

## SHORT REPORT

### Evaluating a gender-specific intensive intervention programme: young women's voices and experiences

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#### Abstract

Disadvantaged young women in England have been documented as having unmet needs. This has resulted in the growth of gender-specific intensive intervention programmes in which a more holistic women-centred service approach is still being implemented. Gender matters because structural inequalities (bias and disadvantaging societal conditions) that girls are born into influences health, their outcomes and associated inequalities. Policy-makers frequently call for the outcomes of intervention programmes to be quantified and whilst this is important it can miss opportunities for critical insights into the subjective experiences of participants as well as the context and circumstances within which change occurs. This paper reports evaluation findings from a prototype project (The Way Forward) with a remit focused upon holistic improvement, using gender specific methods and approaches to promote health for disadvantaged young women within a community setting. This paper documents the voices of young women within the project, illustrated through their creation of storyboards within focus group discussions, and interview data from their support workers (Engagement Workers). Findings illustrate the importance of the relational dimension of one to one support in achieving future positive changes in the lives of young women, as well as the complexity associated with attempts to improve their health. This paper therefore presents the young women's perspectives and experiences as well as an accompanying narrative discussing how the service enabled them to make health-related improvements with its main contribution being in the user voices.

**Keywords:** Vulnerable young women, disadvantage, young women, well-being, resilience, voices, England

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## **Introduction**

In England, existing provision is rarely effective at supporting people with complex needs and problematically there is no single strategic system with responsibility for women (Duffy and Hyde, 2011). Lessons from within the field of criminal justice suggest that the power of young women is limited by their structural disadvantage (Batchelor and Burman 2004), their invisibility (Burman and Batchelor, 2009), their lack of choices (Worrall 2001) and gendered misunderstandings (Sharpe 2011). Young women are born into broad inequalities, generally earning less than male counterparts, assuming caring responsibilities and remaining at greater risk of abuse (McNeish and Scott, 2014).

Evidence suggests that social inequalities in early life can result in reduced health and well-being in adolescent girls (Elgar et al., 2017). Adolescence is a crucial stage at which the resources required to ensure health and well-being later in life are laid down and established (Patton et al., 2016). Risk behaviours and disengagement from parents and education during adolescence predict poorer adult health and well-being (Sawyer et al., 2012). Mental health problems in adolescence often continue into adulthood with implications across the life-span for health status (Behrendt et al., 2009). Furthermore, inequalities in health related to gender tend to increase post-puberty (Viner et al., 2012). Caring roles, reproductive function and expectations associated with dominant forms of 'femininity' can all be detrimental to the health and well-being of young women (Matthews, 2015).

Policy focus within England in relation to earlier intervention is based upon the notion that working with children at an early stage can result in the reduction and elimination of costly social problems in later life. Those perceived as being 'at-risk' of later costs to the state include vulnerable and disadvantaged young women who are more likely to experience imprisonment, drug and alcohol dependency, and have their children taken into care (Scott et al., 2001). Young women experiencing disadvantage often have a range of unmet needs related to drug/alcohol usage, poverty, abuse, self-esteem issues, complex family circumstances and physical and mental health problems (Corston, 2007). Young women also display different coping mechanisms compared to young men in similar circumstances (Chesney-Lind, 1997), which serve to influence health outcomes. These complex issues also determine the ways in which young women interact with service provision and have resulted in recommendations for holistic women-centred approaches (Women in Prison 2017), in which complicated and often inter-related needs are both assessed and managed. 10 years on from the Corston Report (2007), such services are still being implemented (Women in Prison 2017).

### ***Purpose of the study***

The aim of the study described here was to evaluate the Way Forward Project, a gender-specific intervention project that aimed to identify and engage with girls and young women who were slipping between existing offers of service provision and who would otherwise enter adulthood with severe and escalating levels of disadvantage. The study investigated how and in what ways the Way Forward made a positive difference to the life experiences

of the young women encompassed within its remit. This article reports on perceived improvements in girls' and young women's life chances, and the perceived impact of the project on young women's health, outlining their own perspectives.

## **Context**

WomenCentre (real name) is a provider of gender-specific services, in two cities in Northern England based within the voluntary sector. WomenCentre was established to deliver holistic and empowering services to all women within the Halifax and Huddersfield localities in West Yorkshire in 1985. Its work focuses upon prevention work in relation to criminal justice, holistic service provision (support for domestic violence) and individualised needs-based delivery to develop resilience, confidence and to empower. At the core of the work is a relationship of trust between female service providers and women with complex and multiple needs (Duffy and Hyde, 2011).

