EMPOWERING MINDS: TRANSFORMING YOUNG WOMEN'S MENTAL HEALTH

Learning from the Pilgrim Trust's Young Women in Mind programme

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CONTENTS

ACKNOWLEDGEMENTS

EXECUTIVE SUMMARY

There are three clear messages from Empowering Minds: Transforming Young Women's Mental Health, the evaluation of the Young Women in Mind programme.

- Young women's mental health cannot wait. Targeted, trauma-informed support is both life-changing and urgently needed.

- Age and gender-specific programmes directly address the barriers young women face, offering safety, belonging, and lasting wellbeing.

- Sustainable change comes from prioritising coproduction with young women, holistic support, and peer-powered collaboration. This programme proves that's possible.

The Young Women in Mind programme, launched by the Pilgrim Trust in 2021, was designed to address the worsening mental health of young women aged 16-25 across specific regions in the North of England and Northern Ireland. With £5 million in funding over five years, the programme adopted a trauma-informed, age and gender specific approach.

The Pilgrim Trust has invested in a rich mix of young women's mental health projects across northern England and Northern Ireland.

Activities include counselling, arts-based therapy, peer-led support and holistic wraparound care. Many initiatives address domestic abuse, neurodivergence, and social exclusion via mentoring, advocacy, and practical aid. Innovative examples include filmmaking workshops to influence mental health services, and sauna outreach for sex workers. Projects often blend therapeutic, relational, and systemic work, with a strong emphasis on coproduction and lived experience. Several organisations also offer safe spaces for identity exploration, creative expression, and collective healing, especially for marginalised groups including LGBTQ+ youth and young women of colour.

BACKGROUND AND CONTEXT

Recent data reveals that mental health problems are rising most sharply among young women, with anxiety, depression, eating disorders, and suicide rates all increasing. Around one in four young women aged 16-24 report a common mental health problem, such as anxiety or depression. Social and economic pressures, including sexism, poverty, domestic abuse and the legacy of the Covid-19 pandemic, exacerbate these problems. For example, 25% of young women aged 16-24 experience sexism and half of all women seeking mental health support do so as a direct result of domestic abuse.

Gender-blind services and fragmented policy responses have often failed to meet the specific and intersectional needs of young women, especially those facing discrimination or multiple disadvantage. The lack of a strategic focus means young women often fall through service gaps. Despite some policy initiatives, these have not sufficiently addressed the unique barriers faced by young women. The evaluation calls for gender and age sensitive national strategies, more robust commissioning, and greater government accountability.

THE PROGRAMME AND ITS EVALUATION

The Pilgrim Trust has responded to the lack of coordinated, targeted mental health support for young women by building collaboration and a strong network of grantees. Services were designed to be safe, welcoming, and actively shaped by young women themselves, ensuring inclusivity and a sense of community. The model included direct multi-year funding from the Pilgrim Trust to grantees; a community of practice facilitated by an independent peer learning support facilitator, Sam Anderson (who provided reflections from the community of practice meetings); grantee in-person gatherings and an independent evaluation by Centre for Mental Health.

The evaluation was initially designed using mixed methods which included both quantitative surveys and qualitative focus groups and grantee reports, to examine the relationships sustaining the programme, the mechanisms driving change, and its impacts on young women. However, the low number of survey responses as a result of several challenges led us to focus on the rich qualitative insights and omit the quantitative findings.

WHAT WE FOUND

The programme successfully improved mental health literacy, confidence, self-esteem, and daily wellbeing among participants. Key mechanisms included creative therapies, peer support, and tailored interventions for young women who are experiencing mental health problems such as depression and anxiety, as well as support for young women with a history of trauma, young women who have experienced sexual violence, young women who are neurodivergent, young women with learning disabilities and young women with complex needs such as post-traumatic stress disorder (PTSD). Safe and dedicated women only spaces (including trans women) enabled honest discussions, allowed for peer support, and reduced stigma, while one-to-one support and group support built trust between young women and support workers and helped them build community with other young women. Peer networks and creative outlets were particularly effective at reducing isolation and equipping young women with practical coping skills.

Multi-year, flexible funding enabled organisations to innovate, strengthen partnerships, and expand their reach. The structured community of practice strengthened collaboration, learning, and adaptability, helping projects draw from the experience of others to overcome challenges such as staffing pressures, increased demand, and language barriers. The Pilgrim Trust's flexible, supportive approach was widely praised by grantees. Case studies highlighted the positive difference made by personalised, trauma-informed care and the programme's ability to fill service gaps not met by statutory provision.

Projects faced ongoing challenges, such as increased complexity of need, staff shortages, and barriers to accessing appropriate venues or engaging marginalised groups. Mitigations included flexible delivery, staff training, and adapting outreach for greater accessibility. The evaluation found that the most successful interventions were those that balanced targeted, individual support with the creation of inclusive, peer-driven communities.

CONCLUSIONS AND RECOMMENDATIONS

The Young Women in Mind programme offers a model for effective, sustainable mental health support for young women. We identified seven key principles for creating a good age and gender specific service. These are:

◎ Creating equal, confidential and trusting relationships between young women and support workers

◎ Having a safe and exclusive space for young women

◎ Creating opportunities for peer support

◎ Building in provisions to break down practical barriers that young women experience

◎ Providing flexible and non-clinical services

◎ Using creative interventions and alternative forms of therapy

◎ Incorporating trauma-informed approaches.

We recommend sustaining and expanding age and gender specific services, embedding trauma-informed and coproduced approaches, and improving local and national policy coordination. The report calls on funders, service providers, and policymakers to guarantee dedicated resources, nurture regional and wider collaboration, and elevate young women's voices in service design and delivery. Recommendations include:

◎ **For Pilgrim Trust**: Encourage more applications from organisations supporting underrepresented groups of young women, provide grants to underserved or less-represented areas, and provide funding to organisations led by/for women

◎ **For service providers**: Prioritise age and gender specific support, involve young women in co-design, embed trauma-informed care, and invest in staff wellbeing

◎ **For funders**: Support collaboration among funders, offer sustainable funding, and enable shared learning among grantees

◎ **For policymakers**: Embed gender in mental health strategies and invest in pioneering mental health research

◎ **Locally**: Guarantee dedicated funding for women-led organisations, elevate the voices and leadership of young women, and conduct inclusive local needs assessments.

The Young Women in Mind programme stands as a blueprint for meaningful, sustainable change in young women's mental health. By championing holistic, relational, trauma-informed support, and co-designing interventions with young women, it has improved lives, strengthened organisations, and set a new standard for the sector. The vital next step is to ensure continued investment and bold policy action so that no young woman is left behind.

HOW TO READ THE REPORT

The following table provides a section-by-section summary of the report, outlining its main components and guiding readers through the key themes, findings, and recommendations. Each section is briefly described to help readers navigate the report and understand how it addresses the challenges and solutions related to young women's mental health.

Section	Summary
Executive summary	A concise overview of the programme's aims, approach, and key messages, highlighting the urgent need, programme effectiveness, and recommendations for strengthening mental health support for young women.
About the programme	Describes the programme's origins, objectives, funding model, regional focus, and distinctive trauma-informed, age and gender specific approach, emphasising collaboration and active involvement of young women in service design.
Overview of young women's mental health	Presents key statistics and trends showing the rising mental health challenges among young women, highlighting urgency, inequalities, and the impact of social, economic, and demographic factors on wellbeing.
Policy context	Explores gaps in current UK policy, barriers in service access, and underscores the need for coordinated, gender and age-sensitive strategies to meaningfully address young women's mental health.
Evaluation questions	Introduces the central evaluation questions guiding the report, focusing on how the programme's mechanisms and approaches reduce inequalities and improve mental health outcomes for diverse young women.
The programme's impacts on young women	Analyses personal accounts, detailing improvements in mental health literacy, wellbeing, and confidence, focusing on creative therapies, peer support, and services for survivors and neurodivergent young women.
The case for age and gender specific approaches	Highlights the benefits of age and gender specific approaches, peer support, dedicated women only safe spaces, and personalised support, as well as ongoing barriers and the importance of inclusion and confidentiality.
The programme's impacts on grantees	Examines organisational outcomes, the value of multi-year flexible funding, peer learning, strengthened partnerships, and ways projects adapted to challenges and local needs.
What works for supporting young women's mental health	Highlights the key principles of supporting young women's mental health which includes creating opportunities for peer support, flexible non-clinical services, and trauma-informed approaches.
Conclusions	Synthesises the report's main findings, emphasising the significance of trauma-informed care, peer networks, tailored support, advocacy, and the ongoing need for systemic investment and policy change.
Recommendations	Offers practical, actionable recommendations for service providers, funders, and policymakers to sustain, expand, and innovate mental health support for young women now and in the future.

1 ABOUT THE YOUNG WOMEN IN MIND PROGRAMME

The Young Women in Mind programme was established by the Pilgrim Trust in 2021 in response to worsening mental health outcomes among young women and the absence of a nationally coordinated approach to address their needs. Backed by £5 million over five years, the programme is now in its fourth year and aims support young women aged 16-25 with significant mental health difficulties by increasing their access to high-quality, age and gender specific support, helping to address needs before they reach crisis point.

A distinctive feature of the programme is its place-based approach, which targets three specific geographical regions in England - the North East, North West, Yorkshire and Humber, and Northern Ireland. This geographical focus was intentionally designed to support deeper collaboration and shared learning among grantees, helping to build strong networks of practice and influence.

The Pilgrim Trust set out to support organisations that work directly with young women, particularly those offering age and gender informed services underpinned by a strong understanding of trauma. Approaches that prioritise safety and accessibility, such as young women-only spaces that are welcoming, inclusive and embedded within local communities, were central to the funding criteria. Equally important was a commitment to lived experience so projects were encouraged to go beyond consultation by actively involving young women in shaping and delivering support.

In addition, the Pilgrim Trust created eight 'fund principles' to be used in the assessment process when identifying bids from organisations that most closely meet their values:

◎ A proven track record of working with young women aged 16-25 years old

◎ A proven track record of delivering mental health services including those that are trauma-informed

◎ Offer wrap-around support (in-house or through partnerships and referral pathways) that meets the holistic and practical needs of young women

◎ Provide safe, women-only services and/or spaces that are accessible and welcoming to young women

◎ Involve those with lived experience in the design of their services. This goes beyond consultation and takes a more collaborative approach

◎ Have staff and trustees that are representative of the communities that they work with

◎ Develop and share learning with their peers

◎ Have an impact that reaches beyond immediate beneficiaries of the work.

A Theory of Change was developed by the Pilgrim Trust in 2021 following consultations with the sector. This highlights the programme outcomes within the Pilgrim Trust and the wider sector as well as the Pilgrim Trust outputs and activities (see Appendix 2).

The Trust also encouraged holistic, wraparound models of support that address not just immediate mental health needs but also the wider social and structural factors that influence mental health and wellbeing. Alongside service delivery, organisations were supported to collaborate, share learning and advocate for wider systems change.

These aims are delivered through four key programme goals:

◎ Increasing reach to mental health services for young women living challenging lives

◎ Exploring and building up evidence of the value of an age and gender specific approach to mental health provision

◎ Increasing collaboration and sharing of good practice in the field of age and gender appropriate mental health provision

◎ Increasing capacity and skills for those working in this field to be in a better place to advocate for good practice, policy, and systemic change.

Through this, the programme aims to generate learning and impact that go beyond individual organisations, strengthening the wider sector and contributing to lasting, systemic improvements in young women's mental health.

HOW THE PROGRAMME WORKS

To bring the aims of the Young Women in Mind programme to life, the Pilgrim Trust designed a delivery model that combines direct multi-year funding with structured support, learning and collaboration. At its core is a cohort-based approach with grantees selected from specific areas to encourage peer learning and local impact. This is complemented by a dedicated independent learning facilitator who hosts regular community of practice meetings, creating a welcoming and safe space for grantees to share experiences, reflect on challenges, and build meaningful connections.

Meanwhile, Centre for Mental Health serves as the evaluation partner, gathering and analysing data to track progress and inform continuous improvement. Together, these components have created a dynamic and evolving infrastructure to help drive meaningful, sustainable change in young women's mental health provision.

The Pilgrim Trust: The Trust provides multi-year funding to grantees and established the cohort model to support stronger collaboration and connections among organisations working in similar geographical areas. The first cohort focused on Northern Ireland and Greater Manchester, selected to explore whether local government structures influenced delivery and impact. Subsequent cohorts expanded to include charities based in the wider North West, and in the North East and Yorkshire and Humber. The programme opens annually for applications, which are reviewed by a panel including young women with lived experience. Each year, ten to twelve grantees receive three-year grants of up to £100,000. At the start of funding, organisations gather in person to establish a working relationship, create a sense of belonging, trust, mutual respect and shared purpose.

The cohorts meet annually to reflect on learning and exchange practice.

Peer learning facilitator: A core element of the programme is its facilitated community of practice, led by independent peer learning support facilitator Sam Anderson, who has worked in youth health and wellbeing services. These take place every two months and offer a protected supportive space for projects to reflect, share experiences, develop practice and build meaningful connections. Sam also provides regular insight and thematic reflections from across the cohorts, including learning from in-person gatherings and peer discussions.

