found stability at the supported accommodation, where

[wellbeing/#:~:text=People%20who%20have%20experienced%20homelessness,common%20and%20often%20go%20untreated.](https://www.crisis.org.uk/ending-homelessness/homelessness-knowledge-hub/health-and-wellbeing/#:~:text=People%20who%20have%20experienced%20homelessness,common%20and%20often%20go%20untreated.)



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they received intensive, trauma-informed support to help them recover and plan for a safer future.

Through strong partnership working, including collaboration with a local authority housing scheme that provides shared flats for women with experiences of domestic violence, the two women worked hard and were eventually offered a lovely flat to move into together. This move provided them with greater independence, a stable home, and ongoing support from a specialist worker. While the transition had its challenges, the women have settled well, and their progress has been incredibly positive—highlighting the importance of well-matched accommodation and wraparound support.

However, not all housing moves have been as successful. In another case, a woman with high support needs—though not deemed high enough to remain at the supported accommodation—was placed by the council in a shared temporary accommodation setting that was unsuitable for her history of sexual violence. Despite MASH challenging the decision, she was still moved there. Unfortunately, this placement led to a decline in her wellbeing; her substance use increased, and she is now rough sleeping.

The Outcome Star data for accommodation shows that 58% of women made progress, making it one of the strongest areas of improvement. This suggests that housing support is a key strength of MASH's services. However, 42% of women experienced setbacks, which may be due to structural issues such as a lack of suitable housing, difficulties in maintaining tenancies, or systemic barriers in accessing long-term

accommodation. Notably, no women remained stable in this domain, raising the question of why outcomes in accommodation tend to be either positive or negative, rather than maintained. This pattern may reflect the precarious nature of housing for the women MASH supports, where stability is often fragile and influenced by external factors beyond their control.

*“When I got the key to the door it was amazing. Absolutely. Because I’ve not had my own property for over eight years.”*

*“I’ve always sofa surfed or lived on the street. So, it was all quite overwhelming. But I love that more than anything. I love putting that key in that door and it’s mine. I can do what I want, when I want, come and go.”*

## Drugs and alcohol

There is evidence from the evaluation that MASH supports women's alcohol and substance use through harm reduction measures such as needle exchanges, getting scripted, and connecting women to treatment programmes. Across core services, between April 2023 and September 2024, 102 women accessed the needle exchange service on 509 occasions, promoting safer drug-use practices.

Several women credited MASH with helping them get onto detox or rehab programs and maintain their medication: *“Now I have come off heroin through MASH”*

The Outcome Star data on alcohol and drug use presents an interesting picture. At first glance, progress rates appear lower compared to other domains, with 25% of women improving in

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alcohol use and 17% in drug use. However, a significant proportion maintained stability—58% in alcohol use and 42% in drug use. In these areas, maintenance itself is a highly positive outcome, as it can indicate that someone is staying on an opioid substitute script or managing their substance use in a stable way, which is a crucial step in recovery.

Notably, fewer women dropped back in alcohol use (17%) compared to drug use, which likely reflects the different nature of addiction and recovery patterns. People in recovery from drug addiction often experiencing periods of stability, relapse, and progress at different stages. The data suggests that while progress in these areas may be slower, MASH's support is crucial in helping women maintain stability, which is a key factor in long-term recovery.

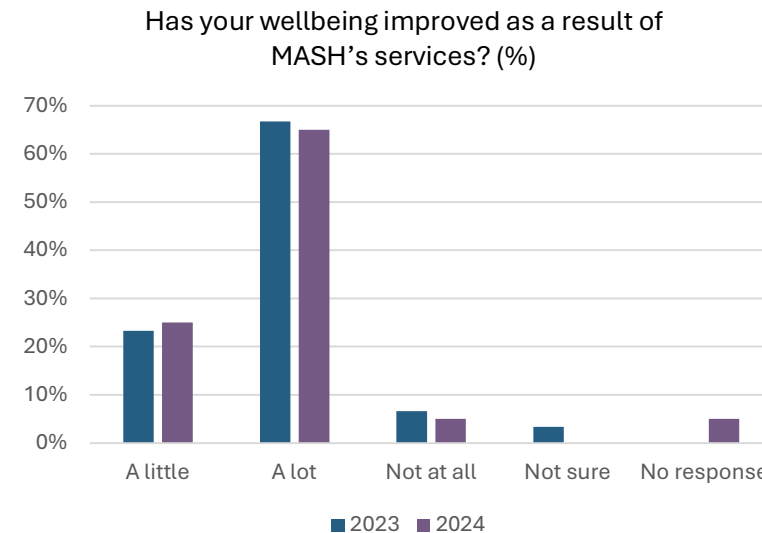
## Conclusion

MASH plays a critical role in improving women's health, with 86% reporting better health in 2024 as a result of its support. Through holistic, trauma-informed care, MASH addresses a wide range of health needs, from sexual health and harm reduction to mental health, substance use, and housing support.

Women consistently highlight the compassionate and stigma-free approach MASH provides, making it easier for them to access essential health services they might otherwise avoid.

## 10. Wellbeing

The second of MASH's core outcome areas, as outlined in the Theory of Change, is that women have improved wellbeing. This includes mood, motivation and sense of identity, engagement with MASH and other services, feeling heard and that someone cares, and relationships and social connections.



### Wellbeing: Key findings

The chart illustrates responses about improvements in wellbeing from the 2023 and 2024 surveys. The findings indicate that MASH has had a consistently strong positive impact on women's wellbeing, with a majority reporting notable improvements: in both 2023 and 2024, 90% said that their wellbeing was better a lot or a little as a result of MASH support in 2023 and 2024.

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## *The link between wellbeing and relationships*

- Women's understanding of wellbeing varies depending on their personal journey. For those who are sex working, actively using substances, and sleeping rough, wellbeing may be about survival—staying safe, warm, and having basic needs met. In contrast, women who are housed, more settled, and in contact with family or friends may define wellbeing in terms of emotional stability, self-worth, and future aspirations.
- Many women link their wellbeing more closely to relationships than external factors like physical health. These relationships may include family, children, other women in sex work, MASH staff, or even past perpetrators.
- MASH adapts its approach to wellbeing support based on where a woman is in her journey.

## *The role of safety and stability*

- Wellbeing is often secondary to more urgent needs such as housing, safety, and substance use. Until these are addressed, deeper reflections on emotional wellbeing may not feel relevant or possible.
- Women who have been supported by MASH for longer—particularly those who have built stronger relationships with staff and achieved more stability—are more likely to reflect on their overall wellbeing and future goals. Stable accommodation is essential for emotional wellbeing,

aligning with models such as Maslow's hierarchy of needs<sup>9</sup>.

- Once housed, women can engage more in discussion around self-esteem, mood, and personal growth.

## *Feeling that somebody cares*

- One of the biggest findings from the evaluation is the importance of consistency and care in MASH's support.
- Many women feel like no one cares about them due to the high levels of discrimination and stigma they face and previous negative experiences with services.
- MASH provides a sense of security and belonging, which makes a significant difference in their lives.
- Feeling genuinely cared for can be a powerful catalyst for change, helping women rebuild trust, self-worth, and hope for the future.

