Empowering girls and young women through Project 1325

Final evaluation report

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Executive summary

The evaluation of WomenCentre's Project 1325 took place from November 2017 until March 2020. Drawing upon previous work in the WomenCentre, and a commitment to women-centred, flexible and holistic ways of working in keeping with the WomenCentre model, the evaluation was grounded in the principles of feminist research approaches and participatory methodologies. The evaluation utilised a co-productive, active participation approach to explore issues collectively with the girls and young women (herein: young women) who came to Project 1325 to evaluate the Project from their perspectives and to centre their needs from and experiences during the Project. This approach to the evaluation facilitated an organic process of learning, exploration and reflection to inform Project 1325's work as it progressed.

Aims of the evaluation and methods of data collection

Project 1325's evaluation had four aims, which were to:

(1) Empower young women to understand and address the challenges they face
(2) Centre the voices of young women in learning and change
(3) Assess and evidence the effectiveness of the early, preventative interventions of Project 1325
(4) Bring about organisation systems change based upon learning from the research

The evaluation collected data with a variety of individuals and groups to address the evaluation's aims. The evaluation began with **five focus groups with young women** who were ongoing cases, shortly followed by **13 observations of one-to-one support sessions** with young women and the Caseworkers through their journeys on Project 1325 and **four retrospective interviews** with young women whose cases were closed. The evaluation then collated **quantitative case records for 117 closed cases**, and conducted **two group interviews with WomenCentre staff**, **and three one-to-one interviews with WomenCentre operational staff**.

Summary of evaluation findings

The evaluation of Project 1325 produced learning on several key aspects of the Project.

The young women's needs, support and outcomes

The young women presented to Project 1325 with myriad needs, dominated by mental health issues (79% of the young women), followed by problems in family relationships (71%), low confidence and self-esteem (64%), experiences of interpersonal/ sexual violence and sexual exploitation (53%), and school issues (incl. being excluded from school and not in education, training and employment) (42%). In the main, the young women presented to Project 1325 with more than one issue, and on average four to six issues. The young women themselves reported that they needed someone to speak with above all, and to so in a safe environment where they knew that they were not being judged. The young women also noted that they needed to develop coping skills and resilience to address their problems, while emotional support dominated their own framing of their needs.

Project 1325 worked with young women in a variety of ways, comprising trauma-informed and emotional support (83% of the young women), support for mental health problems (72%), developing healthy relationships (68%), building confidence and self-esteem (56%), and supporting young women through multi-agency work (50%). Generally, the young women were supported in more than one way and received, in the main, three to six types of support during the Project. The young women valued all the support that they received on Project 1325, and particularly being able to talk openly with Caseworkers about their problems. They also valued developing strategies to cope and knowing that their support was not time-limited while also knowing that they and their needs were centred in the Project and that they could inform the process of work at all points.

The outcomes from Project 1325 took several forms. The main outcomes of the work were concerned with improvements in mental health (88% of the young women), healthier relationships (n=62%), engagement with education, training or employment (50%), and reduced risky behaviours (26%). The young women achieved, in the main, between three and five outcomes from the support and themselves reported various intra- and inter-personal, and professional, outcomes and improvements from the Project.

The young women's Project 1325 journeys

Project 1325's support for young women was in-depth, holistic and tailored to the young women's needs and what they wanted from the support. It focused primarily on empowering the young women to address their needs and to make the changes that they wanted to bring about in their lives.

The Project's support utilised the WomenCentre's women-centered and trauma-based ways of working. The Caseworkers and the young women worked together to help the young women to identify the issues in their lives, how they wanted to address them, and the progress and outcomes that they had achieved. The support then involved the Caseworkers helping the young women to overcome their issues by helping them to develop (or regain) their agency and independence by reinforcing their self-worth and decisions, to build resilience by helping to them release skills and capacities for coping, to celebrate progress and change with the young women by reassuring them of their own achievements in naming and knowing change and making changes, and to support the young women to engage in a process of ongoing reflection and learning in their lives.

Project 1325's support enabled the young women to become empowered and to 'reclaim their own stories', while the young women's journeys through the Project formed part of their wider lives and contexts. Through a process of reflection and learning, the Caseworkers supported the young women to recognise and name turning points (or key moments) in their journeys that enabled them to move on from past experiences or to begin a new stage of their recovery.

Project 1325's theory of change captured the young women's journeys in their own words and from their own perspectives, beginning with their understandings of their starting points (presenting needs for which they wanted support), moving through their empowerment journeys (for example, regaining agency) and their naming and knowing of turning points, and their understandings of the changes and empowerment that they experienced during their journeys. Applying the theory of change to some of the young women's Project 1325 journeys underscored the personalised and women-centred support for each young woman that took place in Project 1325.

The effectiveness of the Project was illustrated by the successful outcomes in individual case studies and in the range of outcomes recorded in the quantitative case record data. The effectiveness of the

Project highlights the importance of early, preventative work with young women in the age group 13 to 25.

Learning from Project 1325 in the WomenCentre

Project 1325's theory of change aligned with the WomenCentre's women-centred and holistic ways of working by focusing on the young women and developing the support journey around their needs. The Project differed, however, from much of the WomenCentre's previous work because of its work with younger women (aged 13-18) who benefitted particularly from intensive, tailored one-to-one support and relational work with the Caseworkers.

The Project was rewarding for all the staff involved in the work, but it was also challenging because of issues with capacity and resourcing. As the Project developed and became more widely known, requests and referrals for support increased and the waiting lists for the Project lengthened. The open-ended criteria, delivery and timescales of the Project, which were fundamental to the support, increased demand considerably.

Key differences existed between the two WomenCentre sites that ran Project 1325, which brought about necessary variations in delivering the Project (for example, in multi-agency delivery). Rather than trying to match delivery across the sites, however, the Project developed organically across sites and best practice was shared between sites.

Co-creating the Project with the young women was challenging because of the difficulties in engaging the young women in this form of input and because of the pressures at the beginning of the Project to begin to provide support to the young women as soon as possible. However, the individualised Project support was always co-created with the young women using women-centred trauma-informed models of working. Utilising social media was also challenging during the Project because of its demands on resources and because engaging with social media as part of a project's strategy was new for the WomenCentre's staff. Developing co-production of all aspects of project work, and utilising social media efficiently and effectively, became aspirations for new work.

In terms of future work, the learning from the evaluation indicated that similar projects should be expanded to include younger women (aged 11-12) to provide support at the key transition point of

leaving primary school and starting high/ secondary school. In addition, staff agreed that the second key transition point of moving adolescence to adulthood should also be a focus of future work.

Finally, the staff expressed an ambition for developing the collective work that had been led by the young women in Project 1325 and had evolved organically out of the support during the Project, particularly in terms of social gatherings and engaging in peer support work around issues relevant to young women and girls.

Summary of recommendations

The following are the main recommendations to emerge from Project 1325:

- *Frontline work*: To ensure that as many young women as possible receive support, and that the flexibility of support is maintained, projects such as Project 1325 need to be better resourced, particularly in terms of frontline casework.
- *Transition points*: Resources need to be invested in supporting young women at key transition points in their lives when they move from primary to high/ secondary school (aged 11-12) and from adolescence to adulthood (aged 18).
- *Managing the Project*: Future projects could consider how to manage and oversee the project effectively and efficiently in terms of the best use of staff resources.
- *Co-production with young women*: Time and resources need to be built into the beginning of projects to ensure that young women and staff are supported in the process of co-producing the project (aims, support materials, promotion materials, etc.).
- *Working with young women*: Future projects should consider how to support young women to come together collectively (for social events and/ or to support each other) and how these collectives might be resourced.
- *Social media strategy*: Time and resources also need to be built into projects so that staff, working with young women, are supported to devise a social media strategy that meets the aims of the project and serves the needs of the project (e.g., reaching young women).

SECTION 1. PROJECT 1325'S RESEARCH AND EVALUATION, AIMS AND RESEARCH QUESTIONS

Project 1325's evaluation ran from November 2017 until March 2020. Utilising a co-productive, active participation approach to research, Project 1325's evaluation centred the voices and experiences of the girls and young women (herein: young women) who engaged with the Project and who took part in one or more parts of the evaluation. This first section of the evaluation report sets out the evaluation's rationale, methodology and theoretical underpinnings, and the aims, phases of work and research questions. This section will also summarise the data collected during the Project upon which the analysis in the remainder of the report is based.

Methodology of Project 1325's research and evaluation

The evaluation drew upon previous work in the WomenCentre, and in particular the Way Forward project which worked with women and girls whose needs were not being met by various services and who were at risk of entering adulthood with increasing levels of disadvantage (Warwick-Booth et al, 2015). The evaluation of the Way Forward found that gendered, personalised and preventative work with young women was effective in intervening with the problems they experience. In addition, by utilising a women-centred, flexible and holistic approach – the WomenCentre model – the Way Forward project centred women's voices and listened closely to women's needs and experiences.

Building upon this previous work, the current evaluation was grounded in the principles of feminist research (Ackerly & True, 2010; Butler, 2005; Maguire, 1987; Webb, 1993) and participatory practice (Argyris, 1982; Burns, 2007; Heron & Reason, 1997; Reason, 1988; Reason & Bradbury, 2007; Torbert, Cook-Greuter, Fisher, Foldy, & Gauthier, 2004; Weil, 1998). The evaluation was primarily concerned with exploring issues collectively with young women to understand the workings of Project 1325 from the perspective of their needs and experiences. In this way, the research set out to ensure that it was co-created by everyone who was involved in the process, and that it facilitated an organic process of learning, exploration and reflection to inform Project 1325's work as it progressed.

Project 1325's evaluation had four aims, which were to:

(1) Empower young women to understand and address the challenges they face

(2) Centre the voices of young women in learning and change

(3) Assess and evidence the effectiveness of the early, preventative interventions of Project 1325

(4) Bring about organisational systems change based upon learning from the research

The evaluation set out to take place over three broad phases to explore a set of related research questions and to ensure that learning from the evaluation could be utilised within the Project as it progressed. One of the main purposes of the evaluation was to construct a theory of change for the Project that allowed for an understanding of the ways in which Project 1325's support helped to empower young women to make changes in their lives.

Phase 1: reviewing Project 1325's methodology and systems

The first phase of the evaluation was preparatory in terms of understanding the tools and processes utilised by the WomenCentre and Project 1325. This phase aimed to explore how existing tools and processes could be utilised in the formation and implementation of the Project's theory of change. Phase 1 also examined processes for identifying outcomes and change for young women in the Project and for capturing learning and good practice in the Project. Phase 1 of the work considered the following research questions:

- Was an existing theory of change utilised in Project 1325?
- How was an existing theory of change understood and implemented by WomenCentre Senior Management Team and Project 1325?
- How were WomenCentre's tools and systems used with young women during the work of Project 1325?
- To what extent were the tools and systems used with young women appropriate for their needs?
- To what extent did the tools and systems measure the differences and improvements that young women experienced through being part of Project 1325?

- To what extent did the tools and systems assess how far Project 1325 met its intended outcomes?
- To what extent did the tools and systems assess the value of early intervention approaches with young women?
- How was learning and good practice from Project 1325 captured and used to inform the development of Project 1325?
- How was learning from Project 1325 communicated with and used by wider WomenCentre stakeholders over time?
- How were data and records kept in WomenCentre and how could data management be improved?

Phrase 2: evaluating the effectiveness and impact of Project 1325, forming a theory of change

The second phase of the evaluation was the most in-depth part of the work and involved the formation of the theory of change for Project 1325 to develop, through co-production, a model by which the young women's journeys and changes may be captured and by which the effectiveness of the Project may be assessed. This phase centred on the support offered to the young women, their journeys through the Project, and the kinds of changes they experienced in their lives through their work with the Project. Phase 2 addressed a series of questions.

On Project 1325's effectiveness:

- To what extent did Project 1325 provide holistic and high quality early preventative support at the points when young women needed it?
- What forms of intervention (ongoing support and shorter, frequent interventions) were utilised in Project 1325 and were they effective?
- To what extent did young women experience a difference in their lives from being part of Project 1325?
- Could the benefits and changes that young women experienced be improved and how?

- How was the WomenCentre model of working used in Project 1325, and could it be improved?
- To what extent did Project 1325 successfully utilise a trauma-informed approach in its work with young women?
- How could Project 1325's trauma-based approach be improved and further embedded for the duration of Project 1325 (and beyond)?
- Overall, what learning themes emerged from Project 1325 and how was this learning used to inform and shape practice and systems change across WomenCentre to ensure services are more flexible and adaptable?
- How could Project 1325's processes and impacts be assessed and evidenced for the duration of Project 1325 (and beyond)?
- How did Project 1325's services differ from/ compare to other services for young women aged 13-18?

On Project 1325's online presence:

- Was the virtual online community created by Project 1325 for connecting with young women safe for them and was its use in Project 1325 effective in reaching those harder to reach?
- How might the online virtual community be further utilised (safely) as part of service provision and support for young women?

On Project 1325's skills, partnership and multi-agency working, and working with wider service providers:

- What worker attributes enabled the provision of high-quality engagement and support for young women?
    - How could workers' skills be improved, if that is needed?
- How did other agencies work as part of Project 1325 (commitment and practice)?

- How were young women referred into and out of Project 1325 and were these referral pathways effective?
- How was Project 1325's multi-agency work evaluated and how was that learning incorporated into the work?
- How could multi-agency working be improved?
- How was learning and good practice in work with young women shared across and between agencies, partners and wider service providers and how could this be improved?

Phase 3: implementing and learning from Project 1325's theory of change

The final phase of the work followed the Project through to its completion and explored the ways in which the Project continued to utilise the theory of change to capture the changes the young women experienced, and how the model was used to work with the young women to understand their journeys through the Project. This part of evaluation also unpicked what worked well in Project 1325 and what could have worked better. Phase 3 considered the following questions:

- How could the theory of change constructed for Project 1325 be utilised for the remainder of Project 1325 and embedded into wider provision beyond Project 1325?
- What were Project 1325's key success factors (i.e., what made a difference to young women, how and why)?
- What worked less well in Project 1325 or did not work as intended?
    - What were the barriers to success and how could they be addressed and overcome?
    - What was not addressed in Project 1325 and how could these issues be considered in the future?
- Were there any unexpected outcomes from Project 1325?
    - What were the unexpected outcomes and what could be learned from them?
- What were the personal and social impacts of Project 1325?
- What were the costs and benefits (economic) of Project 1325?
- How was the co-production with young women embedded into Project 1325?

- How could co-production have been further embedded during Project 1325 (and beyond)?
- How were the voices of young women centred in the development of Project 1325 and in shaping wider service delivery?
- How could co-production with young women be improved throughout the service?

As the evaluation progressed, it became necessary to adapt the design of the work to meet the needs of the Project as it went along. As such, the research questions were not explored and addressed linearly during the Project's evaluation. The evaluation process was such that learning was captured and utilised when it was possible to do so and when learning was needed to inform the Project. For example, at various stages in the Project, the two Caseworkers organised for the Evaluator to come into WomenCentre to take part in a focus group with young women, to observe a one-to-one session, or to access case records. The learning was not, therefore, collected sequentially through the phases but instead when it was convenient for the Caseworkers and, crucially, in agreement with the young women. The Evaluator was also clear through the work that she did not want to interrupt the Caseworkers' support of the young women and wanted, therefore, to remain as unobtrusive as possible.

The evaluation report will not explore the research aims and questions linearly or with equal attention either. Instead, learning will be set out in the report in terms of the young women's needs and outcomes, the work done with the young women, the Project's theory of change, and wider service learning. This format authentically reflects the course of the evaluation and how learning was captured and then utilised in the Project. The conclusions in the final section of the report will refer back to the aims to sum up.

Summary of data collected

The evaluation collected a variety of data during the Project:

- 5 focus groups with young women (ongoing cases) to begin to understand their needs from and experiences during Project 1325, including their desired outcomes from the support;

- 13 observations of one-to-one support sessions with young women and the Caseworkers through their journeys on Project 1325 (including 3 closing sessions) to learn about the forms of support with which young women engaged during Project 1325 and potential outcomes;
- 4 retrospective interviews with young women whose cases were closed to reflect back with them about their needs from, experiences during, and achieved outcomes in Project 1325;
- 117 closed case records for a quantitative representation of presenting needs, forms of support, and support outcomes, collated at the end of the Project;
- 2 group interviews with WomenCentre staff involved in overseeing and running the Project to explore all aspects of Project 1325 (e.g., implementation, learning, concerns); and
- 3 one-to-one interviews with WomenCentre operational staff to explore learning from an operational perspective.

Format of the final report

The report comprises six more sections that explore the learning from the Project. The first substantive section, Section 2*, Young women's needs, support and outcomes in Project 1325*, establishes a profile of the needs with which young women presented when they came to Project 1325, the forms of support with which they engaged, and outcomes from the support.

Section 3*, Supporting and empowering young women on Project 1325*, explores the intricate and detailed ways in which the young women were supported and empowered during Project 1325 to achieve their outcomes and to bring about the changes that they needed, and begins to chart the development of Project 1325's theory of change in terms of the young women's journeys through Project 1325 and their key moments and turning points in support. Section 4, *Project 1325's theory of change in action*, sets out learning from the implementation of Project 1325's theory of change during the Project by exploring individual young women's case studies and the effectiveness of the Project's support.

Section 5, *Project 1325 and organisational learning,* examines wider learning from Project 1325 in terms of Project delivery, capacity and resourcing, Project 1325 in the WomenCentre, and ideas for future work. Finally, Section 6 summarises learning from Project 1325's evaluation and sets out recommendations for future work.

The next section of the report summarises the presenting needs of the young women on Project 1325, the types of support with which they engaged, and the outcomes that they achieved from the engagement in Project 1325.

SECTION 2. YOUNG WOMEN'S NEEDS, SUPPORT AND OUTCOMES IN PROJECT 1325

It emerged during the early stages of the evaluation that the young women who came to Project 1325 varied greatly in terms of their presenting needs and issues, the types of support that they needed to address their needs, the sorts of change that they set out to achieve through the support, and their reflections on support. Setting out the young women's needs, forms of support, and outcomes was the first step in understanding the workings of Project 1325 and in developing a theory of change for the Project. The first phase of the evaluation focused on how support might be understood by speaking with the young women in focus groups about their reasons for coming to the Project, the sorts of support that they received during the Project, and what they thought might be a positive outcome from their support. All the young women who took part in this phase of the work were current cases. In all, eight young women took part in five focus groups (some of the young women came to more than one group).

The first phase of the Project also included the Evaluator's observations of early one-to-one sessions at the start of contact between the young women and the Caseworkers. These sessions involved the Caseworkers speaking with the young women, getting to know them and their needs, completing some of the Project's instruments or tools, and starting to think about the young women's support needs. The analysis in this section also includes learning from the retrospective interviews with young women and learning from the staff interviews and focus groups, all of which took place later in the evaluation.

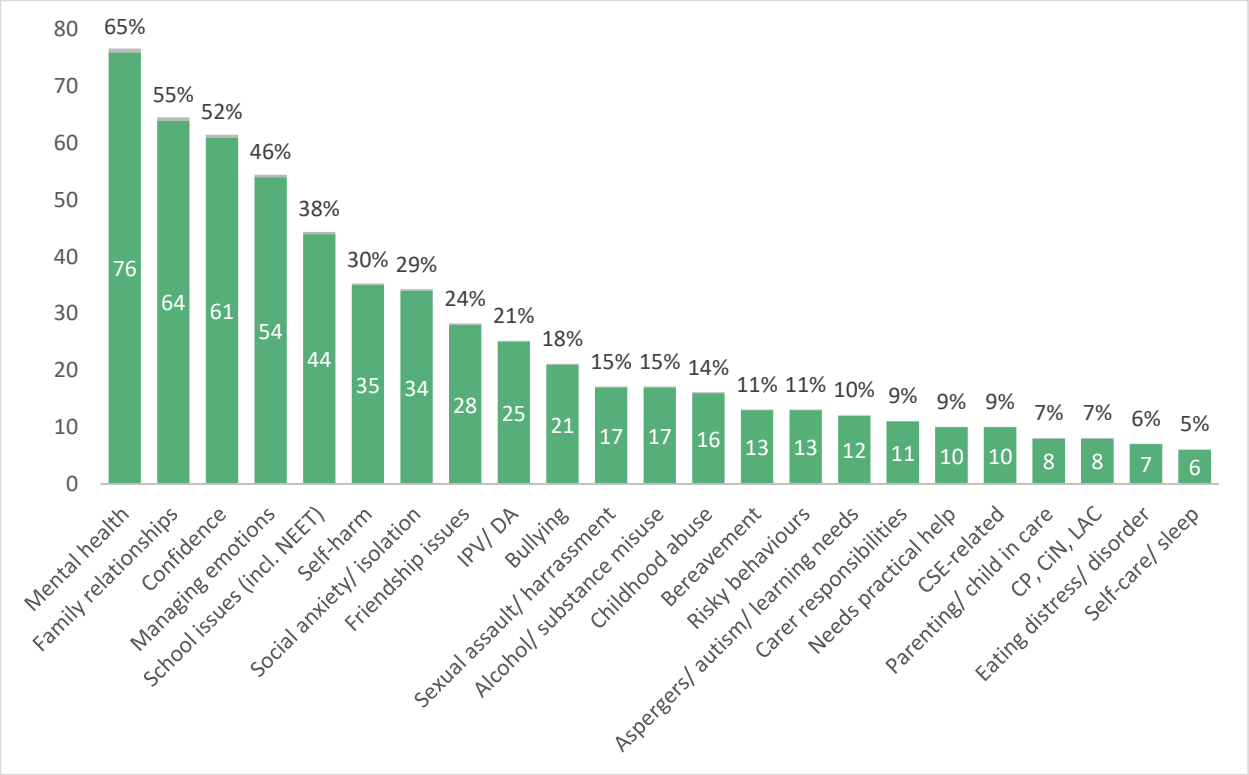
This part of the report utilises the data aggregately (i.e., data are not broken down into individual case studies). Setting out the learning and analysis in this way in the current section enables an exploration of the intricate ways in which young women were supported in the Project in the next section (Section 3, *Supporting and empowering young women on* Project 1325).

2.1. YOUNG WOMEN'S PRESENTING NEEDS

The young women who came to Project 1325 presented with a variety of needs. The closed record data for 117 of the young women illustrate the range of the young women's needs. The data in Figure

1 below include all young women who presented with each need, ranging from the most dominant need (mental health problems) to the least dominant need (offending behaviours). For example, 76 (65%) of the 117 young women for whom data are available presented with mental health difficulties, 64 (55%), problems in family relationships, and 61 (52%), low confidence, while six of the young women presented with problems with self-care and sleep (5%), 7 (6%), problems with eating, and so forth.

FIGURE 1. NUMBER OF YOUNG WOMEN ON PROJECT WITH EACH PRESENTING NEED (TOTAL N=117) [2]



The case record data were grouped to quantify the number of young women who presented with issues across main categories. These groups, and the numbers and percentages of young women who presented with needs in each, are below in Table 1. These data illustrate that the young women's needs were dominated by a range of mental health problems (79% of the young women) that

[2] Needs with proportions lower than 5% have been removed from the graph for ease of display. They were physical health/ disability, 5 (4%), sexual/ gender identity, 5 (4%), social media misuse, 5 (4%), parental domestic abuse, 4 (3%), and offending, 2 (<1%).

included general mental health issues (e.g., depression and low mood), social anxiety and isolation, and self-harm. The second most prevalent group of needs was concerned with problems in family relationships (71% of the young women), including family violence, experiences of care, and parenting. Issues with confidence and self-esteem (64% of the young women), including body image and eating distress/ disorder, also dominated. A large proportion of the young women – over half (53%) – had experienced interpersonal/ sexual violence and sexual exploitation, while 50% presented with emotional needs, including bereavement. Forty-two percent had issues with school, including school exclusion and learning needs and 37% had issues in friendships. Almost one-quarter of the young women, 24%, were involved in risky behaviours, while 9% had physical needs and 9% had practical needs.

TABLE 1. NUMBER/ PERCENTAGE OF YOUNG WOMEN ON PROJECT AND NEEDS, GROUPED (TOTAL N=117)

Grouped need	Number of young women	Percentage of young women
Mental health (incl. anxiety and self-harm)	93	79%
Family relationships (incl. family violence, caring, parenting)	83	71%
Confidence and self-esteem (incl. body image and eating)	75	64%
Experiences of interpersonal/ sexual violence, sexual exploitation	62	53%
Emotional needs (incl. regulation and bereavement)	59	50%
School issues (incl. exclusion and learning needs)	49	42%
Friendships (incl. unhealthy friendships and bullying)	43	37%
Risky behaviours (incl. online) and substance misuse	28	24%
Physical needs (incl. sleep)	11	9%
Practical needs	10	9%

Importantly, the case record data suggest that many of the young women presented with more than one of the needs set out in Table 1, including for example mental health problems, school issues, and

emotional needs. The number of issues with which the 117 young women presented are summarised below in Table 2.

TABLE 2. NUMBER OF YOUNG WOMEN ON PROJECT AND NUMBER OF PRESENTING NEEDS (TOTAL N=117)

NO. OF PRESENTING NEEDS	NO. OF YOUNG WOMEN
2 presenting needs	1 young woman
3	14 young women
4	22
5	37
6	25
7	7
8	7
9	2
10+	2

The data in Table 2 indicate that two of the young women in the Project presented with 10 or more needs. One young woman presented with 11 needs: problems with confidence (including body image), negative emotions and difficulty managing emotions, risky behaviours, problems with family relationships and friendships, experiences of interpersonal violence and child sexual exploitation, school issues (including being out of school provision), alcohol/ substance misuse, bereavement, and parenting issues (having a child in care). Another young woman presented with 10 out of the range of issues: mental health issues, problems with confidence (including body image), negative emotions and difficulty managing emotions, self-harm, problems with family relationships and friendships, experiences with interpersonal violence and sexual assault and harassment, caring responsibilities in the family, and social media misuse.

In the main, the young women presented with four to six needs for which they needed support, and no one profile of presenting needs matched another. That is that none of the young women presented to the Project with exactly the same needs as another young woman. These variances, and

the multiple needs with which the young women presented, illustrates the complexity of many of cases supported by Project 1325. The support for the young woman is explored in Section 2.2 below.

The analysis of the evaluation's qualitative data explored the ways in which the young women themselves talked about their needs. The first question posed to the young women who took part in the focus groups was about what brought them to the Project. In some cases, the young women presented with specific needs for which they needed support: anger, sexual assault, or maintaining or regaining a school place. More often, however, the young women indicated that they came to Project 1325 to seek support for more generalised issues in their lives with which they were having difficulty.

Nearly all the young women in the focus groups noted that they sought support because they wanted to talk about their problems, whatever their needs. In some cases, they wanted help from someone outside of their immediate circles. As one young woman said: *'Someone to talk to who isn't associated with me.'* In some cases, the young women valued an opinion from an external person:

> *"When I think I am [going crazy], I want to ask someone else's opinion if they think the situation I'm in is bad or whatever. And how I'm being treated, is it ok or whatever?"*

The same young woman went on to say: '*I come here because I think that their professional opinion is the most accurate one.'* In all, there was a sense of the young women needing a 'sounding board' to explore their problems and, in many cases, to receive advice on addressing problems.

Spending more time speaking with the young women on the Project, and observing their one-to-one sessions, indicated however that mental health needs were also dominant; all the young women who took part in the data collection mentioned mental health needs explicitly or alluded to issues with mental health. For example, observation notes from a one-to-one session state: *A. struggles with mental health and has trouble keeping a job (because of mental health). A. says her family don't understand.*

> *'E. says that she is coping very poorly and cries all the time. She gets in massive state for ages.' (Observation notes)*

Other young women had been previously diagnosed with mental health conditions (e.g., attachment disorder) and noted in focus groups that they had had long standing mental health issues which had often not been, in their opinion, properly addressed. Some of the young women had previously received support for mental health issues and others had not. Where the young women did not name mental health problems explicitly, they alluded to them in naming other issues. For example, an observation note reads*: E. says that she is coping very poorly and cries all the time. She gets in massive state for ages.*

Mental health needs manifested in several ways and had various impacts on the young women's lives: for example, the inability to leave the house, poor sleeping, problems with eating, and self-harming. Several the young women also named high levels of anxiety as one of their primary issues; nearly all the observation sessions explored anxiety in some form. A note from the observations of a new case illustrates this learning:

> *E. refers to or explicitly mentions her anxiety a lot. She has trouble sleeping and thinks about things a great deal. She also intimates that she might be anxious about her appearance and body.*

Other observation notes cover the same young woman's concerns about her anxiety levels: *E. has had a lot of anxiety over last few days. She is anxious that everyone is staring, judging, laughing.*

A further issue for the young women was around gaining or regaining confidence. One young woman in a focus group said: *'I just wanted a more positive life. I wanted to get the old me back. The confident, the bubbly, outgoing me. Independent.'*

This young woman's focus on restoring 'positivity' in her life is important; several the young women reported experiencing negative thinking and negative feelings that they often found overwhelming and immobilising. Another young woman noted her lack of confidence in all aspects of her life: '*Confidence. Confidence in general. About everything. [I am] not totally comfortable. I am never totally comfortable.'* A further young woman linked low confidence and low self-esteem: *'People's confidence gets knocked and they don't have very high self-esteem and they focus on the negatives because they are thinking about them more.'*

The young women also noted their loneliness and sense of isolation, often because of a lack of confidence and esteem: '*You've got people with strong characters around and you're timid, it just makes it harder, and because my confidence was broken anyway, I just isolated myself.'*

Alongside anxiety and issues with mental health, the young women also presented with a need for emotional support to address particular aspects of their lives, as another note from the observations indicates:

> *L.'s concerns really seem to be about her father. She worries about him because he is 'all by himself'. Her father takes up a lot of her headspace and she doesn't seem to deal very well with her relationship with him.*

Finally, other young women mentioned the importance of being outside of the home for their wellbeing, and their need for the Project to offer them a pragmatic alternative. One young woman said: '*They are helping me to stay out of the house so that's the main thing for my personal health, to stay away from family.'*

'Confidence. Confidence in general. About everything. I am not totally comfortable. I am never totally comfortable. I am never totally comfortable.' (Focus group)

The young women who took part in qualitative work did not, unsurprisingly, frame their needs in the same way as they were recorded in the case records. Nonetheless, overall, the learning suggests that issues with mental health, anxiety, family, and confidence, dominated. However, it is also important to note that naming needs, even in retrospect (e.g., in focus groups) was challenging for the young women. This issue is explored in more detail in Section 3 below.

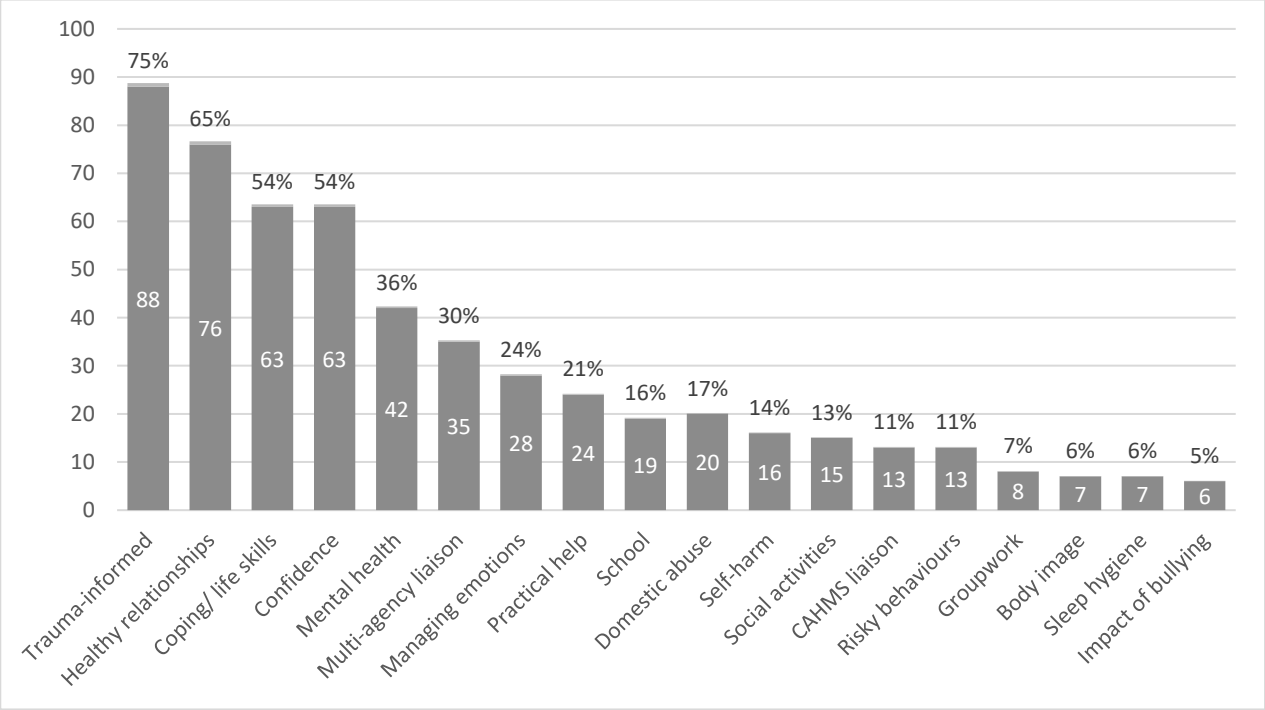
The support offered to the young women was tailored around their presenting needs and the types of support that they said that they wanted. The next sub-section draws again upon data from the focus groups with young women as well as data from observations of one-to-one work from on-going cases and closed record data.

2.2. PROJECT 1325'S SUPPORT

The first part of the current sub-section summarises the types of support across the Project from the case study records, and then explores the young women's and staff perspectives on Project 1325's support.

The case records (n=117) indicate that the support offered to and taken up by young women on the Project varied considerably. Figure 2 below illustrates the range of support accessed by the young women. Support was dominated by trauma-informed work (88, 75%, of the young women) and work around healthy relationships (76, 65%, of the young women), coping and life skills (63, 54%, of the young women), and confidence (63, 54%, of the young women). These forms of support align with the most common presenting needs of the young women (mental health, relationships, confidence, and experiences of violence and exploitation).

FIGURE 2. NUMBER OF YOUNG WOMEN AND SUPPORT TYPE (TOTAL N=117) [3]



[3] Forms of support delivered to less than 5% of the young women have been omitted for ease of display. They were safeguarding 5 (4%), support to counselling 5 (4%), creative therapy 5 (4%), support to apprenticeships/ employment 5

The support accessed by the young women on the Project was also grouped into main categories (.

