



GETTING OUT FOR GOOD PHASE TWO EVALUATION

PREPARED FOR: MANCHESTER METROPOLITAN UNIVERSITY

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ACRONYMS

ACE	Adverse Childhood Experience
CRM	Covid Recovery Money
EGYV	Ending Gang and Youth Violence
EGVE	Ending Gang Violence and Exploitation
G&YW	Girls and Young Women
GOFG	Getting Out for Good
IDM	I Define Me
MMU	Manchester Metropolitan University
MOS SSSI	MOS Social Support Survey Instrument
MYCS	Manchester Centre for Youth Studies
SDQ	Strengths and Difficulties Questionnaire
SWEMWBS	Short Warwick-Edinburgh Mental Well-Being Scale
SWLS	Satisfaction with Life Scale
SYV	Serious youth violence
TAG	The Averment Group
TOC	Theory of Change
VAWG	Violence Against Women and Girls

EXECUTIVE SUMMARY

Background: The Getting Out for Good (GOFG) project was funded by Comic Relief between 2017 and 2020 as a multi-partner, collaborative approach to affect change in the lives of gang affected girls and young women (G&YW) and their families and communities. This is a report of the evaluation of the second phase of GoFG with a focus on the emotional and mental health and associated needs of G&YW. The research was conducted between October 2020 and March 2022.

Objectives: the evaluation objectives were:

1. To understand what happened, for whom, and why during a participant's time with GOFG.
2. To gain insight about G&YW accessing the GOFG project.
3. To illustrate the journeys of G&YW through their involvement with GOFG and provide in-depth outcome-orientated case studies to identify a specific contexts and mechanisms under which GOFG contributes to outcomes.
4. To explore the extent to which GOFG achieved pre-identified outcomes.
5. To tell the story about GOFG's overall contribution to policy outcomes/influence.
6. To support evidence-informed action.

Methods: A mixed methods / mixed design approach was used. The Strengths and Difficulties Questionnaire (SDQ) (SDQ, 2021) was completed at the start and end of girls and young women's (G&YW) involvement with GOFG. A narrative 'Life Story' interview approach complemented quantitative measures, building on the McAdams Life Story Interview (McAdams, 2008) which was reviewed and adapted for the purpose of evaluation to explore GOFG participant's qualitative accounts of their involvement with GOFG project and how it fitted with their life (Horan et al., 2020). This enabled the research to gain understanding of the presenting needs of G&YW and also to explore whether G&YW's emotional and mental health needs changed over the time of their involvement with GOFG.

Results:

- The majority of G&YW started the project with a high / very levels of need.
- There was a small increase in the overall total difficulties scores of G&YW attending GOFG when comparing time one and time two assessments. Exploration of the SDQ subscales shows that emotional problems and conduct problems scales improved over time (i.e. scores reduced). The prosocial scale improved. However, hyperactivity and peer problem scales have deteriorated over the time of the project during phase 2. The hyperactivity scale deteriorated the most.
- The impact scale (the impact of difficulties on the child's life) decreased which indicates improvement in G&YW's experienced difficulties over the duration of GOFG intervention.
- Some 68% of G&YW experienced their problems as having improved since being involved with GOFG.

Life story interviews consistently highlighted both enduring and reactive mental health needs. Trauma, adverse childhood experiences (ACE), mental health challenges and association with negative peer groups were frequent low-points of the G&YW's life stories together with Covid and the pandemic. G&YW recounted turning points in their life stories, often occurring because of a culmination or a peak of one or several ACEs which led to a search for additional support, frequently by parents but also by involved professionals. GOFG and its acceptance criteria fitted with the presenting needs of the G&YW. The G&YW felt that the GOFG project is relevant and its offer was experienced as engaging. The best parts of GOFG were often considered to be their mentoring relationship which was universally described as helpful, meaningful, facilitating change and

empowering the G&YW to make changes in their lives. Outcomes for the G&YW included positivity and more positive perspectives. Practical and tangible outcomes were important such as making new friends, going to school, doing GOFG activities and signposted activities. Feelings of hopefulness, safety and support were all frequent to life story interviews. Looking towards the future, the G&YW universally experienced benefit from GOFG and its facilitative approach that had helped them to identify and work towards their future goals and aspirations. Goals were often bigger than they had been prior to their involvement in GOFG, becoming both realistic and aspirational.

Conclusions: The constantly developing findings and the emerging Covid-19 pandemic meant that the focus of GOFG changed from one of signposting and diversionary activities, to a more individually tailored project that concentrated upon individual harms and personal risk. The real-time evaluation approach was able to continuously inform and improve responsive approach.

GOFG has enabled and assisted G&YW in their own unique journeys. Mental and emotional health support has been critical to the G&YW in building their agency and capital. We have been able to listen to female voices surrounding serious youth violence and the ways in which it impacts their lives. These G&YW are themselves victims of violence, trauma, abuse and harm and their needs are different to perpetrators of crime; a youth justice perspective is inadequate. We seek to dislocate this aspect from the wider discourses surrounding gang prevention and youth justice and locate GOFG in a person-centred framework that specifically works with mental health services, builds agency and capital, enhancing protective factors surrounding CSE and CCE and reducing the harm that G&YW may experience.

Again, we highlight the following (Jump and Horan, 2021, Horan and Jump, 2022):

- A clear separation is needed from the wider discourses surrounding gang prevention and youth justice and a recognition of the vulnerability of exploited G&YW early enough to make meaningful change.
- Violence Against Women & Girls (VAWG) needs to be acknowledged within this context. We observe that VAWG is not separate to girls at risk of, or involved in serious youth violence, gangs and related vulnerabilities. Response needs to be integrated. It is a Venn diagram, they are not mutually exclusive.

Recommendations:

- The GOFG programme is funded until December 2021. The promising and indicative findings of the evaluation towards GOFG achieving many of its sought outputs and outcomes highlights the value and importance of its approach in working with G&YW identified as being at risk of serious gang related youth violence, sexual exploitation and abuse, and poor mental health. The evidence emerging from this evaluation should inform the mainstreaming and continuation of GOFG delivery.
- The G&YW are authors of their own journeys, and they should be enabled and supported towards their goals, increasing their own agency along the way to make meaningful change and realise their goals.
- Mental and emotional health support is critical to building G&YW's agency and capital.
- The amalgamation of safeguarding and mental health responses has again been key to addressing G&YW's needs.
- It is suggested that targeted and expedited mental health intervention enhances protective factors surrounding CSE and CCE.
- The needs of G&YW differ to those of young men.

1. BACKGROUND

This report presents the findings of the independent evaluation of phase two of the Getting Out for Good (GOFG) project. The project, led by Manchester Metropolitan University (MMU) operated between 2019-2022. This chapter explains the purpose of the evaluation and provides a description of the Getting Out for Good (GOFG) project during its second phase. This report should be read in conjunction with the GOFG Phase One (2017-2019) Process Evaluation Report (Horan et al., 2020).

In 2017, Comic Relief developed a transnational programme called 'I Define Me' (IDM) to support international projects to implement multi-partner, collaborative approaches to affect change in the lives of gang affected girls and young women (G&YW), and their families and communities. IDM responded to wider research and evidence that showed how gang-involved or affected G&YW must navigate a range of harmful environments which can expose them to high levels of sexual exploitation and increased criminal activity. The IDM programme sought to understand what approaches for gang-involved or affected G&YW work in different contexts.

'I define Me' was initially funded from the Tampon Tax Fund through a partnership between Her Majesty's Government and Comic Relief. There were four UK projects, three in Bogota, Columbia and two in South Africa. The transnational IDM programme concluded in 2020. Phase two funding continued for the four UK based projects for an additional 18-24 months. Getting out for Good (GoFG) (Manchester Metropolitan University, MMU), Redthread, BeLeave (Spurgeons) and Girls Allowed (Wolverhampton) were all subsequently extended to continue working with girls and young women in their local areas.

1.1 The Getting Out for Good Project

Manchester Metropolitan University (MMU) is the lead organisation of the GOFG project. The project was co-designed by MMU with The Averment Group and established in spring 2017 at the outset of IDM. It sought to engage with G&YW (14 – 24 years) at risk of gang involvement in the Greater Manchester area. The project specifically targeted G&YW who have been identified as being at risk of serious gang related youth violence, sexual exploitation and abuse, and poor mental health. GOFG sought to achieve outcomes by addressing the multiple systemic vulnerabilities that women and girls face, including living in residential care; a history of abuse or neglect; experience of loss; low self-esteem; learning disabilities or poor mental health; living in a gang neighbourhood; or, lacking friends of the same age. The G&YW who are referred to the project are given an intensive three-month programme of mentoring, advice, and activities by the charity Positive Steps together with local sport, art and cultural providers. With a focus on boxing and mentoring supported by local providers and charities, the G&YW help themselves and their peers to address pathways into and out of gang involvement and exploitation by devising their own solutions through up-skilling, resilience building and peer mentorship.

The main referrals route was via local agencies working with G&YW who were identified as 'at risk'. The 'at risk' criteria remained broad to allow for those on the periphery of serious youth violence, exploitation, and harm to be identified early. Nonetheless, young women who could be described as more entrenched were also referred into GOFG, and with carefully considered risk management procedures in place, young women were assigned a mentor and access to activities. Therefore, the target participants were females aged 14-24 years who had been identified as being at significant risk of harm or had been involved in harmful behaviours prior to referral. The key stakeholders and referral agencies comprised of Education; Social Care & Safeguarding teams (inc. Missing from Home teams); Youth Justice; and, Looked after Children. In some instances, GOFG received peer or self-referrals into the project. Between the period 2017 - 2021 GOFG received over 200 referrals into the

project and engaged with 130 young women on a regular basis. This engagement was based on attendance at sport sessions and mentoring sessions. Participants were further supported by AQA national qualifications for those who participated in the sporting and cultural activities

Phase two GOFG cohorts were delivered between the following dates:

Covid Recovery Money Cohort: 19/08/20 – 3/11/20

Phase Two, Cohort 1: 04/10/20 - 17/12/20

Phase Two, Cohort 2: 20/1/21 - 25/3/21

Phase Two, Cohort 3: 28/04/21 - 01/07/21

Phase Two, Cohort 4: 29/09/21 - 01/12/21

1.2 Rational of Evaluation Approach

Phase one of the GOFG project and its accompanying evaluation utilised a mixed methods approach. Qualitative methods included case study life story interviews. Quantitative methods included project throughput and pre/post psychometric test comparison. These methods were adapted to the GOFG project over the timeline of the project and enabled a flexible and adaptive formative evaluation approach that was responsive to the needs of the project.

A number of key observations were made in the evaluation of phase one of GOFG:

- A flexible and responsive approach is essential.
- TAG Life Story Interview approach, built on narrative identity research was especially successful in establishing where a young person is in their life and how the GoFG project fits with where that young person is at in their life. The approach explores the relevance of GOFG to each young person as well as its outputs and impact.
- The psychometric test battery, refined over phase 1, was well experienced by both participants and mentors.
- In order to conduct interviews with a member of the cohort, a number of modalities must be offered including in person and on the telephone and that perseverance is important.
- Phase 1 has shown some early successes of GOFG and it is now important to understand the mechanisms of the project and how it achieves success, together with any emerging impacts.
- Accordant to previous research, the emotional well-being and mental health of the cohort were prominent needs amongst the GOFG cohort.
- Safeguarding emerged as the prominent need of the cohort, rather than criminal justice and criminogenic needs.
- A refinement of GOFG's Theory of Change was necessary to define activities, outputs, outcomes and the impact of GOFG.
- It is important to establish how GOFG sits within wider safeguarding frameworks.

