

Keeping Girls and Young Women Safe
Protecting and supporting the girls and young women at risk
of exploitation, violence, gangs and harm

COMMISSION
YOUNG LIVES



MetroPolis
A research-led think tank



BACKGROUND

In this report, Manchester Metropolitan University has partnered with the Commission on Young Lives to gather further evidence and policy analysis, including evidence sessions with stakeholders and experts, to explore how girls and young women are becoming at risk of violence and harm, the impact of gangs, how they can be protected, and how they can be supported to succeed. Together we put forward ambitious recommendations for change.

This report builds on the work of Getting Out for Good (GOFG) - a Comic Relief funded research project which ran between 2017 and 2022 as part of a global multi-partner, collaborative approach to affect change in the lives of gang affected girls and young women undertaken by Manchester Metropolitan University and the Manchester Centre for Youth Studies. It sought to engage with girls and young women aged 14 to 24 at risk of gang involvement in the Greater Manchester area. The project specifically targeted girls and young women who have been identified as being at risk of serious gang related youth violence, sexual exploitation and abuse, and poor mental health. It was co-designed by the project team and Positive Steps - a charitable organisation in Greater Manchester.

The girls and young women who were referred to the GOFG project were given an intensive three-month programme of mentoring, advice, and activities by Positive Steps together with local sport, art, and cultural providers. With a focus on boxing and mentoring supported by local providers and charities, the girls and young women helped themselves and their peers to address pathways into and out of gang involvement and exploitation by devising their own solutions through up-skilling, resilience building and peer mentorship.

The main referrals route was via local agencies working with girls and young women who were identified as 'at risk'. The 'at risk' criteria remained broad to allow for those on the periphery of serious youth violence, exploitation, and harm to be identified early. The key stakeholders and referral agencies comprised of education, social care, safeguarding teams (including Missing from Home teams), youth justice, and Looked After Children. In some instances, GOFG received peer or self -referrals into the project. Between the period 2017 to 2021, GOFG received over 200 referrals into the project and engaged with 130 young women on a regular basis.

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FOREWORD BY ANNE LONGFIELD CBE AND PROF. HANNAH SMITHSON

Over recent years, many of the worst horrors of serious violence, exploitation and the harm of young people have been exposed to the public view. Hardly a week passes without news of another young victim of a stabbing, or a story of a vulnerable child groomed into county lines, or girls who have been victims of years of shocking abuse. For those professionals who have been working with vulnerable children for decades, the risks of them becoming victims of harm and exploitation are not themselves new, but the methods employed by those who seek them out, groom and control them are ever-changing and increasingly sophisticated and violent.

Much of the recent interest and work around child criminal exploitation and serious violence has focused on its impact on boys and young men. However, there are likely to be many thousands of vulnerable girls and young women for whom violence, sexual assault, and criminal exploitation are a part of life. It has been estimated that over 200,000 children in England aged 11-to-17 are vulnerable to serious violence.¹ Organisations working with young people who are at risk of or involved in exploitation, harm or affected by gangs have told us that around 20% to 30% of the young people they see are girls. This suggests that there could be as many as 60,000 girls in England vulnerable to serious violence. Many of these girls are likely to also be at risk of sexual or criminal exploitation.

Redthread, a charity which empowers children and young people to break free from cycles of violence and exploitation, has a Young Women's Service based in four hospitals which provides long-term community support for girls and young women impacted by gang activity, youth violence and criminal exploitation. Its data suggests that in the last four years, around 35% of those referred to its services were female, rising to 38% in 2022/23. Over the last two years, it says it has seen increases in girls and young women being referred for Child Sexual Exploitation, assault, and domestic violence, and that the number of girls and young women referred to Redthread in London, Birmingham, and Nottingham has nearly doubled since Covid as it has expanded its services.² Around a third of the children that Redthread works with are aged 11-to-15-years-old.

Most of these girls are not 'gang members' themselves, but some are involved with or affected by gangs, and many are being exposed to environments where there are very high levels of control, sexual exploitation, and criminal activity.

Yet in some quarters there is almost a conspiracy of silence around the extent and nature of the harms they face. This is perhaps because girls are far less likely to end up the victims of fatal gang-related violence, less likely to be involved in the criminal justice system, and less likely to be locked up in prison than boys. However, behind closed doors there are many vulnerable girls and young women who are being groomed into holding weapons or drugs for boys, young men, or gangs, and who are victims of sexual assault, rape, and violent relationships. They are living with extreme risks, and their life chances are being diminished as a result.

Many of the experiences we have heard from professionals working with vulnerable girls and from young women themselves are harrowing: girls filmed as they are sexually exploited or abused and the footage being used to control or coerce them; girls who are involved in inappropriate and dangerous relationships that result in violent physical attacks; teenagers who are caught up in debt

¹ [Violence and Vulnerability | Crest Advisory](#)

² Redthread data shows there were 730 referrals to their services in 2019/20, rising to 1309 referrals in 2022/23.

bonds and are told to take intimate pictures of themselves in order to pay off their debt; young women and girls who desperately want to escape harms but don't know how to or are scared about the consequences if they do.

Child Sexual Exploitation and Child Criminal Exploitation are so often wrapped up together, with many girls a victim of both, and the recruitment of young women into CCE is often happening via boyfriends or older partners. The use of social media apps to groom vulnerable girls and young women has become depressingly familiar and is constantly adapting. We have heard how young women are becoming a greater proportion of the young people involved in county lines.

How we protect vulnerable girls and young women and support them to succeed in life is at the heart of this report. Its starting point is the Manchester Metropolitan University's work with the Getting Out for Good (GofG) project, a multi-partner collaborative approach to changing the lives of gang affected girls and young women which worked with over a hundred girls. Together we have examined what has worked well on that project and carried out further evidence sessions, policy analysis and discussions with experts to identify the nature and scale of risks to girls and young women and propose policy solutions.

Delivering solutions that appeal to and engage with a group of vulnerable children and young people who often have a strong distrust of statutory services is a challenge, but as the GofG project and other successful projects illustrate, it is deliverable. Its foundations are built on an acknowledgment that the girls and young women who are at risk of, or who are victims of violence, trauma, abuse, and harm have many and varied needs. They are not a homogenous group, they often have different cultures, ethnicities, religions, and social and economic life experiences. So, tackling their vulnerabilities and keeping them safe, needs to go far beyond a solely youth justice perspective.

It also goes beyond a 'gangs' perspective. Most vulnerable young women would not even identify as being 'gang members', yet often they are in relationships with boys and young men who, whether they identify as such or not, are involved in gang activity.

In 2021, the Home Office published its 'Tackling Violence Against Women and Girls' strategy³, and while the Government, the police, Violence Reduction Units, some local authorities, and community organisations are developing new and positive interventions to begin to support girls and young women in some areas, all of the evidence we have received has repeated the view that there is still a significant cohort of girls and young women who are suffering in silence, living with violence and exploitation but completely overlooked or missed by services and professionals.

We know that the services to support and protect vulnerable boys and young men are themselves overstretched, often uncoordinated, and usually underfunded. Added to these systemic problems, many of the systems that do exist have not been set up with girls in mind. For too long, help for girls has been left to small, poorly funded third sector organisations to pick up. Girls and young women are often still an afterthought. As one practitioner who works on the frontline with vulnerable girls told us, 'It is easy to feel overwhelmed by systems that seem so inflexible and out of date ... Young people don't feel able to come forward for support, the cost of this is great and often is met with judgement, apathy, or inaction. Simply put by one young person: it isn't worth it.'

³ [Tackling violence against women and girls strategy - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/tackling-violence-against-women-and-girls-strategy)

Sometimes this is due to a lack of recognition by statutory services and systems that girls and young women are living in unsafe situations. Added to this, many girls living in risky environments feel they are unlikely to be believed if they report rape, abuse, coercion, or threats. We were told about one vulnerable girl who was in and out of a relationship where there was domestic violence. After she was assaulted with a hammer, she reported being told by the police - who had seen the incident on CCTV - that 'it didn't look like you were hurt'. We have also heard of girls who say they have only received support from statutory services or the police when they are willing to testify as witnesses. Another practitioner told us how a young woman had disclosed to her that her friend was involved in county lines and receiving threats, yet when her concerns were reported to the authorities, they were met with rudeness and resistance. A few days later, her friend was repeatedly stabbed.

An expectation of these responses only discourages girls and young women from disclosing violent incidents and controlling relationships or asking for help.

It is not surprising then to hear from professionals how they are not seeing enough of the young women who they know are experiencing or who are at high risk of harm. Oasis, who are commissioned by Greater Manchester Violence Reduction Unit to run the Navigator project which works with young people to help them cope and recover from their experiences of violence, told us they had 900 referrals since the start of the project, of which around only 25% are female. They believe the number of girls and young women affected by violence and exploitation is much higher.

We heard from professionals who work with gang-affected young people about the young men who are in contact with their services, whom workers know have sisters and girlfriends who are often experiencing many of the same vulnerabilities and harms, but who are hidden away and not receiving support. One support worker talked about a teenage girl who arrived at A&E with her partner who had been stabbed and was known to the local youth violence prevention team. They knew this was a young woman in a relationship with someone who has experienced a lot of violence, in an area where he is unsafe. She too was now directly impacted by that and at risk too. In this instance, she was supported, but too often many girls are being missed or left to fend for themselves.

We also heard repeatedly how many girls do not feel able to talk about what is happening to them. They don't want to approach anyone for support because they are scared and feel unsafe. They can feel ashamed to talk about being abused or exploited.

These gaps in support are widened by gaps in data and poor information sharing, which make it harder to quantify how many girls and young women are involved in criminal or sexual exploitation beyond the tip of the iceberg numbers assessed by social workers or referred via the National Referral Mechanism. There is also an under-reporting of concerns or offences relating to exploitation. Violence and exploitation affecting girls and young women often occurs simultaneously with other offences relating to gang association, and so such harms remain unacknowledged and unaddressed by professionals, which again restricts the amount of available data and hides the extent of the problem.

We know that girls and young women at risk of harm face many of the same challenges as boys and young men: mental health problems and Children and Young People's Mental Health Services that are hard to access or non-existent; thresholds for social care or mental health help which are far too high; a lack of support with special educational needs and a school system that allows some to fall through the gaps; a broken care system; a lack of safe places and activities locally; no

standard national procedures for reporting CSE and unclear definitions of what CSE is; and delays in the youth and criminal justice systems.

However, we heard how young men are often treated in one way, and young women in another. Young women arriving at an A&E with mental health crises caused by traumatic experiences are less likely to be asked what is going on in their lives than a boy who arrives having been stabbed.

In the words of Junior Smart of St Giles Trust, we need to 'follow the breadcrumbs', and always be asking why girls are presenting at A&E, at sexual health clinics or why they are going missing from home. On a recent visit to meet the Redthread girls and young women team at Kings College Hospital, we saw how they have devised an approach which deepens understanding as trust is built. They told us how some girls come looking for help at times when the senior managers won't be on duty. These vulnerable young women want people who can give them time, and someone they are able to talk to, who is likely to understand what is going on, and can offer to help.