Table 3 below). The young women's support comprised trauma-informed work and emotional support in the main (83% of the young women), which involved in-depth talking and listening work. Seventy-two percent of the young women had support for mental health, including addressing anxiety and self-harm and developing coping skills. Sixty-eight percent received support with building healthy relationships with family and friends, 56%, work on confidence, including body image and eating, 50%, multi-agency support (e.g., working with Child and Adolescent Mental Health Services (CAMHS)), and 31%, work on practical needs.

TABLE 3. NUMBER/ PERCENTAGE OF YOUNG WOMEN ON PROJECT AND SUPPORT, GROUPED (TOTAL N=117)

Grouped support	Number of young women	Percentage of young women
Trauma-Informed and emotional support	97	83%
Mental health (incl. anxiety, self-harm and coping skills)	84	72%
Healthy relationships (family and friends)	80	68%
Confidence (incl. body image and eating)	65	56%
Multi-agency work	59	50%
Practical needs	36	31%

The case records indicate that the young women generally received more than one type of support. Table 4 shows that the young women received, in the main, between three and six types of support. Indeed, only one young woman of the 117 received only one type of support (addressing risky behaviours), while four of the young women received ten or more types of support.

(4%), gender identity work 5 (4%), substance misuse 5 (4%), online safety 5 (4%), reporting abuse 4 (3%), pregnancy/ child-related 3 (<3%), offending 2 (<2%), deprivation of liberty orders (<1%).

TABLE 4. NUMBER OF YOUNG WOMEN ON PROJECT AND NUMBER OF SUPPORT TYPES (TOTAL N=117)

NO. OF SUPPORT FORMS	NO. OF YOUNG WOMEN
1 form of support	1 young woman
2	7 young women
3	12
4	27
5	35
6	12
7	7
8 forms of support	5 young women
9	7
10	2
11	2

The case records do not suggest that there is a linear relationship between the needs of young women and the support that they then received (e.g., problems with friendships leading to support for developing healthy relationships only) because, as Section 3 explains, the support needs of the young women often changed and developed during their time with Project 1325 as new issues emerged or were uncovered or as some issues, particularly practical needs, were addressed. The next part of the current section explores the qualitative accounts on the Project's support from young women and staff. These accounts begin to set out the range of tailored support available on Project 1325.

All the young women who took part in the focus groups engaged in talking therapy of some form with the Caseworkers, where they sat together to talk about issues and needs and, if necessary and appropriate, came up with strategies to cope with and address needs. It was clear from the focus groups and retrospective interviews that the space to talk above all, and to be heard, was most valuable to the young women. For example, a young woman said, *'What works best is talking. Being*

out and talking.' Another said, *'[It's] just nice to talk about stuff instead of keeping it bottled up all the time.'*

As above, there was also a sense of accessing support to explore issues from someone else's perspective. For example, '*You have a different point of view when you go out and come back.'*

> *'Sitting down, having a chat, just someone being there. I think everyone needs that.' (focus group)*

The young women also noted the importance of being able to come to Project 1325 and to open up to the caseworkers without feeling judged, particularly in comparison to how they felt with family members. One young woman said: '*Having [Caseworker's] help is even better because she doesn't judge like everyone else in the family.'*

Another said:

> *"I feel less judged by [Caseworker]. I'm not saying that my friends and family do anything wrong all the time but it's that feeling that you're not being heard how you want to be."*

Interestingly, a young woman in a closing session noted that one of the most important aspects of her work with Project 1325 was that she *'doesn't feel analysed and judged here and doesn't feel like a patient'.*

Two young women in a focus group agreed that having the space to talk, to be heard, and to seek advice and guidance, is important to them. One of the young women said:

> *"Sitting down, having a chat, just someone being there. Not just having a listening ear but guiding you as well. I think everyone needs that. People who don't have someone there to listen, to have that consistency in your life, it's nice to have someone to listen and to talk to. Not everyone has that person."*

The quote above also makes clear the gratitude that the young women felt for having Project 1325 support and their awareness that it was not available for everyone.

Finally, a young woman noted in her retrospective interview that she valued being able to 'offload' with her Caseworker as someone who was outside of her family and not going to judge. This young woman also acknowledged that such a service is not available for everyone.

> *"Just obviously getting it all out is a weight off, you really need somebody that actually wants to listen and wants to be there for you that's not family and is not going to judge. And I think that's what I needed to be honest. [An] outsider, I think that's what some people need. Some people don't have that."*

In all, talking and being heard, without judgement, were the most important parts of support on the Project. Indeed, general notes from the observations of new cases indicated that the young women requested talking therapy first from the Caseworkers, particularly if they were not sure what they wanted from engagement with the Project until they had spent some time with the Caseworker.

The learning indicates that some of the young women also requested, and benefitted from, more practical support from the Caseworkers, particularly around their wellbeing. For example, one young woman in a retrospective interview noted how the Caseworker had helped her with practical tips to address her difficulties with sleeping:

> *"I was having a lot of problems with sleep as well. I was having a lot of nightmares and that caused me to become bit of an insomniac and stay up all night because I didn't want to go to sleep. And she really helped me that as well because she gave me this little homework thing, I guess, where she told me to stay awake for as long as I could until I was exhausted and then go to bed. And then timing it, just bringing back the time when I started going to bed."*

The young woman and the Caseworker monitored this process over time and the young woman noted in her retrospective interview that this strategy had been a '*massive help'*.

'I was having a lot of nightmares and that caused me to become bit of an insomniac and stay up all night because I didn't want to go to sleep.'
(Retrospective interview)

Other practical strategies utilised by the young women during their support included a list of coping skills cards (to consult when the young women met a challenge), journaling (where the young women wrote down how they were feeling as a way to release their anxieties), 'feeling better' toolboxes (which contained personal and comforting items that helped the young women feel better about themselves in particular situations), mindful colouring (another way to release anxieties and to achieve a relief, if it was needed), and breathing exercises (for moments of panic and anxiety). The young women noted in the one-to-one sessions that they used these strategies and found them useful.

A young woman described a more detailed example in her retrospective interview about how the Caseworker had helped her to address her anxiety in college with teachers:

> *"One problem I was having in college was talking to the teachers. So, what [Caseworker] got me to do was basically talk to teachers outside of lesson time, to let them know what I was doing and that I do have anxiety that I'm working on. And just so that I had that reassurance that I could say something. So, that made it easier to put my hand up and ask questions. […] And that made it easier as well when I was having a panic attack to just so signal to one of the teachers. And then I'll be able to leave, calm myself down and come back in. […] Even when it came down to how to word what to say, I would panic and think if I'm misunderstood or say something wrong, but [Caseworker] gave me a specific question to ask, and then that had really helped. Because I know that I've got the reassurance from someone else that it's okay to say that exact thing."*

Another young woman reported in one of the focus groups that the Caseworker had helped her by putting together a 'self-harm package' to use when she felt like self-harming:

> *"I had a self-harm package. If you felt like self-harming or hurting yourself, instead you get this bag with things in it – a bendy pencil, bouncy ball, slinky, just random things. An elastic band that you might ping."*

The young woman noted then that she utilised this practical strategy whenever she felt like she might self-harm. These examples illustrate the ways in which Project 1325's support was tailored to the young women's individual needs. The personalised nature of support offered to young women on Project 1325 was its most important feature.

All of the data from the focus groups, observations, retrospective interviews, and staff interviews, indicated that the form of support offered to, and taken up by, the young women varied and was decided between the Caseworkers and young women (e.g., *'It's centred around me. Whatever I want to do in the session, [Caseworker] supports.*'). Indeed, all the young women were clear that support was based around the needs with which they presented at the start of the Project and directed towards issues that emerged as the support progressed. This women-centred needs-based support follows the holistic, women-centred approach (see Appendix 1) embedded within all the work of the WomenCentre.

> *My approach is person-centred. I want to know the young women as a person. (Staff interview)*

The woman-centred approach places the young woman at the centre of support, and ensures that she is provided with a keyworker, a safe space, and consistent engagement. The ethos of the women-centred non-judgemental approach is that support is built around trust, listening, and empowerment, where the support is nurturing, and relational. Crucially, the women-centred approach is in-depth, holistic, and part of wider support networks. Section 3 below sets out learning from the evaluation of how Project 1325's support responded to the needs of young

women throughout their time with Project 1325. In describing this approach, the Caseworkers noted that:

> *Ultimately, it's around the kind of consistency the flexibility, perseverance, particularly if somebody is quite anxious or struggling to engage, the kind of warm approach… we're not clinical [and] it's very friendly. It's a lot more relaxed, a lot more informal. Although, obviously, we've got to be a boundaried in some way, I can't be sat there with them for three hours long, but you know, it's just a less kind of formal.*

This sense of informality and comfort was also valuable to the young women who often discussed their ease with the Caseworkers in the focus groups and the retrospective interviews. For example, one young woman in her retrospective interview said:

> *[Caseworker] just introduced everything and what her roles could be and she and I… she didn't force anything. It was like, if you want to see me again, just message me. So, it was completely up to me If I wanted to speak to her. But she just kind of came and just listened. Whereas other counsellors that I've had, they've been, well, this is a solution, you should be doing this. Whereas [Caseworker] listened and understood more than what other people did.*

In terms of developing a women-centred approach for each young woman, one of the Caseworkers noted that she always uses a person-centred approach:

> *[My approach is] person-centred. I want to know [the young women] as a person. I don't think that I know how to work with somebody that is anxious because I've worked with 72 young women that are anxious, because I want to get to know them as a person, and I try and put myself into their shoes: What would it be like if I lived in their life, what would I be searching for? So, I always make it very, very personal and my approach is to never assume and just know that every single referral is different, I just never know what I'm working with. And never believe that you're going to know how to work with this next person.*

This approach involved not only paying attention to the whole person and her needs in Project 1325 but was also about ensuring that the approach to the work was empathetic. This empathetic approach was noted by the Caseworkers and other staff in the staff interviews and groups. For example, a staff member said in her interview that she always draws upon her own experiences as a young woman, and now a professional, in her support:

'What would it be like if I lived in their life, what would I be searching for?' (Staff interview)

> *"So, I work very much empathetically, and I try and feel my way through it, and just connecting back into that experience, being a young woman and how difficult it is, while also realising that I'm not a young woman anymore. Times have changed, I am a professional, so I'm coming at it from a different view, but I think it's just useful for us to… like that person-centred stuff like Karl Rogers says about walking alongside. [Learning] to use your gut, learning to work intuitively with young women as well, because we've all been young women."*

In addition, the Caseworkers and other staff members discussed the importance of a trauma-based approach in their work on Project 1325. For example, a staff member noted in her interview that the starting point of her engagement with young women is knowing that they have come to the Project because they have a particular level of need:

> *"Definitely a non-judgmental and a trauma-based approach. When I mean trauma-based, I always think, 'They come to me, they've got a certain level of need', and that certain level of need may have been based on what they're calling a traumatic experience, their version of a trauma to my version of trauma might be really different, but my belief is that if they're affected by something that's impacted their life, and has impacted them every day, and can be classed as them as a trauma, I treat that as a trauma."*

Developing upon this idea of trauma as a subjective experience, another staff member noted in a focus group:

> *"The approach that everybody seems to be calling 'trauma-informed' but we at WomenCentre have always called a holistic way of working. That is our approach to working with girls and young women on Project 1325. So, we look at the whole person and we look at what's happened before, what's brought [them] here and what [they] want to be different. It's a very holistic trauma-informed way of working."*

The same staff member went on to say:

> *"The definition of trauma… sometimes when we think about trauma, we think something horrible, maybe a sexual assault or act of violence, but meeting some of these girls and young women… even transitional experiences are really quite traumatic, not at act violence or a sexual assault. It completely kind of turns their life upside down, learning how to respond in different environments, learning how to be all these codes, all these social rules that you don't know about. [It's] really quite traumatic, in the widest sense, that's the model that we use."*

Another staff member noted that her approach draws upon many of the different elements of the women-centred approach that is flexible, open, and trauma-informed:

> *"Person-centred, client-led, offering different spaces and different times, perseverance, space, quietness, comfort, all those things they want. And working in a trauma-informed way. (Describing the start of an ongoing case) I didn't know what that trauma was that point, but I knew there was trauma there."*

In this way, the focus on trauma as subjective, individualised, and dependant on the young women's previous experiences and presenting needs, forms a core part of Project 1325's women-centred way of working. A staff member noted in a staff focus group:

> *"Trauma-informed [support] is a way of working that we have always had at WomenCentre. Our way of working is called trauma-informed, but we've always done it, we have always*

responded to the fact that women have had some kind of trauma in their lives. (In discussing the case above), people don't present in that way unless there is trauma, unless something is deeply unsettling them."

Another staff member in the same staff focus group said:

> "*A trauma-informed and women-centred approach are the same thing; it is looking at where a woman is and what she needs to build up that trust. Women wouldn't engage if we didn't have that approach. Women need to build up trust and to feel that it is a safe place, so they can start to have that conversation, can talk about what is going on, to trust us to support them to make those changes.*"

> *Person-centred, client-led, offering different spaces and different times, perseverance, space, quietness, comfort, all those things they want. And working in a trauma-informed way. (Staff focus group)*

The support with which the young women engaged was then, crucially, developed between the Caseworkers and the young women and based on the WomenCentre's women-centred and trauma-based way of working which places the young woman, and her voice and needs, at the centre of the support. The case record data set out the range of support on Project 1325, and the Project's focus on trauma-informed, emotional support, mental health, and healthy relationship work. The young women who took part in the qualitative part of the evaluation focused on the importance of having someone to speak with, without judgement, when they needed to, and their need for particular kinds of help (e.g., with sleeping) at particular points in their support.

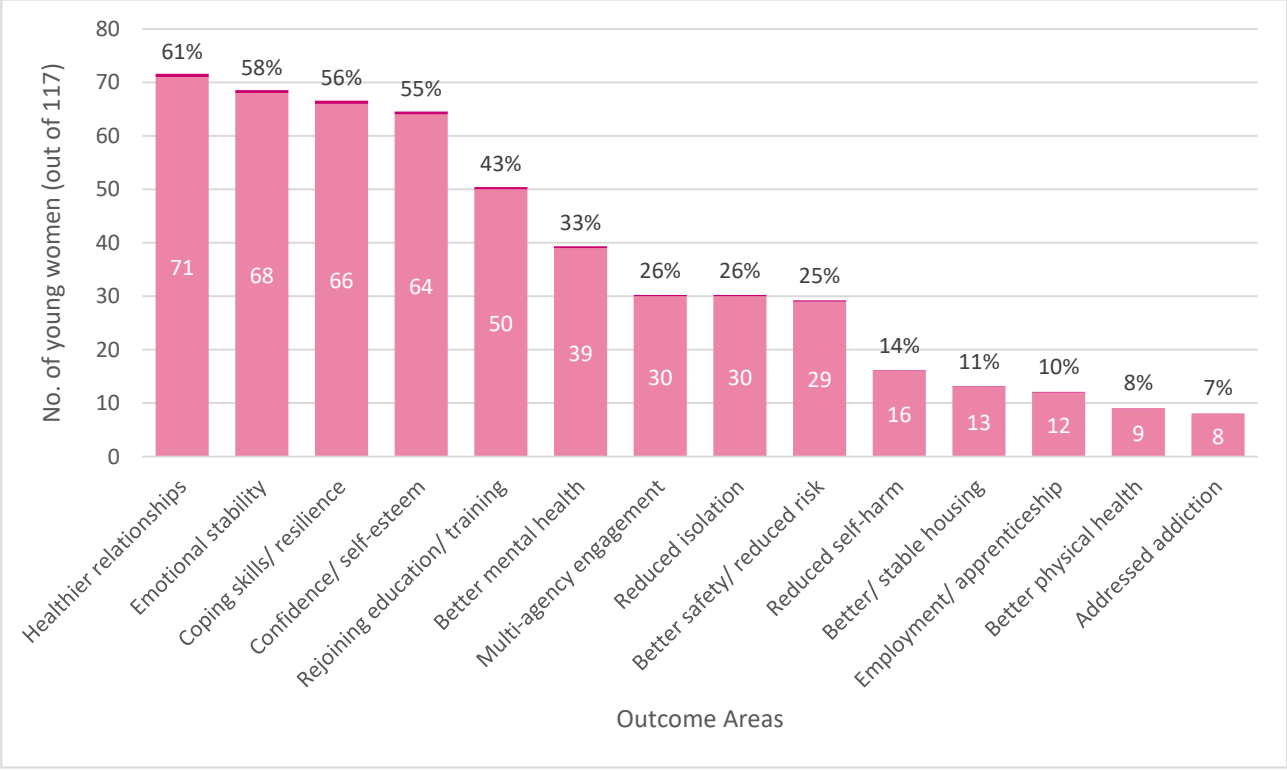
The final sub-section – Outcomes from Project 1325 – introduces observational data from sessions with closing cases. These sessions involved the Caseworkers and young women reflecting on the young women's support and completing the final Tree tool and Journey ('scale') tools. The Tree tool (see Appendix 2) captured the young women's worries in their lives ('the bugs') and the more positive aspects of their lives (the 'leaves') at various points during the support. The Tree tool was used first close to the start of support, incrementally at review points in the support, and then in closing

sessions. The young women added or removed 'leaves' (e.g., nice home) and 'bugs' (e.g., problems with friends) as they went along. The scale tool (see Appendix 3) comprised 10-point Likert scale questions to do with the young women's wellbeing (e.g., about coping mechanisms). Both tools were useful in the Project because they offered a way to capture aspects of the young women's changes as they went through the support. The Tree tool was particularly useful because it visualised progress through the Project. The data from the closing sessions illustrate the 'note' on which the young women completed their support and the sorts of changes in their lives that they themselves named. This sub-section also includes quantitative data from case summaries.

2.3. OUTCOMES FROM PROJECT 1325

The data from the 117 closed case records indicate that the young women achieved a range of positive outcomes from Project 1325's support. These outcomes are summarised below.

FIGURE 3. NUMBER OF YOUNG WOMEN AND OUTCOMES (TOTAL N=117)



The most frequent outcome achieved by the young women was concerned with improvements in relationships (with family, friends and partners). Seventy-one of the young women (61%) achieved

this outcome from the support. Sixty-eight young women (58%) achieved emotional stability, 66 (56%), developed better coping skills and resilience, and 64 (55%), developed better confidence and self-esteem. Other outcomes included re-joining education or training (50, 43%), better mental health (39, 33%), reduced risky behaviours (29, 25%), reduced self-harm (16, 14%), and gaining employment or an apprenticeship (12, 10%).[4]

The outcomes that the young women achieved were also grouped into categories in Table 5. The main outcomes from the work were concerned with better mental health overall (90% of the young women) including increased confidence, better emotions and coping, and reduced self-harm and isolation, followed by healthier relationships with family and friends (62%), engagement with education, training or employment (50%), reduced risky behaviours (26%) including substance misuse, working with other agencies (26%), and practical improvements (26%) with, for example, sleep and housing.

TABLE 5. NUMBER/ PERCENTAGE OF YOUNG WOMEN ON PROJECT AND OUTCOME, GROUPED (TOTAL N=117)

Grouped outcome	Number of young women	Percentage of young women
Better mental health (incl. confidence, emotions, coping, self-harm, isolation)	103	88%
Healthier relationships	73	62%
Engagement with education, training or employment	59	50%
Reduced risky behaviours (incl. substance use)	31	26%
Working with other agencies	30	26%
Practical outcomes (e.g., sleep, housing, finance)	19	16%

The case records indicate that the young women, by and large, achieved more than one outcome from the Project. Table 6 shows that the young women achieved three to five outcomes, in the main,

[4] Outcomes for less than 5% of the young women removed for ease of display: income/ better finances, 5 (4%), better sleep, 3 (<3%), and improved parenting (3, <3%).

from the support. Indeed, only six of the young women achieved only one outcome – in two of these cases, the young women disengaged or finished the programme early.

TABLE 6. NUMBER OF YOUNG WOMEN ON PROJECT AND NUMBER OF OUTCOMES (TOTAL N=117)

NO. OF SUPPORT OUTCOMES	NO. OF YOUNG WOMEN
1 outcome from support	6 young women
2	9
3	21
4	24
5	23
6	9
7	5
8	7
9	7
10	1

Again, it is important to note that the case records do not suggest a linearity between the young women's presenting needs, types of support, and outcomes achieved; rather, the outcomes were based upon the tailored work between the Caseworkers and young women that developed as the support progressed (see below).

The data from the observations of the ongoing cases and the closing sessions illustrate the ways in which the Caseworkers worked with the young women to reflect on the support and the changes in their lives as the support progressed and then came to an end. In the closing sessions, the Caseworkers asked the young women to reflect upon their experiences in the Project and to focus upon naming their achievements in the Project and the ways in which they had brought about the changes that they wanted. These sessions enabled the Caseworkers and the young women to ensure that there was a sense of closure to the young women's support. The Caseworkers always reminded the young women that although the support was closing, they were not being 'removed' from the

Project and they could, if they needed to, begin support again. This reassurance was crucial for young women in terms of ensuring that they did not feel abandoned or isolated. The Caseworkers also discussed closing support with the young women before the closing sessions to ensure that the young women themselves felt that they had made enough progress in their support and were ready to close. These conversations began well in advance of closing sessions so that the young women and the Caseworkers could work towards that point together.

The learning from the closing sessions indicates that, utilising the Tree tool in particular, the young women were able to identify the ways in which their lives and circumstances had improved and how they had, through the support, addressed problems in their lives. One such case concerned a young woman who had come to the Project because she had experienced sexual assault. This young woman's outcomes were practical in the main as she achieved the goals that she had set for herself during the support; she had got a job, was learning how to drive, had gone back to college, and was shortly moving into her own home. The young woman also described the personal changes that she had achieved: being able to embrace change in her life and leave her 'comfort zone', moving on from past experiences and no longer being defined by them, positive thinking (as opposed to previous negative and obsessive thinking), reduced anxiety and self-blame, better self-love and self-esteem, a renewed enjoyment of everyday life, and a feeling of being able to '*take care of*' issues now. In addition, the young woman also reported improved relationships with her family, and particularly her mother. Crucially, she also noted that she was able to return to the location where she had been sexually assaulted, which marked a significant turning point in the young woman's support and recovery. (Section 3.4 *Journeys, moments and turning points* returns to the idea of turning points in detail.)

The observation of a second closing session highlighted similar learning. This young woman had come to the Project because of mental health issues and anxiety. During the closing session, she reported that she had had some anxious periods lately but had recovered from them more quickly than previously. The Caseworker was careful to note that this quick recovery was a significant outcome in itself. The young woman also noted several other positive changes and outcomes which were, again in this case, practical (training and becoming self-employed, interacting with customers, planning for

the future with her boyfriend, and developing a better support network). The young woman also noted other important changes that she had achieved over the course of support: reduced panic attacks and quicker recovery from anxiety, and reduced overthinking, better coping skills, better confidence, and more positive relationships with her family.

Similarly, another young woman reported several changes in her closing session. This young woman's progress was around stopping self-harming and addressing her depression and mental health issues. During the support, she noted that important learning for her was the realisation that self-harming would not, ultimately, make any difference to her or bring about the sense of relief that it used to do. The young woman also reported during the closing session that her anxiety levels had much reduced and that she had become much more assertive and confident in dealing with issues in her life.

All these changes and outcomes were captured as the Caseworkers and young women worked on the final Tree tool and reflected on the support. The process of reflection was, however, challenging for the young women and often a difficult part of their support. The importance of reflection in the young women's empowerment was illustrated throughout the Project and is explored in more detail in Section 3 next.

SUMMARISING YOUNG WOMEN'S NEEDS, SUPPORT AND OUTCOMES IN PROJECT 1325

The young women presented to Project 1325 with various needs. While some young women came to or were referred to the Project to be supported for specific needs (e.g., anger issues) or because of specific experiences (e.g., sexual assault), most needed support for more generalised issues such as mental health problems and anxiety, and poor or low confidence. Overall, the young women needed someone to talk to and to be heard.

The support offered to, and taken up by, the young women on the Project was based on their presenting needs and the support that they themselves said that they wanted. This support was at many points devoted to talking with the young women and exploring issues with them and, at other points, more pragmatic according to need. Crucially, the support on Project 1325 utilised the holistic

women-centred model that is applied throughout the WomenCentre's work. Utilising this model ensured that the support always placed the young woman at its core and that the work was flexible and reflexive according to the young woman's needs.

The young women reported several positive outcomes from their support, including much reduced anxiety and improved mental health and greater confidence and esteem, and practical and inter- and intra-personal improvements in their lives. The learning from these conversations provided a foundation through which the work of Project 1325 could be better understood, and particularly the individualised and nuanced ways that the Caseworkers and young women worked together throughout the support. It is important to note that the case records did not indicate a linearity between the young women's presenting needs, forms of support, and final outcomes. Certainly, the support that was decided between the Caseworkers and the young women developed through an assessment of the young woman's presenting needs. However, as the learning in the next section illustrates, the support unfolded in nuanced and organic ways as the support relationship between the Caseworkers and the young women developed, new issues and needs emerged, and the young women experienced changes in their lives, and themselves, as they went along.

This learning is explored in the next section, which sets out the evaluation's analysis of how Project 1325 supported the young women to address the issues in their lives through intensive women-centred and holistic support.

SECTION 3. SUPPORTING AND EMPOWERING YOUNG WOMEN ON PROJECT 1325

Early learning from the evaluation of and reflections on Project 1325 suggested that the young women's engagement with the work became a process for them, or a *journey*, that not only addressed their presenting needs but brought about a broader empowerment that had significant impacts on their wellbeing and wider lives. This section of the report sets out the analysis of the ways in which the Project's Caseworkers supported the young women to address issues, bring about changes, and become empowered, through intensive women-centred and holistic support. The Caseworkers worked alongside the young women in a variety of intricate ways to help support them to recognise their issues, (re)discover their agency, develop resilience, reflect on and accept themselves, and celebrate, and name and know, progress. The learning in this section is derived from an analysis of all the qualitative data collected for the Project, and the learning with the young women in particular.

3.1. RECOGNISING ISSUES AND FOSTERING AGENCY

Early learning in the Project indicated that the young women struggled, at times, to clearly identify and name the problems that they were experiencing. This was particularly the case for young women who were new to the Project and who were yet to engage in an in-depth process of reflection. The Caseworkers always started one-to-one sessions with open questions about how the young women had been feeling lately, if anything had happened or changed, and if there was anything that they wanted to talk about. Some of the young women had issues in mind that they wanted to raise and consider, and they were given the space by the Caseworkers to do so. The support sessions were therefore led by the young women. In other cases, or alongside, the Caseworkers utilised various tools to help the young women to identify and name their problems. In these cases, the Caseworkers worked carefully and slowly with the young women to bring them to a point where they could themselves recognise and name issues.

An observation of a first one-to-one session with a new referral illustrated the use of one such tool. The young woman attended the first session with her mother who, at times, dominated the

discussion. To refocus on the young woman, the Caseworker used the 'pie chart' exercise. The notes from the observation are as follows:

> *[Caseworker] introduces an exercise and explains that it's called 'brain and pie chart'. She asks L. what is taking up her thoughts. She gives an example of '90% in this room, 5% something else, 5% something else'. L. responds: '60% my dad, he's always on my mind, first thing in morning, I want to text/ ring him because I'm worried about him. And 10% brother and 30% school.' This is the first time that L. has mentioned her father even though he dominates her thoughts. [Caseworker] follows this up and asks L. questions about her father and their relationship.*

This is an example of when the Caseworkers utilised a tool to help the young women to focus upon, and then name, their most pressing problems. After the exercise above, the young woman was able to delve into her relationship with her father and the Caseworker was able to pick up support needs for future sessions.

Notes from a further observation session demonstrated the ways in which the Caseworkers utilised other tools, as needed, to work with the young women:

> *E. mentions that she feels self-conscious about her appearance and particularly being judged by people she meets and by her friendship group. [Caseworker] introduces the 'iceberg exercise' to help E. think about what she thinks people's first impressions are when they first meet her. She asks E. to think first of noticeable (physical) traits and to then drill down into non-visible traits that people cannot see at first. It helps E. to identify her traits of kindness and warmth.*

Following this exercise, the Caseworker and the young woman were able to focus on the differences between outward appearances and inner qualities and what is important and valuable, and to explore future work that they could do together on those issues.

One of the young women in the focus groups also recalled a tool that had helped her to name issues in her life. She noted that she and the Caseworker had completed a 'life map' which the young

woman could use to work through the impact of previous events and experiences in her life. She said*: '[We did a] life map to understand why I behaved the way I did and why my life was like that at the time.'* The young woman said that she found this tool useful because it enabled her to evaluate key events, and their impact, on her life.

> *'We did a life map to understand why I behaved the way I did and why my life was like that at the time.' (Focus group)*

These tools provided valuable methods by which the young women could explicitly think about, focus upon, and then name, key issues in their lives. The methods also allowed the Caseworkers to explore where support should focus and how it should be developed. These tools were particularly valuable in early one-to-one sessions with the young women as they and the Caseworkers got to know each other. Moreover, the tools often 'kick-started' the process of reflection and 'naming and knowing' that was integral to the young women's Project 1325 support.

One of the important ways that the Caseworkers worked with the young women was by carrying out safeguarding procedures during one-to-one sessions. The Caseworkers explained this practice to the young women in the starting sessions, and implemented checks as necessary, as support progressed. At times, this work was made explicit. For example, in one session, a Caseworker asked a young woman if she feared her boyfriend to ascertain if there were any immediate safeguarding needs. At other times, this work was more nuanced and took place as the Caseworker was following up other threads. A note from an observation of another young woman's one-to-one session reads:

> *E. mentions that she cries a lot and gets into a 'massive state for ages.' She says that she gets angry and fights with her boyfriend. [Caseworker] carefully probes why that might be the case, checking if there anything to worry about or anything to be addressed.*

If a safeguarding issue did emerge, the Caseworkers ensured that they spoke with the young women about it immediately to establish if an action was needed or if the young women needed to implement a strategy themselves.

Importantly, however, these conversations not only enabled the Caseworkers to check if the young women had any immediate safeguarding needs but also opened up a space for the young women to consider some of the broader issues in their lives. Many of the young women's presenting needs (see Section 2.1 above) were themselves safeguarding issues; the conversations, then, about safeguarding unfolded organically. Significantly, in carrying out safeguarding checks, the Caseworkers also encouraged the young women to think themselves about where they needed to make changes or to address problems. The following example from the observations, noted also above, concerns when the Caseworker asked the young woman if she was scared of her boyfriend and followed this question up with a conversation about the young women's ongoing needs:

> *After mentioning a long voicemail from K. lately, [Caseworker] asks if she is scared of her boyfriend. K. doesn't seem sure. She implies that she is controlled and that he is abusive. [Caseworker] picks up on issues and focuses much of the rest of the session on talking about the relationship. [Caseworker] asks K. about different aspects of the relationship and probes K. on her boyfriend's behaviours. [Caseworker] asks K. to think about her boyfriend's behaviours and actions and how they feel. [Caseworker] is trying to get K. to name her feelings about the behaviours and to say what she thinks about them. K. says that she finds it hard to reflect on her boyfriend's behaviours and asks herself: 'Did he do this? Did he do that? Is it the drugs?' [Caseworker] reminds K. that she has made some changes lately and that she has changed for the better. She reminds K. of her recent split with boyfriend and why she did that (albeit briefly). She reminds K. also that she recognised own worth at the time and needs to refocus on that.*

This intervention with a young woman's relationship is an instance of where the Caseworkers used safeguarding processes to create a space where they could open up a broader conversation about ongoing issues that needed to be addressed. In this case, the Caseworker utilised safeguarding to probe further with the young woman about her unhealthy relationship

> *'The Caseworker reminds K. also that she recognised her own worth at the time and needs to refocus on that.' (Observation notes)*

with her boyfriend and where she may need to make changes. Notably, the conversation became about the young woman recognising her own self-worth, as she had done before, and, by extension, refocusing on her own agency in her relationship and her wider life.

A further observation of a one-to-one session illustrates a similar finding. A young woman revealed to the Caseworker that she had drunk too much on her recent birthday, which concerned her as she believed that intoxication had compromised her safety before. The notes recorded the following:

> *An incident came up again for D. when she was drinking on her birthday. It worried her that she had done that because she thinks that she needs to be mindful of risky situations. [Caseworker] and D. talk about what led to the drinking and addressing that in future. [Caseworker] advises D. about being careful and mindful around people to ensure that she is safe, but she was also careful to avoid attributing what had happened previously to intoxication or D.'s actions. [Caseworker] asks D. why she had drunk so much and if there was anything that brought it on. D. says that she doesn't know her limits. [Caseworker] says that she is worried about D. finding herself in a risky situation again (but again is careful not to attribute blame) and reminds D. of conversations about keeping safe. [Caseworker] also reminds D. that it is her own decision.*

Talking about the incident above took up a great deal of time in the session because of its relation to previous, traumatic experiences that brought the young woman to Project 1325. The conversation, however, enabled the young woman to think about her own actions and to consider if she needed to address them. Importantly, the Caseworker reminded the young woman that any changes were her own decision. This reinforcement of the young women's agency was a recurring part of the support process.

'The Caseworker encourages E. to remember her own choices and decisions.' (Observation notes)

There were several further examples in the observation sessions of the Caseworkers reinforcing the young women's autonomy and agency with them and of trying to encourage them to embrace their own agency and to take charge of situations in their lives. In one example, the

young woman told the Caseworker that she had been troubled lately with problems in her friendship group, which had been causing her to feel anxious and isolated. The Caseworker told the young woman that she needed to be forthright with her friends, to stand up for herself and to tell her friends what she really wants to do. The young woman in this case, who had a history of self-harming, mentioned also in this session that she had been tempted to self-harm recently but had not done so. The Caseworker explored this incident as part of safeguarding but also wove it into a broader discussion about the young woman's assertion of her own agency. The observation notes of the conversation as it unfolded are as follows:

> *E. tells [Caseworker] that she wanted to self-harm at the weekend but did not. When probed, she said that she just did something else instead. [Caseworker] talks E. through this positive action. E. mentions asserting herself with her best friend recently and that she was pleased with herself for doing that. [Caseworker] introduces the idea again of positive behaviours and focusing on what E. wants to do. [Caseworker] links not self-harming with being honest and forthright with her best friend and encourages E. to remember her own choices and decisions.*

This example of support illustrates the ways in which the Caseworkers reinforced the young women's choice and agency during the Project and worked with the young women to support them to exercise their independence and agency and to trust their own choices and actions. This work also involved the Caseworkers reassuring the young women, as appropriate, that they were making the right decisions for their needs. This element of the support is explored next.