The delivery of phase 2 of GOFG was designed as a targeted and refined approach that built upon phase one methods and the above findings. Positive Steps in Oldham¹ were commissioned to deliver a coordinated and bespoke mentoring offer to the GOFG cohort, with accompanying activities

¹ (<https://www.positive-steps.org.uk>)

structured by PS. The evaluation methodology of phase two followed suit. Evaluation methods were reviewed, and in part replicated, during phase two based on lessons learned from phase 1.

The Covid-19 pandemic 2020-2022 has had an inevitable impact on the GOFG project. At the outset of the pandemic and the initial UK hard lockdown of March 2020, the project switched delivery to an online platform and commissioned digital support. GOFG quickly and responsively adapted to the continually changing pandemic environment and necessary restrictions and it was able to maintain its service delivery. The project was soon able to switch back to face-to-face delivery (within necessary Covid-safe requirements) and the G&YW engaged much better with face-to-face provision. Consequently, digital delivery ended in summer 2020. It is important to highlight the context and the necessary adaptations made by GOFG to ensure its delivery and the evaluation accordingly adapted. It is also important to highlight that the evaluation results will be influenced by the Covid 19 Pandemic and therefore we must exercise caution when interpreting the findings. This is discussed in greater detail in the conclusion sections.

The COVID-19 pandemic has affected traditional evaluation methods which been unable to meet the needs of rapidly changing implementation (Rogers, 2021). The use of evidence and the support of learning in real-time has been critical during the pandemic and real time approaches have been integrated into the GOFG evaluation.

The phase two stage two evaluation a summative and condensed outcome evaluation. It has integrated real-time review methods and learning within its methodology to support evidence-informed action.

1.3 Evaluation Objectives

A number of objectives were identified for the evaluation:

7. To understand what happened, for whom, and why during a participant's time with GOFG.
8. To gain insight about G&YW accessing the GOFG project.
9. To illustrate the journeys of G&YW through their involvement with GOFG and provide in-depth outcome-orientated case studies to identify a specific contexts and mechanisms under which GOFG contributes to outcomes.
10. To explore the extent to which GOFG achieved pre-identified outcomes.
11. To tell the story about GOFG's overall contribution to policy outcomes/influence.
12. To support evidence-informed action.

1.4 Research Output

In this final report we share the findings of the independent evaluation of the second phase of GOFG.

1.5 Report Structure

The second section of the report sets out the methodology of the evaluation. The third section of the report presents the refined GOFG Theory of Change. The fourth section presents the evaluation findings. The fifth section presents a discussion of results before drawing together a conclusion and summary of recommendations.

2. METHOD

This chapter details the methodology and rationale used for the research. Each element of the methodology is presented. Table One, at the end of the section, brings methods together in the GOFG measurement framework.

2.1 Context analysis

At the outset of the project, a context analysis was planned. It aimed to understand the context and external environment in which GOFG takes place, provide relevant focus, and inform the purpose and objectives of the project. The context analysis quickly adjusted to the Covid pandemic during phase two of GOFG. A real-time review approach was utilised rather than a context analysis given the ever-changing pandemic challenges, especially the early months of planned delivery post the first national lockdown.

The objective of the real-time approach was to understand the project mechanisms during Covid and to identify in real-time which aspects work well and which not, and where connections with other systems are made, or could be made. Accordant adjustments were made to the evaluation plan. To mitigate challenges and avoid a 'wrong' time review, a participatory approach included regular meetings, review, observation and documentary research together with sustained dialogue with key stakeholders throughout the second phase of the project.

2.2 Theory of Change Review

GOFG phase one evaluation highlighted the need to adjust the project delivery format for its second phase to reflect the changing needs of participating G&YW and its sought outcomes. The project ToC was revised accordingly. The key steps of this iterative process included:

- An initial workshop between the research and project team to explore the existing ToC and begin to identify necessary refinements.
- A process of validating and refining sought impact: considering the evidence that supports the need for the goal and the logic towards sought impact identifying any pitfalls.
- Validating and Refining the Outcomes necessary for impact to be achieved.
- Confirmation and refinement of how GOFG outcomes contribute to impact and reviewing any logic pitfalls.
- Review of problem analysis, assumptions, activities, outputs and their relation to impact and outcomes.

Contribution analysis was undertaken, and a revised ToC was produced and reviewed by the evaluation and project team. The phase two GOFG ToC was then produced with an accompanying narrative description.

2.3 Assessment Battery

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

2.3.1 Strengths and Difficulty Questionnaires

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

2.3.2 Satisfaction with Life Scale (SWLS)

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

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

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

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

2.3.4 MOS Social Support Survey Instrument (MOS SSI)

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

2.4 Data Analysis

SDQ assessments were scored by the evaluation team using SDQ scoring guidance (EHCAP, 2014). A Total Difficulties score was calculated for each SDQ as well as individual scores for Emotional health, Conduct problems, Hyperactivity, Peer problems, and Pro-social behaviour scales. SDQ assessments were excluded for G&YW younger than 11 years and older than 17 years. Completed MOSS SSI, SWEMWBS and SWLS were also scored.

Due to the size and nature of the available sample, descriptive analyses of SDQ and other assessments was undertaken. The descriptive analyses explored the presenting needs of the GOFG cohort and compared baseline assessment scores to follow-up assessments. SDQ comparisons are made to national average SDQ scores for 11–15-year-olds, available at www.sdqinfo.org.

2.5 Case Studies

The McAdams Life Story Interview (McAdams, 2008) is a methodological concept which helps to understand narrative identity. It is a tool that has been widely used in psychology and the social sciences, emphasising a narrative and the storied nature of human conduct. It enables the exploration of the McAdams (1994) third level of personality – the internalised and evolving narrative. The Life

Story approach was used in GOFG phase one evaluation and yielded rich and important insight (see Horan et al., 2019).

The phase two evaluation therefore continued to utilise narrative a 'Life Story' interview approach to explore GOFG participant's qualitative accounts. It sought to explore the internalised and evolving narrative of each GOFG participant and where their GOFG experience sits within this narrative. In other words, does the GOFG respond to each individual and have any impact upon their internalised and evolving narrative?

The McAdams Life Story Interview was reviewed and adapted for the purpose of evaluation. The amended protocol is available in Appendix Two. Each case study was undertaken individually with young people (n=6) by TAG. Case study conversations considered whether GOFG responded to each individual and whether it had any impact upon G&YW's internalised and evolving narrative. Interviews explored where each participant is in their life, their hopes, dreams, aspirations, and current progress and then explored where the GOFG project fits in with that and how the participant is experiencing the project. A total of 6 G&YW took part in a case study conversation. Coproduced case studies and accompanying visuals were completed.

Interview length ranged between 15-60 minutes. Interviews were transcribed and analysed thematically.

Narrative data raise unique ethical issues (Adler et al., 2017). The reporting of personal narratives can be a taxing, emotional experience, particularly for certain types of events (e.g., low points, traumas, transgressions). The consent, data collection, and debriefing procedures of the research were organised accordingly. The task was clearly defined before consent, and regular check ins were completed with participants during data collection. We were prepared to make referrals during debriefing. The interview began by explaining that a protocol was to be used that the researcher needed to adhere to, but that the researcher would strive to make the interview feel as conversational as possible (Josselson, 2009).

2.6 Project Throughput Data

Throughput data was collected by GOFG delivery staff via project referral forms and also via update to the MMU GOFG coordinators. This was logged on a centralised and anonymised data matrix. Data from referral forms and received recorded throughput data was descriptively analysed and is presented in this report. Qualitative data gathered by the project including qualitative G&YW outcome data and feedback data was also used within the analysis.

2.7 Ethics

All participants signed a participation agreement form. All participants were briefed about the study and informed of their right to withdraw participation or data at any time. Participants were advised of the confidentiality and anonymity of their responses. All participants signed an informed consent form prior to their participation with clear information as to the purpose and nature of the research. Whilst the details of participants' lives are reported, every effort was made to exclude details which would enable them to be identified. All participants gave their consent to participate in this element of the research.

All evaluation plans were approved by Comic Relief, MMU and all evidence collection adhered to TAG's ethical processes. Accordingly, data gathered has been stored in adherence with the Data Protection Act 1998 and General Data Protection Regulations 2018.

2.8 Table One: GOFG Measurement Framework

Table one builds upon the ToC and logic model and presents the measurement framework for the GOFG project.

Narrative Summary	Objectively Verifiable indicators	Means of Verification	Important Assumptions
Activities: <ul style="list-style-type: none"> Individual, community based 1:1 mentoring Expedited route to mental health support Provision of community boxing sessions and positive group peer interactions Conduct targeted engagement with G&YW and their families 	Number of young women engaged in GOFG Sport activities	Project throughput data	<ol style="list-style-type: none"> Young people are interested in available activities G&YW are able to attend activities
	Number of young women engaged in GOFG mentoring activities	Project throughput data	
	Number of G&YW referred and receiving mental health support	Project throughput data	
Outputs: <ul style="list-style-type: none"> G&YW have improved psychosocial functioning G&YW will have reduced psychosocial internalising problems G&YW will have reduced psychosocial externalising problems G&YW will have improved self confidence G&YW will have developed their social capital G&YW enhance their individual agency G&YW gain AQA awards G&YW have improved feelings of fitness and/or physical wellbeing G&YW have an improved sense of unity and purpose in life and foster hope 	Average total score - SDQ Total Difficulties	Completed SDQ assessments at T1 and T2	
	Average internalising score - SDQ Total Difficulties	Completed SDQ assessments at T1 and T2	
	Average externalising score - SDQ Total Difficulties	Completed SDQ assessments at T1 and T2	
	Average total score - SWEMWBS	Completed SWEMWBS assessments at T1 and T2	
	Average subscale scores - SDQ Total Difficulties	Completed SDQ assessments at T1 and T2	
	Average total score - MOS Social Support Survey Instrument	Completed MOSSSSI assessments at T1 and T2	
	Average total score - Satisfaction with Life Scale	Completed Satisfaction with Life assessments at T1 and T2	
	Number of G&YW completing AQA assessments	Project throughput data	
	Outcomes: <ul style="list-style-type: none"> G&YW develop their emotional skills and agency G&YW develop their social skills and capital 	Levels of participation	Project throughput data
G&YW self-report improved agency and social capital		Life story interviews Outcome analysis	

2.9 Interpreting findings

The research was undertaken in 2020-2022 during the Covid pandemic. GOFG was unable to deliver face to face interventions for a short period. Delivery was temporarily switched to on-line, providing digital support where appropriate. This varied the delivery mechanisms. It was planned that Life Story interviews would be primarily conducted face-to-face. Due to the pandemic all were conducted over the telephone; it is possible that these differing forms of engagement may have affected the participant's responses.

Psychometric assessment data sample size led to non-parametric statistical and descriptive analysis. Control groups were not accessible for the evaluation to enable any statistical comparison.

Some assessments were part completed by G&YW. Whilst every effort was made during data collection to ensure that all G&YW responded to all questions within a measure, inevitably some questions were missed which has led to some missing / excluded data.

