

# PUSHED OUT LEFT OUT

## *Girls Speak: Final report*

November 2022

 Paul Hamlyn  
Foundation

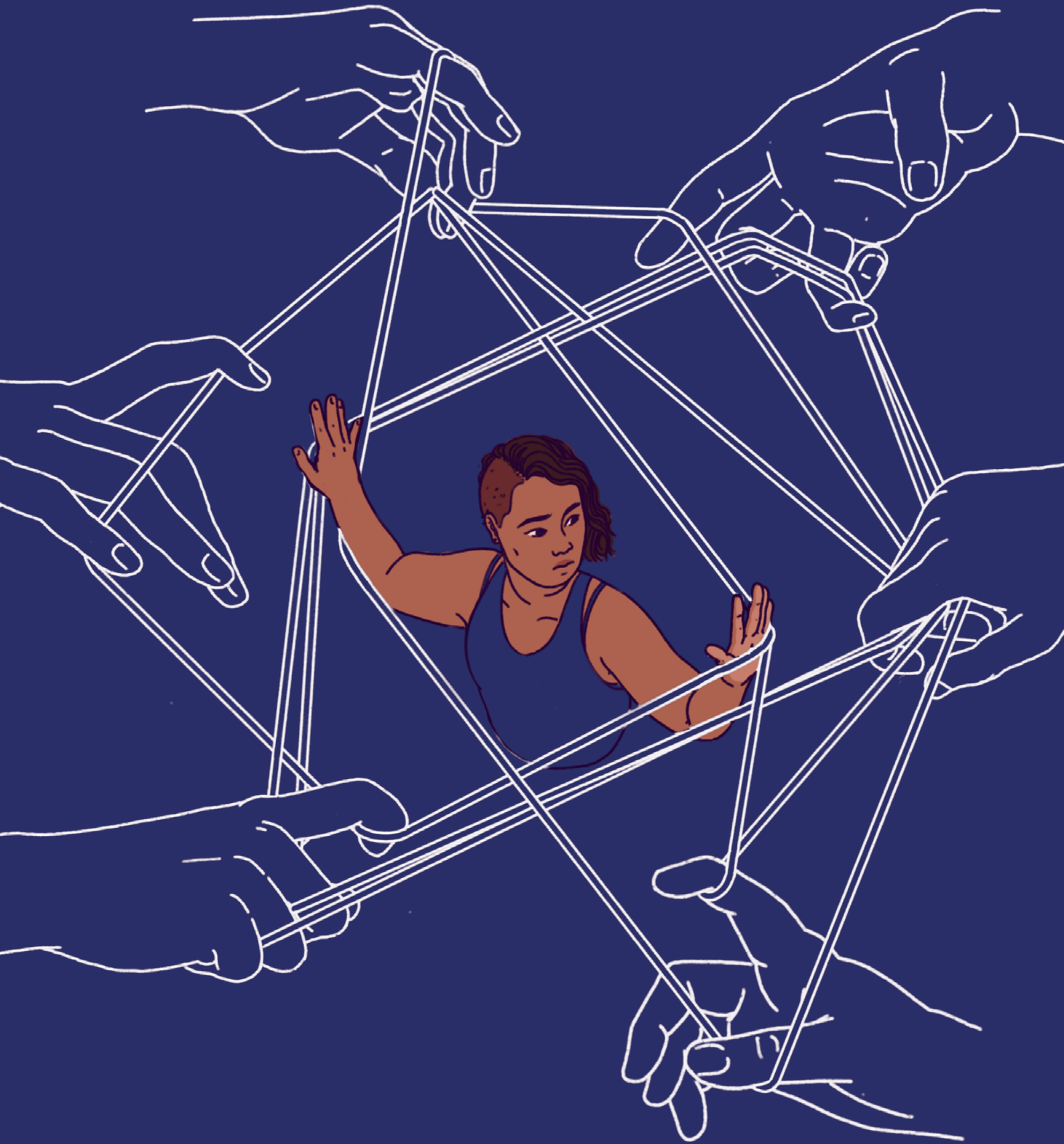
**GIRLS  
SPEAK**

**AGENDA**  
alliance



# Contents

<b>Executive Summary</b>	<b>5</b>
<b>Introduction</b>	<b>9</b>
<b>Methodology</b>	<b>11</b>
<b>Young women and statutory services</b>	<b>21</b>
<b>Consequences of the status quo</b>	<b>36</b>
Spotlight: School exclusions	44
<b>Recommendations for change</b>	<b>48</b>
Policy Context	49
Policy Recommendations	57
<b>Conclusion</b>	<b>67</b>
<b>Acknowledgements</b>	<b>69</b>



# Executive Summary

- Girls Speak focuses on the **lives of girls and young women with multiple unmet needs and their experiences of services**. These young women grapple with interconnecting challenges, including homelessness, unsupported early parenthood, substance use, poor mental health, conflict with family, poverty, violence and abuse, and contact with the criminal justice system. These issues are often **underscored by trauma and compounded by prejudicial treatment** based on their age, race, sexuality, and other intersecting identities.
- This research - based on in-depth interviews with 36 young women aged 13 to 26 - shows that when statutory services, and some non-specialist youth services, assume so-called “gender-neutral” or “gender-blind” approaches, this leads to the specific and gendered needs of young women being overlooked and underestimated. Ultimately, there is **nothing neutral about “gender-neutral” policy that fails to consider the distinct needs of girls and young women**.
- **Girls and young women face distinct risks from boys and young men**, including - but not limited to - being at greater risk of domestic abuse,<sup>1</sup> sexual violence,<sup>2</sup>

and developing depression or anxiety, particularly in their later teen years<sup>3</sup>. Agenda's research demonstrates the need for **gender-sensitive policy and practice** that acknowledges these differences and integrates an understanding of this into meaningful strategies and actions.

- **Statutory services are often inaccessible for girls and young women with multiple unmet needs** due to the barriers limiting access, such as long waiting lists and thresholds that determine their eligibility based on their age or level of need/risk.
- When access to statutory services is granted, young women often confront issues which marginalise them further, including **overstretched frontline professionals and disconnected services that are unable to provide joined-up support**. Furthermore, young women can **encounter inappropriate and discriminatory responses** which can cause additional harm.
- Specialist, gender-specific voluntary sector services, including those delivered "by and for" the communities they support, are often best placed to address the multiple needs of girls and young women. These vital services, however, frequently describe being shut out of strategic decision-making, funding opportunities, and partnership development needed to embed them in a **sustainable way into the local service landscape**.
- We submitted Freedom of Information requests to all local authorities in England and Wales, uncovering that **60% of local authorities do not provide any gender-specialist services for girls and young women**. This paints a picture of limited strategy and patchy provision for meeting young women's needs across the country. It is especially concerning that **90% of local authorities do not provide any gender-specialist services for Black, Asian, and minoritised girls and young women**.

- Every missed opportunity to help a young woman with multiple unmet needs causes harm and **pushes her further away from getting the support that she requires and deserves**. Without appropriate and timely intervention, young women can internalise shame as a result of the stigma they face, become further isolated, and their problems can escalate with destructive - even fatal - consequences.
- Our research indicates that this gendered disadvantage within the system leads to a **form of social exclusion**. The long-term exclusion of young women with multiple unmet needs exacts a significant cost to society at large, both socially and economically. If policy and practice is not developed in a way that is **gender-, age-, trauma-, and culturally- responsive**, young women with multiple unmet needs will continue to be isolated and at-risk.

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1. One in three girls (aged 13 to 17) reported some form of sexual violence by their partner, compared to one in six boys. Barter, C et al (2009) Partner Exploitation and Violence in Teenage Intimate Relationships.
  2. Girls and young women (aged 16 to 24) report the highest rates of domestic abuse experienced by any age group. SafeLives (2017) Safe Young Lives: Young People and domestic abuse.
  3. Over a quarter of young women have symptoms of depression or anxiety, experiencing this at three times the rate of their male counterparts Agenda (2020) Struggling Alone: Girls' and Young Women's Mental Health.





## 1

# Introduction

**Girls Speak is a research project that amplifies the voices of the most at-risk girls and young women, raising awareness about the extent of the challenges that they face, and providing tangible recommendations for change.**

Many girls and young women experience overlapping unmet needs, navigating complex issues such as homelessness, unsupported early parenthood, substance use, poor mental health, conflict with family, poverty, violence and abuse, and contact with the criminal justice system. These young women are at the sharpest end of inequality, too often left to endure difficult and traumatic lives without adequate support. Indeed, our research reveals that many young women feel as if they are being pushed further away from support during the times that they most need it. Rather than linking these diverse challenges and working to resolve them, young women's needs are too often addressed individually in policy and practice, leading to a risk of the harm they face escalating.

This project concentrates on the experiences that young women with multiple unmet needs have when accessing services.<sup>4</sup> Services should be accessible for all girls and young women - not just on a daily basis (such as through healthcare and education) - but also during times of need and crisis. Our research shows, however, that the most at-risk girls and young women continually encounter barriers when accessing and engaging with

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### The most at-risk girls and young women continually encounter barriers.

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services. In comparison, many young women praised specialist women and girls' voluntary sector organisations for providing them with life-changing support that was gender-, age, trauma-, and culturally- responsive. Although this is positive, girls and young women face a postcode lottery when it comes to accessing specialist support services. Until national policy shifts to

uniformly centre the needs of young women across mental health, education, youth settings, and public services more widely, many young women will be left isolated and at-risk.

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4. Within this report, we use the term 'services' as an umbrella term for all statutory services working with girls and young women, including: local authorities; children's social care providers; early years, childcare, schools, colleges, and higher education settings; NHS England; Integrated Care Systems; NHS Trusts and NHS Foundation Trusts; local housing and homelessness teams, registered social landlords; Jobcentre Plus; police forces and Police and Crime Commissioners, the Crown Prosecution Service, Children and Family Court Advisory and Support Service (Cafcass); HM Prison and Probation services, and HM Courts and Tribunals Service. Many additional specialist services exist in the voluntary and community sector, and where we refer to these, we are explicit.

# 2

## Methodology

**Girls Speak was designed through a process of co-production with an advisory group of girls and young women with lived experience of multiple unmet needs.**

To facilitate our engagement with young women, Agenda worked closely with ten specialist girls and women's voluntary sector organisations, who helped support them throughout the process. Pseudonyms of the girls' choosing have been used to protect their identity and they were all remunerated for their time. All interviews were coded using NVivo software to develop themes and sub-themes.

Prior to this report, Agenda produced a briefing on girls' and young women's mental health, *Struggling Alone*, and a briefing on girls at risk in mainstream education, *Girls at Risk of Exclusion*. These were informed by two expert seminars held with professionals from the youth and women and girls' sectors, creating spaces to share expertise. This report summarises our final wave of research, highlighting key themes, and providing essential recommendations for change.

### 2.1 Interviews

This research draws insight from three waves of semi-structured interviews with girls and young women with lived experience of multiple unmet needs, totalling 37 interviews with 36 girls and young women (aged 13 to 26).

This report also draws on evidence from expert practitioners from voluntary sector organisations, who work directly with girls and young women with multiple unmet needs, including four semi-structured interviews with practitioners. Two of the practitioners interviewed work for specialist voluntary sector organisations that are run “by and for” Black, Asian, and minoritised women and girls.<sup>5</sup> In September 2022, we reconvened with practitioners to sense-check our findings and key policy recommendations.