## *Overcoming stigma and building trust*

- Women experience stigma, particularly from law enforcement, feeling treated as criminals rather than victims when reporting crimes committed against them.
- A lack of protection from the police reinforces mistrust and isolation.
- MASH provides a safe, familiar space where women feel valued and included.
- By building trust with MASH staff, women can gradually rebuild trust in wider support systems.

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<sup>9</sup> McLeod, S. (2025). *Maslow's hierarchy of needs*. [online] Simply Psychology. Available at: <https://www.simplypsychology.org/maslow.html>.

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The sections below examine each section of the Theory of Change outcomes relating to wellbeing in more detail: wellbeing, social and engagement outcomes.

## Wellbeing

### *Stress & Resilience*

One of the key areas where MASH has made an impact is in reducing stress, providing women with a safe space to offload their worries and seek support.

*"Able to offload all my troubles. Helps to destress."*

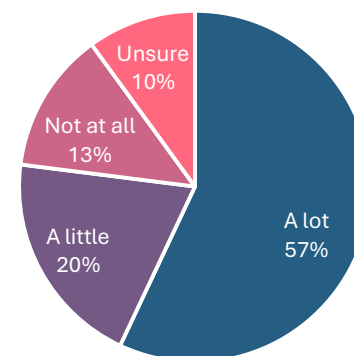
Similarly, MASH plays an important role in improving women's moods, with many women accessing services reporting feeling less depressed and emotionally supported. One woman reflected that she *"was suicidal, emotional, broken, and depressed, and coming here was the best thing."* Others described how the consistency and reliability of MASH's support improved their overall mental wellbeing.

Outcome Star data shows that 58% of women made progress in managing feelings, coping with stress, and maintaining mental wellbeing—one of the highest progress rates across all domains. Meanwhile, 42% experienced setbacks, which may be due to external stressors or daily fluctuations in emotional health. Mood changes are natural, particularly for those facing mental health challenges, substance use.

Resilience is a critical component of wellbeing and being able to manage stress, and the evaluation suggests that MASH helps many women feel more resilient. In the 2023 survey of 30

women, 77% said they feel more resilient as a result of MASH's services.

Do you feel more resilient as a result of MASH's services? (%)



Interestingly, two women stated that their resilience was not a result of MASH's support but rather something they had developed independently. One woman shared, *"I have always been resilient, my resilience is all down to me."*

### *Self-esteem, identity & motivation*

Self-esteem is another area where women have seen improvements. Women accessing services spoke about how MASH helped them feel more confident and valued.

*"Helped me look at myself and have really tried to help me love myself. More confidence."*

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Some women described how the warmth and emotional support provided by MASH helped them feel better in themselves and more secure in their personal lives. In addition to confidence, MASH also plays a role in motivation. One woman accessing services shared that MASH had *"helped me change my perspective,"* indicating the influence of the service in encouraging women to see new possibilities for themselves.

For many women, MASH has also contributed to a stronger sense of identity. Women described feeling understood and supported in their personal journeys, particularly in terms of gender identity and self-expression.

*"MASH understands my specific needs and has helped me find the courage to express myself and believe in myself as a woman."*

Some women also expressed a sense of pride in their personal progress. One woman reflected, *"I'm really proud of myself. I really am."*

Feeling more in control of one's life is another key outcome identified in MASH's Theory of Change, and through the evaluation women often described the organisation as instrumental in helping them navigate personal and structural challenges. One woman said that MASH had helped her *"change my life for the better."* Others highlighted practical support, such as assistance with healthcare appointments and court dates, as key to regaining stability.

*"[worker] helped me with my health appointments and court dates – helped me sort myself out."*

## *Coping mechanisms*

Although no one described specific coping mechanisms, women talked about being better able to manage their lives and feel more hope for the future.

*"MASH has given me hope so I've learned to cope."*

One woman's journey illustrated how reconnecting with family was a key turning point for her, facilitated by MASH's support. She shared, *"[support worker] helped me get back in touch with my family, which was one of the most important things ever."*

Despite these clear areas of impact, there are some gaps, particularly in relation to increased pride and dignity. While qualitative feedback suggests that MASH is making a difference in these areas, more targeted data collection could provide a clearer picture of the depth of these improvements.

## *Social*

### *Social connection & support networks*

Feelings of isolation are common among the women MASH supports, with many reporting a lack of close relationships and a sense of exclusion from mainstream society. MASH plays a role in reducing isolation, and increasing social connections among women. MASH's services offer opportunities for social interaction, helping women develop friendships and feel part of a supportive community. MASH facilitates these connections through informal interactions at the drop-in centre, as well as organised activities such as outings, refreshments, and structured group sessions.

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*“I enjoy coming here, having nails painted, having brews, good chat with lovely staff.”*

*“MASH provides a community to me.”*

For some women, social connection at MASH has been instrumental in life changes, including moving away from sex work. Through fostering a safe environment, MASH enables women to develop social skills and build meaningful relationships. Structured activities such as alternative therapies and workshops also help contribute to this.

*“MASH has helped me to socialise with people... I made a good friend at MASH who I am still friends with now. My friend stops me from going back down the beat.”*

*“I have enjoyed working with MASH; it has built my social skills.”*

MASH helps women develop stronger support networks, both practically and emotionally. Many women express a deep sense of appreciation for the reliability of MASH staff, who provide a consistent presence in their lives.

*“The staff are always asking if I’m okay, having chats to get stuff off my mind. The staff are very helpful with lots of stuff.”*

By sharing experiences with others in similar situations, women can also build their support networks beyond professionals. One woman accessing services expressed how this sense of shared experience had helped her cope with challenges, saying, *“My confidence has increased, and I’m able to meet people in similar positions and share our problems. Working towards positive solutions. A problem shared is a problem halved!”*

## *Reconnection with family and children*

MASH provides practical and emotional support to help women rebuild these relationships, whether through assistance with housing, adoption procedures, or legal support. One woman accessing services shared how MASH helped her maintain contact with her daughter in Romania, stating that the organisation played a key role in the process of bringing her to the UK. Another woman accessing services highlighted how MASH’s advocacy in court enabled her to retain custody of her child.

For some women, overcoming past struggles—including substance use—is a crucial step in re-establishing family connections. One woman accessing services described the emotional impact of reuniting with her son after making progress with her recovery: *“When my son saw me with my weight back on looking like his Mum again, he was overwhelmed. He looked so happy when he seen me and proud of how well I looked.”*

Outcome Star data for 12 women on family and relationships highlights the complexities of this process. While 50% of women made progress in improving their family and relationship connections—an encouraging sign that MASH’s support is making a tangible difference—17% maintained their progress, and 33% dropped back.