Within the WomenCentre, The Way Forward Project took place between 2013 and 2015. It took the form of a prototype approach to identifying and engaging girls and young women with a range of complex and inter-related problems, including health-related issues such as drug and alcohol use, self-harm, risk-taking, emotional issues and low levels of self-esteem. Such young women often slip between existing forms of service provision and may enter adulthood with severe and escalating levels of need. Project delivery was led by female key workers in support of gender-specific principles. The provision offered had no time restrictions on length of stay in service, no maximum number of contacts other than age and gender and no threshold criteria for entry, hence was different to other locally available services which applied these criteria, and offered more limited forms of support. Provision was holistic and relational in focus, working with the range of complex needs young women had.

At its start, the project aimed to recruit 200 young women with unmet needs over a 3-year period. Two female Engagement Workers linked with a range of local agencies to identify and engage young women in need. The Engagement Workers took referrals, undertook assessments, provided supportive engagement, delivered case work and linked with other agencies for signposting and referral. The model of delivery is more fully described elsewhere (Warwick-Booth and Cross, 2017), and the project was overseen by a multi-agency steering group established at the outset, which met every two months.

Throughout its duration, the project worked with a total of 165 young women, of which the majority were aged 17 years and under (69.8%, n=113). 89% (n= 145) of those worked with were white British, and 88.3% (n=144) identified as heterosexual. Referrals were made by several local agencies with the highest numbers coming from schools, social services departments, friends and family, and early intervention panels.<sup>1</sup>

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<sup>1</sup> Early Intervention Panels exist within specific areas in England, and are led by a Service Manager, who has a strategic responsibility in co-ordinating services within the locality to meet the needs of children, young people and families within that area.

## **Methods**

### ***Research approach***

The data reported here derive from two focus group discussions (n=14 service users) conducted at separate points in the evaluation time-line. The first focus group was conducted one year into project delivery, and the second at the end of the project's time-line. Two individual interviews with the Engagement Workers, who were responsible for the provision of support to the young women, were also conducted at the end of the intervention delivery, facilitating retrospective reflections about learning taking place during the delivery period.

The evaluation adopted a qualitative feminist approach to data collection, recognising the power dynamics present within the research process (Abell and Myers, 2008), and the importance of giving voice to those whose experiences are less visible (Cross and Warwick-Booth, 2015). Qualitative research techniques in the form of focus groups and interviews enabled us to access some of the 'softer' outcomes that were perceived as important from the perspective of young women and workers.

### ***Researcher characteristics and reflexivity***

The research team consisted white, middle-aged female academics, whose employment positions define them as middle class. The approach taken to data collection was that of co-production via 'dialogic communication' (Blaikie, 2007: 201), with the researchers viewing their position as being alongside that of participants in the co-production of knowledge (Cross and Warwick-Booth, 2015). However, power imbalances between researchers and researched are inescapable and tensions remained (Humphries et al., 2000), despite attempts to minimise these.

### ***Sampling***

With respect to our evaluation of the project's work, a purposive sampling strategy was adopted, with the Engagement Workers advising on suitable young women to include. 14 young women aged between 15 and 25 years self-selected to participate in two separately run focus group discussions, conducted after one year of project delivery, and at the end.

### ***Data collection methods and instruments***

#### ***Focus group discussions***

The focus group schedule was designed to facilitate an inclusive, flexible and non-threatening approach putting the young women at the centre of data gathering. A group activity resulting in the production of an individual storyboard using images from magazines, stickers and coloured pens was introduced to encourage conversation, and the sharing of

stories and experiences. Young women agreed to keep the contents of discussion confidential within the group at the outset.

The schedule focused upon exploring the journeys of the young women by asking them to report upon their issues at the start of their engagement with the Way Forward, their present status at the time of the data collection, and their future goals. This approach provided a mechanism to generate richer data and a more meaningful experience for those being 'researched' (Cross and Warwick-Booth, 2015). Focus groups were audio-recorded with discussion being captured alongside the creation of the storyboards. The two researchers facilitating the groups (LWB and RC) also joined in the activity and created their own storyboards in keeping with their theoretical stance.

