

1125 Project Learning Report

Summer 2023

Fiona Weir on behalf of WomenCentre



Introduction

The 1125 Learning Project was a small strand of work, running between summer 2022 and summer 2023, following on from previous, formal evaluation of the 1325 Project. It aimed to fill in some of the remaining gaps in our understanding about the experiences of girls and young women (GYW) aged 11-25 in Calderdale and Kirklees, especially experiences of seeking and getting support, and any unmet needs.

This learning happened in the final year of National Lottery funding for the 1125 Project, and its findings will help to inform and shape applications for future funding and possible commissioning opportunities.

We particularly wanted to do these things that we had not done before:

- **1) Data review:** Review existing service data to understand referral routes into the 1125 Project and look for other possible patterns or trends;
- **2) Case studies, insights and voices:** Talk to project workers, manager, volunteers and participants to gain insight. Particularly, we wanted to talk in depth to a few young women who had used the 1125 Project, to understand their experiences and needs in more detail, including what had brought them to us;
- **3) Reaching unreached GYW:** Reach girls and young women we hadn't heard from before, including those who haven't yet had any contact with 1125. We chose an online survey and social media for this.

1) Data review

We reviewed existing service data to understand referral routes into the 1125 Project and look for other possible patterns or trends. The review was carried out by our independent researcher, with project workers using case notes and their knowledge of individual GYW to provide information and insight where this was missing from summary records. This section presents key findings.

1.1. Referrals

128 girls and young women aged 11-25 were referred to us in 2020-22. Referrals came from a wide variety of sources – see figure 1.

Most girls are referred to the 1125 Project by someone else (86%). Three-quarters of referrals come from statutory services (74%), including schools and police. The greatest number come from NHS mental health services (26%). Children's social care services refer around one in six (17%), mostly younger girls. One in ten refer themselves (10%).

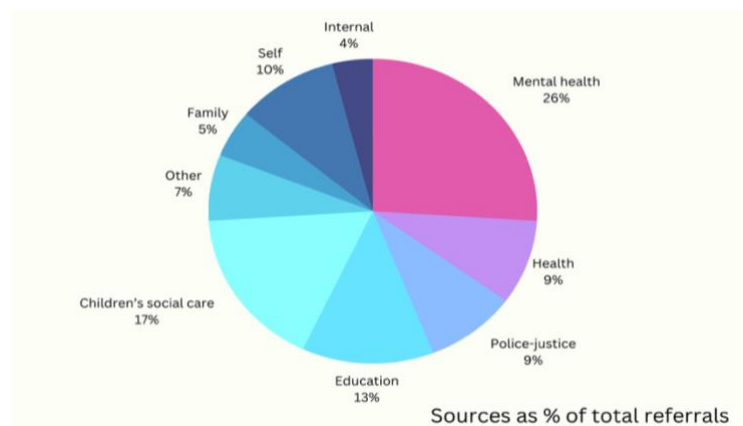
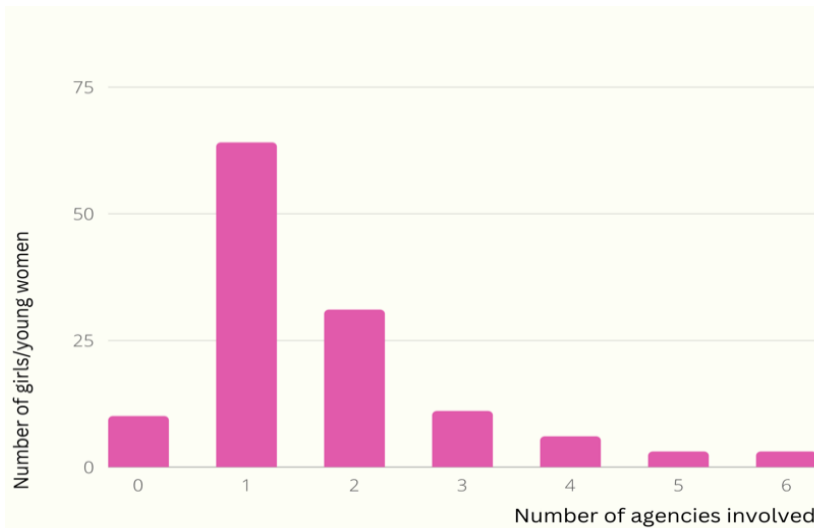


Figure 1: Referral sources by type of agency

1.2. Other agency contact

Almost all girls have contact with at least one agency at the time of their referral (118/92%).