This drop-back can be attributed to a range of factors, including ongoing experiences of domestic abuse, coercive relationships, or family rejection due to stigma around sex work and substance use. For some women, unresolved trauma, mental health struggles such as PTSD or depression, or the loss of custody of

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children can act as significant barriers to sustaining progress. Housing instability or homelessness can also disrupt family connections, making it difficult to maintain consistent contact. The complexity of these challenges highlights that progress in family and relationships is rarely linear — women may move forward at times but then experience setbacks due to external pressures, systemic barriers, or personal struggles.

## *Understanding of healthy relationships*

There is some evidence from the evaluation that MASH helps women understand the dynamics of healthy relationships and make informed choices about their personal lives. One woman accessing services reflected on how MASH had helped her gain perspective on past experiences, particularly concerning the safety of her child: *“Because I hadn’t been open about how violent my ex-partner was, they saw my situation as a danger to my son. Him being in that situation – I can completely understand now.”*

However, the evidence around this outcome is limited, more work to understand the nuances of this outcome would be useful.

## *Time used more meaningfully*

There is evidence from the evaluation that MASH does support women to use their time differently. For some, this means engaging in education or training, while for others, it involves small steps towards building confidence and self-worth.

One woman accessing services shared her aspiration to use her experiences to help others, saying, *“I want to do a health and*

*social care course. I’ve been told that they actually want people with a bit of experience, because it helps to understand people’s lives more.”*

## Engagement

### *Increased trust of MASH*

MASH cultivates a strong sense of trust among the women it supports. Many describe MASH as a safe and consistent presence in their lives, offering support without judgment or expectation. Trust is built through reliable, ongoing engagement, particularly for groups that have historically been let down by services. Trust is also built through small but meaningful acts of care. One staff member noted that something as simple as *“remembering the name of someone’s dog”* helped to establish trust and connection.

*“Because a lot of us have been taken advantage of. Everyone’s always wanted something... So when people are genuinely helping you, it’s hard.”*

*“I wasn’t very trusting of services or social workers at the time. I didn’t trust anybody. But the psychologist who I’d been referred to in 2021 recommended that I ring MASH and get a case worker. I ended up speaking to [case worker] at MASH. She was good to talk to about things and I very quickly trusted her.”*

For some groups, particularly Eastern European women, engagement with services has been hindered by fear and misinformation.



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*“For a long time, Eastern European women thought the MASH van was attached to immigration... it’s just building those links and trust with the Eastern European women. And that happens slowly and continues to happen.”*

For many women, MASH is a lifeline.

*“I love MASH. Like I say, MASH saved my life. They save many women’s lives, actually. They’re still doing it now.”*

*“Trying to get through that barrier to help women is the biggest thing. But that trust takes a lot. But once you get that trust, you’ve got a lifelong supporter. I’m forever grateful.”*

## *Feel Someone Cares*

One of the strongest themes in the data is that MASH fosters a caring environment where women feel valued and supported. Women repeatedly highlight how MASH’s presence in their lives provides them with a sense of security and belonging. This is powerfully reflected in the many voices of the women themselves, as illustrated by the quotes below.

*“It means a lot to know someone’s there for you.”*

*“MASH makes me feel warm and welcomed :).”*

*“Mash know and remember me and always remember the last thing I spoke about, even if it has been months and months. This means a lot to me and makes a difference to my feelings.”*

The MASH van itself is a symbol of dedicated support, with a woman accessing services stating, *“The van turns up on the beat, and we know this is for us and no one else. MASH is ours.”*

Staff members recognise the importance of consistent, genuine care, with one reflecting, *“A woman knows that we genuinely care because we do, you know, and I think that comes across, and it makes all the difference in the world sometimes.”*

## *Reduced Feelings of Stigmatisation*

One woman accessing services expressed how MASH helps women develop a more positive self-image, saying, *“MASH makes me feel safe and that I’m a good person. They help you see the good in yourself.”* This is particularly important for women who have been stigmatised by society, as one woman shared, *“I was told I would always be a crack-head.”*

MASH also advocates on behalf of women to challenge stigma in other services. Staff noted that MASH intervenes when other organisations treat those accessing services unfairly, ensuring that women receive respect and dignity in professional settings. In addition to direct advocacy, MASH also provides training to other organisations in trauma-informed practice, equipping professionals with the knowledge and skills to deliver more compassionate and effective support for women, although the impact of this training is beyond the scope of this evaluation.

## *Feel More Heard*

This is another outcome that was evidenced really strongly through this evaluation, feeling heard is crucial for many of the women MASH support who have spent years feeling ignored or dismissed by other services. At MASH, they feel listened to and valued. MASH offers not just practical support, but also emotional validation, as reflected in the many examples shared by women, a few of which are included below.



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*“MASH staff listen to me.”*

*“Feel like my voice is heard and my opinions matter.”*

*“MASH helps with listening, chatting, forms, food, and love.”*

## *Increased Engagement with Other Services*

This evaluation found that MASH plays a crucial role in helping women access and engage with other services. Many women face barriers to attending appointments, whether due to anxiety, logistical challenges, or fear of stigma. Additionally, a chaotic lifestyle—such as not knowing the day or time, substance use, or not having a permanent place to stay—can make it even harder for women to engage with structured support. MASH provides practical support, such as accompanying women to appointments, offering reminders, and encouraging them to seek help, ensuring they receive the services they need despite these challenges.

MASH's encouragement can be crucial in helping women access other services, especially when mental health challenges or other struggles make engagement difficult. As one woman accessing services described, *“The voice in your head tells you you can't get out.”* Another woman accessing services highlighted how MASH supported her in navigating professional interactions, stating, *“MASH helps me co-operate with the professionals.”*

MASH's partnerships with external services are also important in ensuring continuity of care. For example, MASH helps *“bridge referral from MASH ladies into the Gransmoor”*, ensuring that

women can access further support in a way that feels safe and familiar.

## *Reduced Fear of Stigma from Other Services*

The primary support for this outcome comes from staff focus groups describing instances of challenging other organisations regarding their treatment of women accessing services and how their being trauma-informed positively impacts other services.

*“MASH have worked really hard to form a relationship with the council that gives us the space to advocate for the women. You know, we have them where we've been told they don't have duty and we've managed to get that overturned and really fight for them in that way.”*

*“I have had someone say to me when we were kind of negotiating around like attending A&E for a really significant health issue... a big barrier to them attending was the kind of microaggressions that they might experience from medical professionals because their issues were caused by injecting drug use. And I remember her saying, ‘can you stay with me for this, because then they won't say it’...you're like a bit of a buffer or like a bit of defence.”*

## 11. Safety

### Safety: Key Findings

#### *Feeling safe & safe relationships*

- MASH provides a place where women feel they belong, creating a sense of emotional security and community.
- Women describe MASH as one of the few places where they feel accepted and supported without judgment.

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- Women know they can rely on MASH staff for understanding and assistance, regardless of their circumstances.
- MASH provides a consistent, supportive presence, helping women feel valued and accepted without pressure or judgment.

## *The outreach van*

- The van offers immediate safety and protection for women working on the streets, reducing their risk in vulnerable situations.
- The visible presence of the van helps deter potential threats, offering reassurance to women out on the beat.

