

The Key: Final Evaluation Report

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Promotion Research

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Executive Summary

Background

The Key Project received Big Lottery funding to continue its work in 2017, aiming to work with disadvantaged girls and young women at high risk of abuse aged between 13 and 25 within the Leeds area. The project is located within Women's Health Matters, a charitable provider of gender-specific services in Leeds. This report presents the overall evaluation findings from a longitudinal co-produced model of data collection conducted by the Centre for Health Promotion Research, Leeds Beckett University.

Key Findings

Monitoring data

During the 3 year delivery period, 298 young women participated in The Key:

- over three quarters of the women who attended The Key groups were White British (77%). The second largest ethnic group was Asian/Asian British (6%). The combined figures for all other BAME groups who accessed The Key was 9%.
 - the majority of participants did not identify with any religion (71%), 18% identified as Christian and 6% as Muslim
 - the majority of women attending The Key identified as heterosexual (79%) and 13% as bisexual
 - the most commonly reported disabilities were mental health (22%) and learning difficulties (10%), and 13% of the participants had long-term health conditions such as asthma or diabetes
 - the project had a wide reach across the city, but over a quarter of participants come from LS10 or LS14
 - 8% of the women accessing the Key were Care Leavers
 - all of the women in the Moving on Group (n=7) were White British, one of the women was a care leaver. The most common disability reported was mental ill health (n=3) and one of the group had a learning disability.
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- Scaling data taken from internally designed feedback forms shows that young women reported increased knowledge in a range of areas related to healthy relationships, abuse and staying safe. The highest increases in the mean responses for the combined groups were around the participants' ability to recognise the signs of an abusive relationship and their ability to change or end an abusive relationship (+2.6).

- Early intervention and education support from The Key is estimated to have saved **£11, 952.24** over a one year period, by mitigating against the outcomes associated with experiences of domestic abuse for one young woman.
- Young women who accessed The Key reported a range of learning resulting from their involvement. For example, having greater awareness of healthy relationships, improved ability to recognise abuse and increased emotional resilience.

Service user data

- Service users reported positive outcomes such as increased self-esteem, better ability to recognise abuse, increased understanding of healthy relationships, improved mental health, reduced social isolation and the development of a positive orientation to the future.
- Some women had been able to retain or regain custody of their children following support from The Key. Others reported exiting from harmful relationships, being more able to manage their own emotions and an increased ability to stay safe.
- Women identified a range of mechanisms of success underpinning the delivery of The Key. These included a non-judgemental approach from the workers, peer support from women with shared experiences and a trusted space in which to meet and learn. The ability to trust the workers enabled them to develop rapport and feel comfortable in disclosing their experiences as well as learning. Women also talked about the advocacy support that they received from workers, and the advice.
- Women were in general very positive about their experiences with The Key displaying promising attitudes to attendance and discussing a lack of alternative provision able to provide them with the same level of support. Women also discussed issues beyond the group that affected their experiences such as the stigma associated with domestic violence, negative perceptions of statutory services, as well as the need for more general education about domestic violence.
- Women shared their experiences of abuse as well as broader vulnerabilities in terms of self-harm, depression, and family breakdown, showing complex needs requiring long-term support. The need for longer term support was evident in that women were often reluctant to exit the Key.

External stakeholder data

- Stakeholders' views echoed those of the young women in reporting that The Key is a project that enables young women to meet together in a non-judgemental, gender-specific group setting, with peer support seen as an important mechanism to enable young women to learn about healthy relationships.
- The Key workers were recognised as being able to successfully engage young women, build trust, and give them a voice. Referrers had confidence in the ability of the workers to support young women's diverse needs.
- Stakeholders felt that the group addressed a gap in provision when compared to existing services in the same area, and that referrals were working well. Several stakeholders reported that other services were not able to offer the same type of support as The Key.
- The location of The Key in a voluntary sector position was also seen as positive by some referrers who felt that this gave staff more flexibility in relation to the way in which they delivered support.
- Stakeholders identified the positive outcomes that they had seen as a result of young women attending The Key. They noted improved behaviour and better ability to manage emotions. They also reported that young women learned about the signs of abuse and developed improved understandings of healthy relationships. Increased confidence was also a clear outcome for many young women. Some stakeholders also saw significant changes in young women's circumstances in that they had been enabled to leave abusive relationships and keep custody of their children.

Internal stakeholder data

- Workers supported young women with complex needs throughout the three year delivery period of The Key, and felt that as well as these issues, young women should be supported with general education about healthy relationships as part of a preventative approach to tackle domestic abuse.
- Workers noted the lack of specific support for young women in particular as well as existing barriers for them in accessing other services including no creche facilities, and no transport.
- Workers reported similar outcomes resulting from engagement with The Key to those discussed by service users themselves, including increased confidence, voice, increased ability to stay safe, and improved ability to recognise abuse and unhealthy relationships.

- Workers also documented their own learning during the delivery period including the increased reach of the project through the school group workshops, the need for wider reach into BAME communities, the importance of flexible and tailored support and the need for more one to one support to be built into delivery. Workers had learned that young women needed to be supported for longer than they had planned, and that moving them on and exiting them from The Key was challenging, despite the eventual successful implementation of a Moving on Group.
- Workers also reflected upon the organisational support that they received from Women’s Health Matters, which enabled them to continue to deliver emotional and practical support to the young women accessing The Key.

Recommendations

- Service users suggested some changes in terms of improving The Key, and whilst many of their comments were about practical issues associated with taxis as they were often late, they also asked for:
 - a. More focus on creative activities such as colouring, for example, describing these as therapeutic
 - b. Some young women felt that the workers should focus more explicitly upon mental health within the group work sessions
 - c. Separating out ‘heavier’ topics across two sessions to give participants more time to cope or to provide two sessions a week to allow workers to fit more in whilst providing the one to one support needed by young women
 - d. Expansion of the programme to include education about healthy relationships for other people beyond the young women themselves. For example, if people in the young women’s wider support network could also learn about abusive relationships, this would better enable them to understand more about their experiences.
 - e. A group for men – suggested by one service user who felt that a group for men would be useful, to educate them in this area
 - f. Consideration about Moving On – whilst workers had created a Moving on Group and built in preparation time, young women still found the transition difficult. Attention therefore needs to be paid to the development of exit pathways to support young women moving on from The Key in order to avoid the creation of dependency within the group.
- One referrer suggested that consideration needed to be given to the management of barriers to attendance - keeping the location of the evening sessions confidential to ensure the safety of young women was described as a barrier to attendance for some school-aged young women, as their parents were not comfortable with their daughters going to an undisclosed address. However, staff at The Key only inform girls and women where group is when they know they are going to attend as part of their approach to safeguarding.

- Future evaluation of interventions such as The Key should include a full Social Return on Investment methodology as well as more quantitative outcome measures, drawing upon validated scales to assess measurable change for young women by comparing baseline to exit measures.

How we did the evaluation

The evaluation is using a mixed-method approach including data collection from group work activities with young women, individual interviews with young women and project staff as well as desk-based analysis of internally collected monitoring data.

Contact/further information

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1: Introduction

1.1 The Key Offer

The Key project received funding from the Big Lottery Fund (BLF) to extend and expand existing provision by three years, starting in April 2017. Over the recommissioned funding period The Key aimed to provide support to a further 144 young women and girls aged 13-25 either directly experiencing abuse or witnessing it at home, across Leeds. The project also aimed to work with 180 girls aged 13-18 identified by their school, care home or community group as being at high risk of abuse. Therefore, the project aimed to enable 324 (in total) of the city's most vulnerable young women to recognise abuse, and to empower them with the confidence and skills to end or change their relationships and stay safe. The Key worked to meet a set of specific outcomes and targets detailed in table 1 below.

Table 1 – The Key Project Outcomes

Outcome	Change Indicator
1. Young women and girls experiencing abuse will be better able to identify and respond appropriately to abusive relationships.	Young women and girls experiencing abuse recognise their relationship is abusive Young women and girls experiencing abuse end or change an abusive relationship Young women and girls experiencing abuse report feeling safer
2. Young women and girls experiencing abuse will be less lonely, have increased self-confidence and improved mental wellbeing.	Young women and girls experiencing abuse report feeling less lonely Young women and girls experiencing abuse report feeling more confident Young women and girls experiencing abuse report improved mental wellbeing
3. Girls at high risk of abuse will have an increased understanding of abuse and increased skills to keep themselves safe.	Girls at high risk of abuse have increased knowledge of abusive relationships Girls at high risk of abuse have increased skills to keep themselves safe from abuse

1.2 Existing Research

The ONS (2018) identified that 9.5% of women aged 16 to 19 and 9.7% of women aged 20-24 reported they had experienced domestic abuse in the past year, figures higher than those recorded in any other age group. Young et al (2017) also argue that dating and relationship violence is under-researched in the UK, especially amongst young people. They

examined the association between dating and relationship violence victimization and socio-demographic characteristics, sexual identity and dating and relationship behaviours among 16–19 year olds further education students in England and Wales. Data from 1751 students aged 16–19 at six further education settings in England and Wales showed that amongst young women, 46.1% experienced controlling behaviours and 31.6% threatening behaviours. The odds of domestic violence victimization were also 2–4 times greater for females who had been sent a sexually explicit image. They argue that these figures reflect high prevalence, and domestic violence becoming normalized for young people in England and Wales. Furthermore, The Department for Education (2019) reports that the issue of teenage girls being especially at risk of poor wellbeing is of concern. Subsequently, there is a need for further research to understand how their experiences increase their emotional problems.

Action for Children (2019) report that young people face barriers to accessing support for domestic abuse in many areas in the UK, with support being patchy and piecemeal for those who experience it at home, or who face abuse within their own romantic relationships. Children and young people affected by domestic abuse can develop a range of behavioural and mental health problems (Katz, 2015). However, the provision of specialist support from trained professionals has been shown to improve their wellbeing (British Columbia Centre of Excellence for Women’s Health, 2013). Evidence also suggests that the right support has a positive effect on outcomes for young people (Royal College of Psychiatrists, 2017).

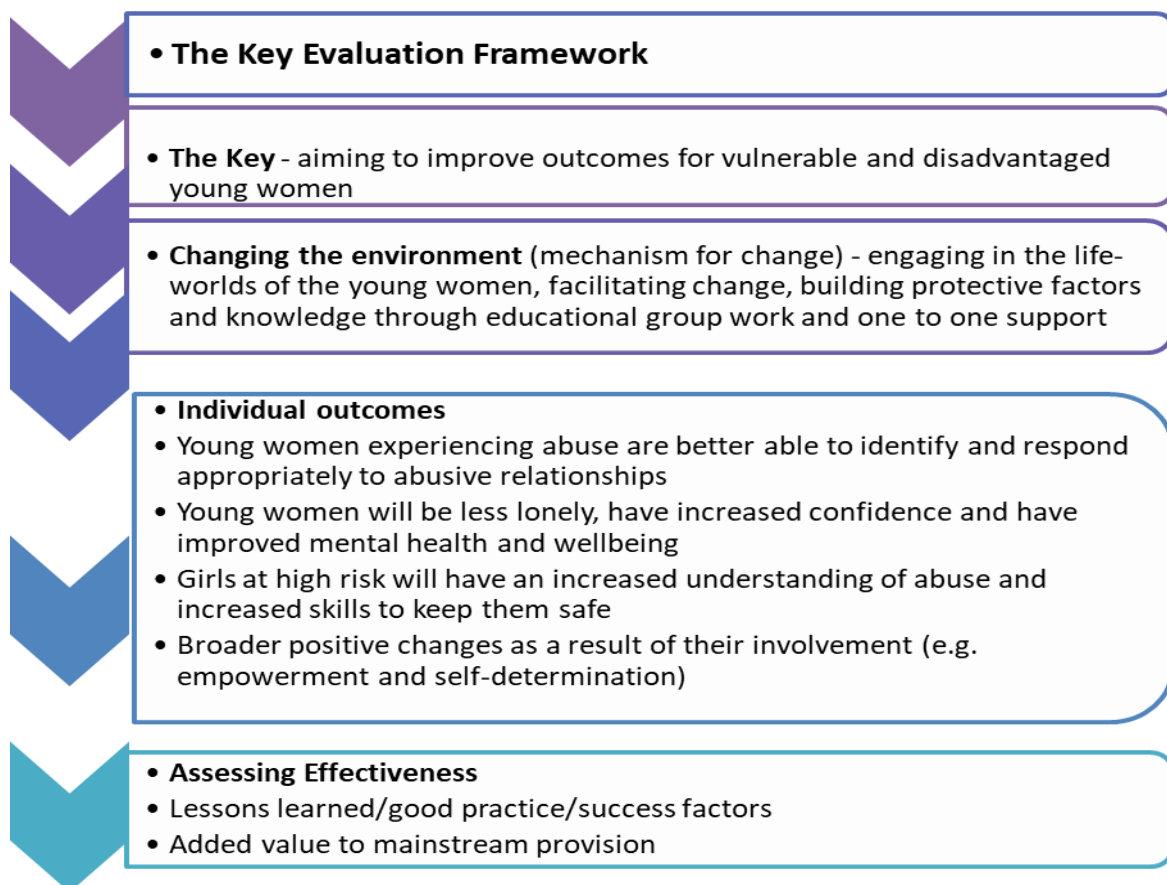
This evaluation contributes to this evidence base about gender-specific approaches by exploring The Key’s approach to working with and supporting girls and young women who are at high risk of abuse, and by assessing the extent to which the project has met its aims and objectives.

2: Evaluation Methodology

2.1: Evaluation Aims and Objectives

The evaluation used a mixed-method approach including data collection from group work activities with young women, semi-structured interviews with project staff and desk-based analysis of internal monitoring data. The evaluation sought the views and experiences of The Key staff and service users in order to research the extent to which the project had been able to achieve its objectives. The evaluation used a Theory of Change approach (Judge and Bauld, 2001), to make explicit the links between project goals and the different contexts and ways in which the project worked. It provided a framework for mapping outcomes from The Key at an individual, organisational and community level (see Figure 2.1).

Figure 2.1 – The Theory of Change



2.2 Service user focus groups

5 service user focus groups were conducted between January 2018 and January 2019 with a total of 28 service users consenting to take part. Some of the focus groups used creative methods as a mechanism to enable younger women to explore and discuss their experiences of being involved with The Key. For example, using starter cards with prompt style sentences young women were asked to provide messages to their younger self, messages to women in a similar situation to themselves and suggestions for improving the project (Warwick-Booth and Coan 2020). This was supported using a flexible semi-structured schedule. Another activity used in the focus groups was asking young women to document their journeys and map their life circumstances before and during their involvement with The Key. This activity was again supported by an accompanying semi-structured flexible schedule. The young women were given the opportunity to self-select to participate in the evaluation, and the activities used were designed to facilitate an inclusive, flexible and non-threatening approach, putting the young women at the centre of the data-gathering process (Cross and Warwick-Booth, 2015). See Appendix 7.1 for the focus group schedule.

Table 2.1 – Overview of focus group participants

Date of Focus Group	Number of Participants
January 2018 - FGD 1 (Year 1)	7
January 2018 - FGD 2 (Year 1)	4
October 2018 - FGD 3 (Year 1)	4
October 2018 - FGD 4 (Year 1)	3
January 2019 - FGD 5 (Year 2)	8
January 2019 - FGD 6 (Year 2)	2
Total	28

2.3 Service user interviews

The evaluation team conducted individual interviews with service users to gather more in depth views of their stories, again using creative methods as part of the data collection approach. Five interviews were conducted in September 2019 (n=5), where service users were asked to explore their experiences of The Key, and to reflect on how they felt at the start of their involvement and their current feelings by pointing our images on a blob tree and discussing them (see appendix 7.2 for the schedule).

2.4 Photovoice activity

The evaluation team also designed a photovoice activity (see appendix 7.3) and project workers asked group members to consider participating. 3 young women (2 evening group

members, and 1 day group member) contributed by submitting images and accompanying text.

2.5 Stakeholder interviews

The evaluation team interviewed external stakeholders at 2 points in time (2018 and 2019) during the delivery period in which The Key was operating (n=8). In 2018, 4 external stakeholders were interviewed (Family Support Workers, Teachers, Safeguarding Workers) as they were making referrals into the Key. In 2019, another 4 external stakeholders were interviewed, who again were involved in making referrals into The Key (Housing Support Workers, and Social Workers specialising in child protection).

Interviews with the project workers were also conducted during 2018 (n=2), and again in 2020 (n=3) to enable them to reflect back upon the work that they had delivered during the funding period. An interview schedule was developed in line with the objectives for the evaluation and broadly covered the following key areas: the project background, the approach adopted within The Key, the impact of the project on the young women and any aspects of learning during the project delivery (see Appendix 7.4 for the schedule). Project workers also completed reflective learning logs over the three year delivery period and summaries of these are included in this report.

2.6 Internal monitoring data

The project workers for The Key collected a range of internal monitoring data and regularly sought informal feedback from the women that they worked with. Internal data reported here includes the demographic characteristics of service users who had accessed The Key, scaling data from service user feedback, service user case studies, comments from young women exiting The Key and feedback from group sessions about learning (written comments and photographs of completed activities).

2.7 Analysis

For all qualitative methods, Framework Analysis was used. Framework Analysis develops a hierarchical thematic framework to classify and organise data according to key themes, concepts and emergent categories. The framework is the analytic tool that identifies key themes as a matrix where patterns and connections emerge across the data (Ritchie et al., 2003). The matrix was constructed using the aims of the evaluation. Quantitative data are summarised in the form of descriptive statistics and reported in the format of tables.

2.8 Ethics

The evaluation was given ethical approval through Leeds Beckett University ethics procedures. The following practices were adhered to, to ensure ethical rigour:

- Informed consent – written consent was obtained from all participants who were interviewed.
- Assent – where the young women were below the age of consent, parental assent was obtained.
- Risk – given the vulnerability of the young women, particular attention was paid to safeguarding participants, with risk assessment undertaken prior to data-collection, and the use of a debrief sheet following data collection.
- Confidentiality and anonymity – no personal identifying information has been used in the reporting the data.
- Secure information management – security was maintained through password-protected university systems.

