Women Side by Side programme

Policy report

June 2020

agenda
Alliance for Women & Girls at Risk

mind
for better mental health

Contents

Foreword

Mental health problems amongst women are on the rise, with high rates of anxiety and depression in particular. Yet too many are left to struggle on their own with a lack of support, particularly specialist women's provision.

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. Without support, they may use drugs and alcohol to cope or internalise their distress through self-harming or eating disorders.

It is in this context that Mind and Agenda developed Women Side by Side. We wanted to ensure that women with mental health problems, especially the most disadvantaged and marginalised, would be able to get support when they need it. But also, critically, that the support was tailored to their needs and experiences as women, taking into account any trauma they may have experienced. Peer support can play a crucial role in this.

The programme funded 71 projects over 12 months, working with around 5,800 women to run women-only peer support for women experiencing multiple disadvantage. From working with survivors of the Grenfell disaster to women living with HIV, these community-based projects have offered women a chance to come together in a safe, non-judgmental space, share their experiences and support one another. It is clear from the evaluation that for many women the experience was life-changing – perhaps even life-saving.

One thing that has come through very clearly is the importance of women-only peer support – led by women, in women-only spaces. This approach is valued by both services and the women themselves. For women, having the support of other women who not only listen, but are able to understand and empathise with their experiences, can be incredibly powerful. The evaluation shows it improves women's social networks and connections, increases self-esteem, confidence and skills, reduces loneliness and isolation, and makes them feel more able to talk about their mental health. All of these can be key indicators of improved mental health and wellbeing.

We know it works, so it is vital that community peer support is given the investment needed to become sustainable. It can be transformational and has a hugely important place alongside other forms of mental health support. Commissioners, funders, evaluators and policy makers must recognise the value of peer support and ensure it is part of a wider package of interventions aimed at improving women's mental health. It can also play a key role in addressing wider social issues the Government has prioritised beyond mental health, such as loneliness and domestic abuse.

Both women's and mental health organisations benefitted from coming together through our hubs, growing their networks and expertise. But we note that many specialist women's organisations are increasingly precarious, struggling through a constant cycle of short-term funding bids. These challenges are particularly intense for the specialist organisations that made up many of those in our project. These grassroots organisations, led by and for the communities they serve, offer invaluable expertise but face an uncertain financial future.

Key to the fantastic work of so many of these specialist women's and mental health organisations is that they are underpinned by an approach that recognises how trauma and gender impact mental health. This method should be valued and invested in, not only by commissioners and funders, but also by the wider mental health sector. This way of working should be integrated across all mental health services, with trauma-informed and gender-responsive work embedded throughout the system.

We could not foresee at the outset of this programme of work that we would be writing this during a global health emergency. Women's mental health has been hit hardest in the wake of Covid-19, alongside a devastating spike in violence against women and girls. Responding to the particular needs and experiences of women and girls is essential as we move out of lockdown. Going forward, peer support's valuable role in rebuilding networks and supporting women to overcome poor mental health will be more vital than ever.

Jemima Olchawski, Chief Executive of Agenda, and Paul Farmer, Mind Chief Executive

1. Background to the programme

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 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.

Funded through the UK Government Tampon Tax fund, delivered through the Department for Digital, Culture, Media and Sport (DCMS), funding of £1.8million was distributed through 71 third sector organisations in England and Wales from February 2019 to March 2020 to deliver women's peer support for 12 months.

About this report

This policy report is based on the findings of an evaluation of Women Side by Side, conducted by the McPin Foundation[i] and St George's University of London,[ii] an internal mid-point analysis conducted by Mind of monitoring data submitted by all projects, and discussions with key stakeholders involved throughout the programme. The evaluation conducted by the McPin Foundation was led by researchers with personal experience of mental health problems and peer support.[iii] Overall, the evaluation team completed 114 observations,[iv] carried out 40 in-depth interviews, collected 20 project stories and received follow-up questionnaire data from 380 women in funded peer support groups delivered face to face.

2. Supporting women's mental health

Why women and girls' mental health matters

One in five women experience a common mental health problem, like anxiety or depression, in England,[v] and more women than men (31.1% compared to 22.3%) report poor mental health in Wales.[vi]

Women are more likely to experience common mental health problems than men. While rates remain relatively stable in men, prevalence is increasing in women – particularly young women.[vii] Over a quarter of young women aged 16 to 24 (26%) in England experience a common mental health problem, almost three times more than young men (9.1%).[viii]

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. 29% of Black women, 24% of Asian women, and 29% of mixed-race women have a common mental disorder, compared to 21% of white British women.[ix]

As recognised by the final report of the Women's Mental Health Taskforce, led by Agenda and the Department for Health and Social Care (DHSC) in England, there are clear gender-related differences between women's and men's experiences of mental health problems.[x] Presentations of mental ill health are often quite different for women and men. For example, women are more likely to use self-harm as a coping strategy, as well as to report physical symptoms.[xi] Girls who self-harm are also more likely to end up in hospital, one Welsh study found.[xii]

Poor mental health among women is often closely related to experiences of trauma and abuse. Women and girls are significantly more likely than men and boys to experience trauma in intimate relationships, at the hands of someone known to them, and in relationships where the abuser has power over them – such as physical strength, age or control over money, housing or contact with children. This can lead to women having little choice but to remain in abusive and traumatic situations. It also means women's experiences of trauma are often closely bound to their experiences of relationships and their own agency.[xiii]

Women are more likely than men to experience psychological harm as a result of trauma, and internalise their distress, for example through self-harm or eating disorders. Women experience more negative outcomes following trauma if social support is not available to them. If they are unable to reach out and connect with others, the only escape from their distress may be psychological withdrawal.[xiv]

Women and multiple disadvantage

Women and girls facing multiple disadvantage experience a combination of problems. This can include homelessness, substance use, mental health problems, poverty, and contact with the criminal justice system. These experiences also connect with other aspects of women's lives, for example race, ethnicity, immigration status, sexuality, socio-economic position and disability.[xv]

For many women and girls, their experiences of disadvantage are underpinned by a history of extensive violence and abuse. One in every 20 women in England has experienced extensive physical or sexual violence and abuse during their lives, compared to one in every 100 men.[xvi] Of these women, 54% have a common mental health problem, 52% have a disability, and one in three have attempted to take their own lives.[xvii]

As a result of these challenging and overlapping issues, many find themselves having to access multiple services. They may be excluded from

services because of the complexity of challenges they face. Research carried out by Agenda and AVA in 2017 found that only 19 of 173 local areas in England and Wales had services available for women experiencing multiple disadvantage. Only 109 provided women-specific mental health support, of which more than half of these were for pregnancy and birth.[xviii] Given the risk and extent of mental health problems women and girls face, this provision does not go far enough to meet their needs at all stages of their lives, particularly outside of the perinatal period.