### *Engagement Worker interviews*

One to one face to face interviews were conducted with Engagement Workers (n=2), using a different schedule to the one that guided the focus group discussions. The interview schedule focused discussion on their description(s) of the project, their experiences of working within the project, referral processes, perceived impacts of the project and finally its perceived effectiveness. One to one interviews were chosen on the assumption that rich, in-depth information could be sought and the interviewers could probe issues of interest to the evaluation (Denzin and Lincoln, 2000).

### **Data analysis**

The qualitative data were transcribed verbatim and then initially read and re-read by the researchers to ensure familiarity with the content of the transcripts. NVIVO 10 qualitative data management software was used for the coding and subsequent analysis of the data using framework analysis was used (Ritchie, Spencer and Connor, 2003). Initial coding categories were developed during the first reading of the transcripts, using the overall evaluation aims: the assessment of positive differences within the lives of the young women, including the building of protective factors and resilience. Key themes were identified from across the data including varying 'needs' within the young women's lives, relational support, future focus and health-related improvements, drawing upon the analytical approach of framework analysis. Thus, codes and categories were developed by the research team to organise the data in a way that supports answering the research questions, in a process which involved comparing and contrasting the accounts of the young women.

### **Ethical issues**

Ethical approval to conduct this study was obtained through the Leeds Metropolitan University (now Leeds Beckett) research ethics committee. Informed consent was obtained from all participants prior to digitally recording all focus groups and interviews. Confidentiality and anonymity was assured via the use of pseudonyms, and the participant's

right to withdraw without prejudice was stressed. Attention was paid to safeguarding<sup>2</sup>, with risk assessment being undertaken prior to the focus group discussions and the use of a debrief sheet following data collection, so that the young women had information about where to seek further support, if they should wish to seek it. All quotations used were anonymised and distinguish participants only as young women or workers. A GBP 10 shopping voucher was provided to young women after participation as a token of appreciation.

## **Findings**

Within the accounts given by the young women, a number of key themes emerged. These concerned differential needs, relational support, future focus and health-related improvements. From the point of view of young women, the project helped improve self-esteem and emotional well-being helping them develop future aspirations and higher levels of well-being.

### ***Differential needs***

Young women within the intervention had a range of needs at varying levels of severity. These included issues within their families, their relationships with partners and friends, substance abuse, self-esteem and emotional challenges. Young women reported drug and alcohol misuse, engagement in risky sexual relationships and mental health problems:

“I was in a really horrible place, horrible school life, self-harm, no one to talk to, I had a horrible relationship with my mum.” [Emma]

“I had a violent relationship with my mum, like social services were lined up, police were getting involved. I got kicked out and almost were like homeless. I was suffering from really bad depression” [Sally]

“I attempted suicide...I used stupid acts (referring to risky online actions and risky sexual behaviour) to meet people and feel better about myself. I was raped last year...battling depression” [Lisa]

Workers also noted the very different needs that the young women presented with, highlighting the importance of individualised support to young women.

### ***Relational support***

The workers approach was based on a holistic style of working with each young woman. Support was provided in relation to individual needs, for example, by meeting a young woman at home, keeping in contact via text messages, spending time on supportive phone

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<sup>2</sup> Safeguarding is a specific approach used in England. It is taken to promote the welfare of children and protect them from harm. In the context of this research, it meant the protection of harm via the disclosure of abuse to the appropriate authorities to ensure the provision of safe and effective care. Whilst safeguarding mechanisms were in place, no such disclosures were made during the data collection.

conversations, accompanying young women to appointments with other agencies, to interviews and GPs, as well as meeting with teachers. Workers suggested that the holistic approach used was an important means of addressing often complex and inter-related needs,

“Most of the cases are very complex cases. The referral may come is identified as low need depression anxiety, not attending school but when we unravel it and get to the root core, we open up a whole can of worms and identify much more complex needs” [Engagement Worker 1]

The value of this personalised approach was evident in the accounts of the young women themselves, who detailed the benefits of having a holistic assessment conducted and their individual needs discussed:

‘When you’re talking to [the Engagement Worker] through speaking to her, she just lifts a weight off your shoulders, she’s like a magician. She’ll literally go through everything, she doesn’t leave anything out’ [Emma]

‘I think it’s really good because we’re all totally different, we’ve all got different problems and have come from different places and different pasts and have got referred for totally different reasons. And yet we’re all sat here and it’s helping us all out’ [Lisa]

