

## Women Side by Side – Executive Summary

Mind, the mental health charity, and Agenda, the alliance for women and girls at risk, partnered to deliver a new programme of peer support for women - Women Side by Side. It aimed to increase the availability of high-quality mental health peer support for women experiencing multiple disadvantage who have, or are at risk of developing, mental health problems.

The programme, funded by the UK Government Tampon Tax Fund, sought to combine the expertise of the women's sector in delivering gender-specific and trauma-informed support for women, and Mind's experience of community-based mental health peer support.

This policy report is based on the findings of an evaluation of Women Side by Side, conducted by the McPin Foundation and St George's University of London, an internal mid-point analysis conducted by Mind of monitoring data submitted by all projects, and discussions with key stakeholders involved throughout the programme.

### Women's mental health

Mental health problems amongst women are on the rise, with high rates of anxiety and depression in particular. One in five women experience a common mental health problem, like anxiety or depression, in England, and more women than men (31.1% compared to 22.3%) report poor mental health in Wales. <sup>vi</sup> Black, Asian and ethnic minority (BAME) women face additional inequalities and challenges to their mental health, such as racism and stigma, and are at particular risk of experiencing mental health problems.

Women and men experience mental health differently. The causes and ways of coping are often different. For women, poor mental health is often linked to experiences of violence and abuse and the legacy of that trauma. Yet, with a lack of support, particularly specialist women's provision, too many are left to struggle on their own. Some may use drugs and alcohol to cope or internalise their distress through self-harming or developing an eating disorder.

To respond effectively to women's mental health, service responses must be gender-specific and trauma-informed. Women-only spaces and services play an important and valuable role in supporting women's specific needs relating to experiences of, for example, domestic abuse and sexual violence. Peer support has been identified as a key element of a trauma-informed service for women, recognising that those with similar lived experience are often best placed to understand women's needs and provide support.<sup>xxvii</sup>

### About Women Side by Side

Two types of delivery grant were awarded. Small grants of up to £10,000, and large grants of up to £25,000 for projects to be delivered between February 2019 to March 2020. Grants were awarded to 67 projects, of which 13 grants were awarded in Wales (9 large, 4 small) and 54 in England (24 large, 30 small). 57% of funding went to women's organisations. Overall, **the 67 projects supported around 5,800 women**, of which 2663 women were supported online.

All groups shared a common underlying theme - allowing women with similar life experiences a safe space to support each other. Within this, a wide diversity of peer support groups were offered, such as creative groups, coffee mornings, outings, drama-therapy, physical activities like gardening or yoga, emotional support, practical tasks and seeking employment, and structured educational or psycho-educational sessions. Women's life experiences differed across projects; for example, women connected through lived

experience of HIV, physical disabilities, immigration, homelessness, sex work or prostitution and domestic violence, among others.

In some project activities, women openly talked about mental health, trauma or other experiences of disadvantage, and in these groups women often attended because they were interested in working through their mental health. In other groups discussions around mental health were less direct and more informal. This allowed women to choose how much they wanted to share and in what way. This non-direct approach was observed to be particularly effective for women who experienced stigma and barriers to talking about mental health or lack of access to culturally appropriate services.

To support the projects five hub grants were also awarded; four to women's organisations, with one women's organisation covering two hub areas; and one to a partnership consortium of two women's organisations and a mental health organisation.

The hubs delivered a learning and capacity building programme, through a series of co-produced learning events. Hubs provided tools, resources and training for organisations on how to run, manage and evaluate effective gender-responsive peer support. Women who attended peer support groups were involved as speakers and peer leaders at the events.

### **Impact of Women Side by Side**

*"I think that was the turning point for me. The realisation that we could share complex and painful truths and not need an expert in trauma to put us back together again. We could acknowledge how we feel, express our emotions and step over the rubble of our lives hand in hand with people who are already on the same journey."* - woman accessing peer support

#### **a. Benefits of women's peer support**

The evaluation found that women who attended projects experienced less loneliness and isolation than before. They experienced better connection to friends and neighbours, higher self-esteem, and more positive feelings in their social environments. They also felt more able to talk about their mental health with a range of people. They described feeling more confident and learnt new skills. Wider evidence shows that improvements in all these areas of a person's life can be an indicator of improved mental health.

For the majority of women, this feeling of being a peer was only possible due to having access to a women's only space, supporting wider evidence showing the value of women-only spaces for women facing multiple disadvantage. For many, women-only peer support provided a powerful and empowering opportunity to feel safe and share experiences, some of which might be stigmatised, sometimes for the first time.