## 2.2 Expert Advisory Group

We have greatly benefited from insights shared by members of our Girls Speak Expert Advisory Group. This was comprised of practitioners from across the women and girls, mental health, youth, education, and policy-influencing sectors. The group met three times throughout the project, providing advice and oversight on the strategic focus of each briefing, including a workshop on the final report recommendations.

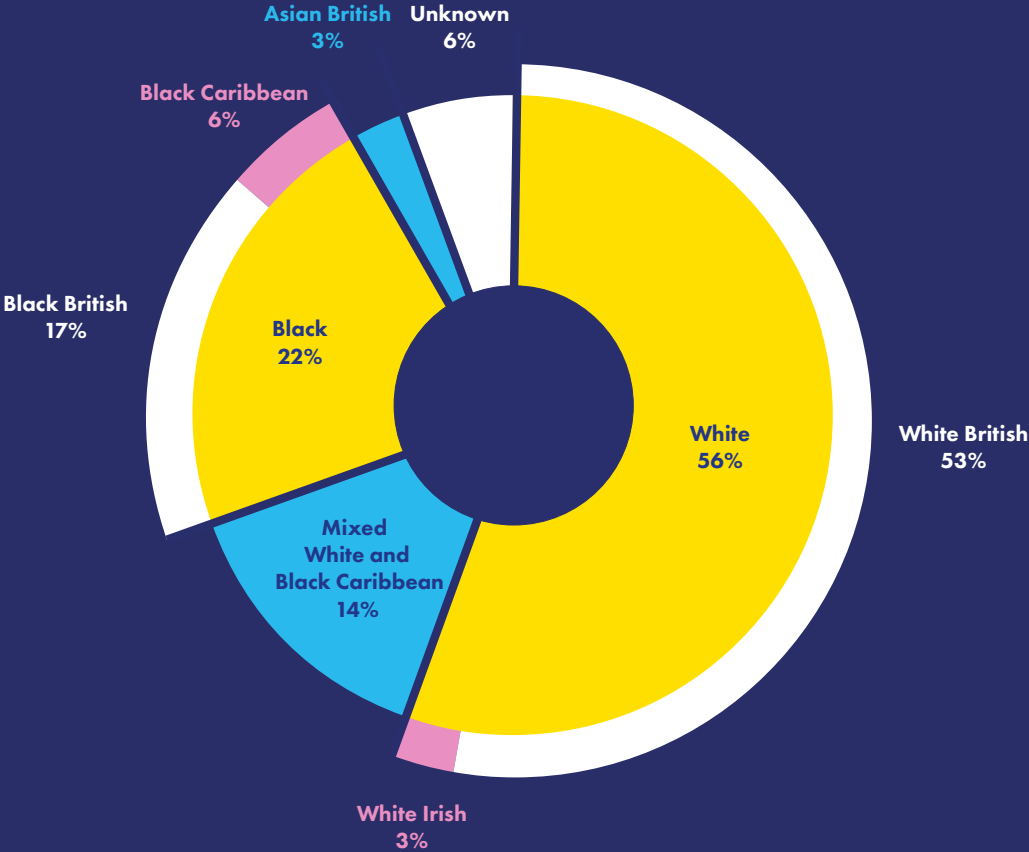
## 2.3 Desk-based research

Agenda has also conducted desk-based research, exploring existing studies on the key themes while developing our evidence base by submitting Freedom of Information (FOI) requests to all local authorities in England and Wales. These FOIs examined the provision of gender-specialist services at the local level, building up a picture of the national reality. This research was supported by analysing all Joined Strategic Needs Assessments (JSNAs) in England, exploring local understanding and research into the needs of girls and young women.

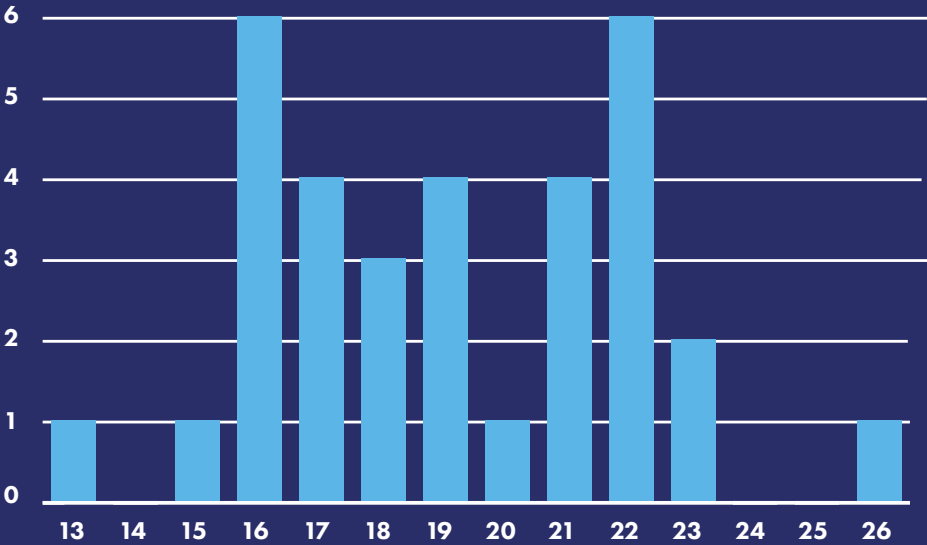
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5. The term ‘Black, Asian, and Minority Ethnic’ is commonly used in policy contexts but it can reinforce the idea that certain groups automatically occupy a minority position. Drawing on critical analysis of this term by services led by and for marginalised groups, we refer to ‘Black, Asian, and minoritised’ girls and young women to highlight the way in which these groups are constructed as ‘minorities’ through processes of marginalisation and exclusion. See Thiara, R. and Roy, S. (2020) *Reclaiming Voice: Minoritised Women and Sexual Violence: Key Findings*. Imkaan and University of Warwick.

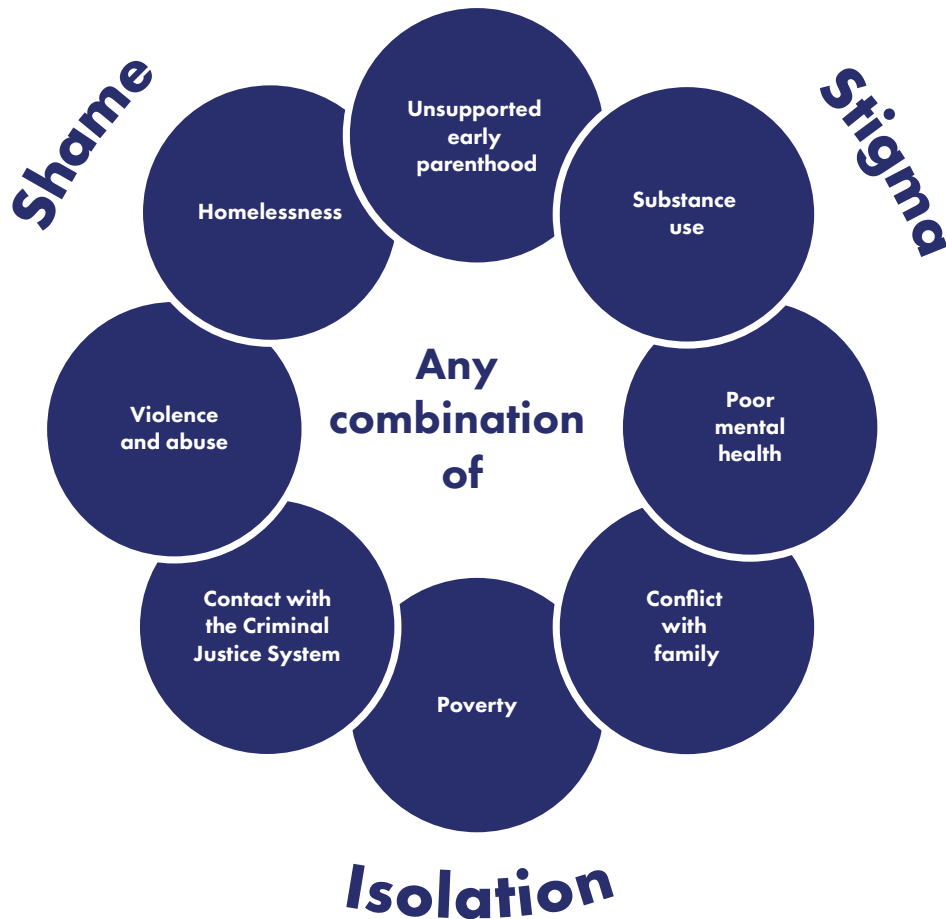
# Ethnicity



# Age (at time of interview)



## Multiple unmet needs



Agenda worked with young women with experience of these challenges who collaboratively produced this diagram to outline what “multiple unmet needs” meant to them.<sup>6</sup>

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6. Many terms are used to describe the experience of having multiple unmet needs, including “severe and multiple disadvantage,” “multiple disadvantage,” “multiple impairment,” “dual diagnosis,” “high support needs,” “complex health needs” and “multiple and complex needs.” From our discussions with young women with lived experience, and taking into consideration their preferences, Agenda uses the term “multiple unmet needs” to describe this experience.

## 2.4 Understanding multiple unmet needs

Existing research and statistics demonstrate the prevalence and impact of these overlapping unmet needs on young women across the population. Key examples include:

### Violence and abuse

- Girls and young women aged 16 to 24 report the highest rates of domestic abuse experienced by any age group.<sup>7</sup>
- One in three girls, aged 13 to 17, reported some form of sexual violence by their partner, compared to one in six boys.<sup>8</sup>
- Research shows that, before the age of 16, 15-20% of girls are estimated to have experienced childhood sexual abuse, compared to 7-8% of boys.<sup>9</sup>

### Homelessness

- Girls aged 12 to 17 are much more likely than boys that age to be missing from local authority care. Two thirds of all missing person cases in this age bracket are girls. Girls are also more likely to be more high-risk cases with child sexual exploitation a bigger risk for girls than boys.<sup>10</sup>
- Girls and young women who are homeless, missing, or disconnected from family but have not been received into care (and often not on the radar of services) are at increased risk of early pregnancy compared to other girls their age.<sup>11</sup>

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7. SafeLives (2017) *Safe Young Lives: Young People and domestic abuse*.
  8. Barter, C et al (2009) *Partner Exploitation and Violence in Teenage Intimate Relationships*.
  9. McNeish and Scott (2018) *Key messages from research on intra-familial child sexual abuse*. Centre of expertise on child sexual abuse.
  10. Kelly, L. and Karsna, K. (2018) *Measuring the scale and changing nature of child sexual abuse and child sexual exploitation*.
  11. Coram (2015) *Preventing Unplanned Pregnancy and Improving Preparation for Parenthood for Care-Experienced Young People*.

## Unsupported early parenthood

- Young mothers feel that they are judged negatively because of their age. One study found 74% had experienced doctors dismissing their concerns about their children’s health and 79% had felt patronised by nurses, midwives, or health visitors.<sup>12</sup>
- Girls who do not have a supportive family network and experience early pregnancy are at significant risk of having their children removed from them, which can lead to significant trauma and loss.<sup>13</sup>

## Substance use

- Girls are more likely to report using drugs to alleviate emotional pain, whereas boys are more likely to cite hedonistic reasons.<sup>14</sup>
- Young women aged 18 to 21 are more likely than older women to report an alcohol problem on arrival at prison and to feel that they might have an alcohol problem on release.<sup>15</sup>

## Poor mental health

- Over a quarter of young women aged 16 to 24 have symptoms of depression or anxiety, experiencing this at three times the rate of their male counterparts and at higher rates than older women.<sup>16</sup>

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12. Young Women’s Trust (2017) What matters to young mums.