## *Access to resources:*

- MASH provides important updates, such as warnings about dangerous individuals, enabling women sex working to make informed decisions to protect themselves.
- MASH offers resources such as condoms, safe sex advice, and sexual health checks, supporting women's physical wellbeing.
- Staff share safety tips and insights to help women manage risks in their environment.

## *Drop-in centre*

- The drop-in centre allows women to meet others in a safe, non-judgmental environment, fostering peer support and reducing isolation.
- The centre offers a sense of community where women can relax, connect, and access practical support.

MASH not only offers immediate safety and support but also equips women with the knowledge and tools needed to enhance their own safety in the long term.

We will now present the evidence for each outcome area: safety, offending and rights.

## Safety

MASH plays a critical role in improving safety for women involved in sex work in Manchester by providing physical and psychological safety.

### *Increased sense of safety*

The evaluation findings show that MASH significantly enhances women's sense of safety, providing both practical and psychological support. The 2024 survey found that 70% of women accessing services reported feeling a lot safer due to MASH's services, an increase from 64% in 2023.

MASH's physical presence plays a vital role in women's safety, particularly through the outreach van and the distribution of safety materials. The MASH van is a crucial safety measure on the beat, providing a visible and reliable source of protection. Women frequently highlighted its importance, with one describing it as *"like a lighthouse"*.

*"If I'm feeling down, in a bad place, when you see the van it's like a light. It's like being at sea and seeing a lighthouse. When you get on, you feel safe...I'd be lost without them."*

*"When working the beat, it makes me feel a lot safer knowing the van is out."*

The sense of security extends beyond those who directly access the van. A staff member noted that *"even if they don't access the*

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*van, knowing that this big, massive conspicuous vehicle is in a really dark place” makes a difference.*

*“The van being there helps me feel safer when I am on the beat. I like having a brew and a chat.”*

*“Some of the women say that the van provides a bit of safety, a bit of protection from punters. And even though we’re not like an emergency service, it’s an imposing vehicle, it’s a big motorhome, and the women have said they feel safe when the van is on and around the beat.”*

MASH also distributed 136 personal safety alarms between April 2023 and September 2024, helping women feel more secure.

*“I had problems with my ex-husband, I didn’t feel safe, like someone was always watching me. Staff gave me an alarm, and I feel safer having somewhere to live.”*

The drop-in centre further contributes to safety by providing a secure and judgment-free space where women can rest, meet others, and access support. One woman described it as *“Even if I wasn’t coming down here to work, I would still come down to see MASH. And if it wasn’t for MASH, I don’t think I would come down here at all. It’s them that made me feel safe, you know. As soon as you come in here, it’s familiar. They make you feel like they keep everything together. They make you feel safe, like you belong again.”*

Women also benefit from harm reduction materials such as condoms and sexual health checks, ensuring they have the tools to protect themselves.

Beyond physical security, MASH fosters a sense of emotional and psychological safety. Women often express that knowing MASH is available provides them with a sense of stability.

*“Always know that someone is gonna be there for you. Whether it’s just a brew or something more important. They offer a sense of security.”*

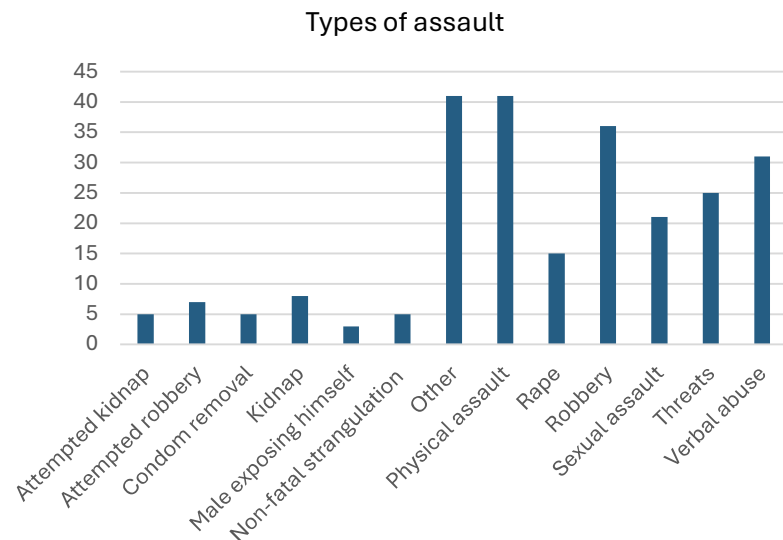
*“If a woman has come on the van, she’s had a chat, she’s had a break, she’s had a chance to get out of her survival brain and have a bit of a chat with staff... when she goes back out on the beat, she can be more vigilant.”*

The trusted relationships built between women and MASH staff are central to this sense of safety. As described in the previous section, women who have been let down by other services or felt judged elsewhere described that MASH staff offer a different kind of support—one that is non-judgmental, consistent, and rooted in genuine care.

## *Increased number of crimes reported*

There is little direct evidence on whether MASH has led to an increased number of crimes being reported. While no women explicitly mentioned crime reporting in interviews or survey responses, staff observations suggest that MASH facilitates better relationships between women and the police, which may encourage more reporting over time. However, further research is needed to confirm this.

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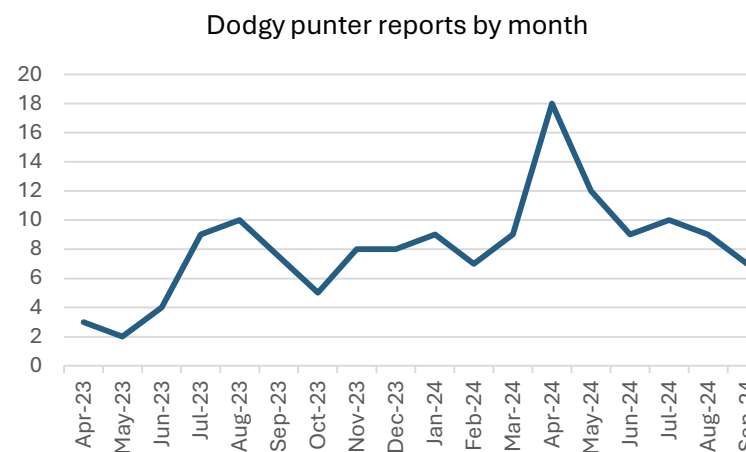


## *Reduced engagement with 'dodgy punters' & reduced sexual violence*

MASH also helps women reduce their engagement with "dodgy punters" by providing information and a mechanism for reporting dangerous individuals. One woman accessing services described how the dodgy punter flyer "can mean the difference between getting raped." The presence of the MASH van is another factor that may deter violent behaviour.

<sup>10</sup> National Ugly Mugs operates a national reporting scheme so sex workers can report dangerous individuals and incidents anonymously. <https://nationaluglymugs.org/>

Between April 2023 and September 2024, MASH recorded 139 dodgy punter incidents reported by women being supported. There is an overall upward trajectory of reporting during this time period with a peak in April 2024. The most frequent incidences are physical assault, robbery, verbal abuse, and 'other'. 27% of incidences were reported to the police and 81% were reported to National Ugly Mugs<sup>10</sup>.