If we don't recognise the prevalence of violence and control experienced by some vulnerable girls and young women, it will remain unseen and undetected, with devastating consequences. We know that going missing is usually a sign of crisis that something is seriously wrong and often the first sign of exploitation. Yet statutory return interviews are often inconsistent and limited in their use – missing the opportunity to begin to build the trusted relationships that could prevent further missing episodes and harm. There are seldom safeguarding links to young women being out of school - sometimes seen as a truancy problem despite the clear links between going missing, exploitation and being out of education. It is disappointing that these danger signs are often being missed, but the failure to join the dots to understand the true picture of what is going on in girls and young women's lives is even more irresponsible.

As Redthread's recent data suggests, the Covid pandemic is likely to have made many existing problems worse. It raised vulnerabilities and allowed some to drop off the radar of schools and children's services. Anecdotally, we have heard how more girls became caught up in Child Criminal Exploitation during the pandemic, and how there were increased levels of violence and abuse. Covid and the pandemic was a very common low point of the girls and young women life stories we heard from. The descriptions of isolation, loss of contact with important and positive family members and a move to online peer association led to feelings of loneliness, anxiety, depression, fear, and uncertainty. The separation from significant and important family members compounded many of the challenges faced by the girls and young women.

While there was a recognition from policy makers that domestic violence among adults increased during Covid, there was far less focus on the impact on teenagers and younger girls. Frontline workers talked to us about how vulnerable boys were being drawn into exploitation during Covid, but vulnerable girls were also out of contact with education and key workers and were also slipping out of view and into danger. We have heard many stories of young women who were stuck in homes and family environments during lockdown which were dangerous. Unsurprisingly, the psychological, traumatic impact is still ongoing for some.

We were particularly concerned to hear anecdotal evidence of a rise in misogynistic behaviour among children, including some normalisation of it by some professionals using the excuse that "boys will be boys". Some of this misogyny has been driven by influencers like Andrew Tate, and we have heard how some boys and young men are effectively being groomed to think that these views are 'normal' for a man.

Worryingly, this is happening from an increasingly young age. One organisation that works with young women who are victims of violence told us that a local school had approached them for advice on identifying sexually harmful behaviour towards girls among their Year 5 and Year 6 pupils.

A failure to deal with concerning views among some school children about what a healthy relationship should look like, or what constitutes consent, is leaving many young girls exposed, vulnerable, ripe for exploitation and in danger of becoming attached to people who will harm them. Day to day misogyny is creating environments where violence is more likely to flourish. We will only solve these problems if we start working with children at an early age before misogynistic tropes become reinforced and grow into more serious violence.

The voices of the young girls and women involved in the research reinforced evidence we received from frontline professionals and organisations working with those at risk. It is depressing to hear how frequently young women are being stereotyped at school as troublemakers or, dramatic and aggressive, and how interventions are often non-existent and not trauma informed. The 'adultification' of BME girls also continues to undermine support for some young women, with too many Black and mixed girls being seen as more resilient and more able to cope with situations that should demand intervention.

Everyone agrees that thresholds for statutory support remain far too high, and that trust in statutory services is low. Fears remain that approaching services for support will either result in no action or will involve a criminal investigation. Meanwhile, in many areas there remains a lack of consistent, trauma-informed support. The explosion in young people's mental health problems has not been matched by increased access to Children and Young People's Mental Health Services. We heard one example of a young woman who had tried to take her own life, had gone missing repeatedly, and was self-harming, but was still not meeting the threshold for social care and was viewed by some professionals as 'trouble'.

Our research and evidence gathering provide a clear sense of direction for policy makers seeking to tackle these problems, support girls and young women to succeed and prevent harm. A greater focus - alongside investment - in early help and the development of community, gender-based, culturally representative, trauma-informed support is key. Creating environments where girls and young women can build trusted relationships with people who they can relate to, and go on to disclose what is going on, is crucial. Whether that is at school, or through a health or family support worker, a youth practitioner, or another specialist service, it should be at the heart of a strategy for keeping girls safe.

A lot of this work is advocacy – helping young women to navigate services, ensuring statutory services are doing their job, being someone who can be relied on to be on your side and listen without judgement, building agency.

In Manchester, the Getting Out for Good project has highlighted how critical mental and emotional health support is to building girls and young women's agency and capital. It shows how important it is to follow an approach that takes girls and young women seriously and recognise that their needs and that sense of agency should be developed as part of a holistic approach, not just as an add-on to male-focused gang prevention work.

Girls and young women told us that their mentoring relationships were the most helpful part of the project. It was universally described as meaningful, facilitating change and empowering. The programme had helped them to identify and work towards their future goals and aspiration, goals

that were often bigger than they had been prior to their involvement. We need more of these projects, alongside long-term funding, across the country. That is why specialist youth programmes to support girls at risk of harm, control and exploitation should be a priority for the Department for Culture, Media and Sport's Youth Promise funding.

We have made other recommendations that both build on the positives from the GOFG project and take ideas and evidence we have received from the wide range of professionals and organisations who work with girls and young women at risk of harm. We believe protecting girls and young women from harm in gang-related contexts should be a priority in safeguarding frameworks and backed up by mandatory reporting responsibilities. It should also be a priority in wider violence against women and girls' strategies, including as a detailed element of the Police National Threat Assessment of Violence Against Women and Girls. Every Police Command Unit should have an active and vocal lead for violence against girls and young women. We are deeply concerned that while some police forces are making strides towards developing strategies to protect girls and young women, some are still light years away from developing a traumatic response to the issues facing many vulnerable children.

We also propose specialist educational programmes in all secondary schools in violence hot spot areas and all Pupil Referral Units to focus more support on keeping girls safe from exploitation, control, and harm. We call for a primary school age education programme to tackle the growing threat of online misogyny.

We also want to see the risk of exclusion or non-attendance at school and going missing triggering an automatic referral to a Girls Practitioner, based in schools or local youth teams. Girls Practitioners would enable girls and young women to build their own skills, agency, and confidence to make meaningful change.

It is time to recognise the threats and risks facing girls and break the conspiracy of silence that has left too many vulnerable young women without the access to support that can protect them from exploitation harm and encourage them to meet their aspirations. We are encouraged by the progress made by some of the local interventions now underway. But these are very small scale and in their infancy. We remain concerned that there is a significant lack of focus in both policy and funding on the needs of vulnerable girls and young women that is leaving many at risk of significant harm.

Anne Longfield CBE, Chair of the Commission on Young Lives

Hannah Smithson, Professor of Criminology and Youth Justice Director of the Manchester Centre for Youth Studies at Manchester Metropolitan University.

GET OUT FOR GOOD: GRACE

Grace is aged 17 and lives with her mother. Her father died twelve months ago, and this deeply affected Grace, leaving her angry and depressed. Grace is the youngest in a large Irish Traveller family. The older siblings have left home but often come back to the family home. Grace last attended school aged 6 as she travelled around with the family, back and forth to the country of her birth. It is common for female Traveller children to leave school after primary school as they are often expected to take on household duties and childcare. As a result, Grace has no formal qualifications and suffers with loneliness and depression and anxiety. Due to her non-conventional upbringing, Grace said she felt very uncomfortable mixing with those outside her community. Furthermore, she was the victim of a vicious sexual assault as a young teenager and was therefore very cautious leaving the family home. Grace was introduced to the GOFG project through the local women's centre that her older sister attended.

Grace attended the GOFG programme for three years, having completed the programme a number of times. Throughout the three years her confidence in mixing with other young women grew, she flourished in the female only group whilst also gaining support from her assigned mentor. Due to Grace's progress and engagement, she was selected as a peer mentor for the ongoing programme as she felt her lived experience and time with GOFG had "made her feel like she could help others who had been assaulted". Grace's mentor felt that GOFG had supported her enough to enable her to use her experience to encourage other girls and young women referred to the programme. Grace committed to 70 voluntary hours as a peer mentor and has been instrumental in the success of future cohorts of girls engaged in the programme.

Grace reports that GOFG has helped her to work towards her goal of working with children, having also supported her with her subsequent childcare course and Maths and English qualifications. Grace has 100% attendance at college, even though she takes two buses each day to arrive for 9am. GOFG support has given Grace the confidence and support to achieve her first qualifications. The soft skills Grace reported having achieved included gaining confidence from her mentor after her father's bereavement, as well as making new friends outside of her own community. Grace reported that this network has helped her, and her mother make significant positive changes to Grace's life.

These changes have led Grace to feel less depressed and angry and provided her with academic opportunities and activities outside the home. Grace and her mother believe "GOFG saved our lives".

WHAT THE DATA TELLS US

The scale and nature of girls and young women at risk:

The evidence submitted to this inquiry suggests that there is a lack of reliable data concerning the scale and nature of girls and young women at risk of exploitation. The evidence submissions we received indicated various reasons for such limited data relating to this issue. These reasons can be primarily summarised as:

- Under-reporting of concerns or offences relating to exploitation. Often, for example, violence and exploitation affecting girls and young women occurs simultaneously with other offences often relating to gang association and thus such harms remain unacknowledged and unaddressed by professionals, therefore restricting the amount of available data on the issue.
- Stereotypical assumptions held by the police and the public concerning girls' appropriate female behaviour and involvement in crime and victimisation create a barrier to reporting and recognising girls' involvement in gang activity and exploitation.
- Race and ethnicity creating a barrier to reporting due to assumption that White British girls are primarily affected by exploitation, resulting in a lack of referrals, interventions or criminal justice involvement for Black, Asian, Minority and Ethnic girls and young women.
- Reluctance on behalf of some professionals to report girls to the National Referral Mechanism despite risk factors and indicators of exploitation being present.
- The issue of child exploitation is largely misunderstood in policy and practice discourse resulting in unreliable data focused on the issue.
- Lack of statutory definition of Child Sexual Exploitation and Child Criminal Exploitation.
- Referrals to the NRM only capture the 'primary exploitation' the child has/is experiencing and does not provide scope to record the varying and multiple forms of exploitation girls are subject to⁴.

However, it has been estimated that over 200,000 children in England aged 11-to-17 are vulnerable to serious violence⁵, and organisations working with young people who are at risk of or involved in exploitation, harm or affected by gangs have told us that around 20% to 30% of the young people they see are girls. This suggests that there could be as many as 60,000 girls in England vulnerable to serious violence.

Redthread, a charity which empowers children and young people to break free from cycles of violence and exploitation, has a Young Women's Service based in four London hospitals which provides long-term community support for girls and young women impacted by gang activity, youth violence and criminal exploitation. Its data suggests that in the last four years, around 35% of those referred to its services were female, rising to 38% in 2022/23. In the last two years, it says it has seen increases in girls and young women being referred for Child Sexual Exploitation, assault, and domestic violence, and the number of girls and young women referred to Redthread services in London, Birmingham, and Nottingham has doubled since Covid, as it has expanded its services.⁶ Around a third of the children that Redthread works with are aged 11 to 15 years old.