3. Findings

3.1: Findings: Monitoring data

3.1.1 Demographics of service users

Table 3.1.1 shows the number of women who participated in The Key broken down by the type of group over the three years of the project. The demographic information for the 7 women in the Moving on Group was collected in previous years so the demographic summary for the whole project below does not count them twice (n=298 for total number of women participating in the programme). The main change between Years 1 and 3 was the move towards reaching young women through school groups as opposed to single sessions and the Moving on Group was created.

Table 3.1.1: Breakdown of participants by group

Group	Year 1	Year 2	Year 3
Day group	19	25	24
Evening group	11	20	15
Single sessions	28	38	0
Moving on group	0	0	7
School groups	20	26	58
One to ones	8	4	2
Total	86	113	106

NB. Table 3.1.1. contains the figure of women who've ONLY had one to one support and not attended groups. It is important to note that other girls and women who attended group also received one to one support in addition to the group provision.

Ethnicity

Table 3.1.2: Ethnicity

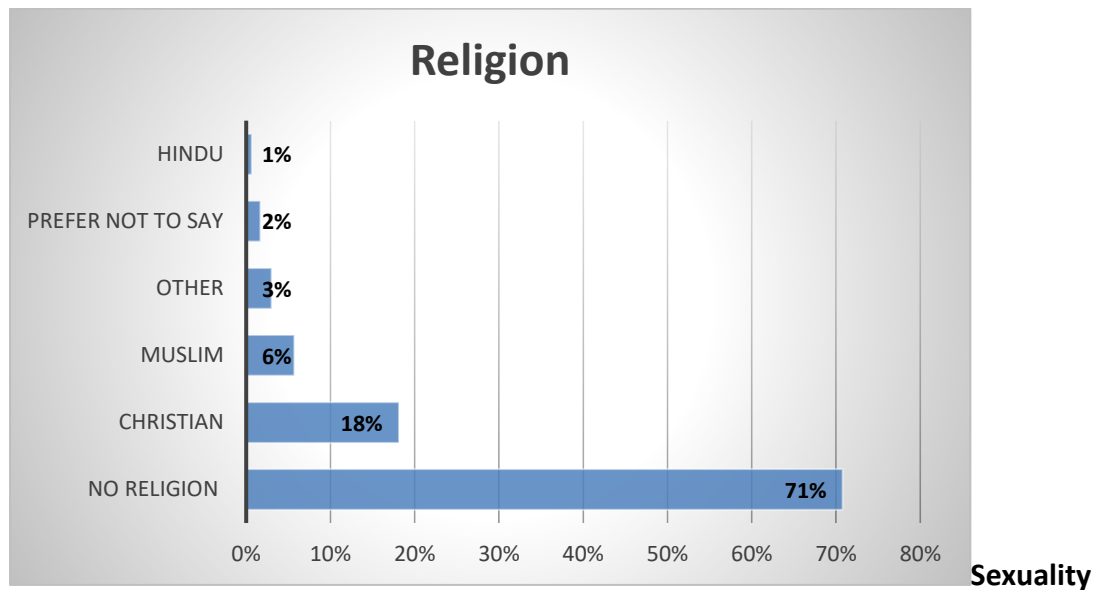
Asian & White	4	1%
Asian/Asian British	19	6%
Black African	4	1%
Black African & White	2	1%
Black British	6	2%
Black Caribbean	4	1%
Black Caribbean & White	8	3%
White British	229	77%
White Other	14	5%
Other	5	2%
Unknown	3	1%
Total	298	100%

Over three quarters of the women who attended The Key groups were White British (77%). The second largest ethnic group was Asian/Asian British (6%). The combined figures for all other BAME groups who accessed The Key was 9%.

Religion

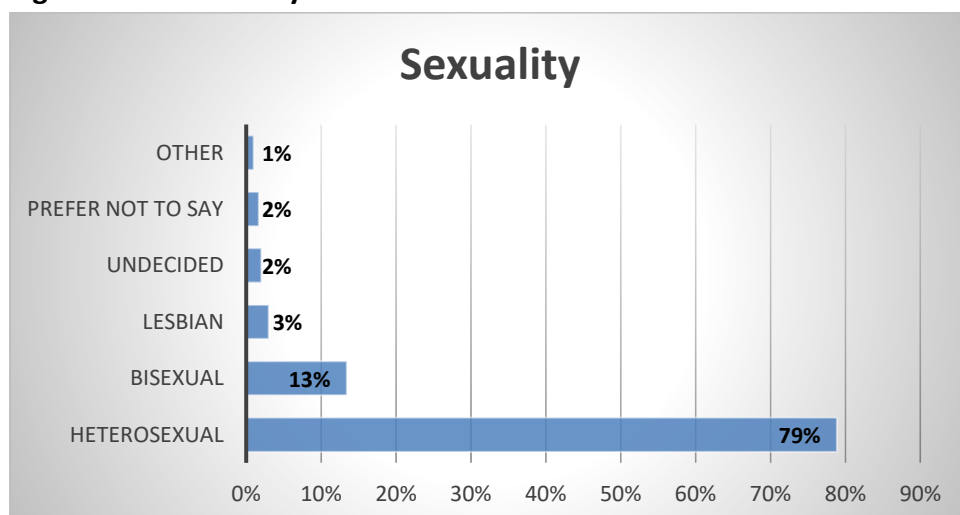
The majority of participants did not identify with any religion (71%), 18% identified as Christian and 6% as Muslim.

Figure 3.1.1: Religion



The majority of women attending The Key identified as heterosexual (79%) and 13% as bisexual.

Figure 3.1.2: Sexuality



Disability

The most commonly reported disabilities were mental health (22%) and learning difficulties (10%). 13% of the participants had long-term health conditions e.g. asthma, diabetes.

Postcode Data

The project had a wide reach across the city, but over a quarter of participants come from LS10 or LS14.

Table 3.1.3: Postcodes

Postcode	Percentage	Postcode	Percentage
LS1-6	4%	LS14	13%
LS7	2%	LS15-21	4%
LS8	5%	LS25-26	3%
LS9	9%	LS27	3%
LS10	13%	LS28	5%
LS11	10%	WF	5%
LS12	6%	BD	2%
LS13	12%	Unknown	3%

Care leavers

8% of the women accessing the Key were Care Leavers.

Moving on Group

All of the women in the Moving on Group (n=7) were White British. One of the women was a care leaver. The most common disability reported was mental ill health (n=3) and one of the group had a learning disability.

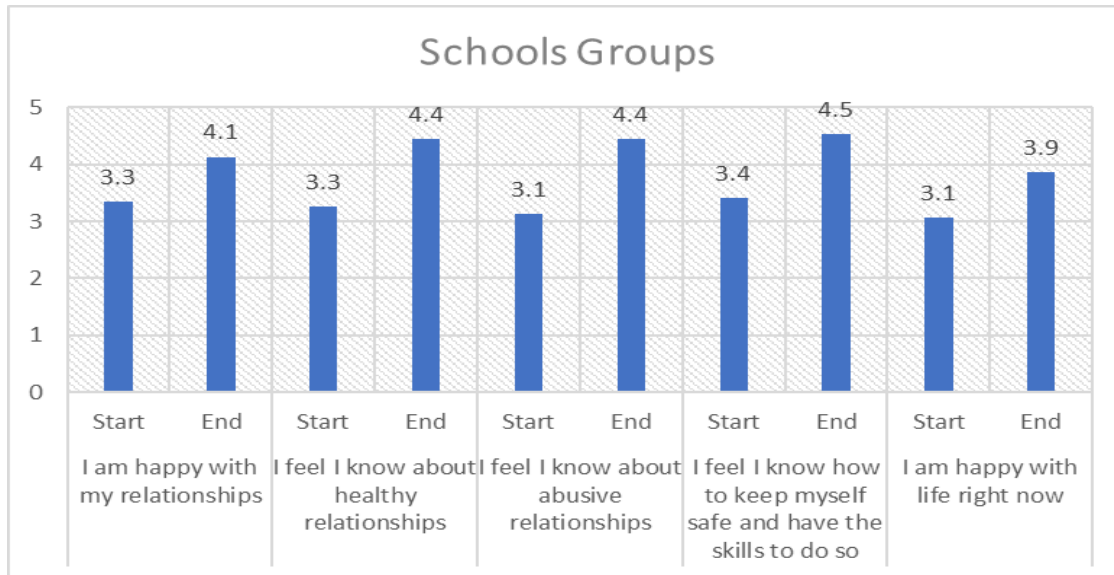
Table 3.1.4: Moving on group frequency data

Sexuality	Frequency	Religion	Frequency
Bisexual	3	Christian	1
Heterosexual	3	Muslim	1
Undecided	1	None	4
		Other	1

3.1.2 Scaling data

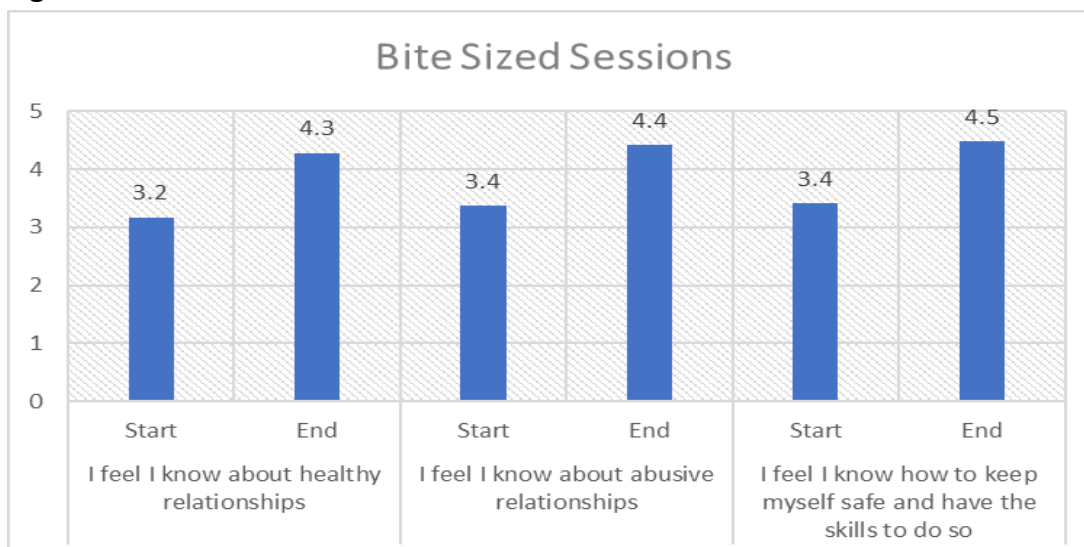
Following the intervention, the mean scores of participants in the school groups increased for all five statements around relationships, staying safe and feeling happy with their lives, with the largest change in knowledge about abusive relationships (+1.3). Figure 3.1.3 shows the summary of the data for the school groups who took part during the length of the programme.

Figure 3.1.3: School Groups



Following the bite-size sessions, participants' mean scores increased by at least 1 for all three statements indicating the women felt they knew more about healthy relationships, abusive relationships and how to stay safe. Figure 3.1.4 shows the summary of the data for the bite-sized sessions which took place during the length of the programme.

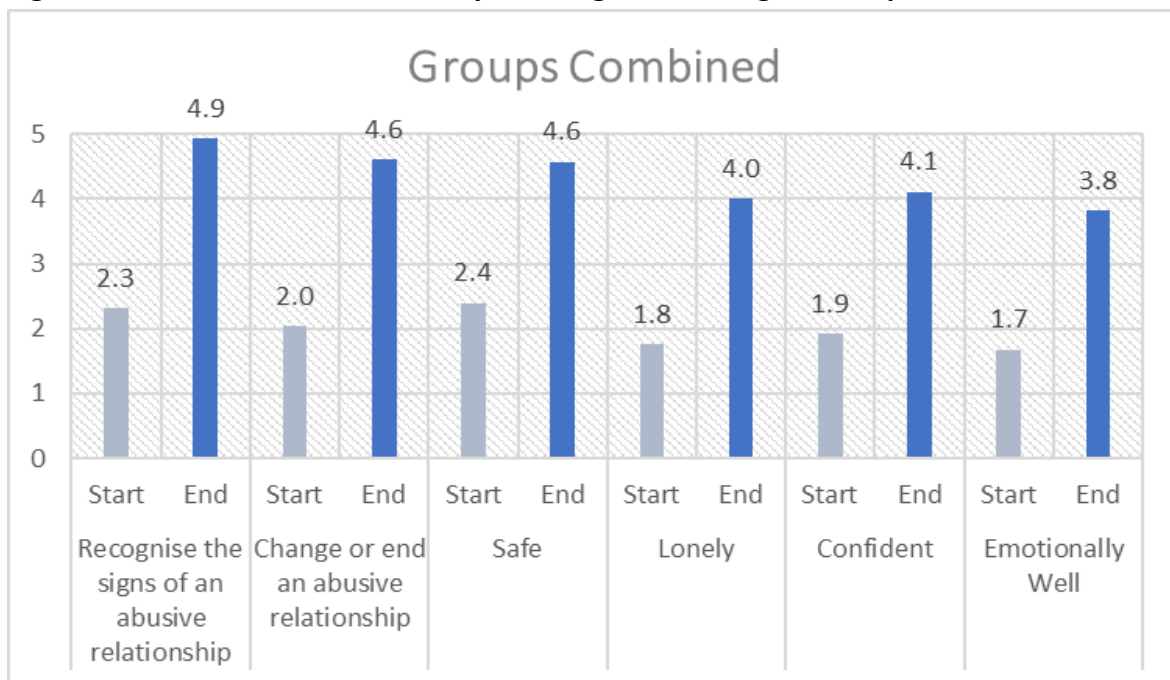
Figure. 3.1.4: Bite-Size Sessions



The mean scores for participants of the day, evening and moving on groups and for one to one interventions all increased at the end of the programme. Figure 3.1.5 shows the combined data for participants of the three groups and from one to ones at the end of the programme.

The highest increases for the combined groups were around the participants' ability to recognise the signs of an abusive relationship and their ability to change or end an abusive relationship (+2.6).

Figure.3.1.5: Combined data for Day, Evening and Moving on Groups



3.1.3 Case Study - Lucy's Story

2014 (age 14)	<ul style="list-style-type: none">• Lucy meets partner who is four years older• He has issues with drugs and alcohol• He quickly becomes controlling and abusive
2015	<ul style="list-style-type: none">• Lucy is excluded from school and is assigned a social worker• She is diagnosed with an attachment disorder, and has difficulty dealing with emotions• Lucy is charged with common assault following an argument within her family
2016 (age 16)	<ul style="list-style-type: none">• Lucy and her partner have a child• There is both physical and emotional abuse in the relationship
2017 (age 17)	<ul style="list-style-type: none">• Social services close Lucy's case• Later that year Lucy is assessed as high risk• Lucy tells professionals that she has ended the relationship as is scared that her child will be taken into care.
2017	<ul style="list-style-type: none">• Lucy's child is made subject to a child protection plan which states that Lucy must contact the police if her partner comes to the house• Lucy wants her partner to have a relationship with his child and begins to minimize the risk
2018	<ul style="list-style-type: none">• Lucy referred to The Key• The group covered a range of topics e.g. Staying safe; Healthy families and friendships; Different kinds of abuse (emotional, physical coercive control); The impact of abuse on children
2018	<ul style="list-style-type: none">• Lucy is made subject to a child protection plan• Lucy fears pressing charges will result in her losing her child and/or partner• Lucy advised to report all incidents. She tells CSWS she has ended the relationship but perpetrator continues to have contact
2018	<ul style="list-style-type: none">• After attending 15 sessions of The KEY Lucy began to recognize her partner's behaviour as abusive and gained a sound understanding of the impact of the abuse on her child.• The Key helped to build her relationship with her social worker and as a result she agreed to press charges.• Lucy continues to attend The Key and has now obtained a non-molestation order.

3.1.4 Case Study - Billie's Story

THE KEY CASE STUDY APRIL 2019

BILLIE'S STORY



BILLIE JOINS THE PROGRAMME

START OF THE PROGRAMME

- Age 13 referred to The Key.
- Highly sexualised behaviour.
- Smoking cannabis, drinking alcohol, staying out late at night.
- In trouble at school or not attending, on verge of permanent exclusion.
- Self-harming.

BACKGROUND

- Dad removed from the family due to his criminal offences.
- Mum diagnosed with a mental health issue.
- Billie and her siblings put on a Child Protection Plan.

BILLIE DOESN'T JOIN THE PROGRAMME

ALTERNATIVE ROUTE

Without the programme, how would Billie's life have looked?

- **Dropped out of school** – Single and under 25 = £251.77/month universal credit, 12 month costs = **£3,021.24**
- **Poor mental health**
 - Per client attendance at a local authority service - £37 - 6 attendances per year = **£222**
 - Per session per person attending a group for behavioural support - £16 - 6 attendances per year = **£96**
- **A&E for self-harm injuries**
 - A&E attendance - £138 (6 attendances per year) = **£828**
 - A&E mental health liaison services £196 per visit (6 attendances per year) = **£1176**
- **Drugs and alcohol misuse impact on health**
 - Drug and alcohol services (children and adolescents)
 - Alcohol services – community contacts **£275**
 - Alcohol services – outpatient attendances **£44**
 - Drug services -community **£208**
 - Substance misuse nurse - **£45** per hour of clinic consultation
- **Poor health**
 - High risk behaviour in relationships (costs to the NHS only)
 - Violence with injury (physical and emotional) - **£3,170**
 - Violence without injury - **£44**
- **Total potential cost savings - £11, 952.24**

CHANGES DURING THE PROGRAMME

- 1 - Billie attended young people's sexual health clinic for a full screening and was given advice on contraception.
 - 2 - Offered short term, one to one support for self-harm.
 - 3 - School say they had seen a huge positive change in Billie since she had been attending The Key.
 - 4 - Sexualized behavior reduced dramatically.
 - 5 - Drastically reduced her substance use.
- End - Billie attending all lessons and doing well at school.

WHAT WORKED

- Acceptance - No judgement.
- Additional one to one support gave her space to talk about anything.
- Self-esteem activities.
- Regular positive feedback.
- The duration of the support important to get to root of numerous issues, short-term intervention would not have worked.
- Variety of sessions covered all the issues she had e.g. drugs, self-harm, healthy relationships, consent, gender roles.