3.2. BUILDING RESILIENCE AND ENSURING REASSURANCE

Alongside talking therapy, the young women often engaged in specific strategy-focused work with the Caseworkers that was again tailored to the young women's presenting needs and to their needs as the support progressed (see Section 2.2 above). An important part of this work was about enabling the young women to develop skills and strategies to utilise outside of the support, and to help the young women to address issues and build skills and resilience in their wider lives.

A young woman in a focus group noted an example of strategy-focused work. She said that her work with the Caseworker was often focused on strategies to help in the moment or the short-term: *'[Caseworker] tries to come up with strategies. She comes up with things to do [to cope] in the short term - listen to music, go for a run.'*

The Caseworkers also used a range of tools for these purposes as required. Notes from the observations illustrate the ways in which this type of support unfolded. For example:

> *[Caseworker] checks if E. has been using the 'worry chart' tool to help her deal with her anxiety. E. says that she had not yet but that would use it. [Caseworker] explains that it would be a useful way for her to process her anxieties as they come up, which could help her to avoid getting too worked up. (Later on) [Caseworker] introduces a sheet describing coping strategies for when E. is feeling particularly anxious or feels like self-harming. She also reminds E. about the 'positive jar' that she had started using with her mum.*

These examples demonstrate the ways in which the Caseworkers encouraged the young women to develop a 'toolkit' from which to draw resources as needed, particularly in terms of addressing anxiety and curbing negative behaviours (e.g., self-harming). Notes from another observation continue this theme:

> *F. now keeps the journal that [Caseworker] gave to her to record her thoughts and feelings. F. is not sure yet if it helps her, but she finds it easy to put things there and to read them over. She wants to give it time to see. [Caseworker] then talks through the skills and strategies F. has started using to address anxiety. F. had said in previous session that she didn't think she had coping skills, but she is able to see them and use them now.*

Releasing the young women's resiliences was an important part of support on the Project. Indeed, one young woman noted in her closing session that the most important part of the support for her was the *'coping sessions and being able to look after myself, and cope with situations better.'* These skills became apparent in the young women's discussions of resiliences in the focus groups as they thought about their experiences of the support.

One young woman noted:

> *“I don’t think you ever get over what you’ve been through, but you just learn how to deal with it. You’ll never forget but you learn how to deal with it and accept it and not dwell on it. Because I’ve found that if I dwell on it more and think about it, it hurts me more.”*

Another young woman noted:

> *“[It’s good] to know what you could do, like write things down. That’s what I do when I feel like I’m going mad. And then I forget about it and then a few days later I might come back to it, and I realise that it has passed. It’s like telling someone but you don’t have to tell anyone. Sometimes I will just go into the middle of the woods and say what’s on my mind but there’s no one there.”*

This strategy was effective for the young woman because it not only offered her a release but also provided her with a way to ‘bounce back’ when she needed to.

Related to work on the young women’s agency and resilience, the observations of one-to-one sessions also revealed that part of the Caseworkers’ support of the young women involved reassuring them about their progress and development. For example, a young woman noted in her one-to-one session that she had recently addressed an issue in her workplace:

> *F. says that she got her shifts back at work that she lost. [Caseworker] says: ‘Good, great assertiveness!’ Then F. says that she wrote her a ‘snotty email,’ and [Caseworker] asks if was ‘snotty or assertive?’ F. thinks and agrees that it was assertive.*

This is an example of the Caseworkers reminding the young women of their own skills and agency, and of reassuring them that they are addressing issues positively and that they should trust their own judgement. This process of reassurance was evident in many of the one-to-one sessions when the young

> *‘I don't think you ever get over what you've been through, but you just learn how to deal with it.’ (Focus groups)*

women reported, often uncertainly, about recent events or said that they were unsure about their progress and how they were getting along with the support. In the same one-to-one session above, the young woman reported that she '*is sometimes demotivated but that she keeps going to the gym at least because there is no point sitting being upset about things and not doing anything'*. The Caseworker picked up on this point and reassured the young woman that she is doing well with setting small goals and sticking to them. This reassurance appeared to be valuable to the young woman who had been displeased with herself because of her recent lack of motivation. Later, when the young woman spoke about her college work and her realisation that she does not work well under pressure, the Casework praised her for that awareness and reassured her about her thought process.

As well as supporting the young women to be confident in their own decisions and actions, then, reassurance was an important part of the support in the Project. A further note from the observations illustrates the ways in which the Caseworkers wove these reassurances into their support:

> *N. says that she had a 'good cry' that morning that she didn't know what happened or what was wrong. She seems confused and disappointed about this but [Caseworker] reassures her that it is fine and to be expected at times. The Caseworker then follows up a recent experience which brought back the young woman's anxiety and explores the incident asking if the young woman felt the panic attack coming on, how she addressed it, and if she would do anything differently. Throughout the conversation, [Caseworker] is careful to reassure N. that she had done everything properly and that she should not see her panic attack as a failure. [Caseworker] goes on to say that the young woman is progressing very well and that it is notable that she recovers much more quickly from panic attacks now than she did at the start of the support.*

This reassurance was valuable to the young woman who noted that she had thought it was something of a setback to her progress but felt reassured then that it was not.

The young women themselves noted the importance of the reassurance of the Project for their progress and in their support. As well as appreciating the 'sounding board' of the Caseworkers (see

above), they said that they often needed the additional reassurance. This was summed up by one young woman in a focus group: *'It's having that place to go and that constant reassurance. I have a lot going on at the moment [and] you need that confirmation off someone else.'*

The support work on resilience and reassurance was also part of the process of reflection that was central to Project 1325. Encouraging the young women to reflect upon their changes and aspects of their journeys was essential to their progress through the Project, and it is explored next, and again in more detail later in the report.

3.3. ENGAGING IN REFLECTION AND CELEBRATING PROGRESS

The support work was often challenging, particularly when the young women were earlier on in their journey and less accustomed to thinking about the support as an important part of their own development. Section 3.1 above noted that the young women struggled at times to name some of the issues that they were experiencing. As the young women's support progressed, however, it was evident that they were better able to engage with the process of reflection, particularly at the review points in their support. The review sessions were particular points in each young woman's support, conducted periodically (e.g., quarterly), where the Caseworkers carried out reviews of and reflections about the young women's progress on the Project, utilising existing tools – Tree and Scale tools (see Appendices 2 and 3) – to capture change. The Tree tool was particularly valuable during the support to help the young women to identify their progress during the work. Part of this work was concerned with supporting the young women to identify the changes they had made themselves, and their progress, and focused on the young women's reflection on their progress and change, supported by the Caseworkers. The review sessions were important moments in the young women's journeys because they directed the conversation towards reflection on change and dialogue on progress and underscored any ongoing issues. As such, the Caseworkers and young women worked together at key points of the support to explicitly name the changes that the young women had achieved.

> *'The Caseworker is careful to reassure N. that she had done everything properly and that she should not see her panic attack as a failure.' (Observation notes)*

Section 2.3 above sets out some of these reflections in closing sessions. The learning indicated that reflection was not only a key part of the work but that it came more easily to the young women as time went on. A staff member noted in her interview:

> *"With the reviews, encouraging them to see where those changes have been made, can be quite hard for a lot of them too. I think it depends on their age. It they're older, they do tend to be a lot more aware, so with the young ones, it's a lot more sort of feeding. [I would say]: 'What about when you talked about that, what do you think?' Trying to point them in the right direction. Because you forget that sometimes the journey with us can be so long, it's so natural and it's evolving, and it's organic so that you don't think, 'On Tuesday the 20th, that's what I did'. You have to remind them."*

As the evaluation progressed, the Caseworkers also introduced a 'reflection tool' (see Appendix 4) that was designed for Project 1325 to capture the young women's reflections on their support in more detail and to enable the Caseworkers to ask probing questions in reviews to follow up on the young women's points. The Reflection tool was particularly useful where the young women had not yet reached a point of reflection or a moment in their support where they felt able to recognise and name their changes. A staff member said in her interview:

> *'We can pull out more about what the young women are getting from the experience, not just the service or space, but what are they learning about themselves, what will they take forward?' (Staff interview)*

> *"The development of the Reflection tool has worked well. It's been very useful with young women recently because we can pull out more about what the young women are getting from the experience, not just the service or space, but what are they learning about themselves, what will they take forward. And it has been really useful about turning points and the theory of change."*

Another staff member made a similar point in her interview:

> *Yes, the Trees and scales, they're really positive and useful, side by side with the Reflection tool, asking the right questions. We are so often focused on doing one part and we can forget about the bigger picture. The Reflection tool has really helpful in getting young women to think themselves. The Tree is great because they can visually see changes as well as the point it happened and why it happened. But sometimes they don't always know, it's such a gradual subtle change, not always necessarily a light-bulb moment. We still have to do a lot of encouragement in terms of, 'What about this, what about that?' Some still struggle in being able to identify changes but with the Reflection tool, we're able to pull that out.*

Despite difficulties with reflection, there were several examples of important reflections throughout the Project. For instance, one young woman said in a one-to-one session early in her support that she '*can't really think of much, nothing has been happening really*'. However, as the Caseworker asked a series of probing questions, based on previous conversations, the young woman actually had several different experiences and changes to report. Below is an excerpt from the observation notes made during the review of the young woman's Tree:

> *[Caseworker] reminds F. about coping strategies and how they have helped and about her anxiety about her father's situation. F. still thinking about the Tree and does not know what to put on or take off. F. finally says: 'I know that even if I don't feel good, I don't deal with it as I would have done.' [Caseworker] asks if she understands her father better now? F. says that she is not sure but perhaps. [Caseworker] asks if there has been a change in the young woman's self-esteem. F. is not sure and says that she doesn't know what that would be. She agrees that it might be the case.*

Reflecting on progress was more difficult, but not impossible, for the young women who had had low periods or setbacks lately. These experiences seemed to bring about a disappointment and even a sense of failure, which made it challenging to see and name progress. For example, a young woman noted in her session that her issues with her boyfriend, and particularly his drug abuse and poor treatment of her, had escalated again lately. The young woman was noticeably low during the session

and seemed to be deflated that the changes she had recently made were now compromised. Though this was a review point in the young woman's support, she struggled to reflect positively on her progress:

> *[Caseworker] focuses the session and review on the relationship. She is prompting K. to think back on progress and to name behaviours that she has named before. She is trying to get K. to a place where she sees it again. Because of the recent setback, K. is finding it hard to reflect on her boyfriend's previous behaviours – did he do this, that, etc.? Have drugs changed him? [Caseworker] notes that K. has changed too and remarks upon an important moment in the young woman's support when she did manage to break up with her boyfriend. K. seems to be struggling to think in those terms. [Caseworker] and K. move onto the 'bugs' on the Tree. K. says that she does not take people's shit anymore. [Caseworker] picks up on K. calling herself a 'cold-hearted bitch' and tries to make K.'s negative opinion of herself into something positive. [Caseworker] suggests that K is not a 'cold-hearted bitch' but 'assertive.' K. can see this in part.*

The example above is also a useful illustration of when the Caseworkers utilised the Reflection tool to 'drill down' into a young woman's reflections. In this case, the Caseworker used the Reflection tool to ask probing 'why' questions to encourage the young woman's refection. It was also notable in this session that though the young woman felt deflated because of recent setbacks, her naming of this difficultly was in itself significant and an important part of her support. Indeed, there were several examples of the young women experiencing 'highs and lows' in their support which became themselves part of their progress. During these discussions, the Caseworkers not only reassured the young women about recent actions and decisions, but also about the 'normalness' of how they were feeling.

> *'I know that even if I don't feel good, I don't deal with it as I would have done.' (Observation notes)*

Several the young women reported high levels of anxiety in their one-to-one sessions and often a sense of dejection that they still felt anxious or depressed at times even though they were feeling better overall. The Caseworkers always reassured the young women that these feelings, and dips in

mood and wellbeing, were normal and to be expected, and not only a part of the process of getting better but also part of wider life circumstances. For example, one young woman who was about to start a new job said in a one-to-one session that she had been experiencing high levels of anxiety about her new role and managing it. The Caseworker reassured the young woman that that *'is how it normally feels when starting a new job. That is a normal level of anxiety.'*

Importantly, one of the young women who had been receiving support for a period of time noted in a focus groups that she was able to cope now with 'blips' in her progress. The Caseworker who sat in on this focus group said to the young woman:

> *"We've talked about that before in terms of down days and having better days but when you have a blip, it hits you like a brick and then you get frustrated because you'd been doing well. And you have a couple of down days and then you pick yourself up again and carry on. And you've done that."*

The young woman agreed with this and remarked:

> *"I think that it comes instantly now. It comes into my mind, and I think of something else straight away. I think of my future really because that's a good thing to work on. If you have a positive thing to think about."*

In another focus group, the young women discussed these periods and 'blips' amongst themselves:

> *"I know that at some point I am going to dip back down. I am like a roller coaster. There is no normal level for me - I'm either really happy or really not."*

Another responded:

> *"You don't have a reason why. Like this morning, physically getting out of bed, my body just wouldn't move. And my head is saying 'move' and I just couldn't. So, I was stressed out as soon as I woke up. And then other days I wake up, and I think, 'I can kind of face today'. It's having a balance and trying not to be too negative. I don't have any middle ground - I am*

either on a high or a low. I have to force myself to come sometimes. It was nice yesterday and I felt so much better after that. Some days I feel like I am going to explode. ”

To this, another young woman said:

> “ *But when you're in a bad place, you don't want to see anyone, you don't want to talk about it, you just want to go to bed and stay in bed. Sometimes you go through the motions because you have to. When you speak to people in that headspace, you're not really having a conversation with them.* ”

These examples illustrate that, first, the young women were able to recognise their low points, and name them, and, second, they were aware that they were to be expected and temporary moments in their progress and journeys. Another young woman noted in her focus group that while she experiences occasional setbacks, they do not undo all the progress that she has made:

> “ *I feel like someone is going to hurt me or something like that. I had two guys wolf-whistle me and be 'C'mere, c'mere,' and things like that put my anxiety through the roof. I walk really, really quickly and I start to get really panicky in those situations. Like, I'm trying to work on my anxiety and then that happens, and I think, great, I am back to square one. Well, no, I am not back to square one, it's more that my anxiety is worse than had I not bumped into that.* ”

This example illustrates not only the acceptance and inevitably of setbacks and low points but also the ways that the young woman was able to reflect on her experiences of low points and setbacks. A final example in this regard concerns a young woman who named recent challenges in her mental health but, at the same time, recognised that these experiences were normal and that she could cope with them. In her one-to-one session, she said:

> *'The whole time it was happening, I didn't cry, I was completely fine. I thought of what needs to be done and what was needed to get this sorted.' (Observation notes)*

N. says: 'I've had a nervous, difficult morning and difficulties recently (because of her brother). But the whole time it was happening, I didn't cry, I was completely fine. I thought of what needs to be done and what was needed to get this sorted.' N. goes on to say that she utilised some of the coping strategies that she had developed with the Caseworker during the support.

This example demonstrates the young woman's acceptance of low points, her ability to reflect positively on them, and her use of coping strategies.

In all, these excerpts suggest that while the young women were troubled and unsettled by setbacks in their progress, they were able to understand them in the context of their support and processes of change and, importantly, to recognise that they were an organic part of the process. Through a constant process of reassurance and reinforcement, alongside supporting the young women's reflection on the work, Project 1325 enabled the young women to name and know the changes that they were making in their lives. These changes were in turn noted and celebrated through the Caseworkers' reinforcement and praise. While reassuring the young women, the Caseworkers reaffirmed their sense of agency, their hard work, and the importance of their progress.

The review points were an integral part of celebrating the young women's progress and helping them to name and know their changes. This process involved not only identifying new and positive changes but also cutting off previous issues or negative behaviours. This process was illustrated as the young women worked on the 'bugs' part of the Tree tool to think about what had changed in the parts of their lives that were troubling. Focusing on the 'bugs' enabled the young women to reflect on the specific issues that had brought them to Project 1325 and to consider how much they had changed. In considering the 'bugs', the young women named previous ongoing issues and were able to evaluate how far they had addressed them and if these issues had changed or were no longer relevant. For example, in one review session, a young woman removed the 'not worthy' 'bug' from her Tree because she said that because of the support, she no longer felt unworthy. In other words, the Project's support had helped the young woman to develop a sense of self-worth. In the same session, the young woman noted that she '*feels more in control of everything, and her choices',* and

added this as a 'leaf', a positive, to her Tree. During this session, the Caseworker made sure that she praised the young woman for the changes that she had been making.

While the Tree tool and review sessions were valuable in terms of steering the conversation towards explicitly naming change and progress, this work continued in all the one-to-one sessions. The Caseworkers spent time in each session exploring progress with the young women and noting and praising any positive changes. The conversations often began with general catchups when the Caseworkers asked the young women how they were and if they had anything that they wanted to discuss. These threads became, organically, about where something had changed or shifted for the young women, which they themselves wanted to report and discuss. Even the smallest changes were noted by the Caseworker as important and were celebrated as significant. This was an important part of the support during the one-to-one sessions, to ensure that the young women embraced their own progress.

For example, a young woman noted in her one-to-one session that she did not react as she normally would to a fraught incident at work. Where such an incident would previously have increased her anxiety and affected her sleep, she this time *'shook it off'* and did not allow it to affect her in the same way. She said: *'I didn't take it to heart, and I usually would'.* The young women linked this change in her attitudes and reactions to the coping strategies she had been developing with the Caseworker and, though the young woman did not seem to think that she had achieved a great deal, the Caseworker ensured that she emphasised the young woman's positive progress.

In all, then, the support focused on the empowerment of the young women through a number of mechanisms: enabling the young women to recognise the issues in their lives and to focus upon what needed to be addressed and why; fostering the young women's independence and agency by reinforcing their worth and the value of their own judgement, decisions and actions; building the young women's resilience in terms of releasing their skills and capacities for coping and dealing with issues; reassuring the young women of their progress, agency and actions; encouraging and enabling a process of reflection and learning by the young women themselves and an acceptance of normal fluctuations in their lives; and celebrating the young women's progress at all points of their support

and in naming and knowing change. This work unfolded in various ways during the young women's support. Over the course of the evaluation, it became clear that the support of the young women was not only concerned with them working through the issues with which they presented but was also part of a wider journey in their lives. Through the mechanisms summarised above, the Caseworkers supported the young women to address these issues and to, crucially, reclaim their own stories. These ideas are developed next in this section.

3.4. JOURNEYS, MOMENTS AND TURNING POINTS

This section utilises the learning from Project 1325 presented so far to chart the development of the Project's theory of change, followed by the ways in which the theory of change was then utilised to understand the young women's journeys through the Project and to work alongside them to enable them to name and know changes in their own lives. The idea of developing a theory change for Project 1325 came about to conceptualise the ways in which young women experienced change in their lives through their engagement with the Project. The theory of change was not developed to measure or quantify change for all young women who engaged with the Project but, rather, to enable the Project to frame and understand the young women's journeys of empowerment and change from their initial referrals and starting points through to their closing sessions.

> *'I came in quite a timid person, anxious, and just generally I didn't leave the house very often and then over time, I just I felt more relieved because I wasn't holding so much emotion inside. I'd have a way to vent it out. I just became more and more confident the more it went on.'*
> *(Retrospective interview)*

As the evaluation of the Project developed, the importance of the young women reclaiming their own stories became evident. The focus groups with the young women, and the observations early in the evaluation, revealed that the young women were often beset with self-doubt, low confidence and esteem, and a sense that they did not feel 'in charge' of their lives and stories. This was particularly the case for young women who had had clearly identifiable traumatic experiences (e.g.,

sexual violence) and who were struggling to recover, or where the young women were struggling with their mental health in ways that affected their daily lives and wellbeing.

The sections above set out the intricate ways in which the Caseworkers supported the young women to bring about change. Key learning from this analysis was concerned with the empowerment work that the Caseworkers did with the young women during the support that addressed not only pressing and immediate problems but also enabled the young women to (re)discover their own agency and worth, build resilience, accept fluctuations, and reflect upon and celebrate their progress and change. As the evaluation progressed, the learning suggested that, through the support, the young women were working towards (re)claiming their own narratives and stories during their Project 1325 journey. An important part of this narrative journey was the experience of 'turning points' which marked particular moments of action, change, or realisation in the young women's journeys that were in some way pivotal to their narratives and progress.

The current section will draw upon observations of one-to-one sessions and the retrospective interviews with young women, in the main, to explore how they understood the changes that they experienced during the Project's support. Again, these data are presented aggregately. The section also includes learning from staff in terms of their reflections on the young women's journeys, and in-depth case studies which set out the journeys of seven of the young women who were supported by Project 1325.

The data from the retrospective interviews and observations of one-to-one sessions with young women who were nearing the end of their Project 1325 support (including closing sessions) illuminated the importance of framing the young women's time with Project 1325 as a *journey* developed as part their wider life stories and experiences. The data develop upon the centrality of the young women's reflections on not only the support that they received during the Project 1325 but also on the changes that they achieved.

The data indicate that it was important for the young women to recognise their progress and the distance that they travelled on their journeys as they went through Project 1325. For example, a young woman said during the observation of her closing session: *'I am good with change now. Before*

I wasn't. I have overcome my shyness and I come out of my comfort zone now'. Later, the same young woman said: *'I can take care of the bugs [problems] now'* and *'That's my past. My past is not going to hurt me anymore'.* This young woman's recognition of her progress and the ways in which her outlook and attitudes had changed captures part of her journey on the Project. In the same session, the Caseworker noted with the young woman that she had developed an *'emotional awareness and had become very reflective, processing things, and putting things in perspective'*.

Learning from the young women's retrospective interviews revealed how the young women framed the distance that they had travelled because of their work with Project 1325 in terms of building confidence and resilience, addressing negative thinking and developing a positive outlook, and finding themselves again. In all cases, the young women reported that their progress was positive and welcome.

The first young woman below recognised that she had developed much more confidence because of her engagement in the Project that had had long-lasting impacts. This young woman's support had ended about two years before her retrospective interview:

> *"When I first started, I was really nervous. I was really on edge all the time. Actually, I wouldn't go out on my own, I wouldn't go out sometimes, even with somebody I know. I couldn't do it, I was always looking around to know where everybody was, strangers. […] I just know from how I started to… obviously I gradually got it, everything got easier, and I've been more relaxed everywhere. Not, you know, just in social situations. I can do stuff on my own. I gradually was, 'I'll call you today, I'm going to the shop', I would never do that [before]."*

Later in the interview, the young woman noted that she was still able to engage with social situations that she had rejected previously and was still able to do different activities by herself. This young woman had suffered a traumatic incident that had affected her confidence in social and public spaces, her feelings of safety, and her ability to engage with others.

Similarly, another young woman reported in her retrospective interview that the Project helped her to address her low confidence in ways that she had maintained since:

> *“I’ll say that I came in quite a timid person, anxious, and just generally I didn’t leave the house very often and then over time, I just I felt more relieved because I wasn’t holding so much emotion inside. So, I’d have like a way to vent it out. I just became more and more confident the more it went on. I became less tense, I would be able to just like get everything out. By the time or left, I was fully prepared to go on.”*

Again, this young woman noted later in her interview that she continued to feel more confident and that she was able to interact with people personally (her family) and professionally (in her new business) in ways she had not before she engaged with Project 1325 when she was paralysed by anxiety and poor confidence. Indeed, in the observation of this young woman’s closing session, which took place a few months before her retrospective interview, she said: ‘*I’ve started my career properly, now, because of my confidence. I felt lost after college.’*

The young women also reported greater resilience alongside their increased confidence. For example, a younger woman noted in her retrospective interview that she had become more vocal with her school friends because she had become more resilient overall after several years of poor coping abilities and poor mental health:

> *‘It's been awesome. So nice to find yourself again, have someone there to help, motivate you, help you find who your true self is.’ (Closing session)*

> *“I am more resilient to some things. Like obviously, I wasn’t in a good place when I first started [but] as my health was improving, my attitude to some situations was like, well, I don’t agree with that. Before I’d just sit there and not say anything. Whereas now it’s like, if I don’t agree with it, I’m going to tell you that.”*

The retrospective interviews also suggested that the young women had been able to move past negative emotions which were restrictive to them:

> *"When I first started, I wouldn't, I couldn't even talk. I was so frustrated about everything and so angry and upset and all these emotions and it was just like, I don't know, I just said [in sessions] whatever I needed to say."*

Another said: *'Looking back, it's worth it. It's worth it. I wouldn't have been able to tell you what I told you now without bursting into tears.'*

These changes, again, had long-term impacts, as illustrated by a comment from one young woman in a closing session about an incident in her family that morning that would have caused her upset before: *'The whole time it was happening, I was completely fine. I didn't cry. I thought of what needs to be done. We need to get this sorted.'*

'The whole point of it is to get back on track and to be yourself again.' (Retrospective interview)

In a similar way, the young women reported that they had more positive outlooks overall because of their engagement with Project 1325. Again, in a retrospective interview, a young woman noted that she had not only changed her perception on many issues in her life but had also changed the ways in which she thought about and approached issues as they occurred. This young woman had experienced years of negative outlooks that permeated many areas of her life:

> *"I've changed my views. [Caseworker] saw the best in everything. Like if I had a fall out with my friends, she saw the positive in it. I just didn't think that was possible. So now if we've had a fall out, I sit and I think, 'What would [Caseworker] say to me now?' because I get very tense. So, I sit there and I think about what [Caseworker] would say to me. I've just changed the whole perspective, my perception."*

Lastly in the current sub-section, the young women reported a sense of finding themselves, and starting to love themselves again, through their work with the Project. All the young women had come to Project 1325 because of a particular set of needs and in the interviews and other sessions,

they all noted how 'damaged' and lost they were when they first engaged with the Project. Their reflections, then, on their journeys were all the more profound because of their own recognitions of how far they had come. One young woman remarked in a closing session:

> *"It's been awesome. So nice to find yourself again, have someone there to help, motivate you, help you find who your true self is. It's good to feel like my old bubbly self again."*

The young women in the retrospective interviews made similar remarks. For example, a young woman drew upon her experiences in group work at the end of her engagement with the Project and how they made her realise that she was *'all right'*. She said:

> *"This might sound really selfish, but at that time, listening to all of them and their problems, I kind of felt like, 'No, I'm actually in a really good stage now. … Listening to all your problems and helping you has made me feel like I'm all right.' The whole point of it is to get back on track and to be yourself again and be comfortable in yourself and in your environment."*

Another young woman explained how she had grown to love herself through her time on the Project:

> *"There was one time we did a big reflection, we did one session dedicated to looking back, where we've come, and I like it was quite, it was quite laughable actually, we did have a bit of a joke, oh my god, that is well weird. […] I'm quite surprised at myself that it happened so successfully. I don't know, because I'm a very self-critical person, very, that's in my nature, it's not something bad about me, it's just because I strive for the best. I'm definitely self-aware. I don't hate myself now, I very much love myself now. A lot of love going around here. Which is ace. Yeah, before it was a bit a... It was like a fake, a facade, Yeah, I'm the best, but it's like... Actually, I genuinely hated myself. But now I don't. I have occasional stupid big moments. But never, it's never how I used to feel."*

These reflections begin to capture some of the young women's journeys from their starting points on Project 1325 to their re-formed selves at the end of their support. This sense of change, which was often subtle and unspoken during support, was encapsulated by a Caseworker when she discussed utilising the women-centred approach in thinking about each young woman's journey:

> *'I don't hate myself now, I very much love myself now. A lot of love going around here.' (Retrospective interview)*

> *"I think they're surprised in the sense that I can sense that something has changed, not necessarily surprised in themselves that something has changed. They will then say, 'Oh well actually, I've managed to do XYZ, or I've left that abusive relationship or managed to speak to mum about this or that,' or whatever it can be. So, for me as a worker, the approach is also looking at the woman as a whole. That non-verbal communication, body language, how she presents. Because I don't think we note that necessarily anywhere. There's no tick box for that, but it's something that I draw on I think, I keep in my memory in terms of, 'This is how this person initially presented'. And then as we do the reviews in terms of how I can see them, I will say 'Things have changed, physically for you, your body language, you're sitting up straight giving me eye contact, whatever it may be'."*

The process of recognising the distance travelled and progress was difficult for many of the young women, however. Section 0 above explored the ways in which the Caseworkers worked with the young women to encourage them to reflect on their achievements. The Caseworkers also discussed the more general outcomes of their support of young women to name progress throughout their journeys in terms of how much they had improved. The Tree tool was particularly useful for this work because it presented a visual summary of progress.

> *"Even if you don't actually see what's written on them, you can go from 10 leaves [positives] to 32 leaves, right? And with the bugs, obviously being able to remove them and again, they can see it. And sometimes, they're like, 'I can't believe I felt that, can't believe I put that down there'. I had a young woman yesterday, and she felt that one that had changed was her*

friendship group because she knew it wasn't healthy. So, we obviously removed that 'bug' and she had said before that she felt lonely but doesn't feel lonely anymore, so we removed that 'bug'. She has a really good group of supportive friends and she recognised that, so we added that as a leaf, and she could see it all."

Another Caseworker also described how she drew out these reflections in some of her sessions:

"*I met with [young woman] last week, and this time last year, she was being sectioned and she was in and out of different mental health hospitals, for about six months. So, when she came last week she said, 'Oh everything's terrible. Everything's awful.' It's coming up to the year of being sectioned. So, I said: 'Where are you now? What have you done now? You're not the same person you were then'. She's in college, for a start, she's acknowledged that her family dynamics are not going to change but she's protecting herself by not getting involved in that because she realises that they are the source of her mental health problems. […] She's become a lot more self-aware. So, it's important to be able to say, 'What were you doing this time last year?' And to say, 'You're not doing that right now. You haven't self-harmed in three months. Something's changed for you'.*"

In this way, the Caseworker encouraged the young woman to recognise her own achievements and progress by offering a comparison to a previous part of her journey. Another staff member remarked:

"*The change is recognising it as the little steps that they've taken. If they're still saying that they're rubbish and not doing anything I can say, 'I can recognise the change'. Yeah, I think for me, change within this Project is when they can say what they've done, when they name it. These are what the reflection sheets have done. Because when I say to them, 'Look, you how you got from there to there… this is your first and this is your third, this is what you have done'.*"

Another key part of the young women's journey was their preparation for closing the support and their final, closing session. The Caseworkers did not close cases suddenly and always ensured that the young women were ready to close and that closing support was incorporated into the young woman's understanding of her journey. In this way, moving towards closing, and then the closing

session, were navigated jointly between the Caseworkers and the young women to, first, ensure that the young woman was prepared to close and, second, to ensure that she understood that closing her support was evidence of her distance travelled and her readiness to move on to the next part of her life.

A Caseworker summarised the approach in her interview:

> *"[Change and closing] is dependent on them. I think if you get to a point where you feel, as a worker that, 'I've given you all the tools that I can possibly give you. There's nothing much more that we can do particularly if there's something quite specific'. So, for example, one of the girls recently, she lost her dad back in April and she was really struggling with that and went a bit off in school and things. So, we've done a little bit of a grief process and how that works. And friendships. That's when she realised who her friends were. That kind of process has gone on and it's obviously very up and down and it's just educating her in terms of what that process is, how that looks, what's it's like. So, we kind of finalising things, with the self-care bag in terms of all strategies that's she's learned. She'll have gone away and tested them and may be worked and maybe it didn't. OK, so we'll think of something else that maybe we can do. And that's come to a natural end. I think we've got her to a point where we talked about specific grief counselling, that she was going speak to her mum about. So, I said, 'Maybe we've got to that part where you're ready for the grief counselling,' because sometimes, particularly with grief, it can be a year, two years after that you think, 'Now I'm ready for that'. So that kind of organically came to a natural end after about six months of work that we did together."*

This detailed example sets out how the Caseworker did not rush the young woman to close the support. On the contrary, the Caseworker worked carefully and slowly with the young woman to get to a point where the support seemed to come to a natural end in terms of progress and, importantly,

where the young woman could move on. Another Caseworker made a similar point about one of her cases:

> *“In terms of her responses to my question, ‘How’s your week been?’ She’d say, ‘Really good. I’ve stayed in classes, I’ve done well in tests.’ It’s all those things that indicate to me that things are a lot more things settled. […] In terms of those changes, I think it can be anything. One of the biggest outcomes for me is when they’ve turned around and said to me, ‘I don’t think I need this anymore’.”*

Similarly, when the young women reflected on the end of their journeys in their retrospective interviews, they were also clear that it was ‘time’ to close when they did and that they had been ready at that time to move on from the Project. Some of this learning was explored above. Another young woman said: *‘I became less tense, I would be able to just get everything out. By the time I left, I was fully prepared to go on.’* And another said*: ‘I kind of felt like, ‘No, I’m actually in a really good stage now’.’*

The young women’s journeys, then, were navigated between the young women themselves and the Caseworkers, while the support was revisited and progress was captured and named through a process of constant reflection.

Learning from the evaluation also underscored the importance of the young women seeing particular moments – ‘turning points’ – in their journeys that, over time, brought about progress and change for them. Turning points in this sense were those key moments that the young women named during their time with Project 1325 that were in some way empowering or notable to them and which they understood as formative.

The young women identified a range of turning points that they experienced during their support. Some of these turning points were tangible. For example, a young woman who had experienced an act of violence that brought her to Project 1325 was able, because of the Project’s support, to return to the area where the assault took place after she had avoided the area since the attack. The young

woman understood this moment as a key part of her recovery and a turning point in her journey of change.

Another young woman identified a turning point in her journey that was concerned with her decision to leave college. She said in her retrospective interview:

> *"I always aim really high, but I couldn't cope with [college]. But I didn't feel that I could drop out again. But speaking to [Caseworker] kind of reassured me that if I'd thought about it and was 100% sure that's what I wanted to do, and I've got the things to look into straight after, then it's OK to drop out, it's not the end of the world. So that kind of gave me the confidence to be like, 'Right, I'm just going to do what I know I want to do. Yes, I'm just going to stop stressing myself out about college when I don't need to.' Yeah, so dropping out of college, I felt like I was in the real world really suddenly. But I wasn't upset about it, I was really excited about going forward and getting a job and everything and I was terrified before. But knowing that I'd not made a massive mistake by dropping out made a massive difference. And I think that was the major one because after that, we stopped looking at how to get through life, and started looking at what to be excited about and the future instead so it kind of changed the way that I was viewing support."*

The young woman above set out how she struggled with making the decision to leave college because she had done so before and she believed that doing so a second time would be in some way damaging for her and her career prospects. By working through her concerns with the Caseworker, the young woman was able to come to a decision that she found liberating. In making the decision, she was also able to redirect her focus into her future rather than just 'getting by'. The young woman framed this decision and the support from the Caseworker as a crucial moment in her journey.