⁵ [Violence and Vulnerability | Crest Advisory](#)

⁶ Redthread data shows there were 730 referrals to their services in 2019/20, rising to 1309 referrals in 2022/23.

Girls and young women referred to Redthread services (London, Birmingham, Nottingham)							
2022-23		2021-22		2020-21		2019-20	
1309	34.8%	1181	34.8%	805	31.1%	730	27.2%

Primary reason for hospital presentation to Redthread services (2022-23)					
	Male	Female		Male	Female
Accident	0.82%	4.6%	Maternity appointment	0%	1.7%
Assault with weapon	39.9%	8.4%	Mental Health	4.1%	15.8%
Assault without weapon	32%	34%	Police related injury	2.5%	0.69%
Sexual assault	0.16%	3.5%	Sexual health appointment	0.08%	3.3%
Rape	0.29%	5.6%	Substance misuse	0.33%	6.6%
Illness	2%	5.7%	Other	17.8%	10.01%

The characteristics of girls at risk:

The evidence submitted to the inquiry identified a series of factors which situate girls and young women at risk of exploitation. The most common risks identified by those submitting evidence related to familial, educational, health and structural factors such as poverty, low socio-economic status, and public funding, as well as the patriarchal structure of society.

Amongst these identified themes the evidence submissions we received revealed adverse childhood experiences such as previous experience of physical, sexual and emotional abuse, harm, neglect, chaotic home environments, including having parents who suffer from addiction.

Addiction experienced by girls and young women themselves is also perceived to increase risk factors of exploitation. In addition, existing mental health problems, low self-esteem, feelings of shame and low confidence also feature as common risk factors for girls and young women.

Diagnosed or undiagnosed special education needs or disabilities were also identified as increasing girls and young women's risk of exploitation. Girls and young women who have special education needs or disability when combined with other factors sometimes have low and sporadic attendance at school which is a subsequent risk factor for exploitation. Furthermore, being a looked after child, and repeated incidences of going missing from home are significant risk factors for exploitation. Whilst these characteristics can be viewed as standalone risk factors of exploitation, they also intersect for children living in care, as evidence suggests that looked after children who experience exploitation go missing from home on average 10 times a year.⁷ Many of these risk factors are often complex and interconnected- social, familial, and structural factors, all combine together to disadvantage girls and young women and increase their propensity to becoming a victim of exploitation.

Redthread provided us with data suggesting that girls and young women living in local authority care, independently in social housing and with parents increases the risk of Child Sexual Exploitation, that living with parents/carers, homelessness, or living in supported housing increases the risk of assault, that living with parents or homelessness increases the risk of domestic violence, and that living independently in social, private or supported housing increases the risk of sexual assault.

Data on wider context and contributing factors:

Evidence provided to the inquiry detailed a number of broader contributing factors relating to the girls' vulnerability to exploitation. These often relate to social factors which often lie outside of service providers and families' abilities to address themselves. The main themes emerging from these evidence submissions include race and ethnicity, funding and austerity, mental health and gender and the lack of gender-specific provision.

The most recurring of these themes relates to a lack of funding to work effectively to address the specific needs of girls, especially their vulnerability to exploitation. It was identified that there is a lack of resources available for professionals to work effectively to safeguard the number of girls and young women at risk or experiencing exploitation. Service providers are working beyond their capacity to support girls and young women. Professionals are often responsible for high caseloads of vulnerable girls and young women who need support. The demand for services remains too high and many girls and young women are not receiving the support they need. Further, the lack of resources and funding available to organisations has manifested into insufficient preventative work and targeted early intervention. The result being that where professionals are able to work with girls and young women, they are often doing so reactively after harm has already occurred.

⁷Almost half (48%) of exploited children in local authority care were reported missing in 2020, compared to one in 10 children going missing from local authority care overall. Importantly, exploited children living in care went missing an average of 10.6 times per year (compared to overall numbers for children in care with 6.6 missing episodes a year). Furthermore, research shows that looked after children are 20x more likely to be reported missing than children living in their family home. https://www.missingpeople.org.uk/wp-content/uploads/2022/04/ECP04-A9-SIHW-report_AW7.pdf

Evidence submissions particularly raised concerns about insufficient funding and resources to adequately support girls and young women mental health needs. This lack of support with long waiting lists, also served to exacerbate other vulnerabilities to exploitation, including addiction, and the impact of trauma and adverse childhood experiences. Problematic assumptions surrounding girls and victimisation and offending, often represent broader structural problems which serve as further barriers to responding to girls who experience victimisation through exploitation.

Most commonly, the perception that girls are less likely to engage in violence mean they can often become invisible to professionals, particularly those working in the area of child criminal exploitation (CCE). Moreover, when they do get identified they can often be blamed for being exploited. Something that can often be part of what is referred to as adultification.

Social divisions of race and gender can often influence how professionals view Black girls and young women. Dominant perceptions of acceptable female behaviour are often intensified for Black girls and young women, who are more likely to be subject to Adultification as a result. All this combined acts as a barrier to reporting harm, prevent disclosure to families, and can prevent girls from seeking help. Black girls and young women are over-represented in the youth justice system and the secure estate, and the evidence suggests that they have higher mental health needs compared to their white counterparts, however, they are less likely to receive support and have their risks recognised and responded to. Evidence also suggests that there are wider systemic issues in place that create barriers to young women and girls receiving the appropriate safeguarding response. This includes cultural factors that are not considered in the potential differing models of CSE and perceived level of risk and vulnerabilities.

A further theme occurring in the evidence we received is the limited accessibility to gender-specific provision and support for girls at risk of or affected by exploitation. The evidence suggests that there remains a lack of knowledge relating to the gender-specific needs of girls and the gender-specific ways in which risk factors and vulnerabilities manifest for girls. Much of the existing service provision focuses on services designed for boys, this is because boys are perceived to be at greater risk of involvement in violence and offending, and therefore provision for child criminal exploitation and gang involvement is directed towards them. For example, in their Independent Child Trafficking Guardian's Service, 80% of the referrals made were male, and 20% female.

Lastly, the data on the wider context and contributing factors concerning girls and young women's risks and vulnerabilities to exploitation include the prevalence of childhood trauma, the internet, social media, and other online activities and insufficient knowledge on behalf of parents and guardians to recognise the early warning signs that a child may be experiencing exploitation.

The evidence suggests that the impact of violence and harm girls and young women experience is layered and intersecting. Long-term psychological damage, chronic mental health needs, experiences of secondary victimisation, suicide idealisation, reproductive challenges, homelessness, and isolation, are identified as impacting girls and young women's experiences of violence and harm.

GIRLS AND YOUNG WOMEN'S VOICES

The qualitative evidence from the life story interviews captured the breadth of support that Getting Out for Good has been able to provide girls and young women and its relevance. Each girl and young woman has a very different life story. The GOFG project has been able to be responsive to both presenting and changing need through the course of intervention with GOFG.

Interestingly, many of the girls and young women choose a fairly recent starting point for their life story. Enduring and also reactive mental health needs, trauma, adverse childhood experiences (ACE), mental health challenges and association with negative peer groups were common low points of the girls and young women's life stories. These were frequently in the girls and young women's recent past and seem to be associated with their choice of a timeline for their life stories. Perhaps this is also an impact of the pandemic, concentrating the focus of girls and young women to recent years.

Covid and the pandemic was also a very common low point of the girls and young women life stories. The descriptions of isolation, loss of contact with important and positive family members and also a move to on-line peer association led to feelings of loneliness, anxiety, depression, fear and uncertainty. The separation from significant and important family members compounded the challenges faced by the girls and young women.

Turning points of life stories commonly occurred as a result of a culmination or a peak of one or several ACE's which led to a search for additional support, frequently by parents but also by involved professionals. GOFG and its acceptance criteria has fitted with the presenting needs of the girls and young women, particularly in relation to ACEs, risk taking behaviour and emotional and mental health. This is supported by the quantitative data analyses. The girls and young women experienced their mentoring relationships extremely positively, describing them as helpful, meaningful, facilitating change and empowering to help make changes in their lives.

Project mentors delivered group work and boxing activities and had twice weekly contact with each girl to identify and support their needs. The outcomes of the mentor relationships were frequently described in terms of confidence - confidence to get back to school, confidence to make friends, confidence to participate in some of the GOFG activities. Boxing, beauty courses and other activities were very well experienced. There were many other outcomes that were described in relation to the whole of GOFG. Positivity and more positive perspectives were commonly described. Practical and tangible outcomes were important to girls and young women, such as making new friends, going to school, doing activities signposted by GOFG. Feelings of hopefulness, safety and support were all commonly observed outcomes in the life story interviews.

GOFG has helped the girls and young women to identify and work towards their future goals and aspirations. Goals were often bigger than they had been prior to their involvement in GOFG, becoming both realistic and aspirational. Helping other young people, achieving qualifications and securing careers, sustained mental health and positivity and happiness were all described goals. GOFG has provided reflexive, relevant and engaging activities for the girls and young women, using face-to-face delivery methods at a time when face-to-face contact was especially challenging. GOFG has fitted well with the girl's life stories. GOFG has helped the girls and young women by supporting them towards their goals through mentoring relationships, mental health support and service access, engaging activities and positive in-person peer association. It cannot be concluded that GOFG alone has led to the observed findings. This evaluation of GOFG has

been able to illustrate the journeys of girls and young women through their involvement with GOFG, and evidence their experienced outcomes⁸.

⁸ See Methodology and data section at the end of this report.

WHAT INTERVENTIONS ARE BEING MADE, AND WHAT WORKS?

The policy context across government and in local statutory services

In addressing this question, we need to advocate for gender specific provision that separates out girls and young women's needs from wider support, including youth justice services. The applied 'gang' label and perceived criminal association by youth justice agencies creates barriers to recognising and responding to girls at risk of or experiencing exploitation.

Therefore, training is needed for professionals in recognising the signs of exploitation and the accompanying characteristics that may make girls more vulnerable to criminalisation rather than help and support. This is concomitant with a dearth of reliable data that identifies the true scale of the issue. This is due to:

- No standardised national procedures for reporting
- Unclear definitions of what CSE is and a tendency to underestimate the extent of this issue.
- Problematic assumptions from the police that girls are less likely to engage in violence, increasing their invisibility to professionals working within the field of criminal justice.
- Restrictive reporting categories in the national reporting mechanism (NRM)
- Not being reported Missing from Home during school hours
- Public funding that is reactive and not proactive- inc.
- Demand for services vs capacity. High caseloads resulting in an inability to consistently identify those most at risk.

Clear gaps in the landscape of policy and practice aimed at supporting girls and young women at risk of exploitation and violence have made the development of effective, gender-informed interventions all the more crucial. Supported by the Home Office, Violence Reduction Units (VRUs), local authorities and community organisations, successful new interventions are starting to emerge. However, evidence submitted to the inquiry suggests that these interventions are very limited and that there is an urgent need to provide a much greater scale of support and promote systems-wide change in future.