AFTER COMPLETION OF THE PROGRAMME

- **Less support needed** - Billie has completed the Key programme
- **Increased confidence** - she spoke about the project at AGM in front of around 100 older women; involved in other projects.
- **School attendance** and level of achievement has increased dramatically
- **Risk-taking behaviour** around sex, drugs and alcohol has also reduced considerably.
- **Almost completely stopped self-harm** & learned ways to do it safely to prevent having to go to hospital.
- **Offers peer support** and advice to others.

(See appendix 7.5 for detailed narrative about Billie's journey through The Key)

What worked – worker's reflections about Billie

Billie was accepted for who she was. Over time, she realized that firstly she wasn't going to shock workers. In addition, she wouldn't be judged by anyone in the group and thirdly, she didn't have to behave in a certain way to get other group members to like or support her. She was able to stay in the group for a long period, attending various sessions that were relevant to her issues. Billie very rarely spoke about her dad. This was respected and she was never pushed to talk about him or what he had done, she could just come with whatever she wanted to talk about.

The capacity for one to one support was hugely beneficial to Billie, firstly to attend the sexual health clinic and secondly to discuss issues relating to self-harm. It gave her space to feel able to talk about anything and to have her own space to share. She talked about her family more in these sessions. As well as almost completely stopping hurting herself, she learned ways to do it safely to prevent having to go to hospitals with accidentally deeper or infected cuts.

Although Billie remained the youngest group member, after a while workers asked her to sometimes lead on icebreaker activities at the start of each session. This really helped her to feel responsible and mature and enabled her to talk about something that didn't need to be shocking in some way. This also developed her confidence. Billie received regular positive feedback from workers about how well she was doing with regards to her behavior at school, her substance use and self-harm. This worked really well with her as she felt her achievements often went unrecognized at home and school.

The length of The Key group was so important for Billie. She had numerous issues and lots of trauma at the root of them, a short term intervention would not have been useful. It took a number of months before she was able to be her true self with workers and not feel that she had to shock or impress. The Key was able to give her this time and the variety of sessions covered all of the issues she had going on.

Cost savings based on Billie's experiences

This section of the report provides one example scenario of the support provided by The Key for one young woman (Billie). Her experiences have been used to hypothesise broader prevention cost savings to other services over a one year period, derived from the assumption that without support Billie would have accessed such services because of her high level of need (risk-taking, self-harm, drug/alcohol use and inability to gain employment/work).

Potential future cost savings

Early intervention and education support from The Key is estimated to have saved **£11,952.24** over a one year period, by mitigating against the outcomes associated with experiences of domestic abuse for one young woman.

Oliver et al (2019) argue that overall, in the year ending 31 March 2017, domestic abuse cost an estimated £66 billion across England and Wales. The most significant of these estimated costs relate to the harms experienced by victims (£47 billion), especially the emotional harms including fear, anxiety and depression. The economic costs associated with domestic abuse impact upon a range of sectors, estimates of £14 billion relate to lost output due to time off work and reduced productivity as a consequence of domestic abuse. There are costs to health services (£2.3 billion), the police (£1.3 billion) and government with housing costs estimated to be in the region of £550 million. Furthermore, these figures do not include expenditure by charities, such as Women's Health Matters who offer specialist support to women experiencing domestic abuse.

Domestic abuse affects children and young people in a range of ways, including multiple physical and mental health consequences as a result of exposure (SafeLives, 2014). Support from specialist services can reduce the impact of domestic abuse, especially via early intervention and help. Yet only half of all children and young people exposed to domestic abuse are known to statutory services (SafeLives, 2014).

Merkur et al (2013) argue that there is an evidence base from both well-designed observational studies and clinical trials showing the effectiveness of interventions that address risk factors to health. The Key focused upon emotional support and holistic youth work to address these risk factors. Merkur et al (2013) also argue that interventions targeted at children and young people have the most potential to be cost-effective because of the longer time period over which any resulting benefits might be realised. Finally, there are many potential social benefits that also come with an approach such as The Key. Therefore a strong economic case for prevention to reduce harm to victims, and costs to services can be made, as well as the need for voluntary sector services.

3.1.5 Comments from young women exiting The Key

The top 10 things women learnt from The Key

1. How to identify unhealthy relationships and early warning signs
2. About healthy and unhealthy relationships
3. About different types of abuse
4. How to value myself and to be confident
5. How to keep myself safe
6. How to get help
7. How to deal with stress and manage emotions
8. That there's always someone to talk to who listens
9. To think more positively and not give up when times are hard
10. That it was not my fault

What was good?

- Activities and topics – learning new things
- Atmosphere
- Being able to feel confident and comfortable
- Being able to feel safe
- Being able to talk to staff 1 to 1.
- Feeling understood and supported
- Having transport provided
- Meeting new people/making friends
- Non-judgemental group/acceptance
- Peer support
- The kindness/friendliness
- The positivity
- The pace of the sessions and explanations
- The people
- The food

What could have been better?

- More variety of activities e.g. creative/crafts
 - More one to one support to deal with historic abuse
 - More work on mental health
 - More time
 - Going on some trips or outings
 - More time on the most difficult topics
 - Ending the session with a positive activity or relaxing music
-

Any other feedback about the project

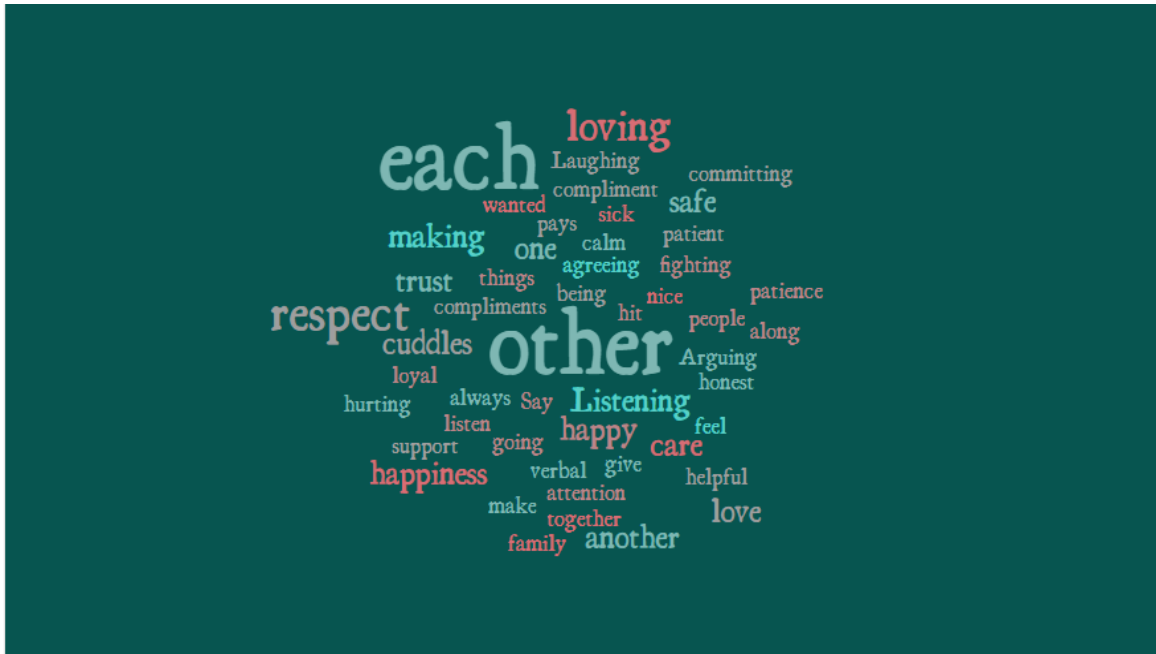
“It helped me open up socially and meet new people. My confidence grew a lot with getting out more.”

“It’s changed my life, group is like a little family, I would be lost without it.”

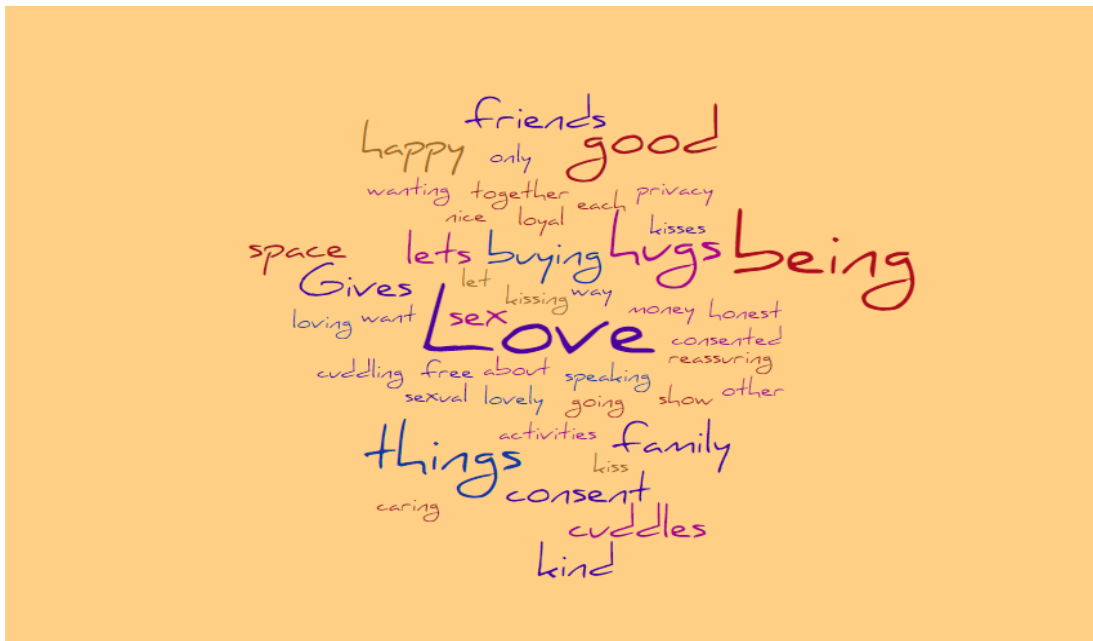
“The project was really amazing and something that influenced and inspired me and my life.”

3.1.6 Learning during group sessions

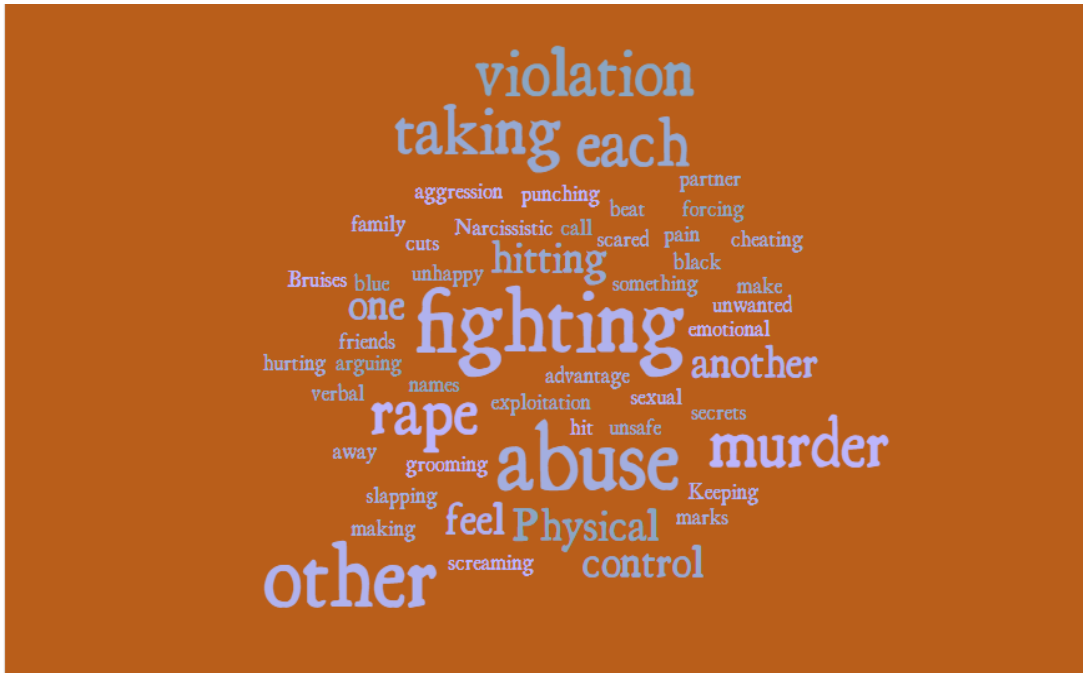
When I think of healthy relationships 6.6.17



When I think of healthy relationships 18.7.17



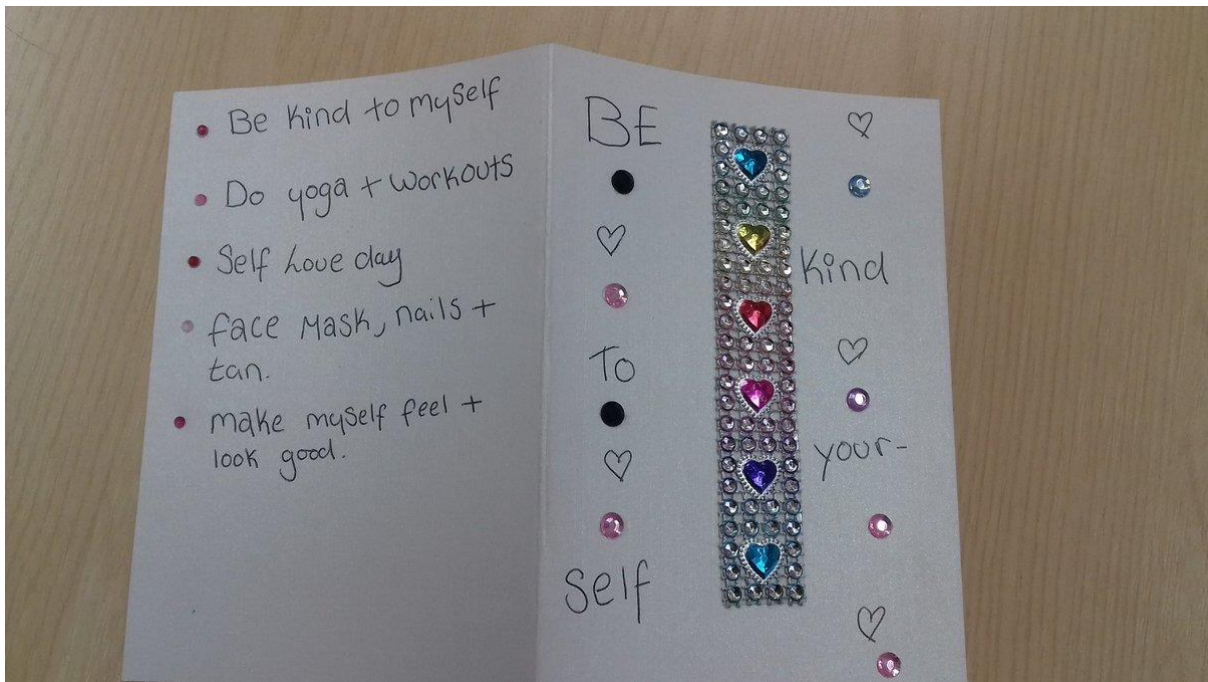
When I think of unhealthy relationships 6.6.17



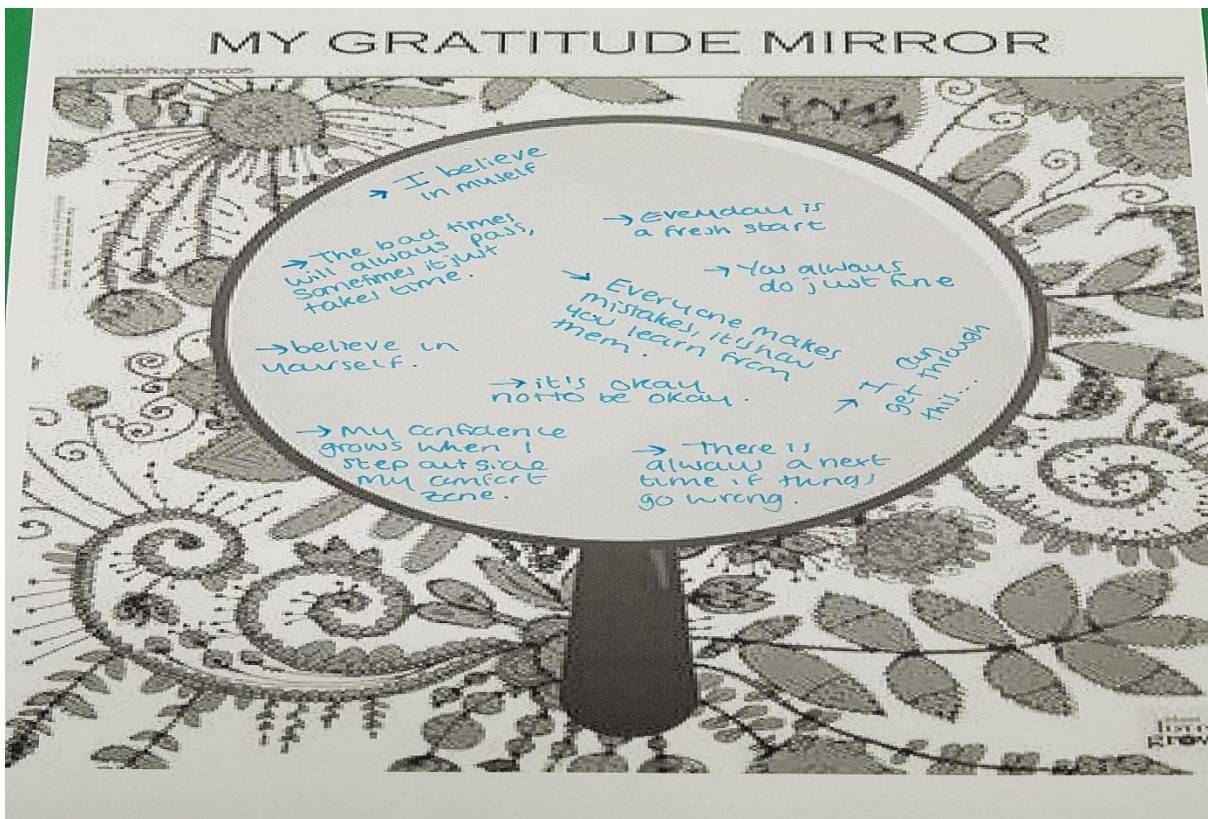
When I think of unhealthy relationships 18.7.17



The importance of self-care



The importance of gratitude



Summary of internal monitoring data

- 298 women participated in The Key:
 - three quarters who attended The Key groups were White British, and 6% were Asian/Asian British
 - the majority of participants did not identify with any religion (71%), 18% identified as Christian and 6% as Muslim
 - the majority of women attending The Key identified as heterosexual (79%) and 13% as bisexual
 - the most commonly reported disabilities were mental health (22%) and learning difficulties (10%), and 13% of the participants had long-term health conditions such as asthma or diabetes
 - the project had a wide reach across the city, but over a quarter of participants come from LS10 or LS14
 - 8% of the women accessing the Key were Care Leavers
 - all of the women in the Moving on Group (n=7) were White British, one of the women was a care leaver. The most common disability reported was mental ill health (n=3) and one of the group had a learning disability.
- Scaling data taken from internally designed feedback forms shows that young women reported increased knowledge in a range of areas related to healthy relationships, abuse and staying safe. The highest increases in the mean responses for the combined groups were around the participants' ability to recognise the signs of an abusive relationship and their ability to change or end an abusive relationship (+2.6).
- Early intervention and education support from The Key is estimated to have saved **£11, 952.24** over a one year period, by mitigating against the outcomes associated with experiences of domestic abuse for one young woman.
- Young women who accessed The Key reported a range of learning resulting from their involvement. For example, having greater awareness of healthy relationships, improved ability to recognise abuse and increased emotional resilience.