#### **b. Women's leadership**

The programme had a specific focus on developing women's leadership skills and experience. Women with experience of mental health problems and/or multiple disadvantage were involved in all elements of programme governance. They were also involved at key decision-making points and helped set programme priorities. In addition, throughout the peer support projects, women were encouraged to take on leadership and co-production roles – for example, helping to design and deliver hub learning events and peer support groups.

Although it was clear that women benefitted where they took up peer leadership roles, the evaluation found that the concept of 'leadership' was challenging to some women and organisations - particularly given the context of women's lives where they had often experienced feeling powerless and a lack of decision-making at the hands of an abuser. It raises questions about whether the language of 'leadership' is appropriate for women's peer support, and suggest that these opportunities could have been presented differently to engage with a wider group of women.

### c. Partnership working and cross-sector learning

Throughout the programme, mental health organisations and women's organisation reported learning from each other. Key to this was the hub model, which enabled the sharing of learning between those of different specialisms, built capacity and shifted power to grass roots organisations to shape the agenda and lead sessions, including women accessing the projects participating in the events. Learning events run by the hubs, particularly towards the end of the programme - where projects took on greater decision-making to shape the agenda and lead sessions - were good examples of this knowledge exchange in practice.

There were existing specialisms across organisations, however in general the mental health sector organisations brought knowledge of peer support values, and the women's sector organisations brought an awareness of trauma-informed and gender-responsive ways of working. This fusion of expertise produced an emphasis on safety for women – both emotional and physical. Feedback to Mind provides good evidence that the majority of participating projects adapted some of their practice and approaches as a result of involvement in the programme.

### Women's peer support values

The importance of women having genuine **choice and control** was observed throughout the programme. The most prominent features that set women peer support groups apart from other services were: flexibility to join and take part at their own pace; restoring control; providing the choice of women-only support; and that they were a very different experience to statutory mental health services, which could often be off-putting or anxiety-provoking. Peer support was seen as offering an alternative, non-medicalised form of support that did not have inclusion/exclusion criteria, provided opportunities for external contact (outside of the group time), the provision of childcare, and a more flexible, future-oriented and optimistic approach.

The provision of **safe physical and emotional environments** had a significant impact on individuals, the way groups developed and how women experienced giving and receiving peer support. Critical was the value of experiencing 'emotional containment'; for women to experience a secure environment where they could begin to feel safe to explore their feelings and find validation with others, without judgement. It was also an opportunity to find validation through shared experiences. Many women had experienced a lack of physical safety or were still living in fear, making location and choice of venue for the peer support groups crucial in creating a safe space.

**Women-only spaces** provided a sanctuary from past and current experiences. This was particularly relevant to women who had experienced violence or abuse from men. Peer support provided them with the emotional safety they needed to connect and feel genuine care and warmth from other women. Women-only space was also critical for some women from Black, Asian and ethnic minority communities, where cultural factors would not have allowed them to attend or participate fully if men were present.

**Trust** was also identified as a value. This reflects the impact that trauma has on women's mental health, and underlines the ways in which peer support can help women address its legacy. Where trauma and abuse erode women's feelings of safety, the ability to build trusting relationships builds a solid foundation for women. It takes time to develop trust between women within groups, between women and the organisations setting up peer support, and (where delivered in partnership) trust between organisations. This underlines the importance of programmes being sustainably funded so they are able to develop these relationships and work with women at their own pace.

Also critical was the importance of nurturing human connection, and two-way interactions that allowed women the **freedom to be oneself**, to explore as much or as little as they wanted or were able to. This is also transformative for women who have been controlled, coerced or conditioned to behave or act in a certain way.

**Experiences in common** were also vital. In women's peer support a key commonality was gender; women connected because they were women. Multiple disadvantage and past experiences of hardship and trauma were another shared experience – this was often experienced differently depending on the focus of the group or organisation. Although a shared experience of mental health problems was a theme in the support peers provided each other, this was not the first commonality connecting women.

## Legacy and learning

One key challenge of the overall programme was the relatively short period of time over which funding was available, and therefore project delivery could take place. Organisations felt that more time would have allowed their partnerships and networks to develop further, and that delivering peer support over a longer time period, to develop trusting relationships between staff, women and organisations, is critical when working with women experiencing multiple disadvantage in a trauma-informed way.

Monitoring and evaluation requirements placed on the projects were at times onerous, with requests to submit data to both the funder and to the evaluator. Projects found this frustrating at times and led to some having to reallocate resource that could otherwise have been directed to project delivery. Some women did not feel comfortable completing the evaluation due to the questions being asked of them.

The wellbeing measure used for this project evaluation did not indicate improved wellbeing amongst women taking part in peer support, and this may have been as a result of other stressors still being present in their lives. Our evaluation did, however, indicate other positive outcomes that are associated with improved mental health. Researchers should consider whether future evaluations of peer support may benefit from moving away from using wellbeing, and other more psychological concepts, and instead move more towards the impact of peer support on individuals social support and social relationships.