Centre for Mental Health: As the programme's evaluation partner, Centre for Mental Health has supported the design and delivery of evaluation activity, including the collection and analysis of data from grantees, the peer learning facilitator and young women themselves. The evaluation team also took part in in-person gatherings to share emerging insights and support ongoing learning. Additionally, the Centre supported the programme by sharing relevant policy updates and will use the evaluation findings to proactively shape opportunities for influencing policy.

To date, the Pilgrim Trust has funded four cohorts, awarding around £4 million in grants to organisations working across the north of England and Northern Ireland. In total, 3,160 young women aged 16-25 were supported by grantees of cohort one and two.

Diagram 1 highlights key types of activities funded by Pilgrim Trust and below are the cohort one and two organisations delivering them. A full description of these can be found in Appendix 1.

Diagram 1: Key types of activities funded through the Young Women in Mind programme
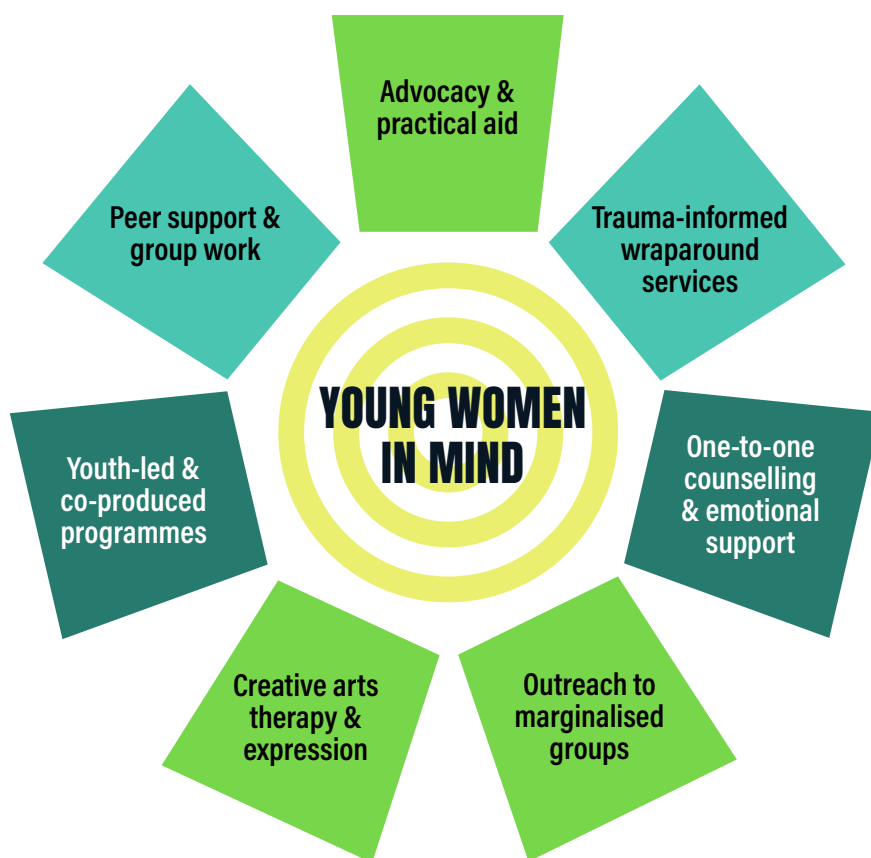
2 OVERVIEW OF YOUNG WOMEN'S MENTAL HEALTH

Young women and girls have faced an especially steep rise in mental health problems in recent years. The most recent Adult Psychiatric Morbidity Survey shows that younger people are more likely to experience common mental health condition than older groups. For 16–24 year olds, rates of these conditions increased markedly: from 17.5% in 2007 and 18.9% in 2014, to 25.8% in 2023/2024. In contrast, for people aged 75 and over, prevalence remained much lower and more stable, at 9.9% in 2007, 8.8% in 2014 and 10.2% in 2023/4. (NHS Digital, 2025).

Women are more affected than men: 24.2% report a common mental health condition, compared to 15.4% of men (NHS Digital, 2025). Among young people aged 17-19, probable mental health conditions are twice as common in young women (31.6%) as in young men (15.4%). This gap persists for those aged 20-25, with 30.4% of young women and 13.4% of young men affected (NHS Digital, 2023). This is a stark and steep inequality in health that requires a concerted and urgent response.

Optimism about the future is also lower among young women aged 17-23. Only 38.5% feel positive about having enough money (compared to 60.5% of young men), and 51.4% feel optimistic about their health, including mental wellbeing (versus 67.8% of young men).

Eating disorders are a particular concern: 12.5% of young women aged 17-19 experience them, with rates four times higher in young women (20.8%) than in young men (5.1%) (NHS Digital, 2023).

Trans young women are significantly more likely to experience mental ill health, often linked to discrimination, social exclusion, and barriers in accessing appropriate support. Research by the University of Manchester, The Proud Trust and LGBT Foundation indicates that around one in six transgender women are at risk of developing a long-term mental health condition (Watkins, 2024). All these figures point to the urgent need for targeted services and support to address and improve mental health provision for young women. Disparities with young men and older age groups highlight the importance of specialised, age-appropriate support for young women aged 16-25, many of whom fall through the gaps in current services and encounter negative experiences when seeking help.

A Young Women's Trust survey found that 25% of young women aged 16-24 reported experiencing sexism. Young women who had experienced sexism (including attacks or threats) were five times more likely to experience depression than those that hadn't (Young Women's Trust, 2019).

The Covid-19 pandemic and the cost-of-living crisis have disproportionately affected women and girls, worsening existing inequalities related to wealth, race, and gender (Almeida *et al.*, 2020). Women face a greater burden from unpaid labour, recently estimated to account for £3.4 billion in lost productivity due to mental ill health (Cardoso and McHayle, 2024). Rates of depression, severe mental illness, and suicide worsen with financial insecurity—the deeper and longer-lasting the poverty, the worse the outcomes. Research conducted during the pandemic found that over 50% of services supporting women and girls identified financial problems and poverty as key drivers of mental health issues during the pandemic (Agenda Alliance, 2023).

The time between pregnancy and up to a year after giving birth is a vulnerable time for most women and can have an impact on their mental health. About one in four women (25.8%) experience a perinatal mental health problem (Office for Health Improvement and Disparities, 2025). Regional disparities persist, with higher prevalence of perinatal mental health conditions in northern regions (27.5% in the North East, 27.1% in Yorkshire and the Humber) compared to the south (24.7% in London, 24.6% in the South East)

Social and economic factors compound all these challenges. According to analysis by the Office for National Statistics, women have been found to put in more than double the proportion of unpaid work when it comes to cooking, childcare and housework (ONS, 2016). Research has shown that the "double burden" of paid and unpaid work has differential effects, with household stress seeming to affect women more than men (Mortensen, 2017; Seedat and Rondon, 2021).

Research has also found that nearly one in two children in single parent families live in poverty, compared with one in four in two parent families. Single mothers report lower health status than partnered mothers, linked to financial hardship and lack of social support, with both factors increasing susceptibility to stress and illness (Talbot, 2024; Rousou *et al.*, 2013).

Recent ONS data reveals that suicide rates among women in England and Wales have reached their highest since 1994 (ONS, 2024). Although suicide rates are higher among men, women are more likely to attempt suicide and report experiencing suicidal thoughts and feelings at greater levels (NHS Digital, 2025).

A recent report by Woman's Trust identifies domestic abuse as a significant contributor to women's mental ill health, self-harm and suicide. It finds that one in two women seek mental health support as a direct result of domestic abuse (Woman's Trust, 2025). More women lose their lives to suicide linked to domestic abuse than to homicide, with at least two such deaths occurring each week. The report also highlights that half of all suicide attempts by women are associated with experiences of domestic abuse (ibid).

These realities demonstrate the harm caused by gender-blind services, which fail to acknowledge or respond to the distinct experiences and needs of young women. Acknowledging these unique needs, understanding the relationship between mental health and broader social determinants, and adopting preventative approaches are crucial steps toward improving young women's sustained wellbeing.

3 POLICY CONTEXT

Young women's mental health remains largely invisible in the UK policy landscape, with responsibility spread thinly across multiple government departments. This fragmentation has led to a lack of coherent, joined-up action at both national and local levels, and a consistent failure to meet young women's needs—especially for those facing multiple disadvantages.

Despite mounting evidence of growing mental health difficulties among young women, both policy and practice lag behind. Young women are often described as "hard to reach," but this label masks the real reasons for low engagement: negative prior experiences with services and a lack of trust. Project leads in the Young Women in Mind programme highlight that effective support must begin with relational, trust-building work before therapeutic interventions can succeed—yet such vital foundations are frequently undervalued by commissioners because they're difficult to measure with traditional outcome metrics.

While the Women's Health Strategy for England in 2022 marked overdue recognition of longstanding neglect in women's health, young women's mental health remains notably absent as a strategic priority in both England and Northern Ireland. Moreover, the strategy belonged to the previous government and had no visible means of implementation, underscoring that government attention alone does not guarantee action without proper resources and prioritisation.

Some policy initiatives, such as expanding NHS Children and Young People's Mental Health Services (CYPMHS) and embedding mental health provision in education settings, have sought to improve access for young people. However, these efforts have not kept pace with growing need, and crucially, have failed to adopt a gender and age informed approach. For example, the recently published 10 Year Health Plan for England makes no reference to young women's mental health, while Northern Ireland's Mental Health Strategy 2021-2031 similarly omits targeted measures for girls and women. This oversight continues to undermine young women's ability to access and benefit from available services.

Looking forward, there are promising opportunities for policy to address these gaps. Commitments in Labour's manifesto, such as halving violence against women and girls over the next decade and establishing a national network of Young Futures hubs offering open-access mental health support, could drive meaningful change. These initiatives, alongside broader policy missions on health, opportunity, and safety, offer important levers for prioritising young women's mental health at a national level. Real progress will depend on these commitments being genuinely gender and age sensitive, and on commissioners being supported and incentivised to deliver services that truly meet young women's needs.

Targeted programmes like the Pilgrim Trust's Young Women in Mind programme are already demonstrating the benefits of gender and age specific approaches, delivering positive outcomes at the local level. Yet their successes are often limited by challenges to sustainable funding and scalability elsewhere. This report therefore lays out a series of policy recommendations, drawing on lessons from the Young Women in Mind programme.

4 EVALUATION OBJECTIVES

To provide clarity and focus to the evaluation of the Young Women in Mind programme, the following overarching objectives were set:

◎ Working with the cohort and the Pilgrim Trust to agree the key data to be collected to help demonstrate the impact of the work of the grantees and the wider impact of the programme and when this impact should be measured and how. This includes supporting grantees to building their capacity around evaluation

◎ Listening to the practitioners and young women involved, to articulate and evidence models of good practice around age and gender-informed mental health services for young women and the value of this

◎ Capturing and sharing peer learning from the cohort including identifying opportunities and ways to influence policy and practice of service providers and commissioners

◎ Working with the cohort to articulate systematic changes needed to support the adoption of good practice in the provision of high-quality mental health services for young women.

OUR APPROACH TO THE EVALUATION

This evaluation was crafted not simply to count outcomes, but to achieve an end goal of improving the mental health of young women through increasing their access to high quality age and gender specific mental health services. The findings are based on data from three years of the programme for cohort one and two years of the programme for cohort two. We collected data between April 2022 and May 2025.

We gathered qualitative data from focus groups and interviews that were carried out with grantees and young women separately, and from community of practice reflections which brought forward the voices at the heart of delivering the projects. The grantees completed baseline, mid-point and final reports for each year of the funding. We also gathered quantitative data from the young women and they were asked to complete a survey at the beginning of their support and at the end of their support. We sought to understand how young women benefited from peer support, building trust, and how lasting change took root in diverse settings.

The evaluation examined the structures and systems that shape young women's mental health experiences, and the varied communities from which participants came. By foregrounding these dimensions, we ensured that the evaluation reflects on the progress made, as well as the diversity, challenges, and strengths of young women who are often overlooked by mainstream support.

Importantly, the evaluation was undertaken at a time when gender is being widely discussed, not a simple or settled category, but rather a site of ongoing discussion and debate, particularly as society grapples with questions relating to sex, gender identity, and the exclusions that many experience. Our approach took care to capture the lived experiences of young women in all their diversity,

attending to how exclusion, marginalisation, or belonging are shaped at the intersections of gender, race, sexuality, and socio-economic status.

This all creates a complex landscape that demands a methodological approach capable of listening for nuance, complexity, and difference, rather than seeking easy or reductive answers.

The following outcomes were set at the beginning of the programme:

◎ Raising mental health awareness for young women

◎ Increasing self-esteem and confidence in young women

◎ Improving access to mental health services and support for young women

◎ Reducing mental health stigma for young women

◎ Improving standards of mental health provision for young women

◎ Improving transition from Child and Adolescent Mental Health Services (CAMHS) to adult services for young women

◎ Improving community of practice for grantees

◎ Creating an effective peer learning process

◎ Improving the collaborative network of grantees.

These outcomes were achieved based on activities carried out by the Pilgrim Trust, the peer learning facilitator, and the grantees. This included grantees providing support to the young women and attending community of practice meetings to foster collaboration. We recognised that sustainable impact is born from both relationships among young women and with the grantees.