3.2: The perspectives of the young women

Engagement

Many women spoke openly about the abuse that they had endured in the past and how it had impacted upon them, resulting in social isolation and mental health issues, which were barriers for them accessing The Key. Several women therefore noted being unsure about attending the group and that the workers used various strategies to engage them and to encourage them to keep attending. These included one to one sessions, meeting for coffee, conversations over the phone, and linking the women's experiences to the taught content of the group programme:

"But it's more of a like "This is the reason why you should come to group because we can address all these issues," but if you don't feel comfortable you can have that one-to-one and it kind of just makes it a lot easier to then go into the group."

[January 2019, FGD 5 P5]

Despite any reservations, the young women who participated in the focus groups, were full of praise for The Key, describing it as *"amazing"* and *"an escape"*. Many of them spoke about being upset if they had to miss sessions and in one case it was *"a sacrifice"* if other circumstances meant that it wasn't possible to attend. The group is a safe space where the participants can be themselves and feel comfortable which differs from other support they have been offered in the past.

Positive outcomes

Change in situation

The Key has a therapeutic value in educating women about domestic violence and coercive control, and it provides them with a support network. The group also helped young women to recognise how their own behaviour has changed in response to abuse. Many young women discussed the positive changes that they felt had resulted from their engagement with The Key:

"It's changed pretty much everything. My daughter's coming home in six weeks and that's due to obviously having support from this group." [January 2018, FGD 2 P1]

"I think I'd still have my social worker, I'd still have my family support worker and I wouldn't be, like being in group these past months has totally changed me completely, like my attitude has totally changed and everything. Like before I came to group I used to run away from home I didn't appreciate what I had and everything"

and now I do and I think I'd still be that person if I didn't have group." [January 2018, FGD 1 P7]

Staying safe

The women developed a range of skills to keep themselves and their children safe which helped them to stay away from abusive ex-partners, leave abusive relationships whilst managing risk, reduce or stop self-harm (including drugs/alcohol misuse, unprotected sex) and keep their children in their care.

"It has helped me a lot, like I think if I weren't coming here, I'd have probably got back with my ex-boyfriend. But like they helped me a lot like how to deal with it and stuff and if things aren't right what happens [...] Like I've still got my child. It'd be totally different if I'd got back with him." [September 2019, SU3]

Changes noticed by others

Some women reported many of the people in their lives (parents, siblings, extended family, social workers, teachers) had noticed that they have changed since they have been attending The Key sessions:

"...my step-dad, like all my family, my step-dad says I look healthy and stuff cos I used to be even more underweight like my ex used to be like "Any fatter than seven and a half stone and you're ugly'." [January 2018, FGD 2 P2]

Confidence

Increases in confidence have led to behaviour changes, with women reporting both the intention to act differently in future and, in some cases, giving examples of how they were able to seek support or manage difficult situations by asserting themselves:

"I think because I've come to The Key I would be able, I would have the confidence now to leave a relationship if it wasn't healthy for me, no matter how it affects the other person you'd have to put yourself first." [January 2018, FGD 1 P7]

"Well at first I wouldn't even go talk to a teacher for help but now I can literally go to a maths lesson because I struggle with maths like really bad and I can go up to teacher, I'll be like "I don't understand this" and she'll just sit there and help me out." [October 2018, FGD 4, P2]

"Because I didn't agree with it and I know that that weren't right for me or for my children I said no and when I said no I meant no and because I stuck to my guns that made me proud because previously I'd have let him just do what he wanted because it was him and that was how I was trained if you like into thinking." [September 2019, SU4]

Improved mental health

Participants reported significant improvements in mental health through attending the groups, including reductions in anxiety and self-harm, and improved mood. Attending regularly helps group members to maintain their equilibrium, and even missing one session can cause them to feel low.

“I’ve got scars everywhere because I just hurt myself all the time and coming here it just slowly stopped, I don’t really think about it anymore...” [January 2018, FGD 2 P2]

Positive orientation to the future

Many of the group members report feeling more positive about the future now than when they started The Key sessions and things that didn’t seem possible in the past are becoming a reality:

“...before I come here I thought I’m never going to have a house and I’m never going to be able to have another baby, I’m never going to be happy, I’m not going to have another boyfriend. And now I’ve got my own flat, I’ve got my boyfriend, I’ve got my puppy that I’ve always wanted.” [January 2018, FGD 2 P2]

Anger management

Some participants reported being better able to manage their emotions because they can talk about their problems when they attend The Key instead of bottling things up:

“now that I’m here I feel a lot more calm without having to worry about certain things.” [October 2018, FGD 4, P2]

Increased social interaction and less social isolation

The groups are a safe environment for the young women to interact with their peers, which increases their social contact in their everyday life:

“I used to just lock myself up in my room and not talk to anyone or anything but now I come here I’m more open and I can like interact more with people.” [January 2018, FGD 1 P3]

The group understandably fills a need for social interaction that the women haven’t been able to enjoy in their life outside due to domestic abuse. This brings up a question of boundaries, with some women stressing that the friendships are kept in the group and others talking of being linked to the group on social media and the relationships being part of their life outside of group too. Workers stress the confidentiality of the group, and also discuss issues arising outside of group with participants when necessary. One young women

described learning to build social bonds again through the group after a long time not interacting with anyone socially and having the language to communicate her experience:

“They made me distance myself from not just friends, but family this time too so that affected me and it also obviously affected my relationships with my mum, my brother, even my grandparents that I didn’t see on a regular basis, but I didn’t see at all actually after that and then when I’ve come into group it helps you to learn how to reconnect with your family, reconnect with your friends and actually be able to have that conversation of look, I was in this place at this time but now I’m in this place, and you’re able to have that conversation but know how to say it and how to put it across in a way that somebody that’s never been in that position can understand.” [SU4 September 19]

Recognising abuse

In the groups we talked to, women reported learning about a range of different topics around health and relationships:

“I was just in denial for ages like I’m not a victim, don’t call me that... I think it was just that word, it was that word that put me off for ages. I was in denial, I was like I didn’t want to be a victim of domestic violence. You just tell yourself that you’re not that. But in reality you are so.” [January 2019 FGD 5 P5]

The groups have helped women to recognise abuse which they had not been able to do prior to their attendance and, in some instances, break the cycle of women returning to abusive partners (see later case studies for more on this). This was particularly significant for women who had experienced abuse since an early age and considered it to be the norm:

“It really helps, like I’ve realised obviously what an abusive relationship actually is and that I can just leave because before I came here I was constantly leaving and going back and leaving and going back and then I come here and I just opened up and then I realised you know, he is abusive.” [January 2018, FGD 2 P2]

The groups also gave the participants an external perspective on their relationships and help them to manage situations if they are not in a position to move away from them:

“It’s helped me know my worth and it’s helped me address situations like more maturely rather than actually arguing and shouting and getting aggressive.” [January 2019 FGD 5 P1]

Learning

Some of the women managed to make significant life changes through their participation at The Key, but even for those that could not change their circumstances, they spoke of how much they had learned and how their understanding of different issues had increased.

In addition to learning to recognise abuse and unhealthy behaviours, the young women participating in the evaluation reported valuing how much they had learnt about coping skills, types of abuse, self-harm, well-being, healthy/unhealthy relationships, warning signs, and staying safe. Some also spoke of learning about who they are for the first time, after being defined by someone else for so long.

Mechanisms of success

Non-judgemental

For many of the young women, being able to speak openly, on their terms, without being judged, in a safe supportive environment is one of the most important aspects of the group:

“You think you’re going to sit there and talk about everything and people are going to force you to speak but it’s not like that is it, you can, you can say what you want to say and you’re not forced into anything and that’s what I thought I were going to be.” [January 2019 FGD 5 P4]

Peer support

Learning from peers’ stories and experiences helped participants to gain a different perspective on their own situation:

“You can hear what other people are going through and they can hear what you’re going through and then you kind of get a better understanding of them.” [October 2018, FGD 3 P3]

“No one understands and here you feel like everyone understands because you’ve all been through it and it’s like a close little family.” [January 2019, FGD 5 P2]

Being able to talk in a group of women who share similar domestic abuse experiences was particularly important for the women with children, who face stigma from society in general. The peer support was most appreciated when the young women were dealing with current challenges that would permanently change their lives, such as the removal of a child:

“You feel comfortable in group because there’s people obviously going through the same thing you’re going through, so you’re not the only one and with other people it’s been ongoing for quite a while but with me it was quite recent so it was nice to have the support from other people that have been through it or adoptions or anything like that.” [January 2018, FGD 2 P1]

Trust

The group is one place that the young women can really trust the workers not to share anything they discuss and there is a very trusting relationship between all who attend:

“I’ve had counsellors in school and stuff and I feel like I can speak to them but I can’t actually tell them like, like I couldn’t actually tell them stuff that I wanted to tell them because I felt like they’d tell like my mum or my family or school but now when I’m here I just feel like it’s all like separate, like if there’s something serious that they need to do something about I know that they’ll help me but if not just keep it or they don’t tell anyone about stuff that you’re saying.” [October 2018 FGD 3 P1]

“I didn’t open up about anything, like there was stuff I didn’t tell anyone about and then I came here and I’ve told pretty much everything that I went through since I was about thirteen.” [January 2018, FGD 2 P1]

Rapport with the workers

There is a strong rapport with the workers, with the younger group referring to them as being like a mum or aunty. They like the informal interaction where they feel comfortable joking around as well as opening up about very personal matters:

“I think it’s also more of an outlet like knowing that you can go somewhere and you can talk about it there’s that like you’re not alone dealing with whatever you dealt with. I think it’s that there’s just that support.” [January 2019 FGD5 P5]

Advocacy

The group members spoke about the value of the professional support in the group. Many had been given specialist support on matters such as health, housing and court appearances:

“They’ll offer to come to court with you and stuff like that and everything.” [January 2018, FGD 2 P3]

“It’s nice that they genuinely care as well because you feel like sometimes when you talk to someone about it and they don’t act... [but the workers at The Key do].” [January 2019 FGD 5, P1]

Advice

The young women respected and listened to advice from the workers and also appreciated the flexible approach of the workers who were able to work with them outside of the group context too:

“When you’re really having a tough time, you don’t know what to do like, they’ll give you advice and help you out. Sometimes when I don’t even know what to do and I’m stuck, I’ll come to group and ask and they’ll give really good advice don’t they, they’re really good to you.” [January 2018, FGD 2 P3]

“You can even speak to them, like you can ring them if you’ve got any problems at home.” [January 2019, FGD 5 P3]

“They’ll message you like out of time, check in, say are you alright, if you want a coffee before group next week, let us know. It’s just little things like that.” [January 2019, FGD 5 P4]

Alternatives

Most of the young women had worked with family support and/or social workers, and many of the older group members had attended various other types of groups (e.g. at children’s centres, parenting groups, other women’s groups). The consensus was that none of the other options worked as well to support the women and meet their needs:

“I’ve tried other groups and they weren’t as supportive as this group.” [January 2018, FGD 2 P2]

“This has helped me with situations that none of the others have.” [January 2018, FGD 2 P1]

One woman outlined the need for services to give women time to learn about domestic violence, and time to make changes:

“I know one day the girls that do go back will recognise one day, they will. Because it took me years, seven years it took me, do you know what I mean, seven whole years.” [January 2019, FGD 5 P3]

The way in which non-statutory service provision operates was also highlighted as being negative by several women throughout the focus groups, as they were often seen more as a threat than a source of help:

“Some girls daren’t, if they’ve got children, daren’t ring the police if they’re in domestic abuse because they think they’re going to get their kids took off them and I think that’s sad, I think something needs to change there because I were in that situation, I were scared like I daren’t ring the police because they’re going to take my kid off me.” [January 2019, FGD 5 P3]

The need for further awareness raising was also noted. One woman was a university student and felt that not being local had been a barrier to her understanding of local services, and whilst staff at her institution had been supportive, they were not aware of The Key:

“Obviously when you go to uni not everyone’s from Leeds...when you’re going to uni you do not think that you are going to encounter something like that. So I think if my uni were aware of this and when they first found out about it they could have easily just referred me rather than this waiting like half a year to then going to the police to then coming to this group.” [January 2019, FGD 5 P5]

Education with women at a younger age was also discussed as a wider need, particularly in light of social changes which were perceived as exacerbating need:

“Younger as well like primary schools and stuff it’s all necessary all through, I honestly do. Because it’s stuff starting a lot younger now as well. People are having sex younger and social media and everything is causing everything to happen a lot younger I think so I think it needs to be reinforced in schools from a younger age about domestic violence because...you don’t learn about this stuff properly.” [January 2019, FGD 5 P5]

Moving On

For most of the young women, the thought of the group support coming to an end was a source of anxiety with some looking forward to joining the moving on group, but the majority worrying how they would cope without the weekly session. One issue was that the moving on group is every two weeks and they really valued the weekly opportunity to ‘offload’. More information about what the moving on group is like would be beneficial according to some of those interviewed as they are conscious that change can be difficult to cope with.

“It’s kind of creeping up on me the feeling of, “oh god it’s going to come up to fortnightly, what am I going to do?” So I think that’s summat [something] I need to speak to one of the workers about and just kind of have a better understanding of it I think.” [September 2019, SU4]

Women commonly wish they could attend for longer, ideally that they would leave when they were ready:

“It’s a really important thing to me on a weekly basis. I...haven’t missed a single session other than when I went on holiday. So when I don’t have that I’m going to feel a bit lost.” [January 2019, FGD 5 P1]

“I’m at the end of my sessions with this group and it’s really good that they’ve got the moving on group that you move on to that but actually when you’ve settled...it’s also you get comfortable.” [January 2019, FGD 5 P5]

In a focus group with women who had just started attending the moving on group, there

was discussion of sense of loss in relation to the journey to exit The Key, and feedback that the group was less structured with a preference for more structure articulated:

“It must have been about a year that we’ve been in this group because I remember they was telling us about it, they were like “Oh yeah, we’re going to put you in a moving on group” and I was like “I’m not ready for this... I was telling them I’m not ready to move on. It’s called the moving on group and I’m not ready to move on. I’m ready to get to that place of starting to move on but I’m just not fully there yet.”
[January 2019, FGD 6 P1]

Women’s Journeys

Some of the younger women participated in a creative activity during two of the focus groups (in January 2019), designed to enable them to reflect upon their individual journeys through The Key. The photographs below illustrate some of these journeys and reflect the women’s lived experiences in relation to self-harm, depression, and family breakdown as themes that ran through many of the focus group discussions.

Photo 1 illustrates one young woman’s experiences of the difference that The Key made to her life by increasing her confidence and ability to stay safe.

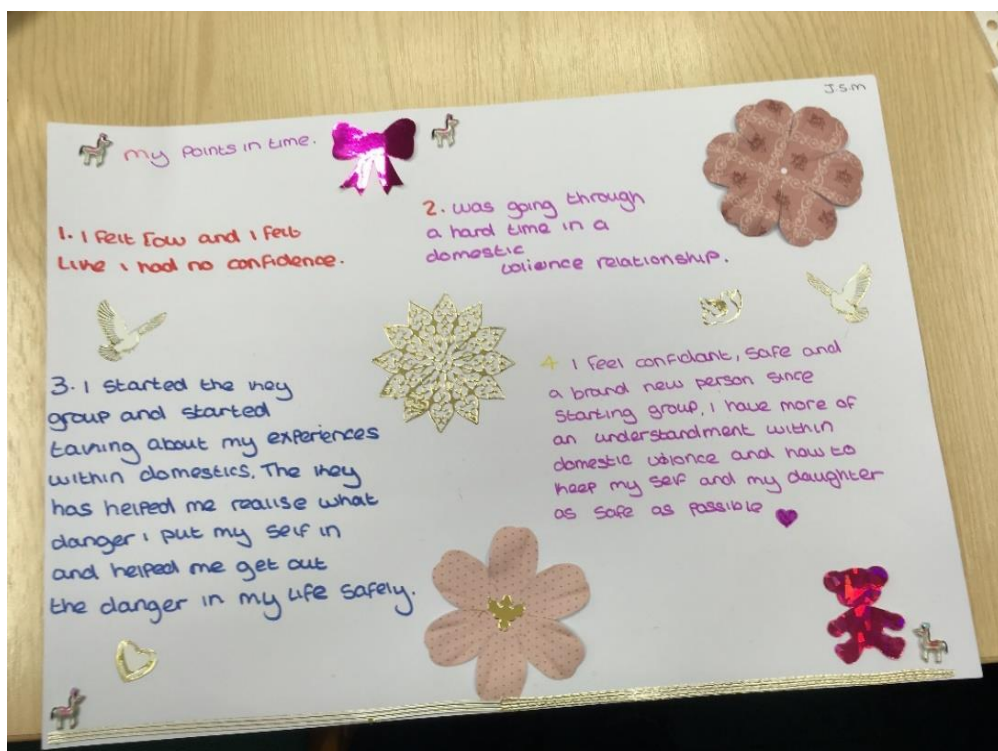


Photo 2 shows the complexity of a young woman's life in terms of experiences of living in different home environments during her childhood, and domestic violence over a 7-year period but notes that, "my life in 2019, I'm in a good place now".



