REVIEW OF WOMEN'S HEALTH AND EQUALITY CONSORTIUM 2016

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1. Executive Summary

1.1 Background and Methods

1.1.1 Women's Health and Equality Consortium (WHEC) is a partnership of women's charity organisations that share common goals of health and equality for girls and women. WHEC is one of 22 Health and Care Strategic Partners of the Department of Health (DH) (2016), NHS England and Public Health England.

1.1.2 The aim of this review was to document what the WHEC partnership had achieved together over the last 24 months.

1.1.3 The review involved a sequential exploratory design involving 3 datasets all of which were qualitative in origin. Data was derived from analyses of consortium documents, consortium focus group interview and individual partner interviews.

1.2 Key Findings

1.2.1 **Activities and Outputs**
The WHEC partners were dedicated to producing high quality, comprehensive and responsive outputs. This was demonstrated by the amount of reports produced and projects in development. Communication was found to occur frequently via meetings and emails appear consistently strategic and responsive to current policy developments as well as the changing needs of women throughout WHECs network. Dissemination of learning was also strategized and the great wide reaching potential of dissemination was recognised given the large network available via each partner.

1.2.2 **Impact**
The WHEC partnership was successful in building the capacity of local women's organisations and in increasing data regarding women's health and equality experiences in local areas. It was recognised that WHEC have a great potential to impact service provision and policy development, and this aim has been clearly expressed.

1.2.3 **Added Value**

The review found significant added value of the WHEC collaboration in regards to tackling health inequalities and advancing policies and practices to improve the health of all women and girls. Through collaboration WHEC has been able to provide a unique and important picture of the intersectional issues women experience that can increase marginalisation. Smaller organisations in the partnership were given an amplified voice and increased capacity to support their network due to sharing of expertise and learning from the other partners. Such sharing of learning appears to support WHEC to work efficiently in terms responding in the most up-to -date, timely and resourceful manner to the health and equality needs of women. They also applied this focus by addressing the priorities for DH, Public Health England and NHS England. WHEC partners also advocated strongly for the potential

preventative and cost-saving opportunities.

1.2.4 **Challenges**

Identified challenges include the timely nature of the kind of work WHEC pursues combined with the relatively short-term nature of WHEC's planning to date, under the Strategic Partner Programme. The development of longer-term research and impact interventions has been constrained by limited time and resources.

1.4 **Recommendations and Conclusions**

1.4.1 The WHEC partnership would benefit from developing a strategy on dissemination practice and producing measures to monitor its impact. Such activity would illuminate WHECs outcomes and assist funding organisations that require value for money, added value and impact.

1.4.2 The review found the WHEC partnership to hold unique knowledge they use to empower all women. This report recognises untapped potential that WHEC holds to support strategic partner's goals and aims to provide comprehensive sustainable and appropriate health care for all women.

2. Women's Health and Equality Consortium (WHEC)

WHEC is a partnership of women's charity organisations that share common goals of health and equality for girls and women. WHEC is one of 22 Health and Care Strategic Partners of the Department of Health (2016), NHS England and Public Health England. The formation of WHEC (September 2008) was initiated in response to the Department of Health's request to engage directly with the Voluntary and Community Sector. The Women's Resource Centre (WRC) identified a lack of representation of women within the Department of Health's initial engagement with the sector, despite the presence of other gender-related organisations representing men and transgender persons. WHEC was formed and consisted of: Platform 51 (now called the Young Women's Trust); Rape Crisis (England & Wales); FORWARD; Maternity Action and Positively UK. Leadership was appointed to Platform 51. Three years later Platform 51 relinquished leadership and subsequent partnership of WHEC. WHEC received its first grant from the Department of Health in April 2009. WRC were voted to take the lead and have occupied this role to date. Please see Figure 1 for a list of the WHEC partner organisations.

In 2008 WHEC identified their role as a Health and Care Strategic Partner as a significant breakthrough, giving greater potential for women's health and equality needs to be met. In this role, WHEC aims to tackle health inequalities and advance policies and practices that improve all women and girls' health. As stated on WHECs website (www.whec.org.uk) the consortium addresses their aims by: bringing women and girls' health and social care

organisations together; building a shared understanding of the issues surrounding women and girls' health and equality; supporting sustainable women-led solutions to persistent and emerging health inequalities, and by promoting the value of the women's health and equality sector within government departments and amongst statutory and voluntary and community sector bodies.

WHEC partners meet bi-monthly where they discuss previous and future Health and Care Strategic Partner programme activities, outcomes and implications, and general matters to do with the wider health and social care agenda. During the meeting partners were acknowledging together the value they get from the strategic discussion space offered by the WHEC consortium members. WHEC projects/reports are important but the SPP also enables WHEC to make a number of more unplanned strategic contributions into health policy; WHEC meetings give an opportunity to develop capacity and share intelligence. WHEC identifies needs from partner discussions and from the current strategic focus of the health and social care systems partners (Department of Health, NHS (England) and Public Health (England). The WHEC partners assigned to lead a project vary depending on their area of expertise. In the past 24 months WHEC has published seven reports and is commissioning 11 current projects (see appendix 1). WHEC's published findings are disseminated to the Health and Care Strategic Partners and other local and regional health and social care organisations, as well as the voluntary sector, especially the women's voluntary sector Learning is further disseminated to the partnerships and memberships of each WHEC partner organization. Between meetings partners collaborate in a number of ways including responding to requests for information and advice from systems partners, inputting to consultations and attending meetings.

