

Evaluation of the Girls and Young Women mentoring pilot programme: Maia & Lift

Final evaluation report

Ecorys and Renaissi

May 2024

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Introduction

This report details findings from the evaluation of the Girls and Young Women mentoring pilot programme (the Programme) funded by London's Violence Reduction Unit (VRU). The following chapter introduces the Programme, eligibility criteria and its structure. Then, it describes the evaluation aims and methodology, including data sources and the Theory of Change.

About the pilot programme

The Programme was developed as a pilot to focus on gaps in provision for girls and young women whose needs and vulnerabilities 'tended not to be identified or addressed'¹ by existing services. London's Violence Reduction Unit and its Partnership Reference Group identified that:

- Much existing provision was tailored to boys and young men and was limited in its ability to address the specific needs of girls and young women.
- There was a need to upskill staff delivering support to girls and young women, and to take a more gendered approach.
- There were gaps in the VRU's early intervention provision for girls and young women, who were vulnerable to association with criminal networks.

In response, the VRU developed the Programme specification to align with two key VRU objectives: to prioritise the wellbeing and achievement of girls and young women and to respond to the need for more opportunities to support girls and young women.

The VRU intended for the Programme to provide early intervention approaches to:

- Reduce the levels of violence that girls and young women may experience, which can be different to the types of violence boys and young men experience.
- Prevent girls and young women from entering the criminal justice system (CJS).
- Increase sector capacity to support more girls and young women with these vulnerabilities.

The Programme was intended to pilot new and innovative approaches, seeking to address gaps in specific provision for girls and young women in London. Similarly, the Programme aligned with a key priority for the Mayor's Office for Policing and Crime (MOPAC) around Violence Against Women and Girls (VAWG) prevention and increasing support for victims.

Specifically, the Programme aimed to support young people who:

- Identified as female or non-binary assigned female at birth.²
- Were aged 9 to 25.

¹ Unpublished programme specification documentation

² The report therefore uses young people/girls and young women interchangeably as well as she/they her/their to refer to the young people participating in the Programme.

- Lived in Camden, Hackney, Islington, Newham, Tower Hamlets, and Westminster.
- Had one or more contextual risk factors including:
 - Adverse Childhood Experiences (ACEs), domestic abuse, mental illness, deprivation, alcohol or drug use in the household.
 - Serious violence, exploitation, involvement (or familial involvement) with gangs or the CJS.
 - School exclusion, low attendance, or Not in Education, Employment, or Training (NEET).
 - Poor mental health and wellbeing, poor peer relationships, social isolation.

Programme design

A new partnership was formed, led by Advance, with Chance UK, Woman's Trust, and Working Chance. Providers piloted flexible and innovative approaches to achieve positive outcomes for girls and young women with early vulnerabilities. The Programme mobilised in July 2022 and delivered activities until November 2023. Programme components included:

- **Maia** service delivered by Advance
 - One-to-one sessions, mentoring and group activities for girls and young women aged 13 to 25 in women-only spaces and in the community. Sessions were delivered by youth workers (Advocates), and volunteers (peer mentors) who had relevant lived experience. Activities were designed explore identity, safety, healthy relationships, feminism, empowerment, and aspirations, to build confidence, self-esteem and resilience, manage health and wellbeing, and support engagement with services.
- **Lift** service delivered by Chance UK
 - One-to-one mentoring and group sessions for girls and young women aged 9 to 13. Activities were designed to develop social competency, coping mechanisms and emotional literacy. Opportunities to build skills and meet peers were complemented with experience days and family events held during high-risk periods (after school and summer holidays). Parent/carer guidance was designed to deliver specialised information sessions, efficacy, and empowerment.
- **Employability** service delivered by Working Chance
 - Employability focused coaching for young women aged 18 to 25 was designed to explore aspirations and build confidence with employability goals such as CV writing, careers options, job applications and interviewing skills.
- **Therapeutic** service delivered by Woman's Trust
 - Self-development workshops were set up for girls and young women aged 16 to 25 to discover strategies to manage their wellbeing, anxiety, mindfulness, confidence, resilience, and trauma.
- **Multiagency and partnership working**
 - Activities were designed to increase sector capacity for girls and young women and improve referral pathways, through operational group meetings, forums for practitioners, signposting to wider services and coworking cases.
 - Monthly operational group meetings included managers from the providers, chaired by Advance's programme manager.
 - Practitioner forums were set up for staff to share practice, regularity unknown.

Evaluation methodology

The VRU commissioned Ecorys UK, in partnership with Renaisi, to undertake an evaluation of the Programme. A mixed-methods theory-based evaluation assessed the processes of implementation, as well as outcomes and impacts.

Evaluation objectives:

- Assess delivery: such as throughput, engagement, and demographics.
- Examine implementation processes: generate insights for effectiveness, key lessons, strengths, and barriers.
- Assess outcomes and impacts: for individuals, organisations, and the wider system.
- Design and deliver content: to maximise the potential for shared learning, capacity building and evidence-based practice relating to provision for girls and young women.

Evaluation methods:

- Theory of Change coproduction workshops (with providers and the VRU).
- A workshop with the programme on principles for evaluation sampling and equity.
- Collaborative development of an evaluation framework.
- Assessments of programme monitoring systems.
- Analysis of outcomes data and quarterly monitoring information.
 - Outcomes data collection was defined by the Programme and outside the control of the evaluation.
- Initial consultation series with programme leads.
- In-depth semi-structured interviews with:
 - 10 young people, 6 parents/carers, 8 management staff, 9 delivery staff including peer mentors, 4 VRU personnel, 2 representatives from organisations referring into the Programme.
- Learning sessions based on evaluation findings.
- Quantitative and qualitative data were analysed using descriptive statistics and thematic content analysis respectively before triangulation.

A report for young people was coproduced and coauthored by the Young People's Action Group and can be found on the VRU's Evidence Hub.³

Data limitations

The Programme was a pilot, testing flexible and innovative approaches across multiple providers. In the context of contracting delays, the Programme did not have a unified data collection or case recording system, this lack of uniformity meant that providers defined and

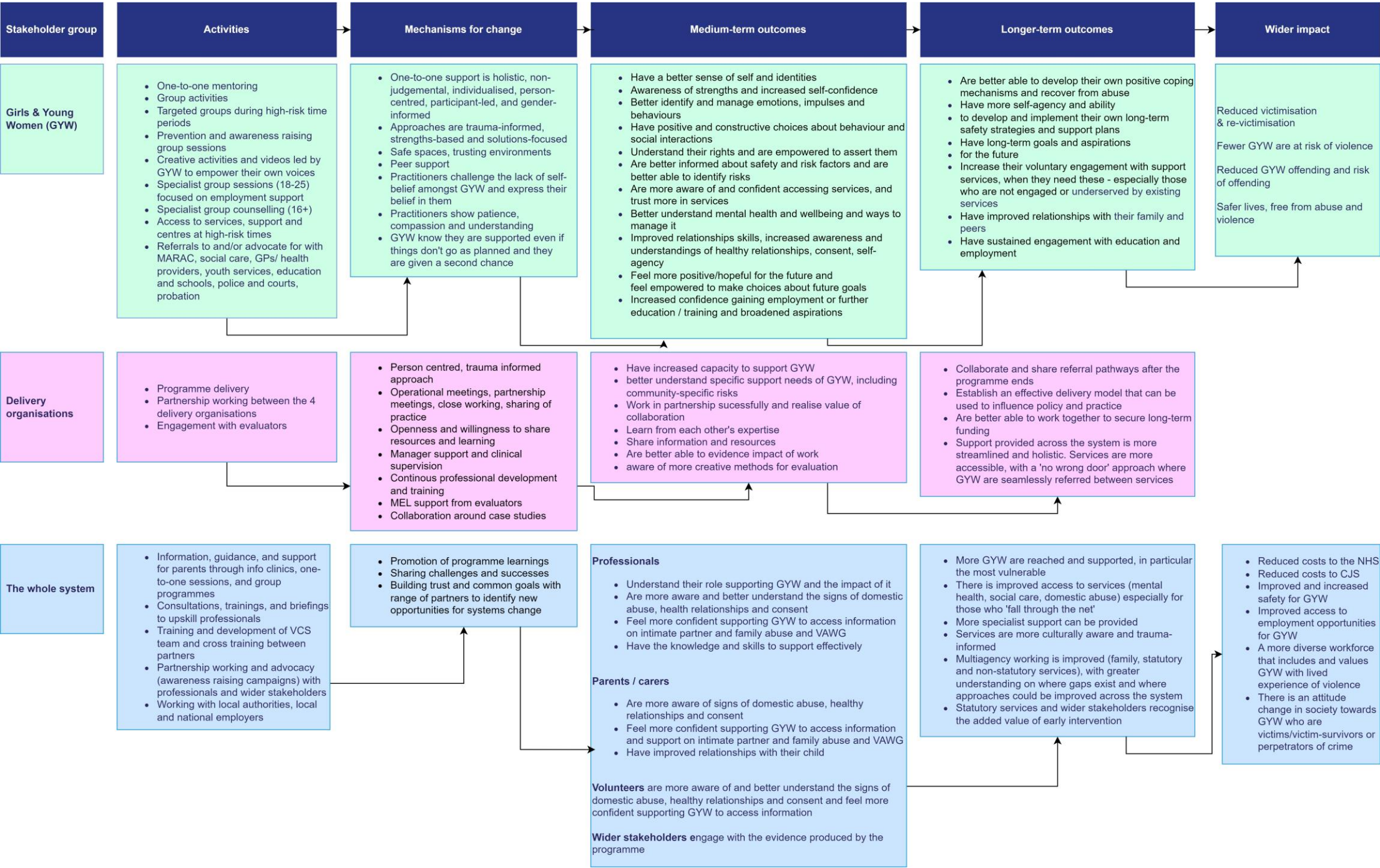
³ <https://www.london.gov.uk/programmes-strategies/communities-and-social-justice/londons-violence-reduction-unit/our-research/vru-evidence-hub/girls-and-young-womens-mentoring-maia-and-lift-programme>

measured things differently. Different outcomes measures were selected by and used across providers, so the ability to compare outcomes across the Programme was limited. There were very low numbers of responses to outcomes measurement tools administered by providers, so results are not representative of most of the cohort. Monitoring information had several errors, such as double counting activity, and errors were not rectified, which distorted results.

Theory of Change

A Theory of Change traces the logic of an intervention to explain how activities will lead to outputs, outcomes and impacts. The Theory of Change below outlines the Programme's activities and mechanisms for change which will drive outcomes, as well as longer-term and wider impacts for different stakeholders.

The Programme Theory of Change is provided on the following page. Further description of the Theory of Change follows.



In summary, **activities** included one-to-one and group sessions for girls and young women, as well as partnership working for providers, and engagement with the wider system through information sharing, coworking cases and advice for parents/carers.

Mechanisms for change included approaches and practices tailored, bespoke and flexible for girls and young women and their needs, as well as promoting learnings and building networks with wider organisations.

Outcomes for girls and young women related to greater agency, aspirations, and goals as well as improved relationships with services, families and peers. Organisational outcomes included greater collaboration, enhanced referral pathways, improved delivery models and more streamlined and holistic services. Wider system outcomes included greater awareness of key issues for parents/carers, professional development including of specialist approaches for staff, and enhanced multiagency collaboration across statutory and non-statutory sectors.

Ultimately, key **impacts** included girls and young women leading safer lives, experiencing reduced risks of victimisation, violence, abuse, or offending. These impacts were expected to reduce costs to public services and increase workforce and organisational capacity.

The Programme was ambitious in its design to provide activities for girls and young women with a range of needs, who may continue to be exposed to trauma or experience barriers. Delivery also took place in a climate of economic uncertainty. Given this context, certain outcomes may only have been achieved with further activity beyond the programme's lifespan.

Programme management and delivery

This chapter presents findings on programme management and delivery. The profile of the cohort is presented, followed by aspects of mobilisation, recruitment and referrals, engagement of young people and parents/carers, approaches to support participants and partnership working.

