

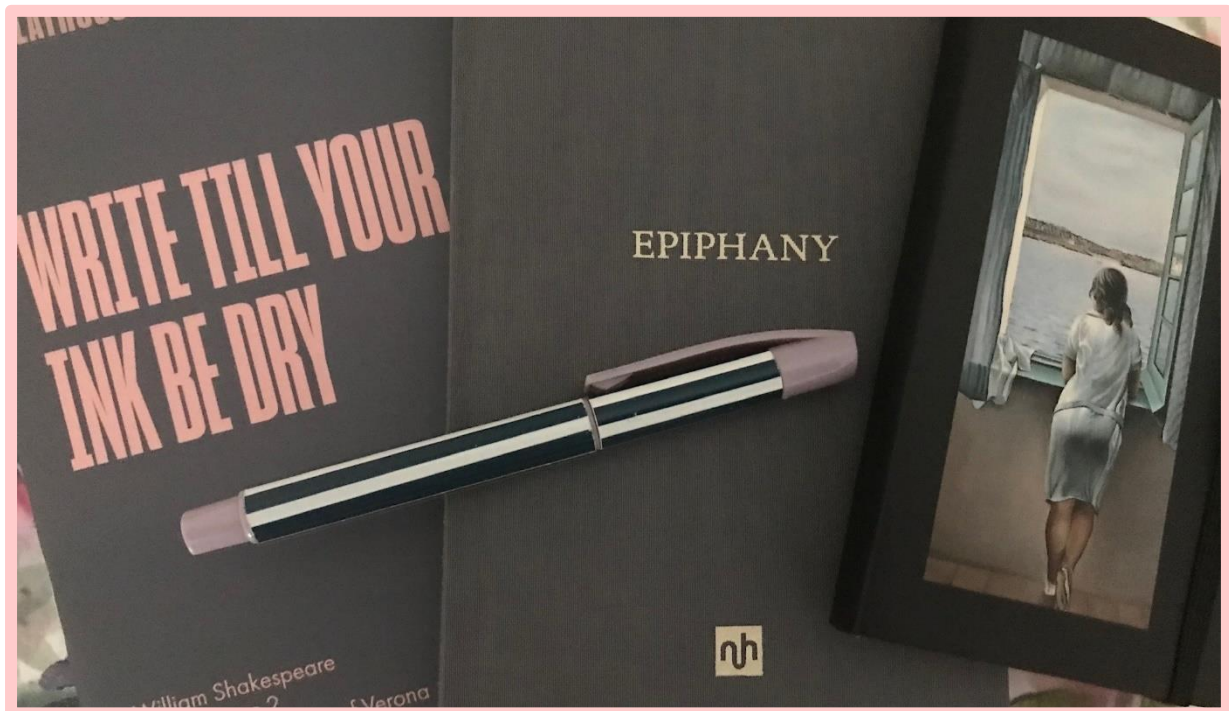


# Women Feeling Seen

**The 51% pilot project in Cheshire and Merseyside**

Evaluation report

Dr Kerry Wilson | 2024



## INTRODUCTION

*Improving Me*, the NHS Cheshire and Merseyside women's health and maternity programme, leads pioneering work in community asset-based approaches to tackling health inequalities experienced by women, including the active promotion of arts-based social prescribing in women's health and social care. Creative initiatives commissioned by *Improving Me* to date include the Lullaby project, and Holding Time, both shortlisted for a National Royal College of Midwives (RCM) international and public health award respectively (2023). This early work also included an ESOL Stepping Stones programme, delivered in partnership with libraries and museums; designed to enable early engagement in the perinatal period and support student placement expansion activity. This was also shortlisted for a National BAME Healthcare Award in 2023. Dr Kerry Wilson, Reader in Cultural Policy at Liverpool John Moores University (LJMU), has been a long-term collaborator with *Improving Me*, supporting the development of logic models and evidencing impact of work designed to reach women who are seldom heard.

*The 51%* project is a recent addition to *Improving Me's* creative health portfolio, run in partnership with Liverpool Libraries, in response to the first Women's Health Strategy<sup>1</sup> (2022). The pilot project included a six-week programme of two-hour, creative and therapeutic writing workshops for women. Sessions were held during successive Tuesday evenings at Liverpool Central Library between April and May 2024. These were facilitated by writer, presenter and creative producer Dr Rachel New. Individual workshops covered topics relating to reproductive health throughout the life course, designed to help reduce taboos and stigma about women's health and ultimately normalise these important conversations.

Participants were encouraged to experiment with a variety of creative writing tools and methods, including free writing, different forms of poetry, and retrospective characterisation exercises including for example writing to one's younger self. A safe space was provided in each workshop for individual and collective reflections and conversations. Upon completion of the project, participants were invited to submit selections of their writing for publication in a digital anthology, following guidance on editing techniques provided by the facilitator. Please see appendix 1 for the full pilot programme.