13. Broadhurst, K. et al. (2017) Vulnerable Birth Mothers and Recurrent Care Proceedings

14. Hollin, C. and Palmer, E. (2006) ‘Criminogenic need and women offenders: a critique of the literature’, *Legal and Criminological Psychology*, 11(2): 179-195, as cited in Agenda and Alliance for Youth Justice (2020) Young Women’s Justice Project Literature Review.

15. Her Majesty’s Inspectorate of Prisons (2010) Women in prison: A short thematic review.

16. NHS (2016) Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England, 2014, Chapter 2 – Common Mental Disorders.



- One in five women aged 16 to 24 reports having self-harmed at some point in their life. Studies suggest that rates of self-harm are highest amongst young Black women but they are less likely to receive support for this.<sup>17</sup> Studies also indicate that South Asian young women (aged 16 to 24) are significantly more likely to self-harm than young white women.<sup>18</sup>
- Girls are more likely to be detained under the Mental Health Act than boys and young men. In 2016, 65% of young people placed in secure hospitals were girls. They are also more likely to be young: a larger proportion of girls in secure settings are under 16 years old when compared with boys.<sup>19</sup>

### Conflict with family

- Young women aged 13 to 18 years old who self-harm identify arguments with parents, a stressful home environment, and worries about family breakdown as precipitants of self-harm.<sup>20</sup>
- The early teenage years are a critical point of transition in a girl's life when, if there are problems in the family and/or in school, they frequently come to a head.<sup>21</sup>

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17. Cooper, J. et al. (2010) Ethnic differences in self-harm, rates, characteristics and service provision: three-city cohort study. *The British Journal of Psychiatry*.
  18. Husain, M. et al. (2006) Self-harm in British South Asian Women: Psychosocial Correlates and Strategies for Prevention. *Annals of General Psychiatry*.
  19. Hales, H. et al. (2018) Census of young people in secure settings on 14 September 2016: characteristics, needs and pathways of care
  20. Wadman, Ruth et al (2018) An Interpretative Phenomenological Analysis of Young People's Self-Harm in the Context of Interpersonal Stressors and Supports: Parents, Peers, and Clinical Services. *Social Science & Medicine*.
  21. Acoca, L (1999) Investing in girls, a 21st century strategy. *Juvenile Justice*.

### Contact with the criminal justice system

- Nearly two thirds of girls and young women aged 16 to 21 in custody are estimated to have been in statutory care (compared to just under half of boys).<sup>22</sup>
- 63% of young women aged 16 to 24 serving sentences in the community have experienced rape or domestic abuse in an intimate partner relationship.<sup>23</sup>
- 22% of 18 to 24-year-old women in prison are from a Black, Asian, and minoritised group, despite only 13% of the general population identifying themselves this way.<sup>24</sup> Gypsy, Roma, and Traveller young women are significantly overrepresented in custody.<sup>25</sup>

## Intersecting inequalities

Many young women with multiple unmet needs are deeply traumatised. These experiences are compounded by other intersecting inequalities, including racism, ableism, classism, homophobia, and transphobia, shaping young women's experiences with services. Furthermore, there is a concerning gap in the evidence-base around the relationship between multiple unmet needs and other inequalities amongst young women. While the data is not always available, it is clear from this research and the reality of girls' lives that all challenges must be seen and addressed through an intersectional approach. It is essential that the experiences of Black, Asian, and minoritised young women are centred: responses that do not engage with the impact of structural racism, and ignore racialised experiences, only serve to further the levels of inequality that women and girls face.

## Poverty<sup>26</sup>

- Around 90% of all single parents are women.<sup>27</sup> Half of all children in lone-parent families are now living in relative poverty.<sup>28</sup>
- The gender gap in annual earnings for young women aged 18 to 21 is currently 33%, and 19% for young women aged 22 to 29.<sup>29</sup>
- Young women living in the lowest income households are five times more likely to self-harm than those in the highest income homes.<sup>30</sup>

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22. House of Commons Justice Committee (2016) Young adults in the criminal justice system. Eighth Report of Session 2017–19.
  23. Wong, K. et al. (2017) T2A Final Process Evaluation Report. Policy Evaluation Research Unit (PERU).
  24. UK Government (2021) Ethnicity facts and figures.
  25. Recent literature highlights the overrepresentation of Gypsy, Roma, and Traveller women and young people in the justice system. A report from Her Majesty's Inspectorate of Prisons notes that the proportion of prisoners self-identifying as Gypsy in women's prisons and amongst 12 to 18 year olds (girls and boys) in secure training centres was 'strikingly high' at 7% and 12% respectively. See HM Inspectorate of Prison (2014) People in prison: Gypsies, Romanies and Travellers.
  26. These statistics will likely shift as the economic realities for young women with multiple unmet needs worsen during the ongoing cost-of-living crisis. Furthermore, some groups of women, including young women, Black, Asian and minoritised women, are particularly vulnerable to cuts to benefits, tax credits, and public services. For further information, see Women's Budget Group (2022) The gendered impact of the cost-of-living crisis, and Runnymede (2022) Ethnic minority households will be the hardest hit by the cost-of-living crisis.
  27. Gingerbread (2019) Single Parents: Facts and Figures.
  28. Institute for Fiscal Studies (2022) Pre-pandemic relative poverty rate for children of lone parents almost double that for children living with two parents.
  29. Women's Budget Group (2020) Briefing: Young Women and Economic Justice.
  30. In 2000, 2.4% of people aged 16-74 reported self-harm, increasing to 6.4% by 2014. This rise has become more pronounced in women with an increase from 2.7% in 2010 to 7.9% in 2014. For men, this increased from 2.1% to 5%. The rise was greatest for young women aged 16-25 where the rate rose from 6.5% in 2000 to 19.7%. Agenda (2014) Often Overlooked: Young women, poverty and self-harm.



## 3

## Young women and statutory services

**By default, most services have been designed by and for men, boys, and occasionally older adult women. This can include both statutory services and mainstream voluntary services, which are not set up to meet the specific needs of young women.**

Agenda's research finds that many girls and young women with multiple unmet needs continually encounter barriers that limit their ability to meaningfully benefit from services, often due to flaws in service design and provision. When they do get support from a service, young women also confront issues from within services, including overstretched frontline professionals, disjointed approaches, and sometimes inappropriate and even discriminatory responses.

This chapter captures the experience of the young women we interviewed, beginning with Nicole's story, which is a harrowing example encapsulating the ways young women can be further disadvantaged and marginalised as a result of repeated failings by so-called "gender-blind" statutory services. The rest of the chapter summarises the experiences of all young women we interviewed, exploring the ways in which their encounters with services ultimately led to them feeling pushed away from support, constituting a unique and gendered form of social exclusion.

## We asked young women to describe their experience of feeling excluded from services:

"When I have expressed a vulnerability, requested support and that's been denied, I have been excluded..."

"That kind of otherness... I think it's something that a lot of Black girls just know and feel all the time."

"You're just in that bubble... you just can't get out of it."

"Pushed out - left out"

"Left out, not welcome or understood"

"The basis for a lot of my trauma. Especially just feeling like you don't deserve to be included."

"Exclusion is all we know from how services, but also society, has treated us and continues to."

### 3.1 Nicole's story

**With each failed contact with statutory services, young women can feel pushed further into the margins with devastating and long-term impacts. Nicole is a 23-year-old woman, who has been involved with services throughout her life. Her story demonstrates the ways in which the system with which she was in contact failed to address the abuse that she was going through and, by consequence, made her situation worse. From the experiences other young women have shared with Agenda, we know this to be too often the case for many other girls.**

“When I was a child, I was heavily involved with social services. My parents had a history of neglect and abuse towards my older siblings, who were removed from their care. I was sexually abused and raped by my parents from when I was a baby up until I was 15. But social services never really gave me the chance to express that I was being abused at home. Because social services weren't effectively integrated into my life, they weren't able to identify the amount of neglect that I went through, the amount of physical abuse, sexual abuse, and also the trauma that I sustained at such a young age.

When I was in primary school, I didn't feel like my teachers around me were able to identify the types of abuse that I was going through; [for example] some of the frequent infections that I was having, the bruises that I would have as a child, also my challenging behaviours...My [secondary] school also missed the signs and symptoms that I was displaying, such as flashbacks and anxiety.

This was also missed by my GP. My parents never really took me to the GP... I wasn't able to access services such as the GP, therapy services, health visits, opticians, or anything else you can think of because of my age. This wasn't just because I was five, six years old but this happened up until I was 13 years of age. I remember, at the age of nine, going to my GP on my own because my parents refused to take me over a problem I was having. My parents didn't educate me on periods, and stuff like that, and my GP receptionist refused to see me because of my age.<sup>31</sup> Realistically, I needed to go to that appointment because I'd been traumatised from my rape, which meant that I was actually physically excluded [from healthcare], but it also meant that mentally and emotionally, I didn't want to go to seek support.

I was very disadvantaged, not only from my family, but also by the services that I was supposed to be able to be vulnerable around. I didn't feel that these services understood me at that age, but also when I became older from the ages of 13 to now.

I disclosed abuse to the police, and I had to go through a whole court case, so I was involved with services such as Victim Support, and also the police, and the justice system. Although I had evidence of the abuse, I felt like I wasn't spoken to appropriately by the police officers on the two different times that I disclosed. One of the main reasons was because I was given a male person to interview me, [even though] I was a victim of sexual assault. As a woman, it made me feel excluded and made me feel like I couldn't express what was going on. Yet again, for years, I was missed.

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31. Guidelines state that GPs should meet the young person and give treatment if it is judged that they meet the Gillick competence and Fraser guidelines, which are used to guide practitioners who work with children to balance the need to listen to children's wishes with the responsibility to keep them safe. See NSPCC (2022) Gillick competence and Fraser guidelines.



The second time I reported my abuse, I wasn't referred to external services to receive support. Social services were aware, but again, they didn't report it or offer me any counselling. I had to do that myself through school, and through finding [voluntary sector sexual violence services] for myself as a young person. Nobody referred me to these services. I was constantly drowning because they didn't understand what a young girl goes through in today's society.

When I was 15, my mum was terminally ill, and she went into a hospice. Meanwhile, I was put into local authority care because I couldn't stay home because my perpetrator was there. Because I had made an allegation, I was on a child protection plan and my perpetrator was not allowed to contact me. But he kept trying... I wanted to see my mum in the hospice when she was ill. Staff at the hospital told me that they wouldn't be able to stop him coming in and going to the hospice. The response that I got from them was basically, "we can't do anything about the fact that he's going to be there. You are going to have to be on a timetable." Then, I called the police to ask for help, but I was not supported in this situation. No adult helped me...

Then, when my mum died, I had just turned 16 and was put into a private fostering arrangement, which I didn't want. I was put with a family and had no choice of the option and had no support in terms of accommodation [and] where to go. My brother was put into care, and I was put with a family. There was no adult during this time to help me when I really needed an advocate. I was 16 [but] I was told that I didn't qualify for external support and when my private fostering situation broke down, they kicked me out. I was homeless, and I had no financial support.

When I was 17, I had a court-case about the sexual abuse [that] I had sustained. During the pre-trial, he pleaded guilty but – before the trial – he took his own life. At this point, nobody supported me... I was told this was because I had turned 18 and my age meant I could not get support. Because of that, I felt excluded from wanting to go and get support from places.