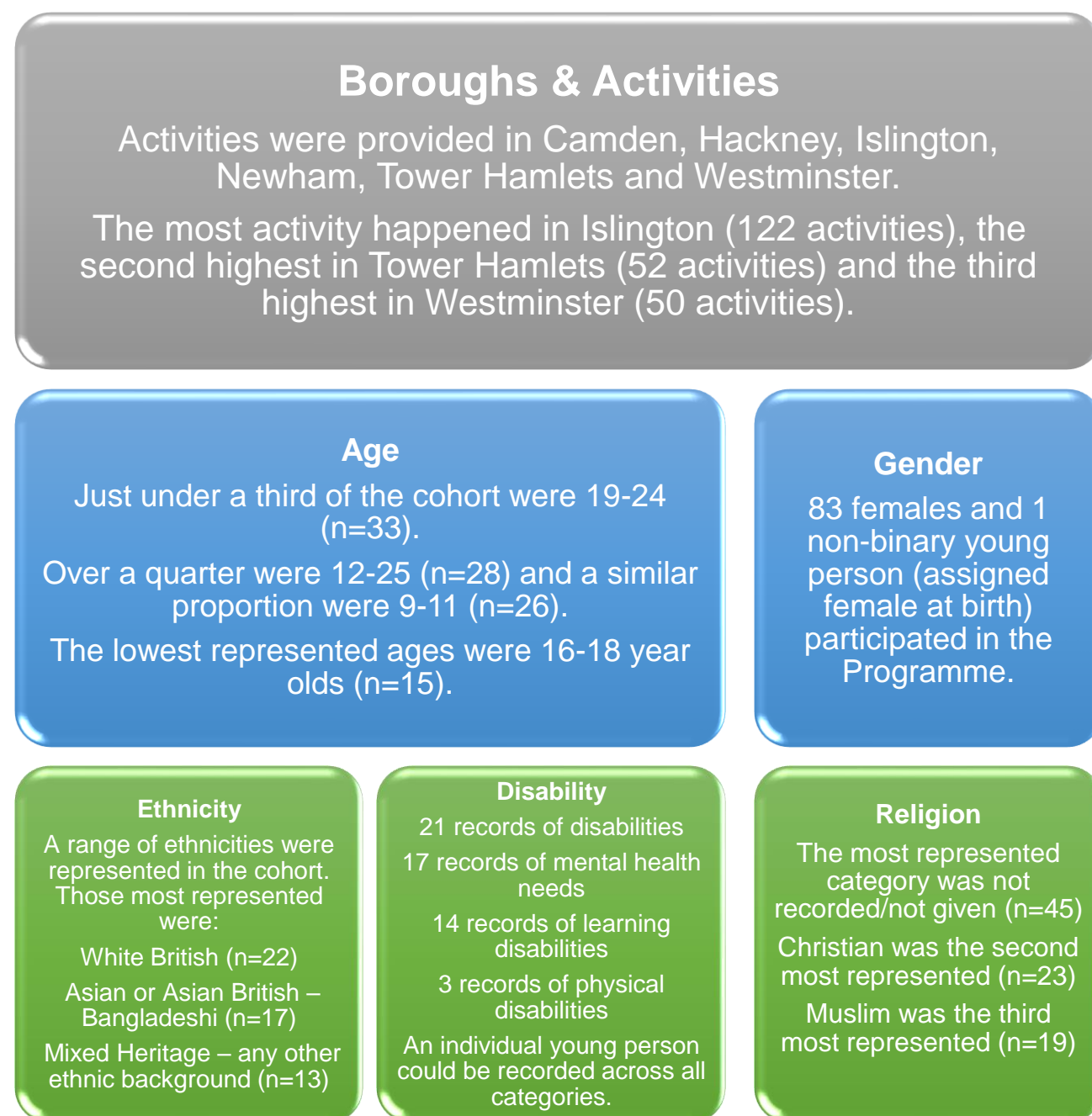
Key findings

- Profile-raising in new boroughs of delivery took time and resource.
- Summer mobilisation was challenged by staff leave, school holidays and other priorities limiting the availability of girls and young women.
- Within-programme referrals to employability and therapeutic activities were limited as building trust with girls and young women took time.
- Instability, relationship challenges and low-confidence and self-esteem could be both motivators and inhibitors for girls and young women to engage, as well as 'not being ready' for support. Girls and young women and parents/carers could feel nervous to engage because of negative experiences with wider services.
- Factors that supported engagement included: being referred by a trusted individual, being contacted quickly after referral, initial get-to-know-you meetings and including parents/carers.
- Engagement was maintained where girls and young women had agency over the content or format of activities, developed friendly relationships with peers/other participants, and a trusting relationship with mentors.
- Activities were bespoke and participant-led. Staff used approaches informed by gender and trauma, combined with a focus on strengths and solutions. Relationship-based approaches enabled staff to build trust. Relationships were key mechanisms of support throughout engagement.
- The Lift service ended after a fixed duration of six months, which was disappointingly short for some of the cohort. The Maia service was open-ended. Providers could learn from each other about sequencing and ending activities, as well as onwards signposting to wider services.
- Building a formal partnership and sharing networks were key benefits for providers. Opportunities remained to increase collaboration and consider the needs of a girl or young woman's family or peer network. Instances of working with other agencies were limited during the programme's timeframes.
- Communication and transparency were important to enable problem-solving and referral processes but could be further strengthened. Practitioners could be more involved in the partnership through active engagement with practitioner forums.
- Providers used separate data systems, creating challenges for data accuracy and understanding the scale and impact of the whole programme.

The Programme cohort

The Programme provided monitoring data to the VRU on a quarterly basis. The following infographic provides some indication of the Programme's reach, and characteristics of the cohort. Although, there were several errors within the data, perhaps owing to the Programme using multiple recording systems and varying definitions for particular fields.

Figure 1: Programme profile



More detail on the characteristics of the cohort and the scale of delivery can be found in the tables in Annex 1.

Mobilisation and set up

Providers sought to recruit staff with relevant qualifications and experience, but recruitment took time. Delays were experienced because of notice periods of incoming staff, and broader sectoral challenges with recruitment, at the time.

One provider conducted a needs assessment to understand levels of deprivation, demographics, and needs across boroughs. Providers created materials including information packs for girls and young women, parents/carers, and wider organisations making referrals. Providers recognised the need for ongoing adaptation of materials and approaches because of the pilot nature of the programme. Delivery models were communicated to staff, and they received training on approaches. An induction and support plan was created for peer mentors.

The Programme mobilised slightly after the proposed launch date of June 2022, launching gradually to account for challenges mobilising over the summer. Challenges included availability of staff (who had annual leave), education providers that had extended holiday periods, and young people who could have other priorities over the holidays. Upon mobilisation, girls presented with needs related to social anxiety, which influenced content development for activities.

Achieving mobilisation and delivery of a new programme within a 12-month period was noted as key challenge. Providers noted that it was not practical or possible to onboard all young people at once, meaning some participants would have varying time on the Programme. Employability and therapeutic activities were reliant on referrals from the lead organisation, so could not deliver support without any referrals. Given these challenges, some stakeholders said greater clarity and management of timelines, plans and risks were needed from the outset.

Activities to raise the profile of the Programme in new boroughs of delivery were key and continuous, further discussed in the next subsection.

Referrals

Referral processes both into and within the Programme are described in this section. The numbers of referrals are presented, followed by findings on enablers and barriers.

Table 1: Referrals into the Programme from referring organisations

Referring organisation	Number of referrals
Advance Domestic Abuse Service	20
Advance Criminal Justice Service	1
Accommodation Service	1
Children & Families Support Services	35
Domestic Abuse Service	18
Education Provider	25
Gangs unit	1
Health Service	4
Mental Health Service	6
Self-Referral	4
Police	1
Advance Maia	27

Source: Quarterly monitoring data Q3 2023/24

Table 1 shows the greatest number of referrals came from children and families support services (n=35), with the second largest number from Advance Maia (n=27) and the third highest number from education providers (n=25). There were 4 self-referrals recorded.

Continuous networking, provider collaboration, and community presence were essential for generating referrals. Providers used existing networks, including local authorities and community services to generate referrals. Outreach was expanded by attending meetings, giving presentations, direct communication and distributing leaflets (for example, with QR codes) about the Programme. Providers collaborated with VAWG leaders to integrate into strategic forums, mapped out known contacts and targeted organisations to increase awareness and referrals. However, schools presented engagement challenges because of capacity limitations. Later in delivery, a self-referral option was introduced, and shared through word of mouth with peers and known staff members.

“Self-referrals really start to show the service is being discussed... that’s really promising to see because it means the service is being talked about [by] a woman [who] feels comfortable to self-refer, which means they’re ready and open for that service.” (Delivery staff)

Regular operational meetings helped to refine referral processes. Although partnership working was generally seen as beneficial, some believed earlier problem-solving could have improved referrals (for example at practitioner forums). External referrals were mostly positive, but some required additional guidance as unsuitable referral requests were received. Successful referrals were attributed to prompt and informative responses, detailed discussions of individual needs, clear differentiation of the Programme from other services,

such as Independent Domestic Violence Advocates/Advisors (IDVAs), and ongoing communication with referrers.

“We established a good line of communication and that always helps in terms of, first, not overlapping work, and, secondly, to make sure that the survivor gets as much support as possible.” (Referrer)

Communicating eligibility criteria

Communicating ‘at-risk’ criteria across the sector was challenging, meaning that organisations could struggle to identify appropriate referrals. Unsuitable referrals were made where young people had higher levels of risk (where an IDVA would be required), were older than the age range, had not given their consent for a referral, or did not live in an eligible borough. Providers reported signposting to referrers in these instances, or encouraged re-referrals once consent was obtained.

Within-programme referrals

Employability and therapeutic activities received very low numbers of referrals overall. Providers linked this to programme design and the intention to launch delivery simultaneously. The lead provider needed time for promotional and recruitment activities, as well as to build trust with girls and young women, before referring into employability and therapeutic providers.

Providers were concerned about the use of resources, not meeting delivery targets and compressed capacity once referrals were received. The employability provider received multiple referrals in the latter quarters of delivery, stretching their capacity. Therapeutic activity referrals were much lower than anticipated, and only one young woman completed activities. Providers sought referrals from their wider service delivery to boost referral numbers throughout delivery.

Engagement

Girls and young women reported multiple challenges before engaging in activities. Challenges included relationships with peers, family, or partners, bereavement, emotional regulation, mental health, education transitions and attainment. Inconsistency, uncertainty, low confidence, low self-esteem, and few hopes for the future were consistent themes amongst those interviewed. Girls and young women could feel uncertain about engaging in the Programme, due to negative historical experiences with services, concerns about activities, or worries about engaging with new people. Younger girls could be concerned about doing something new without their parent/carer.

Several factors were reported to support **initial engagement**:

- **Being referred through a trusted person.** Trusted individuals could be a social worker, school/college counsellor or family friend, who could vouch for the Programme, share positive testimonials, and encourage engagement.
- **Timely communications.** Providers would ideally contact girls and young women or their parents/carers immediately after a referral, so they would remember what the referral was and why. Participants could feel frustrated where this did not happen.
- **Arranging an initial conversation.** Providers would arrange an initial conversation with girls and young women to explain more about the activities. This was important to build relationships, set expectations, and encourage engagement. Lift engaged parents/carers in initial conversations, sometimes within the family home. Parents/carers reported that initial conversations supported feelings of ease, built trust with staff and supported planning.
- **Providing choice.** Giving girls and young women options to shape and choose activities and themes could support them to develop agency.

Sustaining engagement could be supported by:

- **Continuing to have choice about activities, topics, and ways to engage with activities.** Maia participants reported appreciating choice about discussion topics, being able to engage flexibly, and steering the pace of conversations. The younger cohort could request activities, such as sports or theatre visits. The Programme gave new opportunities to young people with limited access to enrichment activities, building their sense of freedom and independence.
- **Building trusting and friendly relationships.** Establishing trusting and friendly relationships between delivery staff and participants from the outset could support engagement. In these contexts, girls and young women felt safer to express their feelings. Trusting relationships were enabled by the demeanour and approaches of delivery staff, including being warm, kind, relatable, funny, and informal.

Challenges for sustaining active engagement were similar to factors affecting initial engagement. This included transitional phases in education (moving from primary to secondary school), balancing education and employment, caring responsibilities, peer relationships, intimate relationships, family concerns, and health concerns. Girls and young

women reported struggling to commit to frequent sessions, or disengaged altogether, in these contexts. Providers tried to overcome engagement challenges by offering flexibility with scheduling sessions and always having an ‘open door.’

Disengagements occurred despite efforts to promote active engagement. The table below shows that 25 young people disengaged overall (total from Other, Disengaged and Non-engagement fields).

Table 2: Disengagements

Closure Type	Volume
Closed - Other	13
Closed - Disengaged	8
Closed - Non-engagement	4
Closed - Out of Service Area	2
Closed - Successful Closure	2
Misreferral	2
Closed – Receiving support from multiple other services	0
Closed – Not currently ready for support from this service	1
Closed – Did not attend	4
Closed – Declined support	1

Source: Quarterly monitoring data Q3 2023/24

Approaches to support girls and young women

This section covers the various approaches used across the Programme to support and engage girls and young women. Approaches were not standardised across the Programme, however, and providers developed their practice throughout delivery. The following sections discuss parent/carer involvement, therapeutic and employability activities, and the ending or continuation of support.

Bespoke and participant-led

Overall, activities were described as holistic, adaptable and flexible. Providers highlighted how tailored, one-to-one support, focused on meeting young people where they were. Activity-based sessions enabled participants to have new opportunities. Giving participants choices was noted to help them to feel more comfortable. Community-based and enrichment activities were highly valued, building participants' confidence by doing new things, such as using the London Underground, or making jewellery, which became a passion outside of the sessions for one young woman.

One-to-one activities for the older cohort provided safe and friendly spaces to discuss topics they chose. Young women could speak about issues, coproduce solutions and valued when their mentor supported them to resolve a situation, without imposing advice. Some young women reported being empowered by being supported by other women with similar experiences to them.

Relationship-based practice

Connection and trust between participants and their mentor were reported as key mechanisms for activities to be successful. Providers invested time to build trust from the outset but noted that rapport-building was gradual. Girls and young women valued mentors' patience, compassion and understanding. They reported feeling encouraged to participate and share at their own pace, as well as being understood by their mentors. Younger girls reported building a relationship with their mentor that was unique to any other relationships with adults (more like friendship, or a role model). Providers hoped these relationships would enable girls and young women to access wider services after the Programme or later in life.