Another young woman reported in a focus group that she had had something of a revelation in recent weeks. This young woman had been receiving support for several months and had explored issues with her family, and particularly her mother, in detail. She said: '*I've come to accept that my mum can't give to me what she gives to my brother and sister. I accept [I am a] reminder of what she went through.'*

The young woman then said that she had also had a realisation about another issue in her life with which she was struggling:

> *"But I have accepted [my past] now. I accepted it quite a few weeks back. I think it's more about getting in touch with your emotions and then being able to deal with things more easily."*

The turning points for this young woman were about accepting what she could not change about other people and her own path. The young woman also noted that these realisations were in some way freeing for her and were moments that she reached that allowed her to move on.

Another young woman in a focus group said that she could not remember clearly what had *'fallen into place'* for her and that, *'It sort of happened really quickly when I just felt like I didn't care about what people said or did or whatever.'*

As with other young women, this was a particularly freeing moment for the young woman from which she felt she could move forwards. For example, a young woman noted in her retrospective interview the ways in which her experiences over the course of a period of time were pivotal to her journey:

> *"I was going to college a little bit. It was in 2018, I finished the course, I do hair now and it was amazing. I phoned [Caseworker] when I got the job, it was such a big thing in our sessions, and we'd talk to it, because that was one thing that was really getting me down. On top of feeling so small, really shit, I was also unemployed. When I told her about it and she was like, 'I can't believe it all, it's all worked out'. It really did. January was a massive month for me. After seeing [boyfriend] nearly die, getting the job, things like that, I had such a different outlook on life, experiences, thinking, 'Just get a grip and get on with it'."*

This young woman's turning point, or set of turning points, were concerned with getting a job and adjusting her outlook on life. The young woman reported later in her interview that she felt that those moments were central to her starting the next stage of her journey and recovery.

Another young woman described a point in her journey where she experienced an important realisation about her experiences which enabled her to begin her recovery. This young woman had

also been subject to a violent assault. She explored this moment in great detail in her retrospective interview:

> *“There was this one moment and I remember talking to [Caseworker] and I remember thinking, ‘Do you know I’ve been really punishing myself for a while now’. I don’t know what we were talking about. I just stopped and thought, ‘I’m going to start forgiving myself now.’ And then from then I just thought, just suddenly thought, it was just a like switch, that I need to, instead of saying, ‘Sorry, sorry,’ because I used to blame myself for it. So instead of saying, ‘Oh, I’m sorry that I did that to make you want to do that, it was, I’m sorry for me, for me, for doing this to me all this time.’ And then that was it, that was it. I don’t know why it took so long. I think that’s what the most annoying part was that it took me all that time to realise that.”*

Here the young woman described the process by which she realised that she had been blaming herself for what had happened to her and that enabled her to begin forgiving herself. The young woman went on to say:

> *“I can’t even remember what we’re talking about, but I just remember thinking that. It was sort of a case of, ‘This has happened and I’m sorry for letting it happen. I’m sorry for letting it happen to me.’ [Caseworker] was like… I don’t think she agreed with me, with what I was saying because she was like, ‘You don’t need to be sorry’. But to me that was, like, ‘Well, I feel like I did and now I am apologising to myself.’ So yeah, she didn’t agree with me, but she accepted it and I remember her being like, ‘You didn’t do anything’. And I said, ‘You don’t think but I do. And now I’m saying I’m sorry for letting myself go through what I did and go through all that’.”*

The young woman began a process of self-forgiveness that she felt she needed to do to help with her recovery and to move on from her experiences. Later, she said: *‘I accept it because well, I can’t change it but wobetide if I’m going to let it run the rest of my life*.’

Another young woman described similar moments during her journey where she learned to move past her internalised shame to begin to heal. She said in her retrospective interview:

> *[Through conversations with Caseworker] such a good thing was learning that it's not my fault, such a big thing learning that. Yeah, the massive shame around those sorts of things.*

'I can't change it but wobetide if I'm going to let it run the rest of my life.' (Retrospective interview)

Here too the young woman referred to her traumatic experiences and realising that they were not her fault and that she did not deserve to be shamed for them. She linked her feelings of shame to not just her previous experiences but also to her struggles with her identity. She noted that when she came to Project 1325, she was still experiencing these struggles:

> *I was still struggling with my identities and we had massive discussions about gender. […] One day, we drew diagrams and spectrums and we figured things out and putting it all… it was really quite nice to visualise my thoughts. Like, I wouldn't say that was the be all and end all, what was written down. It was just nice to visualise it because I hadn't done that before. And [Caseworker] had brought in a lot of pictures of men and women and people between that were strong and she said to me, 'What do you think when you see these people?' And I was like, 'Strong, beautiful, amazing, talented'.*

The young woman went on to say that doing this work with the Caseworker helped her to become comfortable in her own skin and gender and started off the next stage of her recovery from other trauma that she had experienced. She went on to say:

> *It was nice to be appreciated in way, validated, like my feelings were sort of hurt. Since that point, I always, I always look back at that point. I think to myself, 'I was always trying to be something that I wasn't because of other people's expectations and thoughts and feelings, and ideals and perspectives, outlooks on life'. I was getting too caught up in what they thought about me. And I decided, because wearing clothes was such a big deal, it was such a struggle to figure out what to wear. Like I am indecisive but because I was so struggling so*

much with identity issues and, and now I was just so like, 'Well I want to wear that so I'm going to,' instead of caring about what other people think. So that's been really helpful. That's something that look back on as really helpful and a very productive session."

This turning point in the young woman's life had clear long-lasting effects for her after her support ended as she was not only able to address many of her issues with identity but also move on from what she called 'internalised misogyny'. She said: *'It's been nice to figure out. I definitely had a lot of internalised misogyny, hating myself so much for no reason, that I could figure out.'* The same young woman said later on in her interview:

"*Just self-love. Definitely that. There's turning points... And I was like, 'Oh my god, what is the point? Why am I so hard on myself? And [Caseworker] would tell me this all the time, 'You are so hard on yourself. There is no need for it. Beating yourself up.*"

The learning revealed, then, that there was a sense of resetting and refocusing after all the turning points in the young women's journeys that marked the next of stage of their journeys. There was also a strong sense of liberation, where the young women who experienced turning points found them to be in some way freeing and emancipatory. In addition, the young women often recounted stories of healing and recovery that they associated with these turning points which were themselves reparative. The young women, then, also described a journey of empowerment. The learning, particularly in the observations of the closing sessions with young women and in their retrospective interviews, indicated that they had come to accept their pasts and themselves and that they had even embraced previous, painful experiences because they believed them to be empowering in the present and for the future. A young woman said in her retrospective interview:

> *'So that's been really helpful. That's something that I look back on as really helpful and a very productive session.' (Retrospective interview)*

"*The future is my future. I don't sit there now thinking, 'I should have done that. I should have done this at that time,' because I can't go back and redo it. There's no point me sitting there getting my hands in a twisted knot. I can't redo that.*"

Another young woman expressed a similar sentiment when she said in her retrospective interview that while she wishes that she had not had her experiences, she does not focus on regrets and instead believes that they have brought her to where she is now:

> *"I wish I hadn't had them… but still, I'm here now and I am here because of them. And I really like what I have now. It's not dwelling on remorse or regret, rather it's like, 'It's happened, I'm here now.' I won't allow that to be brought into what I have now."*

This perspective of 'becoming who they are now' was also prevalent in the young women's accounts. For example, a young woman who was nearly the end of her time with Project 1325 remarked of her experiences:

> *"I want to heal but it also makes me who I am. I do feel that it is making me a stronger person. I just feel I'm getting myself back but a better version of myself. When you've been through things, something just clicks in your mind and you realise that you're a better version of yourself, stronger."*

The young woman in the quote above implied that her experiences, though challenging, had been formative for her and that she drew upon them for strength later. Similarly, the Caseworker who sat in on the focus group above said to the young woman:

> *"When we first met in those early stages, you were very frustrated because you weren't this person that you used to be. But we talked about how you were not going to be the same person as you used to be because of what you've been through. We talked about reidentifying who you are now. You're not going to be a better person but finding a new version of yourself."*

'I'm here now and I am here because of them.' (Retrospective interview)

This feeling of finding oneself was explored earlier in this sub-section and involved the young women embracing their experiences in their newly formed selves.

Another young woman expressed a similar sentiment when she said in her retrospective interview that while she wishes that she had not had the experiences, they had brought her to where she was:

> *"I wish I hadn't had the… but still, I'm here now and I am here because of them. And I really like what I have now. It's not dwelling on remorse or regret, rather it's like, 'It's happened, I'm here now.' I won't allow that to be brought into what I have now."*

SUMMARISING SUPPORTING AND EMPOWERING YOUNG WOMEN ON PROJECT 1325

The learning explored in Section 3 illustrates the ways in which Project 1325's support was a journey for the young women during which they explored and addressed problems and issues, embraced progress and change, named key moments and turning points that were pivotal and transformative for them on their journeys, and embraced and accepted themselves for the people that they had become. They discussed finding themselves again and the learning indicated that the turning points fed into the young women's reclaiming of their narratives and their empowerment and were moments at which the young women could move past particular experiences or move on from issues.

This process was supported by individualised, paced, women-centred work. When the young women came to Project 1325, they were often suffering from anxiety, depression, poor confidence and esteem, and had often experienced traumatic events or trauma of some form. Their presenting needs were sometimes practical but more often emotional in nature. The support was not just about addressing these needs, however; it was about, as one young woman noted in her focus group, *'building you up again'*. The young women who often started the support at a very low point in their lives, through the process of reflection, naming and knowing their issues, and naming and knowing change, were able to reengage with their own life narratives.

The Project's work with young women utilised a woman-centred and holistic approach that worked with (and not on) the young women to address the issues in their lives and to bring about a wider sense of agency, empowerment, resilience and reflection. Though the intricacies of this work varied from case to case, common themes emerged during evaluation. The Caseworkers were proactive and encouraging throughout support, ensuring that they are supportive of the young women in all their

interactions. At the same time, however, the Caseworkers also ensured that they challenged concerning behaviours (e.g., risk-taking) or negative thinking patterns, supportively and sensitively. The support also recognised, and named, fluctuations in young women's progress. These were not considered setbacks or in negative terms; rather they are framed as an important part of a young woman's learning and journey. Indeed, fluctuations, particularly in terms of mental health and emotional wellbeing were normalised and treated as an expected feature of life experiences. In this way, the Caseworkers and young women explored and deconstructed fluctuations as part of boarder life contexts.

Project 1325 enabled the young women to recognise their issues and problems and to focus upon what they needed to address and why; fostered their independence and agency by reinforcing their self-worth and the value of their own judgements, decisions and actions; built their resilience by releasing their skills and capacities for coping and addressing issues in the moment, or long-term, reassuring the young women of their progress and improvements; encouraged and enabled the young women's reflection and learning about their lives, and celebrated their progress at all points of their support and in naming and knowing change.

The learning from the evaluation revealed that Project 1325's support was not only concerned with the young women addressing the issues with which they presented but it was also part of a wider journey in their lives. Through the mechanisms summarised above, the Caseworkers supported the young women to address their issues and to regain control their own stories. There was a sense throughout the young women's support journeys of them working towards gaining or regaining control over their lives, choices, and wellbeing. This learning formed the basis of constructing a theory of change for the Project. Rather than being a way to 'measure' and quantify progress on the Project, the theory of change became about working alongside the young women to support them to reclaim their narratives and to understand their own journeys through reflection, reinforcement and reassurance. This involved capturing narratives of change and empowerment and enabling the young women to understand and 'self-evaluate' their own key moments, turning points, and changing narratives. The theory of change is set out in the next section.

SECTION 4. PROJECT 1325'S THEORY OF CHANGE IN ACTION

One of the main purposes of Project 1325's evaluation was to formulate a theory of change to help understand the ways in which the Project's support brought about the changes and improvements that the young women wanted and needed in their lives. Section 3 explored the ways in which the young women reflected upon their journeys through the Project, recognised, named and embraced particular 'moments' and turning points in their journeys, and their impacts, and experiences of empowerment through the support. This learning underscores the importance of the young women being supported to in some way reclaim their own life's narratives which had often been disrupted and compromised by traumatic events and experiences. The learning indicates that the young women were able to recover from past experiences and traumas and to find themselves again through the support.

Change in the Project was understood as subjective and personal to the young women. This learning was explored in the previous section by drawing upon the young women's perspectives or notes from the observations of one-to-one sessions. The current sub-section explores staff perspectives on change and the young women's journeys to further explore the development of the theory of change for the Project.

The Project's theory of change developed from an understanding of change as a way for the young women to (re)claim their own life stories and narratives. The staff agreed that it was crucial that the young women not only recognised and named the key moments and turning points in their support but also that they engaged and connected with the turning point as part of their journey. One of the staff in the staff focus groups explained this point:

> *'Defining change is like trying to nail jelly to the wall. Change is whatever the young women want it to be.' (Staff interview)*

> *"Young women need to understand that they have made changes, and are moving forward, and connect with it themselves emotionally. They have got to have that emotional connection to the 'turning point', as well as there being a turning point. They need to know it. We've*

been able to spot them, and Caseworkers have been able to pull that out and work with the young women to acknowledge it."

As the Project developed, so too did the focus on the young women's turning points and working with the young women to ensure that they recognised and engaged with turning points and their place in their wider narratives. For example, one staff member who managed the Caseworkers described the emphasis that she and the Caseworkers placed on young women's turning points when the manager and Caseworkers had one-to-one supervision sessions (part of the women-centred model). She said:

"*Those [moments] are the things that [the young women] will remember in years to come. […] These turning points… we've really, really incorporated them now through the Project, and on the back of those conversations [about the evaluation]. That was really, really helpful and something that I've done a lot in supervision with the Caseworkers. I've said, 'Okay, where is the turning point? So, you're bringing this to me and we've talked about this. When did it shift? Go back. Let's unpick it. Let's speak to them, and let's really pull at it.' If [the young women] can identify the turning point, they might understand themselves a bit more, they might understand how far they've come, how to be in different situations, future situations.*"

This quote illustrates some of the work done in the 'background' around young women's journeys and working with them to encourage their seeing and naming of turning points. Expanding on this learning, the same staff member said:

"*In 20 years, girls who have worked with our project, they're not going to sit and think about models, the assessments, the questionnaires, they're not going think about them, they're going think about those key moments for them that have changed their life, that they still carry 20 years later. 'When I met with [Caseworker], she said, when I met with [Caseworker] and she listened to me when I felt nobody had listened to me before, I wasn't heard, when we went for a walk in the woods and she taught me about being mindful and it's ok'. Those are the things that they will remember in years to come.*"

'We're always changing, we're always just growing. So yeah, I think it's whatever they think it is.' (Staff interview)

This excerpt from a staff interview illustrates the importance of the subtleties of the work that is done with the young women through the support and makes the important point that it is the pivotal moments in the young women's support that have lasting impacts.

The staff also discussed the difficulty of defining the idea of change in the young women's journeys because it is individual to each young woman. The next staff member expressed the subjective nature of the young women's change:

> *"[Defining change] is like trying to nail jelly to the wall. Change is whatever [the young women] want it to be. We have all these wonderful models, but change is what makes you feel better. So, for our girls and young women, change could be not even a change of a situation that we might look and think, 'If you did this, your life would be better'. Change sometimes can be an acknowledgement of, 'I'm not happy, this is difficult, I need to do this'. Change is whatever they think it is. I wish I could sum it up in a really nice, neat way, with a big bow on top of it, but it doesn't feel like that for me, it feels like whatever they think it is that has changed. We're always changing, we're always just growing. So yeah, I think it's whatever they think it is."*

Another staff member made a similar comment when she underscored the importance of recognising subtle changes in the young women's lives.

> *"Any tiny subtle step is a change. Significant change is great but any tiny subtle step from one week to the week after, say, they give their mum a hug, it's huge. It's where they've recognised that there's an issue and they've tried to do something about...or something's happened that's done something about. So, any time subtle step that they have made to improve their lifestyle."*

Similarly, another staff member underlined the importance of paying attention to subtle changes that young women achieve as they go through their journeys:

> *I think change is dependent upon [the young women's] own achievements. So, it depends on them really. It could be somebody that gives me eye contact after I've seen them for six months and they finally look me in the eye. It could be going from home visits to office appointments. It could be giving the girl the money to go, to have the confidence to go and ask for a drink for us both and getting the change and asking for the receipt.*

This perspective too emphasises the importance of small, subtle changes and improvements that the young women achieved.

These conversations, which took place throughout the evaluation of Project 1325 (for example, learning meetings and informal conversations with staff members before and after the observations of one-to-one sessions), led to the construction and development of the Project's theory of change. The Project team recognised early in the Project that change for the young women was not measurable in a conventional sense. This understanding was crucial for moving away from an idea that a theory of change could be utilised to quantify support and change in causal terms where one aspect of an intervention might be considered a prerequisite of another other (e.g., support for young women's low self-confidence being causally linked to improved decision-making). The learning from the Project indicated that the young women's journeys were individual and subjective and that the support the young women received in the Project brought about change in complex and often non-linear ways. In all, the learning suggested that reducing outcomes to particular elements of support, causally, would downplay the depth of the young women's engagement and journeys, and the support they received.

That is not to say that some outcomes from the support cannot be quantified and measured (see Section 2.3 above). Indeed, a staff member made the following point about 'hard outcomes':

> *I suppose in terms of soft outcomes and hard outcomes, if we're looking at girls that have maybe really struggled with mental health, maybe change could be around seeing a GP,*

maybe getting some medication, it could be about being linked in with CAMHS. You can measure that stuff a little bit more, and you can see that there's some distance travelled. I think that for some of the other girls, a softer outcome, another change, would be to know that all this stuff that they think is OK and they feel they're not on their own."

The theory of change therefore became about understanding the young women's journeys in terms of their experiences and empowerment (e.g., regaining agency and building resilience) as well as the outcomes of their support, and was constructed to capture each young woman's tailored support and individual outcomes from their own perspectives. The following elements were central to this process:

1. The young women's understandings of their **starting points** in terms of needs
2. The **empowerment** of the young women through their journeys and their naming and knowing of **turning points** in their **journeys**
3. The **outcomes** for the young women through the support and their understandings of the **changes** that they experienced as part of their journeys

This formulation of the theory of change allowed for the detailed exploration of each young woman's individual journey by capturing the key elements of the process. The workings of the theory of change in the Project are best demonstrated through an exploration of individual case studies of young women in the next section.

4.1. YOUNG WOMEN'S JOURNEYS OF CHANGE AND EMPOWERMENT

This section of the report utilises learning from some of the in-depth case studies constructed during the evaluation. The case studies illustrate the workings of the theory of change in the young women's journeys and stories and demonstrate the ways in which the theory of change was applied during the evaluation to capture young women's change. Moreover, the case studies explore the richness of the young women's journeys through Project 1325, and the ways in which support through the Project helped to empower the young women to bring about positive change in their lives and enabled them to engage with a process of reflection in their life narratives. The case studies draw upon learning

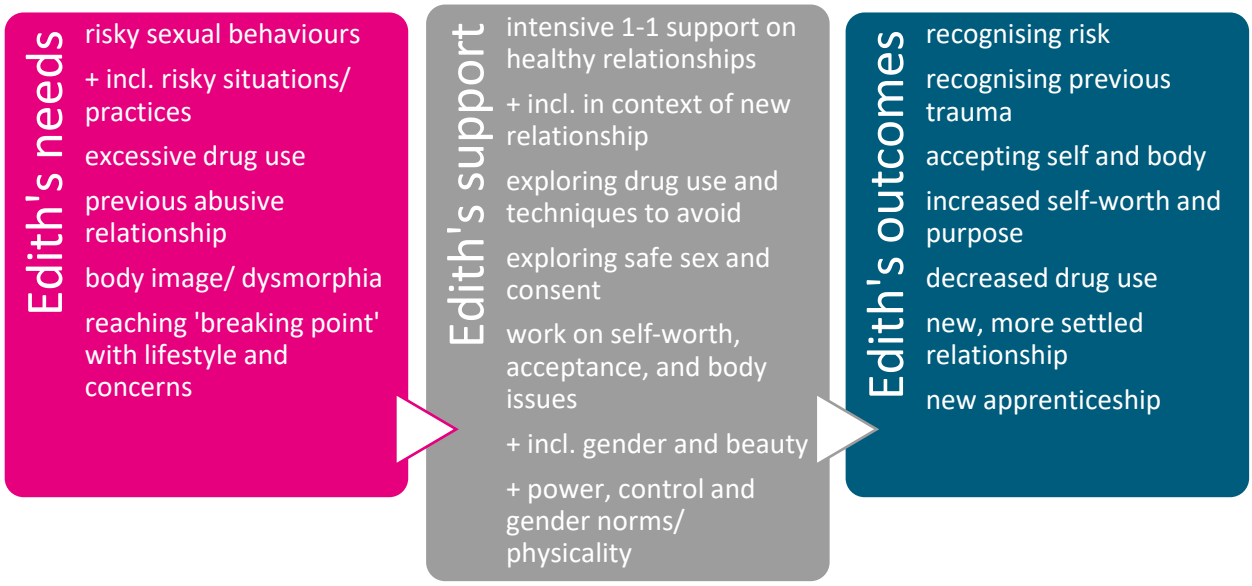
with young women who presented to the Project with differing needs and where the support developed through both one-to-one and multi-agency work.

The first case study is about a young woman, Edith[5], who was referred to Project 1325 because of concerns about her risk-taking behaviours and who engaged in one-to-one support, in the main.

Case study 1: Edith's journey from risk-taking behaviours to 'a lot of self-love'

Edith was referred to Project 1325 by the Sexual Health Clinic, which she had been visiting frequently for emergency contraception and sexual health checks. Edith was 19 when she started working with the Project 1325 Caseworker and is an example of a young woman who was involved in frequent risky behaviours: unsafe sexual practices and use of class A drugs. Edith's presenting needs, support during the Project, and outcomes from the Project, are presented below in Figure 4.

FIGURE 4. EDITH'S NEEDS, SUPPORT AND OUTCOMES[6]



[5] All names have been anonymised in the report.
[6] The + symbol in the figure indicates where a need, form of support or outcome is included within/ builds upon the main point above it.

Edith's presenting needs:

Edith presented with a range of support needs, dominated by risky sexual behaviours, putting/ finding herself in risky situations (including blacking out during sex), and excessive drug use. When Edith was referred to Project 1325 by a sexual health clinic, she had just recently separated from an emotionally and psychologically abusive partner and had begun to consume class A substances regularly and in high quantities. Alongside drug use, Edith frequently engaged in risky and unhealthy sexual practices (unprotected sex, group sex, sex under the influence of drugs, and sex with unknown men in unknown locations).

During Edith's retrospective interview, she attributed these behaviours to how she was made to feel in her previous relationship and to her low self-esteem. She noted that the abusive relationship brought about a 'self-destruction' and volatility for her. Alongside this, Edith was experiencing identity issues in terms of her gender and body image and expressed a desire to become male-bodied. At referral, Edith told the Caseworker that she had reached 'breaking point' with her lifestyle and wanted to disrupt that cycle.

Support for Edith through her journey:

Edith engaged with one-to-one support, in the main, that explored healthy relationships and the impact of a three-year abusive relationship on Edith's wellbeing and current behaviours. Shortly after the Project's support began, Edith entered into a new, more stable relationship; the one-to-one sessions discussed ensuring that the new relationship was healthy and positive, and explored the meaning of love and intimacy in healthy relationships. The sessions also examined the reasons for Edith's drug consumption (including the frequency and type of drugs), and established techniques of distraction and reduction to lower drug use. As part of this support, the Caseworker engaged with ongoing risk assessments around Edith's drug use, particularly on the weekends when Edith was more likely to use drugs.

A significant aspect of Edith's support concerned exploring and understanding sexual behaviours, safe sex, and issues around consent. A key turning point in Edith's journey was naming and recognising experiences of rape and sexual assault under the influence of drugs (described in case

notes as a 'breakthrough point'), and the impact of that trauma on ongoing behaviours and risk-taking. Edith's support also focused on self-worth and acceptance, and Edith's disclosure about gender dysmorphia. An important one-to-one session explored the meaning of androgyny and the spectrum of male and female bodies and masculine and feminine bodies. Edith noted in her retrospective interview that this was a crucial session for her. A further turning point in Edith's journey was the recognition that beauty is not gender-specific. This session also brought about a realisation that a desire to be male-bodied was caught up with issues around power and control (gendered norms), her dislike of being a 'vulnerable girl', and of wanting to remove herself from her own body.

Finally, some of the one-to-one sessions covered job-seeking and learning from the experiences of rejection.

Outcomes of Edith's support:

Edith worked with the Caseworker for about 10 months. The main outcome of Edith's support was her ability to recognise her risky behaviours and to start to avoid them. Edith also realised that she had experienced considerable trauma in her previous relationship and in encounters with men since, and that she may need specialised support. Edith became more accepting of who she was, as a woman and a person, and experienced increased self-worth and sense of purpose. Edith had settled into a new relationship, which was positive for her, and she had also gained an apprenticeship (turning point), which recognised her creative talents and potential. She had reduced drug-use significantly. In all, Edith's case notes indicated that she felt better about her overall situation because of Project 1325, while her confidence and self-esteem had also increased. Edith had also learned how to keep herself safer and had developed coping strategies for her emotional wellbeing; she indicated that she was better able to take positive actions and to make decisions on her own (increased agency).

Edith's journey was also about realising and naming previous traumas, and owning her own risky behaviours, but also recognising that she was coming from a damaged, vulnerable place (turning

point). The support offered a way for Edith to process previous experiences and recognise her worth and value as a young woman.

Edith valued 'just being able to talk' in her support and had an overwhelmingly positive experience with Project 1325. She '*loved working with [Caseworker]'* and engaging with the learning journey of Project 1325. Of herself, she said*: 'There's a lot of self-love going on here.' *laughs** Edith's work on gender and androgyny during the Project helped her to think about her own identity, body, and 'beauty', and propelled her journey of acceptance and self-love. Edith found peace in her own body, look and image after this session.

Edith's journey is summarised, using the theory of change, in Figure 5.

FIGURE 5. EDITH'S PROJECT 1325 JOURNEY

- risky behaviours
- drug abuse
- low self-esteem
- body image
- gender identity issues

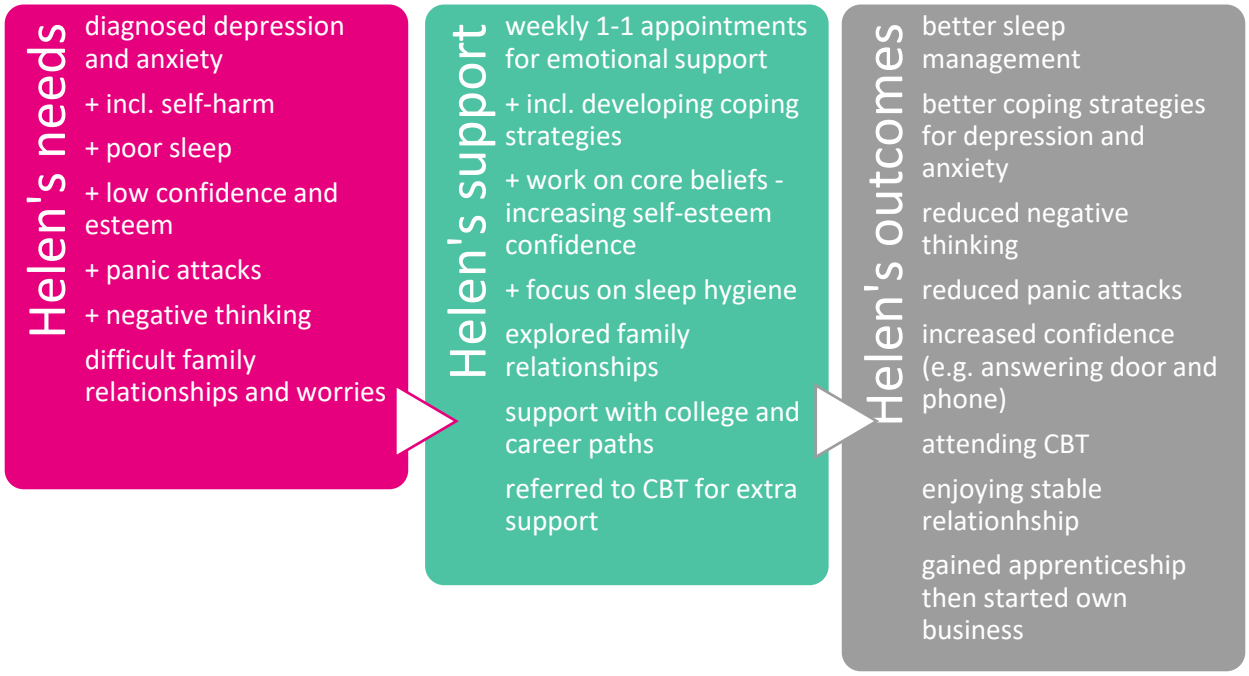
- naming and recognising traumatic experiences
- recognising that beauty not gender-specific
- realising that gender dysmorphia about power and control

- recognising and avoiding risk, staying safe
- accepting, loving herself and feeling self-worth
- better confidence and esteem
- coping strategies
- increased agency
- reduced drug-use
- gaining apprenticeship

Case study 2: Helen's journey from panic attacks to business owner

Helen was referred to Project 1325 when she was 18 by a mental health support service and is an example of a young woman whose needs were dominated by mental health issues and anxiety. A summary of her needs, support and outcomes is below in Figure 6.

FIGURE 6. HELEN'S NEEDS, SUPPORT AND OUTCOMES



Helen's presenting needs:

Helen's presenting needs were dominated by mental health problems – depression and anxiety – which manifested in poor sleep, panic attacks and negative thinking patterns. Helen also had low confidence and self-esteem and she was conscious of a physical impairment. Helen noted problems also within her family, and particularly with her brother who used to be physically abusive towards her. While this relationship had improved, it nonetheless continued to bring about Helen's anxiety. In addition, Helen self-harmed and had recurrent nightmares and very poor sleep.

Support for Helen through her journey:

Helen's support comprised one-to-one sessions in the main that focused on emotional work and improving wellbeing. This included developing coping skills for panic attacks and improving sleep

hygiene. Helen did 'homework' on naming and listing her concerns and applying coping strategies around them. Though Helen experienced fluctuations in her sleep patterns, she persevered with improving her sleep hygiene and throughout the support, her sleeping greatly improved.

Helen noted early on that she wanted to work on her confidence and self-esteem, and particularly on interacting with others on the phone, which was a struggle for her. Through college, she signed up to a knitting group and this enabled her to start to practice communicating with others and to develop confidence in talking to people. This was a turning point for Helen, and it helped her to interact with her peers in class. At the same time, her panic attacks and anxiety reduced, and she became more sociable with friends. At the first review point of the support, Helen '*surprised herself*' with the progress that she had made and indicated that she had started to take on the coping strategies and tools, daily, to alter her negative thought patterns and to push herself to meet new people.

Helen also experienced periods of self-doubt and frustration particularly around her engagement in college. During Helen's support, she was unhappy at college, but she was reluctant to leave because she had done so before and she considered it a failure to do so again. Through working with her Caseworker, Helen made the decision to leave college to pursue an apprenticeship and reported in her retrospective interview that bringing herself to make that freeing decision had been an important turning point in her journey.

Helen continued however to experience panic attacks during her support, which set her back in terms of her progress. After her first major panic attack during this time, the Caseworker emphasised the use of coping techniques and recognising that the attacks were a 'blip'. This was a turning point in Helen's support as it helped her to recognise that there would be fluctuations in her mental health but that they would be temporary. In Helen's closing session, she told the Caseworker that there had been problems at home in recent weeks that had worried her and increased her anxiety; however, Helen acknowledged that this was a 'blip' and that she was able to cope with it. She did not react to the problems or think about them in the same way as previously. This was a demonstration of the progress that Helen had made in managing her anxiety though Project 1325 support.

Helen was able to reduce the frequency of support (weekly, to fortnightly, to monthly) as she developed ways to manage her depression and anxiety and as her confidence and esteem improved. At the same time, however, she started to attend more sporadically and, when she did attend, she reported that she was experiencing more periods of lowness. With a revised course of medication and ongoing support around coping, Helen was able to maintain a better equilibrium. Eventually, Helen reported that the decision to leave college and to seek an apprenticeship had given her a strength to pursue what she really wanted to do. This exercise of agency was another turning point and illustrative also of Helen's increasing confidence and esteem. Helen reported feeling excited about the future.

Helen continued to utilise all the strategies that she had developed during her journey and experienced a further turning point when she opened the door to the postal worker – she had never been able to engage with that kind of interaction before. Getting the apprenticeship was also pivotal for Helen and the Caseworker noted that she could not believe the changes in her when she saw her soon afterwards. Shortly after starting the apprenticeship, Helen began speaking on the telephone and did not panic when things became stressful. These turning points were clearly important to her and she was able to recognise them.

Helen's progress continued for the remainder of her support. in the final session, she reported that she was well and feeling much more positive all round.

Outcomes of Helen's support:

Helen worked with the Caseworker for about 17 months and developed a range of coping skills to manage her depression and anxiety. Her sleep patterns improved through the support and her panic attacks reduced. Helen also grew in confidence, particularly in terms of being able to engage in social interactions. Helen gained an apprenticeship and was becoming self-employed. According to the Project 1325 journey scale, at the end of her support, Helen felt listened to, very positive about her overall situation, and confident in making decisions on her own and in taking positive actions in the future (agency). She also indicated improvements in her confidence and self-esteem.

Helen removed a lot of 'bugs' from her Tree in the closing session and she said that she was feeling '*very proud*'. Importantly, she did not add any new bugs and noted that while issues still arose, there was *'nothing that is not temporary*.'

Helen's journey was characterised by addressing mental health and anxiety and poor sleeping, learning to cope and grow outside of her comfort zone, tackling over-thinking, and recognising that life will be difficult but that she could cope and was resilient and strong. Helen's journey was also illustrative of the fluctuations that can be experienced by young women during their journeys, and of the learning from those fluctuations in terms of building coping and resilience and recognising that fluctuations are to be expected in the life course and temporary.