Many women experiencing multiple disadvantage report barriers to accessing traditional mental health support, for example if they are experiencing difficulties with both mental health and substance use (also known as dual diagnosis). For some, contact with mental health services can further re-traumatise them, through practices such as restraint, incidents of sexual assault or harassment in services, or having a lack of choice and control over the care they receive.[xix]

The value of gender-specific and trauma-informed provision

To respond effectively to women's mental health, service responses must be gender-specific and trauma-informed.[xx] 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. Women who have accessed both single sex and mixed services consistently express a preference for women-only support.[xxi]

Trauma-informed practices move from asking "what is wrong with you?" to "what has happened to you?". They understand and respond to the high prevalence of trauma and its effects, as well as understanding that experiences of trauma can lead women to develop behaviours that may appear to be harmful or dangerous, such as using substances as a coping mechanism.[xxii] Trauma-informed and trauma-responsive work is distinct from taking a medical approach which aims to 'treat' psychological trauma.

There is a growing body of evidence to support the benefits of services taking a trauma-informed approach, and a growing awareness of the importance of understanding trauma and its impacts amongst public services.[xxiii] Organisations report that adopting a trauma-informed approach can be 'transformative', leading to reductions in women being turned away, improved staff confidence and wellbeing, and better support for women.[xxiv]

Adopting trauma-informed approaches involves training, support, changes to policy and procedure, and a shift in service structure to create equal working relationships between staff and service-users. A number of principles for delivering trauma-informed support for women have been set out, which emphasise the importance of recognising and responding to the impact of violence, abuse and trauma in women's lives. It builds a sense of empowerment and control through women's involvement and coproduction, and by creating a sense of physical, psychological and emotional safety for survivors and practitioners.[xxv]

About peer support

Community-based peer support is about the relationships that people build as they share their own experiences, in order to help and support each other. In its most natural form, peer support is support exchanged between people who have something in common. They are entering into something on an equal basis, using their own experiences to help each other.

Community-based peer support is underpinned by a set of values and principles, such as choice and control. Previous research has also found that a set of key decisions are taken which determine the type of leadership, focus, membership, activity or shared experiences that then shape community-based peer support groups. There are many different forms of peer support including online and face to face group formats, with peer leadership being a vital defining feature. Evidence suggests that peer support can improve emotional wellbeing, social connections, hope and confidence.[xxvi]

Peer support has been identified as an important component 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.[xxvii] Wider research shows that

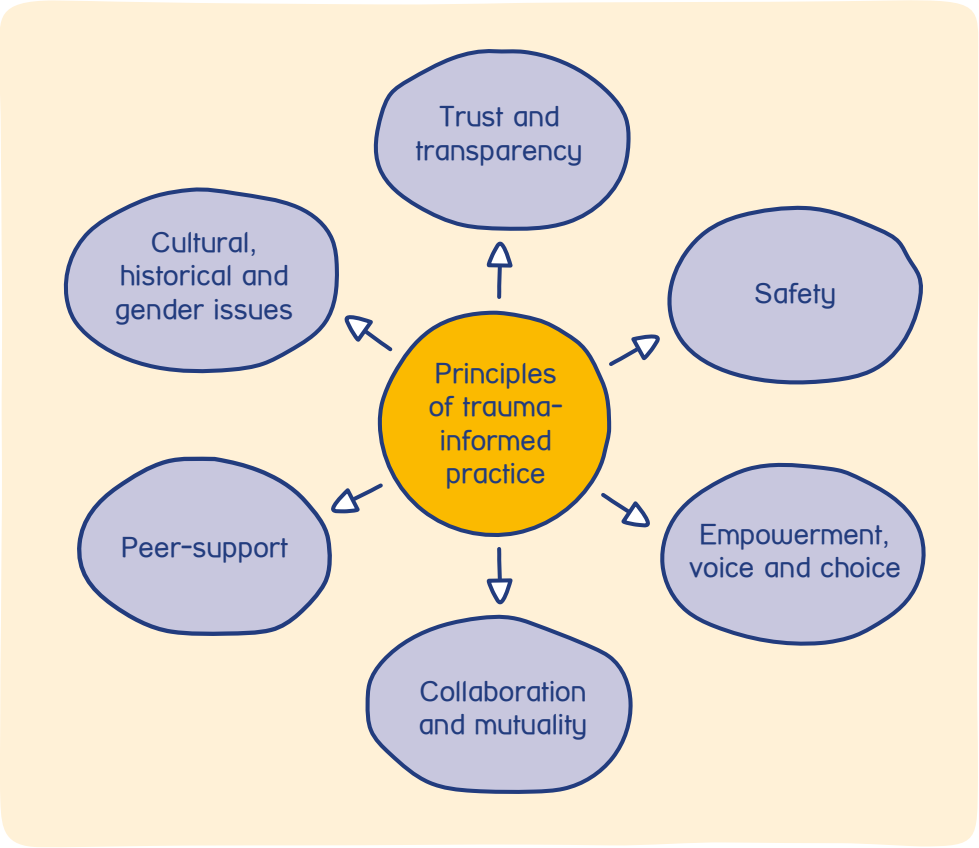

Figure 1: Strengths-based principles which embody a trauma-informed approach

community-based peer support improves wellbeing by decreasing social isolation and loneliness, and helping people to better manage their mental health.[xxviii] It can provide accessible help outside of healthcare services, taking a less clinical and more tailored approach to supporting women.[xxix]

In its origins, peer support has the intention of social change; not just to create more effective services, but to create dialogue that influences people's understandings, conversations and relationships.[xxx] As such, peer support can play an important role in survivor activism. Sharing experiences in common with others has the potential to lead to new knowledge and awareness, which forms the foundation of campaigning.[xxxi]

In recent years there has been increasing recognition by the NHS of the value of people with lived experience supporting the recovery of others using mental health services, with the introduction of Peer Support Workers. Unlike community-based peer support, Peer Support Workers are attached to a mental health team and primarily deliver one-to-one support. Health Education England is committed to the development of Peer Support Workers, as one of the new roles in mental health being introduced into the NHS workforce.[xxxii]