Girls and young women valued the openness of mentors who shared their lived experience. This could help the relationship to feel more balanced. Younger girls reported feeling inspired and motivated by their mentors' experiences, like career aspirations or experiences travelling. Older girls and young women valued understanding their experiences of past relationships. However, sharing personal details needed to be balanced as in one case a girl indicated that knowing about her mentor's challenges led her to not share as much with her mentor.

"Sometimes I don't want to share my problems with her because she's gone through a lot herself." (Young person)

Group activities

Providers suggested group activities helped them to understand participants' progress over time. Group activities were also reported to be helpful to share common experiences, develop sustained relationships and encourage peer support. Staff helped girls and young women to engage by accompanying them to groups, alongside giving reassurance that they could engage however they wanted to. Staff noted that girls and young women engaged with sensitive topics where they were combined with fun and strengths-based activities, such as through jewellery making, or drawing and annotating pictures.

Yet, some providers experienced notable challenges implementing group activities. Challenges related to the format, timing, and content of activities. Social anxiety and worries about relationships could prevent some girls from participating. Busy schedules and wider responsibilities could inhibit group activity participation, when groups were at fixed times and less flexible than one-to-one sessions. Providers needed to balance group content, peer relationship building opportunities and fun activity. Adding more introductory sessions to build peer relationships helped, before covering more sensitive topics.

"It has been difficult to find that delicate balance [in groupwork] between talking about how they're feeling, and making it fun, and making sure that they don't feel like they're here to share things that they do not want to share." (Delivery staff)

Mariam's experience:

Mariam* (aged 11) took part in Lift for one-to-one mentoring for six months. She had experienced a bereavement, had low confidence, social anxiety and was worried about getting to know her mentor. Her mum thought she would refuse to take part. Mariam and her mum described some of the factors that encouraged her to engage with her mentor. Mariam was referred by a trusted adult (a school counsellor) meaning she was more open to what the mentoring had to offer.

"There's that sense of trust there already because of [the school counsellor], and when I came here I've built that trust with [mentor]." – Mariam

Her mentor was kind, friendly and approachable, meaning they were able to connect and form a positive and trusting relationship.

"I did think straightaway that they've picked the right person for [Mariam], she seemed really friendly and [her daughter] seemed to engage with [the mentor] straightaway." – Mariam's mum

Mariam felt she was given choice and freedom about the activities. Before the first session, Mariam and her mum were invited to meet the team and to be introduced to Mariam's mentor. This helped both Mariam and her mum to feel comfortable.

*All names have been changed

Principles-led practice

Staff described elements of how their practice reflected various principles which are key to working with girls and young women. These are described below.

Gender-informed practice included:

- Recognising how gender impacts a person's experiences and the issues they may face.
- Staff showing an understanding that girls and young women may present experiences or feelings differently and that:
 - Experiences of people on the Programme may be different and unique, including (but not limited to) domestic abuse, sexual abuse, verbal abuse, offending, mental health challenges.
 - Applying an intersectional lens could help to understand differences between each person's experience.
- Staff tailoring support to specific needs. Pairing young people with a mentor of the same, self-identified gender helped to build trust with people who had experienced gender-based violence.
- Activities were inclusive to transgender and non-binary young people and delivery staff used pronouns chosen by each young person
- Staff being open to having continuing conversations with young people about gender and identity.

Elements of **trauma-informed** practice included:

- Being proactive and mindful of potential triggers. Staff held discussions with participants, parents/carers and referrers to understand potential triggers or preferred approaches (like expressing or sharing through drawing) and read referral notes thoroughly to prepare.
- Investing time to build trust and rapport with girls and young women.
- Adapting activity content to reduce risks of re-traumatisation (keeping the door open, considering positions in a room, being led by participants).
- Giving participants choice about taking part in group activities. Encouraging participants to share at their own pace, with options to pause or stop at any time, without expectation to share information involuntarily.
- Ensuring, in group activities, that staff communicated that participants could leave at any time. Curricula were designed to promote individual self-reflection and place no pressure on group discussion.
- Acting upon staff reported awareness of how mental health and neurodivergence and trauma may be related, additional training was provided for staff, on ADHD and depression.
- One practitioner noted that their service used a defined approach to trauma-informed practice.

“Young people sometimes have to tell their story again and again and again. It can be really traumatising and they feel like they're going through it again... So when they first come to our sessions I'm like, don't worry, you don't need to tell me anything.” (Delivery staff)

Cultural awareness included:

- Staff reflecting on their own cultural backgrounds and how they might present to others, as well as how it might influence how they thought about people they supported
- Tailoring activities to be inclusive of cultures recognising adjustments that could meet needs (such as the time or day of activities)
- Understanding how cultures play a role in how someone feels about expectations placed on them: such as on employment.
- Acknowledging that there are multiple aspects of ‘culture’ and people may be influenced by multiple cultures.

Strengths-based and **solution-focused** approaches included:

- Emphasising the positive assets and resources participants possessed, communicating that they already had the capacity to achieve their aspirations.
- Using language like ‘areas for development’ rather than ‘weaknesses.’
- Encouraging discussions of future work aspirations to provide encouragement from a trusted adult, to support participants to feel optimistic and confident about their future.
- Phrasing questions and responses to support participants self-discovery.

“I don't think a lot them often hear ‘yes’ or ‘you're doing well.’ Once you can help them to identify and unlock some of these potentials it makes the world of difference to how motivated and engaged they become.” (Delivery staff)

Zara's story: When Zara* (aged 20) was referred to Maia, she hoped to receive practical support to develop healthier relationships. Before starting, she described some of her relationships as unstable and lacked trust with most people. Zara had negative experiences of therapeutic services in the past, like a lack of follow-up and inconsistent support, which made her hesitant to participate.

When she saw that the Programme offered a range of provision, from support for people experiencing domestic abuse to donations of essential items, Zara felt confident that she would be able to access the support she wanted. The support was flexible and tailored – she discussed the practical support she could access with her mentor:

“I don't want talking therapy, I want practical help, actual learning... and this place [the Programme] has done that.” – Zara

Zara's mentor invested time to build their relationship and trust. Zara was not pressured to speak about anything until she was ready. Zara described her mentor as understanding, friendly and non-judgmental – she appreciated that her mentor had lived experience of similar issues, which felt relatable.

“I like the fact that it's very informal and it's like talking to someone who is a lot more like an older sister... they know how we feel because they've been through it or have been in this field for so long.” – Zara

*All names have been changed.

Engaging parents/carers

Building positive and trusting relationships with parents/carers was noted as a key enabler for sustained engagement. Parents/carers could encourage their child to participate and provide transport. Approaches that enabled positive relationships included ongoing and consistent engagement between staff and parents/carers, encouragement to implement strategies outside of mentoring sessions, and signposting parents/carers to workshops on relevant topics (like online safety).

Parent/carer engagement was originally designed for awareness raising of key topics. However, parent/carer engagement was mainly used to support participants' engagement throughout delivery. Parents/carers reported not receiving robust information, signposting or referrals (either for their child or for themselves) despite them experiencing challenges. This suggests value in a programme design that proactively facilitates activity or referrals for parents/carers, by taking a whole family approach to concerns raised at referral.

Further barriers for engaging parents/carers were reported to include: a lack of trust in services through negative historic experiences with statutory and non-statutory services, intergenerational trauma, inability to get parent/carer consent in contexts of domestic abuse, sustaining communication with staff especially for single parents/carers, or where English was an Additional Language.

“The biggest barrier as well could be the parents, because... unless we have permission from the parents, we can't really have sessions or contact the kids.”
(Delivery staff)

Employability and therapeutic activities

As mentioned, providers experienced ongoing challenges generating referrals into therapeutic and employability services. Some stakeholders suggested multiple referrals at once could be overwhelming for participants. Time to build relationships between participants and mentors was needed before referring onwards. Staff also felt that employability was not a primary focus for most young women, leading to small numbers of referrals and limited engagement once referred. Staff suggested that young women may not be ready for group-based counselling, leading to low engagement. Group activities needed to remain flexible, adaptive and tailored to presenting needs.

The need to engage in a core service first (Maia) before being referred to employability or therapeutic activities, was thought by some to be ineffective. Engagement increased where providers sought referrals from their wider organisational delivery. This suggests that while engagement was low, there was demand in the cohort, and wider referral routes should be explored.

“It feels like if we are going to meet girls and young women where they are, it shouldn't matter where they present in the system – therefore the referral model shouldn't be linear, they should be able to present to any organisation.” (Delivery staff)

Ending activities

For the Maia service, there was no fixed endpoint to activities and cases were closed when mutually agreed by participants and mentors. Once closed, it was reported that girls and young women were reminded they could return to the service if they needed to. There was a focus on equipping young women with tools and strategies for the future while ending activities. The Maia service would refer girls and young women to wider services as required.

For the Lift service, activity took place over a fixed six-month term. Some girls expressed that they wanted it to continue and were sad that activities were ending. Similarly, parents/carers who noticed positive changes (in their child's mental health or mood) were concerned that activities were finishing. Disappointment at the 'sudden' ending of activities could place additional pressure on parents/carers. In some cases, parents/carers sought to maintain progress but felt some progress was lost. More frequent discussion with girls about ending activities could mitigate losing progress. Providers could learn from each other about approaches that would support winding-down and ending activities.

“As soon as it ended, things went a little bit backwards again with her.” (Parent/carers)

“Can they approach [the wind-down of activities] to make it easier for the child to deal with – a bit more emphasis that it is coming to an end? It was done in stages, but she was sad that it was over.” (Parent/carer)

Partnership working

The opportunity to build a formal partnership was reported as a key success of the Programme. Providers reported that the early-stage partnership created benefits and opportunities for future collaboration. Sharing networks and collaborative working also enhanced providers' reach across London. Reportedly, this produced more referrals in boroughs where providers had less established profiles.

Management staff oversaw coordination, while practitioners' engagement in the partnership varied. Regular communication was crucial, with monthly operational meetings at the management level and collaborative referral discussions among staff. Practitioner forums provided cross-organisational learning and problem-solving opportunities, though there were logistical issues arranging forums and somewhat limited engagement from some staff.

Early delivery phases saw issues and sudden influxes of referrals without adequate communication. Some staff suggested that there was greater need for communication of challenges and more integrated programme management.

Multiagency working was still evolving, with a recognised need to better support parents/carers, especially with specialist information (for example, like online safety). Regular and consistent awareness-raising efforts were identified as areas for improvement.

Outcomes and impacts

Key findings

Outcomes for young people

- Evidence indicates that a small number of girls and young women experienced positive changes for most outcome areas while engaging in the programme. However, quantitative evidence of outcomes, captured by providers, was based on low numbers of participant responses.
- Improvements in confidence, mental health and wellbeing were more evidenced
- Evidence on employability outcomes was limited
- Evidence suggests positive changes to intimate relationships were less observed, but would likely take longer to occur
- Attributing outcomes to the programme was somewhat limited without a counterfactual
- Evidence of longer-term impacts are limited because of the programme duration and evaluation timeframes

Outcomes for providers

- The ability to observe organisational change in an evaluation of a short-term programme was somewhat limited
- A formal partnership was established, strengthening relationships and opportunities for inter-organisational learning
- Providers were enabled to take opportunities to pilot and test new approaches, filling gaps in provision
- Improved knowledge and skills of staff, particularly of delivering specialist and flexible support for people with multiple disadvantage
- Influenced future work and strategic direction of providers

Outcomes for the wider system

- Positive outcomes for parents/carers included improved relationships with their children, improved support networks, reduced anxiety and increased time for themselves
- Peer mentors increased skills and knowledge, gaining experience that could support them with future work prospects

Outcomes for young people

Evidence on outcomes related to young people's sense of self and identity, mental health and wellbeing, engagement and relationships with services, relationships and socioemotional skills, safety, employment capabilities and broader outcomes is presented in this section. Data sources include interviews with girls and young women, parents/carers and staff, as well as limited quantities of outcomes data collected by providers (not by evaluators).

No outcomes data were collected by therapeutic activities because of very limited delivery. Analysis was based on self-reported perceptions, and it is not possible to directly attribute changes to the programme. As the programme was a pilot, there was limited measurement of long-term outcomes and impacts. More detail on how to interpret the outcomes data collected by providers can be found in Annex 3.