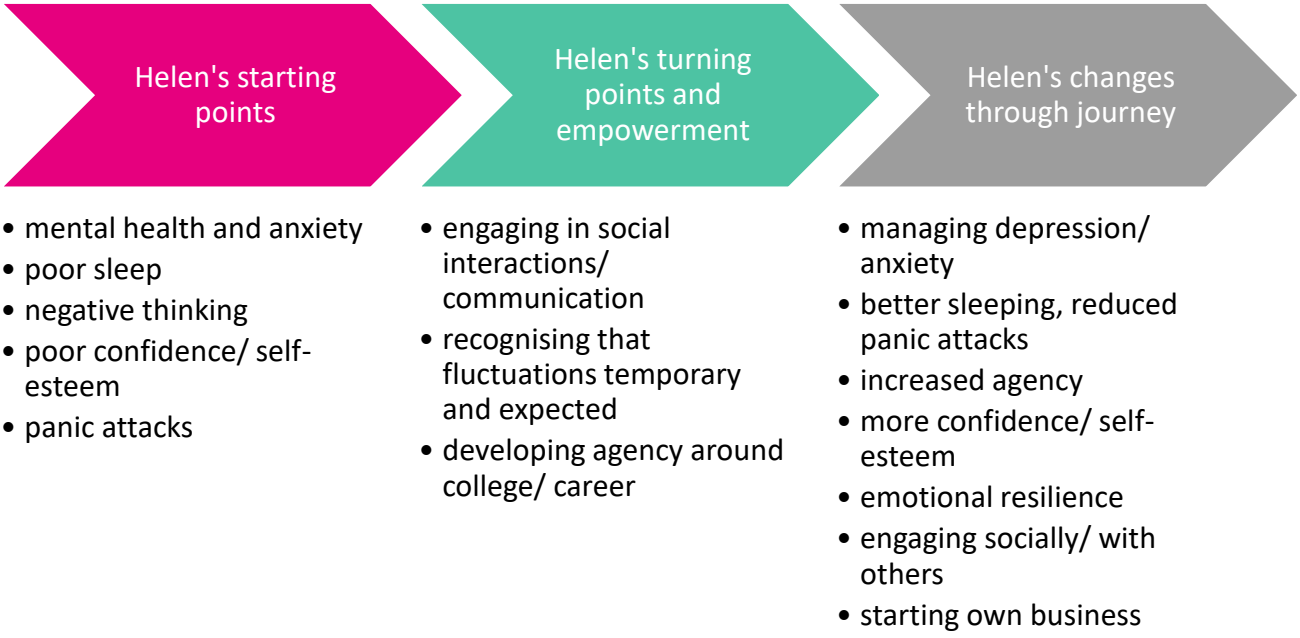
In Helen's closing session, she said that she had had a difficult few days but she felt '*ready to close'*. In addition, while there had been recent family problems, she noted that the *'whole time it was happening, I was completely fine. I didn't cry. I thought, right, what needs to be done to get this sorted?'* In this sense, Helen had a reached a place in her journey where she could cope and where she had emotional resilience and strength. Helen herself attributed her resilience to Project 1325 and her ongoing CBT. Helen still had moments of feeling overwhelmed, but she recognised that they were to be expected and that she could manage despite challenges by using coping strategies. She remarked that being in a stable relationship was important because it stopped her doing '*anything stupid*'. She was nervous about closing her work with Caseworker; nonetheless, she noted that she had '*people and the tools to keep going and cope in the moment'*. She valued particularly the coping mechanisms that she had learning in the Project and being able to look after herself. Importantly, Helen was reassured by knowing that if she needed support again in the immediate or longer term, she could return to Project 1325 at any point.

Helen said that she was really glad that she and Caseworker did the final Tree because '*it reminded her of lots of stuff'.* She said that she felt she was '*going out on a high'*. Of Project 1325, she said: *'It was good to have support. It is personal, user-driven. […] It was a massive help knowing that no matter what happens, [the Project] is going to be there for as long as it is needed'*. Helen spoke at

great length in the retrospective interview about her apprenticeship (then finished) and her delight at being in the process of opening her own business.

Helen's journey, summarised using the theory of change in Figure 7, was characterised by moving from a place of extreme anxiety and its manifestations to becoming considerably more confident and developing agency and resilience, managing her depression and anxiety much better, coping emotionally and physically, and opening her own business.

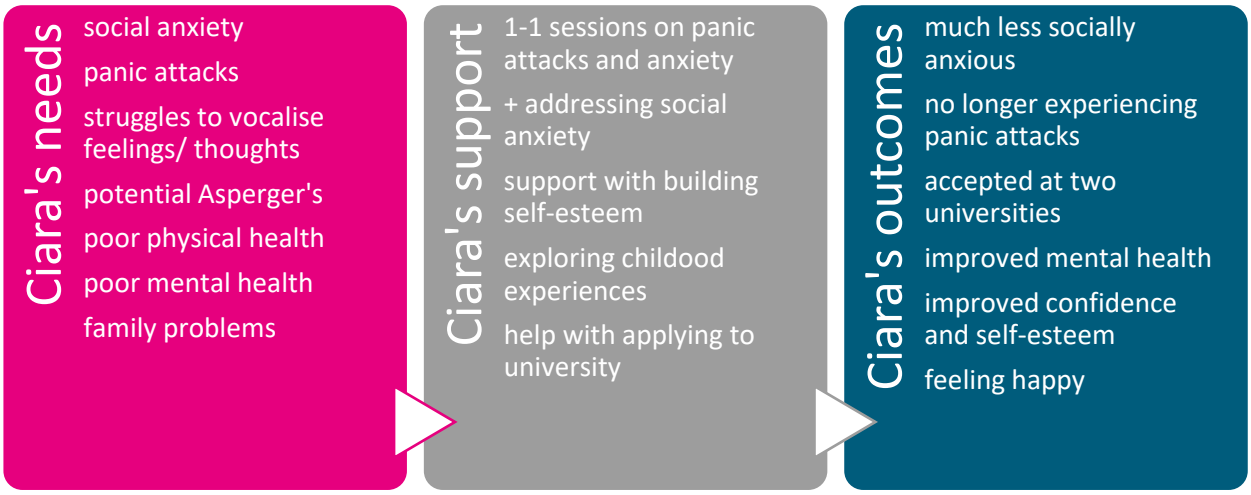
FIGURE 7. HELEN'S PROJECT 1325 JOURNEY



Case study 3: Ciara's journey: from anxiety and isolation to beginning university

Ciara came to the Project when she was 17 because she suffered greatly from social anxiety and was isolated even within her family home. A summary of her needs, support and outcomes is below in Figure 8.

FIGURE 8. CIARA'S NEEDS, SUPPORT AND OUTCOMES



Ciara's presenting needs:

Ciara's presenting needs were dominated by social anxiety and panic attacks. Ciara's mother was concerned about her negative experiences in school and her social isolation (Ciara struggled to mix with others and to vocalise her thoughts). Ciara's mother also suspected that Ciara had Asperger's and autism and was worried that the anxiety and panic attacks that had been previously addressed by CAMHS had returned. Ciara also had physical health problems and was often in pain, and her relationship with some family members was fractured.

Support for Ciara through her journey:

Ciara's support comprised one-to-one work on emotional wellbeing, coping skills, accessing and vocalising her thoughts and feelings, and her lack of desire to socialise and to be in company. When Ciara's support started, it was concerned with the impact of her physical illnesses on her life and her worries about falling behind in her college work. She was also experiencing panic attacks and the

support began with exploring triggers and being able to identify them. Through the support, the Caseworker and Ciara explored Ciara's childhood friendships and her limited availability then to socialise (because of family issues) and discussed if this had had a long-term impact on her ability to socialise. This realisation and linking together of previous, formative experiences and current issues was a turning point for Ciara.

Ciara continued to experience family issues and physical health problems throughout her support, but she began to manage them in different ways. She was proactive about addressing her physical problems by visiting the hospital. This was also a turning point in Ciara's journey, and, after this time, she was able to tell the Caseworker that she was '*satisfied*' and she smiled, which was unusual. This was the first moment in Ciara's support where she vocalised her feelings to the Caseworker and this change was attributed to her more positive and agentic approach to her life (making to do lists, decorating her bedroom, making plans for socialising, and leaving her job so she would have more time for her studies). Ciara marked this point in her journey as being very positive. Ciara's increasing agency and confidence manifested in her being able to better cope with certain situations (e.g., a persistent boy on Instagram). And, while Ciara was anxious about getting her application ready for university, she and the Caseworker worked together.

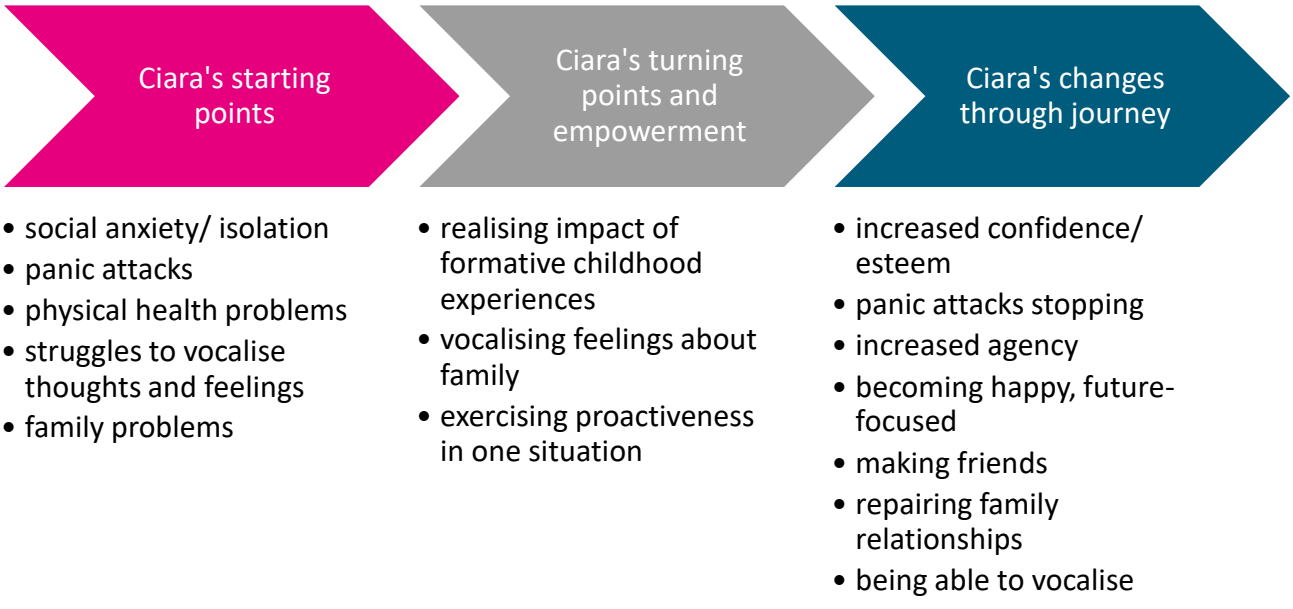
Ciara and the Caseworker also explored Ciara's fractured family relationships (with her mother, father, and sister), how they made her feel, and the impact of these difficult relationships on her life and wellbeing. Through the support, Ciara and the Caseworker were able to identify ways for Ciara to manage the impact of family problems and to vocalise her feelings about them. In a similar way, the Caseworker and Ciara explored friendships, Ciara's fear of friendships, and the ways in which Ciara could become less socially anxious. Though still experiencing physical problems, the Caseworker noted that *'the turnaround in Ciara's personality, approach to life and future [was] immense'*. Ciara's Tree tool also indicated several changes and improvements in terms of family relationships, mental health and anxiety, and social isolation and anxiety. The Caseworker noted that Ciara was '*ecstatic about her Tree'*. By the end of the support period, Ciara had been accepted to five universities and taken up a place at one, had made friends, and had started to repair family relationships which had been damaged for many years.

Outcomes of Ciara's support:

Ciara came to the Project for about eight months. The main outcome of Ciara's support was her ability to vocalise her thoughts and feelings about the issues she experienced and learning to manage different problems in her life. Ciara grew in confidence and became future-focused and happy. Ciara also experienced increased agency which enabled her to be proactive about addressing physical problems, family problems, and her social anxiety. Ciara deliberately tested her comfort zones in friendships and social situations to make friends. By the end of the support, Ciara felt much more listened to, more positive about her overall situation, more confident about talking positive actions for the future, and able to use coping strategies to manage her emotional wellbeing.

Ciara's journey, summarised in Figure 9, was characterised by making great strides in coming out of herself to be the person she had struggled to find through her life, and by improving self-esteem and increasing agency. She was able to vocalise her feelings in ways that she had not before. While Ciara continued to experience physical issues, she had stopped experiencing panic attacks.

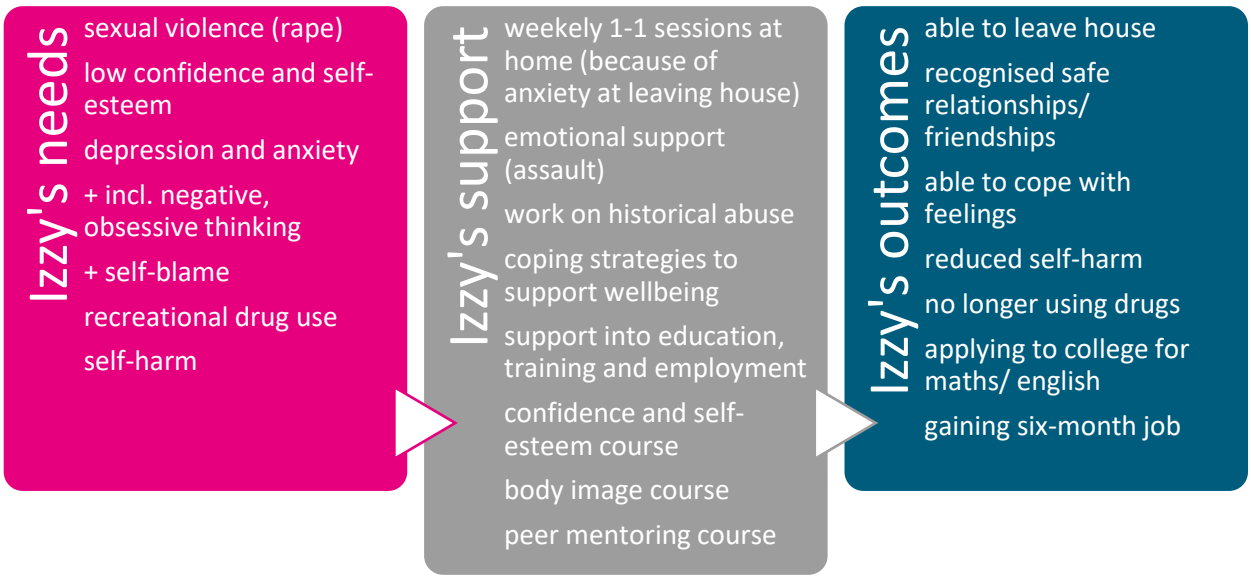
FIGURE 9. CIARA'S PROJECT 1325 JOURNEY



Case study 4: Izzy's journey from sexual violence to starting new career

Izzy was referred by a support service for survivors of sexual and domestic violence and was an example of a young woman who had experienced sexual violence. Izzy was supported by Project 1325 for 12 months and was aged 23 when she started. Izzy's starting needs, support and outcomes are below in Figure 10.

FIGURE 10. IZZY'S NEEDS, SUPPORT AND OUTCOMES



Izzy's presenting needs:

Izzy had been raped some months before she engaged with Project 1325 and was having ongoing struggles in dealing with the trauma. She did not leave the house much because of her anxiety. She had low confidence and self-esteem and she felt that she did not manage her emotions well. She also had a history of self-harm, negative and obsessive thinking, and self-blame. Izzy also noted a historic incident at school where she became close to and then felt abandoned by a key worker, and historical sexual abuse by a family friend and her stepfather.

Support for Izzy through her journey:

Izzy's time with Project 1325 comprised emotional support for the assault, in the main. The Caseworker and Izzy also worked on a life map where she could record all the key events in her life in order that she could start to make sense of them. The talking support explored Izzy's issues with her mother (which whom she had a fractured relationship), and her feelings about her former key worker. Izzy reported a 'breakthrough point' (turning point) with her mother when she disclosed her own, historical abuse.

Izzy's wellbeing and state of mind fluctuated during the support period; nonetheless, the Caseworker noted the immense progress that Izzy had made by her first review point. Izzy's outlook continued to improve through the period of support, and she engaged in several courses (body image, confidence, and peer mentoring). She became future-focused and started to think of career paths, and was proactive in making changes (e.g., driving lessons). She began to reengage in song-writing, which she was finding enjoyable and therapeutic, and continued to grow in confidence and esteem. In a focus group with Izzy, she mentioned how she had recently been able to return to the place where she had been raped. This was a profound turning point in Izzy's journey and an illustration of her regaining agency and power in her own life.

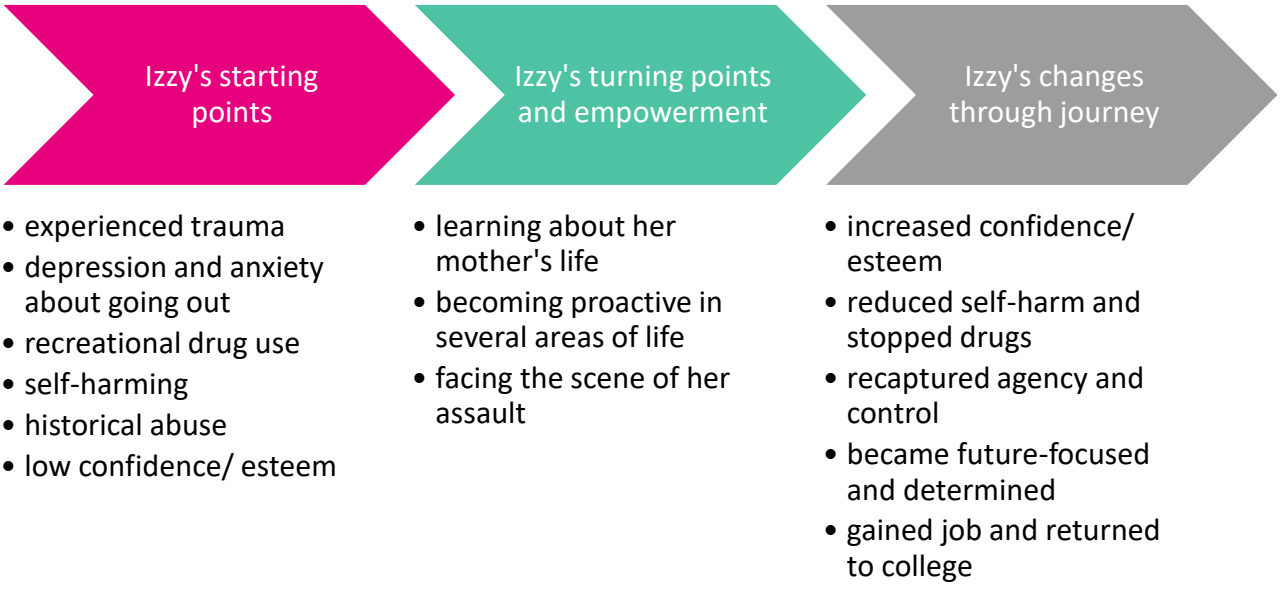
Outcomes of Izzy's support:

Izzy's outcomes were concerned with her emotional wellbeing and growth. When Izzy began her Project 1325 journey, she was immensely traumatised from her experience of rape and too anxious to leave the house. Through the support, Izzy gained in confidence and recaptured her sense of agency and power. Izzy also engaged with a variety of programmes in the Project, which helped her to rebuild her confidence and esteem. Izzy no longer used drugs, had reduced self-harming, and had regained friendships. She was future-focused, learning to drive, and had gained a six-month job placement, as well as going to college to do maths and English. By the end of the support, Izzy felt listened to and positive about her overall situation. Her confidence and self-esteem had improved greatly, and she felt fully confident in her ability to take positive actions and to make decisions on her future (increased agency). Izzy had also developed effective coping skills.

Izzy's journey was very much about recapturing the agency and power that had been taken from her by the assault and by previous, damaging experiences. Izzy empowered herself through Project 1325 and through being proactive in her current and future life. Izzy reflected on her Project 1325 journey immensely positively and attributed her new outlook and perspective to the work she had done with Caseworker. She was more confident and felt excited about the future. She was engaged in several future-focused activities and felt excited about them. When Izzy did her final Tree tool with Caseworker, she was astounded by her achievements: *'It's crazy really. I've done so much'*. She said of Project 1325: '*It's nice to find yourself again, have someone there to help, motivate you, help you find who your true self is. It's good to feel like my old bubbly self.'*

Izzy's journey, summarised below in Figure 11, was characterised by her recovering from the profound trauma of sexual assault. Izzy began her journey with high levels of anxiety and self-harm and low confidence and esteem and, through the support, developed agency and regained control, increased her confidence and esteem, became future-focused, and returned to college and got a job.

FIGURE 11. IZZY'S PROJECT 1325 JOURNEY

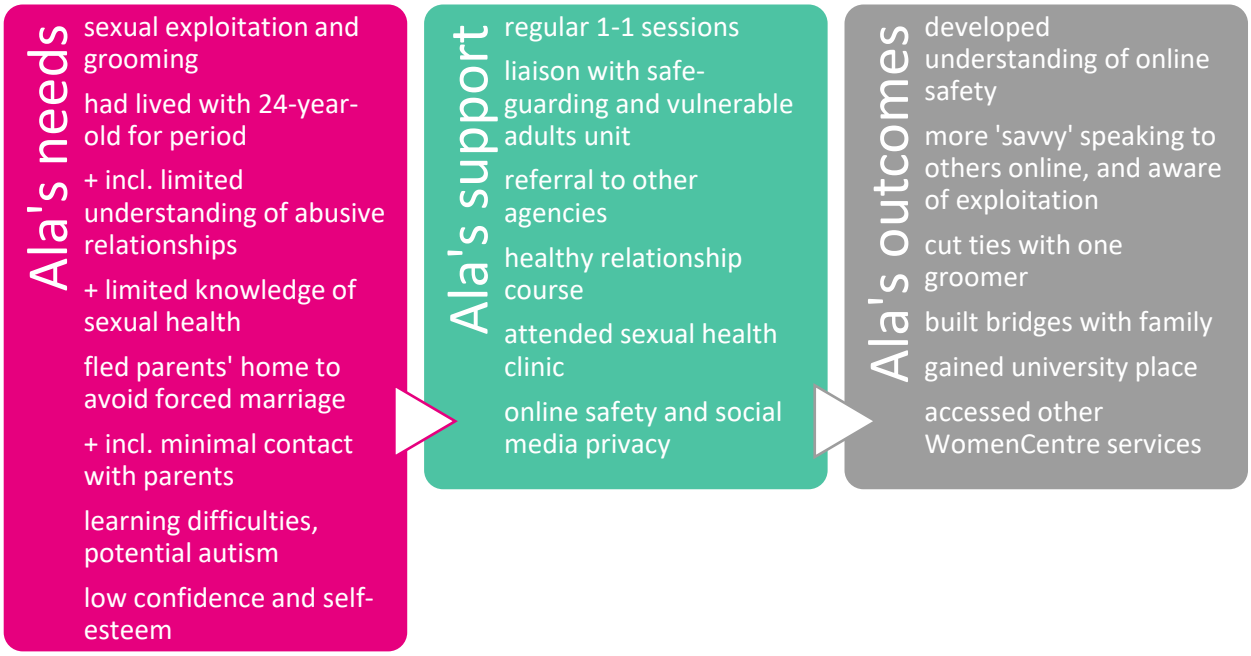


The case examples explored above were concerned with one-to-one work, in the main. The next case studies illustrate the importance of multi-agency work, particularly with younger women, alongside one-to-one work, and the ways in which the Caseworkers worked with young women with learning needs.

Case study 5: Ala's journey from at risk of sexual exploitation to going to university

Ala was 20 when she was referred from another Women Centre because of concerns of sexual exploitation and grooming by older males. Ala spent 12 months with Project 1325 and her presenting needs, support and outcomes are summarised below in Figure 12.

FIGURE 12. ALA'S NEEDS, SUPPORT AND OUTCOMES



Ala's presenting needs:

Ala had fled her parents' home when she was younger to avoid a forced marriage. She had had limited contact with her parents since then, and the police retained her passport to prevent her being sent away. Ala had been speaking to older men online and was referred from another Women Centre because of concerns about the risk for exploitation. Ala had very limited understanding of unhealthy

relationships, abuse, and sexual health. She also had low confidence and self-esteem, and clear signs of learning difficulties.

Support for Ala through her journey:

Ala's support focused on exploring unhealthy relationships and unsafe behaviours online and in relationships. As a result of Ala's learning difficulties and limited understanding of abuse and safety, the support was concerned with her being 'at-risk' as well as engaging in risk-taking behaviours.

Ala attended the Project's 1325 healthy relationships programme and did well there. However, she struggled with saying 'no' to men, despite knowing that she did not want to engage sexually with them. She told the Caseworker that going along with men's demands was better than having no friends at all. The Caseworker explored safe sexual practices with Ala and how to keep herself safe; however, the Caseworker remained concerned about Ala's comprehension and her ability to put into practice what she was learning in the course and to understand the range of issues as a whole. The Caseworker engaged in constant risk-assessment and safeguarding with Ala and tried to support her in cutting off ties with men and in ensuring that she stayed safe. Ala's understanding and agency was limited, however, because of her learning difficulties, for which she had had limited support.

As the support progressed, Ala and the Caseworker changed Ala's privacy settings on social media and Ala ended contact with the last man that she had met. The support for Ala required a great deal of liaison with other agencies – Multi Agency Risk Assessment Conference (MARAC), Adult Safeguarding, the police, housing support, and women's refuge and support services – to ensure that she was safe. Ala joined groups and contacted others during the support and seemed to grow in esteem and confidence. At the end of the support, Ala had been accepted to university and was free of the last older man for three months. She reported that she felt confident to say no and to spot the signs of abuse.

Outcomes of Ala's support:

Ala's was a challenging case because of her learning needs and their effect on her comprehension, her relative isolation from family, and the amount of multi-agency work that was needed to ensure

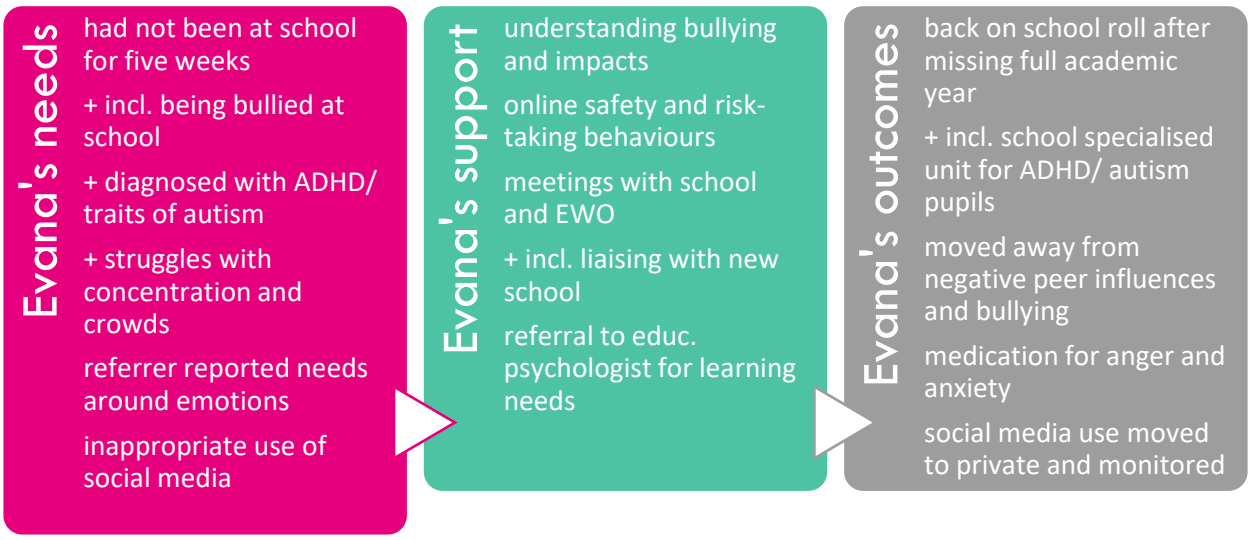
that she was safe. The Caseworker noted that Ala's was a very difficult case; nonetheless, Ala did learn about healthy and unhealthy relationships, abuse and manipulation, and felt confident and able to say no to men at the end of the support. She had cut off contact with the last older man and had changed her privacy settings on social media.

It is difficult to identify specific turning points in this case because the work was concerned with liaison with other agencies alongside one-to-one work with Ala, and the case records did not indicate turning points, *per se*. The journey illustration is therefore not included for this case. It is nonetheless an important example of safeguarding work and working with young women with learning needs. For example, the Caseworker was mindful of the language that she used, and the ways in which the Project's tools and materials needed to be adapted, to work sensitively and effectively with Ala. There is also important learning in Ala's case in terms of the pace of work with young women with learning needs – the Caseworker noted in her records that her support for Ala around exploring risk, abuse, safety and healthy relationships was quite slow because Ala's ability to understand was limited. At the same time, the Caseworker needed to ensure that Ala was safeguarded appropriately. It was a delicate process for the Caseworker to balance Ala's learning and self-empowerment alongside multi-agency interventions.

Case study 6: Evana's journey from school absence to reenrolment and safer behaviours

Evana spent seven months with Project 1325 when she 14, was and was referred to Project 1325 by CAMHS. Evana was an example of a young woman whose needs were dominated by school issues and learning needs. A summary of her needs, support and outcomes is below in Figure 13.

FIGURE 13. EVANA'S NEEDS, SUPPORT AND OUTCOMES



Evana's presenting needs:

Evana's needs were dominated by her absence from school and were compounded by her diagnosis of ADHD and traits of autism and a recognition that her learning age was much less than her biological age. Evana had also been bullied at school and was engaging in inappropriate behaviours on social media. Evana's parents had experienced problems in Evana's former school because the support she received for her learning needs was insufficient and they did not believe that the school addressed the issue of bullying. Evana's mother eventually removed her from school. Evana was taking ADHD medication and her mother felt that she needed a 'safe space' as she struggled with crowds and noise. The Caseworker said that she would provide that safe space to allow Evana to talk and to work through her frustrations.

Support for Evana through her journey:

Evana's support involved the Caseworker learning how to interact with Evana on her terms and according to her learning needs. The support was mainly focused on Caseworker working with educational professionals and Evana's school to address problems with Evana's provision and liaising between Evana's parents and a new school for Evana.

The Caseworker also worked with Evana on friendships and 'what a friend looks like' (turning point), her own behaviours towards friends, understanding bullying, recognising safe use of social media (turning point), and building emotional resilience and confidence. The Caseworker's direct support with Evana also involved working on Evana's frustrations and anger. The Caseworker also spent considerable time with Evana's mother, who often had difficulties in her relationship with and management of Evana.

Outcomes of Evana's support:

The main outcome from Evana's case was her returning permanently to school after missing a full academic year. The support and intervention of the Caseworker was fundamental in re-enrolling Evana and in supporting Evana's parents in the transition and in their management of Evana when she was out of school.

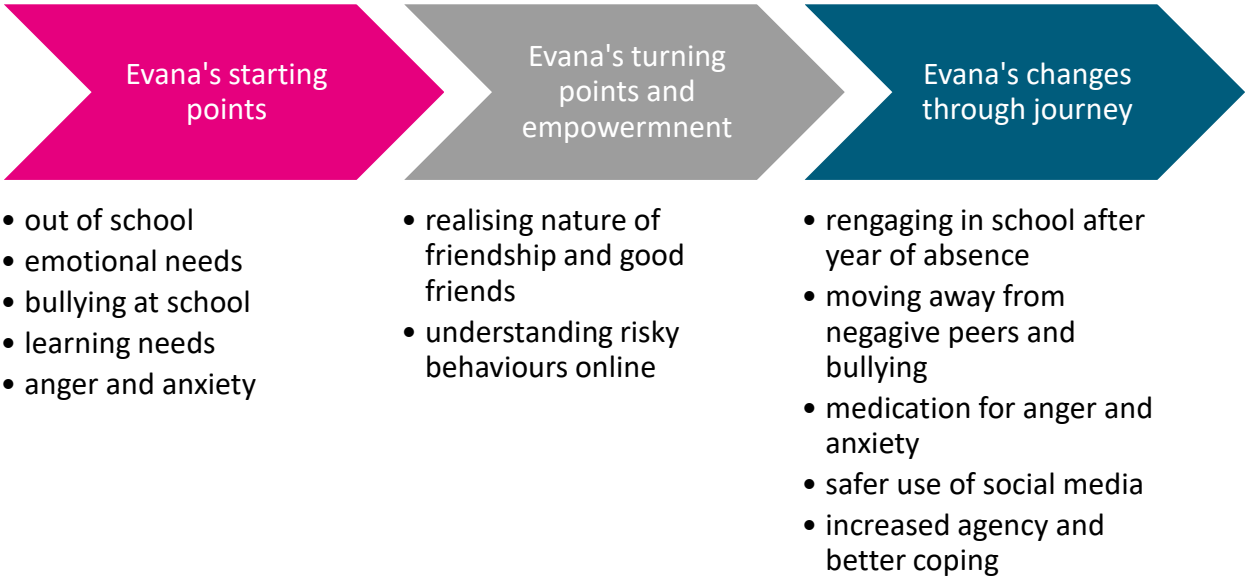
Evana made great strides in terms of her personal development, particularly around building emotional resilience, moving away from negative peers, reviewing medication for anger and anxiety, and addressing risky behaviours on social media. By the end of Evana's support, she felt more listened to and positive about her situation than when she started her journey. She had greater self-esteem and confidence, and a better relationship with her family. Mostly notably, Evana reported large improvements about taking positive actions in the future, and she had developed coping strategies to manage her wellbeing.

Evana's journey, summarised in Figure 14 below, was predominantly concerned with her return to school and reducing her risky behaviours. As well as working with Evana on those issues, the support involved a great deal of liaison with schools and educational professionals, on Evana's behalf. This

case also illustrates the sensitive and appropriate ways in which the Caseworkers worked with young women with learning needs. In this case, the Caseworker spent time with Evana, speaking with her and exploring her likes and interests to establish how best to interact with her at her own pace and level of understanding. At the same time, the Caseworker had to necessarily work with other agencies to reenrol Evana at school. This required multi-level work and, again, a delicate process of balancing individual-level and paced support with multi-agency liaison.