Dr Kerry Wilson was invited to lead a formative evaluation of *The 51%* project, building on a research framework developed for earlier evaluation research with *Improving Me*. This report summarises research findings, including qualitative participant observation and research interview data. It evidences what can only be termed as profound impacts on participating women's subjective wellbeing, emotional resilience, and self-efficacy. This collaborative programme of research and suite of innovative creative health interventions address key NHS priorities and respond to pressing concerns about the UK-wide gender health gap. This work is subsequently designed to advocate ongoing strategic development of women's creative health across the region, promoting the impact and value of local arts and cultural assets and development of cross-disciplinary, evidence-based policy and practice.

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<sup>1</sup> <https://www.gov.uk/government/publications/womens-health-strategy-for-england/womens-health-strategy-for-england>

## Evaluation Research Methods

An inductive approach was used to evaluate the project, whereby the analysis of patterns in qualitative data allows the identification and development of emergent outcomes and a theory of change in evaluation research. To begin with, this included full participant observation of *The 51%* project in action. The lead evaluator (report author) participated in all six scheduled workshops and fully engaged in all creative writing activities and group discussions. Observation field notes were made soon after each session, enabling full real-time immersion in the creative experience without needing to assume 'critical distance' from the creative process and other group members. Field notes were subsequently analysed for significant outcomes and emerging patterns, creating a narrative observational summary of the experience of taking part for participating women (see Participant Observations section below).

Semi-structured research interviews were subsequently conducted with a volunteer sample of four participating women in total (one in person and three online using MS Teams). All interviews took place in August 2024, to allow time and space for interviewees to reflect fully on the experience of taking part following completion of the project in May. The interview guide (see appendix 2) included questions to enable demographic profiling of research participants; used exploratory questions to consider on an inductive basis the unique impact of the programme for different participating women; and critical incident analysis techniques to enable a more detailed exploration of (and attribution of impact to) the heuristic creative experience. Interviews ran for approximately 45 minutes, were recorded, fully transcribed, and analysed thematically according to emerging, indicative outcomes and concepts described in the Participant Observations section below.

Verbatim interview quotations are used in the report to personalise qualitative data and the project's narrative impact - emphasising the real lived experiences of participating women. These are cited anonymously using pseudonyms matching short biographical profiles included in the Impact on Participating Women section below. Biographical profiles are provided to help frame and understand the impact of the programme *in context*, relative to the varied circumstances and experiences of participating women including families and professional roles and responsibilities.

## Participant Observations

The evaluator and research author engaged fully in the creative process and group activities as workshops were taking place. As such, observation notes were made retrospectively, soon after workshop participation rather than in real time. These are summarised below according to: *Group characteristics; Topics of discussion; Engagement with and response to creative process; and Mapping outcomes for Improving Me* as commissioners of the project.

### *Group characteristics*

A total of 11 women attended the first workshop on 16<sup>th</sup> April and there was a reasonably consistent participation rate across the full 6-week programme, with only one participant attending  $\leq 50\%$  of workshops. The group quickly formed, and sustained throughout, an amiable, safe, and trusting environment encouraged by expertly engaging and inspiring workshop facilitation by Dr Rachel New.

Most participants were middle-aged, with two women in their early-mid 30s and one in their mid-twenties. All were working in (with one woman about to retire from, at the time) para-professional roles, including for example teaching, health and social care and other public service provision. Only 4 members of the group have children and/or have experienced pregnancy.

All expressed an existing interest in creative writing when sharing reasons for joining the workshops, with most describing it as a personal hobby and some women being members of other existing, community-based writing groups. All could be accurately described therefore as being of a creative disposition, which was evident in other hobbies and interests (e.g., music; painting; crafting).

As the sessions progressed, women shared their personal experiences of different challenges and traumas relating to reproductive health and associated difficulties specific to girl/womanhood, including for example romantic relationships; body image; work-based discrimination; and carer responsibilities.

### *Topics of discussion*

Participating women wrote about and shared their experiences of gynaecological illness; trauma experienced through pregnancy and childbirth, including miscarriage and still birth; infertility and involuntary childlessness. Women were courageous, candid, and unsparing when reflecting on their own experiences, which often triggered emotional, tearful responses from other group members and deeply empathic expressions of support and understanding. In their writing and throughout group conversations, women expressed recurring feelings and recollections of sadness, grief, resentment, anger, frustration, incompleteness, and failure.

When contextualising and rationalising personal experiences and emergent feelings in group conversation, participating women would often refer to systemic issues of gender inequality and injustice. Together, participating women were able therefore to recontextualise their individual experiences to consider the role of societal expectations, structural limitations, and other toxic influences on their collective, often directly shared experiences and traumas.

Written excerpts (when read aloud) and conversations would then indicate moments and feelings of **resolution** and **recovery** at times for participating women, linked to ideas and experiences of **self-reflection** and (re)discovery, both within and beyond reproductive and/or gendered boundaries. Women would talk of 'coming to terms with' or reconciling traumatic experiences; educating ourselves and others on women's experiences, limits, and capabilities; and re-evaluating issues of and attitudes towards safety and risk, with enhanced feelings of individual and group self-awareness and care.