We cannot make recommendations as to whether GOFG is better than another, similar intervention programme for this cohort of G&YW. We cannot make assumptions as to the views of participants, staff, and partners who have not participated in our evidence collection. However, we have attempted to explore and mitigate these limitations wherever possible and collect evidence towards the sought goals of the evaluation.

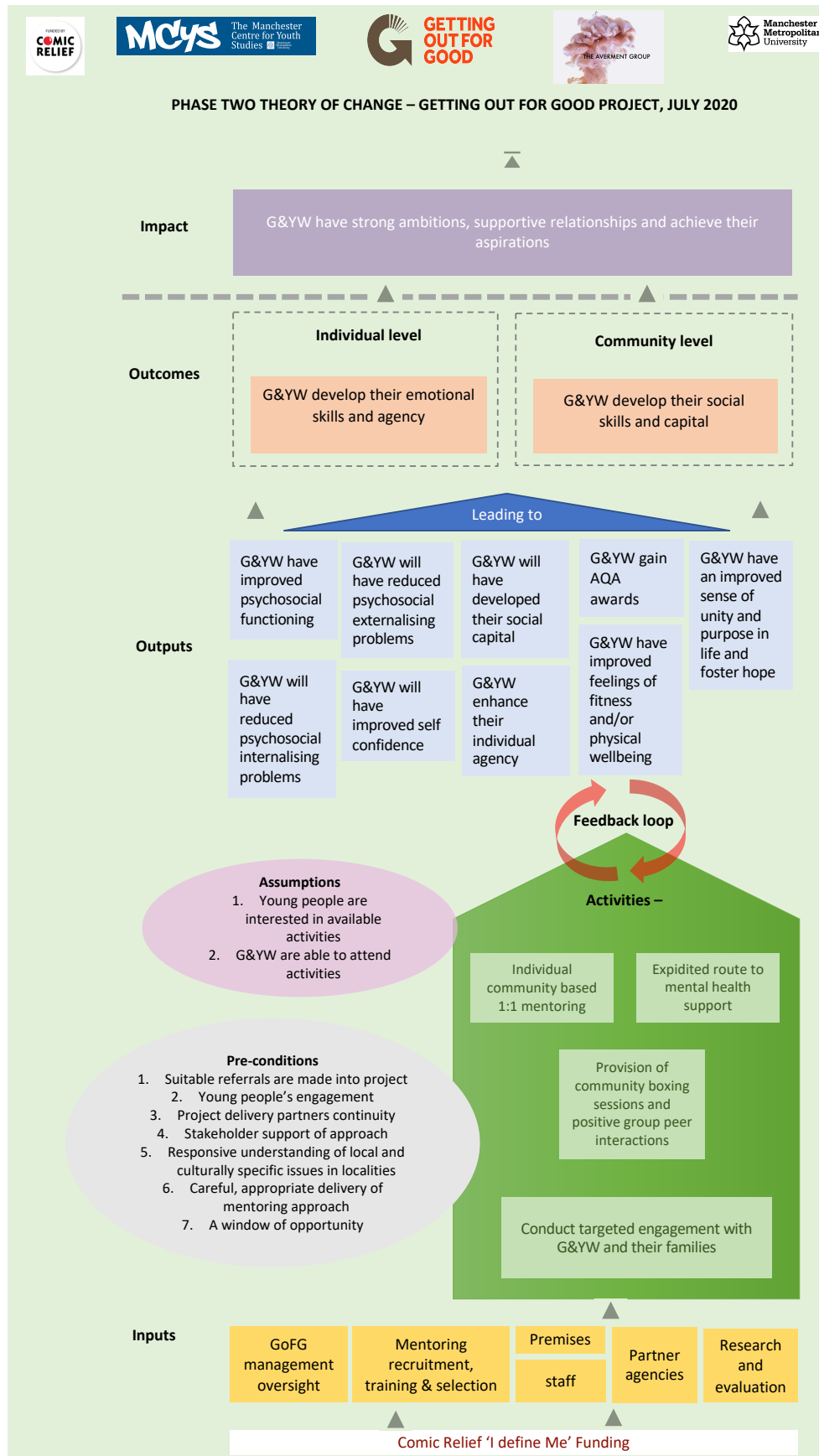
3. GOFG PHASE TWO THEORY OF CHANGE

3.1 Background

This section presents the refined GOFG theory of change (ToC). Figure One provides a visual summary of the model which is accompanied by a narrative account which is available in Appendix three.

The first iteration of the GoFG ToC was produced during phase one. On conclusion of phase one and informed by results of phase one's evaluation, a collaborative refinement of the ToC was undertaken by TAG and the GOFG project team. The purpose of this second iteration of the GOFG ToC is to help to explain how activities are understood to produce a series of results that contribute to achieving the final intended impacts of the project. The ToC seeks to describe a pathway from the need that it is trying to address, to the changes that it seeks to make (outcomes). The refined ToC articulates the process of the GOFG project in its second phase and provides a basis for the evaluation. In addition to the planning and development benefits afforded by a ToC to GOFG, the ToC is useful for identifying the data which needed to be collected and how it should be analysed (Clinks, 2014). Ultimately - with evidence against each element of the theory - it provides a framework to construct an evidence-based "story" about the GOFG project, its process, and its outcomes.

Figure One: GOFG Theory of Change Diagram



4. RESULTS

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

4.1 Participant Data

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

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

4.2 SDQ Quantitative Data

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

Table Three: Total Number of Completed SDQ Assessments by Cohort

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

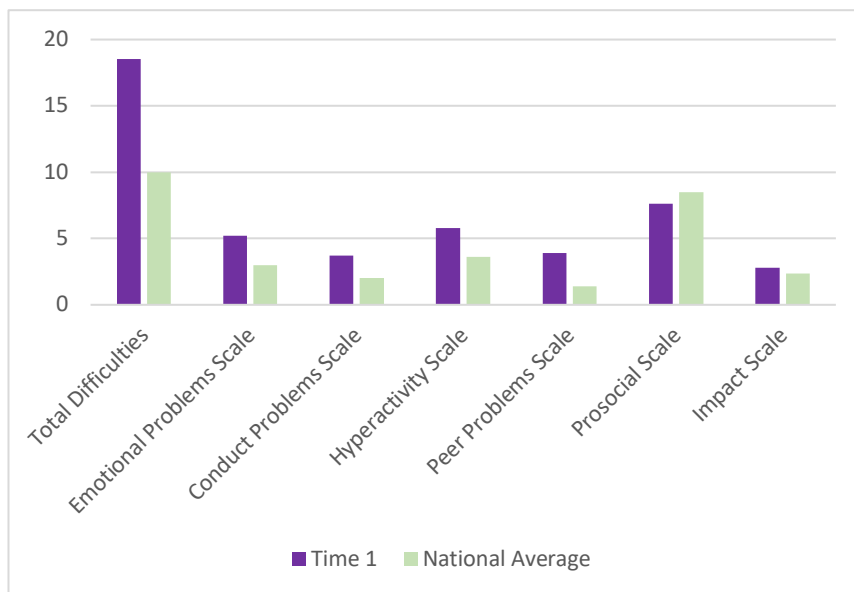
Table Four: GOFG Young People SDQ Time One Mean Scores Compared to National Average Scores

SDQ Subscales	Possible range	Clinically significant range	GOFG			National average	
			N	Mean	SD	Mean	SD
Emotional problems scale	0-10	≥ 6	29	5.23	2.40	3	2.1
Conduct problems scale	0-10	≥ 5	36	3.69	1.61	2	1.6
Hyperactivity scale	0-10	≥ 7	36	5.81	1.39	3.6	2.2
Peer problems scale	0-10	≥ 4	36	3.91	1.58	1.4	1.4
Prosocial scale	0-40	≤ 5	36	7.61	2.05	8.5	1.4
Total difficulties score	0-10	≥ 18	27	18.54	4.84	10	5.3
Impact	0-10	≥ 2	14	2.97	1.85	2.36	1.51

Table four displays the average (mean) scores for GOFG's G&YW on the individual subscales of the SDQ. These are shown for the GOFG cohort next to national mean young people scores. National

British means relate to girls aged 11-15 years (SDQ, 2021). This data is also displayed in the following graph.

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

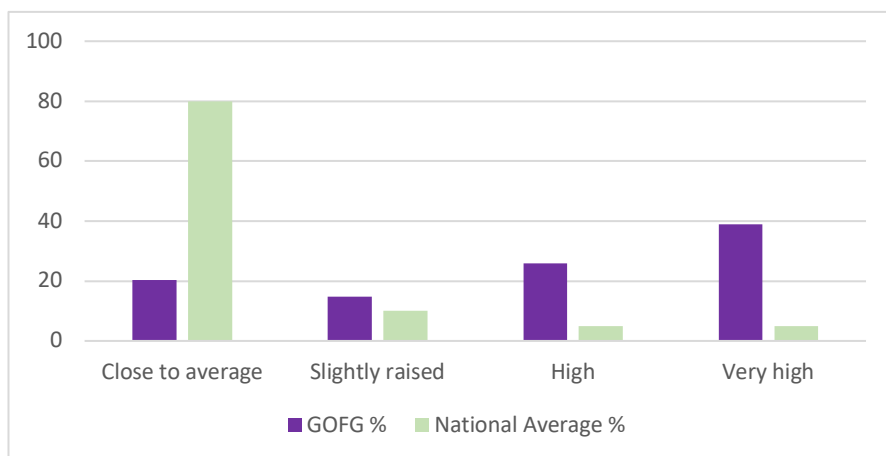


As table four and graph one display, the GOFG phase two cohort has higher mean scores across all scales, compared to national average data (not including prosocial, which has a reverse positive direction). Descriptive analysis suggests that the biggest differences are in the GOFG peer problems scale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

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

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

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



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

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

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

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

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

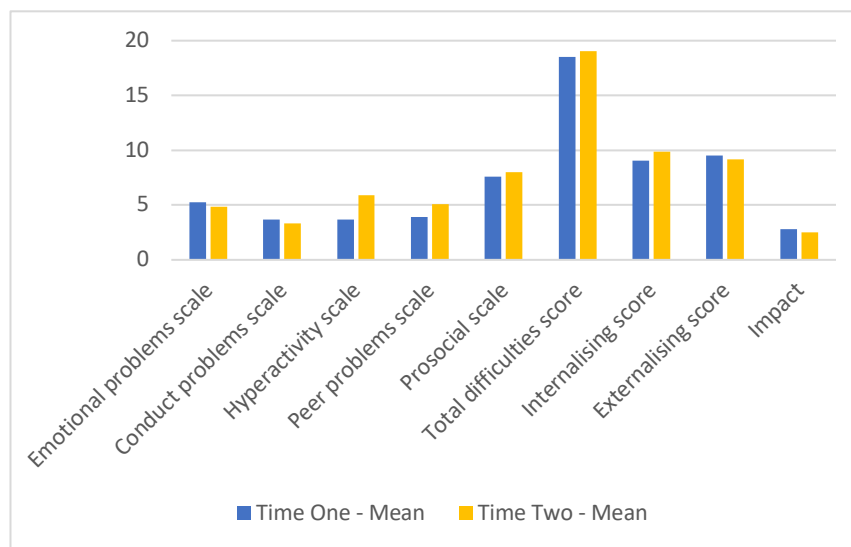


Table five and graph three highlight that there has been a slight increase in the overall total difficulties scores of G&YW attending GFG when comparing time one and time two assessments. In other words, there has been a very small deterioration in SDQ total scores.