I have now been diagnosed with a condition called C-PTSD, which is Complex Post-Traumatic Stress Disorder. On a daily basis, I receive intrusive thoughts. I have nightmares and dreams. I have flashbacks that cause me to have depression. I'm emotionally unstable which causes me sometimes to have dissociation identity and anxiety issues.

I'm now 24. I have worked hard all my life. I got As, Bs, and Cs, I got a triple distinction star Level III extended diploma in Health and Social Care. I was one year into my Training Nursing Associate degree and because of my C-PTSD diagnosis, I was told that I was a "safeguarding issue" on the ward and removed from practice. I feel like I have had to sacrifice this because of what happened to me before. This has had a massive impact on me.

That is the result for women like me and it hurts. I've given up on my own life. I just don't want this for another person. I don't want another young person to ever have to struggle in any of the many ways that I have had to. All this pain has given me a massive strength. There are all these grey areas people don't talk about, but you'll find when you speak to people deep enough, I'm not the only one. There are a lot of us who've had this experience."

# NICOLE'S JOURNEY

## AGES 0-18 YEARS

**Social services, primary school and secondary school fail to spot the signs that Nicole is experiencing abuse and harm**

*Dismissive response from professionals who are not equipped with the skills to identify abuse*

*Breakdown in multi-agency working*

## AGES 6-13 YEARS

**The GP receptionist refuses Nicole health appointments because she is not old enough to attend without a guardian.**

*Exclusionary thresholds for support*

*Lack of age-appropriate support*

## AGE 9 YEARS

**Male police officers make Nicole feel uncomfortable disclosing as a young woman who has experienced sexual violence, leaving her to fall through the gaps.**

*Lack of gender-sensitivity*

## AGE 11 YEARS

**Nicole is left to self-refer to sexual violence services after social services, the police and her school fail to.**

*Lack of age-appropriate support*

## AGE 17 YEARS

**Nicole does not qualify for care-leaver support when her private fostering situation breaks down, leaving her homeless.**

*Exclusionary thresholds for support*

## AGE 16-17 YEARS

**Nicole is left to fend for herself, with no financial support.**

*Lack of age-appropriate support*

## AGES 17 YEARS

**Nicole is told she is "too old" to be supported by police around this child protection issue**

*Exclusionary thresholds for support*

## AGES 17 YEARS

**Child protection tell Nicole that to avoid contact with her perpetrator in a public building he threatens to visit her at, she should opt to go on a timetable.**

*Victim-blaming response from professionals*

**Nicole is distrustful of professionals, and put off accessing support in the future; feels disempowered, and as though at times she is "drowning" and often has "no choice of the option"; and experiences re-traumatisation with each re-exclusion, leading to an escalation of her mental health conditions.**

*Further risk of exclusion and harm*

**Nicole is dismissed from her nursing job because her Complex Post-Traumatic Stress Disorder is considered a "safeguarding issue". She feels as though she has "given up on her own life", but is determined to ensure no girl or young woman goes through what she experienced.**

### 3.2 Barriers accessing support

It is notable that many of the young women we interviewed described being turned away from statutory services because they lacked documentation or did not meet criteria and thresholds for support. During interviews, young women recounted being told that their cases were “not urgent enough” or alternatively being classed as “too high risk” during risk assessments for a service to support them. Others were turned away for being either “too old” or “too young.” The right to access services between the ages of 16 to 18-years-old varies from service to service, and the transition to legal adulthood at aged 18 is often abrupt, limiting access to services and leading to a dangerous cliff-edge in support.<sup>32</sup> Furthermore policies, such as No Recourse to Public Funds (NRPF), restrict the welfare safety net and actively prevent some young women from receiving support, either directly or through a guardian.<sup>33</sup> These barriers inhibit young women from accessing services and receiving support.

Many young women with multiple unmet needs also suffer at the hands of poor multi-agency communication or partnership. Due to services mostly operating in siloes, young women’s individual issues are frequently addressed in isolation, meaning that responses are not coordinated to address their overlapping needs and are unable to offer targeted and flexible support.

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**32.** When girls turn 18, they face an arbitrary cliff-edge in access to support during a time in which they are experiencing a lot of change. At this time, they face new risks of exploitation and harm which may go unaddressed as much statutory service support falls away. The Children’s Society (2020) *Shaping Our Future: Improving Assessment and Support for Young Carvers’ Transition into Adulthood*.

**33.** NRPF restricts access to much of the welfare safety net for almost 1.4 million people, including around 175,000 children. This includes vital benefits like Universal Credit and child benefit and a range of other support like homelessness assistance or access to refuges that rely on public funds to operate. Citizen’s Advice (2022) *No Recourse to Public Funds*.

For instance, young women with co-occurring substance use issues are often excluded from mental health services that require them to either be abstinent or have greatly reduced their intake before treatment.<sup>34</sup> Young women tell us that they often engage with multiple professionals from services with opposing priorities and inconsistent approaches. As a result of disjointed support offered by statutory services, many voluntary and community organisations find themselves stepping in to help young women in these moments of crisis, or “holding” a young woman until she is able to access another service.

Against a context of high caseloads, funding pressures, staff shortages, and insufficient training opportunities, frontline professionals are often overburdened. This directly impacts young women, who tell us that they are frequently unable to cultivate the trust needed to disclose to professionals the extent of the harm that they have faced. This issue is especially pertinent given the inherent nature of having multiple unmet needs, whereby young women are likely to be in contact with numerous statutory services. Young women report having to navigate relationships with multiple professionals, and constantly having to re-tell their story to multiple professionals. Since the COVID-19 pandemic, many of these challenges have exacerbated, underscoring the urgency of these issues and the pressing need for change.

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**34.** This is in line with the National Institute for Health and Care Excellence (NICE) guidelines, which clearly state that those with addiction issues should be either abstinent or have greatly reduced their substance intake before being treated for mental health issues. However, practitioners tell us that young women with multiple unmet needs self-medicate to deal with their trauma. NICE (2011) Alcohol-use disorders: diagnosis, assessment and management of harmful drinking (high-risk drinking) and alcohol dependence

“ It made me feel a lot worse because...every week, I’d meet up with like three, four different people that are supposedly there to help, and listen, and try and do what they can. Yet, three months later, I’m still going through the same thing, sharing my same problems, and nothing’s being done[...] So that’s why I stopped going to everything, and I stopped all at once. I didn’t hear from any of them again.”

— **Kia, 16**

“ I feel like when I told [social services] that I was being abused, they should have listened to us and moved us when I asked them, instead of getting to the point where I had like chunks of hair missing and stuff... It was easier for them to keep me in the home that I was in than it was to upheave us and move us.

— **Lucy, 20**

“ We’re frustrated by how many times professionals speak of “multi-agency working”: it doesn’t just mean having lots of agencies involved, it needs to be a coordinated response from the agencies involved.”

— **Gender-specialist practitioner**

### 3.3 Sustaining harm from services

Concerningly, many young women reported experiences of sexism, racism, and discrimination while accessing services. Language across services was at times reported as victim-blaming, both inadvertently and intentionally. This was commonly raised when discussing and reporting instances of violence, abuse, harassment, and exploitation. In addition, young women described feeling as though their experiences were made invisible by professionals who disregarded or dismissed the gendered harms they faced. Several young women described how experiences of gender-based discrimination led to them “self-excluding” from services, left at-risk and unsupported.

“ I went to a professional and opened up that I was sexually harassed and was continuing to be harassed on school property. All they did was laugh. Then, [the teacher] went... “Why do you even care? Why are you even letting it bother you?” [When a police officer came into school to take a statement], he said, “Tell me, from your point of view, what was going on?” I told him everything. I just laid it all out. I was sobbing and sobbing and sobbing. Then, he said, “Well, to be honest with you, you just need to stop bitching and lying.”  
 — Millie, 18, who was being sexually harassed by a male student at her school

Prior research conducted by Agenda shows that over 10% of women have experienced sexual harassment while accessing a public service. Between women aged 25 to 34, this figure rose to 17%.<sup>35</sup> This figure is likely to be higher for women with multiple unmet needs, who tend to be in contact with a range of services. While there is little available data on the experiences of young women, girls tell Agenda they are particularly likely to experience harassment and abuse in services where girls and young women are a minority, such as mixed homelessness hostels, alternative education settings, youth justice or probation services, and Secure Training Centres.<sup>36</sup> Mainstream education is also a site where they experience this kind of discrimination from their peers, as well as adult staff members.

Being treated in a way that is not age-appropriate can also be harmful to young women, either by being treated as older or younger than they are. In many cases, the level of vulnerability of young women is under appreciated: girls report feeling as if they must “fend for themselves” without adequate avenues for support. At the same time, many young women report experiencing infantilising responses whereby

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35. Agenda (2021) 1.6 million women in the UK have experienced sexual harassment when using public services.

36. Agenda (2020) Consultation response: VAWG strategy 2021-2024.

their agency and skills are undermined. For example, some young women living independently (often following a family breakdown, fleeing domestic abuse and/or a period of homelessness) perceive professionals to be judgemental and incapable of understanding their resilience and strength. This is also a common experience amongst young mothers, who report feeling that services assume that they are incapable of being a good parent due to their age.<sup>37</sup> Without age-appropriate responses, young women face further exclusion as they attempt to navigate a complicated web of public services that places immense responsibility on them, whilst also patronising and underestimating them.

“ He used to sort of target me and try and touch me and things like that, and it would make me not want to go to school... And there was a few times teachers would see it and totally ignore it because he was one of the smartest.”

— Katy, 19

Black, Asian, and minoritised girls face the compounding disadvantage of discrimination in services based on their race and faith, as well as their gender. A strong theme to emerge from this research is that services have been designed by default around the needs of white service users, which is frequently inappropriate and exclusionary for Black, Asian, and minoritised girls, and can at times endanger them. In mental health settings, for example, Black, Asian, and minoritised girls' trauma is rarely understood as models of therapy often fail to connect experiences of oppression with the mental ill-health girls face.<sup>38</sup> Services can mischaracterise

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37. Robb, Y. et al (2013) Exploration of the experiences of young mothers seeking and accessing health services. *Journal of Reproductive and Infant Psychology*.

38. Fitzpatrick, R. et al. (2014) *Ethnic Inequalities in Mental Health: Promoting Lasting Positive Change*. Lankelly Chase Foundation, Mind, The Afya Trust and Centre for Mental Health.



responses to racism as signs or symptoms of mental illness, often meaning that the discrimination Black, Asian, and minoritised young women face is left unaddressed.<sup>39</sup> The lack of research into Black, Asian, and minoritised girls' specific needs and experiences, combined with a lack of cultural sensitivity and competency amongst professionals and often compounded by racist stereotypes and myths, can lead to their exclusion from essential treatment and support.

Discrimination against Black, Asian, and minoritised young women also manifests as overly punitive responses which fail to centre their welfare. Black, Asian, and minoritised young women – especially Black young women – frequently experience this through a process of “adulthoodification,” which can lead to professionals under-estimating vulnerability, attributing greater levels of maturity to a young woman, and downplaying their safeguarding responsibilities towards her.<sup>40</sup> Overt discrimination, racism, and adulthoodification were clearly evident in the case of the girl known as “Child Q” - a 15-year-old Black girl, who was subjected to a strip-search by police officers under the false accusation that she possessed cannabis.<sup>41</sup> No other adults were present, and the search was conducted without parental consent.