Our methods identified stories of connection, trust, mutual support, and the building of a dynamic community of practice. We investigated the processes, tools, and practices that enabled meaningful progress for young women, exploring how funding, peer learning, and expert guidance drove transformation. In short, this evaluation was designed to capture the dynamic processes, relationships, and results that make the programme unique.

By prioritising stories, and by centring the analysis on inequalities and the intersections of identity, we offer funders, practitioners, and the sector not just a record of what happened, but a blueprint for creating meaningful, sustainable change.

LIMITATIONS OF SURVEY DATA COLLECTION

Key learnings:

◎ Data collection faced logistical challenges

◎ Potential reasons for the small number of survey responses included digital access barriers and varied evaluation tools

◎ A possible review of the evaluation method which includes coproducing, testing and validating evaluation tools with marginalised young women.

The number of survey responses received were low compared to the total number of young women supported (3160). Across cohorts one and two, we only had 155 responses at the baseline survey and 37 responses at the end of support survey which was less than 5% of the total number of young

women supported. Just six women completed both surveys. As a result of this, we omitted the quantitative data from our analysis, though we drew on demographic data collected in the baseline survey to inform recommendations.

Several challenges affected the survey process and led to the small number of consistent responses received:

◎ Sensitive questions caused discomfort; some were perceived as insufficiently trauma-informed

◎ As a result of the survey being independent, project leads were less able to support survey completion during sessions

◎ Projects used varied evaluation tools of their own, creating duplication and burden

◎ Support often ended informally, making follow-up difficult

◎ Digital access barriers limited participation.

We were able to mitigate some of these issues, for example allowing more flexibility in when surveys were completed and distributing printable versions of the survey for young women without digital access.

It is evident that the quantitative data collection adopted as part of the evaluation design should be reviewed for future evaluations. We recommend that evaluation tools are coproduced, tested and validated with groups such as marginalised young women to support stronger response rates.

5 UNDERSTANDING THE IMPACT OF THE YOUNG WOMEN IN MIND

This chapter provides a comprehensive overview of the Young Women in Mind programme. Drawing on rich qualitative insights, it explores the programme's effectiveness in strengthening mental health literacy, building self-esteem, enhancing daily wellbeing, and tailoring support for those facing intersectional discrimination, neurodivergence, or experiences of sexual violence. The analysis further highlights the value of age and gender specific approaches, the importance of peer and personalised support, and identifies ongoing challenges and opportunities. Its purpose is to distil both the learnings and the lived experience of participants, offering reflections and recommendations for future practice.

WHAT WE FOUND - KEY IMPACTS ON YOUNG WOMEN

Key learnings:

◎ Increased mental health knowledge, awareness, confidence, and self-esteem for young women

◎ Improved wellbeing and daily life for young women

◎ Improved mental health for women who have experienced sexual violence

◎ Experiences with projects in the Young Women in Mind programme compared favourably to other mental health services

◎ Improved mental health of young women who have experienced discrimination.

The following sections present the main findings in detail, highlighting personal testimonies from interviews, focus groups and reports to illustrate the programme's impact.

INCREASED MENTAL HEALTH KNOWLEDGE AND AWARENESS

Key learnings:

◎ Young women reported improved mental health knowledge and self-awareness

◎ The data highlights young women becoming more attuned to their own emotional states and more capable of supporting others.

The Young Women in Mind programme aimed to strengthen young women's understanding of mental health, encouraging earlier help-seeking, building self-awareness, and promoting peer support.

Young women described becoming more attuned to their own emotional states and more capable of supporting others:

"I can kind of recognise when stuff is getting worse, it's a bit weird. It helps that the worker here points stuff out I don't notice. There's still more to learn." - Young woman, Young Women Outreach Project

"I've been able to identify, couldn't do that before [...] how anxiety manifests in me and identify it, kind of deal with that and being able to carry on with the rest of the day instead of writing the whole day off." - Young woman, Swan's Women's Centre

"I think I'm much more aware of the signs. My friend just had a wee boy, and she didn't seem right [...] Being part of this group meant I knew that even though she was saying she was 'fine', she wasn't. I made sure she made an appointment with the doctor and had her wee one for her so she could go and now she's part of this group and we all try to help each other like that too." - Young woman, The Parent Rooms

These reflections underscore the programme's role in cultivating emotional insight, relational empathy, and community-based support. This multifaceted approach to mental health education helped shape a more supportive environment and improved outcomes for participants.

INCREASED CONFIDENCE AND SELF-ESTEEM

Key learnings:

◎ Young women reported improved self-worth, emotional regulation (ability to manage and cope), and social confidence

◎ Qualitative insights highlighted reduced isolation and strengthened peer relationships

◎ Projects built trust, routine, and wider engagement.

The Young Women in Mind programme aimed to enhance young women's confidence and self-esteem through tailored support. Young women reported improved self-worth, emotional regulation, self-confidence, and ability to cope.

Project leads also observed that young women became less isolated and more willing to build relationships. Increased confidence was reflected in their ability to speak openly about receiving mental health support, engage in new activities, and form lasting peer connections.

"Before the [project], I was an anxious mess [...] but now it's like—I mean [laughs]—I don't care. I really don't care about what anyone else thinks anymore." - Young woman, Swan's Women's Centre

"I think about myself differently now; I am more confident in resolving conflicts [...] Having a routine has further improved my confidence." - Young woman, M13 Youth Project

Parents also noted positive changes in their daughters' confidence, emotional regulation, and social engagement:

"She was rock bottom before. She looks forward to the sessions each week. This support has had a brilliant impact on her." - Parent, Youth Federation

"She used to have a lot of panic attacks and bad sleep [...] now she has been a lot calmer despite everything she has been through." - Parent, Lighthouse

Additional outcomes included increased engagement with healthcare professionals, employment, volunteering, and creative hobbies. One young woman gained confidence in independent travel after being supported to navigate public transport:

> **"She then had the confidence to take her grandma into town on the bus [...] This very simple activity gave her the confidence to go out and do more things."** - NE Youth project lead

Projects also highlighted the emergence of strong peer networks:

> **"Seeing the young women develop strong support networks in the group and being welcoming to 'new' young women."** - M13 Youth project lead

> **"Learning that the younger mums have formed friendships which extend beyond our services."** - The Parent Rooms project lead

The programme's impact extended to reductions in offending behaviour and increased trust in services, particularly where long-term support was sustained.

A CASE STUDY OF A YOUNG WOMAN SUPPORTED BY NE YOUTH

A young woman was referred to the service by her sixth form teacher and was very unsupported at home. She also had a lack of confidence in being independent and was living an unfulfilled life. This was noticeable in the way she spoke about herself, her lack of self-care and the unwillingness to try new things.

The staff started working on building her a self-care routine to form more healthy habits which included drinking more water, brushing her teeth and showering every day. They also supported her in building her confidence around being independent and took her on new activities such as going to the Metrocentre (a large shopping centre), for the first time and getting the bus together to [destination], so she felt more comfortable doing this herself.

Over time, the staff saw her confidence grow. The young woman became excited about moving to university, was able to set healthy boundaries with family members and saw more of what she was worth. She is now studying at university and is thriving.

IMPROVED WELLBEING AND DAILY LIFE

Key learnings:

◎ Young women reported increased optimism, clarity, and emotional regulation

◎ Qualitative insights revealed reduced self-doubt and pressure

◎ Projects supported practical coping and self-acceptance in daily life.

The Young Women in Mind programme sought to enhance young women's wellbeing and everyday functioning.

Young women expressed positive changes in their ability to self-regulate and cope with pressures and anxiety:

> "I've been able to feel a lot less pressure and a lot less self-doubt […] now I know how to fix it, more confident." - Young woman, Women's Community Matters

> "I can definitely recognise more now when my personality disorder is starting to shift […] I can steady […] whereas I couldn't [do that] previously." - Young woman, ARCH Teesside, Youth Focus NE, and Middlesbrough and Stockton Mind

> "I've learnt not to panic about practical things […] I always felt like I had to prove to everyone that even though I'm young I can be a good mum […] not putting that pressure on myself has definitely helped." - Young woman, The Parent Rooms

These accounts underscore the programme's role in developing ways to cope, reducing internalised pressure and supporting young women in navigating everyday challenges with greater confidence and clarity.

IMPROVED MENTAL HEALTH FOR WOMEN WHO HAVE EXPERIENCED SEXUAL VIOLENCE

Key learnings:

◎ Projects supported survivors of sexual violence in rebuilding self-worth

◎ Young women gained tools to identify coercive and abusive dynamics

◎ Support enabled clearer communication with family

◎ Projects put emphasis on empowerment through identity exploration and bodily autonomy.

Projects within the Young Women in Mind programme provided targeted support for young women who had experienced sexual violence, rape, or abuse. The Birchall Trust and ARCH Teesside reported significant improvements in participants' mental health knowledge, confidence, self-worth and relational awareness.

Young women developed the ability to identify coercive and abusive behaviours, navigate complex family dynamics, and articulate their experiences to trusted adults. Support also enabled young women to reclaim autonomy over their identities and choices.

> "Young women have expressed being more able to explore their own identity and make their own choices by challenging perception that 'I'm inviting an attack' by exercising their own desires to dress in certain ways and undertake certain activities." - The Birchall Trust project lead

> "Most of the young women engaged with the project to date have experienced sexual violence and are or have accessed our wider ARCH advocacy or counselling services. For one young woman specifically, her confidence has grown tremendously since starting the project." – ARCH Teesside project lead

This emphasis on empowerment and self-definition reflects the programme's commitment to trauma-informed care and intersectional support for survivors.

A CASE STUDY OF A YOUNG WOMAN SUPPORTED BY EVA WOMEN'S AID

A young woman aged 23, self-referred to EVA Women's Aid service due to domestic and sexual abuse perpetrated by her ex-partner over a period of two years. Now free of the relationship for a year, she is feeling triggered and overwhelmed by the things she has been through.

She was taking medication for symptoms associated with depression, inability to sleep and symptoms associated with anxiety. She disclosed feeling angry most days and not really understanding why. The young woman also stated she was drinking multiple glasses of wine every night to help her both forget and sleep. She identified this as unhealthy and wanted some support surrounding this.

EVA Women's Aid provided the young woman with the information of a local drug and alcohol abuse service. A person-centred approach was used to build and sustain a solid therapeutic relationship. The young woman's counsellor checked in with her to determine the strategies she had available to support her feelings of being overwhelmed. The second session was more directive to ensure that she would be able to keep herself safe should any of the sessions become too heavy. The young woman has a very good support system and would reach out for support from either her best friend or her sister.

After this, EVA Women's Aid gave the young woman plenty of room and space to explore her experiences and the individual impacts each experience caused. Gently offering psychoeducation when appropriate helped her understand particular aspects where she would feel guilty and ashamed, like somehow it was her fault. This showed her the intricacies of living with domestic abuse and how it is not as simple as "just leaving" when she would be hard on herself for "putting up with it". This was also done to support her in seeing that no matter what she did, she had no control of his choices and behaviours. We worked on her anger using the anger iceberg resource and an emotions and feelings resource to help her identify what she was feeling and why.

The therapy provided was 24 sessions long, with the young woman attending all of them. EVA Women's Aid suggested an ending to her when the sessions were becoming more about everyday life. She felt a bit scared but also ready to be finished with her sessions. The young woman was working with a drug, alcohol and mental health charity, had reduced her alcohol intake and was no longer using it as a crutch to get through.

The young woman used the resources explored in therapy and even added her own spin to them to better suit her own life. Although she will never forget what she has been through, she does now feel like she can put it all into a proverbial box, on a shelf, in her mind so that it is no longer controlling her life.

The young woman wrote in a card to all of EVA Women's Aid: "Thank you! You'll never know how much you have helped me! I really appreciate it. This is me going forward and it's all thanks to you!"

SUPPORT COMPARED FAVOURABLY TO OTHER MENTAL HEALTH SERVICES

Key learnings:

◎ Young women preferred project support over CAMHS and school-based services

◎ Project environments were described as empathetic, personal, and empowering

◎ Suggestions included more one to one and family therapy

◎ Early transition planning and better outreach were recommended.

Young women consistently reported that the support received through Young Women in Mind projects was more effective and affirming than their experiences with other mental health services, including CAMHS, talking therapies (such as counselling), and school-based interventions. The project environments were described as less rushed, more empathetic, and more attuned to individual needs.

> "More empathy here; people understand what it's like to feel what we do. It's less stressful. The focus is shared across everyone in a group. I feel independent but taken care of." - Young woman, Young Women's Outreach Project

> "Years before this, I was going through CAMHS and I'm sorry it was just terrible [...] the Young Mind Matters stuff is a lot more personal [...] it's friendly and it's professional as well." - Young woman, Swan's Women's Centre

> "It's a lot more encouraging. When I've had support before I've never felt like it's benefited me [...] now I've been coming here I just feel so much better." - Young woman, Women's Community Matters

These reflections underscore the value of relational, community-based care that prioritises trust, flexibility, and emotional safety.

While most young women were satisfied with the support provided, some offered constructive suggestions for improvement. These included:

◎ Increased access to one-to-one sessions to nurture deeper engagement

◎ Family therapy to address harmful dynamics and improve relational understanding

◎ Continued emphasis on empowerment and stigma reduction

◎ Recognition of diverse mental health experiences and needs.