Photo 3 illustrates how a young woman has mapped the complexities of her life in an interconnected manner, linking The Key to both help and self-love.

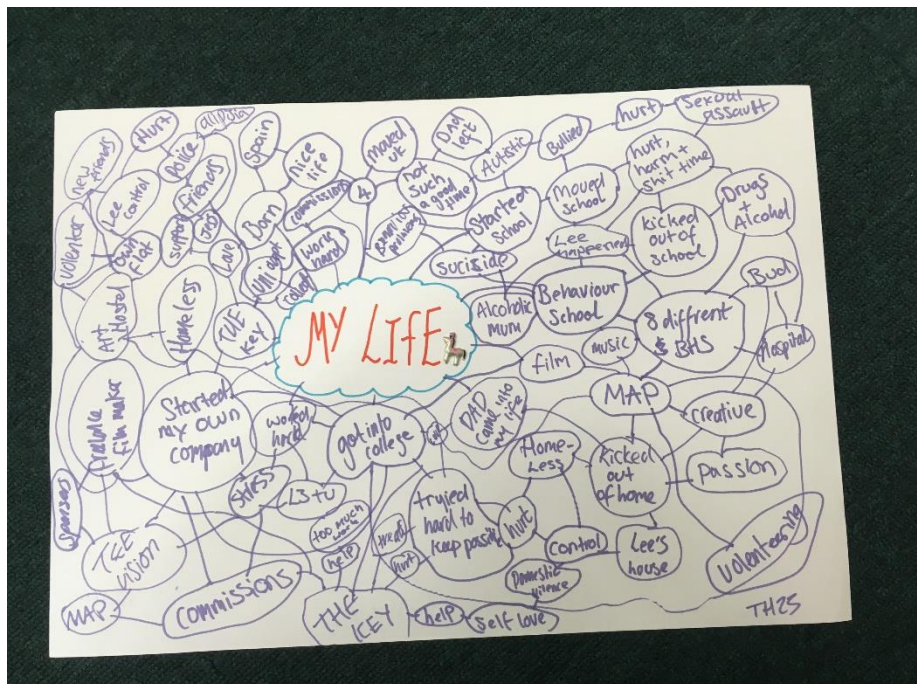


Photo 4 similarly illustrates the complexities of a young woman's life detailing her experiences of childhood (not positive), domestic violence and children being removed. She then notes that she was able to leave the relationship and has some positive progress to report such as being able to have contact with her children.

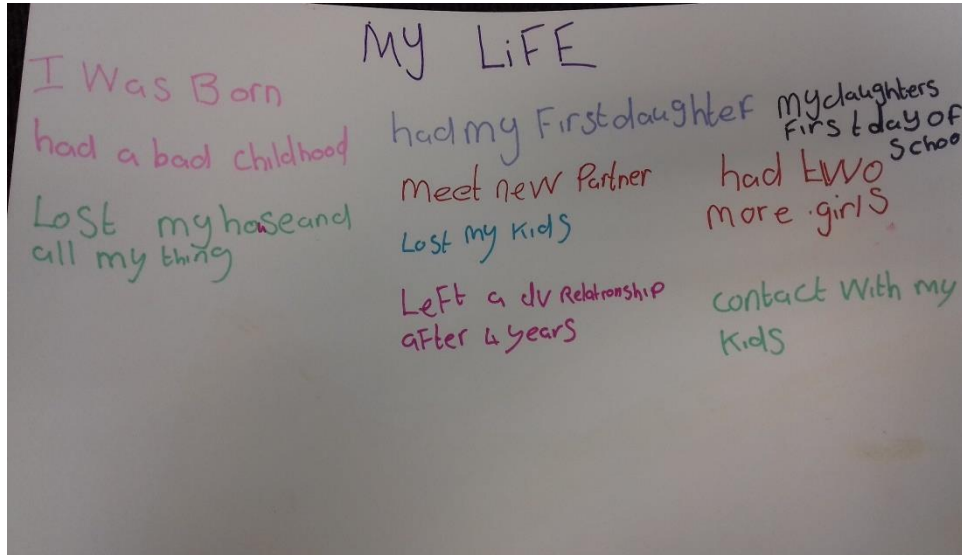
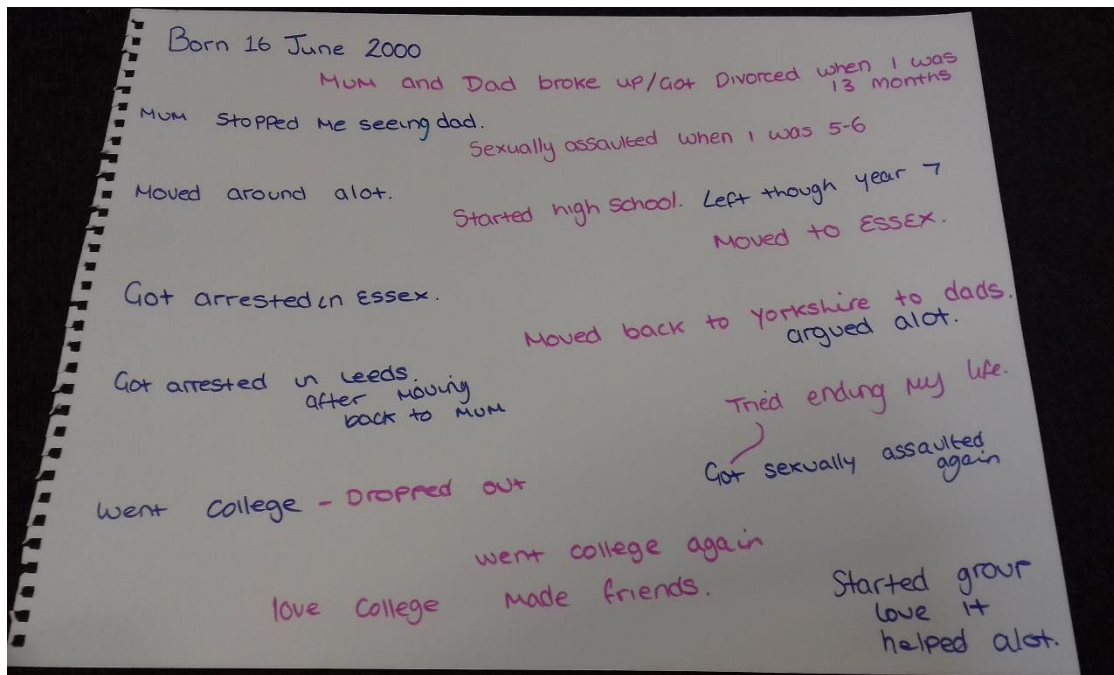


Photo 5 also shows complex life circumstances and challenging experiences including family breakdown, sexual abuse and domestic violence. However, this young woman notes, "started group, loved it, helped a lot".

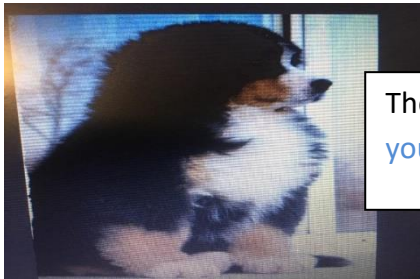


Photovoice

During some of the group sessions in 2019 and 2020, workers asked the young women to consider taking a photograph and using that to tell the evaluation team about their experiences of the project by writing a line or two to explain its connection to The Key. 3 young women submitted images and accompanying text.

Photovoice 1

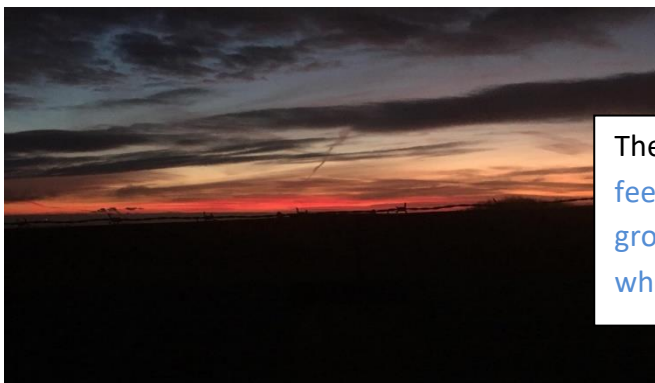
The following five photographs are from an evening group member who is 14, and demonstrate her increasing self-worth, and positive feelings towards the group.



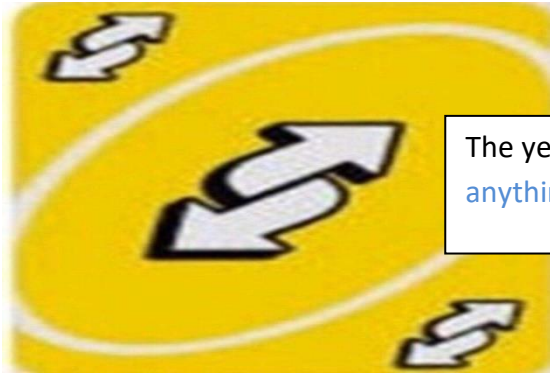
The fluffy dog sat up – ‘because you are cute no matter what’



The bird – ‘because you are free what to say’



The sunset pic ‘This makes me feel happy and warm because group is like that, talking about what you have to say.’



The yellow Uno pic 'Lets you tell anything to one another'



The dog sleeping – 'and you can be sleepy and still come and have a good time with friends'.

Photovoice 2

The two photographs below were sent by a young woman who attends the evening group, and she said:



"The first photo I send is how I felt before I started group. I felt alone scared to interact with people as I'm afraid of judgement as sometimes I am alone with my thoughts. I never knew why but now I know it isn't just me that feels this way about things going on with themselves and inside people's own heads and with their own mental health"

Photo 1 – At the start of The Key

Photo 2 then represents how the young woman's feeling changed:

"The second photo is what reminds me of myself now I have realised it isn't healthy to watch the world go by and not live my life to the fullest of my own potential. I have overcome most of my fear and this photo shows that I can cope in busy environments when I don't over think. Since I started Women's Health Matters, it has helped me be more sociable with people, helped me overcome how I felt inside with quite a bit of time. Even now I have my moments were I am still scared to interact with people and I thought it was best to just let people do what they do and not get in the way but that's wrong I know now I should not let others stand in my way and it's good to be sociable."



Photo 2 - How she feels now

my body
my boundaries
my appearance
my voice
my decisions
my life
my choice

Photovoice 3

This above image was created by a day group member, who said: "I couldn't think of a picture to send in so I just made this one myself. It represents how coming to The Key made me realize how in any situation I have a choice and that no one can take that from me. And also I've learned I have personal boundaries that are for myself and only for myself and I shouldn't have to compromise my boundaries for anyone or for "love"."

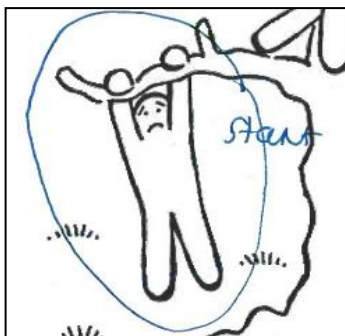
Service User 1 (September 2019)

Hazel was referred to The Key by the police. Initially she was nervous about attending the group but she felt ready to accept help. She didn't feel safe leaving the house so having a taxi take her door to door meant that she could give it a go.

Since attending The Key over the last 5 months, Hazel has left the abusive relationship, learnt about what to look for in healthy relationships and how to recognise abuse, and she has started working. She has also stopped self-harming following one to one support from The Key workers. She has regained her independence and can travel to the group alone. For Hazel, being in a group situation has helped her to open up and express her feelings. She now feels able to offer advice to others and listen to their opinions. She really wants to give back to the group by supporting others, especially new members.

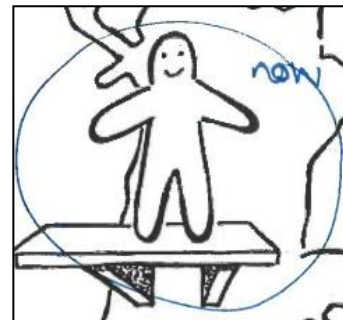
Her former partner was controlling about what she wore, how she spent her money and he prevented her from working but she associated abuse with physical violence not his type of behaviour. In the group sessions, she learnt about emotional and financial abuse, and when she was ready, she worked with The Key staff to put a safety plan in place so that she could leave as safely as possible. Without the group, she is sure she would still be in the abusive relationship, isolated from family and friends. She now feels optimistic about what the future holds. Hazel met people through The Key who were going through/had been through similar experiences which made her feel less alone and more able to share her story without feeling judged. This also increased her confidence outside of the group. She feels that the education offered via The Key would be beneficial for family members of those who have experienced abuse to increase their understanding.

Hazel has found a voice through the programme: "It's made me feel like I can open up and I can explain myself. And if I'm down I'll tell someone and I won't just suffer on my own any more like I'd normally just keep myself, isolated."



At the start - Hazel chose the unhappy character clinging on to a branch to represent how she felt at the start of the programme: "on my own. I felt a lot on my own." She felt isolated because her family didn't understand her situation.

How do you feel now?
"I'm on top of the world me, I'd say I stand here. Standing proud [...] I've got so much going for myself now compared to what I had before [...] it has taken time but the time in the long run has helped me."



Service user 2 (September 2019)

Erin is in an abusive relationship with a man who used to smash up her flat. Before she came to The Key she was depressed and self-harming. People around her tried to get her to seek help and go to counselling but she couldn't face it; it was too daunting to go somewhere where she didn't know anyone. When she was referred to The Key, she gave it a go because one of the workers had supported her in the past and she trusted her. And now 8/9 sessions in, it's the highlight of her week: "every Wednesday I'm up before my alarm like oh, get me to group."

The sessions are a chance to offload and have helped her to manage her emotions; she says she now argues less with her partner through having that release. She has felt understood and reassured that the way she was feeling and acting was not "stupid". She is feeling more confident and excited about the future which was unimaginable before and is thinking about "job, house, kids". She didn't have family support or anyone to open up to about the abuse she was going through so the peer support from the group has provided that social network.

She feels less lonely and loves the social side of the group as well as learning and healing. For Erin, The Key gets to the root of problems rather than medicating the issue and teaches her about how to deal with what she has going on. Erin is still in the relationship which has been abusive but feels better able to manage the situation, more in control and she understands more about what is behind her boyfriend's actions. She won't hide anymore and has learnt to open up about the problems.

Learning about self-harm and anger management in The Key has helped Erin to make changes to how she reacts to difficult situations, and she hasn't self-harmed since she started with the group.



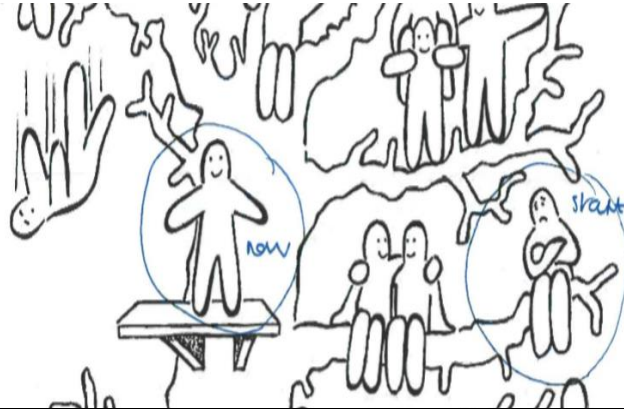
Before she joined The Key, she felt at her lowest ebb and identified with the lowest character on the blob tree but felt even worse than that image: "if you had a person under the roots."

Now, after 2 months: She chose a character hugging another one, feeling supported, more social and stronger. She is aware there is more she wants to achieve to reach the top but she isn't there yet. "Here. Sat with my buddies."

Service user 3 (September 2019)

Start: "I always feel like I'm the odd one out, I feel people won't speak to me or anything."

Now: "I'm still quite shy but I'm like more confident."



Service user 4 (September 2019)

Start: "I were at the very lowest point I could ever possibly be in my life. So yeah I was on the floor kind of on my own."

Now: "Completely different place, yeah. So I'd say I'd be kind of this one. Just because I'm happy standing alone. I'm not quite at the top where I want to be but I'm in the middle but I'm happy in the middle for now because I know I've progressed quite a lot [...] Yeah, especially with it being like on a platform because I feel like I've earned that platform now. Because I've kind of done a lot of self-work and I've proved myself and I've kind of, I've earned that pedestal, if you know what I mean."



Service user 5 (September 2019)

Service user 5 chose 3 different images to represent the ups and downs that she still feels, but in contrast to before she joined the programme, some days she is the smiling character standing tall. Other days she's sad sitting alone or falling. The young women are working through complex issues, with her choice of images representing this as progress in such circumstances is not linear.



Suggestions for service improvements

In all instances of qualitative data collection, service users were asked to make suggestions about how The Key could be improved. Many of the comments were about practical issues associated with taxis as they were often late. Other suggestions included:

- More focus on creative activities such as colouring, for example, is therapeutic.
- Heavier topics could be split into two sessions to give participants more time to cope or two sessions a week would allow workers to fit more in whilst providing the support needed by young women.
- Expanding the programme to include education about healthy relationships for other people beyond the young women themselves was also suggested. For example, if people in the young women's wider support network could also learn about abusive relationships, this would better enable them to understand more about their experiences.
- One service user also suggested that a group for men would be useful, to educate them in this area.
- More information on the Moving On Group to prepare the women for the transition would be useful, and a more structured design to the Moving on Group programme.