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- 39.** Kalathil, J (2011) *Recovery and Resilience: African, African-Caribbean and South Asian Women's experience of recovering from mental illness*. Mental Health Foundation and Survivor Research.
- 40.** Adulthoodification can take two essential forms: 1. A process of socialisation in which children function at a more mature developmental stage because of situational context and necessity; and 2. A social or cultural stereotype that is based on how adults perceive children in the absence of knowledge of children's behaviour and verbalisations. See Epstein et al., (2017) *Girlhood Interrupted: The Erasure of Black Girls' Childhood*. Centre on Poverty and Inequality, Georgetown Law.
- 41.** The Guardian (2022) *Child Q: four Met police officers facing investigation over strip-search*.
- 42.** City of London & Hackney Safeguarding Children Partnership (2022) *Local Child Safeguarding Practice Review, Child Q*

A safeguarding report found this treatment unjustified, noting that racism was “likely” a factor.<sup>42</sup> The systemic racism embedded in many public institutions and services, the limited provision of specialist “by and for” run organisations, and the lack of attention to developing cultural sensitivity in services frequently leads to Black, Asian, and minoritised young women facing inappropriate and disproportionate responses throughout the system.

“The myths are pretty much here today... one of them being that darker skin is like tougher, thicker, so when it comes to having your blood taken, a lot of mess-ups happen there - with Black women seen as having a higher pain tolerance.”  
— Olive, 22

“Why aren’t we taking Black kids’ mental health more seriously and looking up these symptoms and getting the help when we need it?”  
— River, 22

“It had been flagged up that I was using drugs – a lot of drugs – and was smoking this much a day and whatever... But I feel like because I was Black and possibly because of my older brother’s convictions and that type of stuff, it was like, “Oh yeah, well that’s what “they” do.” So, I do think that race definitely does play a part in it. And also, just in terms of the amount of care [you receive].”  
— Laila, 19



## 4

## Consequences of the status quo

**Without appropriate and meaningful intervention, young women's problems can escalate, leaving them at greater risk of reaching crisis point with devastating, even fatal, consequences.**

So long as services fail to intervene, or provide a response that is not gender-, age-, trauma- and culturally- responsive, being a young woman will continue to be a disadvantage within the system, a disadvantage that is exacerbated by other drivers of marginalisation. Not only do the shortcomings of service design and provision constrain the potential of young women with multiple unmet needs, but they also hold back the development of communities, exacting a significant economic cost to society. This chapter examines the impact on both young women and society and highlights the rising rates of girls' school exclusions as one indicator of these failings.

### 4.1 Impact on girls and young women

#### Cycle of harm

Our research has highlighted that gendered experiences of harm are frequently not recognised early enough. Too often, young women's problems escalate, and statutory services only intervene when things reach crisis point. Ultimately, this can become a cycle of disadvantage with girls who have been systematically excluded their whole life developing survival strategies that lead to them being pathologized

and re-excluded by services. Girls who use substances to cope with the impact of the trauma they face, or who externalise their pain through behaviour, are considered by some professionals as challenging. Unfortunately, this can lead to them being blamed as “the problem” or as fundamentally “hard to reach.” This unmet need can in turn lead to the harm they are experiencing becoming more severe, and potentially life-threatening.<sup>43</sup>

“*As a teenager, I don’t think that I was taken seriously at all, and then it just created, like, a lot more problems... and now I’m an adult, I’ve just got all these little struggles that I’m trying to overcome.*”

— Marie, 23, who used alcohol as a coping mechanism when she did not get the support that she needed for the abuse she was experiencing as a teenager.

“*If [Child and Adolescent Mental Health Services] are going to shut me off when they don’t exactly get the right answers the first time, then they’re not really investigating the deeper meaning behind things...I think it made things worse. I have a bit more of a negative view of what the healthcare services can provide, and also my actual ability to access those.*”

— Hanna, 16

### **Distrust in services**

As a result of feeling as if they have been repeatedly let down and poorly treated, young women describe a process of escalating distrust in the system. For instance, when confidentiality is breached through extensive information-sharing about very personal aspects of

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**43.** Girls who die by suicide are more likely to have experienced abuse and have experience of the care system and the justice system than boys who die by suicide. See Rodway, C. et al. (2020) Children and young people who die by suicide: childhood related antecedents, differences and service contact. BJPsyc.

their lives, young women can become guarded. Whilst sharing information is sometimes necessary for safeguarding purposes, young women can be left feeling exposed and misunderstood.

Young women often feel as though they are treated as passive recipients without decision-making agency, which can lead to them withdrawing and mistrusting practitioners.<sup>44</sup> Furthermore, many young women report having to constantly re-share their story with multiple professionals to no avail and without meaningful support. Rebuilding trust takes time, and many statutory services are not designed around this reality, meaning that girls are labelled as “not engaging,” and sometimes denied support. This breakdown in trust can lead to girls becoming more withdrawn with adult professionals in their life, even with specialist services designed around their needs.

“*Before she reported it, she told me that it was confidential. That it wasn't going to get took out my hands...I let my guard down and she just completely ruined that trust. I never went to a professional since that.*”

— **Millie, 18, talking about disclosing to her Multi Agency Screening Team (MAST) worker that she was in an abusive relationship and had self-harmed, who then involved the police.**

“*A lot of our young women are very distrustful of services, and actually distrustful of just other professionals, because they've been let down, and they don't want to be let down anymore.*”

— **Gender-specialist practitioner**

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**44.** This can be understood as the difference between a “deficit model” of service-provision, which sees young women as passive recipients with needs and problems to solve and a “relational model” that provides a human-centered approach that is both cooperative and collaborative.

## Internalised shame

When young women feel dismissed by services or receive responses suggesting that they are the cause of the problem, they often doubt the gravity of the harm that they are experiencing. Therefore, many young women internalise shame around their experiences of disadvantage and discrimination. This experience is often reinforced by societal attitudes towards gender-based harms whereby women and girls are regularly silenced, disbelieved, or ridiculed for speaking up and sharing their truth. When services fail to empower young women to discuss their experiences, many choose not to report the risks they are facing, fearful they will be disbelieved or further socially excluded. Some young women reported holding back from disclosing information to services until they thought the professional was “comfortable” enough to receive the information. This can contribute to the systemic underreporting of physical abuse, emotional abuse, sexual abuse, and neglect, thereby perpetuating the cycle of harm.

“ There are certain topics, obviously, people don’t like talking about... especially with sexual violence and stuff like that...I think the most dangerous part about that is keeping it in, not talking about it. It’s so frowned upon to talk about it, and it feels like, in this society, it’s such a bad thing. No one wants to think about it.”  
— **Hanna, 16**

“ When I went to the doctors for the first time, he didn’t take us seriously, and that’s what really hurt us. Because I doubted myself after that – thinking ‘Oh, I don’t... I’m just being silly, I’m just being stupid.’”  
— **Chloe, 22**

## Retraumatization

Experiencing stressful, frightening, or distressing events can be life-altering and many who experience trauma will grapple with its legacy throughout their lives. Indeed, Agenda's wider research has indicated that more than three quarters of women (78%), who have faced extensive physical and sexual violence – throughout their childhood and adulthood – have experienced life threatening trauma, and 16% have Post-Traumatic Stress Disorder (PTSD).<sup>45</sup> As a result of the trauma that they have experienced, young women can develop coping mechanisms or behaviour as a response, which can lead to services interpreting them as being “difficult to engage with” and not giving them the support that they need.

In addition to the toll that trauma takes on girls' lives, services in and of themselves can be harmful: the process of confronting numerous barriers to accessing support, and negative experiences when engaging with support, can be both damaging and retraumatizing.<sup>46</sup> During our interviews, young women highlighted frequent examples of retraumatization within services, including constantly having to retell (and therefore re-live) their story or being asked “what's wrong with you?” as opposed to “what happened to you?”. These practices fail to empower young women to support their own recovery in a holistic and trauma-informed way.<sup>47</sup>

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**45.** Agenda (2016) *Hidden Hurt: Violence, abuse and disadvantage in the lives of women*.

**46.** Retraumatization is a conscious or unconscious reminder of past trauma that results in a re-experiencing of the initial trauma event. It can be triggered by a situation, an attitude or expression, or by certain environments that replicate the dynamics (loss of power/control/safety) of the original trauma. See Zgoda et al., (2016) *Preventing Retraumatization: A Macro Social Work Approach to Trauma-Informed Practices & Policies*. The New Social Worker.

**47.** Everyone working in a trauma-informed service should understand the connection between someone's experiences and the difficulties they face and apply this to how they perceive people they support. See NPC (2020) *Trauma-informed approaches*.



Young women often also report retraumatisation within male-dominated settings – such as Pupil Referral Units (PRUs) – where they report feeling unsafe and uncomfortable. This can include invasive interventions, such as use of restraint, strip-searches, and isolation, in themselves traumatic experiences. During our discussions with Black, Asian, and minoritised girls, it was clear that the systemic racism embedded in many public institutions leaves them particularly vulnerable to retraumatisation due to discriminatory responses. As the case of Child Q reveals, and the subsequent data published by the Metropolitan Police, embedded racism within services means that minoritised girls, particularly Black girls, disproportionately experience these punitive behaviours.<sup>48</sup>

Racial trauma refers to the emotional pain that Black, Asian, and minoritised people suffer from their experience(s) of racism.<sup>49</sup> Across all statutory services, there is a limited ability to respond to the different forms of disadvantage Black, Asian, and minoritised young women face, meaning that the challenges facing them either go entirely unaddressed or inappropriate solutions are offered. Agenda research shows that the likelihood of experiencing further trauma through contact with the criminal justice system is heightened for Black, Asian, and minoritised girls and young women.<sup>50</sup>

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**48.** Data released in August 2022 by the Metropolitan Police indicates the ethnic disproportionality of strip-searching. Data showed that of children aged 10 to 17 who were strip-searched between 2018 and 2020, almost three out of five (58%) were Black, as described by the officer. For 2018 alone, the figure rose to 75%.

**49.** AVA (2021) *Good Practice Briefing: Race, Trauma, and Violence against Women and Girls*.

**50.** Agenda and Alliance for Youth Justice (2022) *Young Women’s Justice Project: Final Report*.

## Trauma-informed provision

Services that aim to respond to women and girls' trauma and its presentations must take account of a woman or girl's gendered life experience, as well as the impact of any prejudicial treatment based on her age, race, sexuality, disability, and other intersecting identities. Delivering trauma-informed provision means ensuring that fundamental processes are established so that services are listening, understanding, responding, and continually checking what they are doing.<sup>51</sup> This includes ensuring that systems and policies require staff to inquire about the gendered experiences of girls and young women, asking about experiences of violence and abuse, and responding effectively. Ultimately, being trauma-informed requires adopting a human-centred approach that is cooperative, allowing young women to have control over the service and the environment within which it is provided. Lastly, shifting towards providing a trauma-informed service requires not only a shift in the culture of individual organisations but also necessitates changes across the entirety of public services, including those who commission them, and those who develop policy.<sup>52</sup>

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51. Wilton, J. and Williams, A. (2019) Engaging with complexity: Providing effective trauma-informed care for women. Centre for Mental Health.

52. For a more detailed overview of trauma-informed approaches, refer to Agenda and Centre for Mental Health (2019) A sense of safety: Trauma-informed approaches for women.

## 4.2 Cost to communities and society

When young women do not access adequate support and services, it exacts a high cost for their communities. For those young women who do not receive early, gender-, age-, trauma- and culturally- responsive support, the financial costs can snowball into the billions, and the legacy of trauma may be borne out over her lifetime.<sup>53</sup> For instance, the cost of each child that needs a social worker is £14,000 per year, equating to £720,000 over their lifetime.<sup>54</sup> Whilst limited data exists to illustrate or determine the cost of the failures in the current system for girls and young women, these figures indicate the substantial harm and financial implications of continuing with the status quo at a time of reduced public spending and increased need.