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

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

4.3 SDQ Qualitative Data

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

Table Six: SDQ Impact Analysis at Time One

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

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

Table Seven: SDQ GOFG Impact Question

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

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

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

4.4 SDQ Data by Cohorts

Table Eight: SDQ GOFG Cohort Data

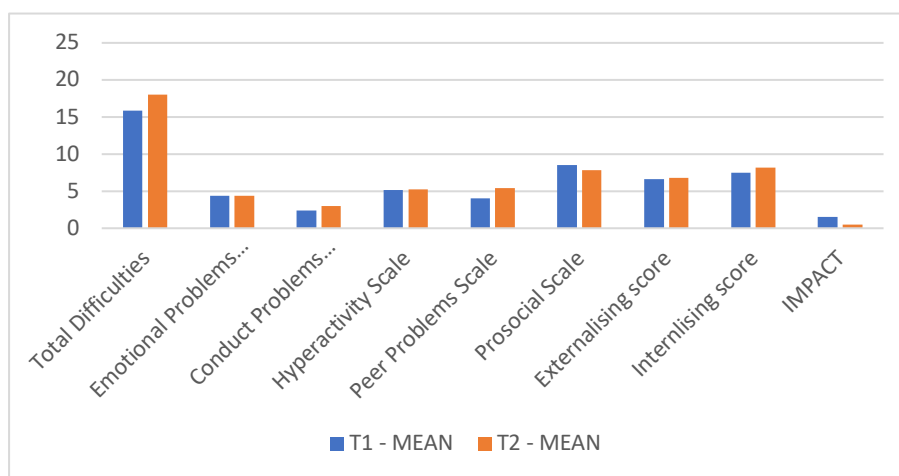
The following table breaks down the SDQ scores by cohorts during phase two of the GOFG project.

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

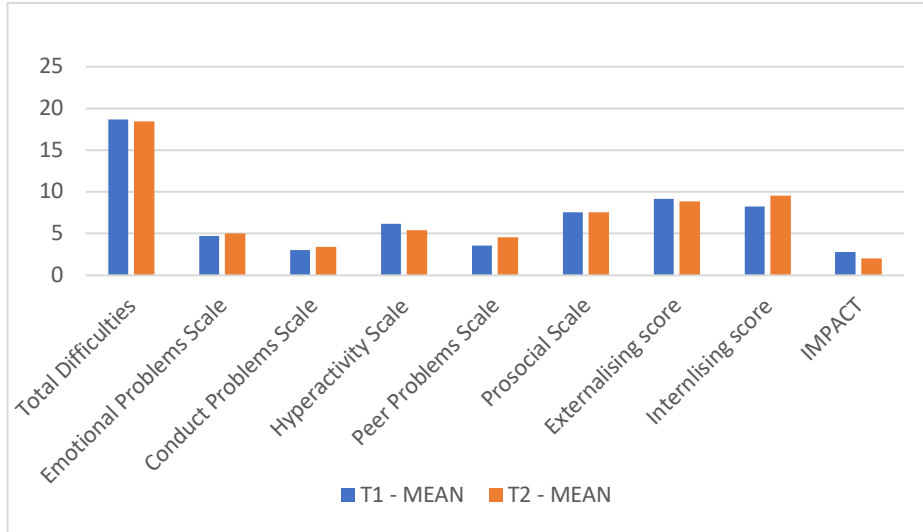
This data is displayed in the following graphs where a number of observations can be made:

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

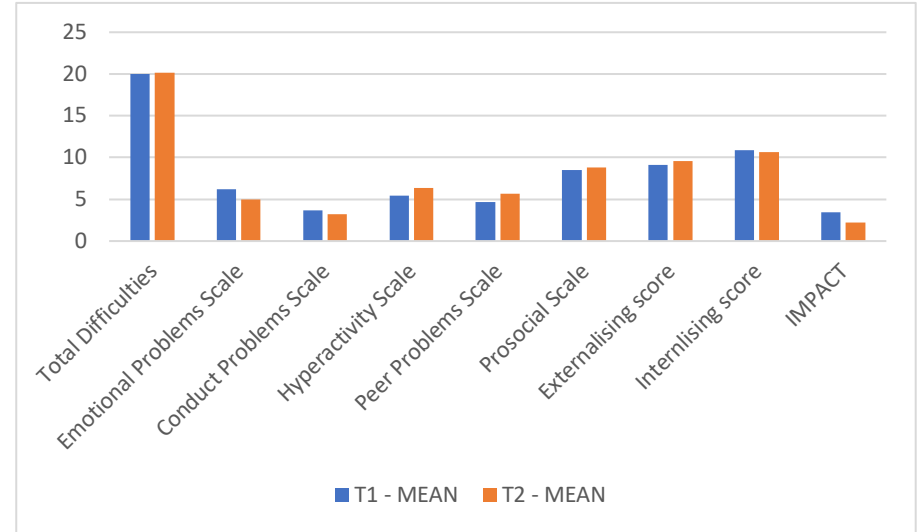
Graph Four: Covid Recovery Cohort



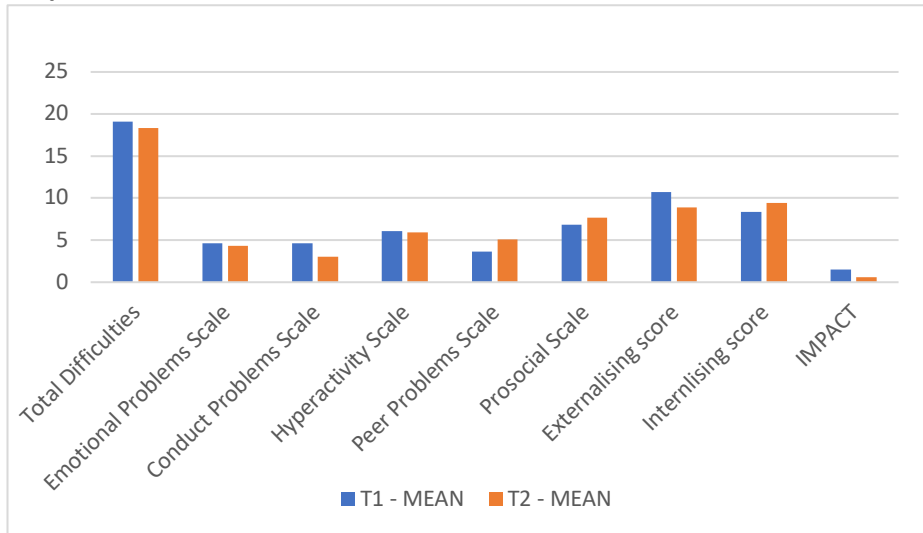
Graph Five: Cohort One



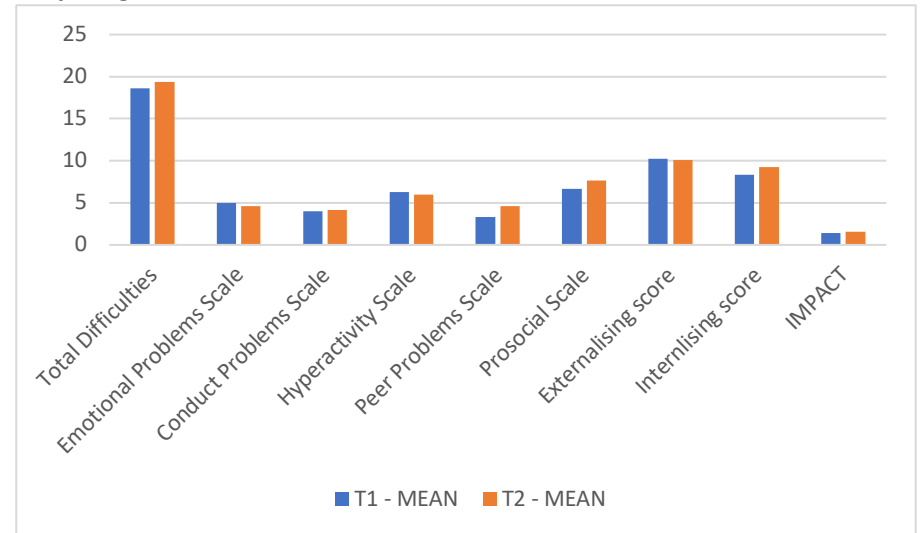
Graph Six: Cohort Two



Graph Seven: Cohort Three



Graph Eight: Cohort Four



4.5 SWLS, SWEMWBS and MOSSI Scales

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

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

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

This data is displayed in the following charts.

Graphs Nine: GOFG Young People Assessment Scores



As can be observed in the graph SWLS scores have decreased. Scores between 5-9 indicate the respondent is extremely dissatisfied with life, whereas scores between 31-35 indicate the respondent is extremely satisfied. A score of 18 represents a neutral point on the scale. The GOFG cohort have remained at a neutral point.

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

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

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

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

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

The SWEMWBS scale improves amongst cohorts 2 and 3.

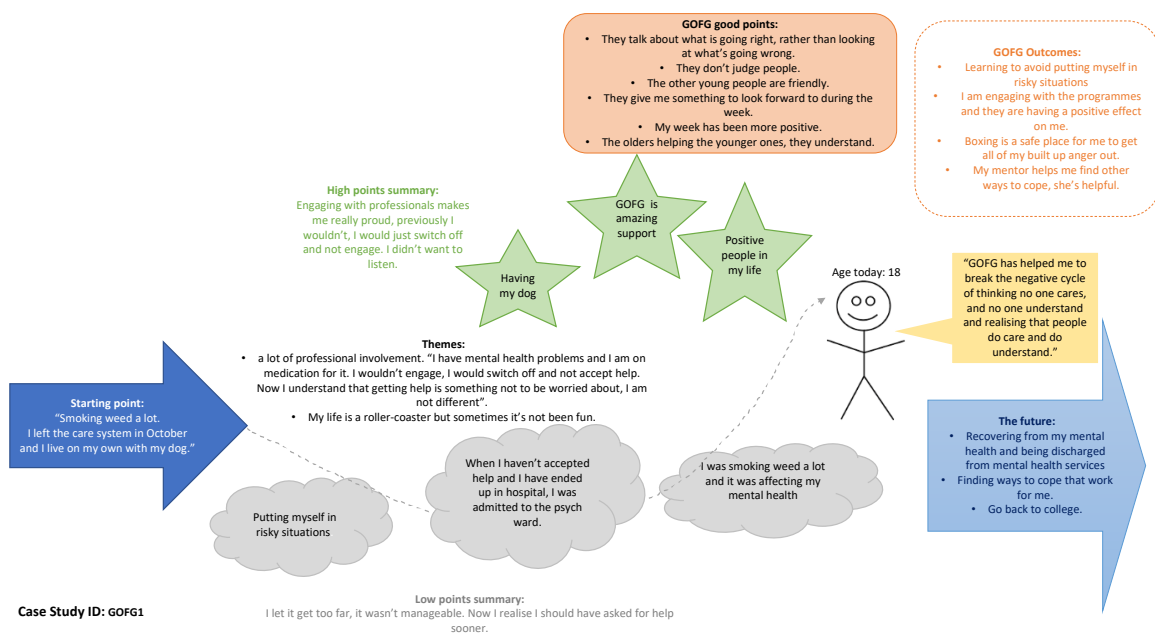
The MOSSI scale improves amongst cohort 2.

