THE THERAPEUTIC INTERVENTION FOR PEACE (TIP) PILOT PROJECT

CULTURAL RESPONSES TO TRAUMA AND SERIOUS YOUTH VIOLENCE USING THE TIP APPROACH

JANUARY - MARCH 2021

Delivered by Power The Fight in partnership with
Lewisham Youth Offending Service

Funded by The Youth Justice Board

POWER
THE
FIGHT

YJB
Youth Justice Board
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INTRODUCTION

1.1 WHO ARE POWER THE FIGHT?

Power The Fight (PTF) was launched as a charity in 2018 in response to the UK's rapid increase in serious youth violence and its disproportionate impact on people from Black, Asian and Minority Ethnic communities. We empower and train communities to reduce risk factors, engage with government bodies for advocacy and support bereaved families. We have developed a culturally competent therapeutic service for families and peers affected by traumatic loss.

1.2 WHAT IS THE TIP PROJECT?

In 2020 PTF partnered with the Mayor of London's Violence Reduction Unit to deliver a research project focused on developing a culturally competent therapeutic service for families and peers affected by youth violence.

Based on the recommendations published in the report, Power The Fight delivered a 10-week pilot project funded by the Youth Justice Board with specific reference to Recommendation 31 of the 2017 Lammy Review into the treatment of, and outcomes for Black, Asian and Minority Ethnic (BAME) individuals in the criminal justice system. Recommendation 31 emphasised the importance of working with voluntary and community organisations led by and for BAME communities. The project was delivered at three locations in south east London. Two were secondary schools (one in Lewisham and one in Greenwich) and one was an alternative provision centre in Lewisham. The three schools were selected on the basis of their existing working relationships with Power The Fight and potential to implement the project within a very short timeframe, especially considering the second wave of the Covid-19 pandemic in the UK.

Through a range of digital and face-to-face activities over ten weeks, and in line with Recommendation 31 of the Lammy Review, the partnership with these three educational settings aimed to implement the TIP report's recommendations and evaluate the effectiveness of a culturally competent, co-designed therapeutic service model in practice, with particular focus on the mental health of Black, Asian and Minority Ethnic children (including working with children at increased risk of school exclusion). This was the first phase of gathering evidence and improving the TIP service model for nation-wide reform.

1.3 CO-PRODUCTION AND DELIVERY

The pilot project included a variety of engagement and delivery practices, working with different groups of children and adult professionals and three school settings. Each aspect of the project was distinct in its approach; the details of these components are summarised below.

Workshops
Across the three schools a total of 26 children were identified by their respective schools for participation in co-developed workshops. In the two mainstream schools the children identified were already referred to the inclusion teams and were at varying levels of risk of exclusion from school, in addition to concerns related to their mental health and home environments. In the alternative provision centre all the children who were identified had already been excluded from mainstream school.

The delivery of the workshops varied in approach according to each school's protocols during the national lockdown and school closures. In one of the mainstream schools the children were learning at home and Power The Fight staff delivered the workshops online. In the other mainstream school, the children were in school (with designated places) while Power The Fight staff delivering the workshops online. In the alternative provision centre Power The Fight staff were able to go into the school in person, and the children were in school for the project's duration.

The workshops focused on wellbeing and mental health, through therapeutic sessions on topics identified by the children as being of particular concern to them. Using one-to-one baseline assessments at the start of the project, therapeutic professionals worked with the children to decide the content and delivery of the sessions. The workshops encouraged group discussion on these issues through a range of interactive activities such as role play, case studies, quizzes, mapping and worksheets. Participation was not forced and children could opt in or out of these as they pleased. At the end of the workshops, children shared their learning with others in the schools through various methods including a website, a short film and a rap. These presentations involved the children discussing topics such as racial identity, social media and relationships, and were shown to a further 240 children in tutor time periods.

Awareness-Raising Events for Children

Power The Fight produced a series of three short educational videos based on key topics raised during the workshops (social media, healthy relationships and anxiety) to be played to whole year groups through PSHEE lessons. These were accompanied by worksheets for children to complete which also provided evaluation and feedback for the pilot project.

Staff Training and Supervision

An important component of the TIP report's recommendations is that interventions should take a "whole system" and community approach. Collaboration and cultural competency training with teachers form a core component of this model, and the pilot project completed training at two schools with a total of 214 members of staff, of whom 53 were senior or middle leaders. The training was designed to incorporate different styles of delivery - presentation, small group work and reflective spaces. The topics of the training were cultural competency, diversity and inclusion, but with specific content varying to meet particular needs of each group. PTF also provided one-to-one culturally competent supervision for twelve teaching staff. This was one of the aspects most highly valued by staff and is discussed in 'Findings from Teachers and School Staff' later in this report.

Parent/Carer Engagement

The project facilitated two parent/carer forums at one school with a total of 11 families in attendance. The recommendations of the TIP report suggest that parents benefit from co-produced peer-to-peer support groups, therefore the pilot aimed to host rather than deliver this aspect of the project. The difficulties of facilitating these online, and in line with school policy, meant that the school were sometimes more involved in the management of these events than PTF would have preferred. However, the families did contribute and engage in discussions and their interactions can present interim findings for this evaluation.

In the other school, despite multiple methods of communication with parents, no families chose to take part in the forums. However it was in this school in particular that school staff commented on how quickly the children formed trusting relationships with Power The Fight staff and where

the art therapy component of the programme was delivered, which was extremely well received by the children and staff.

1.4 SCHOOL CONTEXTS AND SETTINGS

The project was delivered in three schools in South London, each providing a unique institutional and cultural setting to evaluate the intervention model. As the TIP approach has a particular focus on the mental health of Black, Asian and Minority Ethnic children the representational ethnicity data of both the children and teaching staff in each context is presented below. However, it is explicitly acknowledged that the identities and specific needs of groups represented within the description 'Black, Asian and Minority Ethnic' are not the same and this term is used here only to demonstrate the comparative ethnic diversity in each delivery setting.