3. About Women Side by Side

About the programme

Two types of delivery grant were awarded: small grants of up to £10,000, and large grants of up to £25,000. Grants were awarded to 67 projects, of which 13 grants 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 2,663 women were supported online.[xxxiii]

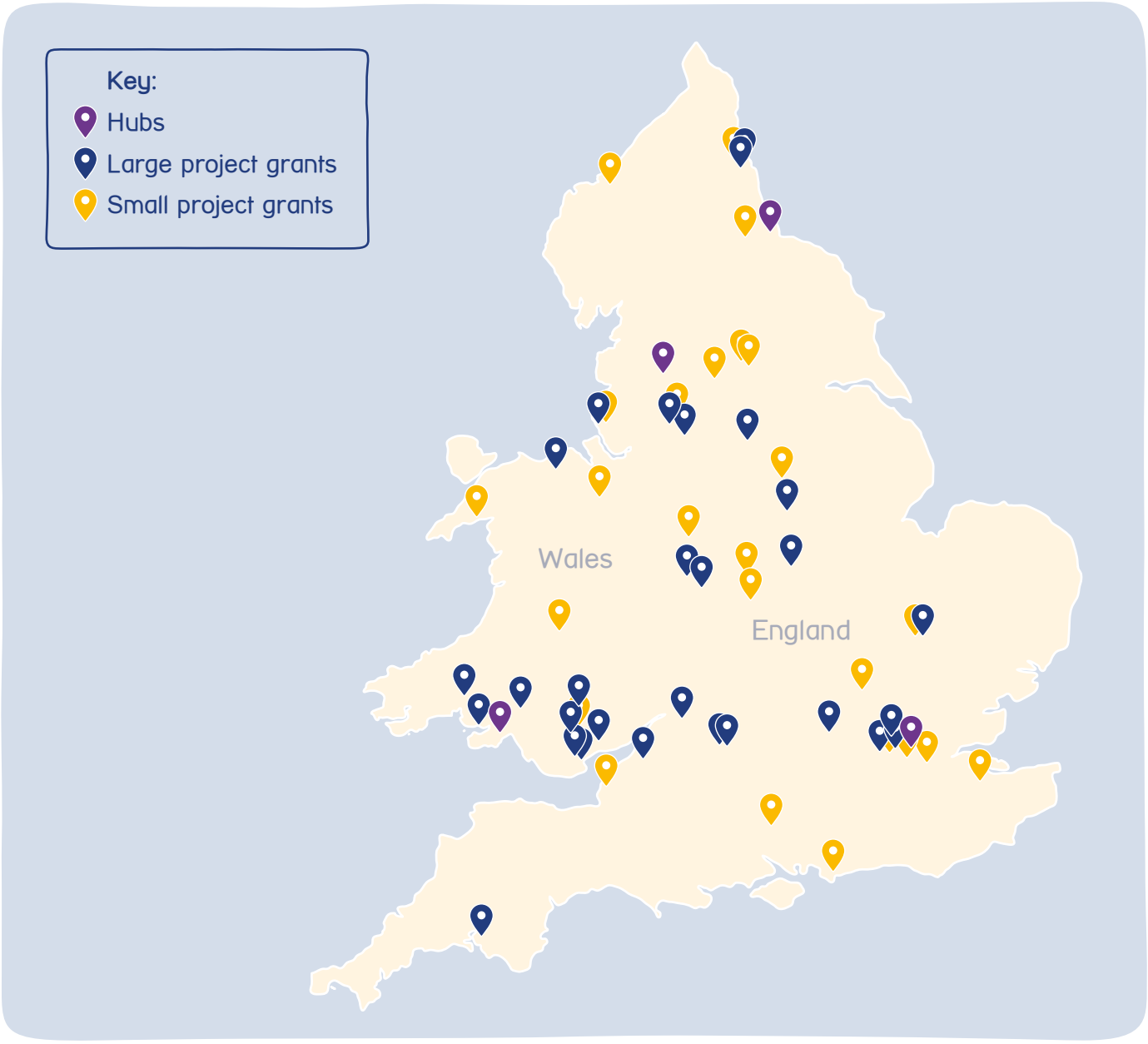

Figure 2: Location of Women Side by Side programme funding

- 49% of projects were offered by women's organisations. The remainder were mental health specialists or other community-based charities.
- 91% of funded organisations had previous experience of providing peer support.
- 51% of organisations set up new peer support groups with the funding; 49% used the funding to expand existing groups.
- 72% of those who submitted evaluation data ran continuous groups, allowing women to drop in and out at their own pace.

All groups shared a common underlying theme: allowing women with similar life experiences a safe space to support each other. Within this, a wide range of peer support groups were offered. Projects were structured differently and had varying focuses in response to women's needs and priorities. Peer support was offered through a variety of means such as:

- creative groups
- coffee mornings
- outings such as museum visits and events
- drama therapy
- physical activities like gardening or yoga
- peer mentoring in the community
- emotional support
- support with practical tasks and seeking employment
- structured educational or psychoeducational sessions.

Women's life experiences differed across projects; for example, women connected through lived experience of HIV, parenting, physical disabilities, immigration, homelessness, criminal justice, perinatal mental health, sex work, alcohol and substance use, or domestic violence and abuse.

In some project activities women openly talked about mental health, trauma or other experiences of disadvantage. In these groups women often attended because they were interested in improving their mental health. In other groups discussions around mental health were less direct and more informal, for example through one to one discussions away from the group, or referral to other specialist mental health services. This allowed women to choose how much they wanted to share and in what way, whether or not they identified with having a mental health problem themselves. The evaluation observed this non-direct approach to be particularly effective for women who experienced stigma and barriers to talking about mental health, or lack of access to culturally appropriate services. This was particularly notable in several of the groups for Black, Asian and minority ethnic women.

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

About the hubs

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. All hubs were awarded funding on the basis of their trauma and gender-informed expertise and their planned approach to supporting organisations local to them to develop this knowledge and practice.

The hubs delivered a learning and capacity building programme through a series of co-produced learning events. Four learning events were funded per hub, with 20 in total.[xxxiv] 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 events, which was considered to be a particularly valued element of these.

Participants appreciated that these were largely women-only spaces, providing safe spaces for attendees to learn and network with their peers.[xxxv] Through these events, organisations shared their learning about women only peer support, built relationships and explored opportunities for further capacity building.