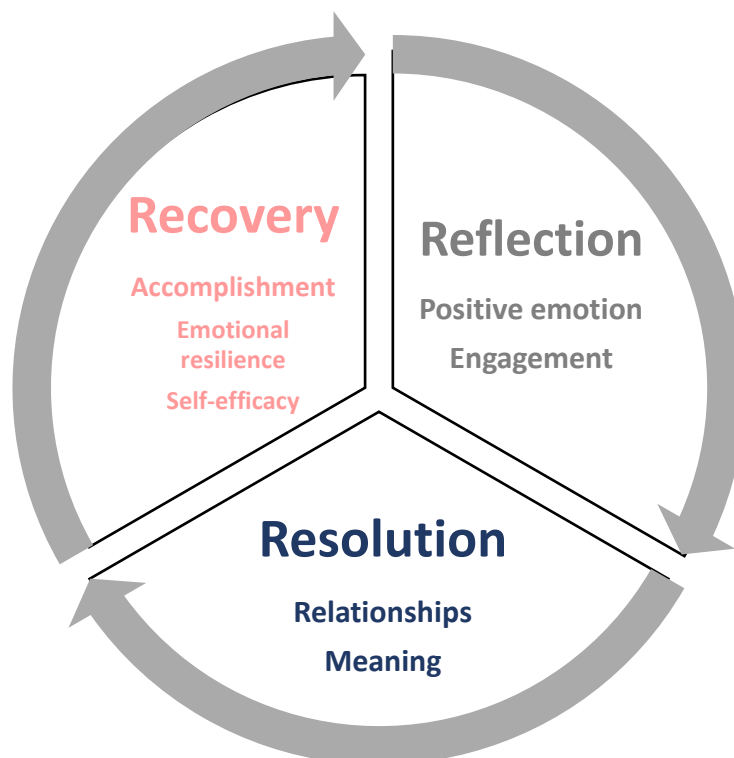
### *Engagement with and response to creative process*

In this context, women frequently expressed feelings of self-development through creative writing itself, with this offering a form of cathartic release for many participants. Women (of all ages) displayed profound maturity in the extent to which they engaged with the creative process, shared their writing by reading aloud, and communicated their emerging thoughts and feelings. The heuristic experience of the workshops therefore has been viscerally beneficial, both in terms of the writing process and the therapeutic qualities of the group setting and dynamics, creating opportunities for conversation, interpersonal connection, and peer learning.

### *Mapping outcomes for Improving Me*

Participant observation fieldnotes and emerging patterns indicated that *The 51%* project would have similar attributable outcomes - and subsequent value to participating women - to the Lullaby project, specifically in relation to subjective wellbeing according to the PERMA framework. This includes the following indicators of subjective wellbeing: Positive emotion; Engagement; Relationships; Meaning; and Accomplishment.

Emotional resilience emerged as an additional outcome for this group of women following this particular form of creative experience. Women would often console, reassure and advise one another in group conversations for example by using good-natured retrospective wisdom and humour. Enhanced self-efficacy as a result of such [creative] emotional resilience was identified as another outcome to consider, which would also complement evaluation research on the Lullaby project and further enable the development of a consistent, reliable creative health research and evidence-base for the Improving Me network. Through fieldnotes and prior research on the value of creativity in women's health therefore, it is possible to model *The 51%* creative health process and its impact, as shown in figure 1 below.



**Figure 1: Modelling the 51% creative health process using PERMA indicators of subjective wellbeing.**

## Impact On Participating Women

### *Biographical profiles of research interviewees*

**Megan** recently celebrated her 60<sup>th</sup> birthday, is married for the second time with an adult daughter living in South England, stepson living in Australia and three young grandchildren. She is part of a big family as the oldest of four children, her mum is now 85. She retired at the end of May from a project manager role and recently moved to her “forever home”. She is now developing her own freelance business as an alternative therapist.

**Jo** is 49 and lives with her husband and dog. She has a close family and friends network, including her sister, and has worked for the NHS for 30 years, along with her sister and husband. She has previously worked as a paramedic and recently took up a new role with NHS mental health trust. She enjoys exercise, including yoga and walking the dog, and crafting such as making jewellery and learning to sew.

**Katie** is 49 and married, with two stepchildren in their early twenties and she is “step-Nan” to a 4-month-old baby boy. She grew up in a blended family where alcoholism was a persistent challenge; both her biological parents have passed away in past five years and she is now caring for her stepfather. She lived and worked overseas in her twenties, experienced bankruptcy and is now a qualified teacher working in NHS acute mental health services. She took up painting 18 months ago as a form of creative expression and is a doting dog-owner.

**Louise** is 36 and single with no children. She is an English teacher who recently left a full-time school position to work independently as an educational consultant. She has family close by and is a proud and loving aunty to two nephews, aged 3 and 11-months. She is an enthusiastic writer and keen traveller, who has published her own poetry collections and is an active member of the city’s writing community.

### *Reflection*

The decision to take part in *The 51%* project to begin with was described as a positive, affirmative action by some women. This included taking part following a recent traumatic gynaecological illness for one woman, as an example of making herself more open to new opportunities and different challenges, with her friend’s encouragement.