Figure 1: WHEC Partner Organisations

http://www.whec.org.uk/wordpress/?page_id=20

WOMENS RESOURCE CENTRE – LEAD PARTNER	Supports development and sustainability of women's organisations and the sector; provides training and resources. http://www.wrc.org.uk
IMKAAN	Is the national Black, Minority Ethnic and Refugee (BMER) charity dedicated to addressing violence against women and girls. As a second-tier partnership organization, Imkaan represents the expertise and perspectives of front line BMER women's services that work to prevent and respond to violence against women and girls. http://imkaan.org.ukr
POSITIVELY UK	Provides support for women living with HIV by women living with HIV. http://positivelyuk.org

RAPE CRISIS ENGLAND & WALES	Rape Crisis England & Wales exists to promote the needs and rights of women and girls who have experienced sexual violence, to improve services to them and to work towards the elimination of sexual violence. Rape Crisis England & Wales is the national umbrella body for a network of autonomous member Rape Crisis organisations across England and Wales and was set up to support their specialist work. They also raise awareness and understanding of sexual violence in the wider community and with local, regional and national government. They currently have 45 member Rape Crisis organisations, providing services in 57 locations across England and Wales. http://rapecrisis.org.uk/index.php
FORWARD	Is committed to eliminating gender-based violence against African girls and women, particularly female genital mutilation and child and forced marriage. http://forwarduk.org.uk
MATERNITY ACTION	Works to end inequality and promote the health and wellbeing of all pregnant women, new mothers and their families. http://www.maternityaction.org.uk

3. Evaluation of WHEC

The aim of this review was to document or review what the WHEC partnership had achieved together in terms of outputs over the last 24 months. This evaluation aims to demonstrate to the Department of Health the value of WHEC and the partnership and secondly to map what joint activities have taken place over the last 24 months.

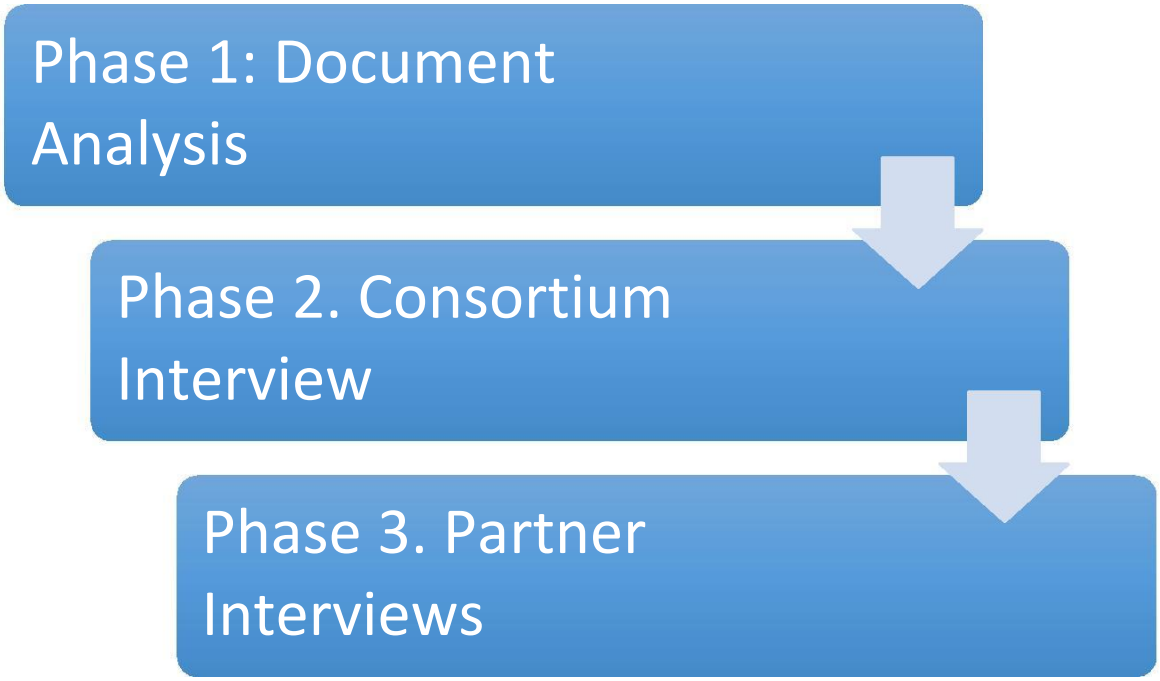
We negotiated the evaluation questions with WHEC and produced the list below (these questions were then collapsed into four areas of review- see page 5):

1. What does WHEC do and why?
2. Why is collaboration a good idea?
3. What "added value" does collaboration bring?
4. What projects have the WHEC partners collaborated on?
5. What were the outputs – how were these disseminated and what the impact?
6. What role does the lead partner (WRC) take in facilitating collaboration?
7. How does WHEC facilitate partners to speak for themselves?

Design of the evaluation

The evaluation involved a sequential exploratory design involving 3 datasets all of which were qualitative in origin.

Figure 2: Three Datasets comprising the evaluation material



Procedures

Documents were collected from the website and from WRC on projects that had been completed (in the last 24 months) and that were on-going (see Appendix 1). Analysis of the documents was on going through the consortium and telephone interviews phases. Both researchers attended the planned Consortium meeting on 21/1/16 with the aim of introducing the aims of the review and collecting qualitative data on joint outputs and feedback on the value of the consortium. Partners were asked to contribute material during the session on four areas:

1. HOW did they work together?
2. WHAT activities were produced?
3. HOW /WHEN were these disseminated?
4. WHAT impact the projects had and HOW did they know about the impact?