Figure 2: Number of agencies involved with each GYW

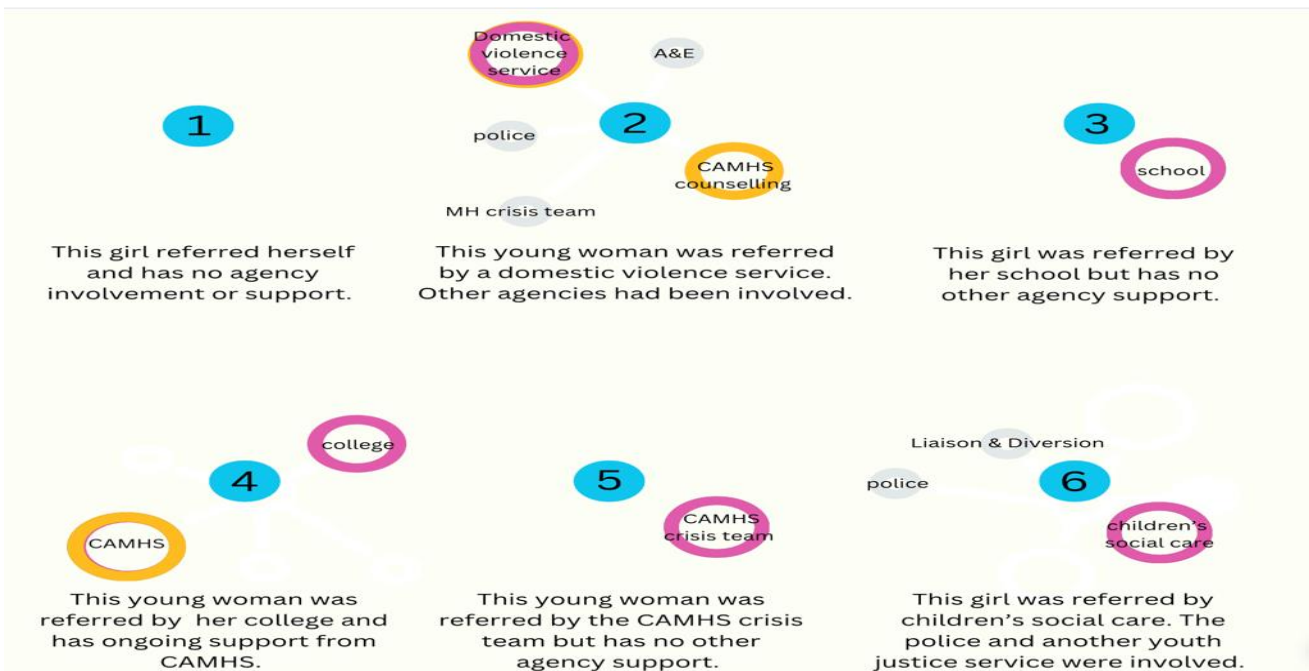


Three-quarters of girls have contact with one or two other agencies (99/77%). Around one in ten have contact with 4 or more (12/9%). A small number have no agency contact at all (10/8%). Sometimes, other agencies are not able to support girls because of their multiple and complex needs. In some cases, agencies end their involvement because they can offer no further support.

1.3. Types and patterns of agency involvement

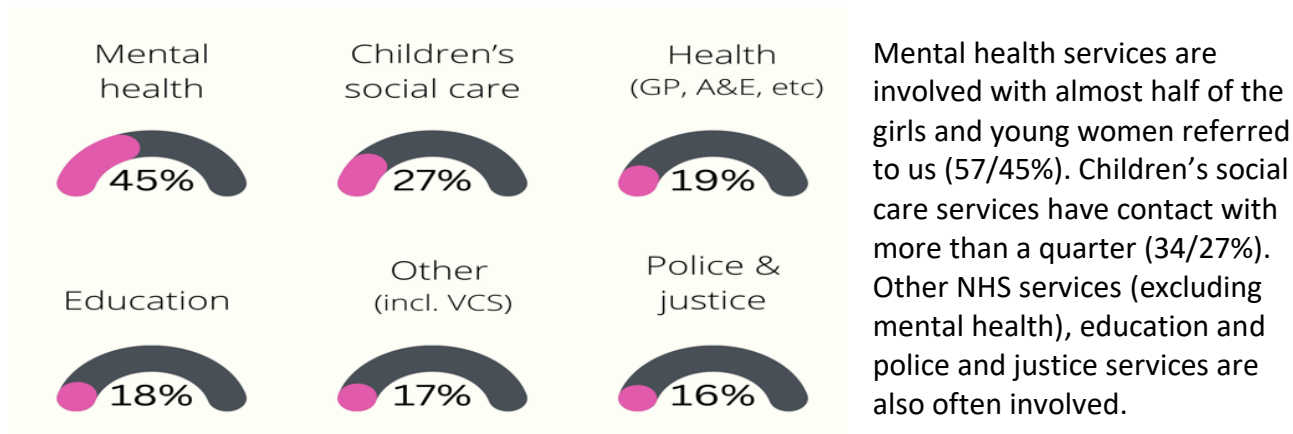
GYW had individual and different patterns of involvement - see fig. 3. A wide variety of agencies (32+) already had involvement with at least some of the GYW who came to 1125 Project – see figure 4.

Figure 3: Patterns of contact with other agencies at time of referral



Note: these examples are real, representing the patterns of agency involvement for 6 individual girls/young women referred to the 1125 Project. Identifying details have been omitted, such as GYW's names and specific organisation/service names, for reasons of client confidentiality.

Figure 4: Agencies involved with 1125 GYW, by sector



1.4. Outcomes, success and pathways out of the 1125 Project

We had very limited information about outcomes for girls and young women and pathways out of the 1125 project, because relatively few had completed the service and moved on, and some were still on the waiting list. Nevertheless, it was clear that 'success' may look very different for different girls and young women.

Specifically, for some, 1125 support means that other agencies are no longer needed; but in other cases, the 1125 Project has helped GYW get (sometimes desperately needed) support from other agencies. This is significant because in most preventative services, success is defined as being diverted away from other mainstream services.

Notably, we can see that at the 1125 Project, some GYW with complex and/or unaddressed needs may need more support in the short-term, so that they need less in the long-term. Others may continue to have complex needs, and for these GYW, the 11:25 project is not acting as a preventative service, but a safety net, care navigator, mediator. This is an area of interest for us, to be picked up in future research.