There was recognition of the value of a model of delivery itself that placed young women at its centre. A supportive relationship with the Engagement Workers was reported as being important in enabling young women to feel less alone and to know there was someone there to help and take a personal interest in them;

‘She sort of helps me to do things for me... it’s just about me which is good. I feel like I am important.’ [Sally]

‘It was a lot easier just having someone there because half the time you feel you’re on your own and that everyone is ganging up on you. But when you’ve got [Engagement Worker] sat there in your corner it just so much easier’ [Emma]

A key dimension of the relational support was the provision of emotional labour by the Engagement Worker:

“The Way Forward has helped me because (Engagement Worker) was different. I feel it is not as formal as it would be if I was assigned a ‘counsellor’. I feel I can also get upset if I need to let my emotions out and am not judged, other organisations have. In the past I haven’t been able to talk to people for this reason and my emotions have been all locked up inside.” [Sally]

Another young woman discussed her need for emotional support:

'I have been very, very, very miserable. But [Engagement Worker] just knows what you need to do and how you need to do it and stuff like that' [Lisa]

This was the beginning of a process by which her life began to turn around.

### ***Journeys to improved health and wellbeing***

The qualitative approach to data collection encouraged young women to document their progress through the project. One young woman's storyboard journey (Figure 1) started with her being in debt. Describing herself as feeling very miserable at having experienced the care system and having her own son removed, she described her involvement with the project as positive. At the time of the focus group discussion, she could see her son on 3 days each week, and her Engagement Worker had accompanied her to these meetings. She also reported feeling more hopeful about the future.

Figure 1 about here

Another young woman's journey is depicted in Figure 2. At the outset of the project, she described herself as experiencing a range of emotions such as being angry, not caring about anything and feeling depressed. She described herself as 'cuckoo' in reference to her own unstable emotional position, and had engaged in risk-taking behaviours such as running away, taking drugs and using alcohol. After support from her Engagement Worker, she reported feeling happier, more relaxed and calm. She said:

"I had a lot of problems. I was low and depressed which led to self-harming a lot more. Now I have short hair, got a new house, new people, new town (demonstrating positive changes)" [Lisa]

Figure 2 about here

As part of an exploration of their journeys through the project, young women were asked about what they wanted for the future. A range of responses was forthcoming:

'I want to become a forensic scientist' [Sally]

'I've got the word 'destination' because I want to feel like I am going to one place because I feel like I'm on a journey and I want to settle down and that's why there's a family as well. I think because I've had a dysfunctional family, I want stability, I want to settle down.' [Lisa]

Being helped to plan for the future was demonstrative of hope, potential and positivity and had importance in relation to health and well-being.



### ***Making health-related improvements***

Several reports from the young women reflected small-scale changes that were stepping stones on a journey to health improvement:

‘But I’m stopping drinking. I’ve been drinking too much and I don’t want to end up like my mum. ... it got to the point where I was just using it as a release of my problems and it’s not healthy so I’ve decided to stop drinking for a bit until I get myself sorted. Probably get some counselling and stuff like that’ [Gemma]

Workers reported positive outcomes related to mental health and wellbeing including improvements in self-confidence, and increased feelings of control and responsibility amongst the young women:

“She’s confident, she works on a Saturday now, when I see her she’s much more bubbly. She said to me, I would never have this without your help” [Engagement Worker 2]

Given the complexity of some of the young women’s lives, their involvement with the project did not result in immediate positive outcomes. Instead, their journeys to improved health and wellbeing were perhaps better understood as works in progress;

“Things aren’t great but plodding on. On my way to university, which is where I want to be. I want to be in a stable home and I do want a decent relationship with my mum. It’s still cloudy but there’s not as much rain.” [Sarah]

“I was not in a good place at all but I’m getting there now and I know I have got support... I feel like I am getting somewhere’ [Lisa]

In summary, young women reported a variety of different outcomes which in their view resulted from their participation within the intervention. These included, being able to make decisions independently, a better emotional state, experiencing empowerment, having an improvement in self-confidence and feeling able to better cope. Some young women also reported reducing risky behaviours. The relational support provided by the workers enabled young women to develop future aspirations, which are important for emotional wellbeing, and also aided the development of resilience.