Key themes which hubs focused on, and which were particularly welcome during the hub events, included: trauma-informed approaches to working with women experiencing multiple disadvantage, responding to the intersectionality of women's experiences, project sustainability and legacy, and women's leadership, facilitation and decision making. The evaluators observed that trauma-informed approaches were very popular sessions, where there were some gaps in knowledge – primarily within the mental health sector organisations. Discussions around intersectionality also had high levels of engagement and presented learning opportunities for projects from all sectors.

Hubs reported considerable appetite from local organisations in learning more about peer support, including many non-grant funded organisations, suggesting this advice, guidance and training was not easily available elsewhere.

4. Impact of Women Side by Side

Benefits of women's peer support

All my life I was told I was no good for anything, which made me withdraw into my own depression. Since coming to the group, I do not feel vulnerable or scared. I have made lasting friendships, and I now know I wasn't to blame for the abuse. I also now know that I have many creative skills and that I am good at doing things.

Woman attending peer support group

The evaluation found that women who attended projects experienced less loneliness and isolation than before. They developed better connections with friends and neighbours, higher self-esteem, and more positive feelings in social environments. They felt more able to talk about their mental health with a range of people. They also described feeling more confident and having learned new skills. Wider evidence shows that improvements in all these areas of a person's life can be an indicator of improved mental health,[xxxvi] and are therefore important in understanding the positive impact this programme had on the women at an individual level.

I am not alone, I am not judged, I am supported, I can talk about it.

Women accessing peer support through a women's organisation, Mind monitoring report

The Peer Support Group has improved my confidence and sense of self-worth. I feel more able to trust appropriate people with my thoughts, feelings and experiences. I feel more connected to other people.

Women accessing peer support through a women's organisation, Mind monitoring report

For the majority of women, this feeling of being a peer was only possible due to having access to a woman-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.

I was searching for a long time [for] a place where people understood me and go through the same experience. I finally do not feel alone anymore, I've found my supportive place where I can turn to whenever I need support and clarification. I also enjoy helping others gain strength and hope for a better future post-abuse.

Women accessing peer support through a women's organisation, Mind monitoring report

Women in projects run by women's organisations also saw a greater impact on how they felt about themselves in terms of self-esteem and social recovery (a sense of establishing and maintaining meaningful relationships and feeling integrated into a wider community), as well as in their social circles with friends. This could be an indication that women's organisations have greater expertise in providing services in response to the needs of women, and are therefore better equipped for improving women's self-worth.

When compared to those who had participated in Mind's earlier Side by Side programme, which had been mixed sex groups, women involved in this women-only peer support programme reported greater improvements in social networks.

The project has made a big difference to the lives of Black, Asian, ethnic minority and Muslim women, supporting them to increase their self-confidence, self-esteem and to improve their health and wellbeing.

Women's organisation, Mind monitoring report

According to the wellbeing measure used in our project evaluation, women did not see their wellbeing change during the programme.[xxxvii] It is important to note that wellbeing is often only improved once other stressors (like problems at work, money worries, insecure immigration status or relationship problems) are removed. These wider tensions were beyond the scope of many of these peer support projects, and emphasise the need for a broader eco-system of interventions to address the structural causes of poor mental health. Peer support has an important role in that more holistic response.

Women did, however, draw upon the skills, knowledge and abilities they gained from peer support and used these in their day to day lives. This suggests that the programme had a positive impact on women's lives overall. These changes are important, particularly given the extent of the trauma histories amongst women supported through the programme, and its time-limited nature. This also demonstrates the importance of women being able to access a wide range of support, which can help them address all their needs and priorities in a holistic and gender-responsive environment.

We knew the power of peer support to change lives, but were perhaps unprepared for the dramatic effect it has had on one or two individuals in particular. One of our peer leads has used the groups to recover from chronic suicidal thoughts and isolation and is now a vibrant and enthusiastic supporter of others.

Women's organisation, Mind monitoring report

Women's leadership

If you had told me four months ago that I'd be delivering groups, I would have turned around and walked away – and now look at me!

Women accessing peer support through a women's organisation, Mind monitoring report

Alongside bringing women with shared experience together through peer support, 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. This included sitting on the grant decision making panels, as peer researchers within the evaluation team, presenters at the hub events and as representatives on the programme advisory group. They were involved at decision-making points and helped set programme priorities, which was a key benefit to the project.

In addition, throughout the peer support projects women were encouraged to take on leadership and co-production roles, such as helping to design and deliver hub learning events and peer support groups. Seventy per cent of participating organisations reported to Mind that women they were working with felt empowered to take on these roles. Overall, 956 women in England and 137 women in Wales took up leadership positions.

From the outset, leadership opportunities were broadly defined to include a range of ways in which women may wish to be involved in leadership and decision making, and to reflect the different places women might be on their own journeys. Leadership roles included formal and informal peer leadership, such as setting up groups, sitting on steering groups and developing campaigns. Other leadership roles were more subtle and occurred in a reciprocal capacity, for example peers supporting one another to develop skills.

I have gained confidence, training and knowledge. For leadership abilities, it is 50/50. I still need a bit of push. I know I can do things but I hold myself back – something just stops me. I know if I cross that line I will go on but I never commit, so I know I am not there. I have now committed to some co-facilitation for the first time.

Woman accessing peer support

Although it was clear that women benefitted when 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 powerlessness and a lack of decision-making at the hands of an abuser. Some stakeholders raised concerns that 'leadership' was a patriarchal concept which ran counter to the essence of peer support as equality between individuals. Some women reported a lack of confidence in their skills to become a 'leader'. Some did not feel comfortable with the concept of 'leadership', expressing a reluctance to be labelled a 'leader', 'peer leader' or 'peer facilitator'. These challenges raise questions about whether the language of leadership is entirely appropriate for women's peer support, and suggest that these opportunities could have been presented differently in order to engage with a wider group of women.

The evaluation also found that some organisations were more cautious in their approach to handing power to women and provided fewer opportunities for women to grow as peer leaders. Some tended to have a greater focus on managing risks and safeguarding women, and in some cases this led to organisations having less confidence in giving power and decision-making abilities to women through leadership opportunities. These concerns should be taken into consideration, with leadership opportunities shaped in ways that are appropriate for the point women are at in their lives. Where organisations did support women to lead, they often reflected in reporting to Mind on the valuable lessons this had brought to their own practice:

Staff have witnessed the benefit of stepping back to allow service users to make real, informed choices about the support they require and value, which has been vital. In turn, service users have felt empowered, and that their voice is truly being heard and appreciated.