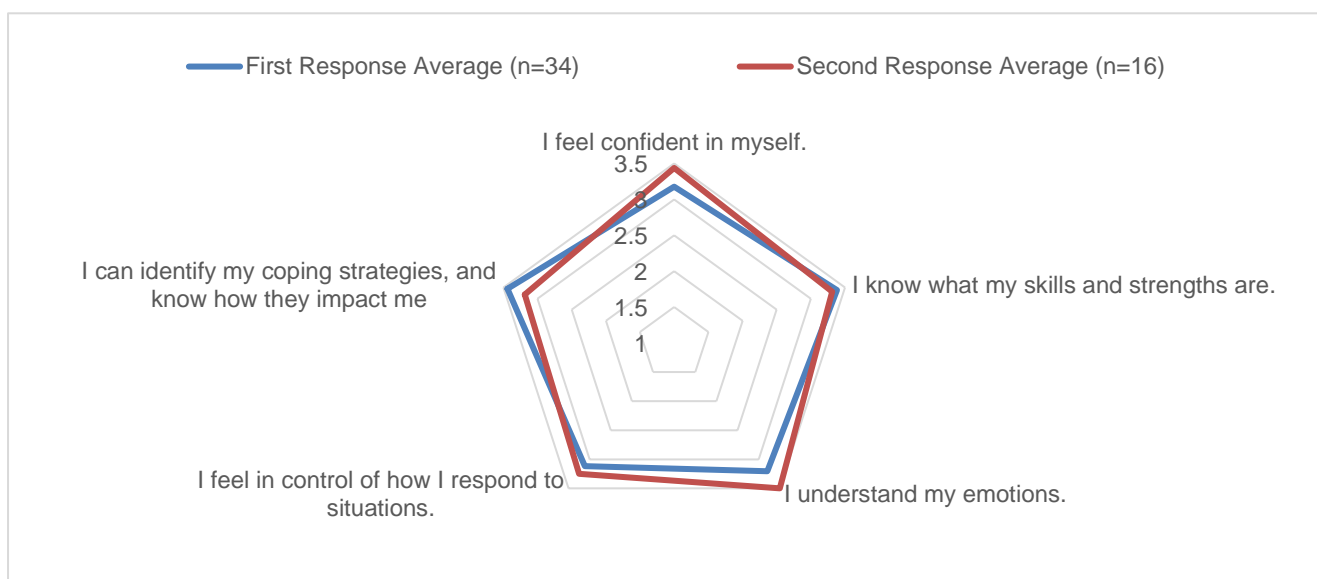
Psychological resources

Interviews and outcomes data both indicate that girls and young women experienced positive changes to self-confidence and feelings of positivity or hopes for the future. A young woman described the positive environment provided, and how that influenced her.

“When you're around positive people and around positive environment, you feed off that positivity.” (Young person)

Some girls and young women reported that activities led to a greater awareness of their strengths and areas for development. Across all statements related to 'my identity', there was an increase in the overall average score of 0.08 between first and second responses, which rose from 3.26 to 3.34. The statement with the highest change in average score between first and second responses was '*I understand my emotions*' which rose from 3.2 to 3.5, respectively.

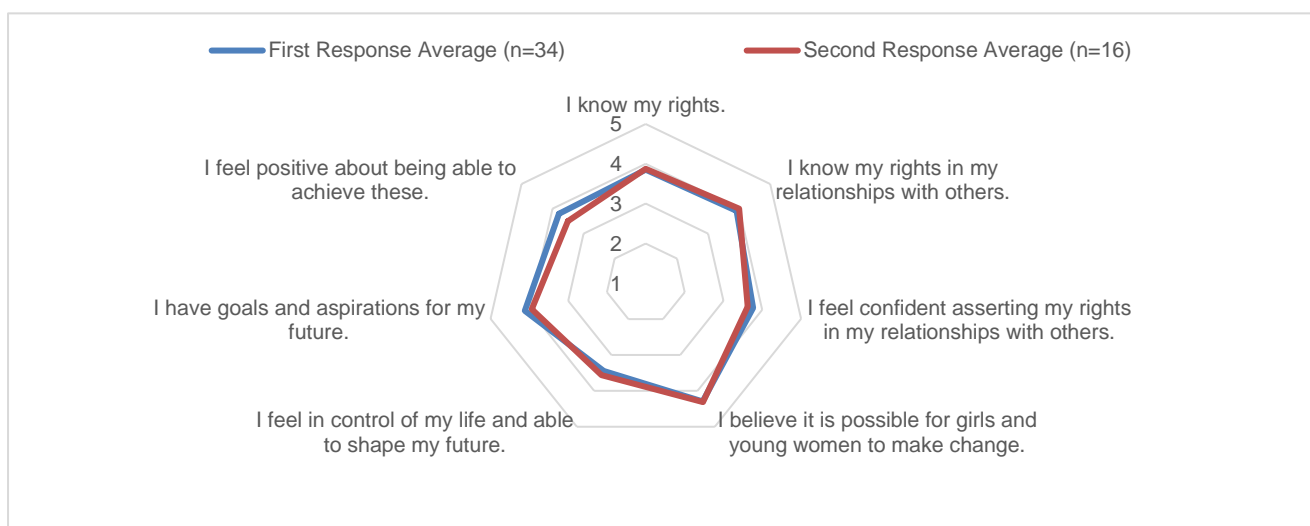
Figure 2: My identity



Source: Advance outcomes survey data

There was limited evidence from interviews around GYW's knowledge of their rights and feeling empowered to assert them. For the older cohort, across all statements in the 'my rights and future' theme, there was a decrease in the overall average score of 0.05 between first and second responses, which decreased from 3.88 to 3.83, which was the only theme to see a decrease in averages. These findings are also related to feelings of safety, which is discussed separately (see below).

Figure 3: My rights and future



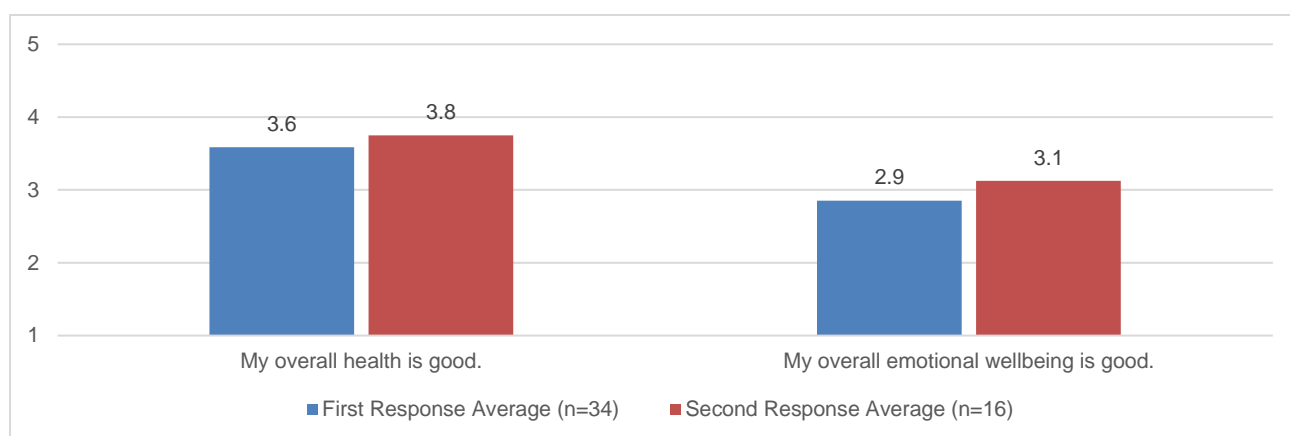
Source: Advance outcomes survey data

Mental health and wellbeing

Girls and young women experienced improvements to mental health and wellbeing while taking part in activities, based on a range of both quantitative and qualitative data. Private and safe spaces were especially valued, where girls and young women could speak openly, without judgement. Some girls and young women noted the programme had helped them to feel more calm, happy, and less stressed, worried or anxious. These improvements were also reflected in interviews with parents/carers and staff. One young woman added:

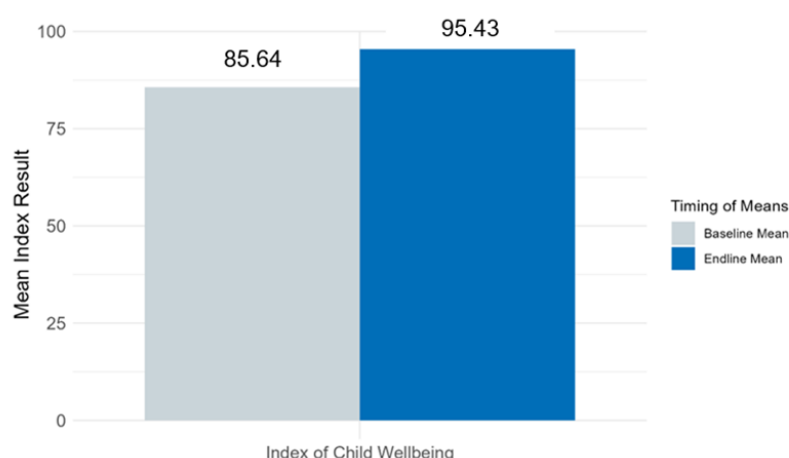
"I'm amazing right now, I'm great. I'm so happy with life right now. Obviously, it's better but it's not perfect but compared to where I was before I'm great. I would have been in a deep hole of depression... If I hadn't had her [the mentor's] support, I would have felt like I had no one, like I had nothing because I actually did have nothing." (Young person)

Outcomes data across Maia and Lift also indicate positive changes in mental health and wellbeing. For Maia participants, across all statements about wellbeing, there was an increase in the overall average score of 0.22 between first and second responses, rising from 3.22 to 3.44. The statement with the highest change in average score between first and second responses under this theme was 'My overall emotional wellbeing is good' rising from 2.9 to 3.1.

Figure 4: My wellbeing

Source: Advance outcomes survey data

For the Lift cohort, there was an increase in mean wellbeing index scores, rising from 85.64 at baseline to 95.43 at follow up.

Figure 5: Index of child wellbeing

Source: Chance outcomes data

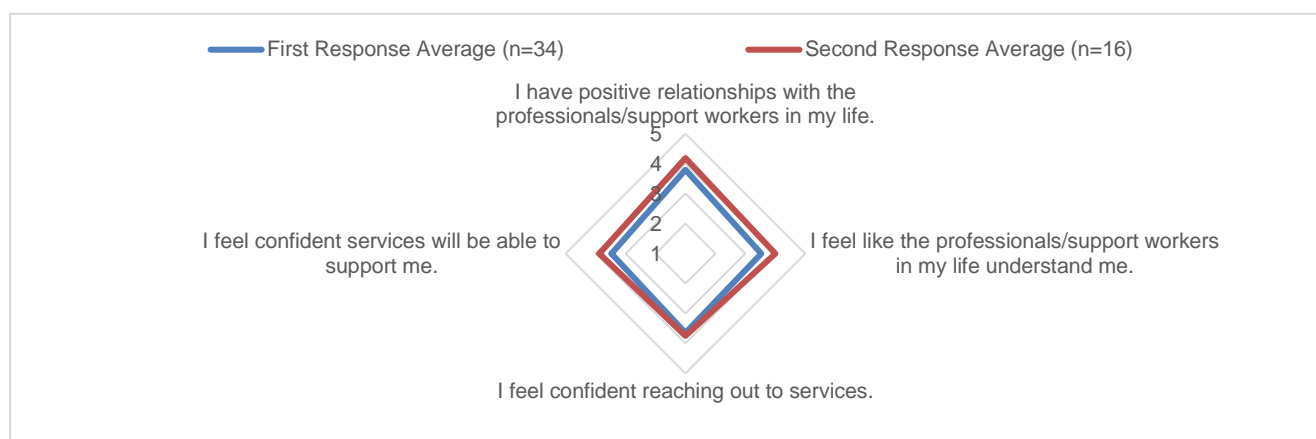
Relationships with services

Interviews with all stakeholders noted positive and trusting relationships between girls and young women and staff. Data suggest that positive and trusting relationships supported active engagement with services, particularly for one-to-one mentoring. Building confidence with others through building a relationship with her mentor was provided in one case:

“I feel more confident with people because I didn’t know [mentor] and I saw I could get along with her even though I didn’t know her.” (Young person)

Data indicate some changes to confidence of girls and young women to access services. The outcomes survey data shows that, across all statements in the 'support in my life' theme, there was an increase in the overall average score of 0.34 between first and second responses, rising from 3.61 to 3.95, the highest across all themes. For the older cohort, the average score of girls and young women's responses to the statement 'I feel confident reaching out to services' increased from 3.65 to 3.75 from first to second responses. One young woman suggested that the positive experience of the Programme would encourage her to access services in the future, should she need it. Related to this, the average score of responses to the statement 'I feel confident services will be able to support me' increased from 3.47 to 3.88 from first to second responses.

Figure 6: Support in my life



Source: Advance outcomes survey data

However, data suggest that there could still be limited trust with services. One young woman reported feeling 'betrayed' by CAMHS, and this influenced accessing future services.

There was limited data available to evidence any changes leading to a greater awareness of services for participants. However, one young woman suggested that she would contact her mentor if she needed help accessing services.