### **Discussion**

The Way Forward was delivered by female professionals in a service environment for women users. This approach worked for the young women who were engaged with the project. Gender sensitive working with a holistic service offer provided an opportunity and space to meet service users on their terms. Whilst there is a lack of published literature about the effectiveness of interventions such as this on adolescent health, positive youth development programmes such as The Way Forward can bring benefits for health by promoting life-skills, increasing confidence, developing positive attitudes and empowering participants. The capacity to engage and understand the needs of adolescents across

health, social and developmental domains determines the effectiveness of interventions in promoting health and wellbeing (Patton, 2016). Hurrelmann (1990) argues that because of the uneven effects of social and economic change, as well as the accumulation of disadvantage in specific sub-groups (such as young women), interventions need to be targeted to compensate for specific forms of disadvantage. Focusing holistically on young women's needs and meeting them on their own terms is therefore a good way to begin to address the effects of health-related inequalities.

What mattered to the young women in this study was being listened to, being able to talk to and trust someone, being supported and knowing that someone was there for them. A relational holistic approach (Rice et al., 2011) within a safe environment (Patton and Morgan, 2002) facilitated the creation of trust resulting in self-reported improvements. The varied needs of the young women prior to involvement within this project were resulting in negative health behaviours in some instances (risk-taking and alcohol abuse) as well as self-reported poor mental health. Evidence suggests that interventions tailored to individual needs rather than assigning women into specific services with a narrow remit (i.e. mental health, drug and alcohol services) are more beneficial (Radcliffe et al., 2013). A recent review of effective interventions argues that approaches to service delivery with young women need to be cross-cutting and holistic, reflecting the whole reality of women's lives (McNeish and Scott, 2014). Research suggests that the provision of services tailored to women within the community can lead to improvements in five key areas of wellbeing: supportive relationships, resilience, autonomy, optimism as well as meaning and purpose (Nicholles and Whitehead, 2012). Each of these key areas is reflected in the qualitative data reported here.

Engagement Workers were at the core of the project through the offer of one-to-one relational support. The provision of emotional labour and trust building resulted in the achievement of important outcomes such as the growing self-esteem, feeling able to cope with challenges, and the development of hope and aspirations for the future. Enabling the development of agency has been identified as important for young women (Sharpe 2011). Developing positive relationships and making visible progress in personal relationships, education and employment were found to be important for well-being. These outcomes were, according to young women, missing from their lives prior to their involvement with the project. Emotional comfort and support following the creation of trust, combining to act as a mechanism for building short term recovery strategies, allowing young women to resume their 'normal' activities, and achieve respite from upset for varying lengths of time (Shepherd et al., 2010). Recognising an individual young person's gender, life-stage and family resources in relation to their identity is key to developing positive orientations to the self and the future (Sanders and Munford, 2008). Relationships with Engagement Worker such as those described here can offer opportunities for the development of emotional connection, influencing outcomes in adulthood (Schofield and Beek, 2009). For interventions to be effective, adult support staff need to be open, supportive and non-judgemental (Hurrelmann, 1990).

The positive youth work approach adopted within this intervention aimed to engage with the realities of the young women's lives. Support that enabled young women to develop their own capabilities was important, enabling them to achieve higher well-being outcomes

through the development of resilience. These findings reinforce the importance of positive relationships as an influencing factor within desistance from offending, within criminal justice settings (Sharpe, 2011 and Weaver, 2012). For emotionally damaged and vulnerable young people, the development of relationships based upon consistency, care and trust is paramount (Ward, 2017).

### ***Implications for policy, practice and future research***

The qualitative findings reported here demonstrate value of paying attention to user voice. This evaluation confirms existing evidence that the quality of service is important for building resilience and positive wellbeing outcomes, particularly for those with complex needs (Sanders et al., 2015).

Longer term data collection is also required with young women who have been involved with gender-specific programmes such as this to assess if they retain positive views of their experiences and if wellbeing improvements continue. Gendered societal restrictions may well reframe the young women's views and impact upon their health and wellbeing negatively post-intervention. Given that this programme encouraged young women to focus upon their future aspirations, this may have reinscribed them into traditional gendered subjectivities, linked to dominant discourses of respectable femininity (Sharpe and Gelsthorpe, 2009). This may be harmful to wellbeing in some instances and serve to perpetuate gendered health inequalities. The extent to which these programmes therefore serve as a mechanism for social control requires further investigation.