“I am usually in great health and had not experienced any interaction with healthcare as a patient before 2023... I had womb cancer in 2023 and it was all a bit of a shock. So yeah, I had to interact with healthcare in a very different way... it was actually through a friend of mine... we had been supporting her and her mum quite a bit because her mum recently passed away and also had cancer... we were diagnosed around the same time... she said to me she thought it [51% project] would be a good idea. She'd read about it, thought it would be something that maybe I would benefit from, and also another friend of hers who has ovarian cancer would maybe benefit as well, so I went reluctantly, [her] other friend didn't, but I did honestly say ‘I can't think of anything worse’, so that's why I'm going to do it. Do you know when you've had an experience and you just feel as though I need to do something different? I need to just do something different with my life.” (Jo)

All interviewees expressed positive emotions felt by being part of a dedicated writing group for women, especially one that provided an equitable, caring, and safe space, with all women describing feeling validated by the experience during research interview conversations. This sense of validation

came from the identification of shared experiences unique to women; the support and encouragement offered through difficult conversations and the sharing of unsettling memories; and the relief of having experiences of pain, frustration and sadness recognised by one's peers.

"I signed up to the 51% workshops because I was intrigued to be around women of different ages, different life situations... Yeah, to not just explore my life's context but to hear from, like, a variety of women... And I think I half expected a group of women talking about feelings... And I half expected it to be open and everything, but it was really heartening to see just how it was even more open than I thought it would be, and the things that people shared... and it felt safe... I think at that particular time... I was relatively fresh out of leaving a relationship and you just get fed one narrative, especially as a woman and that was having an impact on me... thinking 'God, another breakup' and you know, 'oh God, single again'. All those horrible negative thoughts that come with that and then being in a room with people of so many different life situations... married people, divorced people, people who've never been married, people with kids, people without kids... the main benefit I think is that I left feeling much more validated." (Louise)

"I felt that [discussion] was a big bonus from the group really... the way it was facilitated was quite gentle really but nobody dominated... sometimes in those kind of groups some people can take the floor for too long... it never felt that way... I think we all had our moments when we would talk a bit more but when the emotion was really coming out... when others were caught in the moment because it was so emotional, so people respected it... what was different was that people were vulnerable ... and you looked round the room and you could see people feeling it with you and that was really, really validating... and we were all strangers, but we were all women." (Megan)

"I feel as though I need to listen to the conversation and sit back a little bit before I'm happy to do the talking. And I want to contribute for everybody's benefit, not for the sake of it, if you see what I mean... so I found it really helpful and I found it really surprising as well. When you're hearing everybody else's story because you don't feel so alone in that experience... But there was some weeks when it was so like, overwhelmingly, 'oh my God, I need to just voice that for myself'... And I never felt forced into it, because I thought Rachel did it so wonderfully... she's got such a fantastic manner about her, facilitation wise? And you didn't ever feel pressured to do it... But I didn't ever feel as though I wanted to sit back either." (Jo)

"It puts a new sort of dimensional perspective onto [your] thoughts. So, you sort of, you've got the thoughts that are in here and then you're putting them onto paper, which sort of gives them a different dimension again. And then you sort of verbalise them and then you're like, 'OK, oh gosh, this is taking me' ... [it] takes another shape and then... there's reactions from people in the room... things that had caused me, I suppose, sadness... Just got lifted through each step of the process... It just took so much of the weight off... And we all understood and supported and... wow, it was powerful." (Katie)

The creative process in some instances enabled a reappraisal and a coming to terms with the lasting legacies of women's experiences of illness, including for example the finality of medical interventions used to treat medical conditions in relation to women's fertility, identity, and sense of being in the world. In one participating woman's case, this included reconciling the enormity of a hysterectomy in recent cancer treatment.

“I don't want to call it grief, 'cause I feel I'm doing that a bit of a disservice, but it almost helped me grieve that bit... which, you know, affected me greatly and just kind of say bye to it and stuff in a way that I never thought was going to be, or assumed that was going to be possible. I just never thought about all of that, you know. It was just very much ‘I've got cancer. I need to get it out. Just get it out of me’ without thinking about all of the other things that went along with it. And it's only afterwards that I started to think about that. So it was great to address those things for me, but it also taught me, obviously, that sometimes when you think something's going to be really uncomfortable, and it is really uncomfortable, it doesn't mean to say it's a bad thing either.” (Jo)

When reflecting on the creative process itself during research interviews, participating women were grateful for the ways in which the design and facilitation of the workshops supported and enabled them to express themselves freely without any judgement or expectation. This included for example being invited to engage in free writing on a topic for a fixed amount of time, which allowed women to be spontaneous and transparent with real feelings and emotions, without consciously editing or censoring themselves both in their writing and the group discussions that followed.