Young women also highlighted the importance of early transition planning, particularly when moving into adult services. They recommended that projects continue to offer signposting and transitional support and called for increased visibility of available services through social media, posters, and direct invitations.

These insights reflect a desire for continuity, accessibility, and inclusive outreach - key principles for sustaining the programme's impact and extending its reach.

IMPROVED MENTAL HEALTH OF YOUNG WOMEN WHO EXPERIENCED DISCRIMINATION

Key learnings:

◎ Young women reported exclusion and stigma due to disability and neurodivergence

◎ Projects offered tailored support for co-occurring conditions and anxiety

◎ Services addressed diagnostic overshadowing and parental education

◎ Holistic, person-centred support improved wellbeing and self-understanding.

Young women in the Young Women in Mind programme described experiencing discrimination and exclusion from other services due to disability or neurodivergence. These experiences were often shaped by intersecting forms of marginalisation, including ableism, gendered assumptions, and mental health stigma.

> **"The only time I've tried to get help somewhere else, they didn't know how to help neurodivergent [people], so I'm stuck … I was turned away from other [adult] services for being 'too complex.'"** - Young woman, Young Women's Outreach Project

> **"Prior one-to-ones I've had people tell me I couldn't call myself disabled because it was a bad word [...] it ended up affecting my confidence going to one-to-ones [...] not in this service."** - Young woman, Swan's Women's Centre

These accounts highlight the emotional toll of being dismissed by health care professionals and social stigma. In contrast, projects within the programme provided targeted, trauma-informed support for neurodivergent young women. Women's Community Matters provided support for young women who have been out of education for a long time, autistic young women, and young women who have elevated anxiety and co-occurring conditions such as obsessive-compulsive disorder (OCD) and attention deficit hyperactivity disorder (ADHD). The gradual introduction of the young women to public activities as well as the focus on mindfulness and anxiety management was helpful for the young women and has enabled them to better understand their needs and where to seek support when they need it.

For this group, effective support required a holistic, person-centred approach that recognised the complexity of their lived experience. This included addressing diagnostic overshadowing—the tendency to attribute all presenting needs to a pre-existing condition (e.g. autism or learning disability) without considering other intersecting factors such as gender, trauma, or socio-economic context.

The programme's emphasis on inclusive, responsive support helped young women feel seen, validated, and better equipped to navigate both personal and systemic challenges.

6 THE CASE FOR AGE AND GENDER SPECIFIC APPROACHES

This section explores the rationale and outcomes of providing age and gender specific interventions in mental health support for young women. Drawing on feedback from both participants and project leads, it highlights the evolving needs, challenges, and preferences voiced by young women as they navigate mental health systems. The discussion traces the impact of tailored approaches such as safe spaces, trauma-informed practices, and targeted outreach on engagement, wellbeing, and trust. By examining key learnings and project adaptations, it illustrates how specialised support not only addresses unique experiences, but also creates conditions for empowerment, inclusion, and continuity in care.

Feedback from project leads and young women highlighted the value of targeted mental health interventions. Projects gained a clearer understanding of the distinct challenges faced by young women. This included recognising how gendered experiences shape mental health and identifying ways to respond to these needs across different life stages.

Projects adapted their delivery to improve engagement. Structured one-to-one youth work and tailored art and dance therapy addressed emotional wellbeing, anxiety, and isolation. Some projects offered CV writing, academic support, and financial guidance based on individual circumstances. Weekly sessions with mental health practitioners and access to advocates helped young women feel heard. Projects also raised awareness of support systems, connecting young women with sources of emotional and practical help.

Discussions around gender identity and inclusion were integral. Project leads worked to ensure young women from all backgrounds felt supported. The Birchall Trust reported that all staff completed LGBTQ+ training. Feedback indicated that one of the most valuable aspects was understanding the impact of body dysmorphia among trans young people. Lighthouse provided one-to-one mentoring, which proved essential for many, particularly those from the LGBTQ+ community.

THE GENDER SPECIFIC APPROACH

Key learnings of the gender specific approach:

◎ Gender specific support enabled projects to address young women's distinct challenges

◎ Having a safe and exclusive space for young women improved engagement, confidence, and emotional wellbeing

◎ LGBTQ+ inclusion and trauma-informed practices deepened trust

◎ Confidentiality concerns shaped delivery in close-knit communities.

Projects were able to address issues specifically relevant to young women

Single gendered spaces allowed young women to speak openly about experiences such as domestic violence, misogyny, and poor body image. The Birchall Trust incorporated healthy relationships sessions, enabling participants to reflect on being objectified and pressured to conform to male expectations. Tackling misogyny became a core theme in their social media messaging, especially around defining healthy relationships.

Sexual violence and abuse emerged as common concerns. Mixed-gender groups were seen as a barrier to disclosure. As one MASH project lead explained: "It's just having that safe space and because there's a lot of the issues that we support women around sexual violence, domestic abuse, that's always been really important to us."

The Odd Arts project lead added: "One of our groups talked specifically about the male culture within school and how that it's quite oppressive and they find that just being there is hard because of some of the things that the boys and young men say to them on a daily basis. It's affecting their mental health and that's one of the biggest things that they are facing."

DIFFERENCES IN ATTITUDES OF YOUNG WOMEN AND CONFIDENTIALITY OF SUPPORT

Key learnings:

◎ Women-only spaces enable young women to share sensitive issues more openly

◎ Confidentiality is vital; privacy concerns can hinder engagement, especially in close communities

◎ Dedicated, safe environments build confidence and improve self-esteem in young women.

Some projects noticed differences in the attitude of young women towards receiving support in a mixed setting compared to a dedicated space. It was suggested that young women might not be able to fully be themselves when having someone from the opposite sex in the same room.

The M13 Youth project I noted: "We [the youth workers] sometimes ask them [the young women], do you guys want this to be mixed? And we only want them to know that if they wanted to, they can and there was a sense of no. One of the things I think was this idea of performance. When the guys are there, they start to perform. They want to be seen as desirable in a certain way. They take more time with their outfit and makeup because they don't want to come into the group unless they look in a particular way. There's a lot of conscious and unconscious that goes on then once there is someone of the opposite gender in the room [...] it just adds barriers and prevents them opening up."

The Asian Development Association Bury lead echoed this: "Participants liked a girls/woman only service, so they didn't have to worry about their body image or inappropriate comments or patriarchal or community pressure."

Another M13 Youth project lead reflected: "Having some guys in that space, we won't get to the issue. This is how I feel. You may get to have a conversation, but you would have to pull back so many layers, you also have to work with the guys, and it's just a different type of work. But with this (gender specific approach) you can focus a lot more with young women and their initial feelings about things and unpack it with them."

Confidentiality was a recurring concern, particularly in tight-knit communities. Some young women feared that their participation might be disclosed to family members. The Asian Development Association Bury project lead explained: "it's something to do with our community although we have a lot of women of older ages and so on one level it was easier, we thought to recruit their daughters, sisters, and friends.

But then there were equally some young girls who really wanted to be assured that what we spoke and how we spoke was going to be very separate because they knew that their mothers or their aunts were coming to the centre as well [...] that fear in the Asian community is really big because they're so afraid."

The gender specific approach created spaces where young women felt safe, heard, and respected. Many reported improved confidence and self-esteem as a result.

THE AGE SPECIFIC APPROACH

Key learnings:

- Age specific support addressed transitional vulnerabilities in young women's lives.

- Projects offered continuity across service boundaries, including education, health, and justice.

- Flexibility in age criteria enabled tailored support on an individual level

- Peer support for young women within the same age group was beneficial

- Transitions were framed as opportunities for informed choice and autonomy.

Feedback from grantees and young women highlighted the importance of age specific support. Research shows that half of all mental health problems emerge by age 14, rising to 75% by age 24 (Kessler et al., 2005). This underscores the need for targeted interventions during key transitions in young women's lives.

Projects varied in their age remit. While some did not support those under 18, others worked across a broader age range. Although funding was designated for young women aged 16 to 25, The Pilgrim Trust permitted up to 20% of participants to fall outside this bracket. This flexibility allowed projects to respond to individual needs more effectively.

Young women who accessed services before turning 18 experienced continuity in support. Projects helped during transitions between child and adult mental health services, pregnancy and childbirth, leaving the family home, and moving through education. University students, for example, received tailored support during periods of adjustment. Many young women valued this sustained engagement.

As one project lead from The Counselling and Family Centre explained: "The advantage of this approach is that the experience of each service user is seamless – there is no need for them to move between services or counsellors at the point they turn 19."

Projects also supported young women involved in the criminal justice system. The Birchall Trust described the complexity of long-term legal processes: "With it now taking up to five years for cases to come to court, young people who are abused as children are often still involved with their case as they transition to adult hood. Often the choice to report to the police and prosecute was not theirs but their parents or social worker. We work with young women who transition to adulthood to understand the Kaleidoscope of Justice - helping people to understand what success and justice so they can exercise informed choice."

In addition to emotional support, projects taught life skills and provided education around finances, employment, and independence. These interventions helped young women navigate transitions with greater confidence and autonomy.

OFFERING SUPPORT AT A MORE INDIVIDUAL LEVEL

Key learnings:

◎ Young women valued personalised, flexible support over institutional models

◎ Increased capacity enabled sustained engagement and trauma-informed practice

◎ One-to-one sessions built trust and eased group participation

◎ Young women needed more time to build relationships with support workers

◎ Collaborative approaches fostered autonomy and reduced feelings of infantilisation.

Learnings from the evaluation show that young women consistently emphasised the importance of tailored support. Many contrasted their experience in this programme with previous support received in institutional settings, particularly schools. Barriers to accessing personalised support included low staffing capacity, limited awareness of available services, and a perceived lack of individual attention.

As one young woman from M13 Youth Project noted: "There is not enough of them [school welfare teachers, nurses, etc.] to look after as many of us as there are."

Another participant from Women's Community Matters explained: "you can be yourself and talk about what you want to talk about and you're not set to one thing."

The funding enabled projects to expand their capacity and offer more responsive support. This included longer-term engagement and early intervention. Dedicated caseworkers played a key role in building trust, particularly with young women who had experienced trauma or inconsistent relationships with professionals.

The MASH project lead described this approach: "By having a dedicated young women case worker, we have been able to have regular visits and contact with service users, to build strong and trusting relationships. This has been particularly important for young women who have required more relationship building than our other services users to overcome previous bad experiences with professionals in their lives. The support is flexible and open ended and does not close if women stop engaging. When young women re-engaged, [youth worker's name] was able to respond immediately." Some of the women we support have a great deal of trauma and are living challenging and chaotic lives. It is not realistic for them to consistently engage with support, but by MASH being consistent and there when they can engage with support, service users have the best possible chance of the achieving their goals. We work at their pace, with their priorities."

The Asian Development Association Bury project lead added: "It has allowed us to focus a lot more, but in a more positive way and think let's not get to that point [crisis point]. We can do things with you guys [young women]. You've got an outlook, you can come and have some therapy [...etc]."

Initial one-to-one sessions helped young women feel more comfortable before joining group discussions. This approach reduced anxiety and encouraged openness.

One young woman from Women's Community Matters reflected: "I think doing one to ones first before you do like an open group has been better because I wouldn't have spoken in an open group before ... since I've done one to ones, I've sat in open groups now and done open discussions and [...] shared my own life experiences."

Young women also reported feeling respected and empowered. They described the support as collaborative rather than prescriptive and appreciated not being treated as passive recipients of support.

PROVIDING DEDICATED AGE APPROPRIATE SUPPORT SERVICES FOR YOUNG WOMEN

Key learnings:

◎ Age specific services supported developmental needs and creative engagement

◎ Creative therapies improved access for those wary of traditional counselling

◎ Onsite childcare enabled participation by young mothers

◎ Programmes addressed feminist issues, consent, and peer education.

Projects reported that dedicated services for young women within a defined age range enabled more targeted programming. These services reflected young women's developmental stages, preferred modes of engagement, and interests. Creative approaches were particularly effective. At ARCH Teesside, young women produced a film exploring how professional language affects their mental health. Others engaged in music, art, and drama sessions to express themselves and explore therapeutic alternatives to Talking Therapies, which some found intimidating.

The Falls Women's Centre Project Lead explained: "They would become more structured in peer education and more understanding of feminist issues. In that age group, we would bring programmes, so they learn about drugs, alcohol, sexual consent, feminism. This moves them towards [becoming] peer educators."

Feedback from young women shaped the delivery of counselling. The Counselling and Family Centre adapted its model to include relationship-building through group and creative workshops, followed by one-to-one sessions. This responded to concerns about previous negative experiences in school-based counselling. As the project lead noted: "Initial results show that this new approach is changing attitudes to mental health support."

Creative therapy also encouraged young women to share poetry, songs, and writing. The Youth Federation Project Lead observed: "other young women have been encouraged to share their love of poetry and other arts to promote the benefits of creative therapy [...] [young women] being able to learn/share poetry/songs/creative writing as a form of creative therapy."

Support for young mothers was strengthened through onsite childcare. This enabled fuller engagement with services and facilitated access to perinatal counselling, peer support training, and early years development programmes. The Parent Rooms project lead stated: "Participants benefited from onsite childcare, enabling them to engage more fully with the programme [...] tailored specifically for younger mums."