In her closing session, Evana noted that she valued the opportunity to talk and to be with someone who listened to what she had to say. Evana was also glad to be back at school and felt that she was happy, friendly, and not sad anymore. She said: '*I did not feel let down. [Caseworker] helped me back into school at my pace.'*

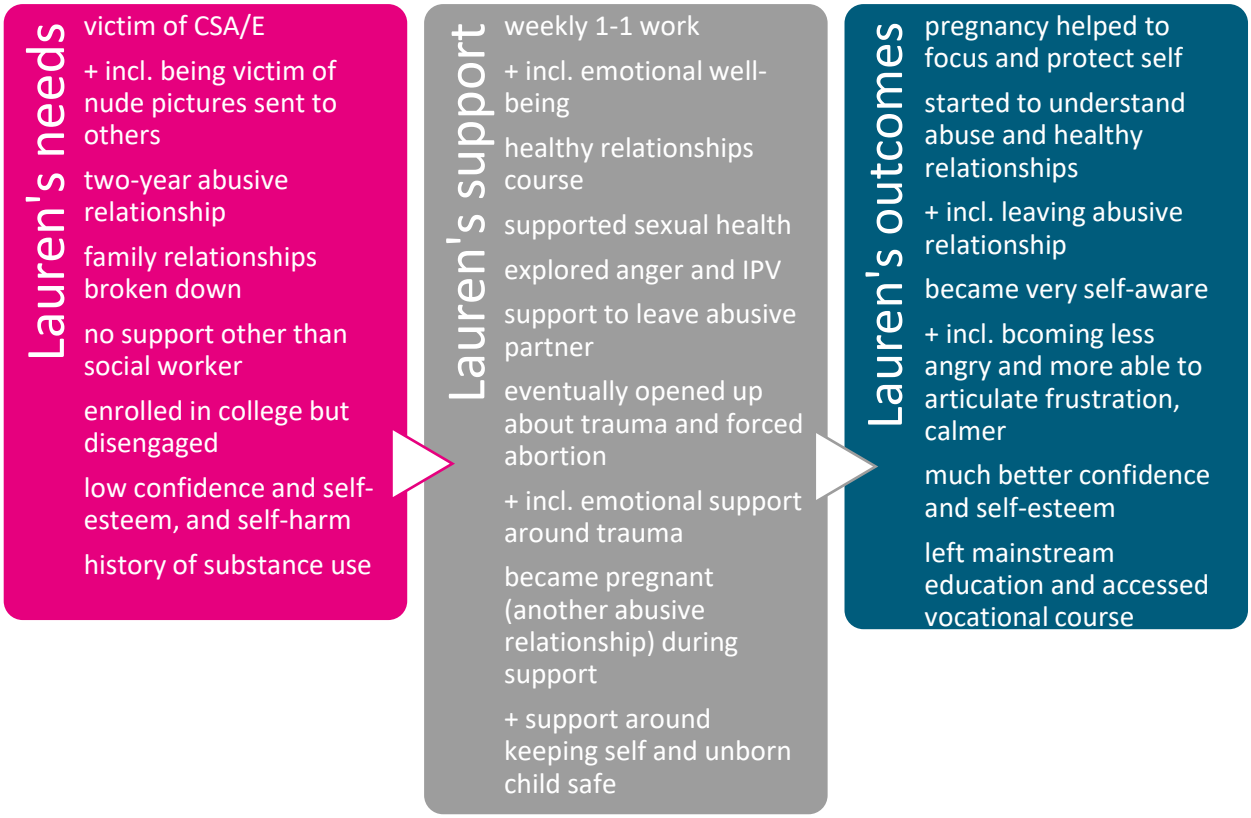
FIGURE 14. EVANA'S PROJECT 1325 JOURNEY



Case study 7: Lauren's journey from interpersonal violence to motherhood and vocational course

Lauren was referred to Project 1325 by her social worker when she was 17 and spent 14 months with the Project. Lauren had been a victim of child sexual abuse (father's partner) and had been involved in an abusive relationship with a partner. A summary of Lauren's needs, support and outcomes is below in Figure 15.

FIGURE 15. LAUREN'S NEEDS, SUPPORT AND OUTCOMES



Lauren's presenting needs:

Lauren's needs were dominated by her experiences of child sexual abuse and exploitation by her father's partner and her ongoing relationship with an abusive partner. Lauren had also been forced to have an abortion when she was 14. She had very little support, apart from with a social worker,

and her family relationships had broken down. Lauren was enrolled in college, but she was largely disengaged and was not completing work. She also had very low confidence and self-esteem, and a history of self-harming and substance use.

Support for Lauren through her journey:

Lauren's support involved intensive one-to-one work around emotional wellbeing, healthy relationships, sexual health, and leaving her abusive partner. At the start of the support in particular, Lauren needed help in coping with her by then ex-partner's ongoing abusive and distressing behaviours towards her, and constant support to stay away from him. The Caseworker liaised with Lauren's social worker to support her. The social worker noted early on in Lauren's 1325 support that Lauren was doing much better than before. Lauren was difficult to engage in support and the Caseworker had to do a large amount of chasing her, especially when she was struggling with personal relationships (Lauren was caught in a cycle of abusive relationships).

Lauren was also on a Child in Need plan during support because of her experiences of child sexual abuse. As the support progressed, Lauren opened up about her trauma and the impact of a forced abortion when she was younger. Opening up in this way was a turning point for Lauren.

Lauren eventually signed up to the healthy relationships course and seemed to enjoy it. She was calm in the group. Alongside this, the Caseworker explored healthy, positive relationships with Lauren and tried to encourage her to understand that abusive relationships are problematic. The Caseworker noted: *'[It] is going to take a long time to get her to see things differently'.* The Caseworker also noted that Lauren was, at that stage, talking to her and being honest (a turning point).

Lauren's family relationships remained fractured throughout the period of her support. Her personal relationships were also volatile, and the Caseworker noted several times in the case records that she was concerned for Lauren's safety, wellbeing, and level of vulnerability. Lauren's engagement with the Project and with the Caseworker fluctuated throughout and maintaining Lauren's engagement required substantial perseverance on the Caseworker's part. At several points, however, Lauren realised and named the problem of the abuse that she was facing in her relationships. These were important turning points. Lauren became pregnant with a new partner who was also abusive. This

brought about a new attitude for her, however, and she focused then on protecting herself and her baby – another turning point. At this point, Lauren separated from the baby's father and reengaged with her friends as she realised that she had missed a social life. This was another turning point.

By the end of the support, Lauren had settled back into her mother's home and their relationship had improved. She had limited contact with the baby's father and was determined not to involve him in the baby's life.

Outcomes of Lauren's support:

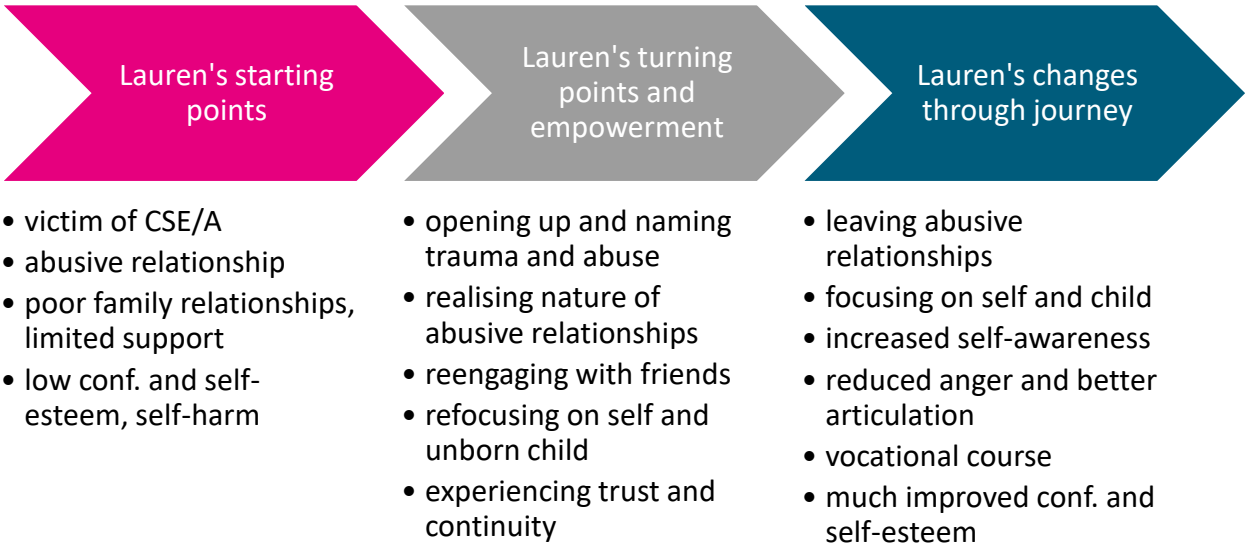
Lauren managed to leave her abusive partner through the support she received in Project 1325 and by recognising and naming the abuse that she had experienced. Lauren refocused her priorities on herself and her child. Her self-awareness improved greatly, and she had much better understanding of healthy relationships. She also engaged in a young mothers group, started driving lessons, felt that she was more assertive and had developed better communication skills, and was less angry and better able to articulate her frustrations. She also started a vocational course. At the end of the support, Lauren had much improved confidence and self-esteem and felt that she was being listened to. She felt much more positive about her situation and about taking positive actions in the future (increased agency).

Lauren's closing records indicated that she valued Project 1325 because she could talk there, and she trusted the Caseworker who had '*never done anything behind my back like the social worker did*'. The Caseworker noted that trust and continuity were essential for Lauren, because they had been largely absent in any support that she had received before and in her personal and family relationships. Lauren's 'Trees' indicated that she was still thinking about, and upset by, her previous relationships; nonetheless she was determined to focus on herself, and felt more supported, assertive and content.

In all, Lauren's case also required a great deal of multi-agency work to keep Lauren safe and to ensure that her baby was safe. The Caseworker also noted that Lauren's case *'moved furthest in terms of start to closure'* and was a *'very successful case'*.

Lauren's case was characterised by a balance between one-to-one work and multi-agency work that ensured that she felt supported in ways that she could trust while also moving her on from abusive situations and working with her to address trauma and abuse. Lauren's journey is set out in Figure 16 below.

FIGURE 16. LAUREN'S PROJECT 1325 JOURNEY



The case examples illustrate the range of support work that took place on Project 1325. They explore the journeys of young women who were referred or came to the Project presenting with a range of needs. The case examples set out here are framed around a dominating need and while the examples explore individual journeys and the young women's change, it is possible to consider learning across the case examples in terms of the theory of change.

The case examples illustrate the complexity of the young women's needs, support, outcomes and journeys through Project 1325. It was rare for a young woman to be referred to, or come to, Project 1325 with just one presenting need (see also Section 2.1 above). Rather, young women presented with a range of complex and multi-dimensional needs, very often including mental health concerns,

experiences of trauma, problems with family and intimate relationships, and poor self-esteem and confidence. The young women who came to Project 1325 may also have experienced problems with college, housing, or school.

The case examples illustrate the ways in which the Caseworkers worked with the young women to identify the needs and issues for which they wanted support. Forming the support around these needs, and the wishes of the young women, was central to the WomenCentre women-centred and trauma-informed model of working. Invariably the support in the Project differed in terms of intensity and form – no one case example closely resembled another. It was unusual for the support to take just one form (e.g., emotional support). Rather, the support involved the Caseworkers and young women working together on the young women's journeys in a variety of ways – emotional support, help with college, or working through family fractures. The work was, importantly, active in ensuring young women's safety, wellbeing and progress, and reactive to issues that arose during the period of support – incidents in the family or with peers, or problems at college, for example. Section 3 above explored the methods that the Caseworkers used to weave the young women's concerns, and issues with safeguarding, into the support. In this way, the support ensured that the young women experienced continuity while also allowing for flexibility in considering circumstances and changes.

The turning points experienced by the young women were a key part of their journeys and, often, explicit moments of change named between the Caseworkers and the young women. In terms of support, these turning points represented moments in the young women's journeys which helped their recovery or progress, or which brought about a new and purposeful change of direction and outlook. The case studies illustrate how capturing and naming these turning points was crucial in the young women's self-empowerment and self-development. Increased and renewed agency very often featured alongside or as part of turning points, particularly where the young women had been disempowered through experience or circumstance. The case examples also illustrate the importance of self-reflection throughout the journey in order that the young women could themselves recognise and name change. Self-reflection was particularly evident at the closing points of support where the young women were able to look back at and reflect upon their experiences during support and the ways in which they had changed and developed.

Where support required multi-agency liaison, the Caseworkers constructed a delicate balance to ensure that they were supporting the young women on a personal and emotional level alongside working with key agencies to support the young women as necessary. Where the young women had learning needs, the Caseworkers also needed to learn how to work with the young women at their own pace and in their own language. This, too, was a delicate balance for the Caseworkers to ensure that the work was appropriate and started where the young women 'were'.

Finally, the case examples suggest that the young women consistently framed their stories and needs within their wider social and personal context (family, friends, relationships, school, and so forth). In this way, journeys should be understood as an intersecting aspect of the young women's evolving life narratives, and integral to the rest of their lives.

4.2. EVALUATING THE EFFECTIVENESS OF PROJECT 1325

The evaluation of Project 1325 did not set out to formulate a theory of change that would 'measure' the young women's outcomes from the Project based on their presenting needs and the forms of support that they received. The theory of change was devised with the intention of understanding the young women's journeys through Project 1325, in their own words and on their own terms, by capturing key moments in their journeys and the changes that they made in their lives to address their issues. It is important to note that Project 1325 is itself a form of early, preventative work that is done with young women who are experiencing difficulties. One staff member in a focus group discussed the issue of a *'revolving door'* of women who are referred or who come to WomenCentre several times in their adulthood for various problems. It was recognised in the WomenCentre that Project 1325 was a crucial intervention in younger years to prevent problems becoming exacerbated or entrenched as the young women moved from adolescence through young adulthood.

It is possible to quantify outcomes from Project 1325 to begin to consider the effectiveness of the support for the 117 young women for whom closed record data were available. The case record data do not demonstrate Project 1325's theory of change but they are a useful numerical representation of the different outcomes for young women.

TABLE 7. YOUNG WOMEN'S GROUPED NEEDS AND OUTCOMES FROM PROJECT 1325 (TOTAL N=117)

Grouped need	Number of young women	Percentage of young women	Grouped outcome	Number of young women	Percentage of young women
Mental health issues	110	94%	**Mental health improvements**	103	88%
Relationships and friendships	105	90%	**Healthier and improved relationships**	73	62%
School issues	49	42%	**Engagement with education, training or employment**	59	50%
Risky behaviours	28	24%	**Reduced risky behaviours**	31	26%
Practical needs	16	14%	**Practical outcomes**	19	16%

The data in Table 7 show a broad reconciliation of the young women's presenting needs and outcomes from the Project. it is important to note that these data are presented aggregately and do not imply that all the young women who presented with a particular need had a related outcome from the support. Nonetheless, while almost all the young women presented to Project 1325 with mental health issues of some sort (e.g., depression, anxiety, low esteem), 88% of the young women had improved mental health by the end of their Project 1325 journeys. Similarly, 90% of the young women presented with issues with relationships and friendships, and 62% had seen improvements by the end of the support. It is notable that while 42% of the young women presented to the Project with school needs specifically, 50% of the young women had (re)engaged with education, training or employment by the end of their journey. These data indicate that a sizeable proportion of young women had begun training or employment, regardless of their presenting needs. This finding indicates significant economic outcomes from Project 1325.

These data provide a brief quantitative summary of the effectiveness of Project 1325, which illustrate that the outcomes from Project 1325 broadly aligned with the presenting needs of the young women. It is the individual young women's journeys of change, however, that demonstrate the effectiveness of Project 1325 in more detail. The case studies in Section 4.1 above examined the ways in which the young women experienced their Project 1325 journeys from the initial recording of their presenting

needs, through the process of women-centred support, to the closing stages and the young women's change outcomes. The turning points in the young women's journeys were named by the young women themselves and enabled them to reach the next stage of their recovery, move on from past experiences, or change their lives and circumstances in the ways that they needed. It is worth drawing on some of the case studies here again to explore the idea of effectiveness.

Edith was 19 when she was referred to Project 1325 from a worker in another organisation who was concerned about her risky sexual behaviours and drug-use. Edith's support on Project 1325 focused on healthy relationships, improving self-worth and self-acceptance, and challenging gender norms, power and control (all associated with her risk-taking behaviours). This work was developed with Edith to address her needs and, though reflection, Edith experienced several turning points – naming trauma, exploring and understanding her own gender and gender identity, and understanding the nature of power and control, particularly in relationships – which enabled her to make the changes that she needed to avoid risk. Edith also achieved other changes, however, including improving her self-worth, confidence and esteem, and agency. Edith developed positive coping strategies, reduced drug use, and obtained an apprenticeship, which allowed her to begin the career that she wanted.

In terms of effectiveness, Edith's journey was concerned with support to reduce risk-taking by exploring her identity, understanding healthy relationships, and developing her self-worth, confidence and agency.

Ciara's journey on the other hand began from a place of social anxiety and isolation, difficulties in voicing feelings, and significant family problems. Ciara's support focused on addressing her anxiety and panic attacks and building self-esteem and exploring childhood experiences. This work centred Ciara and her needs and was developed between the Caseworker and Ciara to address Ciara's needs. Ciara's turning points took the form of realising the impact of formative childhood experiences on her later life, vocalising her feelings about her family in ways that she had not done before, and exercising proactiveness in a health situation, again, in ways that she had not done before. These turning points enabled Ciara to understand her isolation and anxiety, address issues in her family, and make friends. Ciara's panic attacks stopped, and she became much happier and focused on her

future, and she started a university course. Effectiveness in Ciara's case was concerned with her becoming able to reduce her anxiety and panic attacks, to address long-standing issues in her family, and to make friends and begin university. Ciara also developed greater agency and better confidence and esteem.

Edith's and Ciara's cases were markedly different in terms of their starting needs, the forms of support that they needed, and their support outcomes, but they both illustrate effectiveness of support because they both achieved the changes that they wanted, personally, inter-personally, and professionally. In the words of one staff member, '*Change is whatever they think it is'*.

Another case study demonstrates effectiveness in another way. Izzy's presenting needs were concerned with sexual violence, self-blame, and depression and anxiety. Izzy needed emotional support after a sexual assault and support to address historical abuse and unhealthy relationships, as well as support to reduce anxiety and confidence and to reengage with education, training and employment. During Izzy's support, she was able to reduce her anxiety and improve her esteem, move past recent and historical abuse, and re-join education and employment. Izzy's turning points were a realisation about her relationship with her mother, which affected her in many parts of her life, and returning to the scene of her sexual assault, which enabled her to move on from it. Izzy's changes comprised improved confidence, agency and a positive attitude, reducing self-harm and drug use, and focusing on her future, returning to college and getting a job. Effectiveness in Izzy's case, then, was about Izzy regaining a sense of control in her life, looking towards her future, returning to college and getting job. Izzy's case differs to Edith's and Ciara's though effectiveness was, again, marked by the personal, interpersonal, and professional changes that Izzy wanted to make in her life.

SUMMARISING PROJECT 1325'S THEORY OF CHANGE IN ACTION

The case studies explored and then summarised in the current section demonstrate the workings of the Project's theory of change. The Caseworkers utilised a women-centred and trauma-based model of working to support the young women to name their needs and what they wanted to change and then supported the young women through their Project 1325 in way that the young requested to

help them to address their needs and to bring about change. Through a process of reassurance and encouragement, fostering agency, building capacity and skills, reflecting on progress and celebrating change with the Caseworkers, the young women were able to bring about the improvements and changes that they needed in their lives. A key part of the young women's journeys was in their naming of turning points, or key moments, in their journeys which enabled them to move on from previous experiences or to begin a new point in their recovery.

The effectiveness of the Project was demonstrated quantitatively in the case records which illustrated the ways in which the young women's outcomes broadly aligned to presenting needs and, more importantly, through the case studies which set out the personal journeys of some of the young women supported through the Project. The case studies presented in this section are just some of many in the Project and it is not possible for the current report to include all the case studies available in the Project. The selected case studies illustrate the value of Project 1325 for the young women through their experiences of empowerment and progress. The next section of the report considers wider learning from the Project in the WomenCentre.

SECTION 5. PROJECT 1325 AND ORGANISATIONAL LEARNING

The women-centred approach (See Appendix 1) sets out the ways in which support for women who access the service is created with women and centred around their needs. The support for women is bolstered by a constant cycle of staff support, case/ keyworker supervision, and reflective practice, in a framework of quality control, specialist knowledge, project learning and evaluation. The evaluation report has so far explored staff learning alongside the perspectives of the young women to understand the Project's support and to set out the construction and then use of the Project's theory of change. The evaluation also explored broader learning for the WomenCentre with staff, and this learning is set out in the current section to identify organisational learning from Project 1325.

5.1. PROJECT 1325 IN THE WOMENCENTRE

As the evaluation progressed, the staff and the Evaluator began to explore the ways in which the theory of change worked within wider women-centred practice. The model of women-centred working centres tailored, holistic support for every (young) woman who accesses the service, and an ongoing process of reflection and learning with each woman and within the wider service. This process of reflection and learning is constant within the WomenCentre and feeds back into service provision, within and between projects.

All the staff involved in Project 1325 delivery and management, and the external Evaluator, met once per quarter to discuss learning from the Project and how to incorporate learning into the development of the Project (learning meetings). The steering (strategic) group for the Project also met once per quarter to consider learning from a wider, strategic and service-level position. In addition, the Caseworkers and the Project manager met once monthly for one-to-one supervision sessions to focus on individual cases, learning, and practice.

Part of the evaluation explored how the learning from the Project was utilised within wider service provision. Project 1325's staff noted at various points during the Project that extrapolating learning from Project 1325 to the wider WomenCentre provision was, at times, challenging, for two reasons. First, Project 1325's work with younger women (aged 13 to 18) was relatively new in the WomenCentre; projects which had worked with this age group before, and particularly young women

at the younger ages, were uncommon. Second, Project 1325 was one of the few projects in the WomenCentre that had worked across two sites. These differences did not imply that learning from the Project could not be applied elsewhere in the service but, rather, that there was a sense that comparing Project 1325 to other projects was not always comparing 'like with like'. Nonetheless, learning from Project 1325's theory of change was useful for the rest of the service.

Project 1325 staff agreed across the board that the theory of change formulated in and implemented by Project 1325 fitted seamlessly with the service's women-centred ways of working. A staff member noted the following in a focus group:

> *"[Project 1325's] theory of change fits with women-centred ways of working, trauma-informed practice, where [we identify] turning points… different projects, where we look at 'being/ becoming/ belonging', turning points fit in with becoming."*

In this sense, the staff agreed that Project 1325's theory of change, and particularly the idea of turning points in young women's lives, fitted with women-centred ways of supporting women for change.

The same staff member went onto say: *'We have lots of different models, it runs through mental health [support] and domestic violence [support] but we talk about it in slightly different ways.'*

Project 1325's theory of change was part of a number of models used in the WomenCentre to capture the changes made and experienced by women. What was important, however, was the ways in which the organisation learned from the models applied within each programme. A staff member noted:

> *"There's something around organisationally being able to look really broadly at what we're doing with women. We do something very similar but in different projects, different language and different tools, organisationally being able to pull back, so [it's about] having to understand Project 1325 very specifically and then wider."*

This idea of organisational learning was embedded throughout the Project and evaluation particularly in terms of learning 'what works' for young women.

This learning is summarised by a staff member below:

> *"Project 1325 is very specific to young women, but almost on an individual basis, meet a young woman and give her what she needs, look at what she needs and meet those needs. The casework is there [women-centred model], and it's really working with young women in that individual way, it comes back to women-centred ways of working, adapted to work really well and effectively. […] There are examples of patience to wait and be there when [the young women] are ready. And working with young women, and that push and pull, and accommodating that."*

The discussion, then, became about how to learn from Project 1325 in other parts of the service. A staff member noted the following:

> *"It's important that we are not reinventing the wheel and that we pull back. The overarching theory is the women-centred way of working and within that, we make changes so the turning points will happen for all those women within that. It's being able to adapt the approach that works but for a younger age, where the skills of the [Caseworkers] lie, and working at different pace, different ways of working, groups and different approaches but then to come at difficult questions at a different direction."*

The perspective above underscores the need for adaptation within the service for different age groups, and different levels of need and support, rather than devising new ways of working. In this sense, the Project's theory of change became a way to adapt the women-centred model so that it applied to young women on Project 1325 to capture their own reflections and stories of change. How this was done was summed up by a staff member in another focus group:

> *"[The theory of change] fits with women-centred ways of working, pulling out turning points and the young women's perspective. It's part of the model used in WomenCentre. The young woman is at centre of the model, and everything done so far shows the work with one-to-one workers, a skilled key worker, a trust relationship, having time to work with that young woman at her pace, really listening to them, not judging them, working with them, that's the input needed to get the output and outcomes that they want. Perseverance, support, holistic, in-*

depth. For one-to-one work, the theory of change is really important, it fits with our model but the importance of having the skill of workers in engagement is crucial."

This perspective illustrates the ways in which the women-centred model enables the Caseworkers to develop intensive holistic work with the young women. The staff agreed that Project 1325 differed to other projects in the ways that the Caseworkers engaged with the young women to support them on the Project, particularly in terms of the relational work that was needed to build that trusting relationship over time. This is one of the reasons why the open timescales were fundamental to Project 1325's work with young women. Indeed, and as noted below, the young women themselves valued the open timescales in Project 1325, particularly if they had accessed time-limited support previously (e.g., counselling services). In addition, the young women frequently mentioned the Caseworkers specifically in the focus groups and the retrospective interviews in terms of the ways that they could relate to the Caseworkers and feel comfortable in meeting them, confiding in them, and seeking advice from them.

'The young woman is at centre of the model and everything we've done so far shows the work with one-to-one workers, a skilled key worker, a trust relationship, having time to work with that young woman at her pace.' (Staff focus group)

For example, one young woman in her retrospective interview compared her experiences on Project 1325 with previous counselling support and said: *'[Caseworker] listened and kind of understood more than what other people did. So, it helped a lot more.'* The young woman went on to describe the problems that she had experienced in previous support that was solution-focused. She noted that that sort of support was ineffective for her because she needed someone to talk with and to listen:

"*Because at that time I didn't want to hear solutions because that [problem] doesn't have a solution. When someone says something in my brain that I don't agree with, I switch off and it's very difficult to get back through to me because I've got a very big wall right now. But [Caseworker] just sat there and listened.*"

This young woman also noted the importance of feeling comfortable with the Caseworker and the ease she experienced in the one-to-one sessions:

> *"If I couldn't say something, I'd have to sit there and think about it and then put it in other ways. And the words might not have made sense, but it made sense to [Caseworker]. It was easy, it flowed. It didn't have awkward breaks where they were writing everything down. I would say it to [Caseworker] and it would go into her brain."*

The value of this relational work was also described by another young woman in her retrospective interview when she said: *'[Caseworker] came across as chilled. So, it was easier to talk to her as well.'*

Another key aspect of learning from Project 1325 in the wider service was concerned with the process of reflection with the young women on the Project. Section 3 above explored the difficulties that some of the young women experienced in reflecting upon their Project 1325 journeys. Reflection was particularly challenging for younger women and for young women who were just beginning their Project 1325 support. Nonetheless, the Caseworkers and other staff recognised that they needed to encourage the young women to engage with reflection as much as possible during their time with Project 1325. To support the young women in the process of reflection, the Project 1325 team devised the Reflection tool (Appendix 4) to work alongside the Tree and scale stools at review points in the young women's support journeys. The use of the Reflection tool was explored above but its introduction is noted again here as an example of wider learning from the Project about what was needed to support the young women.

In all, then, the learning indicated that both Project 1325 staff and the young women valued the in-depth nature of the support and the relational work that took place with the Caseworkers. All the work reflected women-centred ways of supporting young women, holistically, and was developed as needed to support the young women.

5.2. LEARNING ABOUT PROJECT 1325 DELIVERY

The evaluation report has explored much of the learning about Project 1325's delivery in terms of the theory of change in previous sections. The current section begins by exploring additional learning from

the Project – cross-site differences, and multi-agency working, groupwork, co-creating with young women, and the use of social media – that is important for thinking about the development of projects like Project 1325 in the WomenCentre.

There were notable differences between the two Project 1325 sites (the Boroughs of Kirklees and Calderdale). Some of these issues were named above in terms of the differences in the availability of youth services between the areas and the impact of fewer youth services in Kirklees on referrals and Project 1325 capacity there. Other learning was about the ways in which delivery differed cross-site and how good practice could be shared across localities.

First, the staff in the action learning set agreed that the cohorts of young women differed between areas, and even within areas:

> *"The areas are very different geographically. Even in Kirklees, there are differences between towns, and Calderdale is different from Kirklees. So, we need to tailor [Project 1325] so that the service meets the need. And in areas, there is a geographical spread and small towns are drawn together with quite rural areas. It's a collection of towns but with different needs."*

In addition, the referral routes in the two areas differed. A staff member in the action learning set said:

> *"There are different referral routes. Calderdale has the Early Intervention Panel, which [Caseworker] gets a fair number from. Referrals come in from different issues in the Panel. There is no Panel in Kirklees, so referrals are more direct, from CAMHS probably. Both get referrals from schools and self-referrals."*

Another staff member added to this comment and noted that the historical workings of the location had an impact on the sorts of referrals they received and from where:

> *"When Project 1325 started, the youth service had just lost an incredible amount of funding and it got pushed quite a bit. Women's spaces and the WomenCentre were very much established but not for young people. But that has made a massive difference and has been something relatively positive. We've been established workers, and professionals knew me, and I could work with them. So, being established in each area allowed us to make our name. But there*

are differences in what we're known for: domestic violence in Calderdale and mental health in Kirklees, and the structures of the two organisations are very embedded within that, very different. There is a lot more early intervention, and far more preventative stuff around domestic violence, in Calderdale. All of those processes are in place."

Similarly, another staff member expanded upon sources of referrals:

"*The support is about bigger structures in place, the support is different and picked up earlier in Calderdale. It will be picked up by the Early Intervention Panel, girls will be referred, but not in Kirklees. Kirklees has really good relationships with schools. We didn't get a lot from schools [in Calderdale], but as soon as the money went and they heard more about us through CAMHS, we got more demand.*"

Unpicking these broader structures around Project 1325, and particularly most frequent referrers, was important for the Project in terms of understanding the needs of young women who were coming to the Project. Regardless of referral routes and population size, however, the core values of women-centred ways of working remained and the Caseworkers worked with the young women according to their needs. The staff also noted important learning about trying to force exactly the same sort of support across the board in both sites:

"*What is working well is being flexible and not being symmetrical. It is client-led. Initially we said if we're doing it at Calderdale, we're doing it at Kirklees, but we don't need to do that, that doesn't work. We were focused on being the same and didn't need to do that. For example, trying for force groupwork demand in Calderdale when one-to-one is the preferred method.*"

In this regard, learning during the Project became less about trying to match areas and more about sharing good practice in support, where possible and appropriate. This approach was summed up by a staff member in a focus group. In discussing cross-site differences, she said:

"*How we are as organisation, and how we reach into other organisations, is very different. The services respond to those geographical areas, working with needs of women coming in. Any*

two projects working in two areas, you're going to want to make it equitable but also going to want to respond to need. So, the same service is supporting women to make these changes in the same way but doing it in ways that are responsive to a geographical area - needs, resources, facilities, the ways in which we work adapt to that."

This recognition that despite a possible wish to match geographical areas, the needs of women and the historical workings of centres within localities were the drivers of the support, which is in keeping with women-centred ways of working that are women-focused:

"*It is important to recognise that any service relationship between the practitioner and the client is very important and it will be different. It is not about pitching one service against the other because we have service that is really responsive and working in different areas. Being able to share the learning is really important.*"

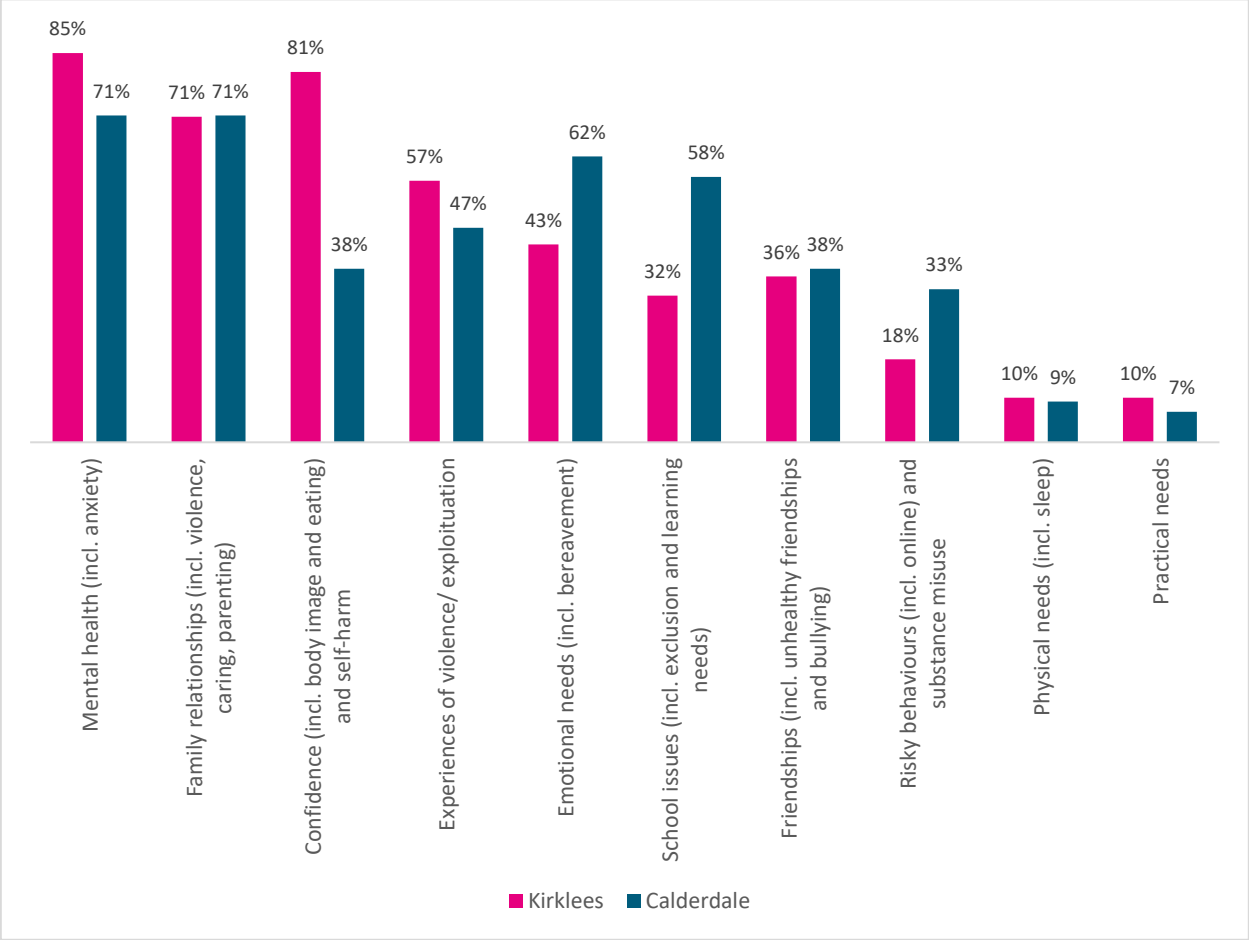
The staff member above expanded upon what she meant by the young women and the sites being different:

"*We've always talked about different cohorts and different client groups, and I stand by that. I think because of the nature of the contracts in Kirklees, we're known as a mental health and wellbeing service there, and I think that's the predominantly who we've brought in over there. I just see that groupwork is so ingrained in that sort of provision. But in Calderdale, there is a lot more resistance from the girls here. They didn't want to do it.*"

The case record data (n=117) illustrate some of the cross-site differences in terms of the young women's presenting needs. Figure 17 below indicates that though the young women in both sites presented with a range of issues. A higher proportion of young women in Kirklees (compared to Calderdale) presented with mental health issues (85% and 71% resp.) and experiences of exploitation (57% and 47% resp.), while a considerably higher proportion of young women presented in Kirklees with problems with confidence, including body image issues and self-harming (81% and 38% resp.). On the other hand, a considerably higher proportion of women in Calderdale presented with school issues (including exclusion) (58% in Calderdale and 32% in Kirklees), risky behaviours, including substance misuse (33% and 18% resp.), and emotional needs (62% and 43% resp.). (NB. As support

progressed, however, the young women accessed more generalised trauma-informed and emotional support in large numbers. See Figure 18.)