Relationships and socioemotional skills

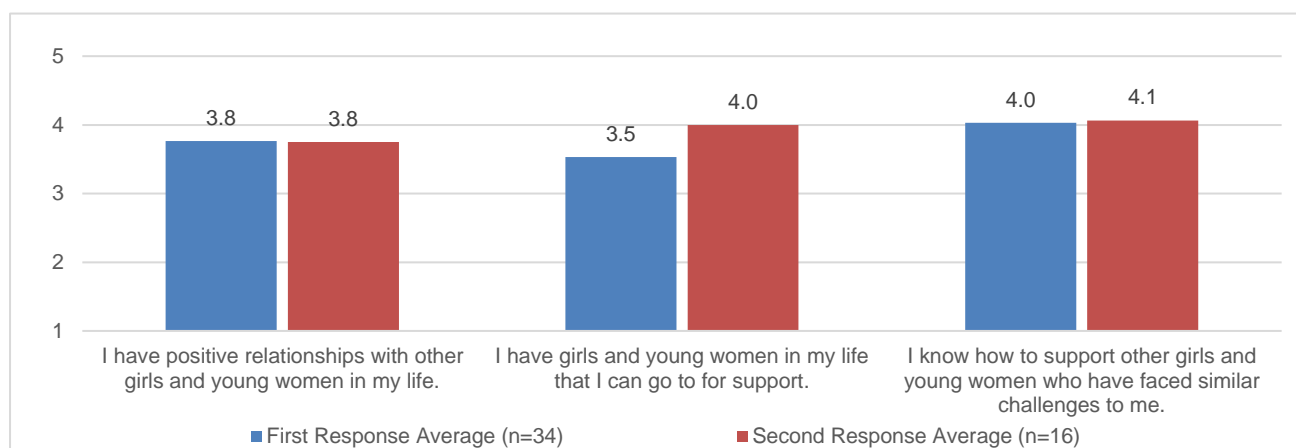
Evidence suggests that some girls and young women improved their relationship skills with: families, carers, peers and in intimate relationships. Family relationships, dynamics and sibling relationships reportedly improved, based on interviews with girls, young women and parents/carers. Maia outcomes data showed the average score in response to 'I can identify healthy qualities in a relationship with a family member' rose from 3.94 to 4.19 from first to second responses. Similarly, average scores from first to second responses to the statement 'I can identify unhealthy qualities in a relationship with a family member' increased from 3.97 to 4.44. Further evidencing this, one young woman noted the strategies she had learned through mentoring that were helping the relationship with her mother.

“I’m starting to learn and find ways to express to my mum how I feel without us arguing or clashing or me getting mad because I feel like she doesn’t understand. It’s helped a lot.” (Young person)

For peer relationships, parents/carers and girls and young women observed greater stability of friendships, since engaging with the Programme. Across statements in ‘my relationships with other girls and young women’ there was an increase in the average score of 0.17 between first and second responses, rising from 3.77 to 3.94. In one case, a girl had ended a difficult and ‘toxic’ friendship since participating in activities. In another case, a girl had improved and widened her peer network.

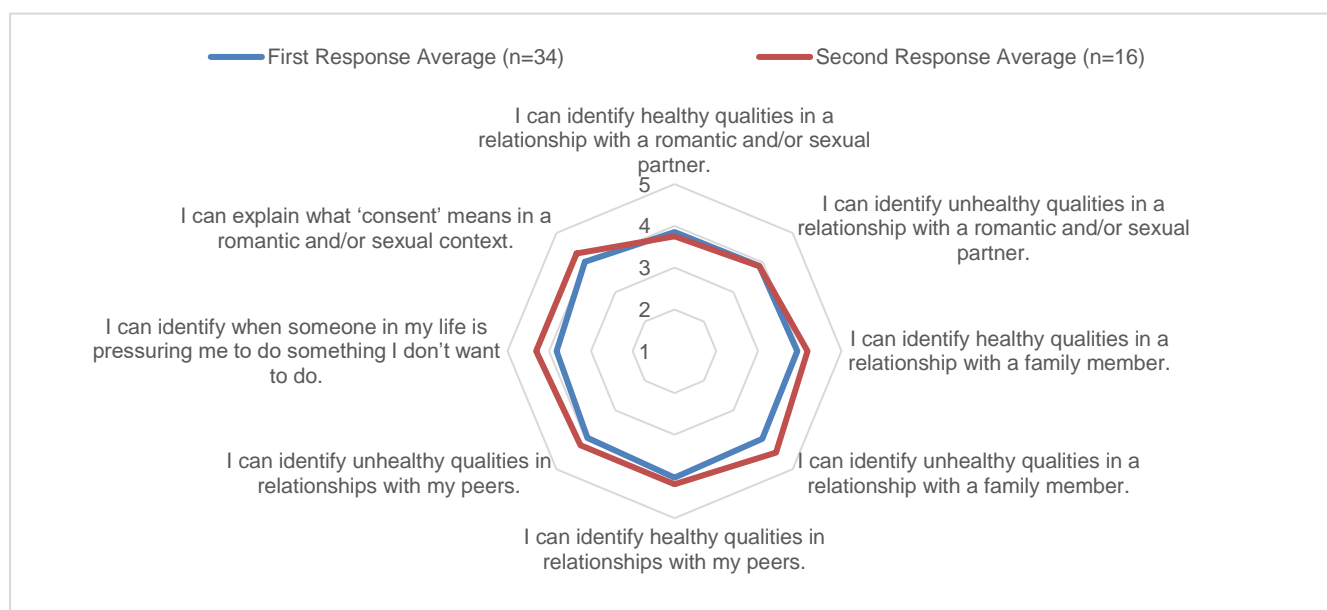
“[The Programme] definitely did make a difference, because now I’ve got along with many more girls, than I did before. And, especially, because I didn’t do that most before because I only had like one friend that I can always trust on. And then I, after that session, I realised that I can just be free.” (Young person)

Figure 7: My relationship to other girls and young women



Source: Advance outcomes survey data

Survey data suggest that while on the Programme, changes in identifying healthy and unhealthy qualities with romantic or sexual partners were incremental. For example, the average score of responses to the statement ‘I can identify healthy qualities in a relationship with a romantic and/or sexual partner’ decreased from 3.85 to 3.75 between first to second responses. Further, the average score of responses to the statement ‘I can identify unhealthy qualities in a relationship with a romantic and/or sexual partner’ did not change between first to second responses. It should be noted, however, that there are likely to be wider external factors that influence girls and young women’s relationships.

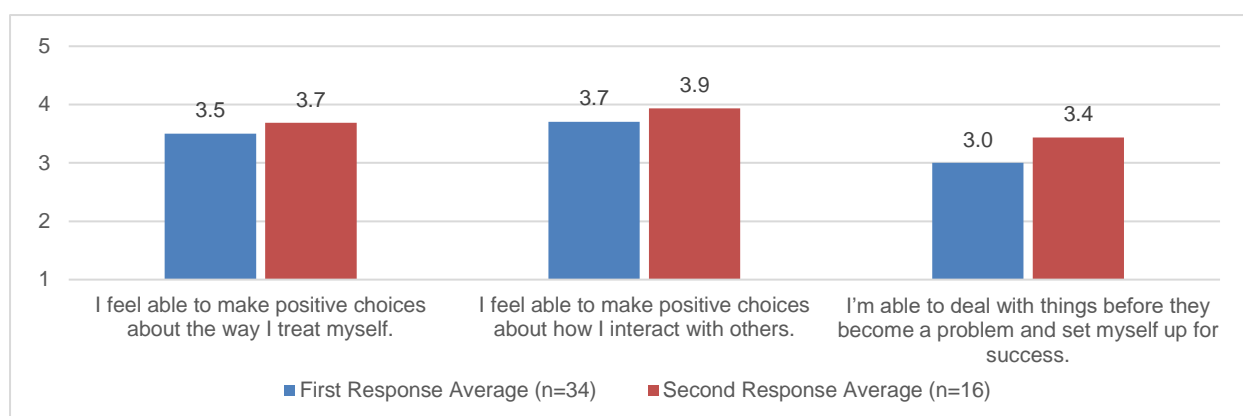
Figure 8: My relationships

Source: Advance outcomes survey data

All interview data suggest that girls and young women were beginning to experience positive changes to their sense of empowerment to make choices about their future. Some girls and young women suggested they were feeling more positive about the future, including having improved relationships with their family and peers.

“She's much more able to identify positive traits in people and what being around a certain type of person can do for yourself... It's not to say you shouldn't have friends that are negative or anything, but when all of your friends are like that, it was like a circle of negativity.” (Parent/carer)

This was further demonstrated in the survey data for the older cohort, where across all statements in the ‘my decisions and choices’ theme, there was an increase in the average score of 0.29 between first and second responses, rising from 3.4 to 3.69. The statement with the highest change in average score between first and second responses under this theme was ‘I’m able to deal with things before they become a problem and set myself up for success’ rising from 3 to 3.4.

Figure 9: My decisions and choices

Source: Advance outcomes survey data

In some cases, there was a strong emphasis on positive changes to abilities to identify and manage emotions, impulses, behaviours, and this was particularly observed by interviewed parents/carers. This was also noted during interviews with girls and young women, who suggested that they were better able to make positive and constructive choices about social interactions. One participant added:

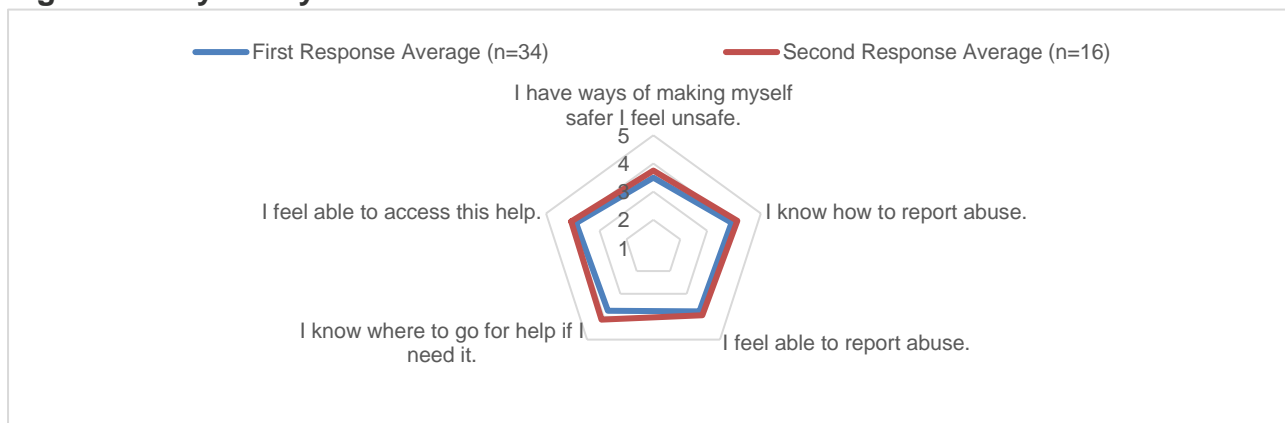
“I used to be so crazy, loud, annoying. Now...I’m just calmer now.” (Young person)

Safety

Interviews with girls and young women uncovered varied experiences about feelings of safety while participating in the Programme. Some interviewees suggested that they already felt safe (particularly in the younger cohort) and that they had felt little change while participating in the Programme. For other participants, they suggested that the Programme had enabled them to feel safer, and this could be while they were out in the community (from learning about aspects of safety) or in relation to their psychological safety (when discussing difficult topics with their mentor). One participant added:

“Before [the mentoring] I feel like I had nobody, she [mentor] gave me good advice, and I felt safer.” (Young person)

Older interviewees linked their improvements in feelings of safety to the relationship with their mentor and to feeling more relaxed and safer in the women-only centres where the Programme was delivered. Demonstrating improvements in knowledge of safety and risk factors while on the Programme, the outcomes survey data indicates that across all statements in the ‘my safety’ theme, there was an increase in the average score of 0.24 between first and second responses, rising from 3.76 to 4.

Figure 10: My safety

Source: Advance outcomes survey data

However, there was limited data collected across sources to evidence any changes in feelings of safety in education settings.

Employment capabilities and aspirations

Across all data sources, there was limited evidence around changes to young women's confidence in gaining employment, accessing further education/training or broadened employment aspirations. This was principally because of the limited engagement with employability activities (at the time of the evaluation), only two responses to the survey at two time points enabling a pre and post measure. Of the two respondents who gave two sets of Workstar responses, both reported all areas either rising or staying the same on their second set of responses. Staff perceived that the key outcome from employability activities was improved confidence.

Broader outcomes

Interview data note new cultural, social and enrichment opportunities provided for girls and young women. Moreover, this data suggests that mentoring activities supported improved attitudes towards education, influenced by mentors being seen as role models.

"I didn't like going to school but then she gave me advice like, oh but you need school, or sometimes if you are unhappy in school you can just speak to a teacher about it... She asked me if I enjoyed lunch and break and I said yeah, so she said you just need to do your work and then you can go and see friends." (Young person)

Aaruni's experience

Aaruni* (a 19-year-old woman) was taking a gap year to help decide her next step in life. She enjoyed doing sports and socialising with close friends. However, she experienced social anxiety and had trouble navigating her emotions. Aaruni experienced a breakdown in a relationship with a family member linked to a past traumatic experience. As a result, she had been feeling low which was affecting other areas of her life.

Aaruni was receiving support from another service, when she heard about the Programme. After talking with her case worker, they mutually decided that she should be referred to the Programme to receive more tailored support. However, Aaruni had little expectations of the Programme and initially felt nervous about joining as she did not know whether she could trust another professional again.

During her first in-person session, she felt welcomed by her Advocate, who showed her around the centre, including the donations area where she could select items and clothing she needed. Also, being in a women-only centre made her feel safe. Aaruni and her Advocate quickly developed a good relationship based on mutual respect and trust, and Aaruni appreciated that her Advocate:

- Made her feel understood without fear of judgement and validated her feelings
- Was flexible and accommodated her needs
- Took time to check in with her wellbeing, in-between sessions.