Around 70% of peer support projects reported planning to continue beyond the funded period, both with and without funding. Projects which were established prior to the programme, and had other funding sources, were more confident in their ability to continue running their groups, indicating the need for further time and investment to create sustainable projects.

Some organisations running hubs reported challenges in engaging with commissioners and other partners. This suggests that strategic action is needed at the local level to raise the profile and importance of women's mental health support and trauma-informed approaches to ensure organisations are able to gain the support they need locally to embed and deliver women's community peer support.

## Conclusion

Taking a gendered approach to supporting women's mental health is essential and has real benefits. Women who have experienced violence and abuse, and are living with the legacy of that trauma, value and need women only spaces. This must be recognised in the wider service infrastructure and strategic priorities set by local and national funders, commissioners and policy makers. In order to be able to deliver gender and trauma-informed approaches through these specialist services, it is vital to protect and grow the women's sector who work in this way. This includes specialist services delivered by and for minoritized groups of women. This programme has demonstrated that delivering this work and sharing expertise has led to greater specialism in providing services and spaces for women, and a stronger overall landscape for service.

## Recommendations

Taking a gender-responsive and trauma-informed approach is critical to supporting women's mental health, and has particular benefits for supporting survivors of abuse and trauma. Whilst not a replacement for other mental health support, peer support for women should be an additional offer that adds value to a wider mental health support to meet the needs and priorities of women facing multiple disadvantage.

To support wider rollout of women's peer support:

### UK & Welsh government

- **Gender specific mental health policy:** Women's needs and the value of trauma-informed and women-only approaches must be explicitly recognised in all future mental health policy development, locally and nationally. To effectively support women's mental health, the UK and Welsh Governments should set out Women's Mental Health Strategies, and require all local areas to develop their own strategies and delivery plans.
- **Women-only peer support:** should be commissioned and delivered as a **core component** of all wider interventions to support women's mental health. The delivery of peer support is a specialist skill that needs to be appropriately funded.
- **Core long-term women's sector funding** is needed to ensure the sustainability of the sector and well-established expertise is valued and maintained. This is essential to ensuring that gender and trauma-informed spaces and services exist through which women's community peer support can be offered, alongside wider services that address other stressors in the lives of women facing multiple disadvantage.
- **National and local capacity building:** long-term national coordination over 5-10 years is needed to further develop women's peer support. This should involve regional hubs and local women's coordinators, who have access to facilitation training, peer or network led support and supervision, and budget to ensure the full involvement of women with lived experience of a range of challenges and identities.

### Commissioners and funders

- **Further long-term flexible funding:** is required to develop further gender and trauma-informed mental health support that includes women-only peer support. Women's peer support programmes should be funded over sufficient time periods - of at least three years - to be

successfully established and sustained, to build partnerships, create and deliver sustainability plans, and to allow women's leadership to develop.

- **Specialist voluntary sector organisations valued:** Smaller, grass-roots organisations delivered 'by and for' the communities they serve, must be recognised as bringing unique specialism to the delivery of women's peer support, and be valued and funded accordingly. Funders should seek ways in which to support these specialist organisations.
- **Constructive cross-sector partnerships:** to support good quality programmes, meaningful partnerships must be developed between sectors with differing specialisms. Adequate funding is needed to ensure projects are developed with the meaningful involvement of specialist services and to allow appropriate partnership infrastructure to be established and embedded.
- **Reporting and monitoring requirements:** Funders should explore approaches to data collection that prioritise impact and outcome measurement whilst avoiding monitoring and evaluation requirements which place disproportionate burden and strain on grant holders and women. Qualitative evidence, including the women's stories and views about the value of peer support, should be valued alongside quantitative evidence of impact.

### Voluntary and statutory service providers

- **Adopting a gender and trauma-informed approach:** All services working with women facing multiple disadvantage should consider how to further embed a gender and trauma-informed approach into the services, using the gender and trauma-informed principles set out in the Women's Mental Health Taskforce as a starting point. Those who are on this journey should fully engage existing local gender-specialist services as full and equal partners in this process.
- **Peer support as part of a wider service offer:** Women-only peer support should be present across different services and sectors, including support for women experiencing domestic abuse, homelessness, substance use, criminal justice, living with disabilities and other long-term conditions, and for asylum seeker and migrant women. The development of women as peer leaders should be core to all levels of programme delivery.
- **Lived experience leadership:** Further programmes to support women's mental health should include the full involvement of women with lived experience in decision-making positions throughout. This includes at all stages of the design and delivery of funding, programmes, governance and evaluation.