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

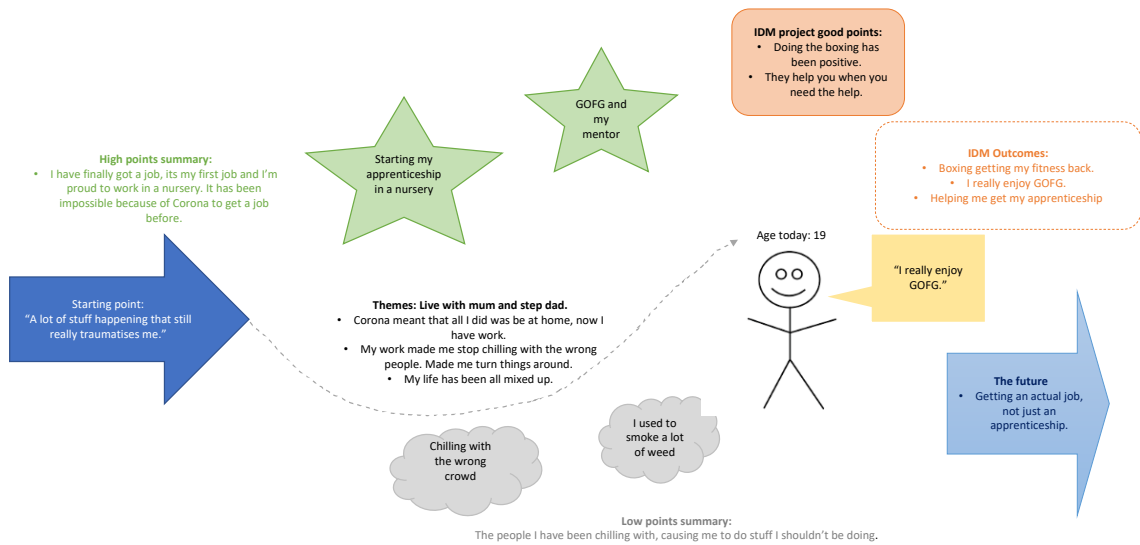
4.6 Life Story interviews

The following section presents the qualitative, life story interviews conducted with G&YW participating in GOFG. Using the life story study methodology discussed in section 2.5 and conversations with the G&YW and their mentor/keyworker, G&YW’s internalised and evolving narratives were explored. Interviews discussed where each participant is in their life, their hopes, dreams, aspirations, and current progress, and then analysed where GOFG fits in with that and how the participant is personally experiencing the project. A total of 6 life story interviews were conducted.

Life Story One:

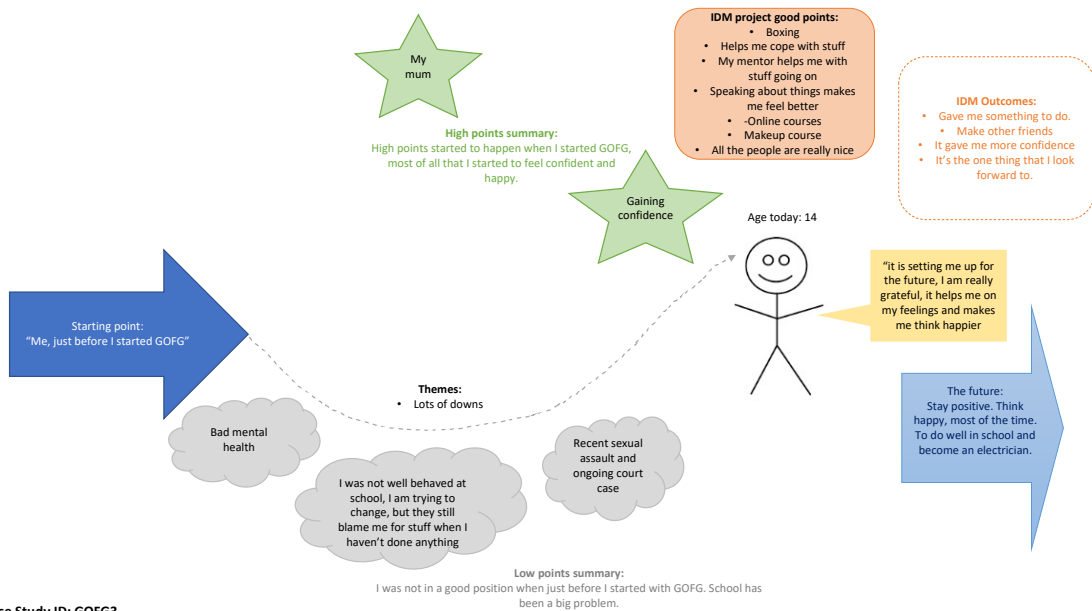


Life Story Two:



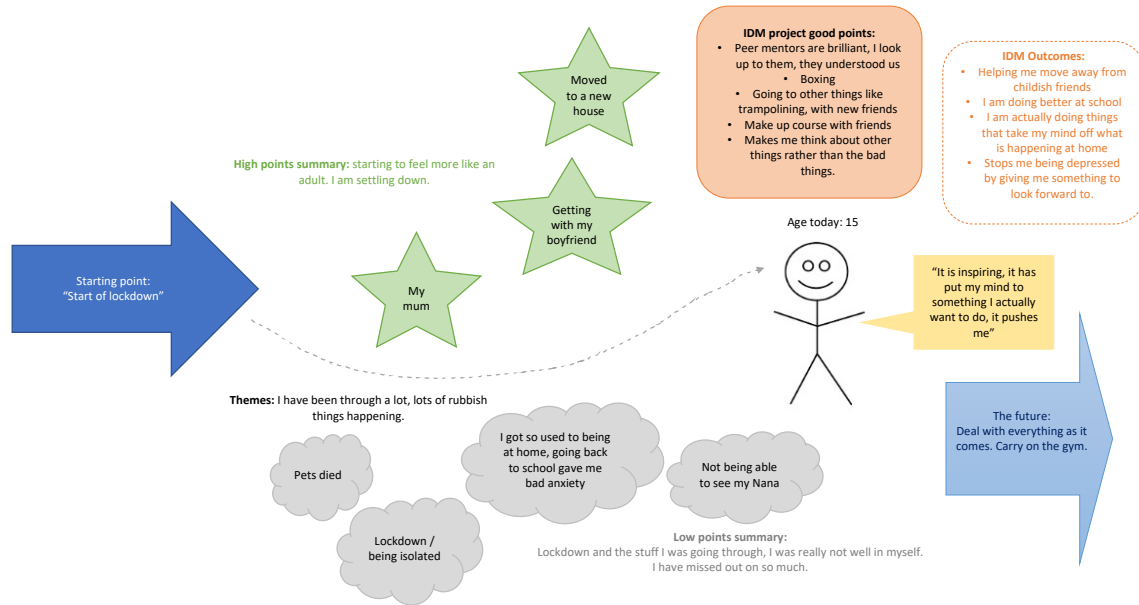
Case Study ID: GOFG2

Life Story Three:



Case Study ID: GOFG3

Life Story Four:



Case Study ID: GOFG4

Life Story Five:



Case Study ID: GOFG5

Life Story Six:



4.7 Life Stories Summary

The G&YW's life stories are powerful insights into the stories of each individual G&YW, their experiences, hopes, dreams and ambitions. They give important insight about how GOFG fits in with their life story now, whether GOFG provides relevant and engaging intervention and support and also how GOFG may (or may not be) helping to support them towards their goals.

G&YW choose a relevant starting point for their own life story. Many of the G&YW life stories have fairly recent starting points. Linked closely is the observation that the life story interviews have all consistently highlighted both enduring and also reactive mental health needs. Trauma, adverse childhood experiences (ACE), mental health challenges and association with negative peer groups are frequently recounted low-points of the G&YW's life stories. These were frequently in the G&YW's recent past.

Covid and the pandemic was a very common low point of the G&YW's life stories, especially amongst the life story interviews in later cohorts for the G&YW who had experienced all three UK national lockdowns. G&YW spoke of isolation, loss of contact with important and positive family members and also a move to on-line peer association. School closures have evidently impacted the G&YW and descriptions of anxiety were common as lockdowns lifted, especially in relation to returning to school. A sense of loneliness, uncertainty, isolation and fear were common. The enforced separation from significant and important family members who did not reside in the same household has really compounded the challenges faced by the G&YW.

Several G&YW recounted turning points in their life stories. For the majority of G&YW these occurred because of a culmination or a peak of one or several ACE's which led to a search for additional support, frequently by parents but also by involved professionals. GOFG and its acceptance criteria has fitted with the presenting needs of the G&YW, particularly in relation to ACEs, risk taking behaviour and presenting mental health need. The G&YW have felt that the GOFG project is relevant and its offer has been experienced as engaging. It has provided a 'hook' for the G&YW to engage with its activities. On GOFG's first presentation to the G&YW it has fitted with where they are at in their life stories.

career related onwards support. Most of the G&YW concluded their project involvement with a wide range of additional actions instigated by GOFG, indicating how the GOFG project has likely created a window of opportunity for participating G&YW.

There was an average number of 11.1 sessions delivered to participants over their time with GOFG. This ranged from 8.6 sessions (cohort 3) to 12.75 sessions (cohort 2).

4.9 Context analysis

The context analysis quickly adjusted to the Covid pandemic at the outset of phase two of GOFG. A real-time review approach was utilised, as opposed to a context analysis given the ever-changing context of the pandemic, especially the early months of planned delivery in the face of the first national lockdown.

Table eleven summarises the Covid restrictions timeline against the timeline of phase two of the GOFG project.

Table Twelve: Cohort and Covid Restrictions Timeline

TIME PERIOD	< March 2020	March > June 2020	July > September 2020	September > October 2020	November > December 2020	December 2020 > January 2021	January > March 2021	March 2021 >
UK COVID STATUS	Pre-covid	National lockdown	Minimal lockdown restrictions	Reimposed restriction – 3 tier system	National lockdown	– 3 tier system	National lockdown	Phased exit from lockdown
CRM								
Cohort 1								
Cohort 2								
Cohort 3								
Cohort 4								

The project mechanisms during Covid adjusted to the national lockdown initially by moving to a commissioned on-line delivery platform, with dedicated psycho-social and psychological support. Project activities were also delivered on-line for an initial 2 months. However, the project was also quickly able to revert to in person Covid-safe delivery. The G&YW were given the option of in-person or on-line delivery of the project and the large majority opted for in-person support. As a consequence, on-line delivery was phased out and covid-safe and complaint face-to-face delivery was undertaken from cohort 1 onwards. The project ToC was adjusted and readjusted to reflect this necessary adaptation and learning.

The Covid-environment also indicated higher and varied levels of presenting need, particularly in mental health as a consequence of lockdowns. Scored SDQ and other assessment data was quickly shared with the project team to provide real-time data regarding the presenting need of G&YW.

5. CONCLUSIONS AND RECOMMENDATIONS

The phase two evaluation of GOFG has yielded rich, insightful and relevant information about the delivery of a targeted intervention for G&YW at risk of serious gang related youth violence, sexual exploitation and abuse, and poor mental health. Importantly, the evaluation has also adjusted to the necessary adaptations of GOFG during the Covid pandemic and has utilised real time evaluation approaches to support and inform GOFG during its second phase. GOFG has provided G&YW with an intensive three-month programme of mentoring, advice, and activities together with local sport, art and cultural provision. This concluding section brings together the results of the evaluation of the second phase of GOFG towards the research questions. The research questions are presented below, and findings are drawn together under each question.