“I feel like [my Advocate] really understands me and when someone understands you then you feel more open to talk about things. You don't feel judged and it's really nice to have that.”

The one-to-one sessions with Aaruni's Advocate focused on building Aaruni's understanding of healthy relationships, including romantic, peer and family relationships. Aaruni had the space to talk about the breakdown in the relationship with her close family member at her own pace, and her Advocate listened before sharing practical tools Aaruni could use to form and maintain healthy relationships. Aaruni felt she had a safe space to go to and a trusted adult she could speak openly to.

After five months on the Programme, Aaruni described: progress in her personal relationships, feeling happier, and being more self-aware. She was grateful for her Advocate's support and had a better understanding of healthy relationships, which made her feel more confident to start mending her familial relationship as well as applying what she has learnt to other relationships in her life. She said she was a lot happier compared to when she started the programme, which has had a positive impact on her emotional wellbeing.

“It's very, very useful because it's not only helping me but it's helping my relationship with my [family member] – that is the main thing that I care about the most.”

**All names have been changed*

Outcomes for providers

This section discusses outcomes for providers, including strengthened relationships and increased knowledge and expertise for working with girls and young women. Although, the evaluation was limited in its ability to observe organisational change in a short-term programme.

Establishing a formal partnership

Despite being relatively new, partnership working across the Programme enabled inter-organisational learning. Staff were able to see how providers approached delivery and addressed challenges. Practitioner forums, where they did happen, were viewed as helpful learning opportunities. Partnership working enabled providers to develop new relationships, and maintain existing ones, to facilitate future collaboration on other programmes and initiatives. Drawing on networks supported boosting the profile of the Programme across the sector. Staff discussed drawing on relationships for referrals, after the Programme.

“Even after [the Programme] ends, you have these relationships and have strengthened ties. In the future if we are looking for women for a programme, [providers] will be the first people to contact. We know where to go for referrals or where to refer people. Practical things, practical relationships.” (Delivery staff)

Addressing gaps and increasing experience

The Programme provided an opportunity to test new and innovative approaches and address gaps in practice and across the wider sector. Providers were able to expand their existing services and develop their expertise, by providing gender-specific and preventative approaches with new age cohorts. Ultimately, the Programme ensured more girls and young women were able to access services.

Expanding their offer provided highly valuable learning for providers, increasing their understanding of needs and effective delivery approaches for the cohort. Girls and young women had multiple disadvantages and required flexible and bespoke delivery approaches. All staff noted they were better equipped to support similar cohorts in the future. A key learning was being led by participants and their life stages, meeting girls and young women ‘where they are’ and tailoring activities – moving away from more structured delivery.

Learning from this Programme was noted to influence providers’ future activity. Staff discussed transferring their learning to wider delivery, and to shape organisation strategy. Providers reported a greater understanding of early intervention and how to reach ‘at-risk’ girls and young women that are relatives of their wider service-users.

Multiagency working

The Programme reportedly worked with wider statutory organisations, collaborating on cases or advocating for young women in meetings (for example, multiagency safeguarding

meetings, children's services). Overall, there was limited evidence on referrals into more specialist services and signposting to other activities, particularly after engagement ended.

Outcomes for the wider system

Outcomes for parents/carers

Parents/carers reported benefitting from an improved support network. Having a professional who could help their child enabled them to gain some time for themselves and a break from caring responsibilities. Mentors being trusted individuals was key as parents/carers felt confident to leave their child/ren in their care. This was especially valuable for single parents/carers, or with anxious children.

Positive outcomes for girls and young women influenced improved family relationships (see previous section). Girls and young women were reportedly calmer and better able to regulate their emotions, including less conflict within the family. Parents/carers were relieved about key improvements and became less worried about their child's wellbeing over time.

There were limited data to suggest parents/carers improved their knowledge of domestic abuse and their ability to help their child access information or support. This is likely related to how parents/carers were engaged, which was primarily to support girls and young women to engage. Parents/carers suggested they lacked knowledge and confidence about accessing services. Staff suggested that enhanced engagement of parents/carers was a key opportunity for the future.

Farida and Yasmin's story:

Farida* referred her daughter Yasmin* (aged 13) to the Programme for support with emotional regulation. Yasmin regularly experienced behavioural issues at home, which affected relationships with siblings and family members, putting additional pressure on her mum as the main caregiver. As well as support for Yasmin, the Programme contributed to positive outcomes for Farida: Farida felt lifted by the mentor's positive energy and comforted by her direct communication when planning activities for her daughter. The mentor made time to build a trusting relationship with Farida, so Farida could explain more about Yasmin's situation.

Relationships between Yasmin, Farida, siblings and older relatives improved throughout the Programme. Yasmin was more able to self-regulate when experiencing extreme emotions or meltdowns. Farida said the whole house felt calmer and the mentoring helped Yasmin to feel happier and more confident. But, Yasmin was both sad and disappointed once the Programme ended, which put further pressure on her mum to support her.

"It was good to see her bond with someone." – Farida

*All names have been changed

Outcomes for volunteers

Peer mentors were volunteers on the Maia service with related lived experience, such as experience of domestic abuse. Peer mentors reported that being involved had contributed to their own skills and capabilities related to knowledge of domestic abuse and safeguarding, including the law; and understanding of trauma-informed approaches. Volunteering was a valuable opportunity for them to learn and develop their confidence in the sector, and peer mentors considered this would help them with future career aspirations, like working within the sector. Although, at the time of the research the peer mentor delivery had been limited.

Outcomes for referral pathways

Organisations making referrals valued the provision specifically for girls and young women. The Programme was seen as an extra resource that added to existing provision, particularly around sexual violence and domestic abuse. Referral organisations suggested that having a range of provision and options for referral was essential, to ensure the diverse needs of different clients could be met.

The Programme offer was seen as unique and filled a gap in existing provision for this specific cohort. The cohort were considered often to have age, and context, specific needs that may not be met by other services. For example, younger victim-survivors of domestic abuse may need support managing studies or work, or may have experienced abuse via social media.

The mentoring focus was also seen as valuable by referrers, recognising the benefits of mentoring which was tailored to the needs of girls and young women. For one interviewee from an education setting, the Programme filled a gap for domestic abuse provision, that schools and colleges lacked the resource or capacity to deal with. Overall, the combined thematic and age focus of the Programme were seen as valuable components.

“It is always incredibly important that we have as many services possible to help different groups, intersectional groups and so [the Programme] definitely does something which is serving the community.” (Referrer)

Monitoring, Evaluation and Learning processes and systems

Key findings

- The Programme set up their data collection processes before the VRU had launched their outcomes framework.
- Each provider had processes to collect individual-level data about girls and young women, before, during and after support.
- Tools, methods, and systems varied substantially across providers, especially for outcomes measurement and the VRU had limited influence to align processes before delivery began.
- Challenges included collecting data, missing data, entry issues, data quality and longitudinal data collection.
- All providers planned to update data collection in the future, such as reviewing outcomes measures and developing new tools or data collection methods.

This section covers findings about the data collection methods and systems used across providers of the Programme. It includes key findings about the collection and collation of data, how data was structured and validated, as well as key challenges.

Collection and collation

Providers collected data about girls and young women from the point of referral. Referral information was collected from the person making the referral and validated in a referral meeting. Where referrals were made through online submissions, data was automatically input into the case management systems.

Initial assessment questionnaires gathered information from girls and young women, including baseline outcomes measures. The Maia service administered a questionnaire with girls and young women every three months to identify areas of progress, which somewhat aligned to outcomes and impacts in the Theory of Change (for example, mental health and wellbeing, social interactions and safety). Information was often collected by staff and manually input to case management systems.

Each provider collated and aggregated individual level data for quarterly data submissions to the VRU. This data was reportedly just a small part of the information each provider held about participants. However, the data processes were set up before the VRU had launched its Outcomes Framework and there was limited ability for the VRU to influence the data that was collected at the Programme's outset. All providers were planning to update their methods and processes for data collection in the future. This included plans to update outcomes measures, develop new tools, and employ new data collection methods.

Structure, quality and validation

Providers collected individual level data on girls and young women which could include:

- Basic information about the referrer and the participant: name, location, contact information.
- Individual characteristics: age / date of birth, gender, ethnicity, physical and mental health status, sexual orientation, religion.
- Referral information: referral source, reason for referral, consent, risk factors, safeguarding concerns, eligibility for support.
- Information about participation in services: for example, number of sessions attended.
- Outcomes across a range of domains often collected more than once.

All providers reported collecting information at individual level, using a unique identifier (numeric code) to identify young people. Therefore, internal dataset linkage was reportedly generally good, but no providers were yet able to link to external datasets (such as wider administrative data).

The type of information collected by the delivery organisations was mostly numeric (for example, score on an outcome assessment) or categorical (for example, category for individual characteristics). Some information collected was more qualitative in nature, through semi-structured interview-style formats and stored as a summary.

Providers mainly relied on manual input of data into case management systems. Most organisations used soft and/or hard validation checks to minimise the risk of incorrect or unusable data. Some providers referenced regular audits to identify gaps, inconsistencies and errors in the data.

Missing information about participants was common, but not reported to be a major issue by any providers. Missingness could be identified through audit checks or case management systems flagging gaps. Mentors would follow up on gaps with relevant parties. Data entry and missing data remained issues throughout the programme. Maintaining engagement of relevant staff to regularly input data, in a timely way could be an ongoing challenge. However, for some providers quality of data reportedly improved over time.

Challenges

Several key challenges with data emerged, such as:

- **Difficulties measuring outcomes:** Providers reported struggling with measuring outcomes and changes over time, for example confidence. They noted that they would need support to effectively do this. This issue persisted across delivery, and multiple providers mentioned that they were reviewing their outcomes measures in response.
- **New case management systems:** using new case management systems presented logistical and technical issues. It took time for staff to adjust to new ways of working such as directly inputting data.

- **Data collection issues:** collecting sufficient and clear data at the referral stage was challenging and could lead to gaps in understanding. Collecting data on outcomes for girls and young women was limited and challenging.
- **Data entry issues:** manually entering data into systems could mean there were errors or missing data. Hard validation checks could overcome this. Providers put processes in place to address data quality, for example, streamlining data collection processes and tools, and adding mandatory fields in data collection tools.
- **Data storage:** information about girls and young women was stored across different systems, which made data linkage more difficult.
- **Changing data submission requirements:** the quarterly data submission format was changed by the VRU during delivery, which required additional time and resource for staff to adapt to the changes.
- **Ethical issues:** One provider mentioned receiving feedback that some outcome measures had a negative effect on girls and young women respondents, related to how the content of questions within measures were phrased (for example, negatively or deficit-focused).
- **Staff turnover:** Turnover of staff with knowledge of MEL data collection and management processes was identified as a challenge to the collection of consistent and high-quality data over time.
- **Tight reporting timelines:** Tight timescales for the turnaround between MEL data collection and reporting to the London VRU was also mentioned as a challenge in the second round of consultations.
- **Collecting data from girls and young women over time:** Keeping girls and young women engaged over a period of time to facilitate multiple rounds of data collection was reported as difficult.

Learning

This chapter presents key learnings from delivery related to recruitment, referrals, engagement, delivery approaches, partnership working, Programme design and data collection systems.

Recruitment and early engagement

Considerable time was required for mobilisation to ensure providers could raise awareness about the Programme and communicate the 'at-risk' eligibility criteria to establish relationships for referrals. This took longer than expected, meaning that referrals increased in later phases of delivery, and within-Programme referrals were much lower than anticipated overall.

Girls and young women's engagement was facilitated by **referrals from trusted individuals** who could vouch for the Programme. This was not limited to professionals and could also include more informal networks such as friends and family members. It was important for providers to reflect on who these trusted sources were and invest time in building relationships with them. These trusted individuals could also look different depending on a girl or young woman's risk factors.

Initial contact with the Programme, and the impression made on girls and young women, was essential to facilitating engagement. It was important for delivery staff to appear friendly and informal, share information upfront about what engagement would look like, and build agency by providing options about engagement. The involvement of parents/carers in initial engagement was important for younger girls.

Delivery approaches

Liaising with parents/carers throughout delivery was important for sustaining engagement from girls. Parents/carers were able to help schedule sessions, encourage participation and support application of learnt strategies. Parents/carers were primarily involved through their child's engagement; however, some also had wider needs and several interviewees reported those could have been better supported.

Taking a delivery approach that was **participant-led and promoted agency throughout** was a key enabler of engagement and outcomes. For the older cohort, being flexible, open-ended, and non-linear with activities enabled them to engage as they wanted and shape engagement to get what they wanted from it. For the younger cohort, this approach encouraged a sense of freedom and independence that they may not have experienced before. Whilst operating in this way was key to delivery, it could pose challenges in ensuring consistent engagement and tracking of progress amongst individuals.

Different age groups valued different support approaches. For younger girls it was important to form a relationship with their mentor who was often seen as a role model and to widen their horizons through community-based activities. The older cohort appreciated

more practical support that was relevant to their situation, with the chance to explore approaches in a non-judgemental space.

Relationship-based practice was essential to working with girls and young women. Girls and young women valued developed a relationship with someone they could trust, who was similar to them, and with whom they could have an informal and friendly relationship. However, interviewees stated that there could be tensions in taking this approach whilst still maintaining professional boundaries, or a risk that girls and young women become attached to a relationship that is timebound.