“It felt quite natural, really... I think the [timed element] of it really helped me as there was no time to panic, to overthink, to sanitise what I wanted to say... it was just ‘write something down’... and then as people started sharing, I thought ‘oh this is okay’ and I was trying not to be too critical of myself, just go with the flow of it. I really got the impression quite early on that there was no right or wrong.” (Megan)

The use of certain literary techniques and forms was also particularly powerful in some instances. Using repetition in poetry during one workshop, for example, whereby a line or phrase is repeated in successive verses, had a memorable impact on one participant.

“That was really useful for me, because when I look back at what happened, at certain things that upset me more than anything else and have stayed with me, it was about baby clothes... so that was my (repetitive) line... so I could get out my frustrations at two nurses sitting on the bed next to me talking about buying baby clothes when I had just lost twins... my biggest [trauma] was how unseen I was by those women and that hurt just as much as everything else.” (Megan)

The injection of humour and irreverence into the project via other writing techniques, underpinned by the relatable and engaging way in which the workshops were facilitated and the cheering atmosphere in the room, was also valued by participating women, in enabling them to consider their experiences from different perspectives and positions of objectivity.

“I think writing wise, some of the tasks, which I think were quite humorous in some senses, but were a really good way of doing it like, you know, talking to your womb in the third person and that sort of thing, which was just like genius. Like it just brought a detachment that you never thought you'd have... You're just able to think about in a completely different way. So I think it's those really creative ways of thinking about it... Rachel, I guess is quite understated in some respects... she's happy to talk about herself, and that gives everybody else permission to do the same... But it's just such a gift, isn't it? To be able to facilitate in that way with such a sensitive subject.” (Jo)

“And just the feeling each week when I would leave just felt like I sort of floated out... I think because it's a privilege to hear people talk about their deepest things. And then to get to share yours... and to share really difficult things and it just land in a safe space. Sometimes



you feel like you can't share those things with people because you don't want to burden them or you're not sure how they'll react. And just to know that you could test it out there and everyone was just so, like, lovely and kind to each other. So that was part of that floaty feeling." (Louise)

### **Resolution**

The relationships developed between participating women in real time therefore played a significant role in their full engagement with the creative process and were a highly valued feature of the experience. Interview narratives evidence a certain re-examination of other relationships through the revisiting of painful and traumatic experiences throughout the project. This was triggered for example by the idea of sharing work produced more widely (beyond the writing group) and instinctively wanting to protect the feelings of others. There are numerous opportunities to share participating women's creative writing woven into the design of the project, including option to invite people to the final workshop, where selected written work is read aloud and filmed; and publishing written work and filmed readings online in a digital anthology.

"If anybody who knew me had heard it, how would I feel then, which I thought was totally different from [sharing with] the group... I suddenly felt uncomfortable... I'd lost a bit of control over it, maybe... At the same time, the benefit for me has been about me acknowledging my own story and that's been the biggest gift of this for me. So maybe I should feel okay about sharing it, that's a big thing that I've been left with... why am I not comfortable telling my own story? What is it that I want to protect people from?" (Megan)

Participating women also shared moving and quite philosophical thoughts on their intergenerational experiences and relationships with other women, including their own mothers, daughters, and granddaughters. This included frustration at successive generations of women enduring the same health inequalities and emotional hardships and a desire to change the culture of intergenerational communication between women, including writing poems (as gifts) dedicated to younger family members.

"I lived away from my family with no real support... My mum and aunties were from that silent generation where you just crack on, so I never really had any chance to talk about anything... and because of [subsequent trauma], it was like [miscarriage] hadn't really happened and it wasn't a big thing. It never got aired, really. I never really got to process it, ever, so that's what this gave me, in writing a story about it, writing a poem about it... and then looking round the room and seeing people filling up, and that was really validating." (Megan)

"I think women just carry shame around things to do with their bodies that shouldn't be an issue. It's just about giving women a voice, finding a language for it really that's not dominated by men... The more we can share experiences and find a common language... I suppose it's a generational thing as well because I very much thought about my granddaughter on the project... I really did and I wrote a little poem for her, the one where you use a word to be the first letter of each line [acrostic poem]... I did that for her using her name because I really felt like I hoped that she would never feel the same embarrassment about her own body. So if we can empower young women and girls to feel confident and not to be intimidated, or ignored." (Megan)

Other women took comfort in the common challenges they shared, particularly for example concerning involuntary childlessness, which can be a difficult reality for women to confront in isolation.

“Normally it's everyone assumes you're a mum, for the first time I was in a space where I was [the] majority and I hated the fact that there was so many other women who had the sadness that I had, and I wanted it to be different for them just like I wanted it to be different for me, but it was a comfort to me to just fit in... to fit in in a room with women 'cause I've never ever fitted in before... These people scaffolded that emptiness... I've never had that scaffold before, and it was just incredible.” (Katie)

Real meaning is derived therefore through the capacity for creative self-expression that can hopefully generate change for women through healthier communication and improved relationships between women. This applies both within and beyond participating women's families and personal networks, including the wider sharing of written work via digital publication.