5.1 To understand what happened, for whom, and why during a participant's time with GOFG.

Phase two of GOFG has been delivered during the worldwide Covid pandemic. Between 2020-2022 there were three national UK lockdowns and prolonged periods where GOFG delivery was significantly impacted by Covid-necessary restrictions. This has inevitably affected GOFG, its stakeholders and the G&YW participating in the project in numerous ways that we are only now able to begin to understand. Phase two of GOFG and its accompanying evaluation has been able to provide important insight and real-time understanding through this period.

Analysed data has provided important insight about what happened, for whom and why during delivery of GOFG. The project mechanisms during Covid adjusted to the national lockdown, initially moving to a commissioned on-line delivery platform with dedicated psycho-social and psychological support. Project activities were also delivered on-line for an initial 2 months. However, GOFG was quickly able to revert to in-person and Covid-safe delivery. The G&YW were given the option of in-person or on-line delivery of activities and mentoring support and the large majority opted for in-person modalities. Consequently, on-line delivery was phased out and Covid-safe and complaint face-to-face delivery was undertaken from cohort 1 onwards.

A total of 68 G&YW have fully participated (referred, engaged and retained) in the GOFG project and also participated in the evaluation (completing at least one assessment battery). The average age of the G&YW was 15.86 years and they ranged in age from 13 years to 23 years. The majority (42.6%) were of white British ethnicity. The GOFG project intervention was delivered across five cohorts between 2020-2021, including an additional cohort funded by covid-recovery monies.

A total of 142 G&YW received AQA awards during their time at the Project. Delivered activities included taster sessions, boxing, trampolining sessions, safeguarding and peer mentoring training for G&YW, film making, and psychosocial support sessions. Many onwards referrals and liaisons were made, most frequently to the KOGS project. Most of the G&YW concluded their GOFG involvement with a wide range of additional actions instigated by GOFG, indicating how the GOFG project has likely created a window of opportunity for participating G&YW in support of the onwards journeys of G&YW.

Section 5.4 explains in more detail the outcomes of GOFG. The average total difficulties score measured by the SDQ assessment slightly increased after GOFG's intervention (18.54 > 19.03). Importantly however, 68 percent of the G&YW across all cohorts reported that their problems had improved since being involved with one of the IDM projects and there were observed improvements in G&YW's self-reports of general difficulties. The other assessment measures also indicate similar trends. Greater insight is gathered from SDQ subscales which show that the overall small deterioration in SDQ total scores is ameliorated by an improvement in emotional problems and conduct problems

scales and the prosocial scale. It is the hyperactivity and peer problem scales which deteriorated over the time of the project during phase two. There were variations in these patterns across the cohorts.

It is inevitable that Covid has influenced the G&YW and their SDQ and other assessment scores, reflecting the challenging circumstances and complexity of need of the G&YW before and during GOFG. What is most surprising, is that there was not a greater deterioration in the G&YW's overall scores. Perhaps in some way, GOFG has off-set some effects of the pandemic, else helped to again ameliorate it. Notwithstanding, it is a big achievement to see improvement in the emotional problems scales of the G&YW. When the presenting needs of the G&YW were compared to national average data, one of the biggest differences was in the emotional problems scale (as well as conduct problems). Positive improvement is observed in one of the most needed areas for the G&YW – their emotional and mental health. Again, the context of the pandemic, makes this an important outcome – the focus of GOFG on emotional and mental health has likely been essential within its activities along with expedited referral pathways and access to local mental health services.

5.2 To gain insight about G&YW accessing the GOFG project.

The evaluation has gathered and analysed qualitative and quantitative data regarding G&YW accessing the GOFG. Through psychometric assessment data and life story interviews the evaluation has explored the presenting needs of the G&YW.

SDQ data has demonstrated that the GOFG phase two cohort has higher mean average total scores across all scales compared to national average data of young people aged 11-15 years (SDQ, 2021). GOFG's G&YW have higher levels of need than similar aged peers. Descriptive analysis suggests that the biggest differences are in the GOFG peer problems scale and the emotional problems scale. G&YW's average SDQ total score of 18.54 sits within a 'high' category and many more sit in 'slightly raised' or higher categories than the national average (65% compared to 10%). A large majority of G&YW participating in GOFG have much higher levels of need than similar aged peers.

The G&YW have presented with high levels of emotional problems and peer problems at the start of their involvement with GOFG, as indicated by SDQ subscales.

The insight gathered from life story interviews suggests that the needs of the G&YW were present before the Covid pandemic. The pandemic has exacerbated, accelerated as well as created additional needs to those that already existed, particularly regarding the emotional and mental health of participating G&YW.

5.3 To illustrate the journeys of G&YW through their involvement with GOFG and provide in-depth outcome-orientated case studies to identify a specific contexts and mechanisms under which GOFG contributes to outcomes.

The qualitative evidence from the life story interviews captured the breadth of support that GOFG has been able to provide G&YW and its relevance. Each G&YW has a very different life story. The GOFG project has been able to be responsive to both presenting, and also changing, need through the course of intervention with GOFG.

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

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

Turning points of life stories commonly occurred as a result of a culmination or a peak of one or several ACE's which led to a search for additional support, frequently by parents but also by involved professionals. GOFG and its acceptance criteria has fitted with the presenting needs of the G&YW, particularly in relation to ACEs, risk taking behaviour and emotional and mental health. This is supported by the quantitative data analyses.

The G&YW experienced their mentoring relationships extremely positively, describing them as helpful, meaningful, facilitating change and empowering the G&YW to make changes in their lives. Project mentors delivered group work and boxing activities and had twice weekly contact with each G&YW to identify and support their needs. The outcomes of the mentor relationships were frequently described in terms of confidence - confidence to get back to school, confidence to make friends, confidence to participate in some of the GOFG activities. Boxing, beauty courses and other activities were very well experienced. There were many other outcomes that were described in relation to the whole of GOFG. Positivity and more positive perspectives were commonly described. Practical and tangible outcomes were important to G&YW such as making new friends, going to school, doing activities within, and also signposted by GOFG. Feelings of hopefulness, safety and support were all commonly observed outcomes in the life story interviews.

GOFG has helped the G&YW to identify and work towards their future goals and aspirations. Goals were often bigger than they had been prior to their involvement in GOFG, becoming both realistic and aspirational. Helping other young people, achieving qualifications and securing careers, sustained mental health and positivity and happiness were all described goals.

GOFG has provided reflexive, relevant and engaging activities for the G&YW, using face-to-face delivery methods at a time when face-to-face contact was especially challenging. GOFG has fitted well with the G&YW's life stories. GOFG has helped the G&YW by supporting them towards their goals through mentoring relationships, mental health support and service access, engaging activities and positive in-person peer association.

It cannot be concluded that GOFG alone has led to the observed findings. This evaluation of GOFG has been able to illustrate the journeys of G&YW through their involvement with GOFG, and evidence their experienced outcomes.

5.4 To explore the extent to which GOFG achieved pre-identified outcomes.

GOFG has begun to demonstrate outcomes and impact. There are important observations to be made from the data, especially considering the inevitable impact of the pandemic through the course of GOFG in its second phase.

The average total difficulties score measured by the SDQ has slightly increased after GOFG's intervention (18.54 > 19.03). However, also importantly, 68% of young women across the cohort reported that their problems had improved since being involved with one of the IDM projects and there were observed improvements in G&YW's self-reports of general difficulties. The other assessment measures indicate similar trends. SWLS scores show that GOFG participants are slightly less satisfied with life but scores remain at a neutral point. The SWEMWBS scale has increased by a

small amount indicating higher positive mental well-being. The MOSSI subscale has remained almost the same when time one and two are compared.

Looking across subscales of the SDQ, there is a great deal of more specific insight regarding changes over the course of GOFG involvement that sit underneath the change in total scores. The small deterioration in SDQ total scores is accompanied by an improvement in emotional problems and conduct problems scales and the prosocial scale. The improvement in emotional problems contributes to a number of sought outputs including that G&YW have improved psychosocial functioning, self confidence and individual agency. Similarly so, the pro-social scale improvement indicates output achievements that G&YW have improved psychosocial functioning and also supporting developed social capital. This finding is further supported by the life story interviews which all outline a narrative of change and improved psychosocial functioning across relationships and a clear enhancement in individual agency.

However, hyperactivity and peer problem scales did deteriorate over the time of the project during phase two. This has contributed to an increase in the SDQ internalising score and limited evidence that G&YW will have reduced psychosocial internalising problems (which is the sum of the emotional and peer problems scales) – this increased. Given that emotional problems decreased, the increase in peer problem scores is large enough to affect internalising problem scores. The qualitative evidence does however indicate positive change and improved social capital. An increase in peer problem subscales was also identified in the phase one analysis of the GOFG programme (See Horan et al, 2019) so it is unlikely that this increase is solely due to the pandemic. Again, perhaps it can be attributed to group work dynamics that combine G&YW from different local areas. Interestingly, peer problem scales also increase in the national IDM research (see Horan and Jump, 2022).

As described in section 5.1, the observed improvement in the emotional problems scales of the G&YW is important for the G&YW participating in GOFG. When the presenting needs of the G&YW were compared to national average data, one of the biggest differences was in the emotional problems scale (as well as conduct problems). Positive improvement is observed in one of the most needed areas for the G&YW – their emotional and mental health which has contributions towards most of the sought outputs and outcomes of GOFG.

Further insight can be gathered from exploring GOFG cohort data. The CRM cohort refers to the cohort who received additional intervention on completion of their GOFG work in phase one, funded through covid-recovery monies. For this reason, CRM is excluded from like-for-like comparison.

There were reductions in the SDQ total difficulties scores over time amongst cohorts 1 and 3. These two cohorts were delivered just after national lockdown periods. An interesting comparison is made when considering the imposed dates of UK Covid-19 national and regional lockdowns.

Cohorts 1 and 2, were all delivered during national lockdown periods. The CRM cohort was delivered during and after the first UK national lockdown. There were reductions in the SDQ total difficulties scores over time amongst cohorts 1 and 3, the two cohorts delivered just after national lockdown periods. The CRM cohort, and cohorts 2 and 4 saw increases in their overall total scores. Perhaps unsurprisingly, the biggest increase in total difficulties score was observed amongst the covid recovery cohort. Cohorts 2 and 3 had higher levels of presenting need than other cohorts and these two cohorts were delivered close to/just after all three periods of national lockdown.

Again, perhaps unsurprisingly, all cohorts saw deterioration in peer problem scales. CRM and cohort 1's emotional problems deteriorated. CRM and cohort 1's conduct problem scales also deteriorated. CRM and cohort 2 saw deterioration in their hyperactivity scales.

Cohorts 2, 3 and 4 all saw improvement in emotional problems scores. Cohorts 2 and 3 saw improvements in conduct problems scores. Cohorts 1, 3 and 4 saw improvements in hyperactivity scales.