The session was audio-recorded and fed into the individual partner interview questions. Each (telephone) partner interview was slightly different according to what the partner

had to contribute. All partner interviews were completed with 2 weeks of the consortium session. Finally, once all the interviews were completed a thematic analysis (Braun and Clarke, 2006) of the data was conducted.

Data analysis
We coded the data bearing in mind the review aims (see page 4), therefore this analysis was partly deductive but wanted to capture the flavour of the experiences of both the consortium (collectively) and the partners (individually) so a later inductive analysis was performed to ensure no data was missed that could be helpful.

The themes developed were triangulated between the two researchers. See table below for the themes developed.

Table 1: Themes developed for analysis

Main Themes	**Sub Themes**				
Activities and Outputs	Communication	Projects & Reports	Dissemination	Responding to Policy	
Impact	Capacity Building	Increased local data	Policy Development		
Added Value	Intersectionality	Shared experience & learning	United Voice	Working Efficiently	New Work
Challenges	Dissemination	Time	Resources		

4. Findings

This section is divided in 2 parts: 4.1 Document analysis; 4.2 Consortium and partner interview analysis.

4.1 Document analysis
We have chosen the three documents below as they demonstrate good collaboration and evidence impact:

- ***I am more than one thing': A guiding paper by Imkaan, Positively UK and Rape Crisis England and Wales on women and mental health***
- ***Women's voices on health: Addressing barriers to accessing primary care***;
- ***WHEC PROJECT PROPOSAL Template - Round table discussions on women and mental health care***.

In this section we have aligned our analysis according to the themes we developed from the consortium and partner interviews for consistency (<u>themes</u> are underlined and **sub-themes** in bold).

The documents WHEC produced over the last 24 months demonstrated a commitment to:
Elucidating the whole picture of women's experience;
To impacting change at policy level through supporting the strategic focus of Department of Health;

And to empowering the local women's organisations to work most effectively and with a stronger voice.

'I am more than one thing: a guiding paper' (May 2014)

Collaborators:
Imkaan
Positively UK
Rape Crisis England & Wales

Project Description: The aims of this report were to demonstrate the need and value for gender specific approaches in the commissioning and delivery of mental health services. The report shared findings regarding the specific barriers and challenges women face seeking help for mental health difficulties.

Activities and Outputs

- **Communication**. WHEC utilised their collective resources and contact base to conduct desktop literature research, interviews with local health commissioners and local voluntary specialists, and focus group discussions with women in the different regions.
- **Projects and reports**. Three WHEC partners collaborated on the research and subsequent production of this report.
- **Dissemination.** Disseminated to national policy leads, health commissioners and women's voluntary and community organisations to review own policies, practices and service delivery.
- **Responding to policy**. The report was a response to DH mental health policy development. This research utilised the DH Mental Health Dashboard findings, which identified a greater prevalence of mental health difficulties, experienced by women. The report highlighted causal factors behind these statistics and gave a view of the specific experiences of women.

Impact Aims

- **Capacity building** for local organisations. The document provided recommendations for local organisations' practice and to work towards impacting on policy development. The report gave 'promising examples' of organisations demonstrating good practice. [sic]
- **Increased Local Data.** This paper recognised that the developments in mental health provision were utilising research that did not represent local experiences and specific experiences of women (see examples below for an illustration of this). Service provision was highlighted in three areas: Warwickshire; London (Islington) and Sheffield. Examples of good service provision and where services needed improvement were given.

Added Value

- **Intersectional issues**. The paper focused on women's mental wellbeing within the context of sexual violence as well as an assessment of different levels of social

exclusion or marginalisation, that are faced by BME women and women affected by HIV. WHEC argued that this intersectionality needs addressing when thinking about the wider determinants of health outside of pathology (i.e. diagnosis and treatment), including the labour market, education, housing and citizenship. Due to the wide contact base of the partnership WHEC has the opportunity to gather more contextual information about women's lives. The following **examples** were given to elucidate how intersectionality plays a part in women's mental health and in determining access to services. In the regional interviews BME women spoke about insecurity of their immigration status and concerns about deportation and the subsequent problems around poverty, homelessness, debt, unemployment, and social isolation, which exacerbated their mental health problems. One woman shared: 'When I was in a desperate situation I couldn't get any help at all because I was locked up and terrified of the traffickers. I couldn't speak English, I didn't know how to get help and I was frightened of being deported if I did anything to anger the traffickers'. Women with HIV spoke about the difficulties in emotionally coping with the multiple stigmas of being HIV positive, dealing with mental health issues and also being vulnerable to violence.

- **Shared experience and learning**. Each partner had conducted previous research that informed underlying knowledge for the project. A bottom up perspective was added to this knowledge base by dedicating a section of the report to recommendations from service users and from women's sector organisations. This later point is in line with DH's strategic focus for service user participation and community collaboration.
- **Work Efficiently**. Shared learning, resources and time between WHEC partners made the process of conducting the research quicker and more comprehensive than it would otherwise have been. WHEC also provided recommendations that may directly help some of the costly demands on the DH for example a recommendation addressed the findings that 50 per cent of women who use mental health services have experienced violence or abuse. Given this, the report recommended that provision of low cost specialist services like refuges and rape crisis centres would reduce the amount of demand on local GP services and hospitals. Such recommendations may support DH goals to support individuals prior to development of need to engage with statutory mental health services.
- **United Voice**. Minority women's groups' were given a platform to be heard. For example, without WHEC, similar work done to support the needs of women who live with HIV normally would unlikely to be heard. By placing the needs of HIV women alongside others, unity was also created.
- **New work.** This policy provided deeper insights into specific experiences of women, adding much needed new research to support mental health provision.