“If reading it [51% published digital anthology] helps somebody else, I'd be very happy with that. I think it's that thing about being a loner, isn't it? You think your experience is the only one, even though logically and rationally, you know that it isn't... It's nice to know that there are others that have gone through the same thing. Or similar.” (Jo)

“I think the final day when we all did the recordings upstairs, that was lovely because it was celebratory and people cried, people laughed, and everyone clapped and that was just... lovely. So I think it was more than the writing, I don't know, like a sense of...I don't want to use [a] word like sisterhood, that's a [bit] cringe... togetherness.” (Louise)

## Recovery

For some women, the therapeutic advantages of taking part in *The 51%* project were entirely unanticipated but considered to be a significant outcome for them upon completion of the project. This includes realising for the first time the true therapeutic value of creative writing; and having a safe environment to really re-connect with our younger selves and past experiences.

“I don't know if I did go with the idea of needing to get something out... it was just having someone there to bring it out of me... it felt like a therapy sometimes.” (Megan)

“I just never envisaged that I would really sit there talking about all of the stuff that we talked about, but also writing about it. I'd never like, you know, I write for work. I write reports all the time and all that sort of stuff. But I've just never thought about writing for myself... I'd never quite realised the benefit of actually undertaking the writing. So that was a big surprise, a *big surprise* to me. The whole group was a big surprise to me... I never kind of envisaged that I'd be able to do or would enjoy doing that type of writing, so I really enjoyed the exercises. Probably some of them more than others, but I was glad to try them.” (Jo)

“I [thought it was] just a creative writing [course]... I didn't understand when I very first saw it, I didn't make the link of what 51% meant. I didn't realise it was anything just to do with women. I just saw a creative writing group and made the initial contact... it might have been a couple of messages in from Rachel that I actually realised... it was just so much more than I ever could have imagined it. I feel quite emotional about it, really. It gave me so much... It was so incredibly therapeutic to sit in the moment... Think about young Katie and go back on my own journey in a really, really safe space, but go back on my own journey in a subject

matter that I can't imagine anywhere else or anyone else in the world would ever provide me that opportunity, it wouldn't be something I would ever think to do for myself and doing it, I feel like I went back and I held little Katie's hand." (Katie)

Building upon the ideas described above regarding improving intergenerational communication between women on shared experiences and challenges, in a recovery context, participating women spoke of feeling inspired to empower future generations of women to expect better and be less tolerant of various forms of gendered discrimination and demoralisation. This was encouraged through creative writing exercises specifically targeted to our younger selves and subsequent group empathy and validation.

"I think women suffer a lot from generational trauma... that silent 'chin up, head down', keep quiet, crack on, no matter what life throws at you. The disappointing thing I found in the group, from a societal point of view, was how the younger women there were still talking about stuff that had happened to me... why are women still feeling shame, despite all the so-called enlightenment... That was a real insight for me because you tend to think it's just your generation." (Megan)

"... we went through it together again. This time I was there to make sure [younger me] was OK in some ways, and there were other women in the room... who were validating me and little Katie and I got so sad for some people's stories and they got sad for mine, but we all seemed to get stronger through that sadness, and it was incredible." (Katie)

Emotional resilience has subsequently emerged as a key outcome for participating women, including the enhanced ability to acknowledge and be more open about traumatic experiences on an independent basis; appreciate the different interpersonal ways in which women can help and support one another through conversation, empathy and humour; and to translate the reconciliation of difficult experiences into more positive and optimistic messaging for all women.

"Acknowledging and owning my own story is the biggest benefit... it's allowing me to loosen the emotional aspects of that as well... it's not something that I will push aside now... it's out there now. I feel like I've been heard properly for the first time about some of it... I lost twins at 11 weeks... I was 25, and then 5 weeks later, my husband was at [traumatic event] and my life changed after that... we never really had the chance to mourn [miscarriage] and we were never the same after that, ever." (Megan)

"...it was a writing course obviously, but it was actually more than that because it was a bit more like a comedy session at some points, and it was kind of a bit more like a counselling session at others. And it was... a place where everybody could... express what they wanted and be able to be understood... I wish I'd had it in my life a bit earlier." (Jo)

"See I when I stood up to be recorded, I chose a poem, like a piece of writing about my nephews deliberately because I wanted to... contribute something more positive and joyous to it rather than more difficult things I wrote [that] I've kept quite private apart from reading it in front of all of you." (Louise)

Qualitative data also evidences the extent to which women can now use their enhanced emotional resilience and peer validation to be more self-reliant, kinder to oneself, and able to move on from traumatic experiences.