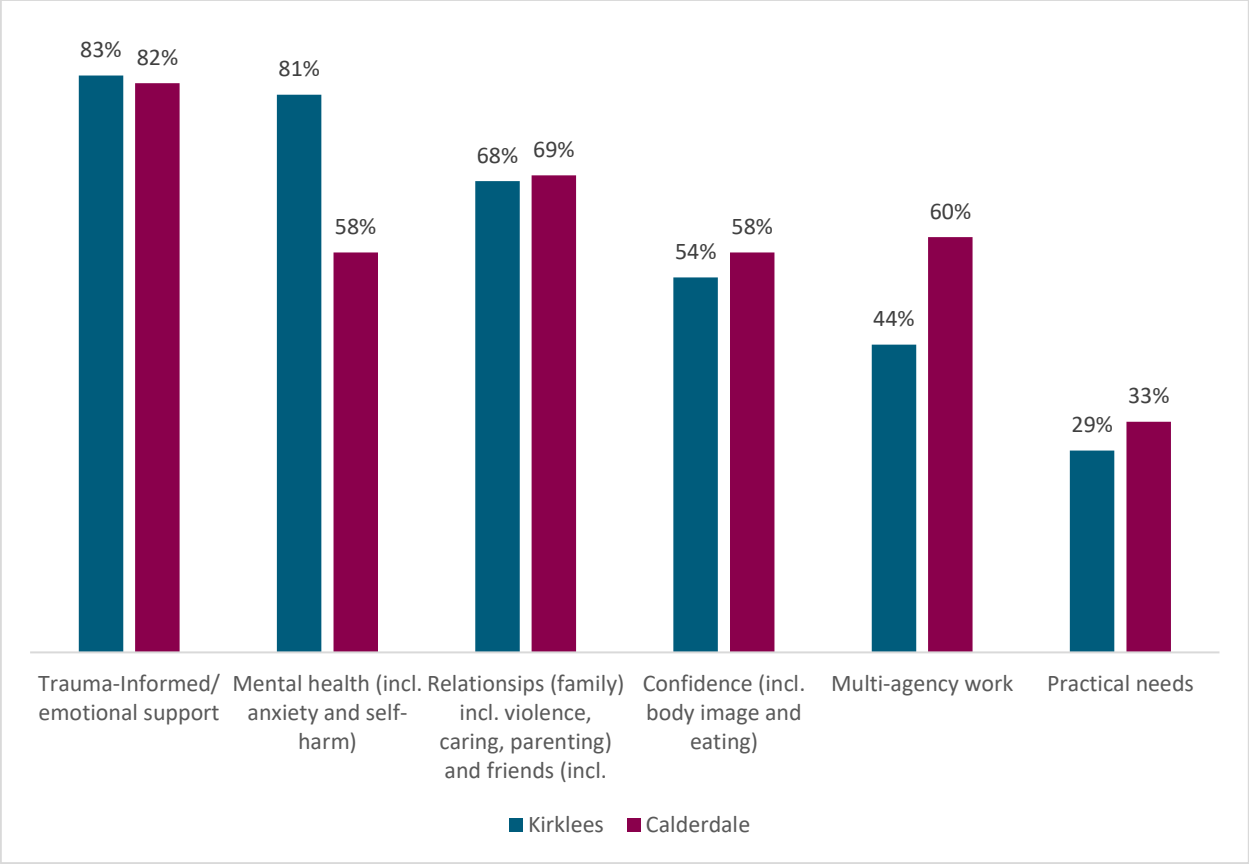
FIGURE 17. PERCENTAGES OF YOUNG WOMEN WITH PRESENTING NEEDS IN BOTH SITES (N=117)



The learning from the Project did not indicate why there may be differences between the sites in terms of the young women's needs and, as illustrated in Figure 18 below, the forms of support were similar in the two sites. Perhaps unsurprisingly, mental health support was more common in Kirklees (81% of young women in Kirklees accessed mental health support, compared to 58% in Calderdale), matching a higher proportion of mental health needs in Kirklees (see Figure 17) and the historical focus on mental health support in Kirklees (see discussion above). Another notable difference between the sites was in the level of multi-agency support. Project 1325 worked with other agencies across of range of

issues (e.g., school, substance misuse, risk of CSE) as needed and on a case-by-case basis. The data did not suggest why multi-agency work was more common in Calderdale, but it may be the case that the Calderdale had a greater number of opportunities to work with other agencies because of the more developed youth services in the area (see also above). It is notable that though a larger proportion of young women presented with issues with confidence in Kirklees compared to Calderdale (81% and 38% resp., see Figure 17), almost the same proportions of young women were given support to overcome issues with confidence (54% and 58% resp.). This is a further illustration of the ways in which additional issues and needs emerged and were addressed as the support progressed.

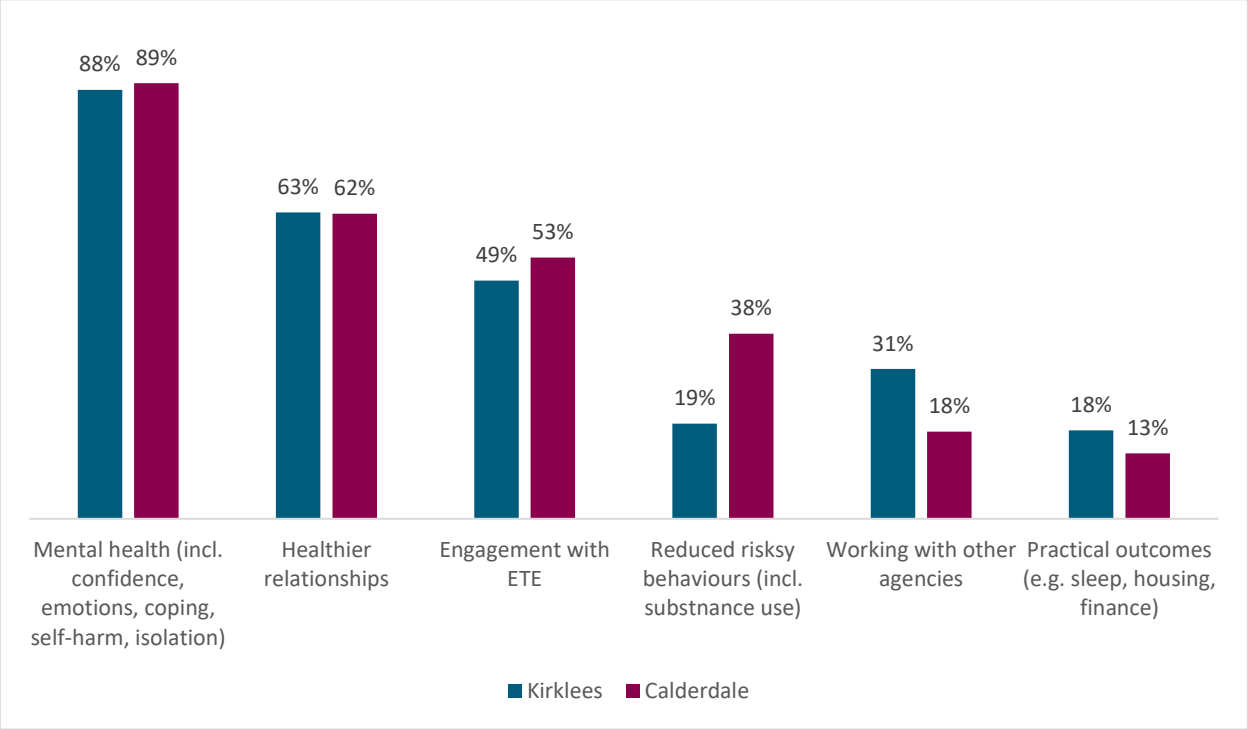
FIGURE 18. PERCENTAGES OF YOUNG WOMEN WITH TYPES OF SUPPORT IN BOTH SITES (N=117)



Similarly, the outcomes from the support (Figure 19 below) indicate that the young women's outcomes were broadly similar except for reduced risky behaviours (38% of young women in Calderdale compared to 19% in Kirklees) and moving on to working with other agencies (31% of young women in Kirklees to compared to 18% in Calderdale). (NB. Referral to other agencies at the end of

support, for example, Cognitive Behavioural Therapy from a specialist service, is not the same as the multi-agency work above in forms of support.)

FIGURE 19. PERCENTAGES OF YOUNG WOMEN AND PROJECT OUTCOMES IN BOTH SITES (N=117)



None of these data suggest, however, that there were such considerable differences between the sites that the delivery of the Project needed to be significantly adapted for a site. Rather, the learning suggests that the Caseworkers had to be flexible in the Project's delivery in the different sites to account for referral routes, presenting needs, and the availability of other services. For example, because of the high numbers of referrals in one of the areas, the Caseworker there had to use groupwork more readily with young women:

> *"Because of the number of young women coming through in Kirklees, [Caseworker] has had to be more flexible around using groupwork, and it seems to have worked for some of young women really well. We haven't needed that in Calderdale and the young women are different. It's forced in a sense, Kirklees, to be more creative with groupwork and use it more."*

This is one example of flexibility.

Multi-agency-work was explored in previous sections in terms of referrals from other agencies and the ways in which some of the cases in Section 4.1 needed multi-agency intervention. Reaching out from Project 1325 to other services took place on a case-by-case basis and depended on the needs of the young women, particularly in cases where the young women needed social services support.

Multi-agency working also involved other agencies referring to Project 1325 or the Caseworkers referring young women to other agencies. Summarising these sorts of interventions, a staff member said in a focus group:

> *"I know that a lot of work goes on with schools and pastoral teams, getting young women back into school, keeping them there, helping them to change schools, and developing strategies for when they are in school to help them cope better. There is also a lot of work with CAMHS: referrals to CAMHS and Caseworkers working with young women and moving them forward until they access CAMHS. And the other side too, young women have come out of CAMHS and the Caseworkers have taken them on here and supported them. There has been lovely piece of feedback from CAMHS about one of the girls saying how useful the work she did here was, preparing her and getting her ready for CAMHS. When they started working with her, she was at that level where they could already jump in and work, instead of having to do lots of work with her before she was ready."*

This is an example of one of the ways in which Project 1325 worked effectively with other services which offer more specialised support such as counselling and when Project 1325 worked with young women and schools to keep young women in education.

When other agencies were needed, the work was generally effective. The staff discussed some of these cases in the interviews and focus groups and a staff member drew upon another case example:

> *"It was 18 months before mental health services got involved, we've now got a whole team and we all meet together, it's really useful because I am not mental health practitioner, so with that feedback on mental health, I changed how I work so that we are singing from same hymn sheet. And it all helped [young woman] become more independent and she's really progressed very well."*

There was also a sense, however, that other agencies referred to Project 1325 because of the Project's open criteria for work with young women. This issue was noted in the action learning set where it was suggested that the high number of referrals was due to other agencies, in part, 'farming out' their clients. This issue is explored in Section 5.3 below.

Another area of Project delivery was concerned with engaging young women in groupwork sessions. Delivering groupwork required a large amount of resources and, often, evening work, which brought about difficulties for the service and the Caseworkers. Staff discussed groupwork in the action learning set and agreed that groupwork, while welcomed by some young women (see above), was difficult to manage and, potentially, doubled up on work already done with young women. A staff member noted: *'It comes to capacity. Even with groups, predominately girls are already engaged [in one-to-one work], or they've wanted to engage.'*

Staff noted in one focus group that groupwork was sometimes ineffective because of low numbers of young women attending, consistently, and time-limited programmes: *'The feedback was that four weeks were not enough and [the young women] had just started to get to know people.'*

To try to address issues of capacity and commitment from the young women, a staff member suggested a rolling programme of group work:

> *"[Groupwork] could be rolling and have more drop-ins, about lots of things, health or anything. Just to get them together. We've said on the one hand that groupwork doesn't work for some things but then again girls do like to get together for other things."*

The issue of groupwork (if and how to include it as part of the Project's support) was not resolved during the course of Project 1325 (see Section 5.4, *Beyond* Project 1325*,* below) because of the challenges of ensuring capacity for and effectiveness of groupwork, However, staff enjoyed groupwork when it took place. A staff member said: *'I like it personally, even drop-ins and conversations, and they're a safe space for young women to come together.'*

Generally speaking, the young women also valued groupwork (though not above one-to-one work). They reported their enthusiasm for groupwork in their focus groups and in their one-to-one sessions.

For example, two of the young women in their focus group discussed the gains they made from groupwork:

> *“It was in terms of being social and coming out of myself. It brought me out of myself. I liked the confidence and bit more of positive mental attitude. It seems to… I am not sure… I’m assuming that it’s something subconscious but when I see myself in groups, I’m different, it’s hard to explain. I am more social.”*

As well as benefits of groupwork for their own wellbeing, the young women talked about their enjoyment of the social nature of groups and the opportunity to meet other people. A young woman in her focus group said:

> *“I think it was more that I was there with people who I got on really well with. So, I made really good friendships when I was there. I really enjoyed talking to the people who were there. It was being sociable and I felt included and I didn’t feel like I was left out and I don’t feel like I was there for some sort of horrific reason. Everyone else there was just normal everyday people and just fun and genuine. It wasn’t fake or like how some people are who I have classed as friends in the past. It was very down to earth. We all had similar interests and were all there for similar reasons and had common ground.”*

This young woman also reported that she kept in contact with her friends from groupwork and that they still met socially. The other young woman in that focus group noted that she enjoyed groupwork because of the social aspect of the gathering: *‘I like to push myself to do group work. To make some friends.’*

Related to groupwork, one of the aims of Project 1325 was to ensure that the delivery of the Project was co-developed and co-produced with the young women themselves. This involved co-creating the Project’s advertising materials, support tools, groupwork formats, and so forth. The learning indicated that there were challenges in co-creating the Project with young women because of capacity, in the main, and because of the difficulties engaging young women in the process. Getting young women together in groups for this sort of work was much more difficult than facilitating groupwork for support.

The staff agreed there was only a little time at the beginning of the Project to work with the young women who were referred to co-create materials and ideas. That is, that the need to begin the substantive work with referrals of young women to the Project overtook the work of co-creation. A staff member said:

> *"Any kind of involvement in creating something together is incredibly difficult, and it slows down whole process and when it's a time-limited project, the pressure is to see people, and it becomes a luxury to sit talking about it."*

Nonetheless, some of the young women who were referred to the Project at the start worked with the Caseworkers to design the Project's logo and the Tree tool (two young women in Kirklees) and to come up with social media imagery (see below). The staff noted again however that there were difficulties with engaging young women in co-designing social media content. For example, the Caseworkers set up groups with young women in both areas to come together to discuss and devise social media content and a social media strategy for the Project. The idea was to work with the young women to identify what they would like to see on the Project's social media (twitter, Instagram and facebook sites) so that the content could be tailored. Unfortunately, with only one exception, none of the young women who had agreed attended the focus groups. It was not clear why the young women chose not to attend the focus groups, but it was possible that they did not see the merit in the group, even though they initially agreed to it.

A staff member noted in the action learning set:

> *"It's always been quite difficult to get [the young women] in a room and it needs encouragement. They want their voices to be heard but not necessarily at the specific time you have asked for it."*

The staff member expanded and said:

> *"You can ask the young women in for one-to-one, that's fine, but asking them to come out of that space into another space, just for that, is quite difficult really. So, we try with groups to do some of that every time we're together whilst they're there."*

The staff also agreed that co-production was not just a matter of discussing an idea with young women or other clients and that it would be mistaken to assume that the process is just about consultation:

> *“It’s not just about saying that it’s co-creating, if it’s actually genuinely co-production and equality of power, that often isn’t happening. If it happens really easily, it’s not necessarily happening because it doesn’t happen easily.”*

The staff acknowledged that co-production in the Project needed to be developed. For example, a staff member said: ‘*We are working towards it, trying things, it is a work in progress for us, some of it depends on where women are at themselves and some on capacity.’* Another staff member said in the same way:

> *“The co-production has been learning for us, but I think it could probably still be improved. It is new [co-creating materials] and it feels like a lot of pressure to get it right. I think that we struggled a lot at the beginning when we were trying to get those focus groups. We were like, ‘How do we do this?’ I was going on social media and thinking that other places do it really well [and wondering] what we’re doing wrong. So, I would like to get better at that.”*

While there was some more *ad hoc* co-creation with the young women, then, it was not always possible to bring the young women together to collectively co-produce aspects of the Project. However, and perhaps most importantly, all the individual support for young women was co-created between them and the Caseworkers (see also Section 2.2. and Section 3 above). A staff member noted the following in a focus group:

> *“The first point of co-creation is in the listening to what the young women actually want, what they say they want, what they say the issues are, and working with them on those, at the very individual level is co-creation. We’re not criteria-led, we are led by young women themselves and we are led by the [women-centred] model.”*

Another staff member in a focus group added to this idea and said:

> *“There are some really nice examples of where co-creation has worked really well but it also fits with WomenCentre ways of working so the support that we do always goes back to the woman’s involvement and needs, one-to-one support is co-created with that woman. And some of the groupwork and how projects have evolved, we’re constantly working to do that and pushing it from behind.”*

Similarly, a staff member pointed out in her interview that the co-creation of individual support works well in the Project because of the women-centred model:

> *“Because it’s upwards downwards, downwards upwards. We listen to what the young woman is saying, and we feed it into our work and how we work, and management have a way of working because they’ve listened and it feeds downwards, it’s a constant cycle of work, up and down. We work holistically and we listen to the young women. We don’t think there is anything different between us and them.”*

Finally, the evaluation explored Project 1325’s use of social media. The Project aimed to use social media in a number of ways, including to advertise and promote the Project, showcase examples of support (e.g., pictures of individual Tree tools, with the young women’s consent), to reach and catch the attention of ‘hard to reach groups’, and to build a sense of collective around the Project and its work with young women. Issues with social media were related to some of the problems that the Project had with co-creating aspects of the Project with young woman. A staff member noted:

> *“When we did the co-production initially, trying to get the image right and logo right, it’s why the leaflets were so basic, the young women didn’t want anything on there, but maybe there’s element of being too subtle. But it was about capacity. The social media was so time-consuming. […] We used to schedule stuff and make sure things were on there, but it was too laborious for us with all else we had to do. We take pictures and put them up there, etc.”*

While the Project made progress with social media as it went along, all the staff agreed that using social media, and using it effectively, remained challenging. Indeed, the staff admitted to a certain

naivety about what would be required from a robust social media campaign. For example, a staff member noted:

> *"I was really excited about [social media] but I didn't know how big it was. Naively, I didn't really know what it would look like, who it would be for. It's about what we're putting on there, yes promotion, yes referrals, but it's wider, we're a WomenCentre and we need to put things on there that affect young women. We don't do loads of that, but we will retweet relevant things. […] I don't think I have realised how big that was, how much learning we need to do about that. I think we wasted a lot of time at the beginning, scheduling, trying to get it right, because we just didn't know, and we were learning. So, I would do that differently but that's really easy to say, three years in because now we know a lot more. I would have targeted that Instagram a lot earlier on and got really smart about doing it. I would change the way that we approach social media, which we do now, we do a lot differently."*

Nonetheless, after initial uncertainty and some trial and error, the staff agreed that their social media strategy became more refined as time went on. A staff member said:

> *"[Social media] works well because it's where young women are at and we are becoming more diverse with messages with quotes, themes, and young women are involved with deciding what's on there, showing what we're doing there every day. We've made it informative, humorous and showing awareness of current affairs, and we link with other agencies. But we need to get back to basics and make it simple for younger ones, so shift the focus to friendships, peer pressure, social anxiety and phobia, and addressing it. Those are the sorts of things we should follow."*

However, though social media did help with raising awareness of the Project with other organisations and professionals, it was less successful in reaching young women who might otherwise not have known about the Project:

> *"The platform has not really attracted a lot of referrals. Twitter has been fab for professionals and getting the word out there, feedback from there, referrals from professionals. Those hard to reach, girls, probably only about five came direct on social media."*

The staff implied throughout the Project that though organising the social media and curating and creating content that would be visible and relevant was much more time-consuming and involved than they expected, it was an important part of the Project 1325 and potentially important for the rest of the service too. A staff member said in the action learning set:

> *“I’m keen to develop the social media, across the organisation, but we need to be smarter in how we promote ourselves and how we use social media as organisation.”*

Using social media effectively had implications for capacity and resources however and staff agreed that:

> *“[In] an ideal world, we would have somebody that was managing the social media, that would be their job, maybe even centre-wide so that we could be more active on that.”*

Staff also felt that having a dedicated social media worker would bring about the momentum and consistency they have learned is needed on social media:

> *“I’m keen to develop and have a specific role [for] social media. Because how do we maintain momentum in amongst everything else? Sometimes we need to focus all in with everything else, then we need to pick [social media] up again. How do we maintain momentum in making sure things happen there and develop the skills we need to keep things looking the way we would like it?”*

In addition, staff believed that a dedicated media role could focus on liaising with young women for their input on social media:

> *“We need to ask girls more. The feedback and learning from other organisations are that a dedicated person is very valuable for this and to maintain skills and effective comms.”*

Indeed, there was a feeling that Project 1325 and the WomenCentre as a whole could have benefited from a social media strategy. A staff member asked:

> *“But what is the organisational social media or comms strategy? We don’t have enough capacity. Project 1325 is where we do it best because there is a little bit of time and it’s been a really good presence for Project 1325. How we do comms is really important, so we need to transfer the learning to other projects with young women. But we don’t have resources. And are we using it as promotion or to raise a profile or are we using it to stay in touch with young women? There is evidence that people do a lot of lurking before engagement so having stuff that makes it look fun is important, but we don’t know who is looking at it. If just one message makes a difference to a young girl… and we may never know that. I think the learning about comms strategy is about resourcing. […] We need to plan, and we need to embed it within the organisation, and we need to capture things to put on there, but it’s about capacity and also about ensuring organisational voice.”*

While there is abundant evidence of Project 1325’s successful delivery in terms of the young women’s support journeys, the Project was not without challenges brought about by issues with capacity and resources that limited the number of young women who could be supported during the Project, and had cumulative effects on the extent to which the frontline staff in the Project were able to work with young women to co-create aspects of the Project and to engage with the social media around the Project. Capacity and resourcing are explored next.

5.3. LEARNING ABOUT CAPACITY AND RESOURCING IN PROJECT 1325

During Project 1325, the need for the support became increasingly apparent. Section 2.1 above set out a quantitative profile of the young women who came to Project 1325 and their presenting needs, and subsequent sections explored the ways in which the young women engaged with the Project and their outcomes and changes from the support, which underscored the importance of the service. The staff in interviews and focus groups provided a further account of the need for Project 1325’s support that was concerned not only with young women’s needs but the particular uniqueness of Project 1325’s support.

A staff member drew upon the case of one young woman to illustrate the need for a project such as Project 1325 which did not have criteria for engagement (other than being aged between 13 and 25) or delivery, or time-limited support:

> *Project 1325 has made it clear that that is crucial. There is the example of [young woman] who took over a year to open up. We would not have reached her if we did not have time. That is reality… it takes time to reach, and you don't get the reach if don't take or have the time.*

Another staff member went into more detail about the importance of the open-ended criteria, delivery and timescales for providing support in ways that suited the young women and their needs:

> *What works really well is [that] we don't have the same rigid and strict criteria that a lot of other projects have. Things like NHS counselling… we're not time limited, I think that's really, really valuable. Six weeks to effect change for somebody who may have been experiencing difficulty for years or a couple of years. I think it creates a feeling, a lot of our girls talk about their experience [with counselling] compared with us. It's not time-limited. I think we also offer... you could come and have your appointment here [in WomenCentre], we'll come to your house, do you want to go for a walk in the woods, do you want to go and have a really nice hot chocolate with loads of marshmallows, we'll get on the bus with you if you struggle with that, we'll go to [McDonalds]. We're very, very flexible and adaptable.*

Similarly, another staff member discussed the flexibility of support and what it allows in terms of delivery:

> *Our approach is important, the flexibility, the fact that there are no timescales, the location of appointments can be where [the young women] feel comfortable. For example, I took a girl, [she was] really struggling at letting things go, she was quite angry. We just took a drive, we went to a little river thing that was near, took a pen and she wrote all her emotions on rocks and we talked: 'What does that mean to you, how does that feel to you?' And we chucked it away, and we just threw it and she shouted it down the river. It doesn't have to be in an office in terms of that level of creativity. It was just thinking outside the box a little bit. She loved it. You know, it wasn't going go away completely, it wasn't a magic wand but [it allowed] the time and space to shout it out.*

The above example illustrates the diversity of the support and the ways in which the Caseworkers could use creative methods, and be flexible, with the young women because there were no confines around where the support took place or the form of support.

The young women also valued the uniqueness of the Project because they felt that they could engage with it on their own terms and according to their needs. For example, a young woman remarked at the end of her closing session that it was:

> *“Good to have support. [You can] come in and it’s personal, user-driven, and it can be anywhere. I would have struggled to come to WomenCentre at the start, but it’s designed for our needs. It was a massive help knowing that no matter what happens, it was going to be here for as long as I needed.”*

Similarly, another young woman said in her retrospective interview:

> *“And we did a bit of a one-to-one session at work. That was early on as well when I would have been a bit nervous to come out and stuff. She used to meet me at work. It was like a safe, safe zone.”*

The flexibility of the support was clearly valuable to the young women. They also found the bespoke nature of the support important. A young woman said in her retrospective interview:

> *“I think it’s great, I’ve been telling all my female friends who’ve had problems, like go to here. The fact that it can be so tailored around one person’s specific needs. Even if you literally do just need someone to talk to, it makes so much difference.”*

The staff also discussed the importance of providing a ‘safe space’ for the young women in the WomenCentre, and particularly the need for a women-only space where the young women could open up safely and securely about the problems that they faced with male violence or other problems that they had had with men:

> *“We offer a safe space. We did a video once and the three girls were clear on the safe space, women-only, because they all had difficulties with men. A lot of people don’t get that and ask,*

why just women? Why not just young people? We understand that and we know how crucial it is and young women understood it too, they got that quite quickly, become very apparent to them."

Another young woman also spoke about the importance of the women-only space:

"*A lot of my trauma has been from a man. And so, the fact that it was a woman, and I knew that even if I want to speak to someone else, it would be a woman, made it easier as well. Yeah, so at first it was really difficult, but I did feel quite hopeful because I knew that it was just going to go at my pace.*"

All the staff recognised, however, that there were also significant issues with capacity in terms of the numbers of referrals to the Project. One of the two geographical areas (the Borough of Kirklees) had particularly long waiting lists of young women waiting to access the service, that increased as the Project went along. The Caseworkers made every effort to give young women their first appointment, and to begin support, as quickly as possible after receiving a referral but as referrals grew in number, the Caseworkers found that they had to keep a waiting list to manage their caseload.

One of the reasons for high rates of referrals and waiting times in Kirklees was because of the relative lack of other services for young women compared to the Borough of Calderdale. Historically, Calderdale has benefitted from wider youth provision and services, while youth services have not been developed to the same extent in Kirklees. During Project 1325, this brought about a greater number of referrals in Kirklees because of the gap in this provision in the borough. In addition, there was a lack of women-only services in Kirklees, which brought about an increase in referrals to Project 1325 as other services, families and schools began to hear about the support. This issue was summed up by a staff member:

"*There are so few women-only spaces, very few and far between in Kirklees. And many services have specific criteria, but we're open and vague in terms who can access the service. Other services are very specific so unless [you] fit in categories, they won't take you.*"

The staff in the action learning set agreed that this meant that Project 1325 was often in a position of having to pick up demand that other services could not meet. A staff member said: *'The criteria are a barrier to other services; the narrow referral criteria mean that WomenCentre picks up then to meet demand'*. The Caseworkers raised the issue of capacity at many of the learning meetings and it was discussed in detail in the staff action learning set. One of the Caseworkers said:

> *"There is good support from the team, but it still feels uncomfortable because of so many waiting, and that then having an impact on the flexibility we want to offer, or we say we're offering as a service, but we're not able to see them as much as we like to or need to."*

This perspective implies that there was a conflict between having a high number of cases and the flexibility around which the Project was built. The Caseworkers felt that the frequent, flexible, paced and responsive service might be compromised by having to support large numbers of young women if they tried to reduce waiting lists.

The Caseworkers were, however, concerned about the impact that waiting times would have on the young women. A Caseworker drew on the examples of some young women who were on her waiting list:

> *"Going back to cases who have been waiting for month or so now and they've lost their way completely. I worry about impact of that. I obviously can't do anything about that, but it is a shame we can't get in there sooner as we may have prevented some of issues that have happened, or the deterioration of some of young girls, even in couple of months."*

In setting out these concerns, the Caseworker drew on an example of one young woman on her waiting list:

> *"[I started] a new case this afternoon, and I rang her mum to confirm. And she said, 'the shit has literally hit the fan' in the last few months. The young woman wanted support two months ago, she has now run out on her mother, and she hasn't gone to school."*

The Caseworker felt uncomfortable about not being able to begin this young woman's support earlier, but she was already at capacity on open cases. These concerns led to a discussion about the nature of

the service and whether Project 1325 should prioritise supporting young women who had higher levels of need. Project 1325 operated a 'first come, first served' policy and the Caseworkers engaged with the young women as they were referred rather than according to a set of criteria. Staff in the action learning set agreed that while a priority system would enable to Caseworkers to engage more readily with young women most in need, they had '*never worked that way before*'.

A staff member went on to say:

> *"We are not a crisis service, It's not what we're about. But if a case came through that really evidenced these needs more than someone else, we would find a way to [see them] anyway. Someone could be picked up, but all referrals are on a par. We are not a triage service."*

The staff in the action learning set continued to discuss the possibility of a 'triage' or priority service but agreed that this policy would go against the ethos of Project 1325, which ensured that the Project was not criteria-led.

A staff member commented:

> *"If someone came through more distressed and we thought could meet a need quicker, we would look at that. In Calderdale, we have been approached to pick things up that are more urgent."*

Again, the staff nonetheless agreed that seeing a young woman as an urgent case should not and did not imply that another young woman would experience a further delay. This policy, however, meant that the Caseworkers often had larger caseloads of current cases than they could realistically manage:

> *"It is about demand. There seems to be a huge level of wellbeing support in schools. but awareness brings demand, and demand is greater where support is not available. And the capacity within the service means waiting and there are waiting lists and numbers and questions of how long to wait."*

Discussions about capacity in the Project led, inevitably, to discussions about resourcing of the Project. Put simply by one of the staff members, *'I would say there needs to be more of us. If we really, really, really want to do the whole Calderdale and Kirklees areas, we need a team around this'.*

The need for more Caseworkers in particular was related to the diversity of referrals to the Project because of the holistic and varied support that the Project offered. A staff member noted in her interview:

> *"The holistic support… sometimes our remit is so stretched and so wide, it can be demanding. You are doing a [court] order, a hospital appointment, to 'Can you work with that?' Or 'You deal with confidence, don't you, self-esteem, don't you?' My referrals are so diverse, in supervisions with [Manager], we say, 'Right, what do you want to do with this young woman?' If you're a domestic violence worker, you know what you're doing: a 'DASH' [assessment], then a review. We are so wide, we have to be very innovative, you've got to be very creative, you've got to be on your toes all the time, so it works well but sometimes that doesn't work so well (demand)."*

The Project's staff agreed across the board that the Project's wider remit was essential but that the implications for capacity and resourcing were, nonetheless, challenging:

> *"It is so wide. It's hard managing it all, being outreach as well. You can drive out to them, go to school, do stuff in the Centre. How much you have got to stretch yourself could be improved, but how you would improve that one, I don't know. Well, it's more resources. Yes, you think about how work-effective the travel is alone."*

The concerns of staff, then, were around how to meet demand without compromising the values and aims of Project 1325. A staff member summarised this issue by saying the following:

> *"We need more staff! I think in terms of the way that we work, our approach, our commitment to the service, the young women, how [WomenCentre] works. I don't think we necessarily need to change any of that in terms of the actual content of the work. I think it's as always: it comes*

down to resources. Kirklees is a big demographic area and if we're wanting to reach more girls and young women, I think there needs to be more people doing it."