Current interventions aimed at reducing VAWG can broadly be categorised as operating in three key areas. These comprise:

- Early Intervention Programmes (focused on education and prevention)
- Targeted Intervention Programmes (focused on supporting high-risk groups)
- Long-Term Intervention Programmes (focused on more intensive, wraparound provision and future-focused change).

Early Intervention Programmes

Early intervention Programmes predominantly take the form of educational initiatives aimed at promoting awareness of VAWG and the risks of exploitation. Early intervention programmes are designed to improve girls and young women's' overall awareness of healthy relationships, consent, and sexual health, amongst other topics. They also focus on building key emotional and social skills, which are known to be resilience factors to exploitation. Some programmes are commissioned by local authorities and VRUs and delivered by community organisations in partnership with local schools and colleges. Others are designed and delivered by community organisations as stand-alone training or mentorship programmes.

Current early intervention programmes offer support to girls and young women between 5-25 years of age. However, evidence submitted to the enquiry suggests that enhanced outcomes may be achieved through a focus on the earlier years. For example, Chance UK's 12-month mentoring programme for primary school children in London focuses on the 5-13 age group, to build social skills and mitigate risk factors in this key developmental phase. Other organisations, such as St Giles, offer preventative work across both primary and secondary school settings, ensuring the provision is available over this crucial transition.

Evidence submitted to the inquiry suggests that early intervention programmes represent a crucial means of managing early risk factors for exploitation, contributing to the long-term reduction of VAWG and promoting a culture change. Such initiatives offer a key means of empowering girls and young women to build self-confidence, improve mental health, and identify unhealthy or exploitative relationships, all of which play a central role in creating resilience for girls and young women. Evidence submitted to the inquiry also suggests that early intervention programmes may over time help to reduce the number of offences related to VAWG. For this reason, it is important to also provide early intervention not only for girls and young women, but for boys and young men as well.

Targeted Intervention Programmes

Targeted intervention programmes are aimed at supporting girls and young women already identified as being at significant risk of exploitation and/or VAWG due to multiple vulnerability factors. These groups may be vulnerable due to marginalised identity factors (specialist provision currently targets BAME girls and LGBT children) or as a result of adverse childhood experiences (ACEs) or lifestyle factors. Specialist provision is currently being targeted at girls with experience of domestic abuse; contact with the care system, contact with the youth justice system, returning missing children, and young women selling sex.

Targeted interventions are often initiated following a specific referral to a service or organisation (for example, Youth Justice, Returning Missing Children). Evidence submitted to the inquiry suggests that these require a more comprehensive approach, incorporating a combination of therapeutic support, such as trauma-informed counselling, training, with educational programmes, mentoring, and wraparound care. Some targeted interventions programmes also involve caregivers in the support process, although this is not consistent. Examples of 'wraparound' support include assistance with benefits, housing provision, or mental health support provided directly to the caregiver. There is substantial evidence this improves intervention outcomes where available.

The Home Office currently provides support for targeted interventions through its Young Women and Girl's Fund. This is a £2.6m investment supporting girls and young women impacted by gang-related abuse or exploitation. Through the scheme the Home Office awarded funding to 23 local authorities across England and Wales to support the provision of a Young Women's Worker with responsibility for delivering specialist support or interventions. These interventions are predominantly composed of counselling, group sessions at schools and one-to-one work.

They offer crucial short-term therapeutic support for girls and young women impacted by VAWG. However, the Home Office fund is limited and is set to end support for these interventions in March 2025.

VRU's have begun to initiate targeted intervention programmes with some girls and young women. Hampshire VRU, for instance, supported the establishment of a network for girls impacted by gang violence and worked in partnership with them to help make local areas safer. Southampton Police have supported the creation of an 'On Street Sex Working Forum' to enable vulnerable sex

workers to be identified quickly and support put in place for them. Evidence submitted to the inquiry suggests that these targeted interventions have been associated with an increase in intelligence with regard to exploitation and VAWG and improved communication with at-risk groups, helping to mitigate risk.

Oasis, which hosts the Commission on Young Lives, has been commissioned by Greater Manchester's Violence Reduction Unit to deliver the GM Navigator Project. Launched in May 2021, it works with young people aged 10-25, to help them to cope and recover from their experience of violence and assist with access to local support networks to prevent the potential of further violence. Initially rolled out in four hospitals across Greater Manchester (Royal Bolton Hospital, Salford Royal Hospital, Manchester Royal Infirmary and Manchester Royal Children's Hospital), due to the success of the project, scope has been expanded to include referrals from North West Ambulance Service (NWAS) and community referrals.

Navigators build trust with young people, who may not otherwise engage with other services, and the project is completely independent and confidential. Young people are entitled to receive support regardless of whether they report an incident to the police or not. Since its launch, Navigators have received hundreds of referrals across Greater Manchester, of which 25% are girls and young women.

As with early interventions charities and community organisations continue to deliver the most comprehensive targeted intervention programmes, acting as the frontline of provision.

The Manchester based AFRUCA Phoenix Project, for example, takes referrals from a variety of local authority services, offering comprehensive support to young women and girls from black and ethnic communities in the city who are at risk of exploitation. Provision is in the form of a 10-week intensive training programme, which takes children through a series of subjects ranging from identity, to understanding grooming and gang indoctrination, building self-esteem, navigating health relationships to self-protection. Wraparound provision for caregivers is also provided through coffee mornings and social events, which are used to promote awareness of the dangers of exploitation. Evidence submitted to the inquiry suggests that such comprehensive interventions are highly effective and vital helping girls and young women with multiple vulnerabilities to VAWG to build resilience.

Long-term Intervention Programmes

Long-term intervention programmes provide comprehensive support for girls and young women impacted by VAWG and exploitation. These interventions are designed to target girls and young women with significant prior experience of sexual and criminal exploitation. Operating with a dual focus, they provide trauma-informed support in the aftermath of these experience and support girls and young women to create future-focused change in their lives, breaking cycles of violence.

Most long-term interventions require a multi-agency approach and the co-operation of multiple partners due to their complex nature. They also frequently seek to embed wraparound care into provision through support to caregivers, given the intensive needs of service users.

A small number of long-term intervention programmes have been successfully embedded by local authority services by creating local partnerships. The Mayor of London Office for Policing and Crime, for example, runs the 'London Gang Exit' programme which offers a minimum of six months comprehensive support for 15–24-year-olds involved in gangs or at risk of gang violence. This highly specialised intervention offers a combination of mental health support, employment support,

family support, and housing advocacy. Whilst it is open to both boys and girls, it offers specialist support to girls and women in recognition of their specific needs.

Rescue and Response is the first pan-London County Lines response service, supported by the Mayor of London's Office for Policing and Crime (MOPAC).

The Rescue and Response service supports vulnerable young people by providing support and specialist interventions to young people identified as being involved in county lines activity; creating a regional intelligence hub to bring together intelligence and data on county lines from across London; allowing for prioritisation of most harmful lines, quicker identification of those being exploited and helping to focus resources on those most in need; and upskilling front line professionals across London, through comprehensive training, to better identify and divert young people away from this kind of exploitation.

The Rescue and Response service works in partnership with Abianda to provide gender specific interventions for County Lines affected females, which are rooted in evidence-based practice, addressing the barriers that young women and girls typically face in accessing services. This includes a Senior Gender Consultant role, who provides bespoke training packages focused on the needs of young women and girls and case consultations for professionals, helping them to make informed decisions at referral stage and then support the Children and Young People to transition beyond the service.

Evidence submitted to the inquiry suggests that long-term intervention programmes can be vital to the reduction of VAWG and cycles of exploitation and violence. These initiatives provide support for the most heavily impacted girls and young women, providing avenues for recovery from trauma, future-focused change and resilience building. However, it is clear that while the efficacy of such interventions is high, such interventions remain extremely limited in scale.

Redthread empowers children and young people to break free from cycles of violence and exploitation and lead happy, safe and healthy lives by embedding specialist, trauma-informed youth work into the health sector. Its Young Women's Service based in four London hospitals provides long-term community support for girls and young women (11-25) impacted by gang-activity, youth violence and criminal exploitation.

Amelia, 18, came to hospital because she was experiencing heavy vaginal bleeding and she was worried she might be miscarrying. The nurses felt she may be at risk of sexual exploitation and at risk of harm from gangs, so referred her to the Redthread Young Women's Workers team.

Amelia disclosed that she had experienced a number of abusive relationships and was at risk of domestic violence at home. She also shared she had been approached in the community by people carrying knives and stopped attending school previously due to high levels of anxiety.

For over a year, the Young Women's Worker supported Amelia around improving her feelings of self-worth, positive relationships and establishing a sense that she deserves a healthy, safe relationship. She also advocated within Amelia's professional network for her to be moved into semi-independent housing so that she could be safe.

Amelia is now able to reflect on what led her to be vulnerable to exploitation from gangs and is able to understand how to avoid this from happening in her future.

WHAT IS NEEDED TO REDUCE IMMEDIATE RISK AND TO PREVENT RISK?

Evidence submitted to the inquiry suggests that while some effort is being made to develop effective interventions with at-risk girls and young women, there is still much to be done. The needs of girls and young women at risk are often highly complex, and it is clear from the evidence that if immediate and long-term risk is to be reduced, girls and young women at risk of harm need to be made a greater priority by governmental and other decision makers.

The following emerged widely in evidence submitted as key areas for development:

Better identification pathways for early support

It is clear early intervention leads to more effective outcomes for girls and young women. However, evidence submitted to this inquiry also suggests that current identification pathways for early support require vast improvement. All professionals have a duty to identify children at risk. However, awareness of risk-factors and indicators of vulnerability for girls and young women are not consistently embedded across local services. More training is needed in this area, along with the development of a robust, gender-informed safeguarding approach to be used nationally.

A model of robust and gender-appropriate safeguarding has recently been developed by the Tackling Child Exploitation Support Programme, with funding from the Department of Education. The Multi-Agency Practice Principles to Safeguarding could offer a vital new model to protect girls and young women at risk of exploitation if successfully embedded across local services.

Multi-agency integration

Improvements in multi-agency co-operation and integration are greatly needed to reduce overall risk. Once girls are identified as vulnerable, a multi-agency approach is necessary to ensure that an effective safety and protection plan can be developed and followed.

Local partnerships need to work more effectively to share safeguarding information. These should encompass health services, education, police, children's services and community organisations. The Home Office itself could offer a greater commitment to strengthening these regional and national partnerships, providing much needed funding and resources.

Tailoring services to be gender informed.

As stated, current understandings of exploitation and extra-familial harm are gendered in favour of male experiences, often overlooking the specific vulnerabilities and experiences of at-risk girls and young women. Gender-specific policies and support are needed at both a national and local level to combat the relative invisibility and high risk of harm experienced by girls and young women in relation to exploitation. Local serious violence strategies should be developed and used to promote services capable of addressing the complexities and experiences of girls and young women.