Looking towards the sought outputs of GOFG there have been several achievements (as indicated by descriptive qualitative and quantitative data analysis):

- **G&YW have improved psychosocial functioning:** there is an observed improvement over time in SDQ emotional problems scores and in conduct problems. The impact scale (the impact of difficulties on the child's life) has decreased which indicates improvement in G&YW's experienced difficulties over the duration of GOFG intervention.
- **G&YW will have reduced psychosocial externalising problems:** the SDQ externalising score (which is the sum of conduct and hyperactivity scales) reduced.
- **G&YW will have improved self-confidence:** life stories repeatedly referenced G&YW experiencing improvement in their self-confidence as a consequence of GOFG. The improvements in SDQ emotional problems scores and in conduct problems provide further support.
- **G&YW will have developed their social capital:** again, life stories frequently referenced G&YW developing their social capital – their relationships, social connections, networks and friendship groups with reorientation in process and in acquisition. Many new positive associations were described with those met at GOFG activities. Reorientation also often applied to family relationships beyond the family home. The improvements in prosocial scores and in conduct problems provide further support.
- **G&YW enhance their individual agency** – there was frequent reference to the developed personal resources of G&YW within their life stories. They felt empowered and assisted to make changes and realise their ambitions and goals. They felt more in control of their lives and able to make the necessary changes towards meeting their goals and interact positively with their social worlds. Again, the improvements in SDQ emotional problems scores, prosocial scores and in conduct problems provide further support.
- **G&YW gain AQA awards:** 142 G&YW gained AQA awards.
- **G&YW have improved feelings of fitness and/or physical wellbeing:** a number of life story interviews evidenced feelings and experience of improved fitness and/or physical wellbeing. Many onwards referrals were made to support fitness and/or physical wellbeing including continuing boxing sessions.
- **G&YW have an improved sense of unity and purpose in life and foster hope:** this was a clear theme that ran through the G&YW's life stories. Hopefulness, happiness, positivity and purpose were described and also evident within the G&YW's current situations and their future goals.

The one sought output which was not evidenced to have been achieved was:

- **G&YW will have reduced psychosocial internalising problems** – the SDQ internalising score (which is the sum of the emotional and peer problems scales) increased.

The life story interviews, assessment data and other evidence indicate some contribution of GOFG towards achieving the sought outcomes of the project. These being that **G&YW develop their emotional skills and agency** and that **G&YW develop their social skills and capital**. As analysis has been undertaken descriptively with a small sample size it is difficult to fully understand causality, a challenge compounded by the many consequences of the Covid pandemic. However, the evaluation indicates that GOFG has begun to achieve its sought outcomes.

5.5 To tell the story about GOFG's overall contribution to policy outcomes/influence.

In a recent Academic Insights paper where we reported the findings of GOFG in phase two (Jump and Horan, 2021) we reflected that the constantly developing findings and the emerging Covid-19 pandemic meant that the focus of GOFG changed from one of signposting and various diversionary activities, to a much more individually tailored project that concentrated upon individual harms and personal risk. This reflects the real-time evaluation approach that was able to continuously inform and improve responsive approach. As well as providing small group work sessions with a focus on increasing positive networks, GOFG was able to support individuals at key turning points in their lives which included supporting those who were NEET to find employment and educational placements, as well as advocating for the girls with other services such as CAMHS, social care and youth justice.

G&YW involved in GOFG are marginalised and vulnerable, presenting with evident complex needs in their emotional and mental health, significant ACEs, low aspirations and low self-confidence. Their needs have been exacerbated and sometimes accelerated towards secondary and tertiary intervention as a result of the pandemic. GOFG has reflected on the nature of presenting needs and what has been effective in approach. It has moved away from its initial aim of working with 'gang affected girls' to a reflexive and responsive response to the needs of G&YW at risk of serious gang related youth violence, sexual exploitation and abuse, and poor mental health.

As we also reflected in the recent Academic Insights paper (Jump and Horan, 2021), it is critical to ensure that G&YW are enabled and assisted in their own unique journeys. We have been able to learn how critical mental and emotional health support is to the G&YW in building their agency and capital. We have begun to understand how each individual G&YW is the author of their own journey. We should not direct their path, but we can help them along their way at such vulnerable points in their stories to reframe and reconsider their ambitions and provide them with inspiration to achieve what they seek. This requires an approach that takes G&YW seriously and recognises that their needs and sense of agency should be developed as part of a holistic approach that is not an add-on gang prevention that is dominated by male focused approaches. We have been able to listen to female voices surrounding serious youth violence and the ways in which it impacts their lives and GOFG has seen the inimical impacts of contextual harms experienced by G&YW. These G&YW are themselves victims of violence, trauma, abuse and harm and their needs are different to perpetrators of crime; a youth justice perspective is inadequate. We suggest that GOFG learning should inform an approach that moves away from a singular gang and youth justice lens applied to exploited children. Responsive and relevant intervention that is likely to have meaningful impact for each individual requires a person-centred framework that specifically works with mental health services, builds agency and capital, enhances protective factors surrounding CSE and CCE and reduces the harm that exploited G&YW may experience.

5.6 To support evidence-informed action.

The learning emerging from GOFG through its two phases of evaluation builds upon wider research and evidence that shows how gang-involved or affected G&YW have to navigate a range of harmful environments which can expose them to high levels of sexual exploitation and increased criminal activity. It contributes to understanding of the context and situation of girls and young women who are gang affected, and how interventions can be designed and implemented to respond to this burgeoning issue. Instead of focusing, or extrapolating approach from interventions with young men, GOFG has worked with girls and young women who are impacted by youth violence, gangs and present with complex social needs towards the overall aim of reducing harm to G&YW and building their individual agency and social capital.

We also conclude by reflecting upon our learning and its contributions towards understanding and responses towards Violence and Women and Girls (VAWG). In our Academic insights paper (Jump and Horan, 2021) we identify how GOFG has scraped the surface of G&YW's presenting issues that are concomitant with VAWG. By building upon the previous tried and tested approaches and working within a more safeguarding and child protective perspective, GOFG has recognised the vulnerability of G&YW early enough to make meaningful change. As discussed by the (Home Affairs Select Committee, 2020) and (HM Government, 2021) our results support the amalgamation of responsive safeguarding and mental health responses.

Again, we highlight the following (Horan & Jump, 2022, Jump and Horan, 2021):

- A clear separation is needed from the wider discourses surrounding gang prevention and youth justice and a recognition of the vulnerability of exploited G&YW early enough to make meaningful change.
- Violence Against Women & Girls (VAWG) needs to be acknowledged within this context. We observe that VAWG is not separate to girls at risk of, or involved in serious youth violence, gangs and related vulnerabilities. Response needs to be integrated. It is a Venn diagram, they are not mutually exclusive.

5.7 Recommendations

The evaluation concludes with a number of recommendations drawn from analyses.

- The GOFG programme is funded until December 2021. The promising and indicative findings of the evaluation towards GOFG achieving many of its sought outputs and outcomes highlights the value and importance of its approach in working with G&YW identified as being at risk of serious gang related youth violence, sexual exploitation and abuse, and poor mental health. The evidence emerging from this evaluation should inform the mainstreaming and continuation of GOFG delivery.
- The G&YW are authors of their own journeys, and they should be enabled and supported towards their goals, increasing their own agency along the way to make meaningful change and realise their goals.
- Mental and emotional health support is critical to building G&YW's agency and capital.
- The amalgamation of safeguarding and mental health responses has again been key to addressing G&YW's needs.
- It is suggested that targeted and expedited mental health intervention enhances protective factors surrounding CSE and CCE.
- The needs of G&YW differ to those of young men.

The evaluation also highlights the relevance of its real-time methodology and life story interview methods in conducting this second phase evaluation during the covid-pandemic and the challenging and changing national contexts.

6. REFERENCES

- Adler, J. M., Dunlop, W. L., Fivush, R., Lilgendahl, J. P., Lodi-Smith, J., McAdams, D. P., Syed, M. (2017). Research Methods for Studying Narrative Identity: A Primer. *Social Psychological and Personality Science*, 8(5), pp: 519–527.
- Centre for Mental Health (2013). A Need to Belong. Available to download at: https://www.centreformentalhealth.org.uk/sites/default/files/2018-09/A_need_to_belong.pdf
- Clinks (2014). Developing a theory of change (revised March 2014). Available to download at: <https://www.clinks.org/sites/default/files/TheoryofChangeGuide.pdf> (Accessed 06 October 2021).
- EHCAP (2014). Scoring the Strengths & Difficulties Questionnaire for age 4-17. Available at: <https://www.ehcap.co.uk/content/sites/ehcap/uploads/NewsDocuments/236/SDQEnglishUK4-17scoring-1.PDF> (Accessed 06 October 2021).
- Goodman, R. (2001). Psychometric properties of the strengths and difficulties questionnaire. *Journal of the American Academy of Child and Adolescent Psychiatry*, 40(11), pp: 1337-45.
- Horan, R., Jump, D., & O’Shea, S. (2020). Getting out for Good: Preventing Gangs through Participation: Phase One Process Evaluation Report. Available at https://www.researchgate.net/publication/349970403_Phase_One_Process_Evaluation_Report_The_Getting_Out_for_Good_GOFG_Project (accessed 03/10/2021) (Accessed 04 October 2021).
- Horan, R. and Jump, D. (2021). I Define Me UK Combined Phase Two Research Project. Comic Relief, UK.
- Hsieh, H.F. and Shannon, S.E. (2005). Three approaches to qualitative content analysis. *Qualitative Health Research*, 5(9), pp.1277-88.
- Hughes, J. and Wilson, K. (2004) ‘Playing a part: the impact of youth theatre on young people’s personal and social development.’ *Research in Drama Education: The Journal of Applied Theatre and Performance*. Routledge, 9(1) pp. 57–72.
- Josselson, R. (2009). The present of the past: Dialogues with memory over time. *Journal of Personality*, 77, pp: 647–668.
- Jump, D. and Horan, R. (2021). HM Inspectorate of Probation Getting out for Good: Preventing Gangs Through Participation. HM Inspectorate of Probation Academic Insights 2021/12. Available at: <https://www.justiceinspectors.gov.uk/hmiprobation/wp-content/uploads/sites/5/2021/10/Academic-Insights-Girls-and-gangs.pdf> (Accessed 10 March 2022).
- Kobau, R., Sniezek, J., Zack, M. M., Lucas, R. E., & Burns, A. (2010). Well-being assessment: An evaluation of well-being scales for public health and population estimates of well-being among US adults. *Applied Psychology: Health and Well-being*, 2(3), pp: 272-297.
- McAdams, D. P. (1994). *The person: An introduction to personality psychology* (2nd ed.). Fort Worth: Harcourt Brace.
- McAdams, D. P. (2008). The McAdams Life Story Interview 2008. Available to download at: <https://www.sesp.northwestern.edu/foley/instruments/interview/> (Accessed 10 May 2020).

Medina, J., Ralphs, R., & Aldridge, J. (2012). Hidden behind the gunfire: Young women's experiences of gang-related violence. *Violence against Women*, 18(6), 653-661.

Medina, J., Ralphs, R., & Aldridge, J. (2012). Mentoring siblings of gang members: a template for reaching families of gang members? *Children & Society*, 26(1), 14-24. (Accessed 12 June 2021).

NHS Health Scotland, University of Warwick and University of Edinburgh (2008). Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWS). Available at: <https://www.corc.uk.net/outcome-experience-measures/short-warwick-edinburgh-mental-wellbeing-scale-swemws/> (Accessed 01 March 2022).

OECD (2022). Evaluation criteria. Available at: <https://www.oecd.org/dac/evaluation/daccriteriaforevaluatingdevelopmentassistance.htm> (Accessed 01 March 2022).

Rogers, P. (2021). Why do we need more real time evaluation? Available at: <https://www.betterevaluation.org/en/tags/real-time-evaluation> Accessed 01 March 2022

Rota (2011) The Female Voice in Violence Project. Final Report: This is it. This is my Life. Available at: <https://www.rota.org.uk/content/rota-march-2011-female-voice-violence-project-final-report-it-my-life> (Accessed 01 March 2022).