<u>Challenges</u>

- **Time** was identified as a factor that effected capacity to conduct further research.

In summary, this document was an excellent example of the insights the WHEC collaboration can provide. For example, in the report it was highlighted how HIV prevalence was linked with violence against women and girls. Acknowledgement was given to the *whole* picture of women's experiences and how they interact with mental health services. Such insights could

potentially save policy makers time and money.

'Women's voices on health: addressing barriers to accessing primary care' (March 2014) March 2014

Collaborators:
Maternity Action (Lead)
All partners

Project Description: Women have comparatively poorer health outcomes in many respects. This project aimed to assist health services to more efficiently address women's health needs via clarifying gaps in support and giving recommendations. Recommendations regarding the appointment system, registration, effective use of the appointment, costs, prejudice and discrimination, mental health problems and gender-based violence were given.

Activities

- **Communication**. WHEC utilised their collective resources and contact base to share an online survey promoted to all UK women regardless of their social or ethnic group, and to organise focus groups with women experiencing comparatively poor health outcomes.
- **Projects and Reports**. Collaboration of all WHEC partners helped to develop findings. Maternity Action took lead on production of this report.
- **Dissemination.** Disseminated to national policy leads, health commissioners and women's voluntary and community organisations to review own policies, practices and service deliver.

Impact Aims

- **Increased Local Data.** Women interviewed gave insight into their experience of their local services leading to many recommendations to focus on locally informed service development.
- **Policy Development.** The project recommends that findings from this research should update knowledge impacting changes in legislation and policy so that GPs can provide the vital support those women need.
- **Improved service provision.** There were many specific recommendations for healthcare practices to help them remove barriers to women's access to healthcare services.

Added Value

- **Intersectional issues**. The paper focused on women's access to primary care within different levels of social exclusion or marginalisation. BME, refugees and women seeking asylum, women living with HIV, LGBT women and women with learning difficulties were all accessed. The project gave a picture of women's health needs within their personal and wider contexts and assisted understanding of the lives of different women. One example of intersectional issues demonstrated in the report

regarded a focus group for women living with HIV. Five out of eight of the women had also experienced domestic violence. These women found it very difficult to seek help due to perceived stigmas they felt regarding the myriad of difficulties (intersectional issues) they experienced including; single motherhood, HIV and economic dependency on the partner.

- **Shared experience and learning**. Each partner had conducted previous research, which provided underlying knowledge for the project. As demonstrated in the previous report, this project also allowed the sharing of expertise and learning from a bottom up perspective as demonstrated through utilisation of focus groups with service users. This is in line with DH's strategic focus for service user participation and community collaboration. Additionally this project shares learning from existing frameworks, improving collaboration with other health and care strategic partners of DH. For example; 'GP surgeries should draw on existing models of promising practice, such as the IRIS project' (p76 of this report). Many other recommendations in the report concur with existing recommendations and provide an additional evidence base.
- **Work Efficiently**. Shared learning, resources and time between WHEC partners made the process of conducting the report quicker and more comprehensive than it would otherwise have been. Recommendations given are <u>cost saving and preventative</u>.
- **United Voice**. Minority women's groups were given a platform to be heard. For example: in the focus group with BME women, women reported difficult experiences of not being listened to by doctors. This was linked to language and the barrier of medical jargon rather than explanations in simple English. Such insights were beneficial for statutory health services in improving service provision.
- **New work.** The findings above also demonstrate an example of the unique and novel research that WHEC are capable of due to their access to women with much complex vulnerability.

<u>Challenges</u>

- There were no significant challenges reported in compiling this report.

In summary, this document demonstrates an excellent use of shared resources to produce a large-scale project detailing specific bottom up recommendations to improve women's health and wellbeing. The information provided in this report shows great potential to improve services and save costs.

WHEC PROJECT PROPOSAL Template - Round table discussions on women and mental health share (2015/16)

<u>Collaborators:</u> Imkaan (Lead) Positively UK Rape Crisis WHEC

Project description: This aim of this project was to disseminate the findings of WHEC's report

on women and mental health 'I am more than one thing', during three breakfast / lunch roundtable events with local women's groups in three English regions (London, Bradford and Manchester).

Activities

- **Communication**. Three breakfast or lunch roundtable discussions with local women's groups.
- **Projects and Reports**. This builds on previous report 'I am more than one thing'. A post-event report will be produced outlining key themes and issues arising from the events.
- **Dissemination**. Learning from previous research was actively shared with local women's organisations that share this with local HWBs (Health and Wellbeing Board). Furthermore, the learning from the round table events will be collated in a post-event evaluation report. It was planned to arrange meetings with local commissioners / HWB partners to discuss the findings and recommendations.
- **Respond to Policy**. The original finding of 'I am more than one thing' highlighted a number of policy and service gaps with regards to women who experience complex and specific forms of marginalisation including BME women, women living with HIV, and women who have experienced sexual abuse / violence. The round table discussions continue to develop understanding of women's experience of mental health, thus supporting the current focus DH has on Mental Health. This project also hopes to provide local data to better inform HWB partners and the development of more informed JSNAs.