**53.** The estimated annual historic and financial cost of children experiencing contact sexual abuse is estimated to be £10.1 billion cumulatively. The cost of total Child and Adolescent Mental Health admissions in one year (2019-2020) is £300 million nationally (equating to about £100,000 per year per admission) – with demand for their services increasingly growing. Centre for Mental Health (2022) Children’s mental health services: the data behind the headlines.

**54.** Independent Review of Children’s Social Care (2021), *Paying the Price: The social and financial costs of children’s social care.*



## 4.3 Spotlight: School exclusions

**Agenda's Girls Speak briefing on school exclusions examined gendered and racialised patterns in school exclusion and suspension rates.<sup>55</sup> Our analysis of Government data showed that:**

- In 2018-2019, 1,885 girls were permanently excluded from school, compared to 6,009 boys. While boys continue to face higher overall rates of exclusion, the rates of permanent exclusions of girls rose by 66% in the five years prior to the coronavirus pandemic, compared to a 27% rise for boys.<sup>56</sup>
- A FOI request submitted by Agenda in August 2021 found that, in the academic year 2019/2020, Black Caribbean girls were permanently excluded at double the rate of white British girls. Meanwhile, girls with dual heritage (white and Black Caribbean) were excluded at triple the rate of white British girls, and Gypsy Roma girls were excluded at four times the rate of white British girls.<sup>57</sup>
- A FOI request submitted by Agenda in August 2022 found that – while the overall number of permanent exclusions fell as a result of the pandemic – the rate of exclusions for mixed white and Black Caribbean girls in 2020-2021 has remained three times the rate of their white British counterparts, the same rate as the previous year. Furthermore, in 2020-2021, Gypsy Roma girls were suspended from school at over three times the rate of their white British counterparts.<sup>58</sup>

55. This has included interviews with young women and girls with lived experience of the issues, a roundtable discussion with experts on education, and two rounds of FOI requests to the Department for Education. In 2021, we requested data relating to exclusions broken down by sex and ethnicity for the past five years. In 2022, we repeated this request to get the latest figures for the educational year 2020-2021. These figures apply to children in education in England from the age 4 to 18.

56. Agenda (2021) Girls at risk of exclusion.

57. Agenda (2021) Girls at risk of exclusion.

58. Agenda (2022) Serious concerns about racial disparity among girls 'kicked out' of school.

Other research indicates that girls may be more likely than boys to be “unofficially” excluded. In 2020, research conducted in one local area found that girls are more likely than boys to experience functional exclusion from school as a result of persistent absence whereby pupils miss more than 10% of school days, school change, or “early exit” (including as a result of off-rolling).<sup>59</sup>

Official data indicates that “persistent disruptive behaviour” is the most cited reason for all exclusions; however, the practitioners we interviewed warned that girls who misbehave are often treated more punitively because they are contravening gender norms.<sup>60</sup> This is further compounded for Black, Asian, and minoritised girls, who are frequently subject to a process of “adultification,” viewed as more mature and “less innocent” than their white peers. Thus, our research shows that racial stereotyping and discrimination affect Black, Asian, and minoritised young women in the school system, leading to disproportionate numbers of formal exclusions.

We find that the rising rates of school exclusions demonstrate the consequence of not meaningfully supporting young women across different services. Many of the young women we interviewed attributed their exclusion to poor mental health, stemming from experiences of violence, abuse, and trauma. Growing rates of self-harm and suicidality in girls and young women highlight this mental health crisis amongst young women.<sup>61</sup>

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59. Research shows a significant overlap between pupils who ‘self exclude’ through persistent absence with those who experience a school move or fixed-term exclusions. Social Finance (2020) Who’s at risk of exclusion? An analysis in Cheshire West and Chester.

60. Department for Education (2022) Permanent exclusions and suspensions in England.

61. McManus, S. et al., (2019) Prevalence of non-suicidal self-harm and service contact in England, 2000-14: repeated cross-sectional surveys of the general population.

Moreover, once excluded from mainstream education, girls experience gender-specific risks of sexual harassment, abuse, and exploitation in male-dominated alternative provision, such as Pupil Referral Units (PRU). Gemma, aged 15, described the PRU as “a classroom full of boys... It’s just so uncomfortable, you feel like a hundred pairs of eyes staring at you.” Despite this, Agenda’s research has uncovered limited guidance on and huge geographical divergences in reporting of sexual harassment within these settings.<sup>62</sup>

With girls often “lost” in narratives around school exclusion due to relatively smaller numbers and being less visible in the data, their distinct needs and experiences are too often ignored and overlooked. By the time a young woman is excluded from school, many other services have failed to adequately support her. Once suspended, if specialist support is not in place, the challenges girls face can become more complex and entrenched. The rising rates of girls’ exclusions demonstrates the pertinence of this research, and the need to centre the needs of girls and young women in policy and practice.

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62. Agenda research shows that only a handful of local authorities have specific policies on sexual harassment and violence in education, and only several have specialist support for girls who have been excluded. In 2019, Agenda submitted FOI requests to 159 local authorities to examine the number and nature of violence and sexual violence that had been recorded in PRUs in the academic year 2018-2019, as well as the availability of gender-specific provision available locally for excluded girls. Agenda (2021) *Girls at risk of exclusion*.



# 5

## Recommendations for change

"Give girls help, don't make them feel like they're not included, and **don't make them feel like they're the problem.**"

"**Listen** to the voices of girls, because the earlier we start listening to these voices, the **quicker we can start making change.**"

"**Safe spaces** for Black girls and kids."

### Girls' vision for an inclusive future

"**End all violence** against women, girls, and non-binary people."

"Young women have the **right to express their concerns** with the world, and [for] that to be seriously taken into account."

"**Everyone should be included**, no matter your sexual orientation, your faith, what you believe in. If you are a female, you shouldn't be discriminated against."



## 5.2 Policy context

### What girls need from policy and practice

Our conversations with girls and young women not only focused on the shortcomings of existing service provision but also on their positive experiences with some statutory services and specialist community-based organisations. It was clear from our interviews that for engagement with young women to be impactful, it must be gender-, age-, trauma- and culturally- responsive.

Young women tell us that they would like all services to:

- 1.** Embed girls' and young women's lived experience and perspectives into the development of programmes intended to support them through a process of meaningful co-production from the outset.
- 2.** Provide safe, girl-only environments that are run by gender-specialist services with expertise surrounding the challenges faced by young women with intersecting and marginalised identities, including for Black, Asian, and minoritised and/or LGBTQ+ young women.
- 3.** Focus on cultivating and maintaining positive relationships between young women and professionals, including having a trusted point of contact that can help girls to navigate services, and transition into adulthood.
- 4.** Prioritise the recruitment, development, and retention of staff with diversity of experience and perspective. Young women tell us that they feel more comfortable and trusting of professionals who share similar lived experiences and protected characteristics to them.
- 5.** Develop a strengths-based approach to empower girls and young women, supporting them with their vulnerabilities by identifying the root causes of multiple unmet needs, including experience of trauma, discrimination, and poverty.<sup>63</sup>

These recommendations are supported by expertise from practitioners working for specialist organisations, as well as the existing evidence-base. Research through the Young Women’s Justice Project, delivered by Agenda and the Alliance for Youth Justice, supports these principles; young women with lived experience of the criminal justice system emphasise the importance of gender-, age-, trauma- and culturally- responsive support.<sup>64</sup>

“ [At first], I wouldn’t speak to [my homelessness support worker] about my problems... But, as this woman took the time to get to know me properly, and to get to know my past properly, and my needs properly, she identified some real issues and key areas in my life that I wasn’t even able to identify. As a result of that, she referred me to appropriate services, which has been a real key for my life... For the first time ever, I feel like I’m able to make decisions because I have integrated services [and] people who are able to prompt me and support me.”  
— Nicole, 23

“ Finally, we have a space.”  
— Domonique, 16, speaking about a space for Black girls.

“ The only people I’ve felt comfortable talking to are real people, people who are trying to help you and who actually care... I’d always trust support workers that related to what I was going through. That’s why I like my worker so much - she’s experienced things.”  
— Lily, 22

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63. Agenda (2020) Struggling Alone: Girls’ and Young Women’s Mental Health.

64. Agenda and Alliance for Youth Justice (2022) Young Women’s Justice Project: Final Report.

## Shortfalls of existing policy

Gender inequality does not begin in adulthood, yet policies, strategies, and funding streams consistently fail to recognise the needs and experiences of girls and young women as being distinct from boys and young men, or even adult women. This lack of attention translates directly into what gets measured, who gets heard, and what gets funded.

## The local experience

Policy conceptualised as “gender-neutral” can inadvertently lead to the prioritisation of young men’s needs, which - while holding their own importance - can side-line young women’s needs.<sup>65</sup> By submitting Freedom of Information (FOI) requests to all local authorities in England and Wales, we have built up a picture of how limited strategic prioritisation of young women’s needs in policy or practice manifests for young women at the local level:

- **60% of local authorities do not provide any gender-specialist services for girls and young women.**<sup>66</sup>
- **90% of local authorities do not provide any gender-specialist support for Black, Asian, and minoritised girls and young women.**<sup>67</sup>

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**65.** These failures to address girls and young women’s needs in practice are reflected in services for adult women as well. Research by AVA and Agenda found that in only 19 areas of England and Wales (out of 173) there are services for women that address all of the following issues: substance misuse, mental health, homelessness, offending and complex needs. Nationally women facing multiple disadvantage are repeatedly let down by services which fail to spot the signs of abuse, with women being repeatedly turned away or bounced between services which fail to meet the range of needs they face. See AVA and Agenda (2021) Tackling women’s multiple disadvantage in Greater Manchester.

**66.** Agenda submitted FOI requests to 157 local authorities in England and Wales in July 2022 with a response rate of 83%. We asked them, “Does your local authority fund any specific programmes or gender-specialist services for girls and young women (aged 14 to 24)? This refers to all statutory and non-statutory services.” Gender-specialist services for girls primarily refer to specialist, community-based services led “by and for” women and girls only. In some circumstances, services which offer services for both boys and girls might be included, so long as the distinct service they provide for girls is led by and for women and girls only.

It is apparent that the needs of young women, especially Black, Asian, and minoritised young women, are not being uniformly considered and responded to, leaving many young women without specialist support. While there are examples of effective joined up working between voluntary sector agencies and local authorities, it is abundantly clear that this is patchy and a post-code lottery.

The Children and Social Work Act 2017 places a duty on statutory child safeguarding partners to work together to safeguard and promote the welfare of all children in local areas. However, our research shows that:

- **70% of local authorities do not have representation of gender-specialist services for girls and young women as part of their Local Safeguarding Children Partnerships.**<sup>68</sup>

Furthermore, collaboration between statutory child safeguarding partners (such as local authorities, the NHS, and the police) is often fragmented. The Centre for Mental Health reports that only 19% of schools hold a single point of contact externally with NHS Children and Young People's Mental Health Services.<sup>69</sup> This lack of integration means that many agencies are unable to safely share the data needed to determine which children need their support with information on vulnerable children often only shared once they are already in crisis.