School One
A mainstream girl's comprehensive school with just under 1500 children between the ages of 11 and 19. The school is diverse, with ethnicity data showing there are 43% white (33% white British) and 53% Black, Asian and Minority Ethnic children. 25% of students' first language is not English and 30% are eligible for free school meals – both of which are above the national average. Amongst the teaching staff 59% are white and 39% are Black, Asian and Minority Ethnic individuals. For the weekly co-developed workshops the children at this location were identified and referred by the school. Of this group 11% were white, 56% were Black and 33% were of mixed ethnicities. All were in year 10 (aged 14 or 15 years old).

School Two
A mainstream mixed comprehensive school with just over 2000 children between the ages of 11 and 19. At this school location the children are 53% white (41% white British) and 44% Black, Asian and Minority Ethnic children. 21% are eligible for free school meals. Of the overall teaching staff 78% are white and 22% are Black, Asian and Minority Ethnic individuals; 86% of the Senior Leadership team are white. For the weekly co-developed workshops the children at this location were identified and referred by the school, out of those with designated places to be in the school building during lockdown. Of this group all were boys, 80% were white, 20% were from Black, Asian and Minority Ethnic backgrounds and all were in year 8 or 9 (aged between 12 and 14).

School Three
An alternative provision centre with around 16 children between the ages of 11 and 16. Unlike the first two school settings the children enrolled here have been referred through a school or agency, usually because they were permanently excluded from a mainstream school. The children at this school are 31% white British and 69% from Black, Asian and Minority Ethnic backgrounds. 67% of the teaching staff are Black and 33% are Black, Asian and Minority Ethnic individuals. For the weekly co-developed workshops all the children at this school were given the opportunity to participate, with ages ranging from 11 to 16. Ten participated consistently, of whom 30% were white British and 70% were from Black, Asian and Minority Ethnic backgrounds.

1.5 METHODS OF EVALUATION

The pilot project was multi-faceted and included a range of engagement and delivery practices, with a variety of participants and beneficiaries. As such, a range of methods were used to measure impact and evaluate the project outcomes. Mixed methods of quantitative and qualitative methods were used to assess resilience and wellbeing of children before and after the project, in order to measure the impact of therapeutic group work.

Power The Fight staff attempted to gather 'before and after' quantitative data in the form of initial and post-intervention assessments, however because of the Covid-19 pandemic these assessments were largely completed with school staff (rather than PTF staff) who were not always able to gather comprehensive data (e.g. only one side of a two-sided questionnaire completed, or children's names not recorded). This has limited the quantitative data available for PTF to use in analysing the 'distance travelled' for children who participated.

Online surveys which incorporated quantitative Likert scaled questions as well as qualitative open-ended questions were used to evaluate cultural competency training with school staff and weekly feedback from workshops and with children. Collaborative case notes were updated weekly by the delivery team in order to incorporate case studies as a method of evaluation. End of project interviews and review meetings were conducted with TIP practitioners and participating schools, and the transcripts of these were thematically analysed in the process of this evaluation.

The key objective of the pilot project was to evaluate the effectiveness of a culturally competent, co-designed therapeutic service model in practice with particular focus on the mental health of Black, Asian and Minority Ethnic children. The outcomes the project aimed to achieve in the short term were:

- Increased wellbeing and resilience amongst vulnerable and/or minoritised children including those at increased risk of exclusion from school
- Improved cultural competency in school systems and practices
- Increased accessibility of therapy and therapeutic practices for children and adult professionals in school settings.

The long-term broader outcome of the TIP project is to establish a whole systems therapeutic intervention model that has the ability to interrupt cycles of trauma and end serious youth violence. At this early stage in the project's development this pilot project focused on three key research questions with the aim of improving and expanding the model in the future. This evaluation asks:

1. *What helped or hindered the TIP project from achieving its objectives and outcomes?*
2. *What worked best for whom and how?*
3. *What recommendations do the experiences and findings of the pilot project advise for future projects?*

1.6 LIMITATIONS DUE TO COVID-19

The second wave of Covid-19 led to school closures from January onwards with the pilot project having to be delivered largely online. Although the team worked hard to adapt to online delivery there were inevitable limitations that distanced delivery caused.

The project was constrained in the number of children who could be identified for participation. Each school had different protocols regarding external service providers' online engagement with children, with one school only giving permission for Power The Fight to work with children who were physically in the school building – which was a very small number during school closures.

The children who took part in online workshops seemed to engage less in talking, kept their cameras off and were more likely to miss the sessions. Being at home also presented challenges for children in terms what they could talk about and how much they were able to concentrate. These settings were also restricted in their ability to build group dynamics between the children. Each of these restrictions impacted the depth of discussions and the achievement of the project's outcomes.

Once schools re-opened, the logistical challenges of arranging designated rooms for 'bubbles' of children and the necessity of deep cleaning between lessons, as well as the time-consuming necessity of arranging lateral flow Covid-19 tests for children and staff, resulted in shorter session delivery in the final weeks of the project.

Training with staff and the family forums lacked the social elements of face-to-face delivery and therefore it has not been possible to evaluate the full potential of these aspects.

The limitations of school closures also impacted on elements of the evaluation process. As mentioned above, where assessments were facilitated by the schools, instead of TIP practitioners, there was less detail provided and sections missing. For this reason, and those detailed above, the impact measures of individual change were not considered reliable enough to include in this evaluation. Instead, the evaluation will draw more on the evaluation and feedback data, along with interviews and case study analysis.

2 FINDINGS

2.1 CHILDREN

Before taking part in the project, each child was asked to complete a baseline questionnaire with the support of practitioners. Only 19 of the 26 children agreed to complete these assessments, largely due to the challenge of engaging with PTF staff online rather than in person. However, all 26 engaged in the delivery of sessions. We did not observe differences in levels of engagement for those who did not complete the assessments.

The process of completing the assessments, often delivered as a one-to-one meeting, proved to be vital for co-producing the content of the workshops and building initial trust at the start of the project. The answers given by children to these questions also demonstrated the issues of highest concern to children and the range of worries and anxieties many of them had.