Summary of service user voice

- There are a range of positive outcomes for young women who attend The Key including increased self-esteem, better ability to recognise abuse, increased understanding of healthy relationships, improved mental health, reduced social isolation and the development of a positive orientation to the future.
- Some women had been able to retain or regain custody of their children following support from The Key. Others reported exiting from harmful relationships, being more able to manage their own emotions and an increased ability to stay safe.
- Women identified a range of mechanisms of success underpinning the delivery of The Key. These included a non-judgemental approach from the workers, peer support from women with shared experiences and a trusted space in which to meet and learn. The ability to trust the workers enabled them to develop rapport and feel comfortable in disclosing their experiences as well as learning. Women also talked about the advocacy support that they received from workers, and the advice.
- Women were in general very positive about their experiences with The Key displaying promising attitudes to attendance and discussing a lack of alternative provision able to provide them with the same level of support. Women also discussed issues beyond the group that affected their experiences such as the stigma associated with domestic violence, negative perceptions of statutory services, as well as the need for more general education about domestic violence.
- Women disclosed their experiences of abuse as well as broader vulnerabilities in terms of self-harm, depression, and family breakdown, showing complex needs requiring long-term support. The need for longer term support was evident in that women were often reluctant to exit the Key.

3.3 Findings: Stakeholder Voice

External Stakeholder Views

Referral

Stakeholders all commented positively about the referral processes, reporting that they had clear ideas about what to expect from The Key, and said that they valued the feedback that they received from the workers in response to the referrals that they had made. Referrers identified participants who were vulnerable and at risk as a result of the unhealthy relationships that they were involved with. In some cases, the risk was deemed to be particularly high due to the similarity of the circumstances to other cases that had escalated severely, even ending in death:

“Both of mine that I’ve referred have been high risk. Certainly the first one that was identified as having similar traits to another young lady who actually was killed by her partner.” [Referrer 7 2019]

“From the first phone call I was confident that I was dealing with passionate professionals. I like to personally understand what it is I am engaging the young person in. I need to be confident that I am not just passing the buck and that it’s going to be the right service at the right time. The Key project gave me that confidence.” [Referrer 8 2019]

Beyond the need for education on specific topics, and identified risk of abuse for young women, referrals were also made so that young women had an opportunity to gain confidence as a mechanism to address their vulnerabilities:

“...trying to increase their awareness and just trying to uplift them and give them that self confidence that they need so that they have the courage to say no to those sorts of things.” [Referrer 1 2018]

“I think The Key gives them those messages about ‘it’s not their fault’ and you know self-worth, value, all those things that they need and we don’t have time to do that sort of work, ours is just really firefighting [meaning that there is no time for preventative work].” [Referrer 4 2018]

Gap in services

The Key was described as filling a gap in services by several of the external stakeholders who were interviewed, as the women, especially the younger participants, often don’t meet the threshold to be referred to other groups but there is a clear need to keep them safe in the future:

“The Key works with young women who are, have got fairly serious issues and I know that it’s fairly unique in the city, there’s not much other provision in the city for those kind of young women... I know there’s not much group work provision just for young women and not around the issues that they work with. In fact there’s nothing. There’s nothing else.” [Referrer 6 2019]

“I researched so many other avenues...So many had been there in kind but now had either had funding withdrawn or was not taking referrals due to funding coming to an end. The other services also seemed to have compartmentalised services. No one seemed to cover as wide a range of services in the same session.” [Referrer 8 2019]

Some professionals referring into the project spoke about its value in terms of prevention and in terms of the workers’ ability to provide on-going support, beyond the remit of what was available within other local service offers:

“She was still facing issues that you know aren’t going to be resolved overnight and I felt that the support at that group around healthy relationships, all those kinds of things, would you know continue to sort of prompt her and keep it fresh in her mind.” [Referrer 6 2019]

“It’s a process isn’t it? Because these young ladies are so invested in those relationships for some reason they go back and they can’t even tell you why they do it, it takes them long periods of time for them to be able to hear the messages to be able to reflect on those messages that they’ve received to identify the similarities in their own processes their own experiences and then to make those changes in their lives so The Key, so it’s just that continued support and especially that group process that’s just really useful. It’s not going to be accepted on a one-off. I think it’s got to be that weekly investment in a group where they hear the messages time and time again and sometimes you know it takes a while before it **resonates** doesn’t it?” [Referrer 7 2019]

Several referrers also highlighted a need for provision to support boys with education on healthy relationships and the question was raised of where non-binary or transgender young people fit into this model.

Approach

The Key involves school groups, independent group work sessions at a range of locations and one to one sessions where required. Professionals working in schools appreciated the fact that the provision is free and that the programmes run over a period of 6-8 weeks, so they can cover a lot with the groups. For the young women in the ongoing groups, referrers discussed a significant positive aspect associated with The Key, that they maintain contact for longer periods than other services. Longer term support can help to counter the abandonment the young women have often experienced in many areas of their life which has contributed to their vulnerability:

“Especially on the basis that it’s been offered 1) for free, 2) it’s a large amount of time that’s been offered to the school and it’s certainly a programme that is of quality, I couldn’t complain.” [Referrer 1 2018]

“I’ve never been a fan of fixed term support because, particularly with young people, I think it should be young people leaving the service not the service leaving the young person. For young people who sometimes have been left all their lives, they’ve been picked up and dropped and people leaving them, sometimes it’s nice for them to know that **somebody’s there for them.**” [Referrer 6 2019]

The location of The Key in the voluntary sector was also noted as important by some referrers who felt that the workers did not have some of the restrictions that statutory services experience and the young women respond differently to the approach:

“I think because they’re voluntary sector and they’re a charity and they’re independent, I come from local authority safeguarding to work in an education setting which is quite formal. We have duties, we have things that we have to respond to in terms of education so we’ve got key policies that are just specific to education. Whereas they can be a little bit more free in the way that they approach and the way that they engage with the client bases that they’ve got. They’re also a bit more **free-thinking.**” [Referrer 4 2018]

“I mean both of these ladies have had social work involvement from an early age themselves and actually you know they’ve been social worked to death so the messages that we sometimes give aren’t necessarily what they want or need to hear. They need to hear from other people in their position, they need to hear from voluntary organisations where, you know, there’s nobody threatening their children or nobody’s threatening to put them into care or nobody’s telling them how to live their lives, you know, this is mutual respect working with people who have been in that and understand what they’re going through. It’s so much more **powerful.**” [Referrer 7 2019]

“It has a **‘youth club’** feel approach within a service based within that. Young people don’t define their needs by the services on offer.” [Referrer 8 2019]

The approach is non-judgemental with an emphasis on harm reduction when women are not able to remove themselves from abusive situations:

“A lot of women as we know won’t go, they won’t leave, they’ll stay in those relationships, and I think that non-judgemental approach that The Key’s got is really important. They will be that sounding board. They will give advice. [...] they’re still kind of trying to deliver those messages, reassure, get them to safety or at least try and keep that harm reduction down.” [Referrer 4 2018]

The participants attending the longer running groups are offered transport, which can help to overcome barriers of finding the location and the cost of getting there:

“I know that it’s a safe space for young women. I know that they send taxis for them which is also really valuable. For a lot of young women it’s two bus rides and not many young women are going to do that with the best will in the world even if they do really want that support, they’re not going to do two bus rides.” [Referrer 6 2019]

The Key staff also work with the young women to overcome any barriers to their attending the group sessions and so work to enable engagement as soon as they receive a referral:

“The workers generally meet with the young person beforehand just for a coffee, to sort of ease them in to it really because it’s quite daunting, and I think that’s really important, it’s a very good part of the process because for me to sort of say to somebody “there you go, there’s a group, just go and join it and you’ll be fine”, it doesn’t work like.” [Referrer 5 2019]

Trust and rapport

Everything discussed in the group is confidential unless a young woman is deemed to be at risk, which is part of the process of building trust amongst the young women who attend. One referrer discussed the importance of engaging with young women to build rapport, recognising this as a mechanism of successful delivery:

“Just having that good rapport with the young people...because young people attend and will say to me well, “I’ve been counselling, no I don’t like counselling, not going anymore,” or “I’ll never go again,” and that’s because they’ve had sort of a bit of a negative you know experience, yeah it’s difficult to explain but I do think that they have a good rapport with the young ladies and they do kind of bend over backwards to do whatever needs to be done. And I think that works.” [Referrer 5 2019]

Creating a safe space for young women to meet and learn in was discussed as important by the same referrer who felt that the gender-specific focus of The Key (women-only) also enabled trust to be built. The ability and commitment of the workers was also noted by this referrer:

“I can’t sing their praises enough as to how fantastic the workers are. It’s not about what they put on, it’s about how they put things on, you know the person as well and I think that’s why the women go back time and time again, which is really positive.” [Referrer 5 2019]

One referrer had found, however, that keeping the location of the evening sessions confidential had been a barrier to attendance for some school-aged young women as their parents were not comfortable with their daughters going to an undisclosed address.

Peer support

The group setting allows the young women to support each other and learn from each other's experiences, but also to build friendships for those who are otherwise isolated. The referrers spoke about the value of doing this kind of work in a group setting as opposed to one to one. Being challenged by peers who speak the same language and have shared experiences can have a significant impact on the women that differs from the reaction to a professional speaking to the group or offering one to one support:

"It's support from the rest of the group...realising that girls, they're not on their own and everyone struggles and everyone needs support from time to time and that in itself kind of builds networks and confidence and self-esteem." [Referrer 3 2018]

"Actually there's a lot to be said from those maybe sharing information with themselves and giving each other, because you know sometimes there's a reluctance isn't there to take it from a figure of authority but from a peer it's so much more powerful, you know, from someone that's living the life that you've lived or that has lived it or has an understanding of what it is you're going through because most professionals probably don't, and I think there's a strength in that." [Referrer 7 2019]

However, one referrer outlined some concerns in relation to the group work model of delivery adopted by The Key but did acknowledge that the staff were very good at safeguarding:

"I do worry sometimes about about putting young, vulnerable young people in a group situation. That's the only sort of worry that I've got really because of the extreme vulnerability of the young people, because of the nature of the group and the support its providing around CSE and domestic violence and domestic abuse, but I know that they're very good on safeguarding." [Referrer 6 2019]

Impact

Changed circumstances

In some cases, young women have been able to move away from abusive relationships with the support of The Key and retain custody of their children:

"With the help of one of the workers [...], she's actually moved away from the abusive partner, is living out of house and we've seen her just grow in confidence and independence. She was very controlled, very stalked when I first met her and she's now, you know quite free, quite liberated, if you like, as well." [Referrer 4 2018]

"One was on a child protection, worrying that she might lose the baby and we ended up that case is closed now and she's still with her child; she actually went out and got a non-molestation order which she would never consider before. The second one is

still working with them now, she's in a very critical position but actually she is doing it, she is managing to stay apart from dad; she's feeling more empowered and she is managing to break that cycle." [Referrer 7 2019]

Increased confidence

Referrers and workers have seen the young women grow in confidence through their involvement with this project and as a result, relationships and their mental health have also improved:

"Confidence really. We had one student in particular that was saying that she had been suffering from some panic attacks and we've seen a reduction in the anxiety attacks that she's been having. I've got another student who was very keen on trying to go to a different school because she felt that she no longer fit in school that her friendship group was far too strained to put back together that she just felt under-confident and invisible but now she's saying she wants to stay and she's started to rebuild those friendships so I think that the programme's given them those kind of skills to kind of do those things." [Referrer 1 2018]

"It's about being positive about what is acceptable and not acceptable, and confident as well and having the confidence in saying so. But you can, you can tell the difference within people." [Referrer 5 2019]

"She certainly grew from that...I wouldn't say she was the most confident person ever but you know...there was a change in her definitely and this, you know this ability to recognise some of the demeaning language that was coming her way from the partner as well, and that you know to question that and to challenge that thinking instead of just accepting." [Referrer 7 2019]

Changes in behaviour

Referrers are aware of a number of positive changes in the behaviour of participants in the project, both around the choices they make in relation to keeping themselves safe, and how they interact with other people:

"I mean she tells me she's not really drinking alcohol any more in the same way she was, her behaviour at school has been really really challenging and since The Key I'd say that she's probably settled down a little bit more." [Referrer 2 2018]

"I think it's more demonstrating that they are able to make decisions to protect themselves and to, you know, perhaps follow some of the guidance that has changed rather than them labelling it "oh yeah, I feel safe" I don't think people do that. So I think they probably do feel safer." [Referrer 7 2019]

Learning

The young women learn about healthy relationships, are supported to develop skills and are

enabled to listen to others:

“They were learning to open up more to their parents as well, they’re seeing things from a different perspective, they’re listening to others as well and what their opinion is so they’re developing all types of skills just from taking part in the intervention.” [Referrer 1 2018]

“I love to hear it when they actually start repeating some of the information that they’ve heard in the group back to me and it’s shown me that they’ve got some understanding and that they’re taking it in.” [Referrer 7 2019]

Managing emotions

Some referrers were able to report back on the emotional improvements that participation in The Key had brought about in the young women who attended:

“This person had difficulties managing her emotional response so quite often she’d be quite volatile but actually she was very proud of some of the work and she was receiving a lot of praise. I think she does some sort of information board, I don’t know if it’s a presentation or something, so it was just nice to see her in a different light where she wasn’t fighting for her child and she was just being herself and having a little bit of her time.” [Referrer 7 2019]

Suggestions for improvements

Stakeholders’ main suggestions for improvement of the project were around The Key having more capacity. Another potential area for improvement would be around how The Key workers promote the programme to other potential referrers so that they understand what it is, with the need for on-going referral mentioned by some workers. Others said that they had had everything they needed in terms of updates on The Key provision. They had also received feedback on the referrals that they had made and felt that this was more than other services usually provided. Some referrers cited the need for a longer-term offer of The Key as they recognised that the programme was short-term funded:

“I think it’s a great service and want it to continue and I hope that this helps that. Because you know we do need things like this, we do need things for young people. There’s not enough really.” [Stakeholder 7 2019]

“Does the group have assured funding? There is nothing worse than promoting and facilitating young people to attend for it not to be there. If young people need this group then it’s safe to assume they have already been let down somewhere and would understandably have mistrust issues.” [Stakeholder 8 2019]

One stakeholder involved in the work in schools described the difficulties of timetabling and setting up the sessions to fit in with all the other demands on students’ time during the term. She suggested The Key provide training to wellbeing/pastoral workers in schools so

that they would be able to incorporate some of the work into their sessions. Ideally, she would like the input of the external experts but this could be one way in increasing reach.

Summary of external stakeholder interviews

- Stakeholders' views echoed those of the young women in reporting that The Key is a project that enables young women to meet together in a non-judgemental, gender-specific group setting, with peer support seen as an important mechanism to enable young women to learn about healthy relationships.
- The Key workers were recognised as being able to successfully engage young women, build trust, and give them a voice. Referrers had confidence in the ability of the workers to support young women's diverse needs.
- Stakeholders felt that the group addressed a gap in provision when compared to existing services in the same area, and that referrals were working well. Several stakeholders reported that other services were not able to offer the same type of support as The Key.
- The location of The Key in a voluntary sector position was also seen as positive by some referrers who felt that this gave staff more flexibility in relation to the way in which they delivered support.
- Stakeholders identified the positive outcomes that they had seen as a result of young women attending The Key. They noted improved behaviour and better ability to manage emotions. They also reported that young women learned about the signs of abuse and developed improved understandings of healthy relationships. Increased confidence was also a clear outcome for many young women. Some stakeholders also saw significant changes in young women's circumstances in that they had been enabled to leave abusive relationships and keep custody of their children.

Needs

Workers reflected on the needs of the young women being referred into The Key, as these were higher than anticipated. Initially this was thought to be due to receiving referrals from social care in 2018, following the discontinuation of another group that was not re-funded:

“It’s meant to be early intervention but what we’re finding is that a lot of them are presenting with very high levels of need around, a lot around confidence, self-esteem, but also around self-harm, CSE and risk of CSE.” [Key Worker 1 2018]

However, during the 2020 interviews, workers again reflected upon the high levels of need that they were supporting in The Key, and the associated challenges that this raised for them. Worker 2 outlined that they had dealt with 3 safeguarding issues in the previous week, arising just from the evening group members. Worker 1 felt that there was a lack of discussion of the issue of domestic abuse for young people, despite the high levels of need:

“Conversations about domestic abuse often ignore young people still which seems quite ridiculous. It’s really frustrating and the referrals we get for the younger girls are around I mean serious relationship abuse. We’re talking kind of kidnap, we’re talking potentially attempted murder at fourteen years old, hospitalisation...it’s not just well he’s texting me and wants to see nudes it’s actually serious, like he’s hitting me with weapons kind of really serious abuse but actually where’s that going to go?” [Key Worker 1 2020]

In addition, one young woman had been asked to leave the group as the workers were unable to support her needs:

“Unfortunately, due to the fact that this girl had only attended 2 sessions with us, and that that the rest of the group has an extremely high level of need, we weren’t able to offer her any one-to-one work, we have to prioritise girls that attend group. I doubt she would have taken up on this if we had been able to offer it as she was more interested in the social aspect that group offered. We are also aware that she currently has a social worker and we therefore signposted her social worker to various other organisations. In terms of informing her that she could no longer attend group, she did not take this very well. She gelled with the group quickly (which ironically was part of the issues we had) and was angry with us that we were saying that she could no longer attend. We do believe that she was attending for the social element of it and not for the learning element of it which contributed to our decision to ask her to leave.” [Key Worker 2 2020]

More broadly workers suggested that educational needs were high amongst young people, in terms of a lack of understanding about healthy relationships:

“In terms of preventing abuse for future this is where it begins, it begins with young people learning about healthy relationships, learning about their boundaries and assertive behaviours and communication, what they want and expect from a relationship instead of just blindly going into a relationship that can end up being really turbulent. I think in terms of things that kids are experiencing now when it’s, you know when you’ve got social media and it’s so easy. One person at school watches porn, the entire school’s watched porn you know, Fifty Shades of Grey...” [Key Worker 3 2020]

Workers 1 discussed how there was a lack of specific support for young women:

“For the younger girls yeah there’s nothing, nothing for them.” [Key Worker 1, 2020]

This was compounded by other providers applying threshold criteria to determine eligibility. So many who attended The Key were either too low or too high for inclusion in other services, whereas their offer of a generic youth work approach, adaptation of sessions, flexibility and tailoring of support to young women’s level of emotional maturity was different. The other two workers made similar comments:

“They’re (other services) very much like if you miss three appointments you’re done. I think it’s about how we’re really respectful of young people and their relationships and not dismissive of why are you self-harming about somebody you’ve been seeing for two weeks, like actually no you’re really in distress that sounds really difficult. I think yeah, I think it’s really, really concerning that it’s not going to be there when there’s yeah we’ve really stuck with people that other organisations wouldn’t necessarily have stuck with.” [Key Worker 1 2020]

“We take a really holistic view, we’ve not got a tick box session of this is our criteria in terms of your support needs, we’ve got a really holistic view to the support and we’re aware that actually trauma impacts on every level of your life from housing support to financial support and we engage with different services to pull people in, don’t shut the door for any of those reasons. I think a lot of services do have a tick box of criteria, yeah.” [Key Worker 3 2020]

Other services were also unable to support young women with transport costs, the provision of taxis and creche facilities, all barriers to service access discussed by the workers delivering The Key:

“For the younger ones specifically no, whereas the older ones we’ve got potential of (service name) but then there’s not taxis or crèche or, so there’s other barriers potentially to accessing that but there’s still something for the older ones so that’s yeah that’s kind of a bit less concerning.” [Key Worker 1 2020]

Workers were also aware of needs differing across age groups:

“It’s for women of all ages (other available service provision), so it wouldn’t be appropriate for sixteen and seventeen year olds because, yeah, their experiences are really different to someone who’s in their fifties or sixties. In some ways it’s really

helpful hearing that difference but also for some people it just feels really uncomfortable for them.” [Key Worker 1 2020]

Outcomes

Voice

The Key workers have found that those who attend The Key rarely have the chance to tell their story elsewhere, despite many having been in contact with social workers for many years. This project gives them a voice and the opportunity to express themselves. Workers also advocate on behalf of the young women attending when necessary, and this was described as important in giving them voice:

“We’re there to advocate for the women, we are their worker and we make that clear. We are very clear, we are your worker, we are just your worker and that’s, and we have as little to do with your family as we can to make that really really clear. And that’s really really rare as well.” [Key Worker 2 2018]

Increased confidence, capability and coping

Workers reported similar outcomes to those described by the young women themselves such as increased confidence, and the ability to make their own informed decisions about the changes they need to make to keep themselves safe:

“Someone commented last night ‘I have to look after myself and I have to look after my friends’ so there were definitely comments being made that things are, people are keeping themselves safe.” [Key Worker 1 2018]

“There’s moments in the group that they [young women] stop and they say, you know, things like “God if I hadn’t have been coming to this group I wouldn’t have been able to get out of bed in the morning and this is my reason for getting up and getting dressed” and those really wow moments when you step back and you think yeah that’s beautiful that level of impact is really amazing.” [Key Worker 3 2020]

Worker 1 also discussed the importance of working to build the confidence of young women as an enabling factor in relation to understanding abuse and staying safe:

“We do quite a bit on self-esteem obviously and we do stuff around kind of managing difficult emotions so stress levels and managing anger and being assertive and all those other things that improve resilience which means you’re less likely to then go into an abusive relationship or you might feel safer to manage your relationship whereas if you leave those things out actually what are you doing? That’s not enough, that’s not enough to build someone up to get to a place where they feel they can make any positive changes. It doesn’t do that.” [Key Worker 1 2020]

Workers described how the groups help young women to manage their emotions so that they can communicate in a more positive way with other people in their lives:

“In terms of the younger women, I think that’s more around their emotional management and how they manage with family and not punching walls and screaming at people and thinking that’s ok.” [Key Worker 1 2018]

One worker described enjoying watching the journeys that the young women made to more positive emotional outcomes, and improved mental health as a result of their involvement with The Key:

“I think some of the changes have been absolutely amazing and I’ve got a smile from ear to ear as I’m saying it. I think it’s really amazing to see the level of difference that we’ve made in people’s lives and how emotionally people have been able to grow. Trauma impacts on different women in many different ways and on many different levels, and a lot of young women have felt that they are stuck in that place of poor mental health and we’ve helped them find strategies of self-help and self-healing and that’s worked really well.” [Key Worker 3 2020]

Increased ability to recognise abuse and stay safe

The workers reported young women being able to learn to recognise abusive behaviour, and to then apply this knowledge to support other young women:

“You can definitely see the people that have been with us longer, that they will give certain really useful advice to the other women in the group, like the difference between learning these things and learning to recognise an abusive relationship but also reminding yourself when those things are happening to you.” [Key Worker 1 2018]

Workers also provided examples of young women exiting unsafe, and unhealthy personal relationships, as well as learning how to be safer as a result of their involvement with The Key:

“We’ve helped and supported people to reduce that level of physical risk from being in, you know, some women in real imminent danger to be able to offer support around safety planning, risk reduction to get them to a much safer place because you can’t begin to heal emotionally when physically you’re at such a high level of risk.” [Key Worker 3 2020]

General Learning Log reflections

- Young women were seen to be learning in workers' reflections based on them completing quizzes about the topics covered in sessions, as well as the completed scaling sheets (school groups).
- Young women also felt able to ask questions in sessions, for clarification and about covering specific content in areas where they felt that they needed to learn more, and often asked for more support. For example, in relation to anger management, and requesting support with pregnancy testing. Workers adapted sessions in some instances to allow for longer and more in-depth discussions on specific topics.
- Young women often supported each other in the group sessions, sharing their experiences without offering judgements, but young women gelling together takes time.
- Some young women reported learning to recognise unhealthy relationships and making changes as a result, such as, leaving their boyfriends, and some started to report concerns for their friends based upon group discussions.

Workers also reflected that despite encouraging young women to exit harmful situations (where possible), this was a complicated process:

“...grief that you suffer when you’ve got a relationship that’s broken down is really complicated. If someone dies it’s final and it’s painful but it’s ended, there’s no coming back from it but if you’re grieving someone that’s alive it’s really complicated and to end that grief all you know you need to do in that minute is just put your arm around that person and it’s ended. People return to relationships for lots of different reasons and grief’s one of them.” [Key Worker 3 2020]

Learning

Following on from learning gathered during the delivery of The first funding period of The Key, workers had created an additional education element of the **schools group**, which they felt had been successful. Their approach was described as different from the interaction that young women have with teachers and other professionals at school:

“We’re not teachers, we speak to them differently and they can be different people in that group and it feels different to them as opposed to they might be kicking off at school every day or walking out or whatever but absolutely great within the group and really important members of the group, so it’s interesting that even when they’re in school you can see a massive change in behaviour just by possibly how we work with them.” [Key Worker 2 2018]

In 2020, looking back worker 2 reflected that these groups were difficult to establish at first, but then they moved to delivering 20-30 school groups at the same time across 10-12 schools, suggesting that word of mouth was important in increasing demand:

“From the work we do in schools, we are reaching out to a vast proportion of young women. Requests for more groups, so in terms of groups that we could have run we actually can run more but it’s capacity and time to do that. There’s just a massive need out there, a lot of schools they recognise actually a better approach is to invite in a service that can focus on some of those needs and support young people to understand some of the things that they’re experiencing and reach out to get some help for it.” [Key Worker 3 2020]

The workers started off with a set programme to deliver, but then were able to respond to feedback from young women and incorporate different topics into the sessions, depending upon requests. For example, they had included content on brain development in adolescence and communication with parents and tended to run groups over 8 week periods, with 6 sessions of the same topics, leaving the remaining 2 free to **flexibly respond to need**. This worker felt that the school group aspect is effective because of the positive feedback the workers had received at the end of sessions, and comments from teachers about improved attendance from some women following their engagement with The Key workers in school.

Whilst the creation of the school groups had **increased the reach** of The Key, the workers discussed concerns about having less reach to specific demographics. Worker 2 felt that they had increased the diversity of young women being worked with, as they had young women reporting different sexualities, and increased numbers of care leavers and adoptees, however they had been unable to increase the numbers of BAME young women:

“I don’t think there’s been a massive amount of diversity. I think predominantly we’ve worked with White British and I’m not entirely sure why that is because we’ve reached out in every direction it just seems to be the referrals that come back.” [Key Worker 3 2020]

School Group reflections (learning logs)

- School aged young women received the sessions well, and in some instances had high levels of knowledge about topics, but at other times were confused, for example, misunderstanding grooming.
- Young women were often talkative in sessions which needed management due to time constraints. Sessions were on occasion dominated by discussion of incidents in school, or specific young women being disruptive. In some instances young women were disengaged (left during the session time or made no comments at all).
- Some disclosures (e.g. self-harm) required one to one follow-up outside of the group.

- Several young women reported feeling unsupported in their school environments, and wanted more one to one follow-up, a request supported by staff.
- Often young women discussed their family relationships as problematic and challenging, alongside having concerns about their romantic relationships as well.
- Disclosures about sexuality were made openly by some women, and other young women responded in a supportive manner.

Workers also discussed changing patterns of referrals, sometimes with fewer young women being linked into The Key by other professionals despite advertising spaces, however none felt able to offer an explanation of why numbers had dipped, and then increased again:

“We’ve never struggled for referrals for either group so it was really really odd when it happened.” [Key Worker 1 2020]

As The Key developed, workers also learned about the **length of support** that young women need. Initial estimates of how long they would be involved in a group were re-assessed and more flexible support offered, particularly as there were low referral numbers in the early stages, and a subsequent dip during the final months of delivery. Workers described The Key as being able to offer **flexible, holistic support tailored to the needs** of young women, which they saw as a strength of the provision:

“I think and that’s a major strength that we’ve been able to work round what individual needs are. We’ve not said this is what you need to heal, this is what you need, we’ve offered solutions and advice but we’ve let them tailor their own needs and think about what helps them to get to a better safer emotional place.” [Key Worker 3 2020]

The **combination of both group work, and one to one support** was also considered to be important by the workers. When asked to reflect on her learning from delivering The Key, worker 2 said that she would have more time built into the programme for one to one work such as pre-engagement, individual support and dedicated time to follow-up after groups, when need was high:

“I think the second round of three years funding, the one-to-one was still there but there wasn’t as much capacity for one-to-one. And that’s been really difficult. So I think there needed to be much more capacity for one-to-one for those people attending group” [Key Worker 1 2020]

“We didn’t necessarily have enough time to do as much one-to-one with people as what we would have liked to have done because of how complex some of the needs are, you know it’s meant that they’ve needed a much higher level of support than were envisaged and that’s been really complicated” [Key Worker 3 2020]

Learning Log Day Group reflections:

- Varying attendance at groups, and in several instances workers had booked an interpreter to support women who then did not attend.
- Workers reflected upon the topics covered, how women received the sessions (some enjoyed content, some minimised their own experiences) and noted that art projects were a useful tool to encourage newer group members to talk.
- Young women also felt able to ask for specific content – for example, what is a healthy argument, and what is not?
- In some groups workers needed to challenge controversial ideas, deal with the ways in which young women used language and make onward referrals because of the disclosure of safeguarding issues during the sessions. Some women were challenged on their negative views about other services, such as police and social work.
- Group agreement had to be revisited and reiterated on several occasions to support women to adhere to it.
- Women moving onto child protection plans – disclosed during group sessions.
- Several women reported feeling anxious and concerned about going into the Moving on Group, with workers offering support and encouragement about the transition.

Supporting young women in group work contexts also raised challenges for the workers:

“One of the positives is that they can establish really strong friendships. The issues with that is that when that breaks down in some way and that affects everyone in the group then.” [Key Worker 1 2018]

“So it’s really daunting and overwhelming to walk into a room full of people that you don’t know when you’ve got issues relating to your confidence and your self-esteem. We’re very conscious that when we deliver group some of the issues that we talk about can be triggering for women.” [Key Worker 3 2020]

Worker 1 also reflected upon the challenge of working with more young women who had learning difficulties, and their needs for more one to one support, feeling concerned that group situations did not support their learning and that other services were unable to work with them.

Learning Log Evening Group reflections:

- New starters required support and encouragement to attend and were often very quiet initially, with workers needing to be mindful of how much they spoke.
- Workers also had to manage the challenge of young women talking over each other, losing focus during sessions, and not returning quickly after the break. Sometimes young women behaved disruptively in seeking the attention of staff and used violent and sexualised language, which affected other group members.
- Some group sessions worked more cohesively than others, and dynamics changed when new group members joined.
- One to one follow-up provided where concerns were raised (for example when one young woman discussed having to have sex with her partner, even when she didn't want to), and when young women requested additional support (in one instance this was during half term holidays, when groups do not meet). Disclosures of on-going abuse, pregnancies, sexual assaults and requests for nude images were noted by workers.

All three workers discussed the importance of having transport available for women to attend groups, as well as creche facilities for women who attended the day group. Whilst recognising that not all young women would feel able to use public transport, the costs associated with the provision of taxis was an issue for such a small-scale project:

“We did at one point lose some girls, some young women from the young women’s group when we said actually budget wise we’re going to have to cut back on taxis and things because we’re near the end and our taxi bill was like at one point fourteen hundred pound a month for The Key.” [Key Worker 1 2020]

Exiting The Key had proved challenging for several young women so to manage this, workers established a Moving On Group. However, Worker 2 described this group as having a “difficult history” as the initial format had not worked. Similar reflections were noted by another worker:

“It’s (referring to the Moving on Group) grown and evolved over time. It was initially run by just one person which were myself, but it were really complicated and difficult running it for one person because a lot of people that come in have still got complex issues so if they need time out, if they need one-to-one support, it meant often leaving group which doesn’t make a consistent group. We tried that in terms of managing time better which meant that another worker had got more time to do one-to-one but it just, it just didn’t run smoothly enough so by having two workers in it meant that we’d got more time to look at a programme and we spent a lot of time

with young women asking for their input in what they wanted from Moving on group and they actually wanted it to be specifically that. They'd already looked at the definition of abuse, they'd looked at the different kinds of impacts but how do we move on from that? How do we progress a bit further? And because it's structured but less formal it meant that we could do it in a really, a way that involves them as part of that, that learning process so it worked really well." [Key Worker 3 2020]

Workers had learned that some young women need **much longer time periods of support**, and they needed to be aware that they would be moving on well in advance of the end of their group time and to be allowed to have a period of cross-over, when they attended their usual group as well as the Moving on Group. Some of the young women were also provided with one-to-one support to facilitate them moving on, and they were introduced to the main worker who delivered the Moving on Group, in advance of attending so that they would be familiar with her. Workers reflected that this new format, and more of a focus upon checking in were working much better, but that the complex life circumstances being experienced by some of the young women mean that they do not all manage to maintain positive changes. Moving young women on raised concerns for one of the workers about the **nature of time-limited support**:

"It's something that takes time, it takes time but keep conveying the same message it's a safe place a safe environment, everybody that walks through this door has got their own story and [...] eighteen sessions is not enough to recover from trauma you know and we are talking complex trauma for some of the girls." [Key Worker 3 2020]

Workers also reflected upon the importance of **support for them** from colleagues, and the organisation in which The Key was embedded. Worker 2 said that she felt supported as a result of working in a wider team, and having others to debrief with, as well as access to external supervision should they wish to use this. Another worker said this:

"We really, really value and respect people at Women's Health Matters and I think that ethos just spreads in everything that we do. It is incredibly supportive and everybody has experience of trauma level work therefore we all know how difficult it is. There's not one person in this room that I couldn't sit with and just say I've had a really hard time and sit and be able to talk that through. I think you know that level of support is essential in terms of looking after ourselves in here." [Key Worker 3 2020]

Workers felt disappointed that they were unable to continue with The Key, with one reflecting on the need for domestic violence to be more of a priority for policy-makers:

"Well it's a moral panic around young people stabbing young people whereas actually if you look at the level of knife crime in comparison to domestic violence between young people there's no comparison but there's no money that's for that. If we're talking about violence, what about relationship abuse? It's not on the agenda but actually we know that it's rife." [Key Worker 1 2020]

Summary of internal stakeholder views

- Workers supported young women with complex needs throughout the three year delivery period of The Key, and felt that as well as these issues, young women should be supported with general education about healthy relationships as part of a preventative approach to tackle domestic abuse.
- Workers noted the lack of specific support for young women in particular as well as existing barriers for them in accessing other services including no creche facilities, and no transport.
- Workers reported similar outcomes resulting from engagement with The Key to those discussed by service users themselves, including increased confidence, voice, increased ability to stay safe, improved ability to recognise abuse and unhealthy relationships.
- Workers also documented their own learning during the delivery period including the increased reach of the project through the school group workshops, the need for wider reach into BAME communities, the importance of flexible and tailored support and the need for more one to one support to be built into delivery. Workers had learned that young women needed to be supported for longer than they had planned and that moving them on and exiting them from The Key was challenging, despite the eventual successful implementation of a Moving on Group.
- Workers also reflected upon the organisational support that they received from Women's Health Matters, which enabled them to continue to deliver emotional and practical support to the young women accessing The Key.

4. Discussion

The academic literature suggests that organisations offering women-centred approaches to service provision (such as Women's Health Matters) can be viable and effective settings for providing interventions to meet client needs (Nicholles and Whitehead, 2012, Hatchett et al., 2014). Women's community services can support clients in making positive changes to their lives and in reducing demands on other services whilst improving outcomes for their children (Warwick-Booth & Cross, 2020 in press). Outcomes from The Key further support this evidence.

Moreover, evidence suggests a significant return on investment in women's services, in terms of social value and savings from reduced demand in areas of health, reoffending and housing. Page and Temple-Malt (2018) argue that preventative education about how to recognise unhealthy relationships is likely to be more cost-effective than services that deal with the aftermath associated with domestic abuse. They suggest that education for young people needs to cover topics such as coercive control, sexting and online safety as well as supporting young people to develop communication skills, and to challenge sexist values. These topics and strategies were all evident in the content delivered by The Key workers. Page and Temple-Malt (2018) also reported that professionals often cite difficulties in gaining access to schools to provide domestic abuse prevention education however, The Key staff had successfully worked in a number of schools to educate around this issue.

Other evaluation evidence shows that what matters to young women is being listened to and being able to talk to and trust someone (Warwick-Booth & Cross, 2018), all of which is included in the relational approach offered via The Key. Voluntary sector support, flexible service delivery and support to those excluded from other services are also mechanisms of successful gender-specific interventions (Warwick-Booth & Cross 2017) and are evident in The Key.