Impact

- **Capacity Building.** A theme of this project is to empower communities. Through the roundtable meetings WHEC learning will be shared with local women's organisations and the local organisations will share learning with each other. For example: the sessions will include presentations from agencies that offer promising approaches in the interests of harnessing a shared learning approach to development of good practice. The organisations will discuss, share knowledge, learn from each other, and engage with issues concerning the mental health needs of women. This would provide a platform for the organisations to develop their skills and ideas regarding service provision and policy development. [sic]
- **Increased local data.** A theme of this project is to support local based approaches through the aim of improving integration of mental health support for women and girls in their local areas. Through the meetings local women's organisations discuss current approaches, gaps and need. This provides an opportunity to build a greater information base regarding the idiosyncratic needs of local areas and the multitude of issues that women face.
- **Policy Development.** To inform and influence health and social care policy is an impact aim for this project. One of the findings from the WHEC report 'I am more than one thing' was that while local areas recognized to some extent the impact of sexual and domestic violence on the mental health of women, JSNAs are being developed inconsistently and often without data from the women's sector. In addition, the understanding of issues in relation to BME women, women living with HIV and

women who have experienced sexual abuse or violence lacks integration across the different strategies. The local women's organisations will be taught and encouraged to work locally to inform the production of JSNAs and improved understanding of women's mental health needs to HWB partners, including CCG (Community Commissioning Group) partners of the HWB.

Added Value

- **Intersectional.** This project aims to disseminate further the findings of WHEC's report on women and mental health 'I am more than one thing', which highlights a number of policy and service gaps with regards to women who experience complex and specific forms of marginalization, including BME women, women living with HIV, and women who have experienced sexual abuse/violence. The new information gathered from the meetings may elucidate further the intersectional issues.
- **Sharing Experience and Learning**. This is an example of WHEC sharing the findings they collaborated from their collective partnership. This process of collaboration is shared with local organisations that then have the space to share their experiences and learning together. The sessions will include presentations from agencies that offer promising approaches in the interests of harnessing a shared learning approach.
- **Giving Voice**. A WHEC strategic aim is to build a strong collective influential voice on women's health. Through the meetings local women's organisations work collaboratively and together their voices will be stronger. This is an opportunity for the voices of small women's organisations to be heard, this means that the mental health experiences for a minority group of women may be listened to more so than previously.
- **Work Efficiently**. This is an example of WHEC partners working efficiently together as they focus their attention to impact. Due to WHECs collaboration the project aims to disseminate to a larger group of women's organisations. The time and resource needs of such a project would be too much for the individual WHEC partners without WHEC facilitating collaboration. The collaboration of local women's organisations increases the efficiency of the local voluntary women's sector as they may share learning to aid service provision.
- **New Work.** This is an example of WHEC utilizing the unique resources and contact base of each partner to develop local action and learning in a novel way providing unique learning.

Challenges

- There were no significant challenges reported in compiling this report.

In summary, this project proposal provides an excellent example of how WHEC plans to fulfil its aims. This project will build on previous work meaning that the project continues to align with the current mental health focus of the DH and the Health and Care Strategic Partners. This planned project demonstrated WHECs goals of far reaching impact. Sharing the learning with women's groups is outlined in regards to sharing research findings but also in regards to learning how to collaborate better and learning how to assist policy makers with making informed decisions. It is clear that this project could not exist without the collaboration of WHEC partners due to the high resource demands and the need to

access to such a wide contact base.

4.2 Consortium and Partner Data Analysis

Main themes are <u>underlined</u> and sub themes in **bold**.

Main Themes	**Sub Themes**				
Activities and Outputs	Communication	Projects & Reports	Dissemination	Responding to Policy	
Impact	Capacity Building	Increased local data	Policy Development		
Added Value	Intersectionality	Shared experience & learning	Giving Voice	Working Efficiently	New Work
Challenges	Dissemination	Time	Resources		

<u>Activities and Outputs</u>

Here we detail what WHEC and individual partners talked about when we asked about what projects and activities they did individually and collectively. The quotes used serve as good examples of what was discussed both in the consortium and with partners.

Communication is very important in terms of not only how projects are progressing but also how WHEC thinks about itself as a collective organisation.

Quote 1

> We have meetings, bi-monthly, and we start the meetings with an update of what individual organisations are doing. And that actually helps with the collaboration because a particular organization might be talking about what's an important issue for them and what they're actually doing and then the other organisations might have some information that's relevant developing our thoughts and developing practical action (**WRC,** line 35-41).

Quote 2

> The kinds of activities are the meetings that we have, the strategic meetings which allow us to share and update each other on what we're all doing but also to think very strategically about how we should work, the kinds of activities and projects we should take on, what we should prioritize in the context of the external environment. It enables us to access knowledge on health issues and the health policy; it helps us to keep up-to-date on policy changes (**Imkaan**, line 68-74).

WHEC is able to report on a number and variety of **Projects** because of the invaluable experience of the individual partners but also because WHEC works collectively, collaborating in order to share resources and expertise, and in shaping WHEC's responses.

Quote 3

> We have done a number of reports either for the WHEC or in partnership with the WHEC which I think has allowed us to feed-in a more detailed analysis of some of the emerging issues for pregnant women and mothers. I think there's been a number of briefings on key issues for the women's sector, which has been quite helpful and those have been developed with input from a wide range of partners coming from very different perspectives and I think have been much stronger because of that. (**Maternity Action**, line 89-96).

Dissemination. WHEC is able to disseminate its reports widely using a variety of methods because each partner brings its own network (e.g. 2,000 for Maternity Action & WRC 500 on mailing list) and because each contributes to the website. Partners use different methods: Twitter; newsletters; websites and other social media to disseminate information.

Quote 4

> WHEC provides that kind of platform to really, really raise those profiles [….] and that's something that is necessary to not only disseminate what the government is also doing but also to bring people's voices into a bigger platform, to shape and inform (**FORWARD**, line 125-128).