"It's been one of the most beneficial things I've ever done for myself... I've been to counselling for different things over the years, my book shelf is full of self-help books I

haven't read or are well-thumbed, a mixture of both... and yet the value for me, and was such a release, was just being seen by other women... It's taken a level of anxiety away from me, because what it forces you to do... is spend time thinking about something and allowing me to be compassionate to myself... to think 'yeah it was really shitty that that happened' rather than bury it in a box and put it away. It took the edge off it and allowed me to feel more comfortable in my own skin." (Megan)

"I think I was still kind of getting over the whole thing [cancer treatment]... [it] just helped me massively in being able to talk about it, in being able to write down how it felt and [how]different parts of that journey felt... which I just wouldn't have addressed... I would have been carrying a lot of those things with me for a very long time, I reckon, if we hadn't spoken about them... and then after when we got towards the end I did feel as though that bit of me is now done and I can move on, whereas I didn't feel like that before... wow, that is quite powerful, isn't it?" (Jo)

Ultimately, participating women felt a real sense of pride and accomplishment in sharing their stories and belief in themselves, moving forwards:

"You're safe. You've just done it. You're gonna get, you know, this thing is gonna get published. It's your way. It's your reality. It's your heart. It's the most personal things, and it's going to be safe. And it's going to be OK. The [project] was like life changing... Now I'm just like 'this is me', take me or leave me... I could take my pain and I could actually make something out of it that I was proud of." (Katie)

## Summary and Recommendations

Rich qualitative data sets from four participating women show the profound impact of *The 51%* project as a creative intervention in women's health and social care, supported and commissioned by the NHS Improving Me programme. Considered in parallel with participant observation field notes, it is possible to attribute positive outcomes relating to subjective wellbeing, emotional resilience, and self-efficacy directly to participating women's shared creative writing experience, and the inherent interpersonal process of *reflection, resolution, and recovery* described throughout the report.

Returning to PERMA indicators of subjective wellbeing, data show that:

When taking part in *The 51%* project, women experience a range of **positive emotions** linked to the power of creative expression, including feelings of pride, catharsis, and personal satisfaction; the therapeutic benefits of talking and group conversation; the social capital gained through positive peer support and encouragement, and ultimate feelings of peer validation.

Participating women were highly **engaged** with the creative writing process, with each able to attribute relevance and value to specific moments including different creative writing techniques and facilitated group experiences.

**Relationships** feature strongly in impact discourse, including relationships formed in real time between participating women; the value of female friendship; familial relationships between mothers, daughters and granddaughters; and the value of peer support networks. There is evidence to suggest that *The 51%* project has the capacity to improve different relationships for women through better communication and sharing of each other's stories.

The project has derived unique **meaning** to participating women due to its facilitation of a safe space for women to openly communicate with one another; revisit challenging experiences; support one another; and realise the shared power of creative expression in women's health and wellbeing.

Participating women subsequently express significant feelings of **accomplishment** after taking part in the project, linked to pride in the writing they have produced and their ability to communicate often challenging thoughts and feelings connected to traumatic experiences in their written work.

It is also possible to articulate, through qualitative data analysis, why *The 51%* project matters in the wider context of health and social care services, including as a form of treatment and support for women NHS patients but also as a personal development opportunity for NHS staff. Women's health is a key issue for the NHS, given that over 75% of the NHS workforce are women. As the largest single employer in Europe, around 1.85 million employees are female. Given current pressures, it is especially important that the NHS understands the likely impacts of women's health on its core workforce. Inevitably, key aspects of a woman's reproductive life-course will impact on their ability to work and stay in work. The NHS Midlands and Lancashire Commissioning Support Unit published a key report<sup>2</sup> in 2023, highlighting the scale of the problem focusing on menopause alone, which affects 19% of the total female workforce.

*The 51%* project acts as a more holistic, person-centred intervention for patients; potentially reaching those most vulnerable in the mental health care system; and enabling a more nuanced conversation for all NHS staff on the lived realities of women's health and illness, as well as being a therapeutic offer

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<sup>2</sup> <https://www.strategyunitwm.nhs.uk/sites/default/files/2023-10/Menopause%20and%20the%20NHS%20workforce%20-%20QUALITATIVE%20Report%202023.pdf>

itself for all people working in the NHS. It is recommended therefore that the project be adapted and made available via different NHS services and in community settings.

“I could write about how I was going through a very distressing experience and how the health professionals around me didn’t help, not at all. They offered no emotional support whatsoever, in fact, it was the opposite... [creative health projects] allow the treatment of someone as a whole person, not just the procedure they’re going in for... it’s the emotional aspects of it... it’s acknowledging somebody as a person... it’s the experience of being seen... I’ve never really felt supported by health services as a woman, especially after my experiences with endometriosis, that’s just the way it was. That was 25 years ago, I just hope it’s different now but who knows. I’ve had a hysterectomy as well and it’s massive... so having something like this to explore feelings around it, especially for women... people just assume you know the implications of things and what to expect afterwards... it’s helpful to explore what you’re concerned about... I remember after my hysterectomy asking about my next period...nobody sat down and told me anything, I was only 35 at the time... anything that allows you to get things out [like this] matters.” (Megan)

“It makes you think a lot about, you know, 'cause like I say, I’ve worked in healthcare a long time, but it makes you think about... what benefit it could be to other people, especially working in a mental health trust. But also the accessibility... Like if somebody like me wasn't thinking to access that and that [it] was really outside *my* comfort zone... It makes you realise how with some of these initiatives, it's difficult to get to reach the groups that you're really trying to reach, you know? You just start thinking about, well, if other people haven't been able to have that experience and haven't been able to share it in that way, or a way that they feel able to... and write it... what can the long-term damage be of carrying it with you?” (Jo)