The health and wellbeing of young people are closely linked to their relationships with others. Young people also think about health in a holistic manner so services that offer integrated youth friendly approaches, make them feel supported, and focus upon the positives in their lives help them to cope (Public Health England, 2015). Public Health England (2015) note the importance of recognising and supporting healthy relationships to improve the health and wellbeing of young people. PHE (2015) outlines the importance of several service elements that are evident within The Key such as:

- Empowering young people through education about healthy relationships, and making education a positive experience that builds self-esteem
- Providing an appropriate range of support for young people affected by violence, and adverse childhood experiences
- Providing protective effects via having an adult that young people are able to trust

- Working in an integrated manner so that young people do not have to navigate complex referral systems

Furthermore, to be effective, services should also recognise that different approaches are needed for young people of different ages and transition points, provided by staff who have empathy, who are non-judgemental and understanding.

5. Conclusion

The Key aimed to improve outcomes for vulnerable and disadvantaged young women, over a three-year period. The project worked with 298 young women over the three years, and our evaluation evidence shows that The Key improved outcomes for vulnerable women in a range of ways. For example, increased self-esteem, better ability to recognise abuse, increased understanding of healthy relationships, improved mental health, reduced social isolation and the development of a positive orientation to the future. Following engagement with The Key, some young women had been able to either gain or retain custody of their children, and others had exited harmful relationships. Women disclosed their experiences of abuse as well as broader vulnerabilities in terms of self-harm, depression, and family breakdown, showing complex needs requiring long-term support. The need for longer term support was evident in that women were often reluctant to exit the Key.

The Key engaged in the life-worlds of the young women, facilitating change, building protective factors and knowledge through educational group work and one to one support. Participants identified the mechanisms of success underpinning the delivery of The Key. These included a non-judgemental approach from the workers, peer support from women with shared experiences and a trusted space in which to meet and learn. The ability to trust the workers enabled them to develop rapport and feel comfortable in disclosing their experiences as well as learning. Stakeholders' views echoed those of the young women, noting positive views of The Key as a non-judgemental group setting, based upon trust, listening, and giving voice to young women.

External stakeholders described The key as adding value to mainstream provision, in that the group addressed a gap in provision when compared to existing services. The school group component was also described as a positive addition, and a mechanism to extend the reach of The Key.

Workers delivering The Key noted that the project has supported many young women with complex needs throughout the three year delivery period of The Key, as well delivering general education about healthy relationships as part of a more preventative approach to tackling domestic abuse. Workers highlighted the lack of specific support for young women in particular as well as existing barriers for them in accessing other services including no creche facilities, and no transport. They also stressed the importance of flexible and tailored support and the need for more one to one support to be built into delivery. Workers had learned that young women needed to be supported for longer than they had planned, and that moving them on and exiting them from The Key was challenging, despite the eventual successful implementation of a Moving on Group. Workers also reflected upon the organisational support that they received from Women's Health Matters, which enabled

them to continue to deliver emotional and practical support to the young women accessing The Key.

Recommendations

- Service users suggested some changes in terms of improving The Key, and whilst many of their comments were about practical issues associated with taxis as they were often late, they also asked for:
 - a. More focus on creative activities such as colouring, for example, describing these as therapeutic
 - b. Some young women felt that the workers should focus more explicitly upon mental health within the group work sessions
 - c. Separating out 'heavier' topics across two sessions to give participants more time to cope or to provide two sessions a week to allow workers to fit more in whilst providing the one to one support needed by young women
 - d. Expansion of the programme to include education about healthy relationships for other people beyond the young women themselves. For example, if people in the young women's wider support network could also learn about abusive relationships, this would better enable them to understand more about their experiences.
 - e. A group for men – suggested by one service user who felt that a group for men would be useful, to educate them in this area
 - f. Consideration about Moving On – whilst workers had created a Moving on Group and built in preparation time, young women still found the transition difficult. Attention therefore needs to be paid to the development of exit pathways to support young women moving on from The Key in order to avoid the creation of dependency within the group.

- One referrer suggested that consideration needed to be given to the management of barriers to attendance - keeping the location of the evening sessions confidential to ensure the safety of young women was described as a barrier to attendance for some school-aged young women, as their parents were not comfortable with their daughters going to an undisclosed address. However, staff at The Key only inform girls and women where group is when they know they are going to attend as part of their approach to safeguarding.

- Future evaluation of interventions such as The Key should include a full Social Return on Investment methodology as well as more quantitative outcome measures, drawing upon validated scales to assess measurable change for young women by comparing baseline to exit measures.

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7. Appendices

7.1 Service User Focus Group Schedule

Introduction:

Housekeeping – toilets, refreshments, fire alarm

Welcome and introduction to the evaluation; explaining what will take place and ensuring that all the participants have had the necessary information and agreed to take part (consent/assent).

The young women have the opportunity to introduce themselves and say something about themselves.

General questions designed to put the young women at ease:

Tell us about how you got involved in the project. How did you hear about it? What were your expectations of the project? What do you think about it?

Questions/activity which focus on improvements in the young women's life chances:

A group activity will be introduced at this point to encourage conversation and sharing of stories/experiences.

Encourage them to talk about their experiences in relation to the project as follows:

- before they were involved in the project (Where I was),
- being involved in the project/what it's like to be involved (Where I am now)
- what they hope their future will look like as a result of being involved (Where I hope to be)

Encouraging the young women to talk will enable probing and prompting during the telling of their personal stories. Here issues such as responding to abuse, increasing their confidence can be explored etc.

Questions relating to how the young women have been enabled to take a role in the project

How have you been involved so far? What is your role? What do you do?

Tell us what it is like to be involved. How does this make you feel? What works well for you? What sort of things could be improved and how?

Focus group wind-down:

Thanks for coming

Subsequently, with the young women's permission, use cards with prompts and take photos of these/record women's voices narrating their points.

7.2 Service User Interview Schedule

Introduction:

Welcome and introduction to the evaluation; explaining what will take place and ensuring that the participant has had the necessary information and agreed to take part (consent).

General questions

Tell us about how you got involved in The Key. How did you hear about it? What were your expectations? What do you think about it?

Can I ask you to reflect upon your journey through The key please?

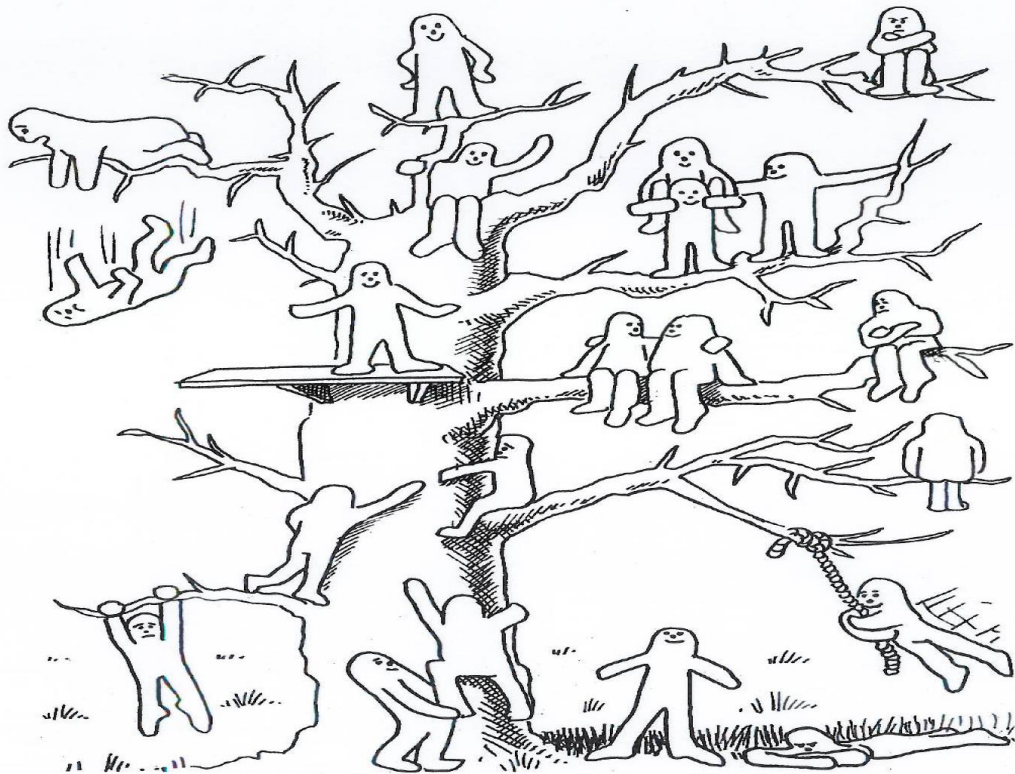
- Where you were when you started (before getting involved)
- Where you are now
- Where you hope to be in the future (goals/aspirations/positive orientation)

Has The Key made a difference to your life?

- better able to identify and respond appropriately to abusive relationships
- less lonely
- increased self-confidence
- improved mental wellbeing
- increased understanding of abuse
- increased skills to keep themselves safe
- Other improvements

Could you look at this picture and tell me which character you think you most identified with when you started coming to The Key?" (might have to simplify the language "is there one that looks like you felt when you first came to The Key?") and why? "And is there one that is most like you now?" "Why did you choose that one?"

The Blob Tree



Have you been able to make any changes because of your involvement with The Key? Could you give us an example?

- What do they do differently when compared to other services?
- Do you feel able to influence The Key?

Have you had both one-to-one support as well as going to group?

- Importance of both being on offer?
- Flexibility
- Worker approach

How have you found the group approach compared to the one to one?

- Positives?
- Negatives?
- Shared learning
- Shared experiences
- Problem solving
- Peer support
- Suggestions for improvements

Do you think that The Key is successful, from your own point of view?

- What works well for you?

Would you recommend The Key to other women? Why/Why not and who do you think would benefit from taking part?

Do you have any suggestions for how The Key can be improved?

- What sort of things could be improved and how?
- Feeling about leaving/moving on?

Wind-down:

Is there anything else that you would like to add about The Key?

Thanks...

7.3 Photovoice activity

We would like you to tell us about [project] using a photo. You can take one photo or more and tell us something positive, negative or a mix of both.

After you have taken the photo, please write a line or two to explain its connection to [project].

Q = What do you want to tell us about [project/your community]?

E.g. what has changed in your life because of [X]? What have you liked (or not)?

- 1) Take a photo to show us what [X] means to you.
- 2) Write a line or two to explain the photo.
- 3) Share on [WhatsApp message/email/Facebook](#)

Example

We asked a group of young people to tell us about their area (good or bad).



"The views from where I live are fab but they it will soon change as the land will be used for housing."



"I wish people wouldn't throw their rubbish on the floor. There are plenty of bins around the area. It's not good for the wildlife."

7.4 Stakeholder Interview Schedule

Introductions

Consent etc...stress that we want to talk about the project in a general way rather than trying to obtain specific information about any of the young women involved. If names or identifying factors come up within the discussion then reassure the participant that the information will be anonymised.

Interview questions

Please could you tell me about your role/what you do?

How are you connected to The Key Project?

How are high risk young women identified and then referred into the project? Explore mechanisms and how these are working (positives and negatives).

What impact has the project had on the young women who have been referred to it?

1. What changes have you seen in the young women's situation/circumstances?
2. Which of these might be as a direct result of their involvement with The Key Project E.g. less isolation, more confidence, improved mental wellbeing?
3. Example of where it is not possible for a young woman to change her circumstances, how might The Key still be of use/beneficial?

How do you think the project has supported the young women who have been referred? Is this different in any way to existing provision?

In your view, how does The Key enable and/or empower young women to be able to

1. recognise abusive relationships?

2. end or change abusive relationships?
3. feel safer when they report?

Is the project engaging with young women in a different way to existing services? E.g. gendered-specific support? Way of working?

Are there any examples of added value resulting from the support provided? E.g. identifying other needs beyond DV?

Can you describe The Key approach?

Probes:

What makes it unique? /Is it unique?

Do you think it is effective? If so, how and why (what features make it so)?

Can you tell me about any learning that you have experienced in your role as part of The Key?

1. Is there anything that you would do differently if you were to set up another young woman focused project?
2. What have been the important lessons for you as a practitioner?
3. How have you adapted the project now that it is in it being run again/for the second time? E.g. usefulness of the learning from previous implementation – for example, strategies to increase reach into BME groups/LGBTI etc.

Closing questions

Is there anything you would like to say about The Key project which we have not discussed/talked about?

Thank you for your time etc., etc.

7.5 Billie's case study – narrative to support the development of cost savings

Background

Billie, aged 13, was referred to The Key by the Safeguarding Lead at her school in October 2017. Billie and her siblings were on a Child Protection Plan, school were concerned about Billie's highly sexualized behavior, Dad had been removed from the family due to his criminal offences and mum had being diagnosed with a mental health issue. When Billie began attending The Key, her behavior was indeed very sexualized regarding her relationships with both boys and girls. She openly talked about explicit behavior with various partners. This would happen in group, in the shared taxi ride to and from group

and in the group WhatsApp chat some of the girls had formed. Often, she would attend group wearing revealing clothing.

The Key workers allowed Billie to talk about her experiences without judgement, but for the benefit of other group members, put in boundaries to make sure the discussions were on topic or were brought to a close if others began feeling uncomfortable. As Billie was the youngest in the group, workers considered if she felt a need to be perceived as more mature than her years, which may have exacerbated her behavior.

Billie also quickly told us that she was smoking cannabis regularly, would stay out until very late at night and drank alcohol. She talked about getting into trouble at school a lot due to her behavior which could be aggressive, walking out of lessons and going home, or not attending school at all resulting in Billie being placed on a reduced timetable. She also began talking about the high-level of self-harm she was doing.

Support from The Key

In total Billie attended 39 girls group sessions, and to date has attended 18 Moving on Group sessions. In the group sessions staff explored healthy relationships in depth, considering healthy sexual relationships and consent as part of this. Sessions also covered gender roles and the sexualisation of women. Billie was able to be quite self-reflective during these sessions, to consider what she gained from her relationships, whether they were harmful and what she hoped to get from them. After the sexual relationships' session, Billie asked for support to attend the young people's sexual health clinic for a full screening. Workers accompanied her to this, discussed long term contraception and made her aware of other suitable clinics. This reduced Billie's future risk of infections, health issues and unwanted pregnancy.

During the time Billie attended group, her sexualized behavior reduced dramatically, she would rarely talk about her intimate life and when she did, she would no longer go into graphic detail or try to shock anyone. She felt able to be open about her sexuality rather than having to perform it.

Workers also focused upon a lot of self-esteem activities within the group, ending each session asking the girls to say something nice about themselves or something they would do that week to be kind to themselves. Billie, along with most other group members, initially struggled to compliment herself or be kind to herself but this improved over time.

Some of The Key sessions focused around managing difficult emotions and self-harm. Billie expressed concerns that her self-harm had increased and was offered some short term, focused individual support (6 sessions in total). In these sessions' workers explored her triggers, useful alternatives, how to talk to others about what she was doing and how to be safer if she did hurt herself. After these sessions Billie would regularly update workers and peers in group on how many weeks, then months it had been since she cut herself, or any

setbacks she experienced. She was very proud of herself for finding other ways to cope and was able to share advice with other group members for whom self-harm was an issue.

Although Billie had her own drugs worker, workers brought in Forward Leeds, a young people's substance use project to deliver a session on alcohol and cannabis as a number of the group were using one or both regularly. Workers also regularly provided harm reduction advice to young women to increase their safety when they were using substances. Over her time with The Key, Billie began reflecting on the impact the substances were having on her mood and mental health, eventually reporting that she had drastically reduced her substance use.

Workers often had discussions about her behavior at school and her aspirations for the future. When workers first met her, Billie wasn't communicating enough with school staff to let them know when she was struggling. For a while Billie was at risk of being permanently excluded or sent to an alternative education provider which would have significantly reduced the number and level of GCSE's she would have been able to achieve. Billie began communicating with school more and more whilst working with us. Just before she transitioned to the Moving on Group (MOG), she reported back that she had been going to all of her lessons and was doing well in them, something she hadn't done for some time. Again, Billie took pride in updating workers and they reinforced how proud she should be of herself.

Since her time at MOG, Billie has returned to a full timetable, engages well with all her lessons, regularly discusses in detail what she has learnt and the interest she has in certain topics and again proudly comments on the positive steps she has made to improve her education. Billie continues to engage on a regular basis.

Difficulties

One of the issues workers had to manage was to make sure that Billie's sexualized behavior didn't negatively impact upon other group members. One young woman, who attended the same group as Billie, told workers that the conversations in the private WhatsApp group made her feel uncomfortable. Workers helped her think of ways to manage this and reflected upon their own practice in group, resulting in them moving the conversation on in group where needed, whilst still giving Billie time to talk about what she wanted to.

When there was a threat of violence from Billie's sibling, workers called and introduced themselves to her Social Worker. They did not immediately do this when Billie first started working with The Key, as there were no immediate safeguarding concerns to share and Billie very much felt that her Social Worker judged her for her behavior and sexuality. Billie felt that The Key was just for her, rather than the Social Worker who was for the whole family. When workers introduced themselves to the Social Worker, they were invited to a Child in Need meeting for Billie. In hindsight, although they had little capacity to attend these

meetings, it would have been useful for them to make contact with the Social Worker and attend the meetings earlier. At the meeting, school fed back that they had seen a huge change in Billie since she had been attending The Key.

Where we are now

Billie has completed the girl's group and has moved on to the Moving on Group, where a reduced amount of support is offered. She continues to make amazing progress. She has spoken about the project at our Annual General Meeting, in front of around 100 older women. She has also become involved with our steering group project working with the Leeds Children and Family Workforce Development team to create a video focusing on growing up as a girl in Leeds. Her school attendance and level of achievement has increased dramatically, with her often commenting that she's enjoyed some of her lessons! Billie's risk taking behavior around sex, drugs and alcohol has also massively improved, as has her ability to reflect on the short and long term implications of these behaviors'. She is able to offer peer support and advice to others in the group while reflecting on how much she has achieved and how far she has come.