PEER SUPPORT FOR YOUNG WOMEN WITHIN THE SAME AGE GROUP

Key learnings:

◎ Peer support improved mental health and reduced isolation

◎ Age-based grouping enhanced relevance and comfort

◎ Group formats encouraged openness and mutual validation

◎ Social change elements engendered purpose and built long-term connection.

Young women consistently reported that peer support improved their mental health. Group activities were designed around their interests, which increased engagement. Being among peers with similar experiences helped build trust and reduced feelings of isolation. Many young women remained in contact after their formal support ended.

Projects refined their group formats by separating participants into smaller age-based groups. This included placing young women in transitional phases such as those moving from child to adult services together. Dividing groups into 16–18 and 19–25 age ranges created spaces for shared learning and mutual support.

One participant from the Young Women's Outreach Project said: "It's easier to be in a group with everyone who has the same experiences [...] we stay in touch now and will do things together."

Another young woman from Swan's Women's Centre reflected: "I think it's just the fact that it's a group because a lot of times when you're talking to someone face to face, one on one it can get a bit awkward, you can hold back things. Personally, I sort of don't really go in when I have one to ones but having a group who [...] says what I'm thinking, that encourages me to say that as well."

A participant from Refugee Women Connect added: "I really likes to come in this group. I always excited to come in group. I really enjoy meeting with new peoples and having discussion on different things.!"

In projects that incorporated a social change element, young women expressed a sense of purpose. One participant from ARCH Teesside, Youth Focus NE, and Middlesbrough and Stockton Mind said: "It gives you more of a sense of purpose because you feel like you're creating something in the groups that will have like a positive impact on younger people who are struggling."

POTENTIAL LIMITATIONS OF THE SUPPORT FOR THE 16-25 AGE RANGE

Key learnings:

◎ Age restrictions excluded some young women in need of support

◎ Referral options were limited due to service gaps

◎ Mixed-age groups posed challenges for programme design and group cohesion

◎ Projects balanced inclusivity with tailored delivery.

Whilst the flexibility to support up to 20% of young women outside the 16–25 age range benefited many participants, limitations remain.

Some young women who needed mental health support fell outside the designated age bracket. These individuals were often placed on long waiting lists through GPs or CAMHS and could not access programme services. Projects attempted to refer them to other counselling agencies, though suitable alternatives were often scarce.

Stockport Women's Centre, which operates without an age cut-off, reported that women aged 25–30 frequently presented with challenges similar to those faced by younger participants. Youth Federation noted that girls aged 12–13 expressed interest in the WOW project after hearing about it from peers but were ineligible. In response, the organisation explored ways to extend support to this younger group.

Northern Ireland Youth Forum encountered similar issues. Some young women learned about the programme through word of mouth but were too old to participate. The organisation responded by signposting them to other services, though finding appropriate referrals remained difficult.

7 THE PROGRAMME'S IMPACT ON GRANTEES

This chapter aims to provide a comprehensive exploration of the programme's impact on funded projects, drawing on three years of qualitative evidence. Focusing on the evolution of learning, collaboration, and the challenges faced, it examines how multi-year funding, and a community of practice have shaped outcomes for both organisations and the young women they serve. The analysis is grounded in the lived experiences of project leads, grantees, and participants, highlighting the value of flexible support and peer-led dialogue.

Key learnings

◎ The programme's effect on grantees was assessed using three years of qualitative data, providing robust evidence of impact

◎ Flexible, multi-year funding and a structured community of practice were crucial building collaboration, adaptability, and sustained organisational growth

◎ Relationship-building and peer learning enabled organisations to share evidence, adjust practices, and enhance service delivery, particularly for young women's mental health

◎ Projects overcame challenges such as increased demand, staffing pressures, and language barriers by leveraging mutual support and sharing practical approaches

◎ Open, peer-led dialogue within the cohort clarified strategic priorities, reinforced best practices, and cultivated a supportive environment for sustainable innovation.

INTRODUCTION

The analysis draws on three years of data from focus groups and grantee reports. Four themes emerged: the Trust's flexibility, the value of multi-year funding, strengthened partnerships, and increased capacity for supporting young women's mental health. The programme's community of practice model was central.

By introducing these themes, the chapter lays the foundation for understanding the mechanisms through which the programme supported positive change. The following sections explore each theme in more detail, illustrating the interconnectedness of learning, collaboration, and sustainable support.

COMMUNITY OF PRACTICE

The peer-learning approach, led by Sam Anderson, included regular online and in-person meetings. Project leads viewed these gatherings as an expression of care and an opportunity for network expansion. Over three years, collaboration grew between projects, the Pilgrim Trust, and Centre for Mental Health. Meetings, held every two months, provided time to share updates and design future sessions.

HOW THE COMMUNITY OF PRACTICE IS DEVELOPED

There is an initial in-person two-day session with a focus on relationship building, useful frameworks, shared purpose, and shared designing of future community of practice sessions. The Pilgrim Trust funds an evening group meal, which reinforces a sense of value among project leads.

Sessions are held every two months and include arriving together and checking in, reflecting on shared themes, and sharing project updates from grantees, the Pilgrim Trust, and Centre for Mental Health.

There is a particular focus on shared interests, and this includes discussions on what a trauma- informed approach looks like, how to make services inclusive, how to reduce barriers to engagement, and how to improve relationships with statutory services. Requests for support and offers from other grantees are encouraged, and there is a check-out routine at the end of each meeting.

The feedback reveals that project leads valued the opportunity to discuss work with peers who understood their challenges. As the peer learning facilitator explained: "[there is] definitely appreciation [of being able] to pause and spend time with others doing similar work who have a similar enough perspective that folks feel seen and heard. So rather than having to defend their case, being in an environment where it's welcomed, even though there's a difference within it."

Counselling and youth work organisations learned from each other. The facilitator noted: "Counselling organisations have been learning from youth work organisations on ways to engage young women and youth work organisations have been learning from counselling organisations about valuing their services in therapeutic terms." Cohort meetings prompted recognition of collective expertise and reinforced best practice. Most grantees identified the community of practice as a programme highlight, describing in-person meetings as inspirational and useful for collaboration. These meetings sustained work in challenging contexts and provided practical peer support.

As the Falls Women's Centre project lead said: "The cohort has widened our scope in terms of meeting other groups particularly from England and gaining an understanding of working with young women on improving mental health."

Each cohort shaped their own approach to communication. One group used WhatsApp to maintain contact and share resources between meetings. Building on this collaborative foundation, organisations began to deepen partnerships and explore new ways to improve delivery.

COLLABORATION AND DEEPENING OF LEARNING

Grantees forged partnerships to improve delivery and refine strategies. Organisations shared resources and drafted joint funding bids. For example, the four projects based in Belfast (Lighthouse, The Parent Rooms, Northern Ireland Youth Forum and Falls Women's Centre) have met and drafted a collaborative funding proposal about young women's mental health. Gorse Hill Studios and The Birchall Trust created a new pathway for freelance counsellors. Odd Arts delivered creative workshops at Manchester Action on Street Health.

Project leads shared methods for outcome tracking and staff support, uncovering shared challenges. This exchange clarified priorities and influenced policy. Peer collaboration, described as essential by several leads, created space to share barriers, solutions, and successes.

The Swan Women's Centre lead said: "Working with other grantees has been extremely helpful in shaping our project and overcoming challenges. It has allowed us to share and discuss challenges/barriers and potential solutions as well as successes and what has worked for other projects."

The ARCH Teesside lead commented: "The community of practice experience had been a very positive one, it has been useful to share challenges with the group and to share learning."

The Youth Federation lead highlighted a supportive climate: "The other members have been incredibly supportive to each other, and we have gelled really well, sharing our challenges and how we can overcome them. Sam has been a brilliant facilitator, structured in her approach but flexible to the needs of the group."

The M13 Youth Forum lead noted: "through these shared experiences, we have come to recognise the wealth of knowledge within the community of practice regarding effective ways to support young women from various perspectives."

Cohort one leveraged its network to secure further funding from the Pilgrim Trust, showing the role of collaborative advocacy. The Parent Rooms lead said: "The support provided by Sam Anderson and the Pilgrim Trust, particularly with regards to facilitation of best practice meetings and physical face to face visits, has been invaluable and are grateful for the structure this has provided."

From this collaborative momentum, project teams gained a deeper understanding of local contexts and adapted their delivery models accordingly.

UNDERSTANDING LOCAL CONTEXTS

Shared dialogue among grantees deepened understanding of community specific factors affecting young women. Insights gleaned from these discussions informed adjustments to services and outreach. Grantees adapted interventions to reflect local culture, demographics, and partnership potential. This nuanced approach to local contexts complemented the Pilgrim Trust's ethos of flexibility and accessibility.

PILGRIM TRUST'S FLEXIBILITY AND ACCESSIBILITY

Project leads distinguished the Trust's approach from previous funders. Open dialogue around budgets and programme scope encouraged honesty about setbacks and solutions. As one project lead observed: "There has been more flexibility, and the Pilgrim Trust is more hands on, and you can be honest about when things don't go well and how to tackle that."

Another lead stated: "The experience has been positive, flexible, and feedback is taken on board."

A third lead welcomed the Trust's engagement: "It's a fantastic way of working. I've never come across anything like that [...] we are so used to just being given the money and report back, but this is very different."

Such flexibility enabled grantees to respond dynamically to emerging needs, supporting innovation and sustainable growth.

MULTI-YEAR FUNDING AND LONG-TERM SUPPORT

Multi-year grants provided stability and continuity, enabling deeper relationships with young women and more strategic planning. One project lead described how this structure allowed ongoing support for a young woman involved in family court proceedings: "Without the Pilgrim Trust funding we would not be able to offer support over this length of time. The funding allows us to make special allowances in our delivery length, in certain circumstances. For example, we had one young woman who was going through the family court process, and this was ongoing for six months. She felt she needed support throughout this period, and this funding enabled us to have the flexibility to offer her sessions with longer gaps in between so she felt fully supported throughout the process."

Funding enabled new programmes, as the Youth Federation lead noted: "The WOW group did not exist before this funding was made available to Youth Federation, therefore the Pilgrim Trust have been instrumental in making this important programme happen."

The Falls Women's Centre lead reported that funding filled service gaps: "We are in a position to offer counselling and complimentary therapies to support young women aged 16 to 25 in crisis. Before the Pilgrim Trust funding we saw a gap in mental health services for young women, we found that young women were presenting with high levels of depression and anxiety, self-harm and in crisis; although we have a counselling service in our building, we found that we didn't have funding available to refer young women into it. We would refer young women to CAMHS, hospital, doctors and Lifeline, young women were on waiting lists for up to three years. The Pilgrim Trust has enabled us to fill that gap, in a small way, and we are making a difference in young women's lives."

Robust funding structures contributed to strengthened relationships with both young women and partner organisations.

DEVELOPING RELATIONSHIPS WITH YOUNG WOMEN AND PARTNERS

Sustained funding over three years allowed for deeper relationships and trust with young women. Consistent engagement and rising attendance reflected participants' confidence in support workers. The Asian Development Association Bury project lead identified year three as the most impactful, after trust was established among racialised young women in Bury: "The key advantages have been that young Black, Asian and minority ethnic women aged under 25 have received a culturally appropriate, dedicated, emotional and mental health support [...]. There is no other community organisation delivering in this manner."

Project leads recommended extending the funding period to five years to allow for programme setup, refinement, and a thoughtful conclusion. The Counselling and Family Centre embedded counsellors within young women's services, broadening reach and improving cultural access, including support in multiple languages and dialects. Co-location in Manchester supported the beginnings of a local mental health network.

The increase in resources and capacity was fundamental in delivering tailored interventions and expanding reach.

INCREASED RESOURCES AND CAPACITY

Before the Pilgrim Trust's involvement, chronic under resourcing limited one-to-one advocacy and tailored interventions. The Parent Rooms' Younger Mums Project used the funding to formalise a two-tier model combining individual support and group sessions. On-site childcare and practical support enabled regular attendance. This structure increased capacity, improved continuity of support, and allowed flexible responses to women's needs.

CHALLENGES

Key findings:

◎ Increased referrals and demand for support services

◎ Language barriers

◎ Providing support for women who are sex working

◎ Staffing challenges

◎ Location challenges

◎ Reducing mental health stigma

◎ Reaching and engaging young women

◎ Providing support for young women with complex needs.

Projects faced programme specific and wider social challenges and the grantees showed creativity in addressing challenges. The challenges are set out in more detail in Appendix 3.

INCREASED REFERRALS AND DEMAND FOR SUPPORT SERVICES

Since the start of the programme, many projects found themselves unable to respond to the increasing demand for their services, reflecting a wider trend across mental health provision, where increasing need and significant levels of unmet demand continue to outstrip capacity (Darzi, 2024). All projects were aware of the need for this specific support for young women prior to the funding yet did not fully anticipate the real demand for it. Falls Women's Centre attributed this increased demand to the cost-of-living crisis, which meant they were supporting and signposting to support additional basic needs including food banks, fuel vouchers, clothing, and household items. This rising financial pressure can contribute to poorer mental health and anxiety levels.

Moreover, the peer learning facilitator highlighted that this has also been a constant struggle raised by the projects in the community of practice meetings, with project staff feeling like they are mitigating the consequences of the cost-of-living crisis rather than being able to 'improve' young women's mental health.