It is significant that the Equality Act 2010 sets out specific requirements for service-providers, expected to demonstrate "due regard" to the Public Sector Equality Duty in order to:

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- 67.** In July 2022, Agenda asked 157 local authorities, "Do you provide any specialist support for girls and young women who are Black and minoritised?"
- 68.** In July 2022, Agenda asked 157 local authorities, "Does your Local Safeguarding Children Partnership include representation from any organisations providing gender-specialist services for girls and young women?"
- 69.** Centre for Mental Health (2021) Investing in comprehensive mental health support for children and young people. Children and Young People's Mental Health Coalition.

1) eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the act; 2) advance equality of opportunity between people who share a protected characteristic and those who do not, and 3) foster good relations between people who share a protected characteristic and those who do not.<sup>70</sup> For local authorities to adequately achieve this, they ought to identify where the outcomes and opportunity gaps are for different communities, including those with protected characteristics. This should include a strong understanding of the local area so that resources can be effectively allocated to deliver good equality outcomes for the most vulnerable.<sup>71</sup> Nevertheless, our FOIs reveal that:

- **Only 20% of local authorities include any reference to the specific needs of girls and young women within their local strategy for children and young people.**<sup>72</sup>
- **Only 15% of local authorities include any commitments to specific provision for girls and young women, such as funding and commissioning of gender-specialist services, within their local strategy for children and young people.**<sup>73</sup>

Joint Strategic Needs Assessments (JSNAs) are the key policy vehicle for Local Authorities to ascertain the needs of their local population. They include population breakdown, health disparities, and other key factors that could affect constituents in the local area. Overall, they outline what a local authority considers to be the most pressing issue for population in their area. Yet, our research analysing all JSNAs in England shows that:

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**70.** UK Equality Act (2010) Section 29: Provision of Services.

**71.** Local Government Association (2010) Equality Framework for Local Government.

**72.** In July 2022, Agenda asked 157 local authorities, “Does your local authority have a local strategy for Children and Young people? If yes, does your strategy include reference to the needs of ‘girls’ and/or ‘young women’?”

- **Only 56% of JSNAs refer to the needs of girls and young women.**
- **Only 8% of JSNAs refer to the needs of Black, Asian, and minoritised girls and young women.**<sup>74</sup>

This means that over 40% of JSNAs are overlooking the needs of young women, particularly the needs of Black, Asian, and minoritised young women. Furthermore, in instances where the needs of girls and young women are mentioned, the focus is often on teenage pregnancies and sexual health with very few JSNAs reflecting the full range of gendered harms that young women face. If local authorities are not uniformly collating data and information on vulnerable young women within their areas, their ability to support the most at-risk women will be inherently limited. This constrains their ability to demonstrate “due regard” to the Public Sector Equality Duty and inhibits the advancement of equality within their local area.

### **The national picture**

There is currently no minister with overall responsibility for coordinating cross-government solutions to respond to the needs of the most at-risk girls and young women; the Minister of State for Children and Families does not have a focus on gender differences, and the Minister of State for Women and Equalities does not have a youth focus. Therefore, there is no clear central lead to ensure this group of young women are adequately responded to, which perpetuates their erasure in policy.

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**73.** In July 2022, Agenda asked 157 local authorities, “Does your local authority have a local strategy for Children and Young people? If yes, does your strategy include commitments to specific provision or priorities for girls and young women, such as funding and commissioning of gender-specialist services?”

**74.** Between August and September 2022, Agenda analysed the JSNAs of all local authorities in England, checking for 1. specific reference to the needs of girls and/or young women, and/or 2. specific reference to the needs of Black and minoritised girls and/or young women.

The lack of investment in girls and young women's specialist services has taken place against a backdrop of cuts to early intervention and youth services over the last decade.<sup>75</sup>

However, Agenda research shows that where funding is available, it prioritises activities and interventions that are not gender-specialist, failing to make specific provisions for girls and young women. Many voluntary sector services report that specialist work is often characterised as "niche" and less important than mainstream statutory services without recognition of the value they hold in providing long-term and targeted support. As a result, funding available for the voluntary sector is often short-term and fragmented. There is a clear disparity between the extent of need amongst young women at-risk, and the specialist services and support available to them.

There is a disjuncture between what research and statistics reveal about the gender inequalities that girls and young women face, and the resources allocated to tackling them. This is even the case where national plans and strategies expressly acknowledge that young women have additional vulnerabilities. Several examples well demonstrate this gap:

- The Tackling Violence against Women and Girls Strategy (2021) acknowledges that "for domestic abuse, sexual assault, rape and stalking, those aged 16-19 and 20-24 were more likely to be victims of these crimes than any other age group. This difference across age groups is particularly apparent for sexual assault where 12.9% of women aged 16-19 and 10.5% of women aged 20-24 have been a victim in the last year compared to 3.2% of women aged 25-34, the next highest group". Despite this, no commitment has been made

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**75.** In 2020-2021, local authority spending on youth services in England was £379 million, representing a £1.1 billion cut in youth services funding over the past ten years in England. Real term expenditure is down 74% from 2010-2011's £1.48 billion spend. YMCA (2022) *Devalued: A decade of cuts to youth services*. Furthermore, in 2020, it was reported that more than 4,500 youth work jobs have been cut and 750 youth centres closed since 2010/11. Local Government Association (2020) *Devolve National Citizen Service funding to local youth services*.

to fund specialist organisations that offer a bespoke service for girls and young women.

- The government's Five Year Forward View for Mental Health (2016), Transforming Children and Young People's Mental Health Provision Green Paper (2017), The NHS Long Term Plan (2019) and Draft Mental Health Bill 2022 are further examples where no specific provision was allocated for girls and young women, despite recognition of the "concerning rates of mental distress particularly amongst late teenage girls."
- The Women's Health Strategy for England (2022) does reference some critical areas that affect girls and young women's mental health, such as abuse, violence, poverty, and discrimination. However, the steps laid out to tackle these harms do not go far enough. This is coupled with the strategy coming with no new additional funding to make its recommendations a reality.<sup>76</sup>

There are some promising exceptions to the widespread disregard for young women at-risk, which indicate that there can be appetite and willingness to develop more gender-, age-, trauma- and culturally- responsive solutions. Notably, the forthcoming Young Adult Women's Strategy, announced in the Ministry of Justice Prisons' Strategy White Paper (2021), is an encouraging policy development: it marks a significant change in approach towards young adult women in contact with the criminal justice system, a group that is often overlooked in policy.<sup>77</sup> Whilst the strategy has potential to centre the needs of young women with multiple unmet needs, it will need to be delivered as a comprehensive cross-government approach and supported by sustainable funding means in order to truly harness the opportunity for change.

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**76.** This was a promising policy vehicle for the government to clearly address the mental health needs of girls and young women in policy. It is therefore disappointing that the strategy has failed to grasp the opportunity to fully tackle the growing mental health crisis for girls and young women, especially when mental health was in the top five topics of respondents to the Women's Health Strategy call for evidence.

**77.** The Young Adult Women's Strategy is a promising example of a policy document because it centres the needs of young women, which is especially pivotal given the criminal justice system's focus on policy regarding boys and men.



## 5.3 Recommendations

**To respond to the needs of the most at-risk girls and young women, it is necessary for government, decision-makers, funders, and services to urgently address the following recommendations**

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### **1 Provide targeted and joined-up governmental support for girls and young women**

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Policy makers must make girls and young women a priority across government by responding to their needs with a joined-up, cross-governmental approach. To achieve this, we recommend that the Minister for Women and Equalities post becomes Cabinet level and a standalone position. Further, government departments must work together to create a cohesive national strategy for girls and young women at-risk and review the drivers behind their marginalisation. To make this a reality, we recommend the following:

- a. The Minister for Women and Equalities to be a standalone Cabinet level post** with a new responsibility in their brief for girls and young women facing multiple unmet needs. This role should include a strategic focus on driving action across government to address gender inequalities and all forms of discrimination and disadvantage across the life course, including in childhood, adolescence, and early adulthood.
- b. The Government Equalities Office (GEO), Department for Education (DfE), Department for Work and Pensions (DWP), and Department for Digital, Culture, Media and Sport**

(DCMS) should jointly lead on a **cross-departmental and gendered national strategy** to address the social and economic challenges facing girls and young women at-risk, including barriers to and exclusion from support with a focus on advancing equalities across all protected characteristics. This strategy should:

- **Include clear cross-departmental targets** for reducing the number of girls and young women with experience of (i) poor mental health, (ii) violence, abuse, and exploitation, (iii) poverty, (iv) contact with the criminal justice system, and (v) school exclusions and (vi) homelessness. The strategy should be supported by sufficient **cross-departmental** resources to meet these targets.
  - Include **ring-fenced multi-year, core, and unrestricted funding** for gender-specialist and community-based services to reach the most marginalised girls and young women, including “by and for” services, and the critical role of advocates that support girls and young women to navigate systems and services.
  - Require **local authorities to develop clear, publicly available, and fully resourced strategic plans** for addressing the needs of girls and young women with specific reference to the needs of Black, Asian, and minoritised girls and young women.
- c.** The Women and Equalities Select Committee (WESC) and Education Select Committee should launch a joint inquiry into **girls at-risk in education settings**, building on the WESC inquiry into “Attitudes towards women and girls in educational settings” (2022). The purpose of this review should be to understand the drivers behind girls’ official and unofficial exclusions, assessing the level of support available to girls excluded from education and at-risk of exclusion. The review should identify appropriate solutions to drive gender-specific inclusion measures.

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## 2 Develop anti-racist and trauma-informed practice

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This report identifies the damaging impact of so-called “gender-blind” practice that is neither anti-racist nor trauma-informed, failing to tackle the intersection of inequalities that many girls and young women face. As such, we recommend:

- a. All Government departments, and relevant arm’s length bodies, should fund and incentivise public services to **invest in training and accompanying practical guidance** on how to work with girls and young women in a **gender-, age-, trauma-, and culturally- responsive way**. This should:
  - Support professionals to develop **reflective approaches** embedded in daily practice with a focus on anti-oppressive ways of working with marginalised groups of girls and young women.
  - **Be developed and delivered in partnership with the women and girls’ sector, including “by and for” services and girls and young women with lived experience of multiple unmet needs**. There must be adequate investment in organisations to facilitate this engagement. Co-production should be carried out in a way that is meaningful and not re-traumatising for girls and young women and remunerates them for their expertise and time.
  - Professionals in contact with girls and young women should be trained to understand that the **experiences and impact of trauma, discrimination, and inequality are interlinked** as part of a trauma-informed approach.

They should be trained to identify indicators of abuse, exploitation, and gender-based violence, and to safely refer young women to specialist services.

- b. Equality, Diversity, and Inclusion plans and training** in statutory services and voluntary sector organisations should be co-designed with Black, Asian, and minoritised girls and young women in conjunction with specialist “by and for” services. They should be developed alongside a clear outcomes and evaluation framework, including specific targets around improving outcomes for Black, Asian, and minoritised girls, to monitor services’ progress in tackling racism and discrimination.
- c.** Local and combined authorities should roll out **standalone programmes of multi-agency adultification training**, designed and delivered by specialist “by and for” services that work with Black women and girls that are fully remunerated for their time. Participation should actively focus on promoting a safeguarding response towards Black girls amongst education and policing professionals in particular.