## *Increased court processes completed, improved access to SARC & increased prosecutions of perpetrators*

This evaluation found that MASH plays a role in supporting women to complete legal and health-related processes, such as

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attending court hearings and medical appointments. One woman accessing services explained that their caseworker helped them "do the things I needed to get done," acknowledging that without MASH's support, they likely would not have followed through.

MASH's legal advocacy has helped some women secure justice against perpetrators. One woman shared that she provided a witness impact statement, which led to her abuser being jailed for coercive behaviour.

*"I did a witness impact statement and my abuser ended up going to jail for coercive behaviour."*

However, the data in this area is somewhat limited and there is no direct evidence in the evaluation regarding improved access to Sexual Assault Referral Centres (SARC), highlighting a gap in data collection rather than necessarily a lack of impact.

## *Reduced domestic violence:*

Between April 2023 and September 2024, 234 women were supported around violence against women. MASH's role in supporting women affected by domestic violence was evident, with at least one woman successfully relocating out of Manchester to escape abuse. Many women accessing services reported that they felt supported in processing their experiences and exploring safety options. One woman described how MASH helped her leave domestic violence and provided emotional support as she navigated her situation.

A woman accessing services said, *"Help to come out of DV. Support to talk about my situations. Talking to my case worker"*

## *Reduced time trafficked*

There was no specific evidence captured on whether MASH has contributed to reducing the time women spend being trafficked.

## *Offending*

MASH's work in reducing offending behaviour, particularly related to sex work and begging, is more challenging to assess, as women may be reluctant to disclose their involvement in criminalised activities; we did not have any feedback directly from women MASH support around offending. The primary source of data here is from MASH staff and we specifically asked some questions around this area of the Theory of Change to a group of staff via email and had 5 responses from staff working directly with women, as well as a statement from the Head of Services. Between April 2023 and September 2024, 101 women were given support around the criminal justice system.

## *Reduced Offending*

MASH staff who work with women one-to-one highlighted examples of women who have reduced their offending with MASH's support. By assisting with housing, access to benefits, and transport, MASH helps address the underlying issues that can lead to reoffending.

*"Casework support generally reduces the likelihood of women offending through supporting their financial needs by supporting to access benefits, supporting to access food banks, and support accessing drug treatment. Reducing women's needs to commit crime."*

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This can have a profound impact on women who have spent years cycling in and out of prison.

*“This service user was supported into a tenancy after continual breakdowns in temporary accommodation placements/periods in prison and then probation accommodations. She’s held this tenancy for nearly 2.5 years now ... [and for a 19 month period] she didn’t spend any time in prison – which was the longest period she’d had without being in custody [in 25 years].”*

MASH can also support women through the criminal justice system and help them engage with the process where they might otherwise struggle, reducing their risk of further legal trouble.

*“When attending court, we help women stay at court by ensuring they have access to Opioid Substitute Treatment if they would be going into withdrawal and can support with food and drink. Especially if it is a long court day, this means women can stay through the whole process.”*

One of the staff that works on the van said:

*“We readily chat to the woman on the van about the dangers of taking punters phones / money and the impact this could have on their safety / the safety of other women as well the risk of being reported to the police by the punter.”*

While the impact of these conversations is difficult to measure, they may influence women's decisions and help them make safer choices.

## *Interactions with probation*

The evidence from caseworkers highlights that MASH can play an important role in facilitating contact with probation which is really important because women might not attend probation alone or be able to comply with probation systems and appointments alone – supporting women to engage with probation is vital when someone has been released from prison on a licence and can prevent them being recalled.

*“MASH facilitates contact with probation. We will literally take women there. If women don’t have a phone, they can ring probation at the Drop-in. Probation will also sometimes attend the Drop-in, enabling some of the women with the most chaotic lives to stay in contact with probation. Many of the women we support will not go alone to probation, so this support is vital.”*

## *Reduced criminalisation of sex work*

MASH’s Head of Services made a statement about the formal strategic partnership that the organisation has with Greater Manchester Police:

*“We have been working for many years with Greater Manchester Police (GMP) to ensure the safety of women who work in the sex industry. The partnership we have with the police is victim focused so criminalisation of sex work is not a model that is used anymore. We are fortunate in greater Manchester that we have this unified approach with GMP and that we all work together with a prime focus on the safety of women. MASH are joined up with the local neighbourhood teams within GMP who have officers who are special points of contact for the women. GMP also have a female police officer who delivers police clinics at*

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*MASH. This builds rapport and trust with the women, encourages reporting of crime and breaks down any barriers. MASH pass a lot of anonymous intelligence to the police to ensure the safety of the women and we actively encourage women to report crime to the police. Through this joint work dangerous perpetrators are often taken into custody by the police which minimise risk of further harm or escalation.”*

Staff members working on the front-line have seen this partnership in action, adding that the outreach van is able to advocate for a safeguarding approach and one mentioned that a Police Officer was sent on training after their behaviour was reported by MASH.

*“Generally speaking, we meet the Police quite often on Outreach and invariably they seem to have the women's safety at heart. On the occasions when a woman tells me that she has been approached by a police officer, I always ask how that interaction went. More often than not, the woman responds 'they just asked if I was ok'.”*

## *Begging and enforcement activity*

The on-street outreach worker said they felt that their *“role plays a part in reduction of action being taken”* particularly through the Street Engagement Hub. Now Police Officers might speak to a woman a few times before taking action and MASH is able to advocate on their behalf to the Police.

*“I recently had an officer that works at the street engagement hub approach to ask if a woman was working with me...he went on to explain there had been some problems with her behaviour*

*and he was worried it was getting to the point that action would have to be taken but if she was engaging with services then he could advocate for her. It also meant I could have an honest conversation with her.”*

The evaluation did not capture any evidence around changes to women's awareness of begging and enforcement.

Outcome Star data although limited to 12 people provides some insight. The evaluation found that 42% of women made progress in reducing offending behaviours, while 17% maintained stability. However, 25% experienced a drop-back, highlighting the ongoing challenges many women face in this area.

## Rights

### *Increased awareness of rights*

This evaluation found evidence that MASH plays a role in increasing women's awareness of their rights, particularly in relation to sex work, benefits, and legal status. Many women accessing services reported that they turn to MASH for support when navigating legal and bureaucratic systems. One woman emphasized that she would always speak to MASH about her rights because she had negative experiences with the police. This suggests that MASH provides a critical buffer between women and institutions that they may otherwise distrust.

*“The police were fucking awful. So yeah, when it comes to my rights, I would always speak to MASH.”*



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## *Increased access to benefits & legal status*

Access to benefits is a key area where MASH provides support. One woman described how MASH helped her navigate the benefits system and spoke on her behalf when she needed assistance. This type of advocacy is particularly important for women who struggle with communication barriers or who have had negative experiences with welfare agencies.

MASH also helps women access legal identification, which can be a major barrier to securing stable housing and employment. One woman accessing services shared that she had received support to attend the Romanian Consulate to replace her identification documents, highlighting the organization's role in helping women establish legal status.