SDQ (2021). Information for researchers and professionals about the Strengths and Difficulties Questionnaire. Available at: <https://www.sdqinfo.org> (Accessed 12 June 2021).

SOPACT (2021). Theory of Change Done Right - Complete Impact Measurement Guide. Available at: <https://www.sopact.com/theory-of-change> (Accessed 12 June 2021).

Young, T. (2011). In search of the 'shemale' gangster: Tara Young. In *Youth in Crisis?* (pp. 140-155). Routledge.

APPENDIX ONE: GOFG PHASE TWO PROJECT LOGIC MODEL

This is the logic model for the GOFG project in its second phase. It is a hypothesis of how activities will lead to outcomes and the necessary steps in between, taking into account external factors and inherent assumptions. The evaluation will collect evidence to prove or disprove the various components of this theory.

Background:

Evidence sources: research regarding gangs, gang related vulnerabilities and gang contexts for girls and young women together with identity, narratives and identity within narratives. The evidence base of intervention approaches.

Preconditions:

1. Suitable referrals are made into project
2. Young people's engagement
3. Project delivery partners continuity
4. Stakeholder support of approach
5. Responsive understanding of local and culturally specific issues in localities
6. Careful, appropriate delivery of mentoring approach
7. A window of opportunity

Inputs	Activities	outputs	Outcomes	Impact
<ul style="list-style-type: none"> • GOFG Management oversight • Mentoring recruitment, training & selection • Premises • Staff • Partner agencies • Research and evaluation 	<ul style="list-style-type: none"> • Individual, community based 1:1 mentoring • Expedited route to mental health support • Provision of community boxing sessions and positive group peer interactions • Conduct targeted engagement with G&YW and their families 	<ul style="list-style-type: none"> • G&YW have improved psychosocial functioning • G&YW will have reduced psychosocial internalising problems • G&YW will have reduced psychosocial externalising problems • G&YW will have improved self confidence • G&YW will have developed their social capital • G&YW enhance their individual agency • G&YW gain AQA awards 	<ul style="list-style-type: none"> • G&YW develop their emotional skills and agency • G&YW develop their social skills and capital 	<p>G&YW have strong ambitions, supportive relationships and achieve their aspirations</p>

		<ul style="list-style-type: none"> • G&YW have improved feelings of fitness and/or physical wellbeing • G&YW have an improved sense of unity and purpose in life and foster hope 		
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Assumptions:

- Young people are interested in available activities
- G&YW are able to attend activities

External factors:

- Any changes to young people's circumstances during the programme (e.g. change of school, change of address, familial involvement with statutory services)
- Local and national political climate
- Legislative change
- Issues within partner agencies (e.g. budget cuts)
- Neighbourhood dynamics and events / community response

APPENDIX TWO: LIFE STORY INTERVIEW SCHEDULE

Introduction: explain that we are looking at the effectiveness of the IDM project. We want to look particularly at how the project may have impacted on you, but from your perspective. Lots of 'other' people thinks lots of things - it is your story and you are the expert.

Demographics: explore age, background, why involved in project?

Life History: explain that this way of doing research involves you thinking about your life as a story - you are the storyteller. You do not have to tell me everything that happened in your life, but instead I would like to hear about what you think/ feel is important with regard to your life and your offending behaviour. There are no right or wrong answers to my questions. Instead, your task is simply to tell me about some of the most important things that have happened in your life and how you imagine your life developing in the future.

1. Can you describe briefly your present life situation?

The following questions should include as possible: where, what, who involved, what you were thinking and feeling, impact and what this experience says about who you are or who you were....

2. Please describe a scene, episode, or moment in your life that stands out as an especially positive experience. (pride, respect, happiness, joy)
3. Thinking back over your entire life, please identify a scene that stands out as a low point, (despair, shame or embarrassment, disrespect, unhappiness)
4. Can you tell me of a serious turning point in your life? An episode that marked an important change in you or your life story? (where you have undergone substantial change)
5. Can you describe your biggest life challenge to date?
6. Looking back over what we've talked about, can you please identify the single person, group or organisation that has had the greatest positive influence on your life story?
7. Looking back over what we've talked about, can you please identify the single person, group or organisation that has had the greatest negative influence on your life story?
8. Please describe what you see to be the next chapter in your life. What is going to come next in your life story?
9. Looking back over your entire life, please identify and describe what you now consider to be the greatest single challenge you have faced in your life.
10. Looking back over your entire life story with all its chapters, scenes, and challenges, and extending back into the past and ahead into the future, do you discern a central theme, message, or idea that runs throughout the story? What is the major theme in your life story? Please explain.

Services and interventions:

11. Has the project impacted your life story and if it has, could you explain how?
12. Over the course of your life, which services do you feel have supported you the most effectively why?
13. Are there services that you feel have not supported you and why?
14. Which project 'interventions' or 'elements' would you recommend to others and why?
 - a) services do you think are the most appropriate to continue to be offered?

Ask the participant if there is anything else important to add / note?

Thanks and a debrief.

APPENDIX THREE: GOFG PHASE TWO THEORY OF CHANGE NARRATIVE

Summary

GOFG's ToC explains how GOFG's activities are intended to produce a series of results that contribute to achieving its final intended impacts. GOFG is a partnership and by design aims to achieve change by bringing partners together to deliver psychologically informed, community based and digital interventions for girls and young women who are at risk of exploitation.

The ToC explains how GOFG anticipates that participating G&YW will have strong ambitions, supportive relationships and achieve their aspirations. In summary, GPSDD's causal logic leads to:

1. G&YW developing their emotional skills and agency
2. G&YW developing their social skills and capital

And will contribute to:

1. G&YW having strong ambitions, supportive relationships and achieve their aspirations

Context

In the second phase of GOFG, GOFG engaged with G&YW (aged 14 – 24 years) at risk of gang involvement in the Greater Manchester area (project beneficiaries). G&YW engaged with activities voluntarily. Each G&YW has been referred to its delivery partner - Positive Steps because they have been identified as being at risk of serious gang related youth violence, sexual exploitation and abuse, and modern slavery. These G&YW are offered the opportunity to engage with the GOFG project.

Positive Steps is a charitable trust that delivers a range of targeted and integrated services for young people, adults and families that recognises the diversity of the people with whom we work. Positive Steps deliver a combination of statutory, voluntary and traded services – funded through local authority and charitable trust grants, charitable donations, contracts based on payment by results, and income generated through a sister company Positive Steps Trading – where all profits fund charitable activity.

Assumptions

The assumptions that show why GOFG thinks that one outcome will lead to another are:

8. Young people are interested in available activities
9. G&YW are able to attend activities

GOFG included a range of community and online courses together with mentoring provision. G&YM also had the opportunity to access accredited awards (AQA) for completing activities. It is assumed that these will be of interest to the G&YW to engage and motivate their active participation. This is the most critical assumption.

It is also assumed that the G&YW can access all in-person and on-line activities offered by GOFG. Cohorts of G&YW were provided with a tablet to facilitate their access to on-line activities.

Evidence

GOFG is guided by several evidence sources, notably:

- GOFG phase one evaluation report (Horan et al., 2020).
- Rota (2011) highlights a series of issues facing young women and girls affected by gang-related violence. The report suggests these complex issues which include domestic violence, sexual violence, exploitation and modern slavery be viewed as child protection issues, and that local authorities develop a strategic and operational plan for responding to the impact of criminal gangs and serious youth violence on G&YW.
- Centre for Mental Health report “A Need to Belong: What Leads Girls to Join Gangs” (Centre for Mental Health (2013).
- Evidence from the UK Children’s Commissioner.
- Identity and narrative identity theory and research.
- Various mentoring reports that highlight the benefits and pitfalls of mentoring young people in the criminal justice system, and also those deemed at risk of serious youth violence and gangs (Young, 2011; Medina et al., 2012) were also considered.
- Sport as an intervention and desistance promoting tool.
- Evidence (Hughes & Wilson, 2004) of the impact of youth theatre on young people’s social and personal development.

Inputs

The resources (inputs) that go into GOFG are identified as including money - funding from Comic Relief. Management oversight steers and guides the project and includes organisation, management and project steering, monitoring and recording and administration. Competent and motivated staff is another input. Premises, both formal and informal for intervention delivery and direct contact with young people are also essential identified inputs, together with additional office premises for delivery and management staff.

Research and evaluation is also a critical input of GOFG. The project is robustly evaluated with a mixed methods evaluation accompanying phase two. GOFG also contributes to evidence, knowledge and learning through ongoing research and dissemination in academic and practitioner forums.

Possibly the most important input to GOFG are its formal partner agencies who work in partnership with MMU in delivering GOFG: Positive Steps; Collyhurst and Moston Amateur Boxing Club; and, The Averment Group.

Activities

GOFG encountered the challenge of Covid-19 and the worldwide pandemic at the start of phase two. As the city of Manchester and the United Kingdom started to emerge from lockdown, the project team were keen to ensure that GOFG could be delivered in its crucial community setting, but also in a digital space. Learning from phase one, GOFG engages with G&YW in their locality to address their specific issues, while engaging them in positive diversionary activities such as sport and drama. Approaches seek to build resilience in G&YW who are supported to resist harmful and risky gang situations and exit from gang related activity, while developing resilience and positive identity formation to enable them to think independently, and thus reduce their vulnerability to sexual exploitation and abuse. In order to do so, GOFG activities included:

- Individual, community based 1:1 mentoring
- Expedited route to mental health support
- Provision of community boxing sessions and positive group peer interactions
- Conduct targeted engagement with G&YW and their families

Preconditions

These internal and external factors are key to the success of GOFG. They need to exist for the GOFG theory of change to happen. They are considered to be:

1. Young people are interested in available activities
2. G&YW are able to attend activities

1. Young people are interested in the available activities: if G&SW who fit GOFG referral criteria are not interested in the GOFG activities they will not participate in the project. Young people need to be interested and willing to participate in GOFG activities. Activities must be engaging and delivered by trained mentors who are enthusiastic, committed and reliable, with strong communication and interpersonal skills and, in receipt of supervision and support.

2. Young people are able to attend activities: it is critical that young people can access and attend activities. Delivery partners must ensure that activities are accessible for all G&YW participants.

Outputs

Outputs refer to the intended results of the GOFG activities. These are things that did not exist before the GOFG project but need to exist in order for the logical causal chain not to be broken and ultimately for the GOFG outcomes to be achieved.

- G&YW have improved psychosocial functioning
- G&YW will have reduced psychosocial internalising problems
- G&YW will have reduced psychosocial externalising problems
- G&YW will have improved self confidence
- G&YW will have developed their social capital
- G&YW enhance their individual agency
- G&YW gain AQA awards
- G&YW have improved feelings of fitness and/or physical wellbeing
- G&YW have an improved sense of unity and purpose in life and foster hope

Outcomes

The sought outcomes of GOFG are:

1. G&YW develop their emotional skills and agency
2. G&YW develop their social skills and capital

Accountability line

There is an accountability line between outcomes that are achieved directly by the GOFG and longer-term goals to which these contribute.

Impact

Ultimately, the GOFG project seeks to contribute towards the overarching impact that G&YW have strong ambitions, supportive relationships and achieve their aspirations.

(Young, 2011; Medina et al., 2012)