“... [a colleague] came back to me and he said ‘I've nursed that lady for a very, very long time and that's really upset me.’... she's basically died, and he's [known her] for such a long time... It hasn't happened while she's been in our care, but... he's just heard of it through the report, and he's looked at the name and [realised]... how do you explore those feelings? And then if you carry on [what are] the cumulative effects of that? Wouldn't it be so great if we just had a facilitated session, like with Rachel in every NHS organisation? Every single week, I reckon there'll be hundreds of people turning up in the end.’ (Jo)

## Author Acknowledgements

*"I am indebted to the team at Improving Me for continued opportunities to collaborate on meaningful research into women's creative health and be part of the movement they are leading in Cheshire and Merseyside, with special thanks to Jo Ward for her exemplary work in bringing together health, creative and academic communities across the region. I am particularly grateful for their inclusive and progressive approach to evaluation research, ensuring it is integral to the planning and delivery stages of all projects.*

*From a personal perspective, The 51% project could not have happened at a more significant time for me. I had major gynaecological surgery in February 2024, after spending over two years on a post-pandemic NHS waiting list and throughout that time, enduring systemic, often harmful, institutional ignorance on women's health and the menopause. On which note, I am grateful to my fellow 51% writers for their camaraderie, their openness, their kindness, their humour, their generosity, their solidarity, their courage, and sheer brilliance. It is a privilege to be changing the narrative on women's health and wellbeing alongside you."*

Kerry Wilson  
September 2024

## APPENDIX 1 – The 51% Programme

**It's a bloody mess!** The first workshop is dedicated to periods. The pain, the inconvenience, the concerns, the impact, and, well, sometimes the joy! Women will share and write about their experiences, from heavy bleeding to menopause and everything in between.

**Am I the only one?** In this session women will have the opportunity to explore some of the more distressing, embarrassing, life-impacting problems they've had with their reproductive cycle, including endometriosis and fertility issues.

**Making babies - or not.** The third week is all about reproduction, women's experiences of getting pregnant, being pregnant, years of trying to get pregnant, and years of trying not to get pregnant. This will be a powerful session and great care will be taken with the women in exploring these topics.

**Your body isn't your own.** Continuing from last week's session the women will discuss and write about being pregnant, giving birth and breastfeeding. For some women this will be a huge topic they may want to stay with into the next session. For some women this will be a very difficult conversation and it will be handled with great sensitivity, with a range of extra prompts and tools for women who need them.

**When you stop seeing red.** This week is all about menopause and perimenopause. The shock of it creeping up on you, the myriad of symptoms, the strange ways in which it throws your life off course, and the light at the end of the tunnel. For women who have not reached this point yet it's a fantastic opportunity for learning and very cathartic for the women who are in it or past it.

**Show and tell.** The final session will offer space to review the work that's been created, and women will share the positives and negatives of the discussions and the different writing tools and techniques. The last hour of this session will be for women to share the work they most connected with over the five preceding workshops.



## APPENDIX 2 – Research Interview Questions

Time/date:

Interviewee:

\*Check consent to record

### About you

To start with, it would be nice to know a bit more about you:

- Home and family life; friends and personal networks
- Work, study and professional life
- Hobbies, interests and social networks (e.g. existing creative interests)

### Taking part in the 51% project

How did you hear about the 51% project and come to take part?

- Referral pathways; self-referral; information sources

What were your personal reasons or motivations for taking part?

Did you have any apprehensions or concerns at the beginning?

How did you find the practical experience of taking part in the 51% project, including for example:

- Completing the writing exercises
- The group discussions
- Sharing your writing in discussions (including for example reading aloud)
- Sharing your work via recorded readings and published portfolio

### The impact of the 51% project

Thinking back to your personal motivations and reasons for taking part, has the project offered the [e.g., time and space, support, inspiration, respite] you were looking for?

- How was this achieved?

Were you able to overcome any apprehensions or concerns?

- How was this achieved?

What have been the main benefits (up to 3) of taking part in the 51% for you:

- 1.
- 2.
- 3.

Developing this last question further, can you identify and reflect upon a particular *moment* or creative experience that felt especially powerful or impactful for you? This could include for example a particular form of writing including an excerpt from your work. Can you describe:

- What happened, where and when?
- What made this incident or experience impactful?
- What were your immediate thoughts and responses to this experience?
- What are your thoughts now? What has changed or developed your thinking?

- What have you learned about yourself from this experience?
- How might your behaviours or practices change and develop because of this experience and learning?

### Recommendations for future 51% programmes

Do you have any practical suggestions for Rachel and the commissioning team on how the programme could run differently, or that might have been useful for you and your peers?

What advice would you give to another woman who was considering taking part in the 51% project?

What key messages or highlights would you give to help explain:

- The role of the 51% in the NHS and women's health and social care?
- The value of the 51% to women?

**Are there any other comments or reflections you would like to make about your experience of the 51% project?**