*"I have had help to attend the Romanian Consulate to replace my identification."*

*"If you need help or support with your benefits, they will speak on your behalf."*

## *Reduced vulnerability to dodgy landlords, employers*

There was little direct evidence in the evaluation on whether MASH reduces women's vulnerability to exploitation by landlords or employers. While it is likely that access to financial support and legal status contributes to reducing this risk, further data is needed to establish a clear link.

## **Outreach Van**

This evaluation shows that the van is critical in providing safety for women involved in street-based sex work and has a big

impact on the safety of women working on the beat in Manchester.

The MASH outreach van plays a critical role in improving safety and providing emotional support for women working on the beat. Its presence serves as a visible, reliable, and protective resource, offering a safe space, practical assistance, and an immediate point of contact for women who may otherwise feel isolated or at risk.

Many women describe the van as a source of security and comfort, helping to mitigate the dangers they face while working. One woman accessing services explained, "The van being there helps me feel safer when I am on the beat. I like having a brew and a chat." Similarly, another woman described how the MASH van acts as a "light" or "lighthouse," making her feel safe. This metaphor underscores the van's role as a beacon of security in an often unpredictable and dangerous environment.

Women who engage with the outreach van frequently highlight how its presence reassures them that they are not alone. One woman shared that when working, "it's just me and a smartphone," but with the van nearby, "you don't feel you're on your own. It's valuable that there's someone else there." This demonstrates how the van provides a psychological safety net, reducing feelings of isolation and vulnerability.

The physical presence of the van itself acts as a deterrent to potential threats. According to a staff focus group, the van provides "a bit of safety, a bit of protection from punters...it's an imposing vehicle." Several women reported that they feel safer when the van is on and around the beat, reinforcing its role as

both a practical and symbolic source of protection. Even for those who do not actively engage with the van, just knowing that a "big, massive conspicuous vehicle" is parked nearby in a dark or isolated area provides a sense of security.

The impact of the van extends beyond just its presence. Staff recalled an incident where, in all likelihood, a woman would have been attacked had MASH not been there at that moment. This highlights the van's role not only in passively providing safety but also in actively preventing harm.

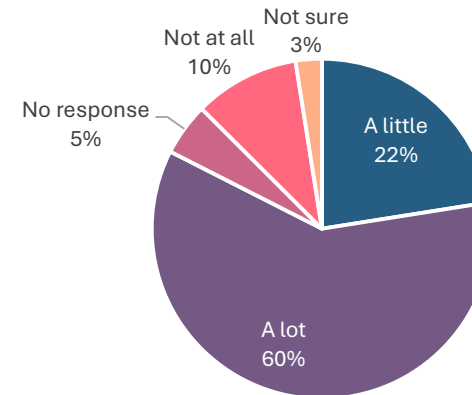
For many women, the MASH van represents more than just a practical resource—it offers a sense of stability and reassurance. One woman accessing services expressed that she "always knows that someone is going to be there for her" when the van is around, reinforcing the importance of consistent and trusted support.

The evaluation findings clearly indicate that the MASH outreach van is an essential element in promoting safety, reducing risk, and providing both practical and emotional support for women in vulnerable situations. Its visibility, accessibility, and trusted presence make it a vital part of MASH's harm reduction approach, ensuring that women know they are not alone and have a safe space to turn to whenever they need it.

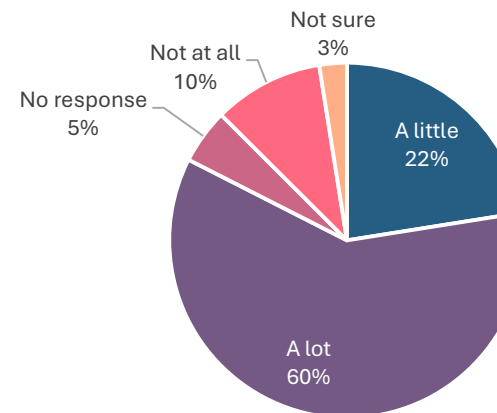
## 12. Achieving Goals

This section follows a slightly different structure: first we present evidence around goal achievement from the 2024 survey, and then look at the different areas of the Theory of Change.

Has mash supported you to identify your priorities or goals? (%)



Has mash supported you to achieve your priorities or goals? (%)



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## 2024 Survey findings

MASH does play a role in helping women identify and work towards their goals, though the nature of these goals varies depending on individual circumstances. The 2024 survey gathered quantitative data on this outcome, asking women whether MASH had helped them identify and achieve their priorities or goals. The findings showed notable impact, with 82% of respondents stating that MASH had supported them in this area, either “a little” or “a lot.”

However, while the survey responses indicate that many women feel MASH has contributed to goal-setting and achievement, there was less qualitative data from the additional research to explore what this looks like in-depth. The data suggests that while some women further along in their journeys were able to articulate specific ways MASH had helped them set and achieve goals, many of those engaging with MASH are primarily focused on meeting immediate basic needs rather than long-term goal setting.

### *Key Themes from the survey*

From the survey responses, the following themes emerged regarding how MASH has supported women in identifying and working towards their goals (from 15 women’s responses):

#### **1. Housing, financial stability, and basic needs**

- Securing accommodation, including supported housing, temporary housing, and independent living.

- Support with rehab and detox placements, as well as transitions into supported housing.
- Assistance with opening a bank account and managing finances.
- Providing food support five days a week, as well as night-time support through the outreach van.

#### **2. Emotional wellbeing and personal growth**

- Helping women feel better about themselves and more in control of their lives.
- Encouraging long-term goal setting and positive life changes.
- Providing ongoing support throughout their journeys, with flexibility to engage when ready.

#### **3. Navigating Systems and Advocacy**

- Supporting at least one woman with the adoption process.
- Helping them attend important appointments, including health appointments and court dates.
- Providing guidance on discussing and planning future goals.

#### **4. Practical Support and Safety**

- Ensuring access to essential services, including food, housing, and harm reduction support.

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- Creating a safe and stable environment where women can begin to think beyond immediate survival.

We will now review the evidence for the subcategories in the Theory of Change.

## Skills development

A couple of women mentioned IT skills and creative skills. One woman accessing services stated: *"MASH helped me to start staying away from the beat. I see [support worker] once a week. [support worker] is supporting me to get a computer and look at courses. It encourages me to leave the property and gives me purpose"*

MASH provides access to creative activities, and one woman talked about being sent art supplies were sent art supplies so she could still be involved in creative activities without having to attend the drop-in.

Findings from the Outcome Star tool indicate challenges around managing finances. While 33% of women made progress in financial stability and 17% maintained their position, 50% dropped back. Financial setbacks could be linked to multiple factors, such as difficulties in managing benefits, unexpected costs, or challenges related to substance use.