Although the peak of the Covid-19 pandemic has passed, it is still negatively impacting some projects as young women are not comfortable with attending face to face appointments due to a fear of falling sick. The young women also have anxiety around attending groups post-Covid and prefer one-to-one support. Refugee Women Connect is addressing this by encouraging the young women to join group support when they feel more comfortable.

Despite these challenges, projects have learnt that the development of confidential and trusting relationships between the young women and the staff and the use of trauma-informed approaches have been essential to the success of these projects.

LANGUAGE BARRIERS

Projects that work with young women whose first language is not English was highlighted as a challenge and barrier some young women faced. For example, Refugee Women Connect made use of interpreters in all their one-to-one sessions but found it difficult in a group setting. This has mostly impacted these young women's ability to understand and participate in the session, especially those who do not speak any English.

In order to address this, Refugee Women Connect reported that they are attempting to create support groups for young women with different levels of English fluency.

PROVIDING SUPPORT FOR WOMEN WHO ARE SEX WORKING

Projects that support women who are sex working face unique challenges. For example, MASH reported that a key challenge of their project is identifying women who are sex working because they are a "hidden" population". The organisation is addressing this challenge through proactive outreach and visiting accommodations where young women are most likely to be sex working as well as developing partnerships with other support organisations.

STAFFING CHALLENGES

Another challenge highlighted by multiple projects were difficulties in recruitment of appropriate and qualified staff and loss of staffing capacity. Because of the limited staff capacity and high demand for mental health support, projects either had to turn young women away, especially those who are outside of the age range, or refer them to other services. Projects who have been impacted by staffing challenges have addressed this by hiring new staff members who are available out of hours to cover for a previous support worker that left.

Another challenge in relation to staffing and diversity is the possibility that the staff do not reflect the community they are working with. For example, young Muslim women may prefer to get support from a Muslim counsellor.

Staff supporting young women experiencing trauma or facing multiple vulnerabilities are also often impacted personally and face an emotional toll that is at times unrecognised or unsupported. Organisations such as ARCH Teesside have incorporated flexible working hours, working structures, and have put in place external clinical supervision alongside management support to improve the mental health and wellbeing of support workers

LOCATION CHALLENGES

Projects reported challenges with finding suitable venues to provide support for young women. Projects have had to make sure that the chosen support venues are open at the times chosen by young women which is usually in the evenings and are appropriate for a woman only project. Projects also found it difficult to find venues that are reasonably priced, with a private room, and close to transport links in the area. The Birchall Trust further highlighted the difficulties of engaging young women from rural geographic areas who struggle to access face to face groups. The organisation is introducing an online group support to meet this need.

REDUCING MENTAL HEALTH STIGMA

Project leads agreed that mental health stigma is a significant challenge for young women to engage with their support, especially when a programme references "mental health support" as part of its offer. Some project leads decided to put the emphasis of their project on self-development and wellbeing rather than mental health to reduce the impact of stigma. However, there is a strong sense among the projects that there is a need to normalise the use of the terminology and build understanding of mental health as part of general health and wellbeing and gradually integrate this into their sessions and programmes.

The Asian Development Association Bury project lead highlighted the higher levels of stigma faced by young women from South Asian communities. The project has addressed this by actively creating time dedicated to creating awareness sessions and breaking down myths. The project lead further emphasised the need to improve mental health learning and support of male partners as this could further improve outcomes for young women from racialised communities and specifically South Asian communities.

Projects also highlighted the mental health stigma the young women face from their families. Some young women's loyalty to their parents caused them to hide their experiences and struggles. Projects also observed that some young mums were reluctant to express their needs due to the fear of being seen as an 'unfit' mother by their friends and family or to "stay off the radar" to protect their family's reputation.

REACHING AND ENGAGING YOUNG WOMEN

Since the start of the programme, reaching young women from the 16 - 25 age group has been a challenge. In order to address this, some projects have attempted to engage with schools, colleges and youth groups.

Projects reported that they had to work flexibly, offering lunch time sessions and food where possible to support the sessions happening. One project also reported not having an appropriate space to deliver their support within schools, adding a further barrier to their engagement with young women.

Other reasons for lack of engagement and regular attendance highlighted by projects included the time of support not being convenient for the young women, childcare needs, young women having multiple responsibilities, and weather conditions; young women who have experienced trauma are less likely to feel able to travel in the winter during the colder and darker months. Furthermore, young women who are refugees and asylum seekers often struggle to attend sessions in schools and colleges due to external requirements relating to the asylum process.

Young women referred to support through a professional referral were more difficult to engage according to project leads. Engagement and retention were much more effective among young women who reached out to support directly. This might also indicate their mistrust of formal services. Projects also reported that young women are being failed by statutory mental health services as a result of long waiting lists, poor service and a lack of relationship building. Projects mentioned that it took a long time to build connection and trusting relationships with this cohort of young women, especially at the beginning of their support.

Projects have incorporated various ways to improve engagement and consistent attendance. Stockport Women's centre partnered with a local charity to deliver a six-week pilot support group and received verbal positive feedback from the young women in the group. The Parent Rooms who support young parents, and in this context, young mums have prioritised flexibility and responsiveness in their support approach by understanding and accommodating the unique circumstances of each young woman. In the same vein, EVA Women's Aid highlighted that having their counsellor spending more time with the young people and staff has been helpful for building relationships and trust with both staff and young women.

Lighthouse decided to extend their six-week programme to a twelve-week programme in order to tackle this challenge. Yet, they still felt that the programme was not long enough to address all the issues and support young women. This leaves projects having to consider choosing between working with a smaller number of young women over a longer period or more young women in shorter time.

PROVIDING SUPPORT FOR YOUNG WOMEN WITH COMPLEX NEEDS

A common theme across all projects over the last three years is the complex issues facing the young women that they support. This includes young women with a history of multiple traumas, post-traumatic stress disorder (PTSD), depression, anxiety, and those with multiple mental health problems in addition to other needs (e.g., learning disability or neurodivergence) or responsibilities (e.g., family carer, childcare). This poses several difficulties for the projects when providing support and often requires a multifaceted approach.

In addition, poor mental health is frequently linked to financial issues and poverty. Projects have found it difficult to support young women's mental health when their basic needs such as food, housing and welfare are not met. This further adds pressures on projects to meet the welfare and housing needs of the young women. Projects provide support where they can and signpost the young women to other services that could provide further support.

CASE STUDY: MASH SUPPORT FOR A YOUNG WOMAN

A young woman of South Asian heritage and Muslim faith approached Manchester Action on Street Health (MASH) while facing multiple challenges, including abuse, addiction, and unsuitable housing. She struggled to access emergency accommodation and experienced isolation.

MASH provided regular emotional support, practical help with recovery groups, and weekly counselling. The caseworker met her several times a week, offering a safe, non-judgemental space. MASH collaborated with a housing charity and advocated for her preferences. When the young woman was hospitalised for suicidal ideation, MASH provided clothing and ensured a comprehensive discharge plan.
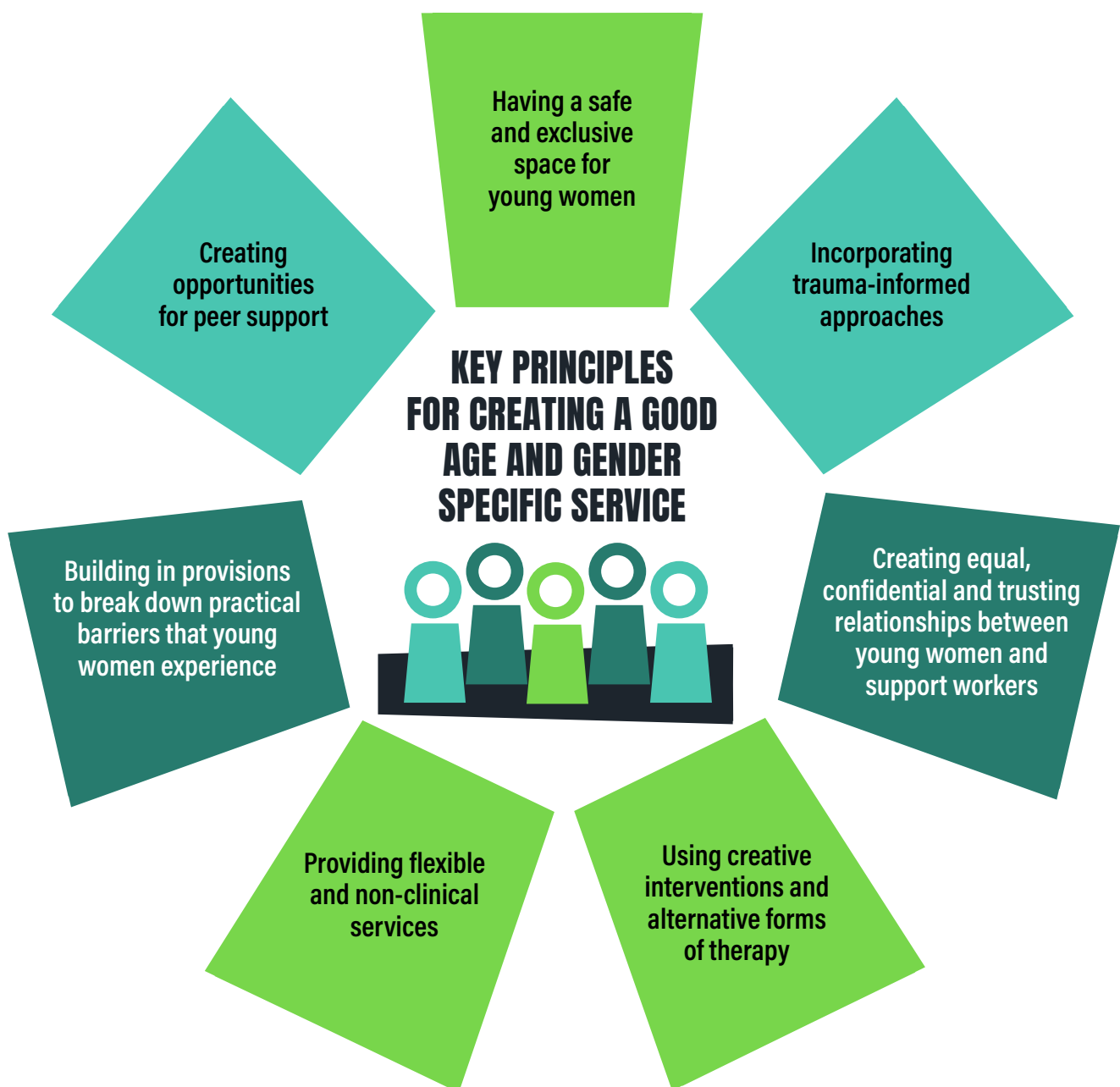
The refuge where she was placed supported both her faith and recovery. She reflected that this move offered a fresh start and gave her confidence for the future.

8 WHAT WORKS IN TERMS OF MENTAL HEALTH SUPPORT FOR YOUNG WOMEN?

The learnings from the programme from project leads and young women has helped to identify what works and good practice measures for supporting young women's mental health.

Diagram 2: The seven principles of the Young Women in Mind programme

Having a safe and exclusive space for young women

Creating opportunities for peer support

Incorporating trauma-informed approaches

KEY PRINCIPLES FOR CREATING A GOOD AGE AND GENDER SPECIFIC SERVICE

Building in provisions to break down practical barriers that young women experience

Creating equal, confidential and trusting relationships between young women and support workers

Providing flexible and non-clinical services

Using creative interventions and alternative forms of therapy

CREATING EQUAL, CONFIDENTIAL AND TRUSTING RELATIONSHIPS

Since the start of the programme, the most consistent thing that young women found helpful in their support is the equal, confidential, and trusting relationships that they have built with the youth/support workers. Young women described these relationships as "helpful", "refreshing" and "equal", which helped them to open up and be more willing to share their experience and receive support.

> **"It doesn't feel like it's your job [the youth workers' job]. It feels like you guys [youth workers] do genuinely enjoy being here."** - Young Woman from Northern Ireland Youth Forum

> **"That the youth workers are amazing, they support us non-stop and if we didn't have the support of them today, I think a lot of girls would suffer a lot more. Without them girls from girls' group wouldn't be who we are today."** - Young woman from M13 Youth Project

> **"It's been very different to other support that I've received. I felt like it was their job and that was it, but here you built the relationships, and you felt the connection and were able to open up while with other services, I felt like I couldn't do that. So, having that vulnerability."** - Young woman from Falls Women's Centre

They often compared these relationships to those they had in different services (often within school settings, such as student-teacher, or student-school nurse, relationships). Young women also raised concern that their previous experience with mental health support was not as confidential as they expected. This had reduced their trust in mental health services and made them more resistant to seeking help.

HAVING A SAFE AND EXCLUSIVE SPACE FOR YOUNG WOMEN

Since the start of the programme, the benefits of having support and services dedicated to young women are clear and consistent across all projects. Knowing that they have a specific space helps the young women feel seen and valued, which offers a sense of belonging and encourages them to open up and receive support. Young women also appreciated having accessible mental health support. This highlights a need for services to create safe and exclusive spaces for young women.