Quote 5

> Well we certainly put everything that we produce … for example, if we're doing a report on women and HIV then we would publish that … on our website and we have about 500 organisations or partners who can look up stuff there. Then we would ask the statutory… partners when they were going through a work plan who they think would benefit from the work that we're doing. So we can compile a list of that. And then of course each partner will also mention their contacts and how we should disseminate things (**WRC**, line 74-85).

Responding to Policy. WHEC responds to policy requests from a wide range of health and social care bodies including the three main systems partners and other government departments. As a partnership they are able to respond with specific qualitative and quantitative data about particular groups of women who along with women as a whole often remain invisible. They can draw on their collective strategic knowledge and experience, and also the knowledge and evidence from their own member organisations.

Quote 6

> We also respond to policy consultations and there's been guidance as well, when there were

consultations around access to primary health care services for asylum seekers to really make a very strong coordinated response on how those changes would affect women. I think it was very important that the case was made very strongly because otherwise the general response didn't really have a gender balance, it was … very, very generic. So to the collaboration with WHEC, we were able, as different organisations, to have a united voice …that was important (**Positively UK**, line 88-95).

Quote 7

We can give greater profile with the groups who have a broader interest in say violence or sexual assault issues or HIV. The quality of the policy work is significantly increased (**Maternity Action**, line 69-75).

Impact

Impact can be defined as "any effects arising from an intervention. This includes immediate short-term as well as broader and longer-term effects." (http://www.thinknpc.org/publications/keeping-it-in-proportion/p3)

Increased Local Data. Because WHEC partners have local information they could feed into the Joint Strategic Needs Assessments.

Quote 8

For example, last year we did some work round getting women's organisations involved in how joint strategic needs assessments were drawn up and we produced a toolkit on how to get engaged and a kind of checklist of what you could do. And I think this has helped women locally, women's organisations locally collaborate on health matters, because we did a survey before that to find out how many people had been involved and found that they'd been very low engagement, and given that the JSNA is the sort of foundation for any policy and planning, it's a huge gap if there's no data really, local data (**WRC**, line 136-144).

Quote 9

The reports that were produced with WHEC were disseminated within the HIV sector; I had very positive responses (**Positively UK**, line 103).

At the heart of capacity building are resources and activities designed to advance an organization's ability to deliver programs, as well as adapt, expand and innovate (http://www.createthefuture.com/Capacity_Building.htm). It is vital to WHEC to **Capacity Build** in their local area with the local women and health organisations. [sic]

Quote 10

We did some direct capacity-building work with our partners, and our partners are organisations that provide front line advice, outreach, support to black minority ethnic women that experience all different kinds of violence, so we're a broad organization, we don't

just work on one strand of violence. So …we accessed some resources to be able to run some workshops with our partners at the time where there was a lot of restructuring around health and the CCGs were coming into existence, there were lots of different things. It was that restructuring from the PCTs to health and wellbeing boards, CCGs. here's a kind of scrutiny mechanism for local communities … but it enabled us to be able to run some workshops regionally with our partners to talk them through the changes to get them to understand what was going on so that they could be better equipped locally to work within the health and wellbeing landscape and the policy forum and that kind of thing. And that was around, I think, 2012 (**Imkaan,** line 93-113).

Policy Development

Quote 11

And we thought it would be useful for us to collect information on women and mental health. So we did a bit of a literature review, we looked at three regions, we did some interviews with survivors, and we did some interviews with local professionals. We produced some recommendations for national organisations; it helped us to contribute to an all-party parliamentary group where we used the evidence that we produced to highlight this issue (**Imkaan**, line 132-137).

Added Value

WHEC provide added value to the projects they invest in. By sharing their expertise they are more able to respond to identifying needs and solutions. They also add value with their perspective of intersectionality and by giving voice to women's complex experiences.

Intersectionality. Women are not a homogenous group; because the partnership understands this complexity, they are more able to respond to government requests for information.

Quote 12

We're all strong, independent organisations but it's an umbrella that we can come under and have a loud voice, but in particular it raises some of the issues. Like I think I mentioned, people wouldn't necessarily make the links to the way Rape Crisis Centres are specialist organisations that support victims and survivors on improving their health and well-being. So we can look at mental health or different aspects of health on women's lives, particularly those who have experienced sexual violence. I think that is a really important partnership for us (**Rape Crisis**, line 21-25).

Quote 13

For Rape Crisis it's based on our experience across the network of women identifying those issues [immigration. mental health and learning disabilities]. So what we've done is spent a lot of time and work finding out what are the priorities in the Rape Crisis network. Imkaan were commissioned to research improving access to services to BME women. Rape Crisis supported this research through our member centres and national conference. So an example would be that women with learning difficulties visit their GP and tell us that they may not be fully listened to or taken seriously if they raise concerns about their health and wellbeing. (**Rape Crisis**, line 78-96).

Giving Voice. Giving voice to women who are not usually heard is one of the most valuable collaborative aspects of the partnership. The partnership enables individual partners to give ALL women a voice.

Quote 14

> It's a brilliant example about women's voices being used as co-production [1,000 Women Project] (**Consortium partner**, Line 17)

Quote 15

> But then Maternity Action, which obviously is a much bigger organization and maternity affects all women from all walk of life, have the ability of *amplifying the voices* of women living with HIV. So it was very important to collaborate with somebody that was bigger, stronger to put the point across (**Positively UK**, Line 69-71)

Working Effectively. The greatest benefit of WHEC is its collective and collaborative activity. WHEC has a number of partners who have expertise and skills that (as mentioned previously) intersect and overlay and as such they are able to work collaboratively and to their strengths.