2) Case studies, insights and voices

We met 7 girls / young women (GYW) who talked to us about their experiences. Three of these were one-to-one conversations, which we present as case studies on the following pages (5-12).

We also spoke to 3 project workers about what they'd heard from the GYW they worked with and looked at what GYW had told us before. We compared this insight with what the individual GYW had told us, and found some consistent themes and support needs.

Girls and young women talk about:

- Difficulties getting the right support, either because they can't access any support, or because the support they do access is not right for them.
- Health issues, including problems with their mental health

- Family problems that cause distress and/or less family support than they need
- Not being listened to
- Personal safety issues and experiences of violence, including sexual assault
- Relationship difficulties, including domestic violence
- Low self-esteem, including issues with body image
- Conflict and bullying, including at school and on social media
- Being let down by adults, including support services
- What helps and what doesn't

The case studies, insights and voices shaped the work we did in the next stage to reach out to GYW who had not been reached before (see section 3).

Three in-depth case stories follow on pages 5-12.

Andi's story

Andi is 19. Her first contact with WomenCentre's 1125 Project was when she was 13.

Andi can't remember for sure why she was first referred, but: "I think it was because I was seen as being at high risk of all sorts of stuff, high risk of being groomed... and school had just found out that I'd been self-harming".

A lot of agencies were involved in Andi's life from the start, but none of them felt very relevant or useful to her, and none of them seemed to understand her needs. "I think school were a bit lost about what to do... I went to CAHMS... There was a police officer who came round once a week to check I was behaving... I was always seen as misbehaving. But I wasn't actually misbehaved, I just went missing a lot. I ran off a lot, and my grandad kicked me out all the time and then he'd get scared and report me missing. I got treated really badly for that, because I was taking up police time... Social services were involved multiple times, they were always in and out".

Andi was very vulnerable when she was missing from home, particularly because of her young age. "I was repeatedly, three or four times a week, gone. I'd just disappear. I'd get a bus somewhere, I'd walk, I'd sit in the park, I'd just sit somewhere. There were a couple of times when I was older I'd go missing with someone else, but when I was younger I was just on my own".

Her self harm was treated as 'bad behaviour' rather than a sign she needed support: "If the school had listened when they found out I was self-harming, things wouldn't have gone that far. The first time I self-harmed I told the school, because it scared me, and they said, 'Oh we won't take it any further or do owt about it if you don't do it again... So obviously I was like 'No I won't!'. And then did it for about six months until they found out again".

Over the years, Andi has been in touch with many different support agencies and projects, but looking back now, Andi can see she didn't trust services at all: "I've worked with just about every service in Halifax at this point: [5 organisations named]... A couple of girls' groups I got put in... [1 further organisation named]... There were more than that... A couple of counsellors that came into school... Early Intervention at one point... Youth Offending at one point... Liaison and Diversion... Everyone. Every service you can think of in Halifax"... I didn't want to engage at that point. I'd kind of just been thrown into [support]: my grandad said 'You're doing it' and the school said 'You're doing it if you want to stay here'. But I wasn't ready to engage, I didn't want to engage. I didn't want to work with them... I don't trust anybody... I'd push and push before I trusted them, and a lot of services just disappeared because I'd pushed..."

Continued

Andi explains why these services couldn't help her: "People leave, without warning. And when individual staff leave you're just passed around. I've spent a lot of time when I've worked with these services just passed from pillar to post. And it wasn't always just because they left their job – that's fair enough – a lot of them just gave up, and just chucked me on someone else, and *they'd* give up as well. And I'd be with someone else all the time. So I just gave up too, stopped talking to them, left them to it... I'd just say what they wanted to hear: 'I'm fine, don't need you any more'."

But Andi *did* engage with the WomenCentre 1125 staff. Her experience with three different workers has been positive, and she is sure that this is because they gave her the time she needs to build trust. This was especially important when she was in her early teens, and is what drew Andi back, and what keeps her engaged, almost 5 years later: "I worked with A-M, once I'd got used to her. Which took a while... She had to kind of stick at it, and take some sh*t". Then I stayed with S when A came back because they didn't want to switch me again... She gave me time, a lot of time. She didn't give up on it. There was a lot of me just refusing to talk for a long time. We used to just sit. I'd make her sit at the bus station in Halifax. What went through my head is 'Well if I make her sit in a public place, then I don't have to say owt. So the bus station was a way to avoid talking to her for a long time'."

Most support services are time-limited, and therefore don't work for women and girls like Andi, who need much longer to build trust: "S eventually got me inside. It took her a while though, about six months. It took that long for me to actually tell her anything at all, but I did eventually".

The long-term nature of support is crucial to young people like Andi, whose experiences mean it's hard to trust services: "This place is more ongoing support, it's not short-term intervention. It's 'we're going to support you until you don't need it anymore', rather than just 'we're going to work with you for six months then [end]'. It isn't helpful when services do that... When you start working with them and they tell you it's for six months, you think 'There's no point then, you'll be gone in six months'... A lot of people who end up in services like this have the same trust issues: it takes them a long time. By the time it gets to six months you've only just started to trust them. So there's no point in doing it because the support stops, just at the point you're about to say something".