Women's organisation

Partnership working and cross-sector learning

Throughout the programme, mental health organisations and women's organisations reported learning from each other, through bringing together their expertise. Key to this was the hub model, which enabled the sharing of knowledge between different specialisms, built capacity and shifted power to grassroots 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 the evaluation noted that 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.

Internally –[we are] working in a more women-centred way... this is a new approach for us to work specifically with women and we have had to learn rapidly some new ways of working that may be obvious to others in this field. For example, no male staff to enter the group when in session, no male participants to visit during the session... this is working well and the group have set ground rules on their terms, giving them more choice and control.

Mental health organisation

This project has made mental health much more central to the focus of the organisation. Whereas before we would recognise that many of our clients have anxiety, depression, PTSD, OCD and so on, we are now understanding more fully how these conditions impact on women's lives alongside managing the impact of domestic abuse. We have revised our staff training focus so that suicide prevention, mental health awareness and trauma training are now on the agenda.

Women's organisation

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. In reporting to Mind, 61% of organisations stated an increase in awareness and improvement in practice around the delivery of gender and trauma-informed services for women experiencing multiple disadvantage, of which 35% were women's organisations. These approaches grew over time and often resulted in organisations adapting their approach or practice. Examples given of changes to practice and approach included:

- a mental health organisation seeking funding to develop a local women's community centre
- a domestic abuse organisation developing a talking therapy service
- a women's organisation increasing their knowledge of mental health problems experienced by the women they worked with
- non-gender-specific organisations adjusting their practice to work in a more women-centred way, including establish women-only spaces.

The learning hub has been useful in terms of helping our entire organisation to review how we support women in a trauma-informed way. We are using the toolkits provided to look at all of our organisational procedures.

Women's organisation

5. Women's peer support values

Previous evaluation of peer support delivered through Mind's Side by Side programme identified six key values to delivering peer support. These were all present in women's peer support, but with greater emphasis on **choice and control** and **emotional and physical safety**.

The importance of women having genuine **choice and control** was observed throughout the programme. The evaluation found that the most prominent features that set women-only 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.

Women highlighted the difference between what could be offered by peer support in comparison to statutory services, which could be off-putting and cause anxiety. 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** were observed through evaluation to have a significant impact on individuals, the way groups developed and how women experienced giving and receiving peer support. The critical element of psychological safety observed through evaluation 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. Much of this relied upon the absence of judgment, which for some was a new experience. It was also an opportunity to find validation through shared experiences, especially for women who had not previously had this opportunity to be understood by people who 'get it'.

> **I think there's been a sense of belonging. There's complete recognition that this is a place where you don't get judged, that we are supportive and nurturing and empathetic. Nobody is telling you what to do or how to be.**
>
> Women's organisation

Many women in the programme had experienced a lack of physical safety at some point or were still living in fear, making location and choice of venue of where the peer support groups took place crucial in creating a safe space.

Women-only spaces formed a key feature of the programme and 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.

> **I think for many women that come to the group, they've never felt safe or they've got memories of being and feeling very unsafe. When they come to us and there are no conditions attached. We're not asking them for anything, we are saying we are accepting of you, we're not asking you for anything, please just come and be whoever you are.**
>
> Women's organisation

A new foundational value of **trust** was also identified. This reflects the significance that trauma has on women's mental health, and underlines the ways in which peer support can help women address the legacy of its impact. Where trauma and abuse erode women's feelings of safety, choice and control and ability to build trusting relationships create a solid foundation for them.

It takes time to build peer support groups and to develop trust; trust between women within groups, trust 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 of trust and work with women at their own pace.

Many of the groups included women with experiences of domestic abuse and sexual violence, both current and historic. So taking a trauma-informed approach which prioritised feelings of emotional and physical safety was essential for peer to peer support to flourish. Also critical was the importance of nurturing human connection, and two-way interactions that allowed women the **freedom to be themselves**, 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 them.

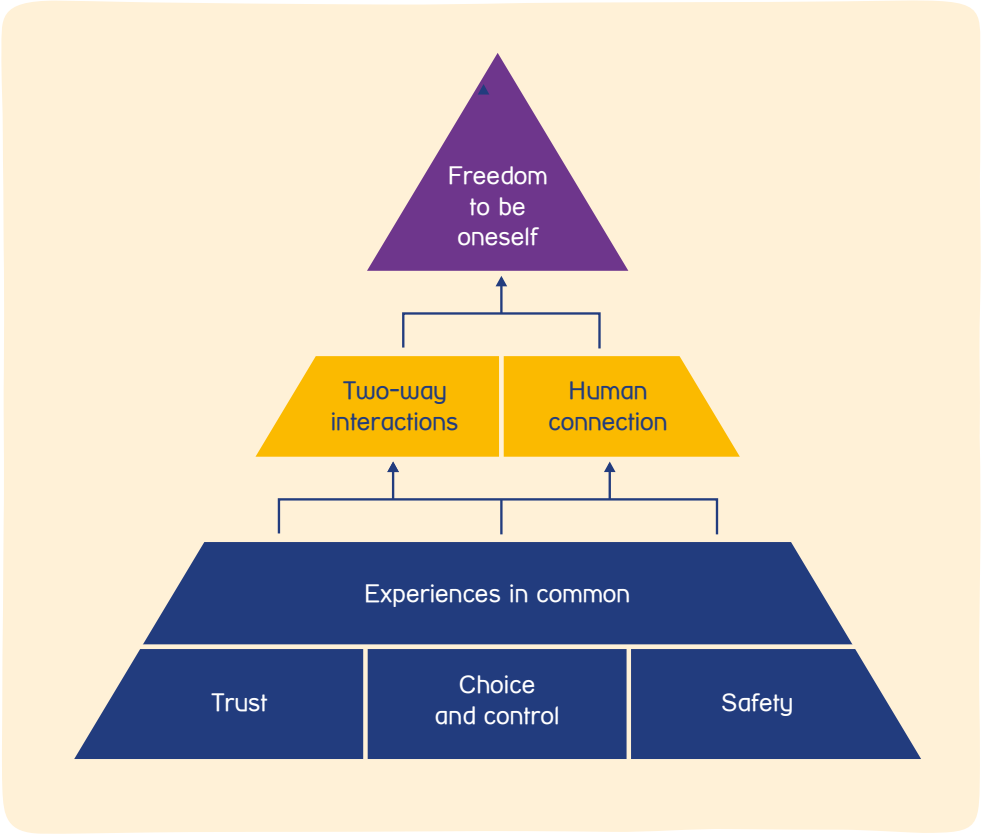

Fig 3: Women's peer support values and principles [xxxviii]

Key features of peer support projects in Women Side by Side that were identified through the evaluation included:

- a common understanding of multiple disadvantage and the influence of hardship and trauma on women's lives
- different approaches to mental health
- good communication
- creation of welcome spaces
- using trauma-informed practices
- varied leadership models.