Quote 16

> We do individual collaboration, so, for example, if Rape Crisis wants some work around FGM, FORWARD would support them and collaborate … additionally if there is something happening with WRC around voices of African women etc. we inform that process. …Regular meetings enable us to actually share information (**FORWARD**, Line 39-41 & 45-46)

Quote 17

> I think it's [partnership] about working more effectively and for the work we do to reach wider range of organisations but I think the partnership work also allows us to do the work we do, to share the work we do with a broader range of groups with an interest in supporting our goals (**Maternity Action**, Line 47-51)

Shared Experience and Learning is vital for the individual partners and being able do discreet projects but also larger ones is of particular benefit for learning from each other.

Quote 18

> So I mean that is one of the benefits [having shared experience], that we are able to do discreet projects. We've also done some really big ones as well, particularly Maternity Action. For us, we've tried to influence policy, particularly around mental health (**Rape Crisis**, Line 70-72)

Deciding on what **New Work** to do is complicated because funding covers project work but also must cover the strategic work and WHEC input to systems partners' activities, and their information and advice requests. However, WHEC manage this constraint by meeting

regularly and making decisions that are strategic.

Quote 19

> We have a session where we're looking at what the urgent issues are for each partner then we look at the priorities for DH, Public Health England and NHS England. That helps us decide where we could have the best impact (**WRC**, Line 57-61)

Challenges

The Challenges for WHEC and its partners mirror the challenges for most voluntary and community organisations: time, effective and consistent dissemination and resources.

Longer-term work programmes would make it easier to plan and have a more effective **dissemination** strategy.

Quote 20

> If the (Strategic Partner Programme) had longer term work programmes that were working towards a 3 year …then you could be more effective at the dissemination (**Imkaan**, line 224-5)

Quote 21

> The reports that were produced with WHEC were disseminated within the HIV sector had very positive responses. I think we could work better and more strategically on the impact of the work we do. I think we do some really good work but then sometimes nobody hears about it or not enough people hear about it. I think when we were thinking about our future plan we were thinking almost in the plan we need to have a much better future plan of who are the policymakers, who are the bodies, where are we going to… and I think that the dissemination and even the evaluation of the impact maybe is one of our weakest points (**Positively UK**, line 102-110)

Time is a resource that most, if not all, voluntary and community organisations can rarely afford and WHEC is not exception to this. This next extract illustrates how the groundwork that feeds into the project report takes a significant amount of time – this is a conversation around ensuring that services that are advertised for women actually are for women.

Quote 22

> But if you did a dip sample around what is a service
>
> That's what I was thinking. That's what we are going to do. A random call maybe two per borough or something like that ….just to get a sense of whether it needs further work. It'll take hours, I know, it'll take hours (**Consortium partners**, line 223-226).

Quote 23

> It's very difficult I mean it takes a whole day just to call about 8 (clinics) to get at what their opening hours …who is the right person and what I found what was that their numbers that are published are not the numbers to access their services (**Consortium partner**, line 165-168)

Resources include people, time (as mentioned) and funding. A reduction in statutory grant funding, the development of the commissioning and contracting environment, and an increase in more short term funding together with an oversubscription to funding, has led to difficult financial conditions for the voluntary sector and in particular the women's voluntary sector. This makes it increasingly difficult to plan how and when to utilize resources.

Quote 24

> We have seen quite a lot of significant changes [in policy, law and public awareness]. What we haven't seen is sustainable, dedicated funding which means that whilst there's been a cultural shift around some of the issues that we work on, that ring fenced funding that's dedicated doesn't exist…we're in this perpetual place of fighting for funding (**Consortium partner**, line 1742-1747).

5. Recommendations

There are two recommendations that we feel might benefit WHEC and its partners. IMPACT and DISSEMINATION are critical elements to any voluntary and community sector organisations especially in these times of austerity. Funding organisations including the Government require value for money, added value and want to ensure what they are investing provides impact (makes a difference to people's lives).

In our review we can see that there are dissemination processes but they seem to be linked to individual partner's preferences for delivery – we would recommend that WHEC develop a policy on dissemination and monitor its impact. There are various organisations that can assist with this process e.g. http://www.evaluationsupportscotland.org.uk/our-work-partners/scottish-third-sector-research-forum/

We would also recommend that WHEC develop some measures and an audit trail of impact, again there are organisations that can help with this activity e.g. http://thirdsectorimpact.eu/ http://www.thirdsector.co.uk/charity-impact-measurement http://www.thinknpc.org/our-work/our-services/measuring-impact-2/

6. Summary

Activities and outputs

WHEC demonstrate a great deal of activity and production of outputs through their collaboration. Seven reports have been published in the past 24 months, and 11 projects were in development at the time of evaluation. This in itself demonstrates a very motivated and active working relationship of WHEC partners. The partners interviewed clearly value each other's unique capabilities. This is demonstrated by frequent communication between partners that interviews suggest is supportive and comprehensively responsive to the needs to women in light of policy developments. The documents reviewed show a commitment for such strategic planning as projects undertaken address interests of the Department of Health, specifically addressing access to Mental Health care. Interviews suggest the WHEC collaboration is valuable in responding to policy development due to its unique access to local information. Dissemination of outputs can reach a very wide network for example Maternity Action has 2000 members and WRC 500 members on their mailing lists. As the review of the WHEC project proposal revealed, WHEC aims to disseminate widely, utilising the dissemination method of workshop delivery to concurrently increase knowledge and share learning. In summary the evaluation has found the outputs of the WHEC partnership are comprehensive, responsive and wide reaching.