Andi's experience shows how taking time to build a trusting relationship can be exactly what's needed, and in fact is what prevents support with young people from breaking down: "S just gave me a chance... I think she was patient with me, she didn't force me to do anything, which is what a lot of services do, they *make* you engage, so I'd give up and shout at them. I've never shouted at S. I don't think I've ever argued with S... I've never got annoyed enough with her to yell at her, which is a new thing. That never happens: I've always argued with everyone I've worked with... About them not listening, because I thought they didn't care, because they just give up too easily. Anything that was annoying or I thought they did wrong. S just lets me go at my own pace, which is helpful. And she's just stuck at it – she hasn't given up on me. I did try and push her I think, at the start, but she didn't give up on me".

The 1125 worker has provided a variety of support, driven by Andi's needs: "She's taken me to the doctor if I needed – I don't do well with doctors so she's come with me. She's definitely spoken to colleges a lot for me. She took me to the open day at the college... She helps, she tries... She does a lot of things, bless her".

Andi's engagement with the 1125 Project came at a crucial time: "I started working with S just after I'd been kicked out of college [previously]... It might have been [organisation X] that referred me back in... If she didn't help me with college [now] and doing stuff like that, then I probably would be back in trouble with the law. I'd be back in that place where I was always in trouble. She definitely keeps me out of it".

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Andi is aware that the support she gets from the 1125 Project has almost certainly prevented her from spiralling into serious trouble: “I guarantee they put ten times more money in prisons. But I’d probably be there if I didn’t work with S. I was going that way. I was constantly in trouble. I’ve been arrested multiple times. But I have [only been arrested once] since I’ve worked with S... Since I’ve been with S, I haven’t done anything [illegal]”.

1125 has also helped Andi make some positive changes: “[I have accessed] drug and alcohol support. And obviously college. I wouldn’t have enrolled if S hadn’t helped me: she helped me find the course, she helped me with the open day that then got me enrolled. I wouldn’t have done it if I didn’t have someone [supporting me]... I’d’ve gone nuts by now, I’d’ve been kicked out by now if S didn’t keep me grounded... I wouldn’t be in college. I probably wouldn’t be doing owt... They do more [on this project] than just let you talk: I’m *in education!*”.

Andi’s experience supports the project decision to work with girls from the age of 11, not just 13: “If you catch them young, if you help young enough... So I’m quite glad they changed it to 1125 not 1325. I probably could have done with it from 11, before it got too bad. I think by the time I was 13 I was too far in it... At 13 you think you’re all grown up, don’t you?! I think at 11 you’re at the border... If there had been support in place from the get-go, when I started high school, I don’t think it would have gone as downhill”.

Andi values the flexibility and reliability of 1125 Project support: “It’s not just an hour a week that *they’ve* decided – ‘That’s what you’re getting, and you don’t get no more than that, that’s it’. If summat happens at college, send her a text. If she’s free, she’ll talk to me... Like, I’ve got a meeting at college with S tomorrow because it’s not going well. And that was S’s idea, I didn’t have to ask for it. I don’t have to go out of my way and make a massive deal about needing [help], she just kind of sees it, and she’s like, ‘We’re going to sort it, we’re going to fix it’... I don’t ask for help, I can’t don’t it – I don’t trust people but I’ve ended up trusting S. I think that’s probably why: she does actually do what she says she’ll do”.

Andi values the women-only space that the 1125 Project provides: “I don’t think the groups would go half as well if there were boys involved... I know a lot of people in 1125 have had things with rape and sexual assault. I know I wouldn’t sit in a group with men in it. I just wouldn’t feel comfortable sat in a room with men in it, and I know a lot of the women I’ve made friends with wouldn’t”.

Group work has been important and has given Andi some normality: “It was someone to talk to. The group here gives me something to do. I’ve made friends in the group. It’s just a place to vent, to be a normal teenager”.

And finally, Andi has a powerful message about how important it has been to be treated as a ‘person not a problem’ by the 1125 Project: “I was never the normal teenager growing up, I was the one that was the problem. I was a problem, not a person when I was a kid. I wasn’t seen as a person who needed help, I was seen as a problem who needed getting rid of. Now I’m a person who needs help, who gets the help if I need it, when I need it”.

This young woman’s name has been changed to protect her anonymity.

Aisha's story

Aisha is 19 and has been with the 1125 Project for about 2 years. She lives with a chronic pain condition that started when she was 14.

Aisha was first referred by a local children's charity: "I got sent here from [organisation X] because I finished literally everything I could have done there, and they couldn't help me any more. So I got other places recommended and 1125 took me in".

She had already received emotional and psychological support from many different services for children and young people, as well as NHS acute and emergency services: "I used to get a lot [of support]: I used to have a mentor, I used to see a hospital psychologist, I used to have phone calls with [my worker] from [organisation X], we used to do group work... I used to do CBT – I did that twice – some through the hospital and some through school... I used to have counselling at school".

But the support Aisha was offered all felt too short-term: "What it felt like to me was like going through six months or a year free trial for everything... Cos when [something] came to an end, it was like 'Oh, we've got *this*, you can try this!' And when *that* came to an end, it was 'Oh, we've also got this, you can try *this*!'. So it just felt like a free trial to anything and everything".

Aisha especially wanted help getting a diagnosis for her chronic pain condition and learning to manage it: "It didn't feel like it was the *right* support, that's the thing. The thing was, I was ill at the time... I have chronic pain. With that, it was a long, long few years, trying to figure out what it was. And they said to me that it was the wires in my brain that were crossed... [They were] saying that when I feel emotional pain I also feel physical pain, and when I feel physical pain I also feel emotional pain. So they were trying to fix that through different things. But at the same time I was like, 'OK, but I also need help with *this*, that I know I have'. But they were like, 'No, it's just this. You need to fix this and everything will be fine'."