I now know it as 'gaslighting' – I thought I was going mad. I thought all my neighbours were judging me. Everyone thought my husband was wonderful, I knew differently but I didn't think anyone would believe me if I told them. I can recognise manipulative behaviour now, even some members of my family and friends. It was great to be with other women who had been through the same thing, I thought I was on my own.

Women accessing peer support

6. Legacy and learning

One central challenge of the overall programme was the relatively short period of time over which funding was available and project delivery could take place. Organisations felt that more time would have allowed their partnerships and networks to develop further, for example through opportunities provided by the hub learning events, and would have enabled them to achieve greater project sustainability or legacy. They also noted that delivering peer support over a longer time period and developing trusting relationships between staff, women, and organisations of differing specialisms, 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 (Mind to report to DCMS) and to the evaluator (McPin Foundation). Projects found this frustrating at times and led to some having to reallocate resource, or put in additional voluntary time, to reporting that could otherwise have been directed to project delivery. Some women did not feel comfortable completing the evaluation due to the nature of the questions. Some felt that these were invasive and not trauma-informed, which created barriers for women to participate fully in the evaluation.

As indicated, 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 as measure of success, and instead move more towards the impact of peer support on individuals' social support and relationships.

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

Some organisations running hubs reported challenges in engaging with commissioners and other partners through the hub events. Hubs covering large geographical areas also reported challenges in engaging with commissioners. For example, it was particularly difficult to engage commissioners in Wales due to the large geographical area and the cultural difference between North and South Wales. One hub could not identify or engage with their local mental health commissioners for the duration of the programme, despite significant interest from local mental health clinics and practitioners. This suggests that strategic action is needed at a 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 investment they need to embed and deliver women's peer support in their communities.

7. Conclusions

Last night I went to A&E because I was in crisis. I was treated with contempt and put out on the street at 2am to find my way home. I came to the group today and instantly got the care and compassion I needed which is so lacking in mental health services.

Woman accessing peer support

Women Side by Side generated some key lessons for developing future women's peer support, which provide valuable insight for women's organisations, mental health and other service providers, commissioners, funders, evaluators and policy makers. The conclusions and recommendations we draw here come through insights gained by Mind and Agenda throughout the programme, from project reporting to Mind and from the external evaluation by the McPin Foundation.

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 already work in this way. This includes specialist services delivered by and for marginalised 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.

Women's mental health peer support, delivered through specialist women's provision, has clear value. Women report improvements in their social networks, increased social connection, feeling less lonely and isolated, feeling more able to talk about their mental health, and increased self-esteem, confidence and skills building. Some women only participated because the programme was women-only.

The specialist women's sector must be cultivated, supported and valued in order to be able to provide gender and trauma-informed spaces and services through which women's community peer support can be offered, alongside wider services that address other stressors in their lives. The women's sector must be adequately and sustainably funded in order to support this expertise and infrastructure.

Taking a trauma-informed, gender-responsive and women-only approach is vital. Prioritising feelings of emotional and physical safety is essential for peer-to-peer relationships to flourish, and trust to be developed. Women-only spaces and gender specialist services are critical to successful delivery. Organisations who had not previously been delivering gender-specific services or mental health support found value in understanding how to do so through this programme. Organisations that are not currently delivering services in a gender-specific way should consider how they can genuinely and meaningfully adapt their practice and approach to take women's needs in to account. The expertise of those already working in this way must be recognised and valued, particularly given the evidence in our evaluation suggesting that these organisations had better results working with women.

The development of women's leadership plays a clear role in the delivery of peer support. Providing leadership opportunities for women, some of whom have experienced a lifetime of powerlessness, at a level and pace that works for them can be hugely empowering. It is likely that longer periods of funding and project delivery would enable women to grow even further. The concept of 'leadership' needs to be nuanced and tailored to the needs and interests

of women involved. Some women are put off by the language around leadership and this must be reflected in how opportunities are created and presented.

Smaller, specialist and grassroots voluntary sector organisations have a key role to play in delivering peer support to women, in both the women's and mental health sectors. With limited resource and capacity, these organisations were able to deliver effective, specialist and culturally sensitive programmes to women from a variety of different communities. These organisations should be an important part of the response to women's mental health. This is particularly important in meeting the needs of women who are currently poorly served by some traditional clinical statutory mental health services, or who may not feel safe or trust in these environments if they had previously poor experiences.

Knowledge sharing and partnership between voluntary sector women's services and mental health specialists brings benefits. The evaluation suggested that organisations of different specialisms benefited from learning from one another's practice, expertise and ways of working, and valued the new perspectives they gained. Different organisations recognised the respective value they brought one another, and in effective partnerships each party was fully involved in the learning and development process. Key elements which underpin strong partnership working are trust, effective communication, respect for each other's expertise, clear roles and responsibilities prioritising equality and power sharing, and common objectives.

Short project timescales and delivery periods are counter to a trauma-informed approach in working with women facing multiple disadvantage. Trauma and gender-responsive approaches recognise that relationships of trust take time to build, and that working to a pace that suits women is the best way to achieve positive outcomes. The short-term nature of the funding period, which allowed only 12 months of project delivery time, required organisations to set up and run peer support projects rapidly. This allowed only "a little window, not a wide-open door" to develop peer support. It prevented many organisations from being able to secure additional funding to ensure programme sustainability, despite the success of the group or the benefits they had on the women involved. Given longer timescales, hubs may have had even greater success in supporting projects to sustain delivery beyond this project funding.