KEY CONCERNS IDENTIFIED BY CHILDREN
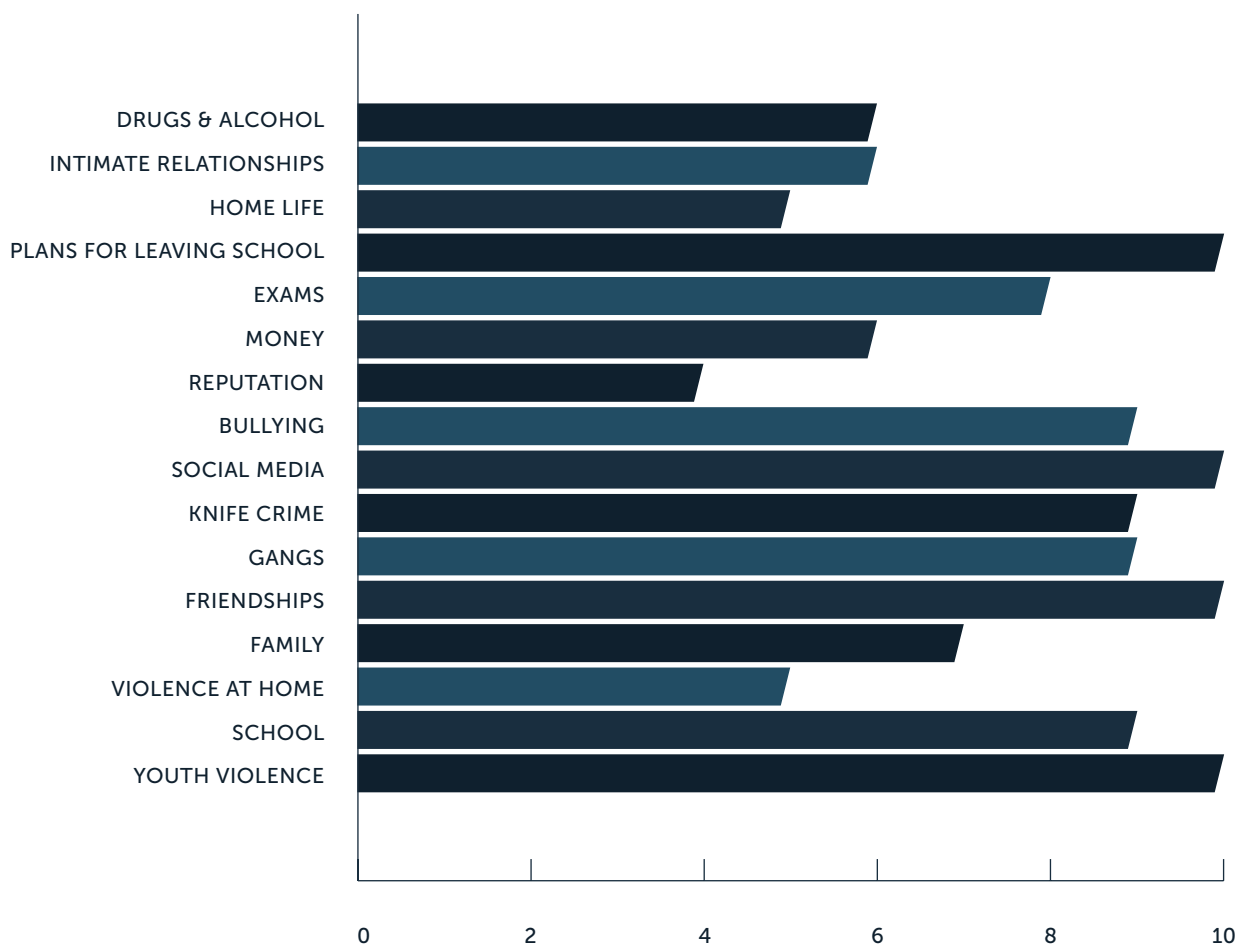
The frequency of selections for the multiple-choice question presented in the graph indicate that whilst the more visible issues such as youth violence, gangs and knife crime were significant concerns for the children, so too were relationship issues such as friendships, family, social media and home life. The future concerns of exams and leaving school were also featured highly - perhaps a heightened concern due to the uncertainty and disruption of the school closures due to COVID-19. Other concerns such as family relationships and violence at home could also have been increased due to the pandemic and lockdown restrictions. A number of children expressed strain and tension in their family relationships whilst having to remain in their homes.

The issues most frequently identified by children were youth violence, friendships, social media and plans after leaving school. Significantly, around a quarter of the children identified drugs and alcohol, intimate relationships and violence at home as key concerns. Within this data the project found that 42% of the children felt worried or anxious about being at school and 47% were worried or anxious about something outside of school. 32% of the participating children said they did not have - or were not sure they had - someone to help them if they felt distressed.

Based on the topics identified in these assessments the project co-produced and co-designed workshops on one or more of these topics each week. The findings from these pilot sessions found that at first children exhibited extremes within the group – across all three locations there were consistent responses of either loud bravado or quiet reservation during initial workshops - but as the group work developed children began to understand each other better as they learned more about individuals in the room. This gradually created calmer and more open discussions that everyone felt confident to contribute to.

In workshop feedback and evaluation children consistently reported that they enjoyed the workshops (86%) and said they felt 'good' (60%) or 'very good' (26%) after the sessions. When asked what they enjoyed most about the project children consistently emphasised the sharing and talking within the group:

"talking about our thoughts and feelings"
"being able to talk and express"
"How I could speak about what I wouldn't normally talk about"

One key finding from this group work has been **the impact of the therapeutic approach not only on each individual, but also between the individuals within the group.** Developing a healthy group dynamic supported the children to build empathy and connections with each other through meaningful discussions on topics they usually do not have a safe space to explore. This was an impact identified by both the TIP practitioners and the school staff in their project review meetings, with one teacher saying:

for students to sit around and say 'I feel afraid', to hear other students say that, or 'I have to do this to fit in... It's really powerful for students to have that group experience

The strong and safe group dynamic that had developed by the end of the project was something practitioners thought could be built upon to support system change throughout the school. It was recognised by TIP staff that these spaces of co-production now provide opportunities for schools to learn from their children and develop cultural competencies through the established group relationships and commitment to change. In evaluation one TIP practitioner recommended how this could be expanded as a youth-led initiative:

"You'd bring together the children that had been on this group, then they help you to bring in and recruit more children... they're the ones that hold the knowledge and the expertise, and I think they should be the ones at the forefront of leading on this. The children that we've worked with seem really ready for this, ready for the change and for things to be different. They see the importance and the real value in having these sorts of spaces to have conversations, that maybe you wouldn't ordinarily have in school."