Staff were skilled and proactive in delivering in a **trauma-informed way**, taking steps to understand an individual's background and adapt sessions to be conscious of trauma.

Providers were skilled at providing a **gender-specific service**, with existing experience working around domestic violence and safeguarding women. There was value in creating spaces that were gender-specific and safe for this cohort, as well as having mentors who were the same gender who could be seen as role models.

Group sessions had the potential to be valuable spaces for peer support and learning. However, there had been challenges in establishing these. Having a Programme that was flexible and non-linear meant that participants might not engage in group sessions in a consistent or timebound manner, making it hard to guarantee attendance. To facilitate engagement, group sessions needed to build in time for girls and young women to get to know each other and participate in fun activities, rather than focus on topic-based and sensitive subjects.

Fun and enriching activities were important to girls and young women, as they provided an opportunity to do something enjoyable or try something new, ultimately building their sense of confidence and independence.

There were **challenges with winding down support**, particularly for the younger cohort, who could lose progress after their 6-month engagement with the Programme ended. The support for older age groups appeared more flexible and open-ended, with more focus on building skills to take forward. There may be opportunities for providers to share learning and to consider tapering of activities, to better equip participants to further develop after the Programme ends.

The Programme has been effective at supporting this cohort of girls and young women, with many experiencing positive outcomes. However, there were challenges in ensuring activities were consistent, sustained, and intensive enough to ensure outcomes, as engagement could fluctuate. Where engagement was ad hoc, or ended after a set period, the impact of the Programme may not likely be sustained.

Partnership working

The partnership was in its early stages of maturity. Mechanisms for partnership working were established but **collaborative working was not yet fully embedded**. Certain providers had no need to work together because of the design of the Lift service being separate. Nonetheless, the value and potential of partnership working was recognised and there were opportunities to build on these foundations.

Practitioner forums were an important space for staff to share approaches and practice. There was an appetite for practitioner forums to be more focused on learning than discussing operations and implementation. Equally, stakeholders wanted **to share more learning across the Programme partnership**, as well as to have **partnership-wide training opportunities**.

Programme design

Establishing a new Programme piloting specialist provision takes time. **Time and space were needed to learn and make adaptations** to meet the needs of girls and young women. Needs could present differently across a programme's lifecycle if onboarding is staggered, so adaptive management is required.

The Programme filled a gap in age- and gender- specific provision. The specific experiences that intersect for the cohort meant this bespoke provision was essential in supporting them through specific challenges and transitions in their life.

Providers and referral organisations typically described the Programme as domestic abuse provision (driven by the expertise of providers). This slightly contrasted with the VRU's focus on crime, serious violence, and exploitation. Whilst the Programme was effective at supporting girls and young women who engaged, there could be a risk that opportunities to engage girls and young women with risk factors relating to crime, serious violence, and exploitation were omitted.

The current sequencing of activities could be a barrier to taking truly a 'no-wrong door' approach and limited engagement with therapeutic and employability activities. Building relationships with girls and young women was gradual. Encouraging them to be open to a referral took time and delayed within-programme referrals. Equally, the design could instead **enable girls and young women to present anywhere within the partnership** to truly meet them 'where they are' and encourage further uptake of therapeutic and employability activities. The younger cohort of girls was **unable to access employability and therapeutic activities**, despite **potentially being able to benefit**, particularly from therapeutic activities.

There was limited evidence of impacts on elements of the wider system, particularly on other professionals and organisations. The mechanisms for the Programme to achieve these outcomes were unclear and may need to be further defined to ensure the Programme achieves its intended impact.

Data collection systems

Providers had their own approaches to data collection, collation and analysis. This meant that it was **difficult to understand outcomes** across the whole Programme. The use of separate data collection and collation systems also contributed to a lack of clarity in the monitoring data, and there were several errors in monitoring data reports meaning that it has been difficult to understand the reach of the Programme.

Surveys administered with young people by providers had **very low response rates**, meaning that the results were not representative of the whole cohort. More active and regular collection of data could support the Programme to better evidence the outcomes achieved, as well as to learn about what is, or is not, working to inform ongoing delivery.

Opportunities to **improve data collection** systems included: addressing the absence of data collection for some longer-term outcomes and impacts in the programme ToC; utilising administrative data or tested and validated instruments/tools where available; taking a more strategic, joined up approach to measuring outcomes and impacts that are shared across multiple organisations; considering updates to outcome measures and data collection processes that maximise the possibility of engaging girls and young women over time; introducing new systems, processes and tools to address missing data and/or errors in data entry.

Conclusions and recommendations

This final chapter concludes on the main findings from the evaluation. It begins by reflecting on key messages relating to the design, mobilisation and set-up of the Programme and considers the evidence for outcomes and impact. The chapter then details the implications of these findings for future programmes and recommendations for delivery, data systems and commissioners

Conclusions

The evaluation found that, despite several challenges to delivery, the processes of the Programme adapted to seek continuous improvement and overcome issues as they arose. There was consensus across stakeholders that **mobilisation and set-up periods were challenged by short timeframes to recruit and onboard staff, and to reach the required networks to generate referrals** into the Programme. Referral and recruitment mechanisms were required to flex throughout the whole Programme lifecycle to ensure that there were sufficient numbers of girls and young women engaged on the Programme, leading to the successful achievement of most delivery targets as originally set out. That said, within-Programme referrals to therapeutic and employability activities were much lower than anticipated overall, and the therapeutic service had so few referrals it was not able to deliver as intended.

The Programme provided an ambitious set of activities intended to meet the needs of the wide range of young people from a variety of demographics and experiences across the respective boroughs, with comparatively less delivery in Newham. Aspects of delivery that worked well included **one-to-one mentoring and enrichment-based group activities**. Peer-based group activities were considered to have worked less well, particularly around sensitive topics, and because groups had more fixed timetabling compared with the flexibility offered by the one-to-one activities. Yet, there appeared to be some **gaps in provision**, particularly around **engaging parents/carers in knowledge-based activities** and **supporting parents/carers to access services**, as part of a **whole-family approach** where possible.

Engagement of girls and young women was achieved and sustained through several factors. Evidence suggests that this was more likely in circumstances where the support was **individualised, bespoke and holistic**, particularly through mentoring-based activities. There was consensus across all interviewees that girls and young women developed a sense of trust with staff. The positive demeanour of staff was widely acknowledged across stakeholder groups as an influencing factor which enabled positive relationship-building from the outset. There was evidence provided from staff and managers around practice being gender-informed trauma-informed, culturally aware, strengths-based and solution focused. Despite the Programme experiencing disengagements, being participant-led should encourage that a girl or young woman is able to disengage, and then potentially re-engage later on.

The evaluation found that the Programme was largely adaptive, adjusting referral processes and updating materials throughout, as well as the design of activities. Yet, the overall approach to the **therapeutic activities was not adapted throughout delivery**, despite referral challenges. There was limited evidence on how the Programme increased options to refer into more specialist services and signpost to other activities, particularly after participants exited the programme.

Evaluation evidence shows that overall, there were positive indications that the Programme was beginning to achieve the intended (medium-term) outcomes, particularly for young people and to some extent for providers. **Outcomes for parents/carers were somewhat unintended when compared with anticipated outcomes outlined in the Theory of Change**, and **evidence on outcomes for the wider system was limited**, although may be realised in time or over a longer programme duration. These outcomes will now be considered in turn.

Although outcomes data collection was minimal (so the evidence relied largely on interview data as a result), data suggests that **girls and young women were beginning to experience positive outcomes related to all medium-term outcome areas**. These areas included psychological resources, mental health, wellbeing, engagement and relationships with services, relationships with family, carers, peers and romantic/sexual partners, socio-emotional skills and safety. There was limited data to evidence any positive outcomes related to employment prospects or aspirations (chiefly as few had actively engaged in the employability activities at the time of the evaluation).

However, wider outcomes such as better attitudes towards education, were observed. Given the very small size of the cohort and lack of standardised tools to measure outcomes, it was not appropriate or feasible to carry out analysis on whether girls and young women with particular characteristics benefitted more from the Programme than others. There was limited data available to suggest that the outcomes for girls and young women would lead to long-term impacts, but many girls and young women, and parents/carers were more positive about their future following participation in the Programme.

The Programme improved providers **capacity and resources** through the funding and providers were beginning to think how the learning from this Programme could influence their wider strategy and operations. Continuous learning about the cohort and their presenting needs enabled delivery partners to build their knowledge and expertise about girls and young women's needs and how to support them. This was especially the case for providers who had previously not been involved with gender-specific or age-specific provision. The Programme had equipped most providers to provide specialist support (influenced by the wider focus of key organisations around supporting women and domestic abuse).

The Programme facilitated **greater partnership working between providers** by sharing referral pathways, information and resources, collaborating through key mechanisms: at the managerial level through operational group meetings, and, at the practitioner-level through

practitioner forums, which were an opportunity to share practice and learn. Providers recognised the value of collaboration across a range of roles and suggested that they would seek to collaborate after the Programme ends. However, opportunities to work in partnership around cases was limited because of the slower-than-anticipated rates of referral into the employability and therapeutic activities. Further, there was some suggestion that greater transparency could have benefitted collective problem-solving around referrals.

Outcomes for volunteers related to their increased knowledge and understanding of relevant topics such as domestic abuse, and a greater impetus to work in the sector in the future. Parents/carers who were interviewed were principally involved with the Programme to support the engagement of their child. Their reported outcomes were more related to their sense of wellbeing because of perceiving improvements in their child's life. There was limited evidence to suggest that the intended outcomes for parents/carers around knowledge of domestic abuse, and related topics, had improved since engaging with the Programme.

Providers **planned to develop and update their MEL approaches**, but this was not fully realised at the time of the evaluation. Providers noted that they were seeking to do more qualitative evaluation, perhaps through outreach workers, to further understand the service-user voice.

Some examples of multiagency working were evident between staff at both management and practitioner levels, although any improvements to multiagency working were not noted. These elements may take longer to realise as a Programme matures and becomes more established across the sector (including the relationships among relevant professionals).

Recommendations

Bringing together the evaluation findings identified recommendations, which were discussed with the VRU and providers at a learning workshop.

Recommendations	
For the VRU and its partners	<ul style="list-style-type: none"> • Consider providing a longer mobilisation period for new and innovative pilot programmes to recruit staff, develop delivery models and build relationships with a range of organisations for referral. • Ensure providers share a clear understanding of the Programme's purpose, what is being delivered by whom and coordinate activities. • Consider whether the VRU could undertake its own communication of the Programme to a larger group of people (not just professionals) across non-traditional (beyond sectoral) networks, to influence reach and generate referrals. • Establish expectations on monitoring information from the outset of delivery (linked to the below) in collaboration with providers, including building in review points and communicating when they will happen.
For providers and partners	<p>Communication</p> <ul style="list-style-type: none"> • Facilitate connections across all providers to ensure transparency of any emerging risks on rates of referral to collectively problem-solve around any issues. • Ensure providers share a clear understanding of the programme's purpose, what is being delivered by whom and can coordinate activities. • Widen communication of the Programme to a larger group of people (not just professionals) non-traditional (non-sectoral) networks to influence the Programme's reach and generate referrals. <p>Governance and management</p> <ul style="list-style-type: none"> • Decide whether implementing duty workers to carry out referral and engagement activity would better-enable delivery staff to focus on supporting girls and young women and parents/carers. • Define the contribution any ad-hoc and one-off activity makes towards the intended outcomes of the Programme. <p>Programme design</p> <ul style="list-style-type: none"> • Give attention to referrals into wider services and signposting, particularly during winding down activities and following girls and young women completing or exiting the Programme. • Consider whether, particularly for younger cohorts, more emphasis on tapering activities towards graduation events would better-support young people to exit the Programme. <ul style="list-style-type: none"> — Use the open-ended nature of the Programme for the older cohort as a learning opportunity around sustainable approaches to winding down involvement and share this among providers.

	<ul style="list-style-type: none"> • Regularly review the content, timing, and format of activities to understand whether revisions need to be made to promote engagement, particularly around group activities. • Consider, in taking a whole-family approach, whether there are opportunities to engage family members of girls and young women, drawing on the wider Programme services. <ul style="list-style-type: none"> – Understand whether there are younger or older siblings who may have been exposed to similar risk factors that could be referred into the Programme. • Deliberate the value of a programme design that more proactively facilitates referrals for parents/carers on to appropriate services. • Consider how the Programme or future provision could support improvements in parents/carers' knowledge and facilitate their access to information on existing support. • Reflect on whether, as part of being truly participant-led, employability or therapeutic activities could come earlier following referral in any cases where participants self-identify this as their priority. <ul style="list-style-type: none"> – Further, to consider whether activity can develop the approach to 'meet young people where they are' through exploring greater delivery in spaces and places that girls and young women regularly use (for example, schools) and have greater connectedness to people in participants' networks (including online).
For data systems	<ul style="list-style-type: none"> • Consider collecting data aligned with long-term outcomes and impacts in the Theory of Change. • Harmonise outcome measurement methods and whether existing administrative datasets can be used to measure outcomes and impacts. • Consider which measures are most robust and feasible for each outcome and impact. • Define a set of core outcomes/impacts that are shared and measured consistently across organisations. • Collect outcomes data before and after support to monitor progress, if possible, streamlining the outcome measures/tools used to minimise burden for participation. • Incorporate validation checks into monitoring, evaluation and learning processes and systems where possible. • Deliver further training for staff involved in data entry.