There are substantial opportunities to co-produce local strategies with girls and young women themselves. Youth voices are a key resource for the improvement of services and there needs to be the opportunity for those with lived experience to meaningfully engage in the design and delivery of new interventions.

Greater funding of research in this area is also needed.

Embedding trauma informed practice

Whilst trauma informed practice is currently embedded in many long-term support interventions, evidence submitted to this inquiry suggests all provision would benefit from a trauma informed approach. Recognising the traumatic impacts of exploitation is vital to interrupting the dynamics of abuse and enabling girls to move forward in their lives. This is key to reducing risk in both the immediate and long term.

Embedding trauma informed practice in a meaningful way, requires training for frontline workers. Universal services including health and education could also play a vital role in educating girls and young to recognise trauma response and triggers and be integrated into early intervention programmes.

Extending long-term provision and improving access

Currently, long-term programmes in this area are reserved for those girls and young women with the most severe prior experiences with violence and exploitation. However, evidence suggests that risks are greatly reduced by long-term interventions more generally. Girls and young women at risk benefit substantially from long-term opportunities to develop wellbeing, engage in pro-social activities, and form positive relationships, which would substantially lower risk and improve resilience long-term. Long-term provision also benefits a strength-based approach, building on girl's aspirations and skills to affect future focused change.

Long-term programmes will require greater funding if they are to be delivered at scale.

Improving Cultural Sensitivity

Training is also needed to help professionals practice in a culturally competent and sensitive way. This would help to break down barriers for girls and young women in marginalised communities, reducing the invisibility of at-risk groups, and improving the delivery of interventions across services.

Without culturally competent services and support, girls who are from marginalised backgrounds will be less likely to disclose incidents of CCE, CSE and gang-involvement. Professionals need to improve their skills and avoid 'adultifying' girls from these backgrounds, responding to their presentations and providing age appropriate and trauma informed responses to their disclosures.

Improving wraparound provision and family support

Girls and young women often cannot be supported in isolation. Support for families and caregivers has been shown to strongly improve outcomes for girls and young women at risk of exploitation.

Family support will also help to embed change in intergenerational terms.

MICHELLE'S STORY

Michelle is 16. She was referred for Young Women and Girl's Worker support following police information she had been found in a stolen vehicle with a gang-involved male, D, who also has a history of perpetrating domestic abuse. D lives with his older brother J, a gang-involved adult male, and their mother. D is also currently overseen by a team due to his own CCE risk.

At the point of referral, Michelle lived with her mother, stepfather, and two younger siblings aged 6 and 7. Michelle had police involvement historically due to domestic abuse perpetrated by her mother's ex-partner. Michelle's father has significant substance misuse issues. Michelle was managed under voluntary Children In Need planning and highly reluctant to engage with any professionals. At an initial visit with the allocated social worker, Michelle stated she was not in a relationship with D, and that professionals had him "all wrong." She declined the offer of further visits but was informed she would be kept in touch with regardless to offer ongoing support, and M would be welcome to call, or text should she wish to.

Despite Michelle's non-engagement, YWGW had several conversations with M's mother, offering practical support to manage risk to Michelle, showing ongoing commitment to supporting her and outlining concerns to ensure her mother understood the associated risks. This rapport facilitated open dialogue with Michelle's mother, who was encouraged to and is active in sharing any information that comes to light regarding Michelle's movements, associations, and presentation.

Over the following month, Michelle's mother reported Michelle had concealed a bladed weapon at her property. Michelle was also later implicated in the theft of a motor vehicle, recovered by police when driven by gang-involved males. During this time, Michelle left her family home and moved into D's address. Michelle remained disengaged from her allocated social worker but remained in text contact with YWGW. The YWGW texted Michelle at least weekly, to check in, offer support and to seek to understand Michelle's welfare, with Michelle eventually agreeing to a visit over a month later.

YWGW work is trauma informed and a therapeutic approach was taken - showing genuine curiosity and interest in Michelle's experiences and how she views D and their relationship; addressing concerns with sensitivity and lightness; showing empathy and acceptance of the situation, while avoiding judgment and blame. Michelle made several disclosures of emotional abuse and control and verbalised an imbalance of power within the relationship. Michelle was supported to understand unhealthy and abusive behaviours but found it challenging to understand, process or reflect on this.

Following the arrest of D's older brother for attempted murder, Michelle was stopped by police near the scene and was present at the address when the arrest took place. Police have been unable to exercise any powers as Michelle has not made disclosures to police and is considered to be at the address of her own free will. She only returns home sporadically to collect clean clothes and has stopped attending college. Mum has reported bruising / damaged clothing with vague explanations, and changes in Michelle's presentation to teary and subdued when at home. YWGW has remained in weekly text contact with Michelle throughout. This constant presence and showing of care and support over consecutive weeks resulted in Michelle discussing YWGW support with a peer also open to YWGW support.

Following several joint visits, Michelle very recently reached out independently for YWGW support, requesting an individual visit. She presented with a facial injury congruent with assault but said she had fallen off her bike. She made further disclosures of emotional abuse and reported being tearful most of the time. Following a targeted support session M accepted the relationship with D is unhealthy and expressed, "I know what I really should do, leave", but felt unable to do this currently due to "loving" D and "having no idea" what would happen if she left him.

YWGW offered support and solutions while remaining curious and empathic to Michelle's situation and feelings, which are complex and multifaceted due to the suspected duration of the relationship with D (18 months), domestic abuse within the relationship, the exploitation risk and associated fear and control due to D and J's gang-involvement and criminal behaviours, the breakdown in relationship with Michelle's mother, and Michelle potentially having undiagnosed additional needs. Michelle declined police support but was supported by YWGW with safety planning advice should she decide to leave at any point, to mitigate the risk of harm to her.

Concerns have continued to increase with Michelle's mum informing YWGW M is frequently travelling by car driven by D's older brother, J. J has also followed Michelle to the home address when she returned home upset. YWGW continues to share concerns with professionals and the police and is seeking for this case to be managed at child protection due to the significant and escalating risks posed to Michelle. YWGW support is ongoing, with a plan to work innovatively with police colleagues to promote L's safety and reduce her exposure to gang-related harm.

The foundation of a working relationship, within which Michelle feels supported even when she is not actively engaged in support, has been instrumental in her feeling able to reach out and to feel safe to start to talk about her experiences and receive much-needed targeted support. Additionally, the YWGW relationship with Michelle, and her mother, has resulted in imperative intelligence-gathering and information-sharing through partnership working, culminating in a robust multi-agency approach and multi-agency understanding of the previously hidden lived experience of this young woman.

CONCLUSIONS AND RECOMMENDATIONS

The experiences of those taking part in the Getting out for Good (GOFG) project have shown how girls and young women can be enabled and assisted in their own unique journeys. Mental and emotional health support has been critical to building girls agency and capital. We have been able to listen to female voices about serious youth violence and the ways in which it impacts their lives. These girls and young women are themselves victims of violence, trauma, abuse and harm and their needs are many and varied. A solely youth justice perspective is inadequate.

As with all serious and effective violence and gang prevention strategies there needs to a focus on the root causes and prevention. A focus on long term trusted relationships, backed up by specialist support from education and mental health services, builds agency and capital, enhancing protective factors surrounding CSE and CCE and reducing the harm that girls and young women may experience. The importance of a coordinated and person-centred approach is essential.

Violence against women and girls needs to be recognized and acknowledged in its own right. It is not separate to girls at risk of, or involved in serious youth violence, gangs, and related vulnerabilities, and the response needs to be integrated. It is a Venn diagram - they are not mutually exclusive.⁹

Girls and young women that we have heard from or heard about were marginalised and vulnerable, presenting with evident complex needs in their emotional and mental health, significant Adverse Childhood Experiences (ACEs), low aspirations and low self-confidence. Their needs have been exacerbated and sometimes accelerated as a result of the pandemic. These are girls at risk of serious gang related violence, sexual exploitation and abuse, and poor mental health – most of all they are vulnerable.

As we stated in the recent Academic Insights paper¹⁰, it is critical to ensure that girls and young women are enabled and assisted in their own unique journeys. We should not direct their path, but we can help them along their way at such vulnerable points in their stories to reframe and reconsider their ambitions and provide them with inspiration to achieve what they seek. This requires an approach that takes girls and young women seriously and recognises that their needs and sense of agency should be developed as part of a holistic approach, and not merely an add-on to gang prevention work that is dominated by male-focused approaches.

Our evidence shows how gang-involved or affected girls and young women must navigate a range of harmful environments which can expose them to high levels of sexual exploitation and increased criminal activity. It contributes to understanding of the context and situation of girls and young women who are gang affected, and how interventions can be designed and implemented to respond to this burgeoning issue. Instead of focusing, or extrapolating approaches from interventions with young men, the successful projects that we have seen solely work with girls and young women in a specialist and bespoke way. By building upon the previous tried and tested approaches and working within a more safeguarding and child protective perspective, the Getting out for Good Project recognised the vulnerability of girls and young women early enough to make meaningful change.

⁹ (Jump and Horan, 2021, Horan and Jump, 2022)

¹⁰ Ibid

The policy response must therefore be focused on early identification and intervention. It must raise awareness and train professionals to spot the signs of vulnerability and harm and it must ensure there are professionals and agencies available and working together in a joined up and supportive way to reduce the risks some vulnerable girls and young women face.

Trusted relationships will be essential – as is the need for a bespoke response for girls. This leads us to recommending specialist girls practitioners. We will not keep girls safe by just adding them on as an extra to established crime prevention and work. We must be more ambitious for our vulnerable girls and young women.

Our Recommendations:

1. Training for teachers, health professionals, the police, and children's services to raise awareness of the impact of vulnerability and trauma on girls and young women and the violence and harm that some are experiencing in gang related contexts and support professionals to spot signs of abuse and know how to respond effectively. This would include training and procedures to recognise and prevent adultification.
2. Protecting girls and young women from harm in gang related contexts is raised to a priority in safeguarding frameworks, backed up by mandatory reporting responsibilities.
3. Protecting girls and young women from harm in gang related contexts is raised to a priority in wider violence against women and girls' strategies including as a detailed element of the Police National Threat Assessment of Violence Against Women and Girls.
4. Specialist educational programmes are run in all secondary schools in violence hot spot areas and all Pupil Referral Units to support girls to stay safe from exploitation, control, and harm.
5. Educational programmes to tackle the spread of misogynistic messages via social media influencers and to explore issues around consent and healthy relationships should be introduced in primary schools from Year 5 onwards.
6. The risk of exclusion or non-attendance at school and going missing triggers an automatic referral to a Girls Practitioner to be based in local Youth Practitioner teams in and around schools. Girls Practitioners enable girls and young women to build their own skills, agency, and confidence to make meaningful change.
7. Mental health and emotional support are guaranteed to all girls judged to be at risk of exploitation, violence, and harm – delivered in the first instance by mental health teams in schools.
8. Place based, multi-disciplinary teams are established around secondary schools to ensure joined up accessible support for girls and families (Sure Start Plus – a Sure Start style approach for teenagers). Data and information around risk is collected and shared.
9. Specialist youth programmes to support girls at risk of harm, control and exploitation are made a priority for the Department for Culture, Media and Sport's Youth Promise funding. Additional funding from the Home Office will guarantee delivery of girls and young women programmes in all areas of high violence.
10. Specialist girls and young women practitioners are based in Accident and Emergency Departments in all 20 violence hot spot areas.
11. Specialist understanding and support for vulnerable girls and young women is a priority for preventative work of all Youth Offending Teams.
12. Risks to vulnerable girls and young women are prioritised in research and evaluation.