Aisha's chronic pain was very disabling: "There were days I couldn't get out of bed, I couldn't walk and was wheelchair bound or whatever. And there was one phrase that I used to hear every single day: "You're strong and you're resilient". And that phrase was so annoying sometimes. Because no one realises that me being strong and resilient, I could be bed-bound and would be my strongest time that day. Or I could be in a wheelchair and that would be my strongest time that day. But no one would understand, and that would get me very upset".

Aisha recognises that her pain and her emotional life were connected: "My chronic pain condition started when I was about 14... There were quite a few things going on in my life back then. I didn't have an amazing relationship with my parents, or most of my family to be honest. I still don't have an amazing relationship with my family. My parents I do now – it's got better, quite a lot... But in my family, I was the one. I'm not the oldest niece or nephew in my family, but I still have to carry everyone else on my back, and that was horrible. Still to this day is horrible. I was the one changing nappies. I was the one babysitting – I don't know *how* many kids in one go. And then I had to *listen* to so many things. Horrible".

Aisha also needs some surgery: "I have to have surgery now on this knee because I've torn my cartilage... It feels absolutely painful!"

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The services and support sometimes felt rather confusing and fragmented, but Aisha was keen to try whatever was suggested: “See, I don’t know the difference here, but the psychologist I was seeing – she was good – but she was talking about seeing a psychiatrist too. But I don’t know the difference between a psychiatrist and a psychologist... The mentor I was seeing as well – she was good... But she had to leave because she got another job opportunity... Even she said that she wasn’t too sure what that [i.e.: seeing a psychiatrist] would have entailed. But I was feeling, anything that would help me reach the root of my issues or help me find out what exactly was wrong, I’d take. Anything like that I’d take”.

But nothing gave Aisha the answers she wanted: “I just wanted to find out what was wrong with me. Cos every time I went to a doctor or a consultant, or for a scan, a brain scan, a CAT scan, they were like ‘You’re fine, it’s all in your head!’ So OK, if it’s in my head, tell me what’s *wrong* with my head!”

Eventually, Aisha was referred to WomenCentre, where she found the support she needed to make sense of what she was experiencing: “They were good, really good. Very helpful... They listen, at least, to everything that I either want, or need... I feel like I’m actually listened to, and given the help that I wanted. Like if I wanted to get help from my doctors. Or if there was something else, like on the border or summat, I’d always get help to understand. Or they’d help me to go, or talk to my doctor, or get help, or something like that”.

The trust that Aisha built with her 1125 key worker enabled her to open up: “She’s smiley and bubbly. With someone like that, it’s easy to get along with them. If someone’s in a constant mood, or a constant state, it’s a bit hard to talk to them. But she’s a lot easier to talk to than most people are and I found myself telling her things that I’d never told anyone... I think I’d built up trust and I know that she would help me and she’s got my best interest at heart. And I know she won’t tell anyone as well”.

Aisha had never trusted any other service or worker enough to tell them about what was going on in her life:

“I was very very reluctant to tell anyone anything back then. I always thought I’d get into trouble. I always thought I’d get taken away. I always thought I’d get locked up, to be honest. Or that something would happen to my family or parents... Because like, the people I went to school with, we had similar issues though not quite the same, and I always heard the stories: like they can’t see their families any more, or they’re not allowed to go home any more, or they don’t live with their parents or their parents aren’t allowed to see them, or anything like that. And that was only because they’d told the truth. And when you hear their truth compared with my truth, I was like ‘Oh no, I can’t tell the truth then... Like, back then, I didn’t get along with my family, but I didn’t want to go away from them”.

Aisha appreciates the time she and her 1125 worker spent together just getting to know each other: “We went out for walks, and we just used to talk... I used to talk about myself, she used to talk about herself, so we’d just break the ice and get to know each other a little more, rather than getting to the personal stuff first... And we’d go on coffee dates, have hot chocolates, or just sit in the car and just talk”.

With support, Aisha was able to shift her attention away from difficult current circumstances, and think about her future: “Or she used to come into my house and we used to draw out a plan for what I want in life and how I’m going to get there. Or what I want from college, or next steps, and everything like that. Try and focus on what I want and how I’m going to get there, rather than focusing on everything that’s going on around me. So I don’t get too overwhelmed, and I can actually see my targets”.

Continued

Aisha now has tangible plans: “There’s my driving. There’s finishing college and getting my apprenticeship, or going to uni – I haven’t decided which one I’m going to do yet. Then, whichever one it is, there’s moving out, or obviously staying put. Then – I think it’s going to be an apprenticeship – then working for a year. But... If you focus on one, the other will come, and if you focus on the other, the other will come. So it’s like round and round in a circle. So it’s working for a year, get enough money, and then go on and on...”

Aisha also really valued the 1125 group activities: “I liked that a lot because I liked getting on with all the girls and... we didn’t even talk about anything in life, just randomness. And that was nice, to not have to think about what was going on, and just talk about anything random. Because your friends at home, they know what’s going on in your life, so they want to try help you and talk to you about the stuff going on in your life. But here, no one knows what’s going on, so they just want to talk about randomness and that’s so much more better. It gives you time away from it all”.