8. 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. While not a replacement for other care, peer support for women should be an additional offer that adds value to a wider mental health support in order 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. Peer support and its value should be recognised in all future policy frameworks and delivery plans to tackle mental health, domestic abuse and loneliness for both the UK and Welsh Governments, and be built into all local priorities and action plans of mental health trusts, commissioners and practitioners in mental health services.
- Core long-term women's sector funding is needed to ensure the sustainability of the sector, and that 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 to 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, grassroots 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, including ring-fencing funding, simplifying application processes wherever possible, providing clear guidance on completing successful funding applications and other forms of capacity building.
- 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. Mechanisms must be in place to ensure that specialist, small and grassroots organisations are considered of equal value throughout partnership development and delivery and funded accordingly.
- Reporting and monitoring requirements: Funders should explore approaches to data collection that prioritise impact and outcome measurement, while 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. Outcomes associated with funding should be developed in partnership between programme beneficiaries, organisations and funders in order to be meaningful to women's lives.

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 their 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.

Annex: supporting data tables

Characteristics of women in the evaluation sample

	Evaluation sample (n=380 unless stated) **
Respondents from women's organisations	Women's orgs = 210 (55%)
Gender	Female = 375 (99%)
	Non-binary = 2 (1%)
	Preferred not to say = 2 (1%)
	Prefer to self-describe = 1 (0.3%)
Transgender history	Yes = 4 (1%)
	Prefer not to say = 3 (1%)
	(n=368)
Sexual orientation	Heterosexual/straight = 292 (79%)
	Bisexual = 16 (4%)
	Lesbian/Gay = 11 (3%)
	Questioning = 5 (1%)
	Prefer not to say = 43 (12%)
	Prefer to self-describe= 3 (1%)
	(n=370)
Age[1]	16–24 = 73 (19%)
	25–34 = 82 (22%)
	35–44 = 67 (18%)
	45–54 = 74 (20%)
	55–64 = 54 (14%)
	65+ = 30 (8%)
Ethnicity[2]	White = 214 (57%)
	Asian = 99 (26%)
	Black = 35 (9%)
	Mixed = 19 (5%)
	Other = 10 (3%)
	(n=377)

1. 16-17 and 18-24 were merged into a category labelled 16–24.

2. Ethnicity data was grouped into five categories (White, Asian, Black, Mixed and Other) to aid analysis.

Change in outcomes

	n	Timepoint 1 Mean (SD)	Timepoint 2 Mean (SD)	Change (95% Confidence Interval)	p-value	Effect	Size
Wellbeing	362	19.9 (6.4)	20.4 (4.2)	0.5 (-0.3, 1.3)	0.209	0.07	N/A
Loneliness*	331	6.4 (2.0)	5.9 (2.1)	-0.6 (-0.7, -0.4)	<0.001	-0.30	Small
Social recovery (self-esteem)	345	39.1(12.9)	40.8 (11.9)	1.8 (0.3, 3.2)	0.019	0.13	N/A
Social recovery (community and social environments)	345	22.7 (7.4)	24.1 (6.7)	1.4 (0.6, 2.3)	0.001	0.18	N/A
Social networks with friends	292	6.9 (3.4)	8.5 (3.9)	1.6 (1.2, 2.0)	<0.001	0.44	Small
Social networks with neighbours	287	4.5 (3.5)	5.8 (4.9)	1.3 (0.8, 1.8)	<0.001	0.31	Small
Ability to talk about mental health with family	296	3.1 (1.3)	3.6 (1.8)	0.5 (0.3, 0.7)	<0.001	0.27	Small
Ability to talk about mental health with friends/acquaintances	295	6.2 (1.6)	6.8 (2.0)	0.6 (0.4, 0.8)	<0.001	0.32	Small
Ability to talk about mental health with peers	294	3.8 (0.8)	4.2 (1.4)	0.4 (0.2, 0.6)	<0.001	0.28	Small
Ability to talk about mental health with professionals	290	7.2 (1.8)	7.7 (1.8)	0.5 (0.3, 0.7)	<0.001	0.27	Small

*Note: A lower score on the Loneliness Scale indicates a better outcome.

Endnotes

i. The evaluators for Women Side by Side were a group of peer researchers at the McPin Foundation. The team was brought together specifically for this project with five regional peer researchers recruited to work alongside the commissioned programme hubs in England and Wales: Ffion Matthews, Fozia Haider, Naima Iqbal, Jennie Parker and Julie McWilliam. The London based team included Humma Andleeb and Tanya MacKay. All the peer researchers work from a lived experience perspective drawing upon personal experience of mental health difficulties and multiple disadvantage. St George's University of London were a partner with Sarah White supporting the impact analysis. This team's work has been drawn upon to write the policy report alongside other information sources.

ii. McPin Foundation (2020) *Evaluation of the Women Side by Side programme: Final report*, May 2020

iii. Further details of the evaluation carried out by the McPin Foundation and the peer research team can be found in their final report.

iv. Observations were carried out by peer researchers for the external evaluation. These observations were of peer support groups funded by the programme, hub activities, such as learning events, and project meetings, including grant funding or advisory group meetings. Regional peer researchers approached funded projects to ask whether women would be open to them observing several peer support sessions. A standard template was used to record observations. Each group that was observed and included in data analysis was observed a minimum of two times.

v. McManus, S. et al (2016) *Mental health and wellbeing in England: Adult Psychiatric Morbidity Survey* 2014. Leeds: NHS Digital

vi. the Equality and Human Rights Commission, page 78: https://www.equalityhumanrights.com/sites/default/files/is-britain-fairer-2018-is-wales-fairer.pdf

vii. McManus, S. et al (2016) *Mental health and wellbeing in England: Adult Psychiatric Morbidity Survey* 2014. Leeds: NHS Digital.

viii. Ibid.

ix. Cabinet Office (2019) *Race Disparity Audit: Summary Findings* from the Ethnicity Facts and Figures website

x. Agenda & DHSC (2018) *The Women's Mental Health Taskforce*: Final report

xi. Ibid.

xii. Marchant, A. et al. (2020) *Self-harm presentation across healthcare settings by sex in young people: an e-cohort study using routinely collected linked healthcare data in Wales*, UK. Archives of disease in childhood, 105(4), 347–354

xiii. Wilton and Williams (2019) *Engaging with complexity: Providing effective trauma-informed care for women*, report for the Centre for Mental Health

xiv. Ibid.