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## 3

### Tackle the issue of overstretched and overburdened services

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This report demonstrates the sheer impact of overstretched and underfunded services on the lives of girls and young women with multiple unmet needs, who too often sustain harm from services instead of the support that they are seeking. To mitigate this, we recommend that funding is suitably allocated to support existing services and that gender-specific youth services are commissioned:

- a. All Government departments should **update their guidance for local commissioners of children and young people’s services** to incentivise commissioning of **gender-, age-, trauma-, and culturally- responsive** community-based services.
- b. The Cabinet office, the Department for Digital, Culture, Media and Sport (DCMS), and the Youth Endowment Fund should **ensure all youth funding**, including the National Youth Guarantee and any future rounds of the Youth Investment Fund, **includes ring-fenced funding for gender-specialist services** supporting the most disadvantaged girls and young women, including those run “by and for” the communities they serve.
- c. Local and national funders and commissioners must ensure that **support is designed and commissioned around outcomes that make a difference to girls and young women’s lives** with a long-term view to addressing issues preventatively. They must ensure that:
  - All future funding attached to criminal justice, violence against women and girls, youth, education, support for young people in care, mental health, anti-racism, and poverty prevention programmes includes **gender-, age-, trauma-, and culturally- responsive provision** for girls and young women.
  - Services should **prioritise co-production with girls and young women** in their service design; show evidence of providing flexible, open-ended, and holistic support; include specialist provision for young women as they transition into adulthood; and show consideration to how girls’ intersecting identities, including race, ethnicity, faith, sexual orientation, and gender identity, can compound disadvantage and barriers to support.
  - Funding and commissioning processes **improve accessibility and ensure that there is full participation of specialist voluntary sector organisations** with

expertise in supporting the most disadvantaged girls and young women, including specialist “by and for” services, at key stages of the commissioning cycle.

- Funding shifts to incentivise **improved partnership working and referral systems between voluntary sector and statutory services**, and fully funds the role of all organisations involved.
- d. The upcoming Victim’s Bill, and accompanying statutory guidance, should ensure local bodies **conduct effective strategic needs assessments and meaningfully commission community-based gender-specialist providers**, including “by and for” services, who work with girls and young women who have experienced violence, abuse, and exploitation.

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## 4 Credibly identify the needs of girls and young women at-risk

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From our desk-based research, we have uncovered that local authorities currently provide patchy to non-existent support and services for girls and young women, especially for those who are Black, Asian, and minoritised. If local authorities do not have a system or provisions in place to uniformly collate data and information on girls and young women with multiple unmet needs within their areas, their ability to support the most at-risk girls and young women will be severely constrained. To alleviate this, we recommend:

- a. **All local and national data** sets affecting young people, nationally and locally, should be collected and **disaggregated by protected characteristics**,

**in particular gender, age, and race.** This must be made publicly available and accessibly presented to allow for further analysis.

- At a national level, the **Minister for Women and Equalities** should have responsibility for monitoring key trends in data from the Department of Education, the Department for Health and Social Care, and the Ministry of Justice, and **lay an annual statement before Parliament on progress and action that government is taking to address inequalities.**
  - At a local level, local authority commissioners and providers, including Police Crime Commissioners, Integrated Care Boards (ICBs), and Local Safeguarding Partnerships, should **collect and publish data in a way that is accessible, allowing for intersectional analyses.**
- b.** Public services should **review their inclusion criteria and related policies** with respect to how far they are advancing equality of opportunity for girls and young women with multiple unmet needs, including Black, Asian, and minoritised young women, in line with their responsibilities under the Public Sector Equality Duty within the Equality Act. Public services should **provide clear data on why girls and young women are being turned away from services and barriers on entry into services.** This data should be published annually and publicly accessible.
- c.** Department of Health and Social Care to introduce statutory guidance to ensure **Joint Strategic Needs Assessments (JSNAs) are updated for their local area every three years at a minimum,** and include reference to the needs of girls and young women, as well as the specific needs of Black, Asian, and minoritised girls and young women.
- d.** The Domestic Abuse Commissioner, Children’s Commissioner and Victims’ Commissioner, in partnership with the Welsh National Advisers for Women, Gender-based Violence,

Domestic Abuse and Sexual Violence, should collaborate to **share data and research on the violence, exploitation, and abuse, girls and young women face**, to improve the strategic response. This should consider the needs and experiences of girls and young women facing multiple unmet needs, existing service provision and current gaps, and make assessments and recommendations on improvements in policy, practice, and data.

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## 5 Prioritise prevention and early intervention for girls at-risk

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This report has incorporated the voices of girls and young women to create recommendations for change based on their lived experience and vision for change. Ultimately, we seek policy that prioritises prevention and early intervention for girls and young women at-risk of to end the cycle of trauma and harm. As such, we propose:

- a. All future versions of the Home Office’s Tackling Domestic Abuse Plan and Tackling Violence Against Women and Girls Strategy, and their accompanying delivery mechanisms, must **make clear the links between girls’ experiences of abuse and other poor outcomes**, such as mental ill-health, exclusion from education, and criminalisation, and include specific policy, practice and funding solutions to address this.
- b. The Department for Health and Social Care (DHSC) **must embed addressing gender inequalities as part of a whole life approach** through the 10-year mental health and wellbeing plan. This must include **ring-fenced funding**

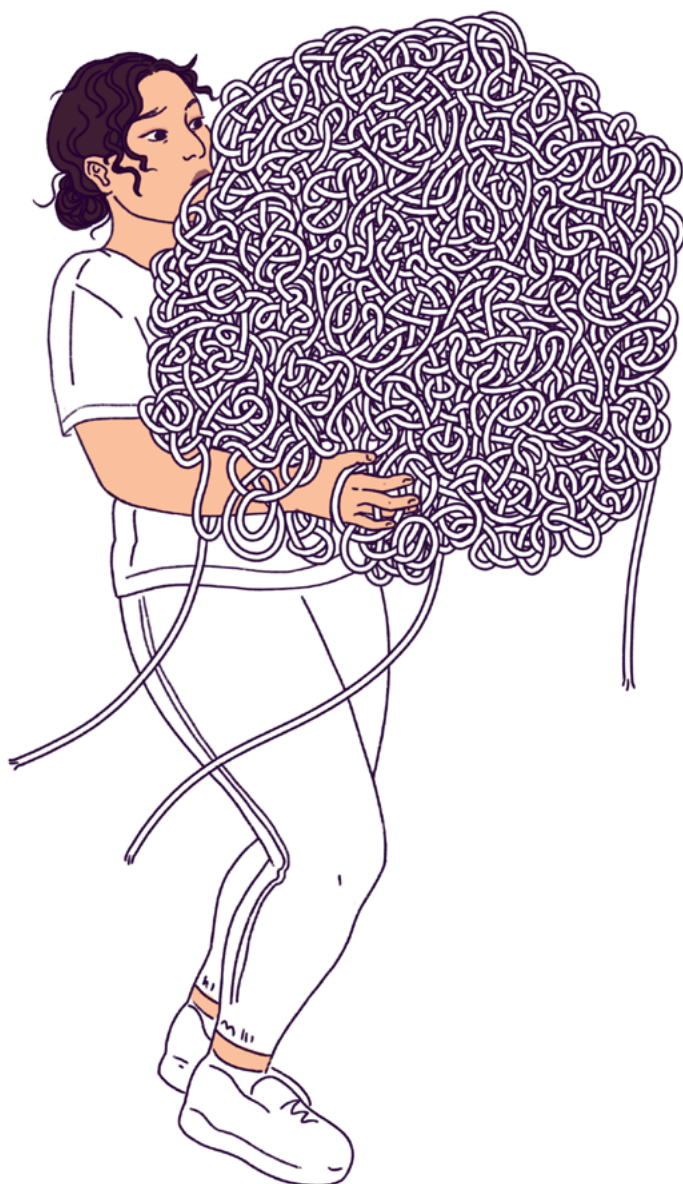


**for women and girls' services to deliver community based mental health and wellbeing support** as an integrated part of the local NHS service landscape.

- c. ICBs should ensure that all Integrated Care Systems (ICSs) have a **dedicated girls and young women's mental health plan** with specific reference to meeting the needs of Black, Asian, and minoritised girls and young women.
- d. The Women's Health Strategy for England should be delivered in an **age-responsive way**, which fully addresses women and girls' mental health needs across the life course. This must be fully resourced by DHSC, DfE, and local commissioning partners to help drive improved provision for young women's mental health in the community.
- e. In developing a **trauma-informed standard**, announced through the Women's Health Strategy for England, DHSC must engage with experts and women and girls with lived experience of poor mental health. This should ensure:
  - Girls and young women's **needs are addressed across equality characteristics**.
  - Professionals are supported to carry out **appropriate and targeted enquiries** into girls' experiences of violence, abuse, and exploitation as part of a trauma-informed approach to their work.
- f. Government to invest in a **national network of hubs** providing **gender-, age-, trauma-, and culturally-responsive** mental health support, delivered in partnership with specialist girls and youth services, which can deliver a range of support and interventions on **issues that drive poor mental health** in young women, including abuse, violence and exploitation, poverty, and racism.

**g.** To increase **access and opportunities for prevention and early intervention work**, local and combined authorities should ensure:

- Family Hubs include specialist support for young mothers, distinct from support for older adult women and parents, delivered in partnership with local women and girls' services. This should promote young women's peer support.
- Safeguarding partners, as defined under the Children's Act, involve women and girls' specialist services in Local Safeguarding Children Partnership arrangements.



## 4

## Conclusion

**Many of the young women we interviewed who experience multiple unmet needs report being excluded from statutory services due to obstacles at the point of access, as well as encountering challenges and harm from within.**

The shortfalls of current service provision limit the ability of young women with multiple unmet needs to access sufficient support. Rather than being “hard to reach,” our research shows that the system is itself excluding young women who feel “pushed away.” With every missed opportunity to help a young woman with multiple unmet needs, she becomes further away from getting the support that she deserves. Yet, this is support to which girls should be entitled, and this process of marginalisation constitutes a unique and gendered form of social exclusion.

Not only does overlooking the needs of vulnerable young women exact a significant toll on their lives and their communities, it also costs the public purse with financial costs of intervention snowballing during her lifetime. Nevertheless, our research underscores that there is capacity to break the cycle of harm that young women with multiple unmet needs face. Agenda urges all decision-makers to adopt our recommendations, taking steps to ensure young women with multiple unmet needs are no longer overlooked in policy and funding by promoting inclusive and trauma-informed practice, identifying need and improving services, and ultimately tackling inequality and discrimination.



“ It is deeply concerning that many of the girls and young women interviewed report the harm they have sustained while engaging with services, which should instead be supporting them. Our report highlights the genuine urgency of the situation, which we expect to worsen as the cost-of-living crisis continues. In the face of this, it is essential that decision makers learn from this report, take on board the recommendations, and listen to the voices of the young women.

— Indy Cross, CEO Agenda

# Acknowledgements

**Over the course of Girls Speak, Agenda conducted 37 interviews with 36 girls and young women.**

We extend our gratitude and thanks to each and every one of them. To engage with these girls and young women, and ensure that they were appropriately supported throughout the process, we worked closely with ten specialist, community-based organisations, listed below:

Angelou Centre

Bright Futures

Getaway Girls

KairosWWT

Kids of Colour

Milk Honey Bees

Nilaari

Redthread

Young Women's Housing Project

Young Women's Outreach Project

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Association for Young People's Health

Centre for Mental Health

Centre for Social Justice

Gateshead Council

Kids of Colour

Lancashire Women

Listen Up Research CIC

London East Alternative Provision

Miss Represented

National Youth Agency

Oasis Project

Office of the Children's Commissioner

Peer Power

Project Catalyst, Portsmouth Abuse and Rape Counselling Service

Redthread

River Tees Multi-Academy Trust

The Children's Society

The Complete Works Independent School

West End Women and Girls

Women and Girls Network

Young Minds

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