Power The Fight's staff demonstrated cultural competency through diverse representation and experience within the delivery team, and by providing training for all members to develop knowledge and awareness of the social and cultural contexts they were working within. All Power The Fight staff were provided with clinical supervision during the project with the opportunity to reflect on their cultural competency throughout. The findings suggest that this resulted in the children building trusted relationships with the delivery team very quickly, with all three schools commenting on how comfortable and happy children were around Power the Fight staff. This was also demonstrated in children's feedback of the group work where they described:

"It felt like a safe space"
"you get us – you make people speak"
"You bring good energy"

A key aspect of this project was to evaluate the methods of delivering therapeutic approaches in non-traditional spaces for therapy. The findings of the workshops suggest that a therapeutic approach can be established with relative ease in small groups (up to around 8) within schools, but that the co-production in the design of these sessions is fundamental to their success. In schools, as in youth offending services, all the interactions with children are directive and instructive. The relationship between adult professionals and children in these contexts is rooted in a deficit model; the children lack something (knowledge, understanding, self-control etc) and the adults are tasked with correcting this. In order to establish therapeutic relationships within these systems, the workshops must break with this model of delivery and allow children to reflect openly without judgment or intent to "change" them.

The findings suggest co-production is essential in establishing this non-traditional relationship, communicating to children from the start of the project that workers are there to facilitate reflection rather than educate or instruct. As one TIP practitioner described:

I guess, traditional teaching is where... you come in and talk to them about something which you feel you have knowledge about. We flipped the dynamic on its head, we really saw the children as the ones who were experts in their lives and they were the ones that could tell us about what's going on rather than the other way around. That's been the premise of the work with the children.

For some practitioners this approach felt very natural and co-production happened spontaneously in initial meetings with children. For others this was a very new way of working and they felt they needed clearer instructions and definitions of what the project meant by 'co-production' before delivery began. One of the findings of this pilot project is that it may prove difficult to find practitioners who are experienced in this non-traditional therapeutic approach, and future projects may need to dedicate more time to training practitioners in the TIP approach before initiating delivery.

In two of the schools (one mainstream school and the alternative provision centre) the workshops included art therapy and the evaluation identified this as particular strength of the project. In end of project feedback 100% of children said they enjoyed these sessions and 90% said they would like to continue this type of workshop in the future. Alongside drawing, painting, collaging and sculpting, children discussed how the mind processes emotions and feelings and how art can help to express and communicate these in healthy ways.

CASE STUDY - BOY A: CO-DEVELOPED WORKSHOPS

During the first week of the project boy A was observed as being very restless in the classroom, with hyperactivity and bravado. If anyone said anything to him or looked at him, he would have to respond and this would constantly lead to conflict. The teachers were in a constant cycle of behavioural management with boy A, with both the teachers and child growing increasingly tired and frustrated with the process throughout the day and reaching no solution.

Boy A began to show the same behaviors during the first TIP session but the practitioner immediately incorporated him into the co-production and co-delivery of the workshop saying "I need a volunteer". Boy A with continued bravado replied "Yeah, me!". The practitioner found that as soon as he had a bit of power and responsibility, something happened, and boy A would step into a leadership role as soon as it was made available each week.

It seemed that when able to contribute to the delivery of the workshop there was a sense of responsibility and self-esteem and less need to be seen and heard through conflict. During one sharing session boy A told the group "I'm shy" and others were in disbelief. But as the project progressed the group saw different sides of him and in the last few weeks he was very settled, he was contributing, he was very calm. Practitioners observed a significant shift in self esteem and behaviour through the co-production approach of the TIP Project.

Using a variety of materials children produced powerful pieces of art that they felt incredibly proud of – for some of them it was a particular achievement to successfully complete a set task and to have something to show their friends and families with pride.

When asked to select words that best described how they felt during the sessions, the most common answers from children were **"calm"** (60%), **"creative"** (80%) and **"relaxed"** (80%). Children described their favourite aspect of the art sessions saying: **"I loved it, it made me calm and connected"**. One child said they liked: **"how we got to use art to express as well as calm our emotions"** whilst another simply said **"calms me down"**. The schools also recognised the calming and peaceful impact of the art therapy sessions with one school describing; **"When I go into the room when they are doing Art therapy it's always really quiet and peaceful. It's becoming a really safe space for the children."**

CASE STUDY - BOY B: ART THERAPY SESSIONS

Ahead of the first session the art therapist was told that Boy B never accepts any help from anyone and that he would likely not contribute to the session. In the first workshop boy B was non-verbal but he made an image with the others and worked on it intensely for the entire time. He struggled to reflect on his image, the meaning or what he felt about it but asked the therapist; "Please can I take this home to give it to my mum?".

Over the following weeks boy B became physically more relaxed in sessions. In one session the children talked about how high levels of stress affect us physically. In the workshop the group talked about grounding and relaxation, exploring how the nervous system can be calmed down and de-stressed. It had been observed that Boy B was usually physically very closed and tense, but in his body language in this session he started to really stretch out and yawn. The therapist caught his eye during a big stretch and they both broke into a big smile – acknowledging his engagement with the content of the session and recognizing that he was feeling very calm and relaxed.

Increasingly Boy B began to communicate during the workshops and was able to express the meaning of his art. He shared that he never made art at home and had never made a collage before, but he had now asked his mum for the same paint pens used in the workshops to continue to draw at home. She had agreed that she would get them for him if he had 'a good month'. The staff at the school also observed Boy B had really started to open up and that art therapy had become a real outlet for him.

During the collage workshop Boy B worked intently on his image for the duration of the session and then showed the therapist and initiated reflection on it. He said 'this is like a river and this is my emotions and these are my very positive emotions and they go down into the negative'.

This led to a conversation about how emotions are always flowing through us and a discussion about how we can make sense of that. The image enabled Boy B to communicate his feelings through the symbolism he had produced and to express a sense of something 'beneath' in the river of his emotions that needed to be processed to feel settled.