Most importantly, the 1125 Project has built Aisha’s self-confidence: “It gave me more confidence in what I can do, and what – I was going to say ‘what’s wrong with me’ but what’s *going on* with me rather than what’s *wrong* with me. Cos saying ‘what’s wrong with me’ sounds like there *is* something wrong with me, and there’s not really, is there”.

This young woman’s name has been changed to protect her anonymity.

Isobel’s story

Isobel came to the 1125 Project when she was 20 or 21, and has been with them for about 18 months.

Before Isobel found WomenCentre and the 1125 Project, she was isolated, unwell and desperate for support: “It was just after COVID, so I had no support during the COVID pandemic. I wasn’t under any support of any mental health services. I’d been to the [Single Point of Access for mental health services – SPA] for assessment a couple of times and they kept saying that I wasn’t right for them, that I wasn’t right for their support, so I was really struggling – my mental health was at a low. I really just couldn’t see a way out”.

The mainstream referral processes didn’t work well for Isobel: she was expected to self-refer, but with little information and high anxiety, she didn’t feel able to do that: “I’d been to the SPA and they’d given me the WomenCentre referral details, but because I was so anxious, I just thought I don’t want to get involved, I don’t know what they’ll do... So I left it maybe 6 months until I really went to rock bottom... They’d not given me much information about what they did at WomenCentre, so I was just so anxious as to what they’d do with me there”.

Isobel had already tried to seek support elsewhere: “I’d been through a sexual assault just before, maybe six months previously, but I wasn’t getting support from [the rape crisis service]. I was put on a waiting list but then I couldn’t do the therapy because my job told me I couldn’t have time off to go to it... I had gone to a private counsellor for a number of sessions, but I was told that... if I saw a private therapist, if I were to get involved with a referred therapist, it would contradict, so I had to cut that off. Literally I had no support whatsoever”.

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Solution-focused therapies had not worked well for Isobel in the past, and some of the suggestions made by mainstream services felt useless, inappropriate and even dangerous: “It just makes you feel worse and it’s a bit overwhelming isn’t it, like you’re telling someone something and you don’t think that they’re going to understand you, because they’re just coming at you with all these different solutions. And a lot of the time they don’t work... They were just telling me to go for walks in the woods and stuff, which was really quite dangerous. Like, ‘That’s what I do when I’m not feeling great, don’t tell me to do that to snap out of it!’. Or it was stuff like splashing your face in cold water. I’m in DBT now so I’ve learned those skills, but at the time, if you’ve not learned them, and someone’s telling you to do something that seems really superficial, it’s not going to help”.

Isobel is clear about what *would* have helped her: “I wanted someone that would listen to me, and that wouldn’t tell me whether I was right or wrong for feeling that way. I needed weekly support and check-ins, because I just felt completely alone... And just, ‘We’ll go out and do something’, because I didn’t really have any friends, I just had a boyfriend and my mum and dad that I didn’t really speak to. So I felt like I needed to be involved in something else, I needed more support and just someone to speak to really.”

The mismatch between what Isobel needed and what the mainstream service could offer led to mutual frustration, and phone-line services made it more difficult to build trusted relationships: “It was all over phone calls, during COVID, so you didn’t really know them whatsoever, and we were getting quite frustrated with each other. The services were getting quite frustrated with me, and I was getting frustrated with them... I really needed support. My mum was taking me to the doctor’s every week saying ‘She really needs to speak to someone, she’s going to do something stupid’, so when [organisation name] would ring me weekly and tell me to go for walks in the woods and splash my face with water, I’d get frustrated with them and I’d say ‘No, I need to see someone face to face. You’re telling me something dangerous, I’m going to do something stupid’, and they’d just make me feel rubbish for it. Like they wouldn’t sympathise with me and say ‘Look, I know that you need to see someone, I know that it’s difficult’, they’d just be like ‘If you’re not going to do what we’re telling you to do, then we’re going to put the phone down. If you start shouting at us, we’re going to put the phone down. If you start getting frustrated, we’ll get frustrated with you and cut you off the service’”.

Eventually, the mainstream service did withdraw their support, leaving Isobel even more frustrated and isolated: “So it was very much like ‘I need help, but you’re not giving me the support I need, or telling me where to go for the support I need, or telling me what I can do, you’re just telling me to do dangerous things instead... So I ended up getting cut off from the SPA because I was being ‘emotionally abusive’ towards them”.

Isobel finally made contact with the 1125 project six months after she had been given their number and her contacts with the project were positive from the start: “I got in touch because I was really desperate and quite lonely... I just thought, ‘I’m by myself, so I’m going to have to do that research, and I’m going to have to reach out to see what support I can be given’... The first initial phone call they were absolutely lovely, really accommodating... Really quite sympathetic as well... And I think I was booked in for an appointment like a week later, so it was really quite fast after I had got in touch”.

WomenCentre’s person-centred and personalised approach helped Isobel to build a relationship with support workers: “Any other service I’ve been to I’ve been quite withdrawn – I didn’t really want to speak to them because I just didn’t think they understood how I was feeling... But [at WomenCentre] I saw a lady called J at the beginning and she was amazing. I only saw her for a couple of weeks but right from the start, when I met J for the first time, she actually told me about experiences that she’s been through, which I really resonated with... Then J came with S and said ‘This is who you’ll be working with – do you think that you’ll gel with her?’ and stuff like that. That’s not happened in services before... So that put me at ease quite a bit, to know that I’d not been left with a complete stranger”.