Impact

The WHEC partnership has been successful in building the capacity of local women's organisations and in increasing data regarding women's health and equality experiences in local areas. WHEC's wider aim to impact service provision and policy development has been clearly expressed. However, achieving this depends on increased collaboration with NHS England, Public Health England and the Department of Health. Thus the potential impact that WHEC can achieve is greater than that which is currently being achieved. For example; the report 'Women's Voices on Health' gives specific and achievable recommendations for local health care services to address the barriers that inhibit marginalised women from accessing primary care, thus leading to heavier burdens on statutory healthcare services later on. WHEC partners expressed pride in the achievements made with the women's sector. For example, many local organisations are now better able to work collaboratively with local health and wellbeing boards and policy forums, informing them with invaluable insights to the local needs of women in that community.

Added Value

The review found significant added value of the WHEC collaboration in regards to tackling health inequalities, advancing policies and practices to improve the health of all women and girls. Through collaboration WHEC has been able to provide a unique and important picture of the intersectional issues women experience that can increase marginalisation. Many examples were given of such intersectional issues including from the report 'I am more than one thing' which presented that five out of eight women living with HIV in the focus group

had experienced domestic violence but had found it very hard to seek help, because of perceived stigmas of single motherhood, HIV and economic dependency. Interviews suggested that individual organisations with a specific focus are needed in order to access women such as those mentioned in the example, who are experiencing unique issues of marginalisation. However, it is this focus on a specific issue that makes it difficult for an individual organisation to be heard in a wider context, and for them to be seen as a representative of women's experiences of health and equality. Smaller organisations in the partnership were in huge praise of the amplified voice they were now given thanks to collaboration, and for their increased capacity to support their network due to sharing of expertise and learning from the other partners. Such sharing of learning has allowed WHEC to continually try to work as efficiently as possible, in order to respond in the most up-to-date, timely and resourceful manner to the health and equality needs of women. They also apply this focus by addressing the priorities for DH, Public Health England and NHS England. This helps WHEC to decide where to have the best impact. WHEC are then able to undertake research in new and novel areas of interest due the wide reaching network and knowledge base. WHEC partners advocated strongly for the potential preventative and cost-saving opportunities that their work can provide.

Challenges

The Consortium meeting identified how the kind of work that WHEC does takes time. Further time restrictions occur due to the relatively short-term nature of WHEC's planning to date, under the Strategic Partner Programme. The development of longer-term research and impact interventions has been constrained. However, although some interviewed WHEC partners shared frustration at the challenges, the responses were overwhelming positive in favour of the gains that are and can be made through the WHEC collaboration.

Appendices

Appendix 1: Documents Reviewed

Review of documents	
Document	**Notes**
Health and Care Voluntary Sector Strategic Partner Reporting form 2015/16, April-June 2015	This shows what information the lead system partner (DH) gets
Name of the Strategic Partner: Women's Health and Equality Consortium (WHEC)	
Website – www.whec.org.uk	- About section
	- Aims of WHEC, who WHEC partners are, who other strategic partners are,
	- Links to 3 reports
	- Links to resources: 'mental health' policy and 'how to influence' as a patient
WHEC Publications from last 3 years	
The Value of Women's Health Services	This report examines the role of women's voluntary and community sector in reducing health inequalities and meeting needs
What Makes Mother Sick	This joint report by WHEC and Maternity Action loos into the social determinants of maternal health inequalities in the UK
Meeting the Mental Health Needs of Women - Recommendations for HWBs	
April 2015	
Meeting the Mental Health Needs of Women - Recommendations for CCGs	
Women's Voices on Health: Addressing barriers to accessing primary care Maternity Action lead All other partners	
May 2014	
'I Am More Than One Thing' – Imkaan, Positively UK, Rape Crisis England and Wales	- Exploring issues around women's mental health
May 2014	
'Beyond the labels: Women and girls' view on	

the 2013 mayoral strategy on violence against women and girls (VAWG) – WHEC and Imkaan	
December 2013	
'Too Little Too Late? Improving services for women who have mental health problems in Wolverhampton' – WHEC	
July 2013	
'Commissioning Effective Services for Women Living with HIV' – WHEC	
May 2013	
The Road to Sustainability – Summary findings: A review of Black, Minority Ethnic and Refugee (BMER) organisations working with women on health and gender-based violence - WHEC	
March 2013	
Current/Future WHEC projects	
WHEC Project Proposal Template 2015/16 – Addressing the Health Needs of Vulnerable Migrant Women	
WHEC Project Proposal Template 2015/16 – Cost Benefit Analysis update	
WHEC PROJECT PROPOSAL Template 2015/16 – Evaluating Strategic Partnership and WHEC share	
WHEC PROJECT PROPOSAL Template 2015/16 – Experience of HIV+ women share	
WHEC PROJECT PROPOSAL Template 2015/16 – Improving quality of health in older women share	
WHEC PROJECT PROPOSAL Template 2015/16 – Improving recovery outcomes for women offenders	
WHEC PROJECT PROPOSAL Template 2015/16 - Launch of women and dementia report	
WHEC PROJECT PROPOSAL Template 2015/16 – Placing girls and young women at the heart of health prevention, protection and provision of	

services	
WHEC PROJECT PROPOSAL Template 2015/16 - Round table discussions on women and mental health share	Because this shows trying to build on past work Aligning with SP interests
WHEC PROJECT PROPOSAL Template 2015/16 – Women and the Care Act	
WHEC PROJECT PROPOSAL Template 2015/16 – 1000 women	

NB pink highlighted documents are the ones UEL choice to evaluate as they demonstrated good practice and evidence of collaborative working.