BOY B: IMAGE EXAMPLE
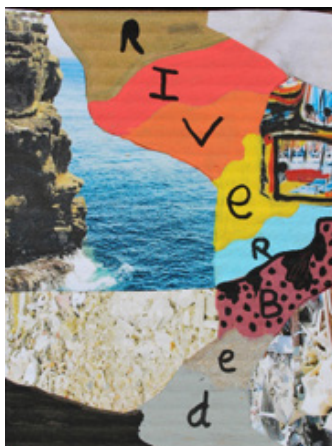
Although the art therapy proved to be highly effective by the end of the project, it was an aspect of delivery that took a little longer to establish than the workshops. Perhaps because it is perceived as more aligned with more 'traditional' forms of therapy, it was treated with more caution and trepidation by school staff and children. Responding to this, there were several adaptations made to a traditional art therapy approach to make the practice accessible and comfortable for children. Following the advice of the staff, the word 'therapy' was not emphasised during the workshop and the space was kept open to allow people to move in and out with some noise level while working together as a small group. Initially the design was to be completely child-led, but in practice this was quite daunting and unfamiliar for the children. Instead the therapy developed a more structured approach that still allowed for co-production within its design. Through responsive adaptation the TIP project provides evidence that the challenges of positioning therapeutic practices in school contexts can be overcome and that art therapy in particular produced some of the most powerful outcomes of this project.

Finally, the pilot project aimed to evaluate the practicalities of a multi-layered therapeutic approach with children and the most effective way to support wellbeing and resilience building in school settings. In particular the project was interested in assessing what works best for whom, why and when? In terms of age the findings suggest a big shift in perceptions and experiences between Year 8 (12/13 year olds) and Year 9 (13/14 year olds) – with the younger groups initially more trusting and concerned with personal issues (Covid-19 restrictions, exams and relationships) and the older group initially presenting more defensively and with greater awareness of social issues (racism, youth violence, judgements and stereotypes). This suggests that the period between the ages of 12 and 14 is when children begin to be perceived differently as adolescents and experience the injustices of structural and symbolic inequalities more acutely. In respect of the barriers to therapy identified in the TIP report, the findings of the pilot suggest the transition between Year 8 and Year 9 is the crucial moment to establish therapeutic resources to build long term resilience and wellbeing.

The multi-layered approach considered the possibility of informal therapeutic group projects working alongside effective referrals to formal therapeutic interventions. The pilot suggests this model could be successfully implemented, with practitioners finding that although discussions of concerns began in the third person or through case studies, particular individuals would voluntarily disclose their own experiences and would take opportunities after the workshop had ended to speak one-to-one with TIP staff about the topics raised in the main sessions. In evaluation the practitioners felt that some children would have liked to engage further with more focused interventions and that the group work provided a good foundation of trust to build on and to identify specific needs.

On several occasions and at different locations children expressed feeling more able to engage when the group size was smaller. One child provided the feedback that **"it was smaller and it felt more comfortable"** whilst another expressed; **"I felt more involved in the session because of the size of the group"**.

CASE STUDY - GIRL C: CO-DEVELOPED WORKSHOP

One of the concerns highlighted in the baseline assessments was domestic violence and violence at home, so practitioners co-developed a workshop that would talk about this topic. Due to the sensitivity children were never asked any personal questions and case studies were discussed in the third person.

During the session Girl C challenged another child who suggested the character should "just leave" by saying "it's more difficult than that!". Although not explicitly saying she had experience of this context, her tone implied a personal insight and the others in the group seemed to recognize and respect this.

At the end of the session Girl C purposely sought out the practitioners to speak one-to-one after the session finished and disclosed historic cases of domestic violence she has witnessed, and how she was living in a refuge with her mum for a while. She said the session did bring up some feelings for her but was glad it was being talked about and that she "wouldn't change anything". The TIP practitioner talked to her to make sure she had something nice planned for herself that evening. The TIP practitioner debriefed the teachers to follow this up and this was identified in evaluation as a possible opportunity for groupwork to identify referrals or extend into informal one-to-one therapeutic work.

For the workshops that had to be run online children consistently expressed their frustration with this. As one described; **"It would be better if we were in the same room. Working via Teams makes it very difficult and detached".** Practitioners also found this challenging with children not turning cameras on and engagement reducing after the switch to online learning during the lockdown. The findings here suggest that the best delivery is face-to-face with groups of eight children or less, depending on group dynamics.

In identifying 'who' the TIP project works best for, the evaluation suggests the process of school-led referrals worked well. Power The Fight did not specify strict criteria but instead encouraged schools to identify children they had concerns about from an inclusion perspective, particularly relating to mental health, school exclusion and vulnerability to involvement in violence and exploitation. The project's outcomes recommend that future partnerships establish referral pathways which identify children who would most benefit. However, the project also recognises that the concerns identified through the group work can be seen to represent the key issues of the school at large. As such, the creation of delivery materials such as videos and worksheets based on the discussions within the group work could effectively be distributed across the school, increasing the impact and broadening the range of beneficiaries.

- Children are experiencing a broad range of social and educational anxieties, along with physical threats to safety and material instabilities.
- The most effective therapeutic connections were made face-to-face in small groups when practitioners demonstrated high cultural competency and children were given extended space and time to talk.
- COVID-19 has heightened stress and anxiety about future plans and has increased isolation and anxiety through distance learning and communicating through digital and social media.