> **"Having a safe space at The Parent Rooms with just younger mums, as well as the other programmes has been really beneficial. The group reported that the older mums [within the group of 16-25] were honest about how they'd been feeling, which has made the younger mums more confident about speaking out about how they're truthfully feeling. They also shared details about the kind of support which would help them."**
> - The Parent Rooms project lead

CREATING OPPORTUNITIES FOR PEER SUPPORT

Project leads expressed that peer support provided was valuable, and the young women felt understood and heard. The young women gained a deeper understanding of self, found new ways to express themselves, improved their ability to set goals, and increased their sense of pride.

> **"Young people who were previously isolated have built new friendships through group activities. Some have gained the confidence to join a new youth group independently, boosting their self-esteem and social networks."** - Gorse Hill Studios project lead

BUILDING IN PROVISIONS TO BREAK DOWN BARRIERS THAT YOUNG WOMEN EXPERIENCE

Since the start of the programme, projects have found ways to accommodate specific needs unique to young women. This includes providing childcare support, covering transport costs where possible, carrying out support sessions outside of school and work hours and providing online sessions as well as face to face sessions. It is crucial that services that provide mental health support to young women consider meeting their unique needs to increase engagement and improve support.

> "Onsite childcare has continued to play a crucial role, enabling mothers to engage fully in activities and support sessions while receiving much-needed respite." - The Parent Rooms project lead

PROVIDING FLEXIBLE AND NON-CLINICAL SERVICES

Across all projects, young women expressed their appreciation for having access to support that is flexible and non-clinical. The young women further appreciated having the option to return to projects if they needed additional support. It is important for services to incorporate flexibility and take on a non-clinical approach in order to engage and support young women. Projects incorporating a wraparound service and providing holistic support which involves recognising the whole person and a full range of their needs was beneficial for supporting the young women.

> "It's relaxed, you don't feel like you're in a doctor's surgery being quizzed on what you're doing like you can freely speak about what you want to speak about ... you're talking to someone, and no one acts shocked, they're just ready to listen to what you've got to say." - Young woman from Women's Community Matters

> "I went to CYPS [Children and Young People's Services] and I did get on with my therapist, but I did have to stop seeing them and I was sort of left not knowing what to do next. I've been to a few different things, but they always came to an end. I know I can come back here and just talk to a worker when I need to." - Young woman from Young Women's Outreach Project

USING CREATIVE INTERVENTIONS AND ALTERNATIVE FORMS OF THERAPY

Throughout the programme, the projects have included creativity such as spoken word, dance, drama programmes, musical theatre, and pottery painting as well as cultural trips to art exhibitions, events and alternative forms of therapy such as acupuncture, reiki, massage and sand space therapy. These facilitated informal conversations and connections that have greatly contributed to improving young women's confidence and self-esteem, reducing feelings of anxiety and low mood. It also helped them to build lasting friendships and manage their mental health better. It is important that service providers consider creative projects and other forms of therapy to support young women's mental health.

> "Usually, I self-harm when I feel trapped, like there's no way out of my own head. But when I'm in drama, it's like I get a break from that. I don't feel so stuck. It's helped me find other ways to let things out without hurting myself." - Young woman from Odd Arts

> "This month, we celebrated a significant milestone by taking some of the young women on a residential trip. For many of these young women, particularly those with disabilities, this was their first experience away from family and participating in such an event. The weekend was a resounding success, and everyone truly enjoyed themselves. It was wonderful to witness the bonds and relationships developing among the young women."
> - Northern Ireland Youth Forum project lead

INCORPORATING TRAUMA-INFORMED APPROACHES

The links between trauma, adversity, and young people's wellbeing and mental health are well-established (Pollmann *et al*., 2022). To support young women with multiple and complex needs, a trauma-informed approach to mental health provision is essential. Being trauma-informed means, at its most basic level, using knowledge of the ways in which traumatic experiences affect people to ensure that the support they receive helps them to recover, instead of doing further harm (Wilton, 2020). Re-traumatisation often occurs when young women are required to repeat traumatic experiences to multiple services, having even more negative impacts on their mental health.

Since the start of the programme, projects clearly recognised the need for trauma-informed support and services in improving young women's mental health and wellbeing. This was explored in the community of practice meetings. Most projects are also confident that they are applying this approach in their practice.

This approach allows young women to unpack their traumatic experiences and recognise the impact of those experiences, which in turn helps to improve their mental health and wellbeing in the longer term.

> "As an organisation, we have embedded a trauma-informed approach into the support we offer women which is working well. As well as underpinning how we engage with our service users, we share this understanding of the long-term impacts of trauma to help women develop an understanding of themselves and the impact trauma has and continues to have in their lives." - MASH Project Lead

9 KEY CONCLUSIONS

The programme's approach to supporting young women with complex needs is rooted in trauma-informed, culturally competent practice and flexible, long-term funding. Projects incorporating the seven key principles for supporting young women's mental health addressed issues such as abuse, mental health, addiction, and housing, providing holistic assessments, specialist referrals and staff training. Relationships based on trust, confidentiality, and equality were essential, with young women describing this support as helpful and empowering, enabling greater openness and engagement than conventional services.

Principles such as creating safe, women-only spaces and peer support reduced isolation and built confidence, while creative interventions, practical help (childcare, transport, flexible sessions), and alternative therapies promoted wellbeing. Case studies, such as MASH's support for a young woman of South Asian heritage, highlighted the value of tailored interventions, advocacy, and collaboration with partner organisations in overcoming barriers and supporting recovery.

Advocacy and systemic change remain central goals. While some organisations have established direct stakeholder engagement, resource constraints and institutional inflexibility pose ongoing challenges. Sharing knowledge, partnerships, and coproduced projects have helped influence policy and practice, with calls for greater, sustained investment in dedicated mental health support for young women.

In summary, multi-year funding, adaptability, and a vibrant community of practice have enabled projects to respond effectively to rising demand, staff shortages, and cultural barriers. The collective experience demonstrates the importance of ongoing support, open dialogue, and trust-based relationships in improving outcomes and promoting long-term wellbeing for young women.

10 RECOMMENDATIONS

Building on these findings, the following recommendations outline practical steps to further strengthen mental health support for young women and ensure lasting, meaningful change.

MENTAL HEALTH SERVICE PROVIDERS

◎ **Champion age and gender specific support:** Harness the evidence of positive transformation by offering support tailored to young women. Deepen understanding of their specific challenges, provide guidance through pivotal moments, and elevate the individual care delivered. This targeted approach has proven to boost mental health awareness, confidence, self-esteem, and overall wellbeing.

◎ **Co-create with young women:** Place young women at the heart of service design. Involve them directly in co-producing mental health support, ensuring solutions are relevant, empowering, and truly responsive to their needs.

◎ **Embed trauma-informed care:** Make trauma-awareness the foundation of approaches. Invest in specialist training for mental health professionals and cultivate a deep understanding of trauma's impact. Create environments of safety and support, giving young women the space and tools to reclaim empowerment and control.

◎ **Provide safe and inclusive spaces:** Provide safe spaces and appropriate services for women and girls, including those who are trans or non-binary. Service design and development must be gender- aware and age appropriate.

◎ **Nurture staff wellbeing:** Recognise that well supported staff become champions for young women's mental health. Offer flexible working arrangements and access to external support, cultivating a resilient and compassionate workforce ready to make a difference.

◎ **Ensure equitable and accessible care:** Adopt a holistic, person-centred approach that reaches all young women, especially those from marginalised groups, including neurodivergent, autistic, disabled, and trans young women. Ensure inclusivity and accessibility are guiding principles.

These recommendations are for all mental health service providers including NHS trusts, health boards, independent and voluntary sector organisations.

LOCAL POLICYMAKERS AND COMMISSIONERS

◎ **Guarantee protected local funding:** Secure dedicated, ring-fenced resources for organisations led by and serving women, including specialist and community-specific groups, empowering them to meet the needs of those they support.

◎ **Elevate young women's voices and leadership:** Involve young women, as well as "by and for" organisations, in every step of designing and delivering mental health services. This inclusive approach should extend to related sectors such as housing, employment, sexual health, and substance use.

◎ **Conduct insightful local needs assessments:** Collaborate across agencies and commissioners to ensure the diverse experiences of young women, including those who are racialised, disabled, LGBTQ+, or seeking asylum, are fully reflected in mental health strategies and services.

◎ **Design gender and age responsive services:** Mental health service commissioners (including integrated care boards in England) should ensure that both children and young people's and adult mental health services are developed with gender and age as key considerations. The needs of girls and young women, and trans young people, must be identified and met through co-design and coproduction.

NATIONAL POLICYMAKERS

◎ **Embed gender in mental health strategies:** The UK and devolved Governments should include gender as a key element of future mental health strategies and plans. Northern Ireland's Mental Health Strategy 2021-2031 should incorporate targeted measures for girls and women.

◎ **Take action to reduce prevalence:** The UK and devolved Governments should seek specifically to take action to reduce the prevalence of mental ill health among young women. This could be included within a wider mental health strategy for England, with actions across government to address the causes of rising prevalence among this group.

◎ **Invest in pioneering research:** The UK Government's should fund large-scale research into effective strategies for improving young women's mental health, then spread and scale what works, for the benefit of all.

PILGRIM TRUST

Continue to encourage applications from organisations supporting underrepresented groups of young women: Our analysis of the demographic data from 155 baseline survey responses highlights strong engagement with young women facing inequalities. Notably, 65% have experiences of mental ill health, 29% are neurodiverse or have a learning disability, 23% identify as LGBTQ+, 26% are currently living on benefits or on other forms of financial support (e.g., disability payments), and 18% are from Black, Asian, or minority ethnic backgrounds. However, certain groups are underrepresented including:

◎ Young carers (13%)

◎ Those with a physical disability (9%)

◎ Care-experienced young women or care leavers (4%)

◎ Refugees or migrants (4%)

◎ Those in contact with the criminal justice system (4%).

We captured some perspectives from these young women through focus groups and grantee reports but these groups remain underrepresented and should be prioritised for future funding, given the elevated risks they face for poor mental health. Expanding partnerships with specialist organisations could help widen our reach.

NEXT STEPS FOR THE PILGRIM TRUST

◎ Investigate whether underserved areas have fewer applicant organisations or if barriers exist in the funding process

◎ Share learnings from this report with other funders and explore opportunities for collaboration to encourage further investment in this area

◎ Develop communication materials that showcase the voices of young women with lived experience, including high quality case studies

◎ Share best practice, as identified in the report, of high quality age and gender specific support with frontline service providers.

OTHER FUNDERS

◎ **Nurture regional collaboration:** Support partnerships between youth and women focused organisations within the same regions. Such collaborations, as seen in Belfast, create powerful referral networks and amplify impact through shared learning and resources.

◎ **Champion sustainable funding and shared learning:** Prioritise long-term investment over short-term targets. Encourage funders to share insights, collaborate with grantees, and back both advocacy and direct service delivery. Stable funding unlocks innovation and lasting change.

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To support clarity and accessibility, we made limited use of Artificial Intelligence (AI) tools during the editorial refinement of this report. This use was carefully managed in line with our trauma-informed, survivor-led approach.

APPENDIX 1: ABOUT THE COHORTS

COHORT ONE		
Organisation	**Location**	**Brief project information**
Northern Ireland Youth Forum	Belfast	NI Youth forum promotes the voices of young people, Speaking Truth to Power. With the Pilgrim Trust funding, we have been able to support young women aged 16-24, providing them with a wraparound programme to support them in all aspects off their lives. The programme focuses on mental health and well-being, self-care, personal and social development, building positive relationships, and advocating for young women in areas such as social services, multidisciplinary meetings, housing executive, and youth justice. Young women are supported through weekly group meetings and one-to-one sessions.
Asian Development and Association Bury	Bury, Greater Manchester	Wellness 4 Women (W4W) is aimed at young Black, Asian and minority ethnic women in Bury. We provide a culturally appropriate, person-centred, wrap around service to support their individual mental health needs and to live well in a heavily stigmatized community environment. We provide one to one emotional support, peer & group support, holistic therapy, counselling, fun social activities, employment support, confidence building skills, wellbeing and self-care workshops to improve their mental health and wellbeing. We support young women on key issues affecting them such as domestic abuse, marital/family relationships, inequality, housing, employment & education including benefits advice, advocacy and raising community awareness.
Odd Arts	All of Greater Manchester	Odd Arts is a charity that delivers theatre-based programmes to challenge, change attitudes and enable people to understand the world and themselves differently. Wellbeing Your Way works with young people aged 16-25 to improve wellbeing and mental health through creative workshops that are tailored to the needs of the participants. Working predominantly in criminal justice settings and schools, the Pilgrim Trust supported work allows for running weekly one to ones's and groups that explore wellbeing through different art forms, encouraging discussion, self-reflection, and creativity.
Stockport Women's Centre	Stockport, Greater Manchester	Stockport Women's Centre's delivery method is gendered, holistic, and trauma-informed, not only recognising women's multiple needs but also their potential within the community. We provide support that is tailored to individual need, developed in partnership with women, built on strengths, and takes on a problem-solving approach. We offer one to one support to young women presenting with complex needs where the primary need is mental ill-health to improve their mental health and well-being, ensuring the right support is available. Other activities include drop-in and pop-up sessions, group activities, counselling, and raising community awareness.