Finally, there are risks associated with portraying young women as 'problematic' based on their gendered and socially shaped circumstances. Gender inequalities that contextualise help explain young women's stress and health problems have not been fully explored particularly in terms of self-narrated experiences (Wiklund et al., 2010). Further research is required to gain understanding of these complexities over the longer-term.

### ***Limitations***

Our goal was to create a space in which young women could have voice while discussing their experiences of the project. Using young women as a lens to socially construct their accounts, the research involved participants in assessing whether the interpretations provided accurately represented them (Cresswell and Miller, 2000). Focus groups were also conducted at different time points within the project life-time and produced dependable data albeit from different participant viewpoints. Researcher involvement in the project steering group meetings from the outset also ensured familiarity with the culture of the participating organisation to enhance credibility (Shenton, 2004). The viewpoints of the young women articulated in the research findings offer insight into what they perceived as important in relation to their wellbeing, based on their participation within the Way Forward. Self-selecting young women reported positive experiences of the project, and thus limit the criticality of the evaluation findings. There were no negative perceptions articulated, and it was not possible to collect data from those who chose not to engage in the project, participated for only a limited time or to report the accounts of those who had

disengaged from the service. This kind of data would have provided more critical insight into the Way Forward, by capturing alternative views.

In addition, access to young women and internal monitoring data was tightly controlled by project staff limiting both the sampling and findings. Thus, only a small number of consumer views are presented here rather than the study being a more robust scientific evaluation. Longer term data were not captured in terms of goals realisation and the associated implications of this for young women. Whilst generalisability was not an aim of this study, the findings may only have relevance for those in similar demographic contexts.

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Figure 1 – Storyboard created during a FGD

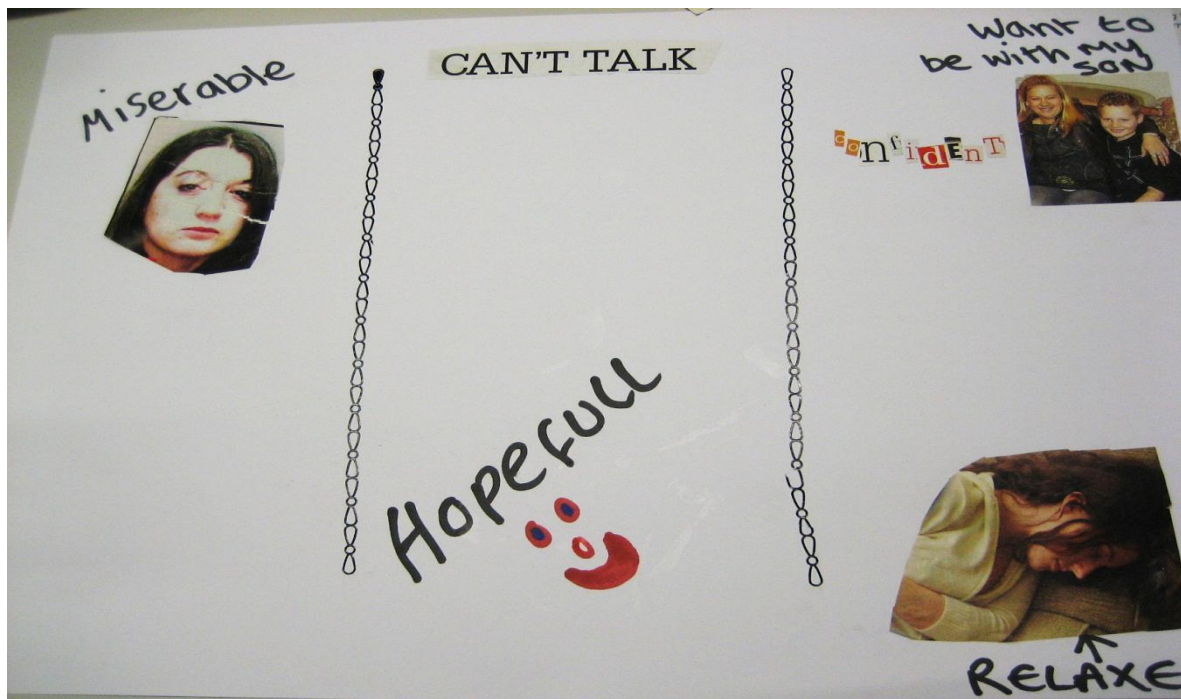


Figure 2- Storyboard created during a FGD