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Link to Change

Manchester Violence Reduction Unit

Missing People

MOPAC

National Police Chiefs Council

Oasis GM Navigators Team

Redthread

Slavica Tobdzic

St Giles Trust

StreetDoctors

West Midlands PCC

Youth Justice Board

METHODOLOGY FOR ASSESSING GOFG PROJECT

Methods

A mixed methods / mixed design approach was used. GOFG staff facilitated the completion of all assessment measures with each G&YW at the start and the end of their involvement with the project. Some G&YW were able to complete their assessments alone, others needed more support. Care was taken to ensure any support only facilitated completion (e.g., reading out words, explaining words) and that responses were those of the G&YW. Data was anonymised and returned to the evaluation team for analysis. The assessment battery comprised the following measures:

Strengths and Difficulty Questionnaires

The Strengths and Difficulty Questionnaire (SDQ) is a brief emotional and behavioural screening questionnaire for children and young people. It is a standardised questionnaire that has good psychometric properties (Goodman, 2001) and is widely used with clinical and non-clinical child and adolescent populations (SDQ, 2021). The SDQ consists of 25 statements which are rated on a three-point scale and are distributed across five subscales: Emotional health, Conduct problems, Hyperactivity, Peer problems, and Pro-social behaviour scale. The Total Difficulties score is the sum of the four difficulties subscale scores. An impact scale measures the impact of the reported difficulties. It is suitable for use with children and young people aged 11-17 years.

Satisfaction with Life Scale (SWLS)

The SWLS is a short 5-item instrument designed to measure global cognitive judgments of satisfaction with one's life (Kobau et al., 2010).

The Short Warwick-Edinburgh Mental Well-Being Scale (SWEMWBS)

The SWEMWBS is a short version of the Warwick–Edinburgh Mental Well-being Scale (WEMWBS) (NHS Health Scotland, University of Warwick and University of Edinburgh, 2008). The SWEMWBS uses seven of the WEMWBS's 14 statements about thoughts and feelings. The seven statements are positively worded with five response categories from 'none of the time' to 'all of the time'. Children and young people are asked to describe their experiences over the past two weeks.

The SWEMWBS is a shortened version of the WEMWBS and its 7 items included have undergone a more rigorous test for internal consistency than the WEMWBS. The seven items included in the SWEMWBS relate more to functioning than feelings.

MOS Social Support Survey Instrument (MOSSSI)

This is a brief and widely used survey that aims to assess the extent to which the person has the support of others to face stressful situations. Although developed to be applied to chronic patients, its use has been extended to include different populations due to its ease of application. The evaluation utilised the emotional/informational support subscale.

Case Studies

A narrative 'Life Story' interview approach complemented quantitative measures, building on the McAdams Life Story Interview (McAdams, 2008) which was reviewed and adapted for the purpose of evaluation to explore GOFG participant's qualitative accounts of their involvement with GOFG project and how it fitted with their life (Horan et al., 2020). The McAdams Life Story Interview (McAdams, 2008) is a methodological concept which helps to understand narrative identity. It is a tool that has been widely used in psychology and the social sciences, emphasising a narrative and the storied nature of human conduct. It enables the exploration of the McAdams (1994) third level of personality – the internalised and evolving narrative. The Life Story approach was used in GOFG phase one evaluation and yielded rich and important insight (see Horan et al., 2019).

The evaluation therefore continued to employ narrative a 'Life Story' interview approach to explore GOFG participant's qualitative accounts. It sought to explore the internalised and evolving narrative of each GOFG participant and where their GOFG experience sits within this narrative. In other words, does the GOFG respond to each individual and have any impact upon their internalised and evolving narrative? The McAdams Life Story Interview was reviewed and adapted for the purpose of evaluation. Each case study was undertaken individually with young people (n=6) by the project team. Case study conversations considered whether GOFG responded to each individual and whether it had any impact upon girl's internalised and evolving narrative. Interviews explored where each participant is in their life, their hopes, dreams, aspirations, and current progress and then explored where the GOFG project fits in with that and how the participant is experiencing the project. A total of 6 G&YW took part in a case study conversation. Coproduced case studies and accompanying visuals were completed.

Focus Groups

Young women's participatory workshops were also held to further explore how young women received the programme and any adaptations that might be needed to maintain engagement and minimise attrition. These methods enabled the researchers to gain a better understanding of the presenting needs of young women and to explore whether their emotional and mental health needs changed over the time of their involvement with GOFG. The approach was youth-led and in consultation with local charitable stakeholders the programme was agile enough to continually meet the changing needs of a cohort of young women. The main referrals route was via local agencies working with G&YW who were identified as 'at risk'.

The 'at risk' criteria remained broad to allow for those on the periphery of serious youth violence, exploitation, and harm to be identified early. Nonetheless, young women who could be described as more entrenched were also referred into GOFG, and with carefully considered risk management procedures in place, young women were assigned a mentor and access to activities. Therefore, the target participants were females aged 14-24 years who had been identified as being at significant risk of harm or had been involved in harmful behaviours prior to referral.

The key stakeholders and referral agencies comprised of Education; Social Care & Safeguarding teams (inc. Missing from Home teams); Youth Justice; and Looked after Children. In some instances, GOFG received peer or self -referrals into the project. Between the period 2017 - 2021 GOFG received over 200 referrals into the project and engaged with 130 young women on a regular basis. This engagement was based on attendance at sport sessions and mentoring sessions. Participants were further supported by AQA national qualifications for those who participated in the sporting and cultural activities.

The GOFG programme was designed to maximise engagement, and in constant consultation with girls and young women on the programme, GOFG was able to be adaptive to changing needs, this included dosage of the intervention- mentoring, sport-based activities, location of intervention (e.g., mentoring adapted to the Covid 19 lockdown requirements, and on-line activities were provided).

GOFG successfully engaged 130 young women over a five-year period with differing results. The research suggests that:

- The majority of girls and young women started the project with a high / very high levels of need.
- From the quantitative evidence we can observe that there was a small increase in the overall total difficulties scores of girls and young women attending GOFG when comparing time one and time two assessments.
- Further exploration of the SDQ subscales shows that emotional problems and conduct problems scales improved over time (i.e., scores reduced). The prosocial scale improved. However, hyperactivity and peer problem scales have deteriorated over the time of the project. The hyperactivity scale deteriorated the most (see results section for further discussion).
- The impact scale (the impact of difficulties on the child’s life) decreased which indicates improvement in girls and young women
- Girls and young women experienced ongoing difficulties over the duration of GOFG intervention.
- Some 68% of girls and young women experienced their problems as having improved since being involved with GOFG.

2. Research Findings

This chapter presents the findings from the research. Quantitative data and assessment analyses are presented together with life story case studies, outcome data and accompanying qualitative analysis.

Table Two: Participant Data: summarises the participants of the research, broken down by IDM project.

Number of research participants	Age at start of intervention (average and range)	Ethnicity
68	15.86 years Range - 13-23 years	White British -29 (42.6%), Asian / Asian British – 7 (10.3%) Black British/Black other – 1 (1.5%), Mixed / Multiple ethnic groups – 8 (11.8%), Romanian – 2 (2.9%), Traveller – 3 (4.4%), Not recorded – 18 (26.5%)

SDQ Quantitative Data

Descriptive Statistics: the following tables summarise the total numbers of SDQ assessments broken down by cohort. Pre- and post-GOFG intervention assessment measure means, standard deviations, and standard errors for each subscale of the SDQ are summarised together with the range of possible scores and the clinically significant range for each subscale. Statistical significance testing is not possible because of the small and varying sample size.

Table Three: Total Number of Completed SDQ Assessments by Cohort

Number of SDQ Assessments		
Cohort	Time One	Time Two
CRM	7	5
P2C1	22	17
P2C2	15	9
P2C3	12	9
P2C4	12	8
Total	68	48

Table Four: GOFG Young People SDQ Time One Mean Scores Compared to National Average Scores

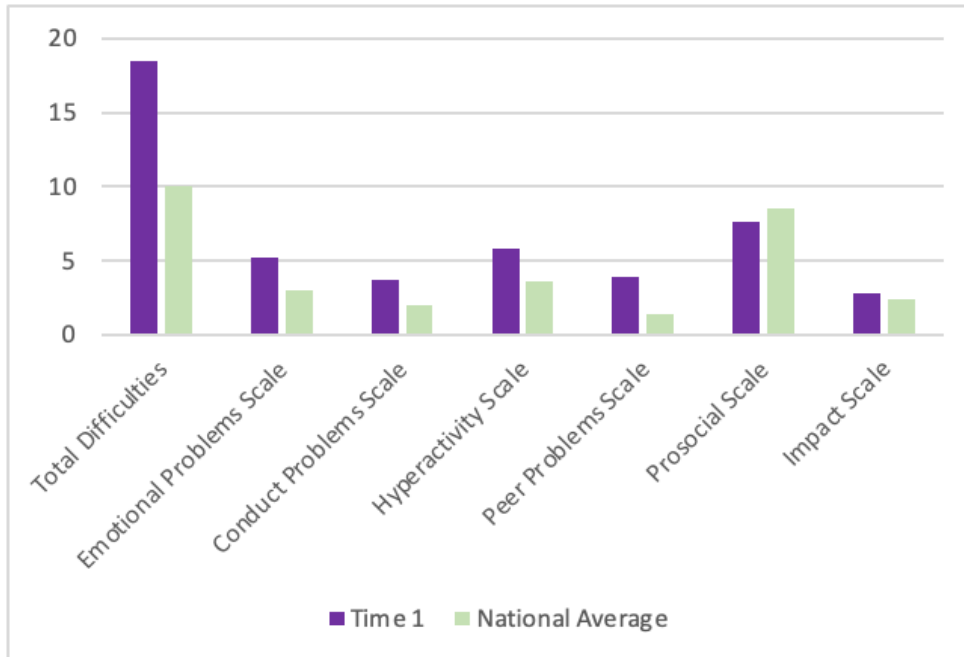
SDQ Subscales	Possible range	Clinical significant range	GOFG			National average	
			N	Mean	SD	Mean	SD
Emotional problems scale	0-10	≥ 6	29	5.23	2.40	3	2.1
Conduct problems scale	0-10	≥ 5	36	3.69	1.61	2	1.6
Hyperactivity scale	0-10	≥ 7	36	5.81	1.39	3.6	2.2
Peer problems scale	0-10	≥ 4	36	3.91	1.58	1.4	1.4
Prosocial scale	0-40	≤ 5	36	7.61	2.05	8.5	1.4
Total difficulties score	0-10	≥ 18	27	18.54	4.84	10	5.3

Impact	0-10	≥ 2	14	2.97	1.85	2.36	1.51
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Table four displays the average (mean) scores for GOFG’s G&YW on the individual subscales of the SDQ. These are shown for the GOFG cohort next to national mean young people scores. National British means relate to girls aged 11-15 years (SDQ, 2021). This data is also displayed in the following graph.