xv. AVA & Agenda (2019) *Breaking Down the Barriers*: Final report of the National Commission on Domestic and Sexual Abuse and Multiple Disadvantage

xvi. Scott, S. & McManus, S. (2016) *Hidden Hurt: Violence, abuse and disadvantage in the lives of women* (research for Agenda)

xvii. We have used England and Wales data wherever possible throughout this policy report. In some cases comparable Welsh data is not available to demonstrate the extent of mental health problems experienced by women in Wales as compared to England – a gap which we recommend be addressed.

xviii. AVA & Agenda (2017) *Mapping the Maze: Services for women experiencing multiple disadvantage in England and Wales*

xix. Agenda & DHSC (2018) *Women's Mental Health Taskforce: Final report*

xx. AVA & Agenda (2017) *Mapping the Maze* & AVA & Agenda (2019) *Breaking Down the Barriers*: Final report of the National Commission on Domestic and Sexual Abuse and Multiple Disadvantage

xxi. Centre for Mental Health & Agenda (2019) *A sense of safety: Trauma-informed approaches for women*

xxii. Sweeney, A. et al (2018) *A paradigm shift: relationships in trauma-informed mental health services*. British Journal of Psychiatric Advances, 24(5), 319–333.

xxiii. Centre for Mental Health & Agenda (2019) *A sense of safety: Trauma-informed approaches for women*

xxiv. AVA & Agenda (2019) *Breaking Down the Barriers*: Final report of the National Commission on Domestic and Sexual Abuse and Multiple Disadvantage

xxv. Elliot *et al.* (2005) *Trauma-Informed or Trauma-Denied: Principles and Implementation of Trauma-Informed Services for Women*. Journal of Community Psychology 33(4), p.461–477; DHSC, 2018, Women's Mental Health Taskforce; Agenda & DHSC (2018) *Women's Mental Health Taskforce*: Final report; Centre for Mental Health & Agenda (2019) *A sense of safety: Trauma-informed approaches for women*

xxvi. Side by Side Research Consortium (2017) *Side by Side: Early research findings*. London: Mind; NSUN (2017) *The Principles of Peer Support Charter*; Keck, L. et al (2018) *Learning and insights on peer support: What we learned from the year-long project*

xxvii. Centre for Mental Health & Agenda (2019) *A sense of safety: Trauma-informed approaches for women*; AVA & Agenda (2017) *The core components of a gender sensitive service for women experiencing multiple disadvantage: A review of the literature*, 2017

xxviii. Evaluating the Side by Side peer support programme. St George's, University London and McPin Foundation: mcpin.org/evaluation-of-mind-peer-support-programme/ Billsborough et al., 2017; Peer support services for individuals with serious mental illnesses: Assessing the evidence. Psychiatric Services, 65, 429–441. https://doi.org/10.1176/appi.ps.201300244 Chinman et al., 2014; Davidson et al., 1999; Peer support among adults with serious mental illness: A report from the field. Schizophrenia Bulletin, 32, 443–450 https://doi.org/10.1093/schbul/sbj043 Davidson et al., 2006; Peer Support among Persons with Mental Illnesses: A review of evidence and ex-perience. World Psychiatry, 11, 123–128. https://doi.org/10.1016/j.wpsyc.2012.05.009 Davidson, et al., 2012; "The Lived Experience Workforce in South Australian Public Mental Health Services." Gallagher & Halpin, 2014; Lawn, S., Smith, A. & Hunter, K. (2008). Mental health peer support for hospital avoidance and early discharge: an Australian example of consumer driven and operated service. Journal of Mental Health, 17, 498–508. Lawn et al., 2008; A Review of the Literature on Peer Support in Mental Health Services. Journal of Mental Health, 20, 392–411. https://doi.org/10.3109/09638237.2011.583947 Repper & Carter, 2011; Roberts & Fear, 2016; Siskind et al., 2012

xxix. Side by Side Research Consortium (2017) *Side by Side: Early research findings*. London: Mind

xxx. Shery Mead: intentional peer support, for more see: https://www.intentionalpeersupport.org/what-is-ips/

xxxi. Mind (2013) *Mental Health Peer Support in England: Piecing together the jigsaw* report; Faulkner, A. & Basset, T. (2010) *A helping hand: consultations with service users about peer support.* London: Together. together-uk.org/about-us/peer-support

xxxii. New roles in mental health, via: https://www.hee.nhs.uk/our-work/mental-health/new-roles-mental-health

xxxiii. Of the overall total number of women support, 2663 women were supported through online peer support delivered by Women's Aid.

xxxiv. A 5th learning event was run by the hub in Wales.

xxxv. McPin Foundation (2020) Evaluation of the Women Side by Side programme: Final report, May 2020. Project requirements did not specify that hub events had to be women-only, but these emerged naturally. In the majority of cases attendees were primarily female project staff and women with who attended peer support groups. In some cases men were present from other organisations, for example funders, supporters or staff representing other organisations

xxxvi. Royal Colleague of Psychiatrists (2019) *Public mental health: Evidence, practice and commissioning*; The Advocacy Project (2019) *Loneliness and social isolation*; Henriksen et al. (2017) *The role of self-esteem in the development of psychiatric problems: a three-year prospective study in a clinical sample of adolescents*

xxxvii. The outcomes (wellbeing, loneliness, self-esteem, quantity and quality of social networks) were measured using standardised scales which are available in existing research literature. These were also the scales used in the original Mind Side by Side evaluation. The ability to make plans was measured using a bespoke scale created for this evaluation. For all scales, the scores were compared for woman at two time points.

xxxviii. Based on original Side by Side peer support values. By making safety, choice and control and trust the foundation aspects of women's peer support, the revised principles more closely reflect recognised trauma and gender informed care approaches and will, therefore, more effectively guide organisations in providing peer support to meet the needs of women with multiple disadvantage.

We're Mind, the mental health charity. We won't give up until everyone experiencing a mental health problem gets both support and respect.

Mind, 15–19 Broadway,
Stratford, London, E15 4BQ

mind.org.uk
@MindCharity
facebook.com/mindforbettermentalhealth
Mind Infoline: 0300 123 3393

Registered charity number 219830
Registered company in England number 424348

Agenda, First Floor West,
35–47 Bethnal Green Road, London, E1 6LA

weareagenda.org
@agenda_alliance
facebook.com/AgendaforWomenandGirlsatRisk

Registered charity number 1179417

mind for better mental health

agenda Alliance for Women & Girls at Risk

Women Side by Side uses peer support to improve the mental health of women facing disadvantage. The project is supported by Mind and Agenda, the alliance for women and girls at risk.