Despite these challenges, some women were able to improve their financial situation with MASH's support. One woman accessing services shared:

*"They have helped me get funding so I can get clothes and things for my flat. I spent it wisely."*

Another woman described how receiving PIP back pay with MASH's help changed her life:

*"[case worker] has helped me with money like getting PIP back pay. I've bought a brand new sofa, I've had carpets fitted. It felt amazing to go out, buy furniture and pay for it. I can't even explain it. I was so proud. Walking out with the receipt. I was so excited. I absolutely love it. Now, I'm careful with my money. I make sure all my bills are paid. Now if I want something or I want to buy Christmas presents for my family, I can. I've got that little bit left still in my bank account. Before I wouldn't have any at all. It would all just go on drugs."*

## Independence

The concept of independence is complex and was not explicitly mentioned by the women supported by MASH. It is unclear whether this is because they already feel they have a level of independence or because the term does not resonate with their lived experiences. Rather than framing their progress as *becoming independent*, women often talk about making their own decisions and feeling more confident in them.

*"I think a lot of my role is about empowering women"*

MASH plays a role in facilitating progress towards individual goals, as outlined in the previous sections, as well as supporting women to make their own decisions with greater confidence.

## 13. Service Delivery

The evaluation highlights that how MASH delivers services is just as important as the services themselves. Women accessing MASH repeatedly emphasised that safety, trust, connection, and care are central to their experience of support. The approach taken by staff and volunteers—being reliable, flexible, and non-judgmental—plays a crucial role in building positive relationships and empowering women to engage with support at their own pace.

*“I feel safe too. That’s the only way I can put that into words. I feel secure. We are all human, and we get treated individually. You’re not judged because of what you do or what drugs you take. A lot of times, drug users are working girls. You’re appreciated. Your qualities are noticed as well, not just your faults.”*

### Service delivery: Key Findings

From the feedback gathered, several key qualities define MASH’s approach, which are explored further below:

- Consistency and trust
- Caring and kind
- Flexible support led by women’s needs
- Safety and connection

Women often smiled when talking about MASH staff, highlighting the emotional connection and empowerment they feel through MASH’s support.

*“They know what I need in my journey.”*

### Consistency and Trust

One of the most valued aspects of MASH’s support is its consistent and dependable presence. Women repeatedly describe how knowing MASH is always there provides a deep sense of safety and stability, especially for those who have had unreliable or harmful experiences with other services. As one staff member explained:

*“We’re not going anywhere. We’ll always be here. You access us when you can, when you’re ready. We never force this service on the women.”*

This ongoing presence—whether through drop-in services, the outreach van, or long-term engagement—fosters trust and allows women to seek support on their own terms. One woman accessing services reflected on this sense of reliability:

*“I always receive support from [staff member] and other members of staff.”*

For many, MASH is not just a service, but a safe space where they can return whenever they need to, without fear of judgment or pressure.

### Caring and Kind

Women using MASH’s services frequently express appreciation for the non-judgmental, compassionate environment.

*“MASH has the time, effort, and understanding for all of us here. There isn’t any judgment, and it’s comfortable.”*

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This empathetic and person-led support ensures that women feel seen, heard, and respected—regardless of where they are in their journey.

MASH's support goes beyond immediate needs, offering a holistic approach that addresses safety, emotional wellbeing, and long-term resilience. The organisation recognises that progress is non-linear, and women's own definitions of success may not always fit traditional service outcome measures.

*"It's safety, needle exchange, harm reduction, and consistency and boundaries into more long-term support."*

## *Flexible support led by women's needs*

A key principle of MASH's approach is that support is shaped by what each woman wants, rather than being dictated by rigid systems. This flexibility is particularly important for those who have faced trauma, stigma, or barriers in engaging with traditional services.

*"They are there to help. They understand what I am going through. They understand what I need."*

MASH recognises that:

- Engagement is not always about immediate change—it's about creating a space where women feel comfortable enough to return when they are ready.
- Some women engage consistently but do not necessarily seek major life changes—yet still find MASH's support invaluable.

- Progress is non-linear, and women's definitions of success may not align with traditional service outcome measures.

MASH staff are known for their creative and adaptable approach, ensuring that support is accessible even for women who may not feel comfortable engaging with traditional services. Many women value the small, informal interactions that build trust and create a sense of normality.

*"I'd say the key thing for women is flexibility in terms of the things I'm supporting with. It's hard to pin it down to a couple of things. If it's anything and everything, really—could be little conversations and having a breather."*

Women appreciate the warmth of these everyday interactions, whether it's sharing a cup of tea, having a casual chat, or simply seeing a familiar face. This flexibility allows MASH to support women at different points in their lives, in different ways, ensuring that each woman's needs are met with care, kindness, and respect.

## *Safety and connection*

MASH relationships are built on clear boundaries, honesty, and transparency, creating a structure that fosters emotional safety. Many women have had negative experiences with other services, often feeling let down or overpromised support that never materialised. MASH staff ensure that their approach is realistic and reliable.

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*“We are very open and transparent with the women. It builds trust, but we’re also careful not to overpromise—because that can be dangerous.”*

For many women, MASH provides the first space where they feel truly accepted without judgment. The drop-in centre is described as a place to be themselves, without pressure or expectation.

MASH staff, volunteers and services also provide a sense of connection and belonging. Many women describe MASH as a second family, offering consistent, kind, and understanding relationships.

*“As soon as you come in, it’s familiar. They make you feel safe, like you belong again.”*

MASH staff take the time to build trust through consistency, honesty, and genuine care. Unlike statutory services, which can feel transactional or impersonal, MASH offers a sense of continuity, allowing women to engage on their own terms, at their own pace.

*“It means a lot to know someone’s there for you.”*

The table overleaf breaks down every section of the Theory of Change assumptions and looks at evidence for each.

## Gaps in the Theory of Change: Recognising key missing themes

While MASH’s Theory of Change captures many important aspects of its work, this evaluation identified two additional areas that are central to how women experience support:

1. Caring and Kindness – Women consistently describe MASH staff and volunteers as kind and caring, making this one of the strongest themes in the evaluation.
  - Women see MASH not just as a service provider but as a source of emotional stability and reassurance.
  - The sense of belonging, being seen, and being valued is particularly important for women who may be socially isolated or distrustful of other services.
2. Strengths-Based Approach – MASH focuses not just on what women need but also what they can do. Staff see women for their strengths, rather than only their challenges.