Another staff member suggested how additional resources could be utilised:

"*Maybe a couple of Caseworkers plus a sessional worker who just does groupwork. I tried to do everything. We have tried to do everything to cover all ground and to trial and error everything to make sure that we can find out what works and what doesn't. And I think that's been really difficult to do as one person. Additional resources, more money and more staff, to deliver the work, maybe go schools a bit more, that's been something that's being asked a couple of times in schools for the confidence and self-esteem work. Unfortunately, at that time, I didn't have capacity. We have to do it for another school if we do it for one school. That would be difficult at the moment. It's something maybe to think about to take forward, if I want to try and reach more of a cohort of young women.*"

The staff also discussed organisational systems in the action learning set and interviews and the structures of management of Project 1325. A staff member said:

"*One of outcomes is about organisational systems and changes, etc. We said that it took a bit of time to get the structures right and we rejigged them to think about who would come to meetings, etc. We have project steering group which meets bi-monthly, learning group which meets bi-monthly, peer learning supervisions every 6-8 weeks, monthly one to one supervisions, and caseworker meetings, where possible. But is it working? Are we meeting more? Is it helpful to have time together?*"

There was an acknowledgement in the action learning set that it was difficult to get the organisational structures right, particularly in terms of meetings. While it was agreed that it was important to come together, to share learning and concerns, and to support the Project's Caseworkers in particular, there was also a sense that many staff came together for quite frequent meetings and questions about efficiency in this regard. On the one hand, then, while staff valued the co-learning and the sharing across sites, they also questioned if the frequency of meetings and the amount of staff involved were a good use of resources. A staff member said in the action learning set:

> *If we look at the resources of this and whether they are used in the most effective/ efficient way, it is hard to work out. There have been lot of meetings within service and are the meetings valuable when we are talking about capacity.*

The same staff member went on to say that the space in the Project for learning was, however, important:

> *There is more luxury in this project which is good, and I am really glad because of the breathing space, having an Evaluator, and having collective conversations, but have we got it right... hours here, hours there, is it working? Have we got the balance right?*

Finally, two other learning themes emerged also during the evaluation and are explored in the next section, where they are presented as ideas for beyond Project 1325 to reflect the ways that the staff members expressed the learning.

5.4. BEYOND PROJECT 1325

In addition to the learning presented so far in the evaluation report, the action learning set, interviews and focus groups with staff suggest two other pieces of learning that developed out of the Project 1325. They were concerned with the importance of focusing on key transition points in young women's lives and of building collectives of young women through the Project's support. Project staff framed these ideas as learning for future projects.

As Project 1325 developed, young women's struggles with key transition points in their lives became apparent. These points were moving from primary to high school (broadly age 11 to 12) and moving from adolescence into adulthood (broadly age 17 to 19). Problems at these transition points were summarised by a staff member in the staff focus groups in terms of the emotional and psychological impacts of transitions on young women:

> *Transitional experiences are really quite traumatic. It completely turns [young women's] lives upside down, learning how to respond in different environments, learning how to be all these codes, all these social rules that you don't know about. [It's] really quite traumatic, in the widest sense.*

Another staff member noted:

> *I think if you can take it back and you step in at 11, it's hard but that transition from primary school to secondary school is key and the transition from being a teenager to adulthood is key as well.*

A staff member developed upon the transition from primary school to high school in her interview and noted that young women come under a great deal of pressure when they move to high school:

> *Leaving* primary school *and going into a different environment attacks confidence and shakes the ground from underneath you. And there are the added pressures that young women face, they're huge. Friendships and that horrible time when you start [high] school and you don't look like that or dress like that or whatever.*

Another staff member commented in the same focus group on the nature of critical transition points because of the young women she supported to name these difficult points:

> *There are two lots of transition: age 11/12 to high school. [We do] a lot of work around questions of when things started [and the young women] say, 'When I got to high school'. It's about puberty, appearance, comparing to other girls, boys and girls from other schools coming in. That's what I pick up: 'It started when I was 11 or 12'. Because there's a lot is around confidence/ esteem/ body image and changes.*

Project 1325 worked with young women in the age range 13 to 25. Staff acknowledged that in future work, the age range should be expanded to include young women aged 11:

> *We might have got the age slightly wrong - we set it at 13 to 25, but now transitions are important and the older groups [22 to 25] might not be that prevalent. […] We need to talk about those transitions, girls to women, children to adults, primary to senior, right at the beginning, but that's what we've learned.*

Another staff member made the same point and drew upon learning from work that Project 1325 had done in school with 11–12-year-olds:

> *If we did this again, next time round, [we would do] the year 7-8 [11-12-year-olds]. The session we did on periods [in schools]. The difference in knowledge was unbelievable, some might know lots about it and another young woman might know nothing. […] Yeah, then we need more early intervention. They need this knowledge and this power and guidance at an early age.*

Similarly, in terms of changes for the future, another staff member said:

> *Maybe reaching out to the younger end, year 7s, just starting high school. Because I think when I've spoken to girls about, 'Where do you think all of this comes from?' [The] majority of them have said high school. The changes that that makes, a transition going into high school, having different people there that you've not grown up with, bottom of the pile, a bigger school, more people, bigger classes. And a confidence knock and puberty and identity and here we are and it's just so messy. I think that an intervention at that stage might be beneficial.*

The other transition point, then, is adolescence to adulthood where staff agreed that young women in early adulthood need a particular type of service:

> *Teenagers into adults, the 18-year-olds. That picks up two quite vulnerable transitions. We've honed in on that and learned that we actually need it. When we talk about adult provision, we make it 18+ and 18-21-year-olds chronologically are called adults, but we know that they benefit from a more specialised service than [the service that] adult women need.*

In terms of services at key transition points, a staff member noted:

> *Key from a mental health perspective is around transition - 13-25 or 11-25 where there's that need. Young women coming to age 18 and moving from CAMHS into other services and being able to link into transition services. There is an acute awareness and transition support is not great, going from being managed [as a teenager] and parents informed, and all of a sudden*

pinged out into adult services, which is really difficult alongside other changes in teenage years and changes in school, colleges and so forth."

All the staff were keen to develop support around these transition points in future work. The learning indicated that not only would support at those points help the young women in that moment in their lives, but it would also have benefits in later years because of the deleterious impacts of those transition points in young women's lives. This learning again speaks to the importance of early, preventative work. In this sense, the staff favoured the idea that the important early, preventative work of Project 1325 could be delivered to younger women also.

In addition to the learning about critical transition points and ensuring age-appropriate support within a project such as Project 1325, Project staff also drew out learning about working with groups of young women during the Project. The use of groupwork in Project 1325 was mentioned above in terms of the ways in which cross-site differences in young women's needs often determined the use of groupwork during the Project and the challenges of groupwork. The learning also indicated that groupwork had the potential to not only engage and work with more young women who needed support but may also have enabled the building of small collectives of young women who could support each other and work together on issues that they were facing, collectively.

In the main, the idea for collectives developed out of the Project 1325 work that took place in schools later in the Project. The learning from this work suggested that rolling out groupwork in other settings could be part of future projects like Project 1325. A staff member who had done some work in schools noted in her interview:

"*I don't know whether we need to go into more schools. We need a little bit of perhaps once a month, we contact schools where we might do an assembly or group with girls and just thrash it out. 'What are your thoughts on this? What is your definition of feminism?' Maybe a little bit of 'girl power', starting it young. […] I'm thinking sometimes to do with loneliness, friendships.*"

In terms of work around loneliness and friendships, key themes in Project 1325, the same staff member noted that there was very often a need for group provision around these issues, after one-to-one support:

> *"I am doing it one-to-one, but would it be really helpful bringing them together as a group? Those that are lonely, have done the one-to-one work around your little bit, but now, we have a cluster, so let's come together as a group."*

Another staff member had a similar suggestion:

> *"In an ideal world with the right funding and the right numbers of staff, I would look at developing a program and going into schools. Being women-centred and not being ashamed about being about girls and women. […] I'd be looking at going in and developing a program in schools, I would be looking at developing more as a group programme around activism, social consciousness, feminism, what does it mean for us to be girls and young women? I want to offer that space for girls to explore that. Why do I have to wear a waist cincher? Why do I have to have caramel skin and look like Kim K? Why do we all have to look the same?"*

Where pockets of this kind of work had taken place in high schools involving young women of all ages, the staff reported positive engagement and experiences:

> *"They haven't started learning about it or had parental guidance around what's happening to your body. Year 7s were so grateful for knowing a 6th former. Instead of being scared of a 6th former, they can say 'hi'. And the 6th formers said, 'If I'd had this in year 7/8, it would have been brilliant. Just things on how to deal with friendships when you are young, the pressure of boys, parents don't understand about the pressure of exams and about being in high school'. So, the younger girls have got parents and they've got the older girls. This is kind of like a little bit of a generation in between, it's been really beneficial."*

On the note of young women supporting each other in group settings, a staff member said:

> *"I would have brought in some of the campaigning stuff earlier on. I would have liked to link some of the some of the girls and young women, not for a political movement because we're*

not a political movement, that's not what we're about, and we certainly not funded for that, but it's about activism, I would have liked to encourage that more, and not necessarily around feminism, but around being women, [and it could] also be around some of the challenges we face environmentally."

Again, where this sort of work had taken place, experiences were positive. One of the Caseworkers had worked with young women in a school to create a feminism group. A staff member noted:

"*[Caseworker] is doing the young feminist group. And it has evolved in its own natural way. The themes that have come up [across the age groups] have been really diverse.*"

This group developed initially out of the one-to-one work that the Caseworker had been doing in the school. Through building links with one teacher in particular who had identified the Caseworker's skills and expertise and the gaps in the school's provision, the Caseworker started to work on broader issues with a group of 6th formers. Crucially, this work was peer-led and driven by the 6th formers who came together and supported by the Caseworker, formed ideas for working with each other and working with younger pupils in the school.

A similar initiative took place in the other Project 1325 site, in the WomenCentre itself, and became a 'social evening'. This group of young women took part in creative work (e.g., sewing and playing music). These groups were equally attractive to the young women because they were a space where they could form and develop their own work. The social evening came about because the young women requested a space for them to come together informally:

"*They said they wanted it, they wanted to have a space, some of the ideas they came up with [beforehand] about the things they wanted to do, a talent show for example, and they talked about how it would be good for their confidence, it would help with presentation skills for [their] futures.*"

This group, then, was also led and formed by the young women. In this case, they came up with the idea and it was supported and facilitated by the Caseworker. She went on to draw upon the example of one young woman who was conscious of her speech impediment and who spoke at the evening:

> *"There were really thought-provoking reasons why they wanted to do it, not just because they wanted to have fun. There was a skill behind it, they acknowledged that, particularly with the girl who's got the stammer, standing up and saying things in front of people, she finds that very difficult. But she knows that coming to that space, there's a non-judgement, and everyone sits and wait for her to finish."*

The Caseworker noted that the young woman above had told her after she had done a short performance that she was delighted because she had '*not done anything like that before in her life'.* The Caseworker then said:

> *"They come up with their own ideas, they message me to say, 'Can we have this and that?' and I'll go out and get the resources. But ultimately, they run it themselves, for a couple of hours, it's just for them."*

This was not to say, however, that this sort of collective work was easy to achieve. Indeed, this sort of provision needed a great deal of resources because of the often-large numbers of young women involved and the need for the Caseworkers to 'hold the space', at least at the start of initiatives.

A staff member noted about the school programme that it was challenging to get the initiative started:

> *"It got off to a slightly shaky start because some of themes, some of things said by the younger girls, I don't think that [the 6th formers] were quite prepared and I don't think that the school saw how much going was to be needed. The 6th formers were rallying but it was clear that it is alright that these groups are coming together but unless the skill is in the room, they can't always carry it, they can't hold it, and [Caseworker] did a lot of holding for first couple of sessions, helping, supporting."*

These challenges meant that, for this group, the Caseworker had to ensure that they put support in place for all the young women who came to the group. The Caseworker negotiated with the school and said:

> *"If you're having this and it's going to be safe, this needs to change, it needs to look like this. If you're going to do this and I am going to be part of it and it's going to be professional and safe and we are going to look at safeguarding, it needs to look like this."*

In the same way, the Caseworker had to ensure that the space for the social group was safe, adequately resourced, and a positive experience for all the young women who attended. Though it took a period of time to embed these groups' support, the benefits for the young women were inarguable. For example, a staff member said:

> *"The numbers show how much girls need to talk and need the space. It was very much peer-led and very much based upon need, what's coming out from their experiences."*

Another staff member also talked about the importance of providing such spaces for young women:

> *"For a lot of the girls, there are no youth clubs out there, there [are] no gender-specific [spaces], it's really nice that a bunch of girls can come together and watch movies, whatever it is, listen to music, be who they want to be."*

In addition, 3 social gatherings, we need to think about resources for that and how we do it. It's crucial [work] but they don't just naturally work without some support. […] Someone will raise something, someone will become upset, but it gets difficult and resourcing that is important. […] We have managed it: the girls have come up with themes that they want, meeting, performances, it's working and it's very co-produced because they very much lead it and [Caseworker] doesn't lead on it. Being able to develop that is really important, so that girls can take more and more ownership, and it takes a lot of time."

Developing upon this idea, another staff member suggested that, in time, it might be important to provide space for young women when schools cannot, particularly in school holidays.

> “What I tend to get from teachers is that they have this panic *before the summer, and they need to refer this person and by that point I’ve got a waiting list and it could be three months before I get to see them. So, if she needs something during the summer, what I realised is that that gap there, those six weeks holiday, if she’s struggling, not doing much, not seeing a teacher, got no one to talk to, because sometimes school can be their safe space. So, I think being able to provide something consistently throughout the holidays, I think that worked quite well for the school ages, outside of school time. When it was during the summer and we offered groups, we had eight or nine who came in. And they came quite consistently as well.*”

The staff agreed across the board that focusing on key transitions in young women’s lives, when the need for support intensifies, was key learning for future work. To include these support points in future projects, the staff agreed that the age criterion for similar projects should be lowered to include young women aged 11 and above. In addition, the staff agreed that there was important learning about the need to support young women’s collectives and their coming together as groups for social events and collective work to support each other.

SUMMARISING PROJECT 1325 AND ORGANISATIONAL LEARNING

The current section explored the ways in which learning from Project 1325 was developed with the Project 1325 team and then considered in terms of the wider WomenCentre and for future work.

Project 1325’s theory of change, devised during the evaluation, was welcomed in the Project because it enabled an understanding of the young women’s journeys through the Project. Importantly, also, the theory of change reflected women-centred, trauma-informed ways of working, which focus on the young women’s support needs. In this respect, Project 1325’s theory of change fitted with WomenCentre models of supporting young women. The Project differed from much of the WomenCentre’s previous work because of its work with young women (at 13-18) and this difference provided interesting learning for the WomenCentre. The learning indicated that the younger women on the Project benefitted from the relational work in the Project and the intensive, open, and tailored one-to-one support that they could access.

Delivering Project 1325 was both rewarding and challenging. First, there were clear differences between the two locations in which Project 1325 ran that were concerned with referral routes, multi-agency working, and the needs of the young women who accessed the services in both areas. However, rather than considering cross-site differences to be a limitation or concern, or foster a pressure to match the provision in the two sites, Project staff allowed for Project 1325 to develop in site-relevant ways to meet the young women's needs. The staff engaged in a process of learning and reflection whereby learning and best practice could be shared across the sites as necessary. This approach ensured that processes and interventions were not 'forced' upon one of the Project's locations unnecessarily or ineffectively. Multi-agency working was an important part of Project 1325's delivery and differed between the two locations largely because of historical multi-agency structures, working relationships between the WomenCentre and other agencies, and current referral routes. Cross-site differences also existed, then, because of the differing structures of youth services in the two locations and the extent to which other services were available for the young women.

In the main, it was possible for good practice (e.g., in using the Reflection tool) to be shared because, while differences existed, the young women who accessed support presented with similar issues and needed similar support. Delivering groupwork with young women remained a challenge throughout the Project for two reasons. First, engaging the young women in groupwork was often difficult and there needed to be consistency in attendance for groupwork to be effective. Second, groupwork was resource-intensive and at times difficult for the Caseworkers to manage alongside one-to-one support. While groupwork was clearly valuable for the young women who took part, it was not always feasible for the Caseworkers to run groupwork programmes within time and resource constraints.

Co-creating the delivery of Project 1325 was also challenging for the Project largely, again, because of difficulties with engaging young women in the process of co-creation. Furthermore, time was limited at the beginning of the Project and there was a pressure to begin supporting young women as soon as possible, which overtook the co-creation work. However, the staff also agreed that co-creating a project with young women was a delicate and lengthy process that involved not just consultation and dialogue but a genuine breaking down of power differences between workers and 'clients'. On reflection, the staff agreed that co-production in a project's formation could be improved in future

work by devoting more time to the process. In all ways, however, Project 1325's support between the young women and the Caseworkers was co-created between them utilising the women-centred model of working. Staff considered this form of co-creation the most important part of the work.

Lastly in terms of Project delivery, using social media in the Project was a 'learning curve' for all the staff and it remained unclear at the end of the Project how social media could be used effectively. Social media worked well in terms of increasing the profile of the Project with other agencies, and in bringing in referrals from other agencies, but less well in bringing young women to the Project through self-referrals. The learning suggested that the Project's social media strategy (e.g., the type of content and choosing platforms) became more refined as the Project developed but that effective and consistent social media use required dedicated resources, focus and time.

Capacity and resourcing were persistent issues during Project 1325. All the learning suggested that the Project was greatly valued by the young women because of its intensive and flexible work with young women and because it did not have limits of time and remit. However, the need for the Project brought about significant demand, in one of the sites in particular, that became increasingly challenging to meet as the Project progressed. Waiting lists for support grew and the Caseworkers found it difficult to meet demand without compromising the integrity of the Project (frequent, flexible, paced and responsive one-to-one support). The caseworkers also became concerned for the welfare of the young women as they waited. As such, resourcing became a focus later in the Project and staff agreed that more frontline Caseworkers were needed to meet demand. Learning from the Project also explored the ways that the Project was managed in the WomenCentre. Staff agreed that the Project was not always managed as efficiently in terms of the number of staff involved in the overseeing of the Project and the number of meetings that took place. Nonetheless, the staff also valued the opportunity to come together frequently to discuss the Project – particularly across the two sites – and to develop the learning.

Finally, the staff reflected that future, similar work in Project 1325 should be broadened to include younger women who were experiencing the transition point of moving from primary to high school and to focus on another transition point of adolescence to adulthood. The learning from Project 1325

suggested that young women experienced significant difficulties and changes at these transition points, for which they needed extra support. The staff also expressed a wish to develop the collective work with young women, which was always young-women-led, as that work had been beneficial to young women in Project 1325.

The final section of the report sets out the conclusions from the learning in Project 1325 and sets out key recommendations from the evaluation.

SECTION 6. CONCLUSIONS AND RECOMMENDATIONS FROM EVALUATION OF PROJECT 1325

The sections above summarised the learning from the evaluation of Project 1325 in detail. The current section draws together the key learning from the evaluation (in point form), linked to the evaluation's aims and, and presents a set of recommendations from the evaluation.

The evaluation of Project 1325 utilised a co-productive, active participation approach to research, which centred the voices and experiences of the young women who engaged with the Project and who took part in the evaluation. Project 1325's evaluation had four aims, which were to:

(1) Empower young women to understand and address the challenges they face
(2) Centre the voices of young women in learning and change
(3) Assess and evidence the effectiveness of the early, preventative interventions of Project 1325
(4) Bring about organisation systems change based upon learning from the research

The learning for the evaluation drew upon the following sources of data:

- 5 focus groups with young women (ongoing cases) to begin to understand their needs from and experiences during Project 1325, including their desired outcomes from the support;
- 13 observations of one-to-one support sessions with young women and the Caseworkers through their journeys on Project 1325 (including 3 closing sessions) to learn about the forms of support with which young women engaged during Project 1325 and potential outcomes;
- 4 retrospective interviews with young women whose cases were closed to reflect back with them about their needs from, experiences during, and achieved outcomes from, Project 1325;
- 117 closed case records for a quantitative representation of presenting needs, forms of support, and support outcomes, collated at the end of the Project;
- 2 group interviews with WomenCentre staff involved in overseeing and running the Project to explore all aspects of Project 1325 (e.g., implementation, learning, concerns) with all the staff involved in the Project; and
- 3 one-to-one interviews with WomenCentre operational staff to explore learning from an operational perspective.

6.1. KEY LEARNING FROM PROJECT 1325

The young women's presenting needs, the forms of support with which they engaged, and their outcomes from the support, were varied and individual. The learning summarised here speaks to aims 1, 2 and 3.

- The dominant need with which the young women presented (based on records for 117 young women) was mental health difficulties (79% of the young women). This need was followed by issues in family relationships (71%), low confidence and self-esteem (64%), experiences of interpersonal/ sexual violence and sexual exploitation (53%), emotional needs (50%), and school issues (incl. NEET) (42%).
- The young women presented, in the main, with more than one issue, and on average four to six issues.
- The young women themselves noted that they needed someone to speak with and to do so in a safe environment where they knew that they were not being judged. They also needed to develop coping skills and resilience to address their problems. Emotional support dominated their framing of their needs.
- The support offered to and taken up by the young women (based on 117 records) also varied but was informed by trauma-based and women-centred models of working, across the board.
- The most common form of support took the form of trauma-informed and emotional support (83%) (n=117), support with mental health problems (72%), developing healthy relationships (68%), and confidence work (56%). The Caseworkers also engaged in considerable work with other agencies to support the young women (50% of cases).
- The young women were supported in a variety of ways and received, in the main, three to six types of support during the Project.
- The young women noted that they valued all the support that they had on Project 1325, and particularly being able to talk to Caseworkers. They also valued developing strategies to cope and know that their support would not be cut short.

- The young women also valued knowing that they and their needs were centred in the Project and that they could inform the process of work at all points.
- The outcomes from Project 1325 took several forms. The main outcomes of the work were concerned with improvements in mental health (88%) (n=117), healthier relationships (n=62%), engagement with education, training or employment (50%), and reduced risky behaviours (26%).
- The young women achieved, in the main, between three and five outcomes from the support.
- The young women reported various intra- and inter-personal, and professional, outcomes and improvements from the Project.

Project 1325's support for young women was in-depth, holistic and tailored to the young women's needs and what she wanted from the support and focused on empowering the young women to address their issues and to make the changes that they wanted in their lives. The learning summarised here speaks to aims 1, 2 and 3.

- Utilising the Project's tools as they were needed, and women-centred and trauma-based ways of working, the Caseworkers and young women worked together to help the young women to identify the issues in their lives, how they wanted to address them, and the progress and outcomes that they had achieved.
- The support involved the Caseworkers helping the young women to overcome their issues by helping them to develop (or regain) their agency and independence by reinforcing their worth and decisions, to build resilience by helping them to release skills and capacities for coping, to celebrate progress and change with the young women by reassuring them of their own achievements in naming and knowing change and making changes, and to support the young women to engage in a process of reflection and learning in their lives.
- Project 1325's support enabled the young women to become empowered and to 'reclaim their own stories'; the evaluation conceived of the support as a journey that formed part of the young women's wider lives.

- Through a process of reflection, the Caseworkers supported the young women to recognise and name turning points (or key moments) in their journeys that enabled them to move on from past experiences or to begin a new stage of their recovery.
- Project 1325's theory of change captured the young women's journeys in their own words and from their own perspectives, beginning with their understandings of their starting points (presenting needs for which they wanted support), moving through their empowerment journeys (regaining agency, etc.) and their naming and knowing of turning points, and their understandings of the changes and empowerment that they experienced during their journeys.
- Applying the theory of change to some of the young women's Project 1325 journeys underscored the personalised support for each young woman that took place in Project 1325.
- Effectiveness of the Project was illustrated by the successful outcomes in individual case studies and in the range of outcomes recorded in the quantitative case record data. The effectiveness of the Project underscores the need for early, preventative work with young women in the 13 to 25 age group.

Project 1325 and the evaluation of the Project generated considerable learning for the WomenCentre. The learning summarised here speaks to aims 3 and 4.

- The Project's theory of change fitted with the WomenCentre's women-centred and holistic ways of working by focusing on the young women and developing the support around their needs.
- Project 1325 differed from much of the WomenCentre's previous work because of its work with younger women (aged 13-18) who benefitted in particular from intensive and tailored one-to-one support and relational work with the Caseworkers.
- Delivering the Project was rewarding for the Caseworkers and all the staff involved in Project 1325, but it was also challenging because of capacity and resourcing. As the Project developed, requests and referrals for support increased, and the frontline workers on the Project reported longer waiting lists of young women needing support. The staff reflected that long waiting lists were a result of the open-ended criteria, delivery and timescales of the Project which were important for the Project, but which increased demand considerably.

- There were differences between the two WomenCentre sites that brought about necessary variations in Project 1325 delivery (e.g., multi-agency work). Rather than trying to match delivery across the sites, however, the staff involved in the Project allowed the support to develop organically across sites and engaged in a process of reflection and learning where best practice could be shared between sites.
- Co-creating the Project with the young women was challenging because of the difficulties in engaging the young women in this form of input and because of the pressures at the beginning of the Project to start providing support to the young women as soon as possible. The individualised Project support was always co-created with the young women using women-centred models of working. While staff agreed that co-production could be improved in future projects in more general terms, Project 1325 had, crucially, successfully incorporated co-production with the young women in terms of their support journey.
- Utilising social media was also challenging during the Project because it was resource-intensive and because engaging with social media as part of a project's strategy was new for the staff involved in Project 1325. While the use of social media became more refined as the Project evolved, the staff agreed that this part of the work could be developed in future work.
- On the note of future work, the staff agreed that similar projects should be expanded to include young women (aged 11-12) to provide support at the transition point of leaving primary school and starting high/ secondary school. The staff also agreed that the second key transition point (adolescence to adulthood) was also important for the young women in Project 1325 and should, therefore, be a focus for support in future projects.
- The staff expressed a preference for developing the collective work that had been led by the young women in Project 1325 and had evolved during the Project as the young women wanted to hold social evenings and events and engage in peer support work (e.g., in schools) around issues relevant to young women and girls.
- The learning did not suggest that WomenCentre needed organisational change, *per se*. Rather, the evaluation indicated that existing models of work could be utilised with young women and

adapted to ensure that the work was specific to younger women's needs (e.g., relational work and intensive individual support or support at particular transition points).

6.2. RECOMMENDATIONS FROM PROJECT 1325 AND EVALUATION

The final section of the evaluation report sets out the recommendations from Project 1325 and its evaluation. These recommendations are based on the learning from the Project.

- *Frontline work*: To ensure that as many young women as possible receive support, and that the flexibility of support is maintained, projects such as Project 1325 need to be better resourced, particularly in terms of frontline casework.
- *Transition points*: Resources need to be invested in supporting young women at key transition points in their lives when they move from primary to high/ secondary school (aged 11-12) and from adolescence to adulthood (aged 18).
- *Managing the Project*: Future projects could consider how to manage and oversee the project effectively and efficiently in terms of the best use of staff resources.
- *Co-production with young women*: Time and resources need to be built into the beginning of projects to ensure that young women and staff are supported in the process of co-producing the project (aims, support materials, promotion materials, etc.).
- *Working with young women*: Future projects should consider how to support young women to come together collectively (for social events and/ or to support each other) and how these collectives might be resourced.
- *Social media strategy*: Time and resources also need to be built into projects so that staff, working with young women, are supported to devise a social media strategy that meets the aims of the project and serves the needs of the project (e.g., reaching young women).

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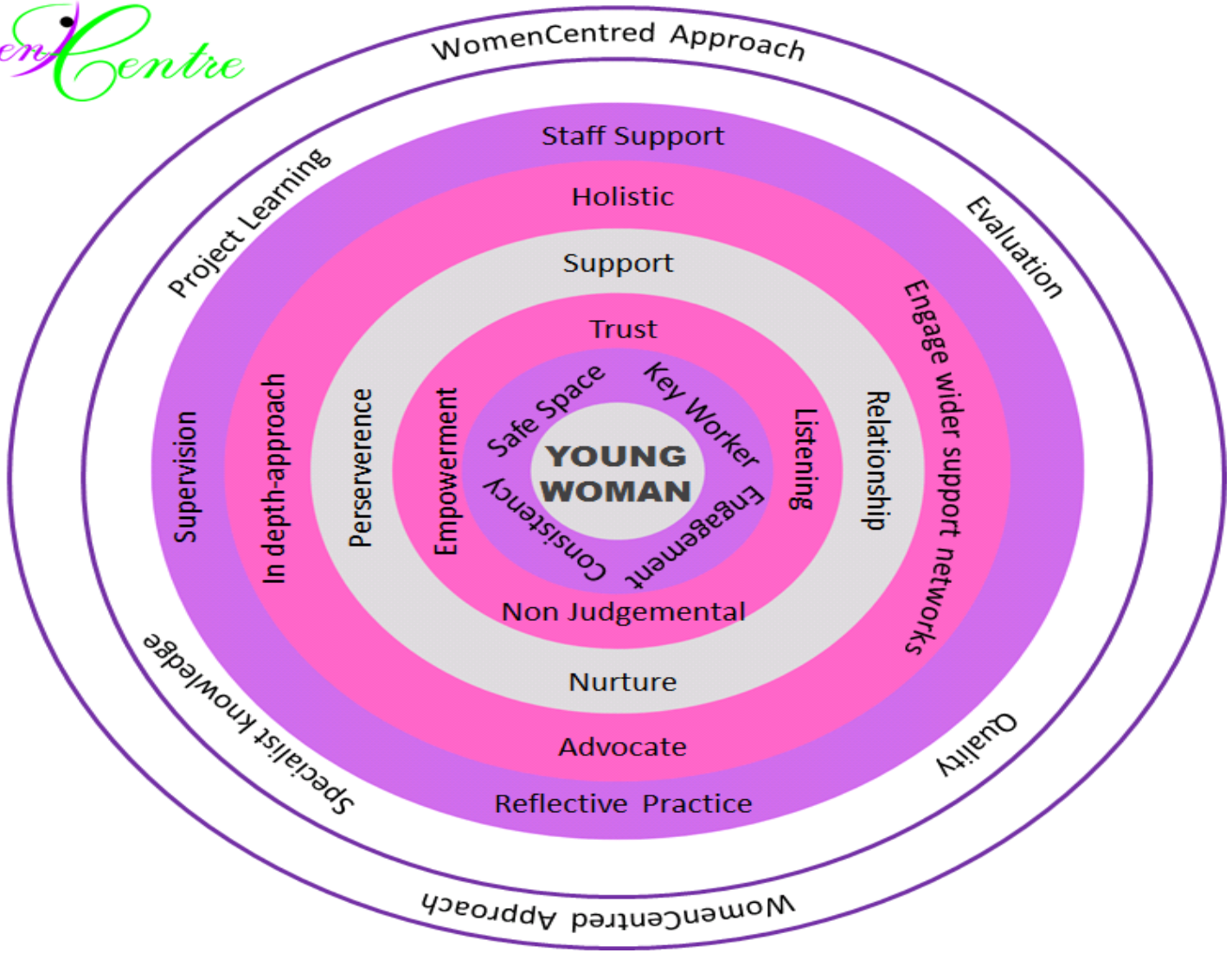
APPENDICES

1. WomenCentre model
2. Tree tool
3. Journey ('scale') tool
4. Reflection tool

Appendix 1: WomenCentre model



Appendix 2. Tree tool

Appendix 3. Journey ('scale') tool

My Journey So Far

On a scale of 1-10, after my journey working with 1325		
1 = Lots of issues/ work to be done	5 = halfway there/ work in progress	10 = no issues/ feeling positive
How much do you feel you are being listened to and having a voice and an opinion in your life?		
1 2 3 4 5 6 7 8 9 10		
How do you feel about your overall current situation?		
1 2 3 4 5 6 7 8 9 10		
How is your confidence, self esteem and emotional wellbeing?		
1 2 3 4 5 6 7 8 9 10		
How much do you feel you know about services and support available to you?		
1 2 3 4 5 6 7 8 9 10		
How is your relationship with your family/children at this time?		
1 2 3 4 5 6 7 8 9 10		
How do you feel about taking positive actions in the future?		
1 2 3 4 5 6 7 8 9 10		
How is your ability to make decisions on your own?		
1 2 3 4 5 6 7 8 9 10		
How do you feel about being able to keep yourself safe.?		
1 2 3 4 5 6 7 8 9 10		
Are you taking part in risky behaviour?		
1 2 3 4 5 6 7 8 9 10		
How is your current use of alcohol/drugs?		
1 2 3 4 5 6 7 8 9 10		
Do you feel more aware of the dangers and effects of using drugs/alcohol?		
1 2 3 4 5 6 7 8 9 10		
Are you involved, or on your way to being involved in school, college, training or employment		
1 2 3 4 5 6 7 8 9 10		
Comments		

Where Am I Now?

On a scale of 1-10, before your journey working with 1325		
1 = Lots of issues/ work to be done	5 = halfway there/ work in progress	10 = no issues/ feeling positive
How much do you feel you are being listened to and having a voice and an opinion in your life?		
1 2 3 4 5 6 7 8 9 10		
How do you feel about your overall current situation?		
1 2 3 4 5 6 7 8 9 10		
How is your self esteem, confidence and emotional wellbeing?		
1 2 3 4 5 6 7 8 9 10		
How much do you know about services and support available to you?		
1 2 3 4 5 6 7 8 9 10		
How is your relationship with your family/children at this time?		
1 2 3 4 5 6 7 8 9 10		
How do you feel about taking positive actions in the future?		
1 2 3 4 5 6 7 8 9 10		
How is your ability to make decisions on your own?		
1 2 3 4 5 6 7 8 9 10		
How do you feel about being able to keep yourself safe.?		
1 2 3 4 5 6 7 8 9 10		
Are you taking part in risky behaviour?		
1 2 3 4 5 6 7 8 9 10		
How is your current use of alcohol/drugs?		
1 2 3 4 5 6 7 8 9 10		
Do you feel aware of the dangers and effects of using drugs/alcohol?		
1 2 3 4 5 6 7 8 9 10		
Are you involved, or on your way to being involved in school, college, training or employment		
1 2 3 4 5 6 7 8 9 10		
Comments		

Appendix 4. Reflection tool

What changes/turning points have happened since working with 1325? (E.g., home, school, friends, r'ships, confidence, body image, other)
Have you added/removed a leaf to your tree- why? What happened and can you say how it made you feel?
Have you added/removed a bug to your tree – why? What happened and can you say how it made you feel?

EMPOWERING GIRLS AND YOUNG WOMEN THROUGH PROJECT 1325

FINAL EVALUATION REPORT, MAY 2020

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