2.2 FINDINGS FROM TEACHERS AND SCHOOL STAFF

The cultural competency training sessions with 214 teachers and school staff received very positive feedback. Using an online survey, staff members were asked to rate their agreement with evaluative statements - with 10 being 'strongly agree' and 0 being 'strongly disagree'. The feedback received the following average responses:

EVALUATING STATEMENT	AVERAGE RATING (10 STRONGLY AGREE)
"This event has increased my knowledge and understanding of racial inequality and the meaning of diversity and inclusion."	7.8
"This event has made me more confident about engaging with race issues and social inequalities."	7.6
"The delivery team provided specialist knowledge that I had not been aware of before."	7.9
"I understand what is meant by 'cultural competency' and recognise steps that can be made to implement this in my workplace."	8
"I felt comfortable to ask questions today"	7.3
"I would go to other events like this in the future."	8.6
"The leaders of this event made everyone feel welcome."	8.9

The feedback from staff suggested the content had inspired a proactive response to making improvements in their schools. The content of these sessions is challenging at times as it pushes staff to critically analyse their own practices and cultural competency in relation to their interactions with children and their teaching practice. However overall, the feedback suggests this approach was effective and transformative – with one staff member describing, **"It was an amazing, honest, raw, unapologetic powerful day that really challenged all"**, whilst another stated **"this is the most important training that we have had".**

From the feedback it is clear that the training increased the staff team's understanding of the urgency of the issues, and their comments demonstrate that they now comprehend both the structural and individual aspects of bias and inequality, especially relating to the children in their school. The following responses show staff members left the training with a commitment to challenging bias when noticed and to increasing institutional training, and that they had been inspired to begin a process of critical self-reflection and evaluation:

I will no longer be a bystander. I will continue to reflect on my own unconscious bias and how this affects my interactions. I will continue to listen to the experiences of others in school

The information about cultural competency was very important. I feel more emboldened to challenge the behaviour of my colleagues towards children in the future if I notice they happen to be falling into racial stereotyping or misunderstanding. I'm also going to work with our BAME equalities lead in the school to organise some unconscious bias training off the back of what we've done here. I'm also going to ask the school to teach me how to see the number of positive and negative points I give out to children so I can reflect on my own biases and figure out where I need to do better

I need to be more aware of systemic bias and quicker to speak out when I see it. I need to recognise the gaps in my experience and listen to children about theirs

There were also comments that suggested expansion and implementation, with some teachers wanting a more practical and strategic education on how to apply the training in their everyday teaching. Many felt they wanted the training to last longer or be spread over more weeks to be able to explore the themes in greater depth with more time for reflection. The conversations with staff during the training suggested that this space had provided a very rare opportunity for teachers to communicate, share and reflect on social issues such as racial inequality and institutionalised bias. The intensity of the sessions was thought to be in part caused by the lack of regular opportunity for open communicative spaces for teachers and school staff.

Within the two mainstream secondary schools there were consistent findings that demonstrated a lack of cultural competency during the project. Children on the project had their ethnicities misidentified by staff (when staff were asked the children's ethnicities without referring to the school's database), and children shared experiences of racist comments from other children being ignored or "brushed off" by teachers, or staff pretending they didn't hear it. Teachers expressed feelings of vulnerability when trying to "say the right thing" and an inability to acknowledge the things they felt they didn't know or things they had got wrong for fear of judgement or "being

attacked". The findings suggest there are particular aspects of school systems that currently restrict the development of cultural competency amongst their staff, the most prominent being that teachers and staff are not provided time and safe spaces to reflect on their practice.

Worryingly, teachers reflected during the project that they felt unable to communicate concerns about cultural competency with senior leadership for fear that they would either be seen as incompetent or perceived as having a personal agenda. Teachers generally felt the cultural competency was another 'tick box', with little understanding of what it looks like or any trust or confidence in their school to genuinely implement change at a structural level – having seen many such initiatives come and go in the past. This will perhaps prove to be one of the biggest challenges of the TIP approach and suggests that existing school politics and cultures will actively prevent systemic change unless the process is carefully and consistently supported by an external partner, with the aim of permanently shifting a school's culture to prioritise and embed cultural competency regardless of staff moving on to other schools.

The project provided one-to-one supervision for twelve members of staff and these sessions were greatly appreciated. In review the school reported "the heads of year absolutely loved the sessions" and that this was an aspect of the project that had really "shown a need". The findings suggest that reflective supervision as a way of cultivating cultural competency is an under-developed approach that could be equally or more effective than staff training.

During sessions teachers shared experiences in the past when they had negative experiences of trying to provide pastoral support or intervene in culturally sensitive issues. Reactions of shame or guilt that they did something wrong prevented them from talking about these events and left them reluctant or nervous to move forward - sometimes describing high anxiety and sleepless nights worrying about situations in the past. The TIP supervision supported staff to develop constructive ways of processing such experiences through honest reflection and developing strategies to support wellbeing, asking questions such as 'How can you change how you feel about it?', 'How can you prepare yourself for that conversation if it happens again in the future?', and 'What do you do to take care of yourself and your own wellbeing?' Staff were also encouraged to share and reflect in order to let go of tense or unresolved interactions in the past.

In their evaluation the TIP practitioner who conducted these supervisions described it as the best part of their work on the project for two reasons, firstly because of its innovation. She felt this was unique work that she had never known to be done before, and felt it offered some really exciting possibilities. Secondly she felt the experiences shared during the supervisions highlighted how crucial these conversations were to effective systemic change. She described what she had learned from this experience saying:

> *unless teachers are really starting to have those spaces for reflection then to be honest, there will be no changes, because you're going with the constant chaos that is occurring within the system and if you've not got that space to take a step back and think about things, you're always going to do the same thing.*

The end of project reviews from the schools suggest this is an aspect of the project they are very keen to expand on, particularly supervision and reflection for senior leadership on the issues highlighted through work with the schools.

Finally, the observations from the TIP practitioners also demonstrate that each school context was unique and each setting had its own particular school dynamic shaped by the individual teachers and the management approach. Some schools had more diverse leadership teams which impacted greatly on the content and reflections of the cultural competency training sessions. In some settings the school recognised the need for reflective spaces and making the time available for experience sharing, but in others they did not. This aspect of the evaluation suggests future intervention models will need to incorporate a period of observation and auditing to establish the specific needs and working dynamics at each educational setting.

Summary of findings from work with Teachers and School Staff

- Cultural competency training is greatly and urgently needed for all teachers and school staff
- Teachers and staff would benefit from extended and regular meetings rather than one off events
- Teachers and staff currently have very little time and space for reflection and open communication with colleagues - this increases the intensity of interactions in the rare opportunities that arise
- It is expected that if the support and training detailed above is implemented, then teachers will be better able to build trusting relationships and support children to engage in learning, especially those from minoritized backgrounds (as articulated by the teachers themselves). This has the potential to contribute to a reduction in these children's risk of exclusion from school by creating an environment in which the children feel understood, valued and connected, and where they academic attainment can increase. However this 10-week project was too short a time period to measure this causal link, and therefore longer-term evaluation is needed.