Annexes

Annex 1: Data annex

Boroughs

Table 1.1 Boroughs

Number of Girls and Young Women reached in each borough							
Delivery quarters	Camden	Hackney	Islington	Newham	Tower Hamlets	Westminster	Total quarter
Q2 (Jul-Sept 22)	4	1	8	0	2	0	15
Q3 (Oct-Dec 22)	5	3	16	1	12	1	38
Q4 (Jan-Mar 23)	10	7	28	2	13	3	63
Q1 (Apr-Jun 23)	12	7	27	4	12	7	69
Q2 (Jul-Sept 23)	9	10	26	5	8	20	78
Q3 (Oct-Nov 23)	5	8	17	9	5	19	63
Total activity	45	36	122	21	52	50	
May include double counts if GYW has been reached in more than one borough							

Source: Quarterly monitoring data Q3 2023/24

Age

Table 1.2 Age

Age categories	Total engaged
0-11	26
12-15	28
16-18	15
19-24	33
Not Recorded/ Not given	0
Total	102

Source: Quarterly monitoring data Q3 2023/24

Gender

Table 1.3 Gender

Gender categories	Total engaged
Female	83
Non-Binary	1
Intersex	0

Queer	0
Trans Man	0
Trans Woman	0
Other	0
Prefer not to say	0
Not recorded/ Not given	0
Total	84

Source: Quarterly monitoring data Q3 2023/24

Ethnicity

Table 1.4 Ethnicity

Ethnicity categories	Total engaged
Asian or Asian British - Indian	2
Asian or Asian British - Pakistani	0
Asian or Asian British - Bangladeshi	17
Asian or Asian British - Chinese	0
Asian or Asian British - any other Asian Background	2
Black or Black British - African	8
Black or Black British - Caribbean	8
Black or Black British any other Black Background	7
Mixed Heritage - White & Black African	1
Mixed Heritage - White & Black Caribbean	4
Mixed Heritage - White & Asian	0
Mixed Heritage - any other ethnic Background	13
White: British	22
White: Irish	0
White: Gypsy, Traveller	0
White: any other white background	7
Other Ethnic Group: Arab	0
Other Ethnic Group: any other ethnic background	2
Prefer not to say	1
Not Recorded/ Not Given	8
Total	102

Source: Quarterly monitoring data Q3 2023/24

Disability

Table 1.5 Disability

Disability	Total engaged
Yes	21
No	70
Not Provided	11
Total	102

Source: Quarterly monitoring data Q3 2023/24

Disability type

Table 1.6 Disability type

Disability Type	Total
Physical	3
Mental health need	17
Learning disabilities	14
Other	0
Not Recorded/Not Given	0
Total	34

Source: Quarterly monitoring data Q3 2023/24

Religion

Table 1.7 Religion

Religion	Total engaged
Atheist	0
Buddhist	0
Christian (All denominations)	23
Hindu	1
Jewish	0
Muslim	19
Sikh	1
Any other religion	0
No Religion	12
Prefer not to say	1
Not Recorded/ Not Given	45
Total	102

Source: Quarterly monitoring data Q3 2023/24

Annex 2: evaluation framework

Source						
	MI data	Staff interviews	VRU interviews	Sector interviews	GYW survey	GYW interviews
Programme delivery						
Were the providers able to deliver the programme as expected?						
What aspects of the programme delivery worked well / less well? And why?	X	X	X			
Were providers able to reach the girls and young women as intended?	X	X	X			X
What are the gaps in those reached and why?	X	X		X		
Did girls and young women engage with the programme as expected?	X	X	X			X
Were providers able to deliver all aspects of the programme?	X	X	X			
Did providers have the necessary capacity and resources to support girls and young women?	X	X	X			
Did delivery staff have the right skills and expertise to support girls and young women and address their varying needs?	X	X	X	X		X
Did providers collaborate effectively with each other?		X	X	X		X
Were providers able to work collaboratively with other support providers?	X	X	X	X		
Were providers able to engage girls and young women's parents/carers as expected?	X	X	X			
What factors have impacted the ability of providers to deliver their work as intended?		X	X			
What approaches to support girls and young women have worked well/ less well?						
Is support individualised and bespoke?		X				X
Is support holistic?		X				X
Is support trauma informed?		X				X
Is support culturally competent?						
Is support strength-based and solution focused?		X				X
Do YWG develop a sense of trust and safety through the support?		X	X			X
Do practitioners demonstrate patience, compassion and understanding?		X				X
Do providers use a gender-informed approach?		X				X
What is our definition/ understanding of these?		X	X			X
What aspects of the project delivery had to be adapted and why?		X	X			
What enabled good programme delivery?		X	X			
Programme outcomes						
What was the impact of the programme for girls and young women? Explore below questions in the context of different groups, different contexts/settings and/or locations						
What is the impact of the programme on girls and young women's psychological resources? More specifically what is the impact on their:		X			X	X
<i>Sense of self and identify in different situations</i>		X			X	X
<i>Awareness of strengths and areas for development</i>		X			X	X
<i>Self-confidence</i>		X			X	X
<i>Sense of identity</i>		X			X	X
<i>Feelings of positivity / hope for the future</i>		X			X	X

<i>Sense of empowerment to make choices about their future</i>	X		X	X
What is the impact of the programme on girls and young women's mental health and wellbeing? More specifically what is the impact on their:	X		X	X
<i>Understanding of their mental health and ways to manage it</i>	X		X	X
<i>Understanding of their wellbeing and ways to manage it</i>	X		X	X
What is the impact of the programme on girls and young women's employment capabilities and aspirations? More specifically what is the impact on their:	X		X	X
<i>Confidence in gaining employment</i>	X		X	X
<i>Confidence accessing further education/ training</i>	X		X	X
<i>Broadened aspirations</i>	X		X	X
What is the impact of the programme on girls and young women's relationship/ engagement with services? More specifically what is the impact on their:	X		X	X
<i>Awareness of services</i>	X		X	X
<i>Confidence accessing services</i>	X		X	X
<i>Trust in services</i>	X		X	X
<i>Active engagement with services (participating in activities, sustaining engagement)</i>				
<i>Relationships between girl and young women and practitioners (positive relationships, trust, dependency)</i>	X		X	X
What is the impact of the programme on girls and young women's relationships and socio-emotional skills? More specifically what is the impact on their:	X		X	X
<i>Relationship skills - where appropriate explore, with family and carers, peer groups, intimate relationships</i>	X		X	X
<i>Awareness and understanding of healthy relationships, incl. self-agency in relationships</i>	X		X	X
<i>Ability to identify and manage emotions, impulses, behaviours</i>	X		X	X
<i>Ability to make positive and constructive choices about personal behaviour and social interaction</i>	X		X	X
What is the impact of the programme on girls and young women's safety? More specifically what is the impact on their:	X		X	X
<i>Knowledge of their rights and feeling empowered to assert them</i>	X		X	X
<i>Knowledge about safety and risk factors</i>	X		X	X
<i>Feelings of safety in education settings</i>	X		X	X
What other outcomes did the programme achieve for girls and young women?	X		X	X
For whom was this impact achieved?				
Were there any groups of girls and young women who benefited more/less from the support?	X		X	
How was this impact achieved?	X			X
<i>providing individualised and bespoke support</i>	X			X
<i>providing holistic support</i>	X			X
<i>using a trauma- and gender-informed approach</i>	X			X
<i>strength-based and solution-focused support</i>	X			X
<i>creating a sense of trust and safety</i>	X			X
<i>practitioners demonstrating patience, compassion and understanding</i>	X			X
Is there evidence to suggest that these outcomes will lead to long-term impacts?	X		X	X
<i>ability to develop their own positive coping mechanisms and recover from abuse</i>	X		X	X
<i>increased self-agency and ability to develop and implement their own long-term safety strategies and support plans</i>	X		X	X
<i>long-term goals and aspirations for the future</i>	X		X	X
<i>increased engagement with support services, when needed - especially those who are not engaged by existing services</i>	X		X	X
<i>increased engagement with statutory organisations when needed</i>	X		X	X
<i>improved relationships with family and peers</i>	X		X	X
<i>sustained engagement with education and employment</i>	X		X	X

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Girls and young women experience improved access to support services (e.g., mental health, social care, domestic abuse), especially for those who usually 'fall through the net'? Who do professionals consider to be those who 'fall through the net'?		x		x			x
What is the impact of the programme for delivery partners?							
How has the programme improved providers' capacity and resources to support girls and young women?		x					
How has the programme impacted delivery partners' knowledge and expertise about girls and young women's needs and how to support them?		x					
To what extent has the programme facilitated greater partnership working between providers?		x					
<i>sharing referral pathways</i>		x					
Do providers recognise the value of collaboration?		x	x	x			
To what extent will providers continue to collaborate after the programmes comes to an end?		x	x	x			
<i>sharing referral pathways, securing funding</i>		x					
Have providers been able to share best practice and learn from each other?		x					
Do providers share information and resources with each other?		x					
Have providers developed their monitoring evaluation and learning (MEL) approach, including developing a greater awareness for creative methods of evaluation?	x	x	x				
Are providers better able to evidence the impact of their work?	x	x	x				
Do providers have a better understanding of 'what works' to support girls and young women?	x	x	x				
What other outcomes did the programme achieve for providers?	x	x	x	x			
Are support services more accessible, with a 'no wrong door' approach, where girls and young women are seamlessly referred between services?	x	x	x	x	x	x	x
<i>To what extent have referral pathways improved?</i>	x	x					
<i>How far are marginalised groups better reached?</i>	x	x					
<i>How is engagement achieved and sustained? How has work around this developed?</i>		x					
How far are organisations more equipped to provide specialist support where it is needed?		x	x				x
What are perceptions of the cultural awareness of the provision?		x	x				x
How much do stakeholders feel the provision is trauma-informed? In what ways?		x	x				x
Has / in what ways has multi-agency working improved (incl. family, statutory and non-statutory services), with greater understanding on where gaps exist and where approaches could be improved across the system		x	x				x
Can community provision meet needs of girls and young women in ways statutory agencies might not be able to? How? Why?		x	x	x			x
How has the programme impacted the wider system?							
How has the programme impacted professionals' and volunteers' knowledge, skills, and confidence relating to girls and young women? More specifically, how has the programme impacted their:		x	x	x			
<i>Understanding of their role in supporting girls and young women</i>		x	x				
<i>Knowledge and skills to support girls and young women effectively</i>		x	x				x
<i>Knowledge of the signs of domestic abuse</i>		x	x				
<i>Knowledge of healthy relationships and consent</i>		x	x				
<i>Confidence in signposting to support and information on issues affecting girls and young women</i>		x	x				x
How has the programme impacted parents/carers of girls and young women? More specifically, how has the programme impacted parents/carers:	x						
<i>Knowledge and awareness around domestic abuse, consent, healthy relationships</i>		?	?				
<i>Confidence in signposting to support and information on VAWG</i>		?	?				
<i>Relationship with their child</i>		?	?				

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To what extent has the programme been able to network and collaborate with wider stakeholders in the system? For example, in order to:		x	x	x		
<i>Share and promote learning</i>		x	x	x		
<i>Identify new opportunities for systems change</i>		x	x	x		
To what extent has the programme improved multi-agency working (incl. family, statutory and non-statutory services), with greater understanding on where gaps exist and where approaches could be improved across the system	x	x	x	x		
To what extent is support provided across the system more streamlined and holistic?		x	x	x		

Annex 3: Interpreting outcomes data

The Outcomes for young people subsection draws on evidence from interviews with girls and young women, parents/carers and delivery staff, as well as small numbers of available outcomes data collected by delivery organisations through their surveys administered with GYW (this data was not collected by evaluators). No outcomes data were collected from the therapeutic activities as participants did not complete the survey. While changes observed across outcomes are presented, the analysis is based on girls and young women's self-reported perceptions of any changes and it is not possible to directly, or fully, attribute changes to the Programme. The limited measurement of long-term outcomes and impacts by the delivery organisations is partly to be expected given the pilot nature, and duration, of the Programme and the potential risk of underestimating, or completely missing, these changes by attempting to measure them soon after the delivery of support.

The survey administered with the Maia cohort asked respondents to give each survey question a response coded from one to five, where one is Strongly Disagree and five is Strongly Agree. Individual survey questions were grouped by themes. A total of 34 girls and young women participated in the survey. Of these 34, just under half (n=16) responded at two time-points and only 2 responded at three time-points. Therefore, the survey data presented in this section uses 2 different numbers, comparing average scores of respondents (n=34) at the first time-point with average scores of respondents at the second time point (n=16).

Table: Survey answer scores

Survey Answers	Scored as
Strongly Disagree	1
Disagree	2
Unsure	3
Agree	4
Strongly Agree	5

The survey with the Lift cohort was administered before and after their involvement with the Programme. Young people were asked to complete a short survey assessing their own subjective wellbeing. The survey consisted of 12 domains, and the results were compiled to create an index of the child's subjective wellbeing. Note that these results are based on 14 young people who responded to the subjective wellbeing survey, a response rate of 28.6%.

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