Graph One: GOFG G&YW SDQ Time one Mean Scores Compared to National Ave. Scores

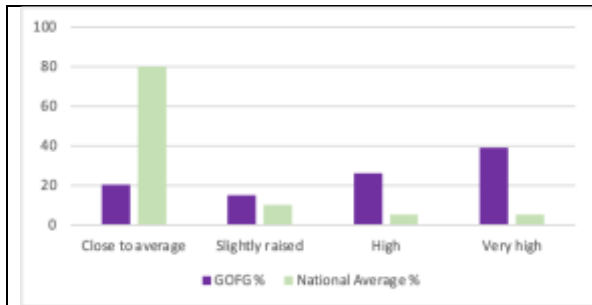
As table four and graph one display, the GOFG phase two cohort has higher mean scores across all scales, compared to national average data (not including prosocial, which has a reverse positive direction). Descriptive analysis suggests that the biggest differences are in the GOFG peer problems scale and the emotional problems scale.



In the following graph (Graph two) GOFG cohort mean scores are compared to national average ‘cut scores’ (SDQ, 2021). At time one, the mean SDQ total score of 18.54 sits within the ‘high’ category. Looking at the data, the GOFG cohort has more SDQs at time one that sit in ‘slightly raised’ or higher categories than the national average (65% compared to 10%).

It is important to note that whilst SDQ scores can be used as continuous variables and it is convenient to categorise scores, categorisation systems only provide a rough-and-ready way of screening for disorders. Combining information from SDQ symptom and impact scores from multiple informants is better, but still far from perfect (EHCAP, 2014).

Graph Two: GOFG G&YW SDQ Time One Cut Scores Compared to National Average Scores



The majority (65%) of the GOFG cohort are commencing their involvement with the project with a high / very level of presenting need.

The following tables and graph compare the GOFG cohort's SDQ scores over time.

Table Five: SDQ scores at Start and End of GOFG Project Involvement

SDQ Subscales	Time One - Mean	Time One - SD	Time Two - Mean	Time Two - SD
Emotional problems scale	5.23	2.40	4.82	2.03
Conduct problems scale	3.69	1.61	3.35	1.67
Hyperactivity scale	3.69	1.39	5.88	1.32
Peer problems scale	3.91	1.58	5.10	1.10
Prosocial scale	7.61	2.05	7.98	1.75
Total difficulties score	18.54	4.84	19.03	3.48
Internalising score	9.04	4.31	9.88	2.24
Externalising score	9.50	3.77	9.18	2.24
Impact	2.79	1.85	2.50	1.97

Graph Three: SDQ scores at Start and End of GOFG Project Involvement

Looking at the subscales, there are some interesting observations. Emotional problems and conduct problems scales have improved over time (i.e., scores have reduced). The prosocial scale has also improved. However, hyperactivity and peer problem scales have deteriorated over the time of the project during phase 2. The hyperactivity scale has deteriorated the most. The impact scale (the impact of difficulties on the child's life) has decreased which also indicates improvement in G&YW's experienced difficulties over the duration of GOFG intervention.

The externalising score (which is the sum of conduct and hyperactivity scales) has reduced, but the internalising score (which is the sum of the emotional and peer problems scales) has increased.

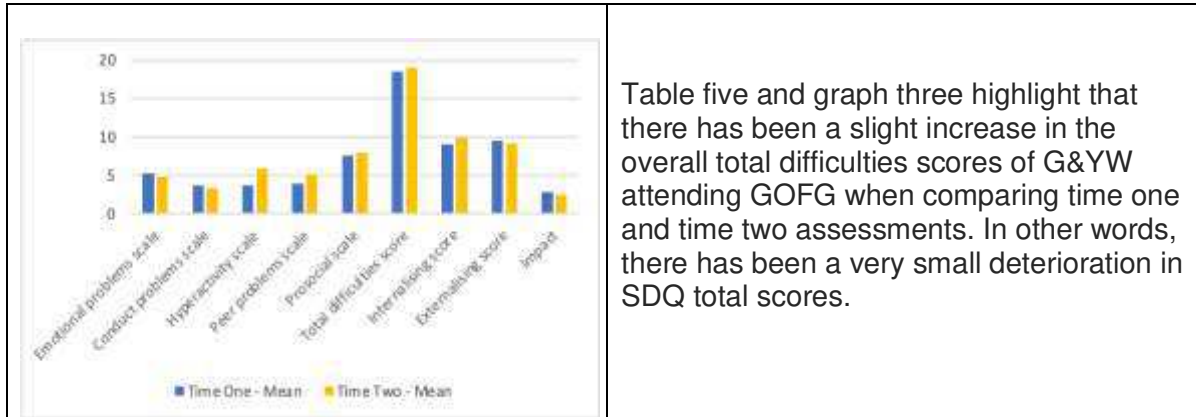


Table five and graph three highlight that there has been a slight increase in the overall total difficulties scores of G&YW attending GOFG when comparing time one and time two assessments. In other words, there has been a very small deterioration in SDQ total scores.

At time one, GOFG SDQs asked the G&YW “overall, do you think that you have difficulties in one or more of the following areas: emotions, concentration, behaviour or being able to get on with other people”? At time two, the same question is asked in relation to the past month: “Over the last month, has this person had difficulties in one or more of the following areas: emotions, concentration, behaviour or being able to get on with other people?” Responses are summarised in the following table.

Table Six: SDQ Impact Analysis at Time One

Response	Time One		Time Two	
	Frequency	Percentage	Frequency	Percentage
No	7	14.0	4	11.4
Yes – minor difficulties	22	44.0	19	54.3
Yes – definite difficulties	15	30.0	9	25.7
Yes – severe difficulties	6	12.0	3	8.6
Total	50		35	

At both time one and time two, the majority of G&YW reported ‘minor difficulties’. At time two, a higher proportion (over half of G&YW) reported ‘minor’ difficulties and fewer reported ‘definite difficulties’. By time two there were fewer G&YW reporting ‘severe’ difficulties but less G&YW reporting no difficulties at all.

Table Seven: SDQ GOFG Impact Question

Another question of the SDQ assessment at conclusion stages asked the G&YW “Since coming to the GOFG project are your problems...” Table seven summarises G&YW responses.

Response	Frequency	Time Two

A bit worse	2	7.1%
About the same	7	25%
A bit better	11	39.3%
Much better	8	28.6%
Total	41	

Some 68% of G&YW experienced their problems as having improved since being involved with GOFG.

SDQ Data by Cohorts

Table Eight: SDQ GOFG Cohort Data

The following table breaks down the SDQ scores by cohorts during phase two of the GOFG project.

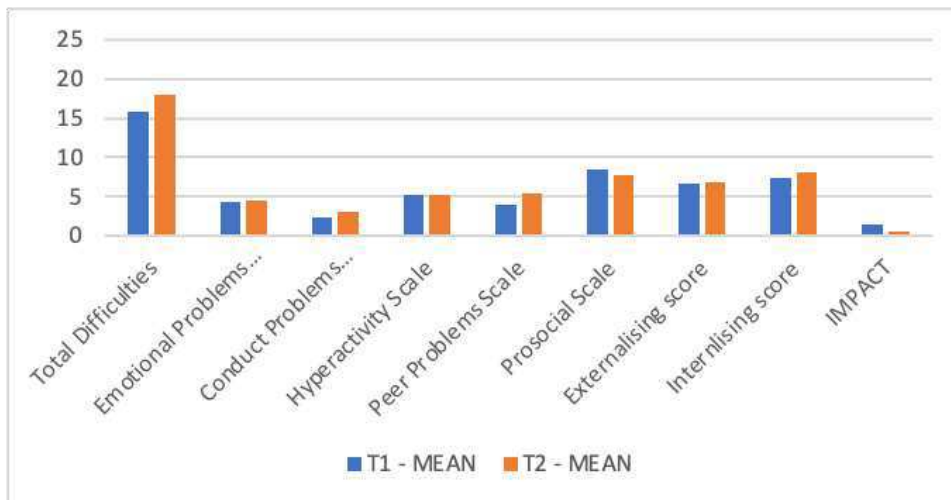
SDQ Scale	CRM		P2C1		P2C2		P2C3		P2C4	
	T1	T2	T1	T2	T1	T2	T1	T2	T1	T2
Total Difficulties	15.88	18.00	18.67	18.43	20.00	20.18	19.08	18.33	18.58	19.38
Emotional Problems Scale	4.38	4.40	4.71	5.00	6.20	5.00	4.67	4.33	5.00	4.63
Conduct Problems Scale	2.38	3.00	3.00	3.43	3.67	3.18	4.67	3.00	4.00	4.13
Hyperactivity Scale	5.13	5.20	6.14	5.43	5.47	6.36	6.08	5.89	6.25	6.00
Peer Problems Scale	4.00	5.40	3.57	4.57	4.67	5.64	3.67	5.11	3.33	4.63
Prosocial Scale	8.50	7.80	7.56	7.57	8.53	8.82	6.83	7.67	6.67	7.63
Externalising score	6.67	6.83	9.14	8.86	9.13	9.55	10.75	8.89	10.25	10.13
Internalising score	7.44	8.17	8.29	9.57	10.87	10.64	8.33	9.44	8.33	9.25
Impact	1.50	0.50	2.83	2.00	3.42	2.20	1.55	0.63	1.40	1.60

This data is displayed in the following graphs where a number of observations can be made:

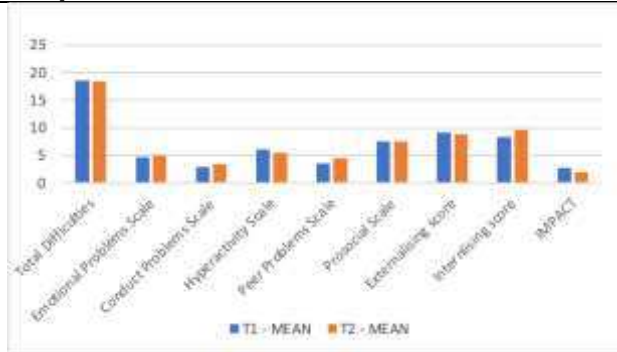
There are reductions in total difficulties scores over time amongst cohorts 1 and 3.