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Characteristic	Evidence
<b>Are consistent</b>	MASH staff provide consistent support, ensuring women can rely on them whenever they are ready. Staff maintain a consistent ethos, offering predictable emotional support. MASH is described as 'not going anywhere.'
<b>Can be trusted</b>	Women trust MASH staff to listen and support them. One woman accessing services said MASH helps with 'listening, chatting, forms, food, and love.'
<b>Are free of charge</b>	MASH services are provided free of charge, ensuring that all women can access support without financial barriers.
<b>Are non-judgemental</b>	MASH offers a safe, non-judgemental space where women feel comfortable accessing support. Staff are described as easy to talk to, encouraging, and understanding.
<b>Build positive relationships with women</b>	Building genuine relationships is central to MASH's approach. Staff remember small details, creating personal connections.
<b>Are honest and transparent</b>	MASH staff are open and transparent, particularly regarding safeguarding and boundaries. Women appreciate that staff don't overpromise, building trust through honesty.
<b>Are able to challenge other organisations</b>	MASH staff advocate for women, challenge other services, and can act as a buffer against microaggressions from other organisations towards women being supported.
<b>Don't write people off</b>	MASH supports all women, regardless of their circumstances. A woman accessing services shared, 'I'd given up on myself. They saw it and picked me up.'
<b>Have no agenda</b>	MASH works at the women's pace, supporting them in whatever way they need rather than dictating an agenda.
<b>Are not time-limited</b>	MASH offers flexible, ongoing support, allowing women to engage as and when they are ready.
<b>Are not statutory</b>	MASH is a non-statutory organisation.
<b>Provide autonomy and choice</b>	MASH empowers women to make their own decisions, ensuring they remain in control of their own support.
<b>Are trauma-informed and gender-informed</b>	MASH staff understand the impact of trauma and gender-specific challenges. They are very good at working with women who have experienced trauma.
<b>Are holistic</b>	MASH supports women across multiple aspects of life, including safety, harm reduction, and long-term stability.
<b>Don't turn people away</b>	MASH has an open-door policy, ensuring that women aren't excluded even if they have complex needs.

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<b>Are located in the beat</b>	MASH is based in the areas where women work, ensuring they are easily accessible.
<b>Are open at accessible times</b>	Women can access MASH services flexibly, with support available until 12pm most days to fit around their schedules. Caseworkers are also available between 10am and 6pm, offering adaptable support based on individual needs.
<b>Are based on what women want / have fed back</b>	MASH listens to women's feedback to shape services, focusing on what they want and need.
<b>Are safe</b>	MASH provides a safe space where women feel physically and emotionally secure.
<b>Have clear boundaries</b>	MASH has structured boundaries that ensure both women and staff feel safe and supported.
<b>Are person-centred</b>	MASH takes a person-centred approach, tailoring support to individual needs.
<b>Are proactive about reaching women</b>	MASH actively reaches out to women rather than waiting for them to engage.
<b>Have a good reputation with women</b>	Women trust and recommend MASH, with word of mouth being the strongest evidence of its success.
<b>Work in partnership with other services</b>	MASH collaborates with other services to improve outcomes, such as joint outreach with the council.
<b>Recognise that recovery isn't linear</b>	MASH understands that progress is not always straightforward and supports women at different stages of recovery.
<b>Are creative and adaptable in their approach</b>	MASH tailors support to each individual, ensuring flexibility in engagement.
<b>Are robust and tenacious</b>	MASH doesn't give up on women, even when engagement is inconsistent.
<b>Are knowledgeable and experienced</b>	MASH staff appear to have the resources they need to provide a good service.
<b>Use a harm reduction approach</b>	MASH supports women regardless of their choices, focusing on minimising harm rather than enforcing change.
<b>Recognise intersectional needs</b>	MASH works with a diverse range of women with different experiences, needs, and challenges, ensuring an inclusive approach.

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“What words come to mind when you think about the women MASH supports?” Responses from staff members at the away day.



## CONCLUSIONS & RECOMMENDATIONS

### 1. Conclusions

This evaluation shows that MASH serves as a transformative force in the lives of women involved in sex work across Greater Manchester, offering consistent, empathetic, and practical support. The top five findings, in alignment to the Theory of Change, are presented below.

#### 1 Safety

The presence of the outreach van, alongside personal safety resources and trusted relationships with staff, enables women to feel safer on the streets and engage with the support offered by MASH. Access to personal safety resources and staff who genuinely care reduces the risk of harm women are exposed to.

#### 2 Health

By meeting women's basic needs (e.g., food, clothing, and harm-reduction supplies) and offering non-judgemental help with mental health, sexual health, and substance use, MASH significantly improves overall health. Women repeatedly highlight that MASH's compassionate care is key to building trust and encouraging them to seek professional support elsewhere when needed.

#### 3 Wellbeing

Women describe MASH as a "second family," a welcoming space where they can be themselves without stigma. This consistent, kind approach fosters emotional resilience and

positive mental wellbeing. Many women accessing services reported feeling less isolated, more confident, and better able to cope with personal challenges as a result of MASH's continued support.

#### 4 Progress towards personal goals

Whether helping secure stable accommodation, attend a first GP appointment, or reconnect with family, MASH staff adapt to the unique pace and priorities of each woman. This individualised, non-time-limited approach allows women to engage when they are ready and gradually work towards longer-term goals, such as improved financial stability or reducing substance use.

#### 5 Service delivery

By treating each woman with respect and meeting her "where she's at," MASH restores a sense of self-worth often eroded by stigma, trauma, or chronic disadvantage. In doing so, it offers a vital pathway for women to feel part of a caring community and regain control over their lives.

## 2. Recommendations

### 1: Review of the Theory of Change

- The current Theory of Change (ToC) is overly complex and lengthy, making it difficult to engage with—both for staff and particularly for women using MASH's services. When asked, most of the women we spoke to had not heard of the Theory of Change.

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- We recommend a review to be undertaken in collaboration with Sue's Space, incorporating insights from this evaluation to ensure it remains relevant and accessible.
- The size and complexity of the Theory of Change make it difficult to apply in practice. Not all outcomes would apply to all women supported by MASH, and the evaluation could not evidence everything outlined in the Theory of Change. Its granular level of detail made it difficult to use to guide conversations and as an evaluation tool. In addition, the report had to fit women's experiences into the existing structure rather than being led by emerging themes from real conversations.
- Instead of a detailed and exhaustive list of expected outcomes, a broader, more general Theory of Change underpinned by core values and principles could better reflect MASH's work. This approach would allow for flexibility in how services impact different women, acknowledging that not all outcomes apply to every individual.
- The assumptions about how staff work could be restructured into a set of overarching values, ensuring that the Theory of Change captures the ethos of MASH's trauma-informed, person-centred approach.

## 2: Improving Demographic Data Collection

- Significant gaps in demographic data make it challenging to draw meaningful conclusions about women accessing services.
- While it is recognised that collecting data from women accessing MASH only a few times can be difficult, better efforts should be made for those with frequent engagement.
- For example, in one case, a woman had 303 recorded contacts with MASH, yet no demographic data was available. Strengthening data collection practices will enhance understanding of service reach and effectiveness.

## 3: Enhancing Cultural Competency

- To ensure inclusivity, MASH should consider investing in cultural competency training for staff.
- A structured approach should be developed to ensure women from different ethnic and cultural backgrounds feel supported and included, even in the absence of staff members from diverse backgrounds.
- This could include reviewing policies, adapting service delivery to reflect cultural sensitivities, and ensuring that all women feel welcome and represented.

## 4: Promoting Service Accessibility

- MASH should take further steps to reduce barriers for women from diverse backgrounds and ensure the service

is visibly open to all, regardless of nationality, ethnicity, or identity.

- This may include targeted outreach, culturally specific engagement strategies, and continued efforts to build trust with marginalised communities.
- Clear messaging should be developed to reinforce MASH's commitment to inclusivity and accessibility for all women who need support.