2.3 FAMILIES

In facilitating the family forums, PTF aimed to have as little influence as possible on the topics raised for discussion, and tried not to give answers as 'experts' to questions raised. Rather, the intention was to allow a space for parents/carers to connect with each other and find solutions or support amongst themselves. Having to facilitate this forum online made this approach very challenging as communication between parents was often lost in favour of communication 'at' the facilitator. However, families did raise consistent themes across the two events, and several described feeling less alone knowing they were not the only ones worried about particular issues.

Interestingly, the school found this unstructured approach of communicating and working with families unconventional and initially struggled to facilitate these events without first prescribing fixed topics for discussion and formal methods of communication. The school's nervousness around allowing families to speak freely and with each other stands to reinforce the important role conduit organisations can play in establishing therapeutic spaces for parents and families.

The self-defined content of the family forums focused heavily on concerns and anxieties surrounding children returning to school after the lockdown and expressions of challenges and frustrations around experiences of home-schooling. Parents and families communicated their shared experiences of struggling to get their children out of their bedroom and worrying about

how far behind they were with their education. Several parents thought their child might be suffering with depression as a result of being isolated at home for so long, and were worried about how they would get them to leave the house to go to school. Some parents spoke about their family still grieving the loss of loved one to COVID-19 and the pain of not being able to have a normal funeral. Overall, the parent and family forums suggest the 'post-Covid' or 'back to school' process presents a particular need for therapeutic support for both children and their families - and that schools are currently ill-equipped or unable to provide this specialist provision. This will be discussed with the schools as part of Power The Fight's ongoing work in the coming year.

During TIP supervision with teachers, it was often reflected that there were long term tensions between the school and the parents which presented recurring challenges in communication. A frequent feeling expressed by parents to teachers was that the school "only really deal with parents when there's a problem or when it's parents' evening and that's it". The evaluation from work with teachers suggests the reason for this are twofold; firstly, their lack of resources and time makes increased communication or pastoral initiatives impossible and teachers do not want to risk starting a conversation that they cannot commit to in the long term. Secondly, they do not feel equipped to manage the complex issues parents may bring to them and without a "care package" for parents there is no central system to support with this.

There is a sense from discussions across schools one and two, that if parents are only contacted *after* a serious incident or bad behaviour, there is little opportunity for effective pastoral relationships between school and home to develop. This is a significant finding as it suggests behavioural policies currently have an exclusionary impact on families as well as children, potentially increasing the chance of permanent exclusion through lack of cooperation between home and school. To reduce school exclusions, particularly for socially marginalised groups, it is recommended that schools focus on building positive pastoral relationships, communicating with families before and beyond behavioural discussions. This may require additional resources, potentially facilitated through an external partner, and cannot be added to the already stretched workloads of teaching staff.

Summary of findings from work with Families

- Schools find it difficult to create spaces for parents and families to meet and openly discuss concerns and worries due to their pre-existing relationship and pre-established formal modes of communications.
- Behavioural policies currently lead to families feeling excluded by only communicating with them when there is a problem.
- Parents and families find relief and comfort when able to share with peers; realising they are not alone and others are experiencing and feelings the same challenges and concerns.
- The return to school after a second Covid-19 lockdown presents particular and significant wellbeing and mental health risk for children.

SCOPING EXERCISES

3

Power The Fight staff carried out a scoping exercise with Newham Borough Council during this funding period, identifying how the TIP model could be implemented within Newham's context for systemic change. These discussions have resulted in the design of a new initiative to begin in FY 2021/22 whereby Power The Fight will provide training and expertise in cultural competency and access to therapeutic services for children referred to HeadStart across a number of schools in the Borough.

Power The Fight staff attempted to carry out a similar scoping exercise with staff from Haringey Borough, however unfortunately the disruption of Covid-19 and the second lockdown in the Spring term precluded this process.
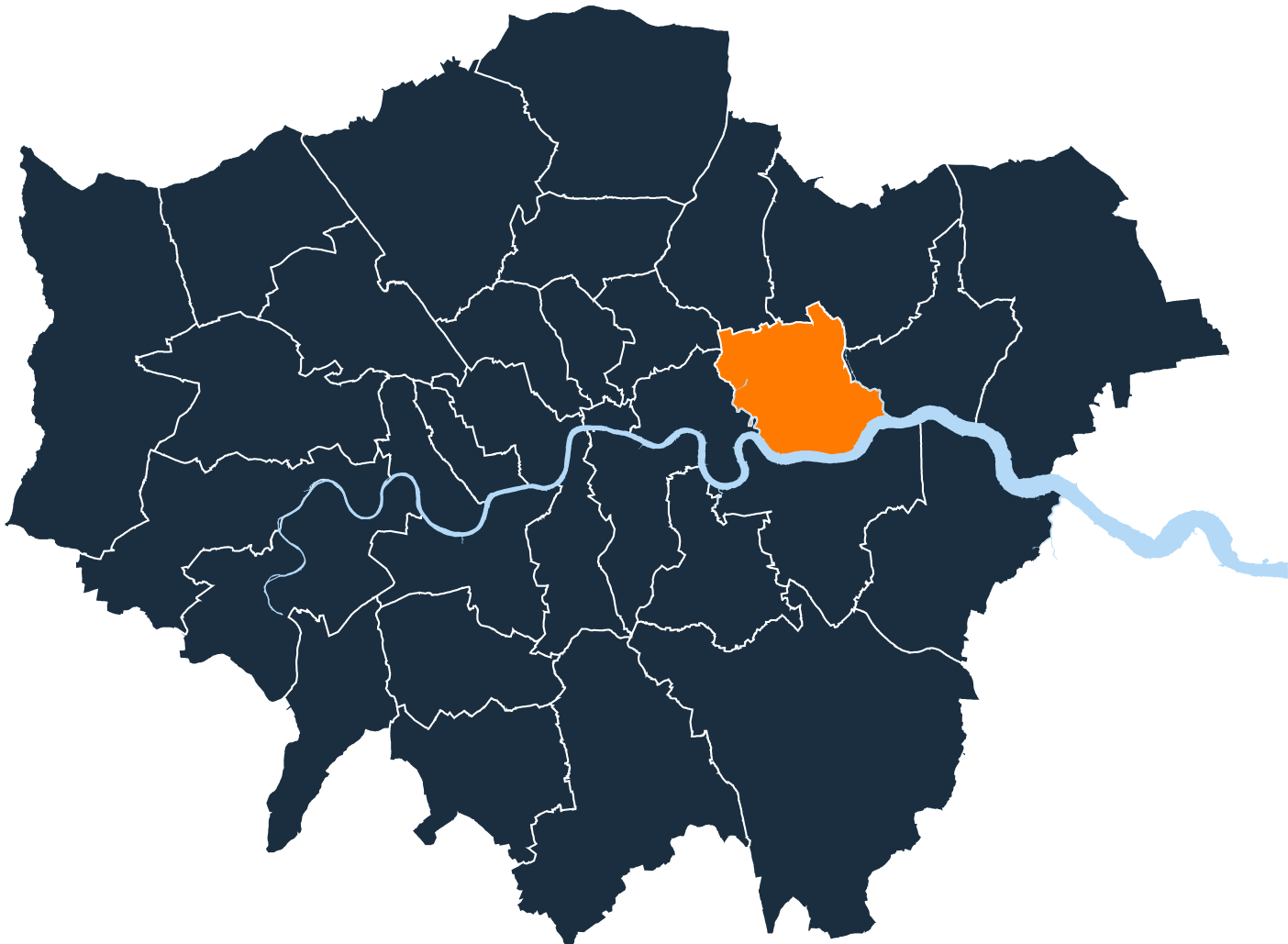
4 DISCUSSION & CONCLUSIONS