- Cohorts 2 and 3 have higher levels of presenting need than other cohorts.
- The biggest increase in total difficulties score was observed amongst the covid recovery cohort.
- Cohorts 2, 3 and 4 all saw improvement in emotional problems scores.
- Cohorts 2 and 3 saw improvements in conduct problems scores.
- Cohorts 1, 3 and 4 saw improvements in hyperactivity scales.
- All cohorts saw deterioration in peer problem scales.

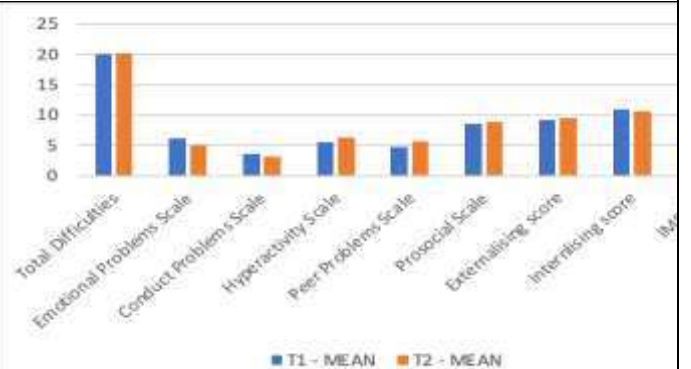
Graph Four: Covid Recovery Cohort

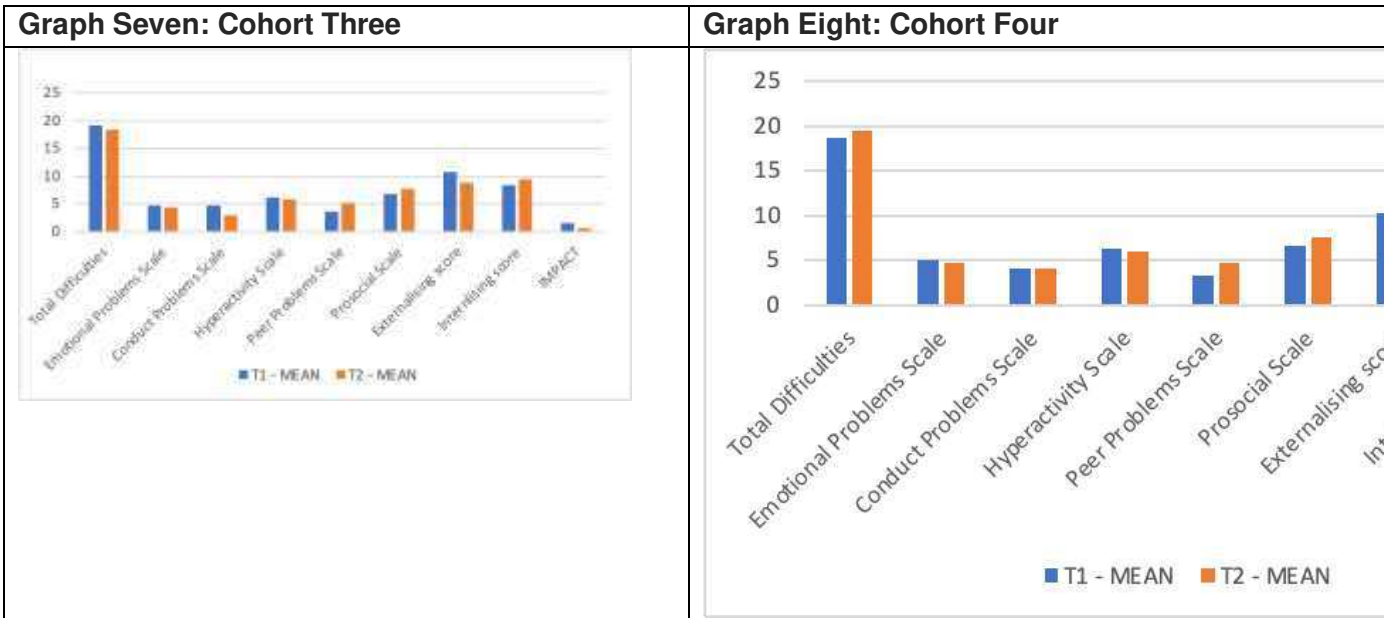


Graph Five: Cohort One



Graph Six: Cohort Two





SWLS, SWEMWBS and MOSSI Scales

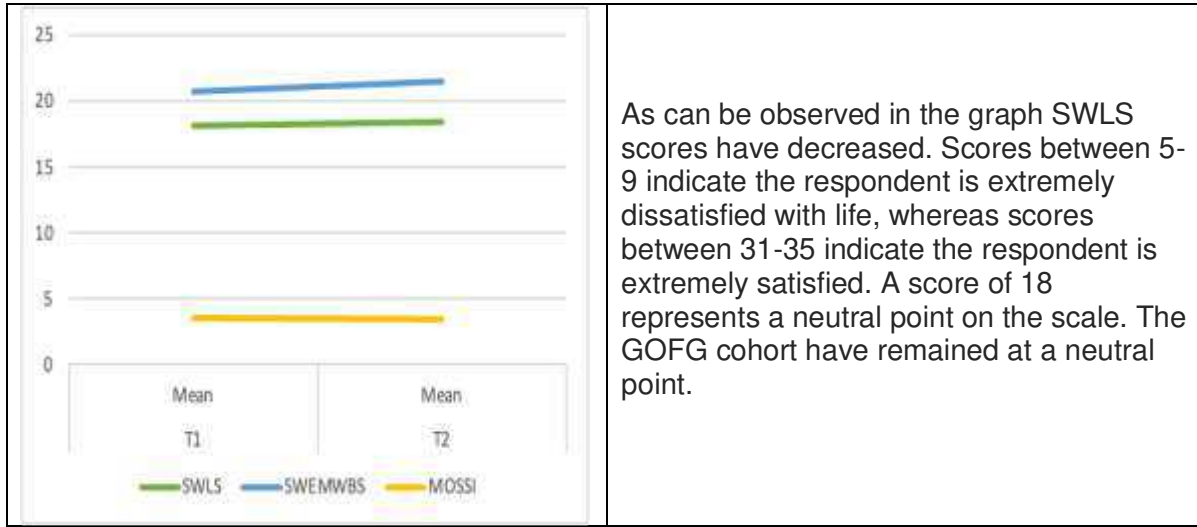
The following table displays participant's SWLS, SWEMWBS and MOSSI total scores at each time point.

Table Nine: SWLS, SWEMWBS and MOSSI Time one and Time Two Scores

Scale	Time One			Time Two		
	N	Mean	SD	N	Mean	SD
SWLS	54	18.6	7.7	35	18.1	6.4
SWEMWBS	55	21.3	5.0	35	21.8	4.5
MOSSI	53	3.52	0.8	35	3.51	0.8

This data is displayed in the following charts.

Graphs Nine: GOFG Young People Assessment Scores



The SWEMWBS scale has increased by a small amount. Scores on the SWEMWBS range from 7 to 35 and higher scores indicate higher positive mental well-being. The GOFG cohort indicates a small improvement in positive mental well-being at time two compared to time one.

The MOSSI subscale has remained almost the same when time one and two are compared.

Table Ten: SWLS, SWEMWBS and MOSSI Time one and Time Two Scores by Cohort

Scale	CRM		P2C1		P2C2		P2C3		P2C4	
	T1	T2	T1	T2	T1	T2	T1	T2	T1	T2
SWLS	23.6	-	18.5	17.0	17.3	18.9	17.2	18.1	20.0	19.0
SWE MWB S	24.3	-	23.0	20.8	20.1	20.8	19.8	21.3	21.5	21.5
MOSS I	3.7	-	3.5	3.4	3.3	3.9	3.5	3.2	3.8	3.7

The data indicates that SWLS scores increase across all cohorts 2 and 3.

The SWEMWBS scale improves amongst cohorts 2 and 3.

The MOSSI scale improves amongst cohort 2.

No time 2 data is available for the initial covid recovery cohort.

Qualitative Data

From the qualitative measures, particularly the life story interviews (McAdams 2008; Horan et al 2020) we observed both enduring and reactive mental health needs of the girls and young women.

Trauma, adverse childhood experiences (ACE), mental health challenges and association with negative peer groups were frequent low points of the girls and young women life stories together with the Covid pandemic.

Girls and young women recounted turning points in their life stories, often occurring because of a culmination or a peak of one or several ACEs which led to a search for additional support, frequently by parents but also by involved professionals. GOFG and its acceptance criteria fitted with the presenting needs of the girls and young women. The girls and young women felt that the GOFG project was relevant, and its offer was experienced as engaging. The best parts of GOFG were often considered to be their mentoring relationship, which was universally described as helpful, meaningful, facilitating change and empowering the girls and young women to make changes in their lives.

Outcomes for the girls and young women included positivity and more positive perspectives. Practical and tangible outcomes were important such as making new friends, going to school, doing GOFG activities and signposted activities. Feelings of hopefulness, safety and support were all frequent in their life story interviews. Looking towards the future, the girls and young women universally experienced benefit from GOFG and its facilitative agile approach and that had helped them to identify and work towards their future goals and aspirations. Their personal goals were reported as bigger and more meaningful than they had been prior to their involvement in GOFG, therefore becoming both realistic and aspirational.

Starting point:
 "Smoking weed a lot. I left the care system in October and I live on my own with my dog."

Putting myself in risky situations

When I haven't accepted help and I have ended up in hospital, I was admitted to the psych ward.

I was smoking weed a lot and it was affecting my mental health

- Themes:**
- a lot of professional involvement. "I have mental health problems and I am on medication for it. I wouldn't engage, I would switch off and not accept help. Now I understand that getting help is something not to be worried about, I am not different".
 - My life is a roller-coaster but sometimes it's not been fun.

High points summary:
 Engaging with professionals makes me really proud, previously I wouldn't, I would just switch off and not engage. I didn't want to listen.

Having my dog

GOFG is amazing support

Positive people in my life

- GOFG good points:**
- They talk about what is going right, rather than looking at what's going wrong.
 - They don't judge people.
 - The other young people are friendly.
 - They give me something to look forward to during the week.
 - My week has been more positive.
 - The older helping the younger ones, they understand.



"GOFG has helped me to break the negative cycle of thinking no one cares, and no one understand and realising that people do care and do understand."

- GOFG Outcomes:**
- Learning to avoid putting myself in risky situations
 - I am engaging with the programmes and they are having a positive effect on me.
 - Boxing is a safe place for me to get all of my built up anger out.
 - My mentor helps me find other ways to cope, she's helpful.

- The future:**
- Recovering from my mental health and being discharged from mental health services
 - Finding ways to cope that work for me.
 - Go back to college.

Low points summary:
 I let it get too far, it wasn't manageable. Now I realise I should have asked for help sooner.