Continued

Talking therapies in the past had made Isobel feel worse not better, but WomenCentre's approach validated the feelings she had, and Isobel really values the 1125 staff being their authentic selves with her: "I felt [before] a lot of the time like I was in the wrong, and they were saying 'No, this is how you've got to be, and this is how you've got to feel'. But with [1125], it was just 'You can feel all these different ways, and we're not going to push you into feeling a certain way... They were really quite open and honest with me, and told me about their experiences and what they'd been through, and it has been the best service that I have been involved with".

She also values the focus on helping to improve wellbeing in the moment, which worked much better for her than talking therapies: "They really listened, and if you didn't want to talk, they didn't pressure you into talking. It was 'What can we do in this moment to make you feel better?' Not, 'What can we put in place for the future?'. It weren't so structured, it was just 'If you're not feeling well now, what can we do to make you feel better?' So we'd go out on walks, and we'd go for coffee, and it weren't just 'We've got to talk about these feelings', it was 'We'll make you feel a bit happier in this moment'. [Previously] It's always been 'Sit down, we'll talk about this', it's a structured session, like with CAMHS I felt very much pressured into talking about things".

Isobel's key-worker accepted how Isobel was feeling, and built on that. With 1125 support, Isobel has done things she never imagined she would do: "She's built my confidence up quite a lot. I had quite bad agoraphobia, I didn't want to go out of the house, especially with COVID. So S was coming round to the house all the time. And slowly she built my confidence up so we'd start going out for walks, and then we'd start going out for coffee. And just being a real support. And then, they have these support groups on a night, with the other girls, so I started going to the support groups. And then she signposted me to other WomenCentre groups, so I did the Confidence group, the Empowering Women's group. And then she pushed me to try new things outside of the WomenCentre. She kind of gave me a bit of homework throughout the week, and said 'Do some research and see if you can find anything that might take your fancy'. So I got involved with Clear and then I got signed up to the Recovery College... S has given me the confidence to go and try all these things... Loads of different stuff that I wouldn't have done before. She's just really pushed me out of my comfort zone to do it. And a lot of the stuff I've really not enjoyed, really not liked doing, like rock climbing – I'm really afraid of heights - but I really pushed myself and went two or three times... I just persevered and did it anyway".

Although 1125/WomenCentre has not offered a service which is explicitly therapeutic, it is clear that there have been therapeutic benefits for Isobel, and has also supported her to get further mental health support:

"S has given me real support over the sexual assault and she's given me the confidence back that I lost, especially to work through the emotions I was feeling, like the guilt and the shame and the anger. We've done activities to let those feelings go, so she'd take me down to the canal and then we'd write my feelings on rocks and we'd throw them in the canal so that I'd let go of them... S gave me that support and that help, just to keep my cool and try get support that I needed from other services".

Isobel is really clear that she would be in a much worse place without WomenCentre support: "If I weren't in contact with the WomenCentre, I wouldn't have been in a good place. Having this support, she's given me the confidence to get in touch with other services. She's given me the confidence and assertiveness I needed to get in touch with the doctors and tell them exactly what I needed from them that I wasn't getting previously. She's given me the confidence to chase those services up that were just ignoring me... So I think I'd've been in a really bad place if it weren't for WomenCentre. I'd've had to keep utilising the SPA service line... I'd probably have been sectioned to be honest".

Finally, Isobel emphasises how valuable 1125 support could have been to her when she was much younger: "1125 wasn't around when I was at school and I went through a lot of mental health issues at school – I was really depressed and really anxious – I went through a couple of overdoses – and there was just no support out there like there is now, and I could really have benefitted from that. So I wish it was around and I wish more people knew about stuff like that when I was that age... I could've benefitted from this a long, long time ago".

This young woman's name has been changed to protect her anonymity.

3) Reaching unreached girls and young women

We were keen to hear from girls and young women in Calderdale and Kirklees who had not already had contact with the 1125 Project. This seemed especially important because we hoped to improve our understanding about unmet needs, and GYW interested in the work of the 1125 Project, but not already in touch with it, seemed likely to have these.

3.1. Coproducing the research questions and social media campaign with GYW

We worked collaboratively and in a peer-led way to plan and design the themes, questions and content for an online survey and social media campaign on TikTok. The aim was to gather views from a wider group of girls and young women (GYW), including those who haven't had contact with the 1125 project, about what support they might need with important problems. The key themes and questions were the same in the survey and the social media campaign.

The first group identified the key themes, draft questions and ideas for the survey and TikTok campaign. Its members were two young women who are currently supported by the 1125 Project, two project workers, an independent social media specialist (herself part of the target demographic – i.e. young, female and living in Kirklees) and the independent learning consultant.

The second group created content for the TikTok campaign, including scripts and video footage. Its members were two peer volunteers (within the target demographic), the social media specialist and a project worker.

Themes and questions:

- **A: General/access:** "I knew I had a problem but I didn't know where to get help".
Has this happened to you too? What would have helped?
- **B: Mental Health 1:** "My family doesn't like me talking about emotions, so I feel really alone".
Has this happened to you too? What would have helped?
- **C: Mental Health 2:** "I've already had some counselling, but it didn't work well for me".
Has this happened to you too? What would have helped?
- **D: Mental Health 3/Self-esteem/Body image:** "I hate the way I look and it's affecting my whole life".
Has this happened to you too? What would have helped?
- **E: Safety in personal relationships:** "I'm not sure if my relationship is good for me. I don't always feel safe".
Has this happened to you too? What would have helped?
- **F: Bullying:** "Other people are mean to me and make me feel really bad about myself".
Has this happened to you too? What would have helped?
- **G: When support ends:** "I had some support, but it ended before I was ready".