COHORT ONE		
Organisation	**Location**	**Brief project information**
Manchester Action on Street Health	Manchester, Greater Manchester	Manchester Action on Street Health is a project supporting women who are sex working and experiencing multiple and complex issues across greater Manchester. Services include drop ins, street outreach, sauna outreach, sexual health nurse, and case work support. The Pilgrim Trust enables us to provide specialised support to women who are aged 18-25 and sex working in Manchester.
Falls Women's Centre	Belfast	This is a women only centre based in West Belfast. The Centre provides a holistic wraparound service to women and their families living in areas of multi deprivation, inclusive of childcare, education, advice, and advocacy. We provide therapeutic counselling, listening ear service, and complementary therapy. We support women survivors of domestic violence, sexualised violence, abuse and rape. Through this project young women can access opportunities to build upon their personal development, engage in community development, and improve their mental and physical health. Additionally, we offer support on issues that affect young women's lives such as housing, employment and welfare benefits advice.
M13 Youth Project	Manchester, Greater Manchester	M13 Youth Project is a community-rooted detached youth work project working in Manchester, developing a variety of youth-led projects and activities alongside young people. The Sistering Project supports young women experiencing increasingly entrenched mental health difficulties to: ▪ Be welcomed and valued in a safe, hopeful, creative and therapeutic supportive community ▪ Engage in creative and therapeutic conversations and activities ▪ Receive mental health support from experienced youth workers and counsellors ▪ Receive holistic and practical support on other issues that concern them ▪ Have fun in a trauma-informed space of safety.
Lighthouse	Belfast	Lighthouse is a suicide support and prevention charity based in the heart of North Belfast. The Ask Twice Project supports young women aged 16-25, living with mental ill health. Programmes are delivered in schools and various community youth settings throughout Greater Belfast, encouraging those in greatest need to seek help. The services offered are personal development-based group work for young people bereaved by suicide, one to one mentoring, mentor training for senior students, wellbeing awareness talks, and counselling. Ask Twice accepts referrals from a variety of sources; self, parents, schools, GPs, youth workers and CAMHS.

COHORT ONE

Organisation	Location	Brief project information
The Counselling and Family Centre	Manchester, Greater Manchester	CFC provides counselling from physical locations and remotely via telephone or Teams for all from 5 years and upwards – individuals, couples, families. The work with the Pilgrim Trust is focused on young women aged 16 to 25 years. Our counsellors are trained in both neurodivergence and trauma awareness, areas which have consistently emerged as being a significant issue during counselling.
The Parent Rooms	Belfast	The Parent Rooms is a mental health charity supporting parents in Belfast. Our Younger Mothers programme supports mums aged 16-25 to increase their wellbeing and resilience through counselling, wellbeing programmes, peer support, and social connection, moving from a place of distress to a place of wellbeing.

COHORT TWO

Organisation	Location	Brief project information
N.E. Youth	County Durham	Healing Hearts & Minds is designed for young women to support them with the tools to navigate life beyond trauma. Young women will start their journey with support from a mentor to co-produce a bespoke programme from a list of services, activities and workshops to support their journey, focusing on achieving a significant improvement of their mental health and wellbeing – namely building confidence, improving self-esteem, and communication. The programme will encourage young women to reflect and consider the goals and hopes for their future so they can start to work towards these.
Gorse Hill Studios	Trafford, Greater Manchester	Gorse Hill Studios is a dynamic youth arts charity, supporting young people aged 5–25 through creative, accessible, and inclusive programmes. Their work blends arts and youth services to promote self-worth, resilience, and aspiration, especially for those facing school or social exclusion or mental health challenges. The Younify project is an early intervention programme for girls and young women aged 15–26 struggling with low-level mental health issues. It offers one to one youth work support for six sessions, followed by six to ten weeks of creative arts therapy, and opportunities to join a youth-led steering group to influence mental health support for young women.

COHORT TWO		
Organisation	**Location**	**Brief project information**
SWAN Women's Centre	Liverpool, Merseyside	Your Mind Matters service - our caring and experienced team provides support to young women navigating difficult times. We offer one-to-one sessions with mental health practitioners to help process emotions, develop coping strategies, manage mental health challenges, and create personalised action plans tailored to support their needs. Our mental health advocate ensures young women access the right support and have their voices heard and respected throughout their journey. Additionally, we deliver group sessions where young women can connect with others, share experiences, and learn from each other in a supportive community.
ARCH Teesside, Youth Focus Northeast, and Middlesbrough and Stockton Mind	Middlesbrough	Hope for Change – Through joint working our young women's participation Worker aims to give young women greater opportunities to influence and improve mental health services in Teesside. All activities are led by the interests and ideas of the young women, with our participation worker guiding the young women to gain the skills and confidence to take part in the project, generate and carry out activities with the aim of influencing local mental health provision. The young women in our most recent group have created a film focusing on the language of mental health professionals and are currently collating requests to present the video as a training opportunity. The project is a partnership between ARCH Teesside, Middlesbrough and Stockton Mind and Youth Focus North East.
Refugee Women Connect	Liverpool, Merseyside	Refugee Women Connect is a charity that works with women asylum seekers, refugees and survivors of trafficking across Merseyside. Our current activities include casework, early action support, and weekly drop-ins where women can access emotional and practical support and activities, including Art, Yoga, English as a second language (ESOL), and women's health workshops. We also offer group and one to one mental health support, including a drop-in worries group, and a group for young women, which focuses on self-esteem, and learning how to manage symptoms. We also provide mental health advocacy to help ensure women, particularly young women, are able to access services which can be difficult to access due to structural and practical barriers.
Youth Federation	Cheshire	Youth Federation is supporting young women aged 16-24 in Cheshire named as the WOW group (Women of the World). All young women have access to early intervention one to one mental health therapeutic provision, but the main project focus is around peer group support where young women can come together to share with, learn from, and empower each other. Group sessions are led by young women and often focus on topics such as body image, healthy relationships, etc. that can contribute to mental ill health, plus the sharing of successes, coping strategies, and creating resources to help more young women in their communities.

COHORT TWO

Organisation	Location	Brief project information
EVA Women's Aid	Redcar, Yorkshire	The project at EVA Women's Aid has three elements - increasing capacity for CYP Counselling, pilot/delivery of our new Eden Programme (targeting young women on the counselling waiting list), and dedicated support from a young women's support worker who will offer practical and emotional support to victims of domestic abuse/sexual violence.
Young Women's Outreach Project	Gateshead, Tyne and Wear	Young Women's Outreach Project has a long history of supporting young women in Gateshead. Our Pilgrim's Trust funding is being utilised to provide counselling for young people, one to one provision, and small group work. We are focusing on transition age young people in the group, looking at those who have been struggling with education and need support to return. A range of issues with the counselling are most often seen in people with a neurodivergence or in the post-16 education stage. We are moving to a flexible model of one to one for those who fall in the place between groups or counselling.
Women's Community Matters	Barrow in Furnace, Cumbria	Women's Community Matters offer a variety of one to one support, courses, activities, support groups and access to specialist services for vulnerable women, young people aged 11 and over, and tailored one to one support for young women aged 16-25, focusing on mental health and wellbeing. We deliver our services with love, care, compassion, and kindness and offer a safe space in which women and young people can make their own decisions about changes they want to make in their own lives. We have a range of volunteering, peer mentoring and helping opportunities for people of all ages.
SICK Productions	Manchester, Greater Manchester	Lives Reimaged Through Art. SICK! is a Manchester-based arts organisation that uses creativity to connect people, communities, and artists, making everyone creators of fairer, healthier futures. Through bold, socially engaged art, we amplify underrepresented voices and transform community-rooted ideas into powerful creative experiences. Working on the intersection of art, health and community, we are rooted in the values of meaningful engagement, courage, joy, inclusivity, and collaboration. We create impactful artistic experiences that challenge inequalities, spark dialogue, and inspire change. Our Young Women & Girls Project supports participants to develop their creativity, while supported by a mental health practitioner, building confidence, self-esteem and skills to navigate life's transitions.
The Birchall Trust	Barrow in Furnace, Cumbria	The Birchall Trust Empowered to Achieve Project aims to empower women (aged 16-25) who have been affected by rape, sexual abuse or sexualised violence through trauma-informed wellbeing support and counselling to stabilise and recover from their trauma, so they can lead safe and fulfilling lives. Over 80% of women accessing our services suffer from moderate to severe depression and anxiety and 68% from post traumatic stress disorder (PTSD). We also provide support through peer support groups, enabling young women to build supportive relationships with other women and have access to ongoing advice/information. This helps sustain/embed improvements in their mental health, confidence and wellbeing.

APPENDIX 2: THEORY OF CHANGE

End goal	Outcomes within the sector	Outcomes within the Pilgrim Trust	Pilgrim Trust outputs	Who?	Pilgrim Trust activity	
To improve the mental health of young women through increasing their access to high quality, age, and gender specific mental health provision.	There is increased **evidence** of the value of age and gender appropriate mental health provision. There is greater **collaboration and sharing of good practice** in the field of age and gender appropriate mental health provision. Those working in this field are better placed to **advocate for good practice/ policy/systemic change**. The Pilgrim Trust is recognised as a **key stakeholder within the sector.**	**Grantees from the open programme:** Ensure that **young women living challenging lives are reached by mental health services**; they do this through service approaches that are integrative and strive for substantive equality. Contribute to a shared learning objective: **To evidence and work to share, models of good practice around age and gender informed mental health services**. Learning-questions will be used in cohort discussions to reflect on this learning objective. Examples will include: (Q) How grantees capture improvements in young women's mental health (Q) How young women can be best supported in their transition from childhood to adulthood (Q) How mental health provision can build increased agency in their lives/ increased awareness of their rights and capabilities. **Policy & delivery organisations funded:** ◎ Evidence increased reach in helping this group of young women ◎ Evidence models of good practice around age and gender informed mental health services ◎ Share 'what works' through networks, policy activity, campaigns or a collective voice. **The Pilgrim Trust:** ◎ Is better informed about the mental health needs of young women. ◎ Uses its independence and convening powers to showcase / advocate for good practice policy/systemic change ◎ Has built a reputation and partnerships within this sector.	Ten to twelve delivery grants awarded annually over three years in duration, at £60k-£100k each. One round per year. Circa 50-60 grants over five years.	The Trust will run the open grant-programme. Future years could involve collaboration with other funders.	The Trust runs the **Young Women in Mind** programme. The grant programme is repeated each year to build a body of grantees to learn from. The programme will be modified if necessary.	OPEN GRANT PROGRAMME
			A collective learning and impact report will be created at interim points throughout the programme. This will reflect on the shared learning objective and the learning questions.	An external evaluator will work with the Trust and the cohort to compile collective learning from the open grant programme.	The Trust creates an **impact framework** to help capture learning from the **Young Women in Mind** programme. This has a shared learning objective and top-line learning questions.	
			A cohort of ten to twelve grantees per year. A series of community of practice meetings that discuss the learning questions.	The cohort will be run in-house, with support from an external facilitator.	The Trust creates a **cohort model for the grantees of the Young Women in Mind** programme. This will meet every two months.	
			Research, briefings, data, networks.	The open programme and further research will identify key agencies and networks.	The Trust considers strategic **grants for research, sector- voice** and strengthening networks (geographic and themed).	POLICY INVESTMENT
			Research, data, policy think-tanks.	The Pilgrim Trust (and with others).	The Trust considers **commissioning** research, mapping, convening meetings, collaborations.	

APPENDIX 3: CHALLENGES OF THE PROGRAMME

Issue	Detail	Mitigations
Increased referrals and demand	Rising need due to the cost-of-living crisis; projects often reacted to immediate economic shocks rather than long-term wellbeing. Some young women avoided group sessions due to post-pandemic anxiety.	Organisations offered remote and one-to-one support; flexible approaches to engagement.
Language barriers	Women who do not speak English as a first language faced challenges in communication, especially in group settings.	Used interpreters during one-on-one sessions; planned new groups tailored to language abilities, including both English-speaking and low/no-English options.
Support for women in sex work	Harder to reach this group through standard outreach.	MASH combined outreach efforts with referrals from partner agencies to improve access.
Staffing challenges	Difficulties in recruiting and retaining qualified staff due to illness, reduced hours, and competition with private sector; some participants preferred culturallymatched staff.	Adopted flexible staff schedules; provided extra support for staff wellbeing; recruited diverse staff where possible.
Location challenges	Lack of suitable venues open in evenings and accessible via public transport; high rental costs; rural participants struggled to attend.	Used online sessions to increase reach; searched for cost-effective, accessible venues.
Reducing mental health stigma	Stigma discouraged young women from seeking help; some hesitant to engage with 'mental health' branding.	Reframed services as wellbeing or self-development; others intentionally used mental health terminology to build understanding and normalise discussion.
Engaging young women	Outreach was challenging for projects new to this age group; schools and youth groups often had existing provision; professionals' referrals less effective than self-referral.	Offered flexible session times and refreshments; invested in rapport-building; piloted new support groups to boost retention.
Supporting young women with complex needs	Participants faced trauma, mental health concerns, and practical challenges. Long-term funding for complex cases was difficult to secure.	Provided holistic assessment, specialist referrals, multidisciplinary planning, and staff training in trauma-informed, culturally competent practice.

CENTRE FOR MENTAL HEALTH

EMPOWERING MINDS:
TRANSFORMING YOUNG WOMEN'S MENTAL HEALTH

Learning from the Pilgrim Trust's Young Women in Mind programme