This evaluation set out to discover what helped or hindered the TIP pilot project from achieving its objectives and outcomes, and what worked best for whom and how? The findings from the quantitative and qualitative evaluation presented here indicate several significant conclusions.

Firstly, the workshops with children suggest the most effective therapeutic connections are made face-to-face in small groups (or one-to-one settings) when practitioners demonstrated high cultural competency and provided a broad range of therapeutic activities. Children expressed a broad variety of anxieties and their co-production demonstrated particular needs for therapeutic support with healthy relationships, managing stress, staying safe, navigating the dangers of social media and adapting to school and social life after the isolation of lockdown and the prolonged anxieties of the pandemic. From age thirteen onwards children expressed more awareness of social marginalisation and experiences of 'othering', which suggests identity and justice become imperative components of health and wellbeing at this time.

The responses from training sessions with teachers and staff suggest an urgent need for systemic changes within schools. The feedback here suggests that teachers and staff would benefit from cultural competency becoming an ongoing long-term commitment within school policy and practices, rather than a topic limited to training and events. Schools need to commit to learning about the local areas they are located within and the people, cultures and histories represented by their children and wider community. Experiences within sessions suggest teachers currently lack reflective and/or therapeutic spaces to process, share and communicate ideas with each other. The findings suggest that in many cases the current schools' systems and management structures unintentionally prohibit change and that partnership with external organisations to audit and review school cultures and practices will be needed.

Finally, the work with families has highlighted the logistical challenges for schools to create opportunities for parents and carers to meet and discuss their concerns and worries in open peer-to-peer forums. Conversations with parents and teachers suggest there are tensions between home and school, with communication only taking place when there is a problem. Due to the schools' pre-existing professional relationships and pre-established formal modes of communications with parents and families it is likely that effective forums will be best facilitated through external conduit organisations. This will allow delivery to be co-produced with families rather than predetermined by the school and the sharing of experiences to be more open and honest. It is clear from conversations with families that the social and emotional impacts of Covid-19 and extended lockdowns present particular and significant wellbeing and mental health risks that need to be considered in the back-to-school context. This will likely require specific focus in subsequent evaluations of the TIP Project.

RECOMMENDATIONS

5

One of the research questions this evaluation aimed to answer was 'what recommendations do the experiences and findings of the pilot project advise for future projects?'. Whilst the pilot project has faced particular challenges with having to deliver aspects of the project online, there are key lessons and recommendations that can be taken from this evaluation.

1. CO-PRODUCED THERAPEUTIC AND REFLECTIVE SPACES FOR CHILDREN

The pilot identified a broad variety of serious concerns children have around relationships, safety and wellbeing. School children currently have very little input or coproduction in their education which means the spaces for openly discussing their specific social concerns, anxieties and fears are often non-existent. The project found children benefit greatly from therapeutic group work that allows personal and inter-personal reflection. Art therapy and non-conventional therapeutic approaches delivered by culturally competent practitioners can produce safe, calm and transformative spaces within schools where children feel heard and understood. Therefore, a key recommendation of this report is that schools should facilitate co-produced therapeutic and reflective spaces for children, particularly children who have been identified as having additional emotional or social needs, or those experiencing the impacts of extreme social marginalisation.

2. REFLECTIVE SUPERVISION FOR TEACHERS

Teachers currently do not have sufficient time or safe spaces to reflect openly on culturally competent practice and institutional inequalities. Stand-alone training sessions alone will not lead to long term structural changes and it is the recommendation of this evaluation that senior leadership teams commit to establishing regular opportunities for reflective supervision and ongoing training for all staff, system auditing and a culture of openness to change.

3. CONSIDERING THE COMMUNITY'S CONTEXT

Finally, culturally competent education requires awareness of the specific communities and cultures that are represented within each unique school. This evaluation recommends that schools achieve this is through establishing co-developed family forums, where staff can connect with parents and carers in discussions beyond academic issues and begin to embed the school within its wider community.

The TIP Pilot project has worked with children, teachers and parents across three different schools. Its findings suggest clear and practical recommendations to improve children's mental health and reduce vulnerability to involvement in violence. It is hoped that this evaluation can support the development of the TIP project to improve and expand its practice model, providing an effective model for therapeutic intervention.

Power The Fight have secured funding to continue to work with children, teachers and parents across all three schools for at least one year, meaning Power The Fight staff can continue to implement the TIP model and gather evidence of its effectiveness.

Power The Fight has also secured further funding to work in the London Borough of Newham in partnership with the HeadStart Newham programme. This work will focus on implementing the recommendations of the TIP report and the learning from this 10-week project at systemic level across multiple schools.

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