Has this happened to you too? What would have helped?

- **H: When support is really good:** “I’ve found someone who is really helpful, at last!”
Has this happened to you too? What DID help?

3.2. Survey findings

The survey was launched at <https://www.smartsurvey.co.uk/s/BYIQGU/> and remains open.

So far it has only had two respondents, so it is not possible to analyse the results meaningfully. First impressions are that the experiences of respondents were similar to GYW who have spoken to us before. New themes that may be emerging include:

- Help to understand your own feelings and find self-care techniques that work for you
- The importance of supportive friends
- Education and awareness raising for individual GYW and adults around them, e.g. around bullying, body image, how to talk about feelings.

We will present further findings if we succeed in gathering a meaningful number of responses, but it may be that a written online survey is not a good way to reach this target audience.

3.3. TikTok social media campaign findings

The 1125 Project has never had a social media presence before, so our social media specialist set up a TikTok account, which is still live: **@haveyoursay1125**. An introduction plus eight short video posts that reflected the agreed themes and questions (see 3.1) were uploaded over 4 weeks in June/July. We chose TikTok as the social media platform used most often by the target audience.

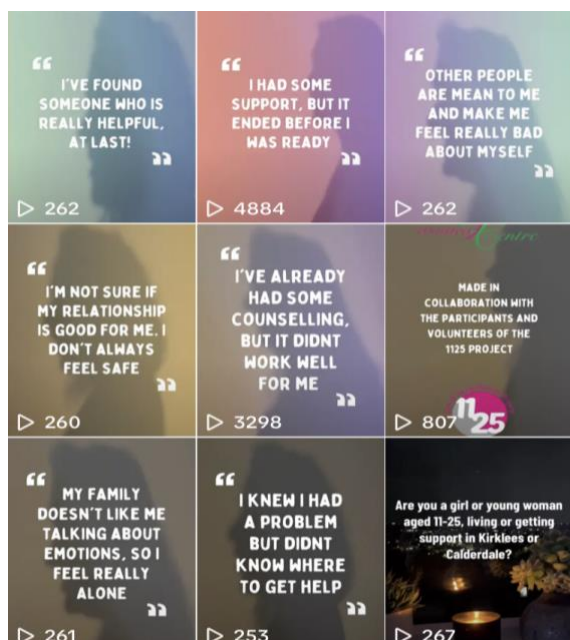
It takes time to build a social media presence and a relationship with your audience, but even within these first few weeks, we had some encouraging engagement. TikTok engagement is evidenced by the numbers of views, likes and comments: there were very few comments, and not many likes of individual videos, which suggests that GYW may be reluctant to talk about such personal issues with an organisation they do not know. However, large numbers of viewers watched the videos and connected with the 1125 Project – see Figure 5. (NB: Advertising was used to ‘boost’ the two most-watched videos, targeting GYW aged 13-24. TikTok does not allow advertising to be targeted at girls under 13).

Key facts are:

- 9074 unique/individual viewers watched the 8 videos over 10,000 times in total;
- On average, 250-270 people engaged with unboosted videos, which is twice the number of GYW currently supported by 1125 Project;
- The most-watched videos were: (C) counselling that hasn't worked well - 4884 viewers so far (boosted); (G) support that ended too soon (G) - 3298 viewers so far (boosted); and (D) body image – 807 viewers so far (unboosted);
- The ‘1125 Have Your Say’ TikTok page has 180 likes;
- 72 people looked at the 1125 profile page, not just videos;

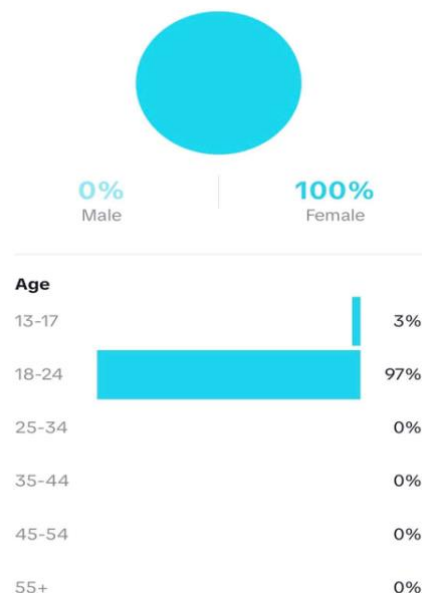
These figures mean that large numbers of people who didn't previously know about 1125 project now do. These were all girls and young women, and mostly aged 18-25 – see Figure 6.

Figure 5: Numbers of views per video



(28/7/23; videos still live so figures may change).

Figure 6: Audience by sex and age



NB: Viewers aged 25+ totalled less than 1%

Conclusions

WomenCentre is a learning organisation, which continually seeks insights and feedback from all its stakeholders - especially its service users and potential service users - to evolve and improve services. This Learning Project has provided new insights, and the 1125 Project has developed and tested some new ways of engaging and collaborating.

We have identified some of the most important issues and themes for girls and young women, and found which agencies they are most likely to have had contact with before referral. We have also connected with over 9000 new/unknown girls and young women - 70 times as many as our existing number of clients.

We will build on these new insights and relationships, as we develop and seek to sustain our work with girls and young women.

Fiona Weir
For WomenCentre 1125 Project
28/7/23