


# THE TIP PROJECT: END OF YEAR REPORT

2021 - 22



**POWER  
THE  
FIGHT**

**VRU** |

**MAYOR OF LONDON**  
VIOLENCE REDUCTION UNIT

# CONTENTS

|                                                         |           |
|---------------------------------------------------------|-----------|
| <b>1. BACKGROUND AND INTRODUCTION</b>                   | <b>3</b>  |
| 1.1. What is the TIP Project?                           | 3         |
| 1.2. Activities Delivered: September 2021 – August 2022 | 5         |
| 1.3. Methods of Evaluation                              | 5         |
| 1.4. Summary of Findings                                | 7         |
| <b>2. INTERVENTION IN CONTEXT A</b>                     | <b>8</b>  |
| 2.1. Background                                         | 8         |
| 2.2. Delivery                                           | 8         |
| 2.3. Impact                                             | 9         |
| 2.3. Evaluation                                         | 16        |
| <b>3. INTERVENTION IN CONTEXT B</b>                     | <b>18</b> |
| 3.1. Background                                         | 18        |
| 3.2. Delivery                                           | 18        |
| 3.3. Impact                                             | 19        |
| 3.4. Evaluation                                         | 25        |
| <b>4. INTERVENTION AT CONTEXT C</b>                     | <b>26</b> |
| 4.1. Background                                         | 26        |
| 4.2. Delivery                                           | 26        |
| 4.3. Impact                                             | 27        |
| 4.4. Evaluation                                         | 33        |
| <b>5. CONCLUSION AND RECOMMENDATIONS</b>                | <b>34</b> |
| 5.1. Summary of Impact                                  | 34        |
| 5.2. Limitations                                        | 36        |
| 5.3. Conclusion                                         | 37        |
| <b>6. REFERENCES</b>                                    | <b>38</b> |

# 1. BACKGROUND AND INTRODUCTION

## 1.1. WHAT IS THE TIP PROJECT?

The Therapeutic Intervention for Peace (TIP) Project is a codeveloped and culturally sensitive conduit model of partnership work which aims to reduce interpersonal youth violence through preventative, holistic and whole systems change. The model was first devised in response to the recommendations of the 2020 TIP Research Report, which documented the experiences and realities of young people, families and practitioners, impacted by interpersonal violence between young people<sup>1</sup>.

Research has long identified poor mental health and trauma as a key risk factor for interpersonal youth violence<sup>2 3 4</sup>. In recognition of the evidenced impact of effective therapeutic models of prevention<sup>5</sup>, and the success of the Scottish model of violence reduction since 2005, there has been national policy commitment to a 'public health approach' to serious violence in England and Wales since 2019. However educational institutions, along with mental health and youth services, consistently report that they are ill-equipped or under-resourced to meet the complex and intersectional needs of extreme or multiply marginalised groups. The TIP Project aims to address this by acting as a conduit for effective therapeutic intervention, supporting whole system change through training and consultancy, as well as delivering workshops, supervision and one-to-one sessions.

Developing an applied 'whole systems' or 'ecological' approach to violence reduction, the TIP model delivers a multi-level intervention, recognising that individuals exist in complex environments, shaped by institutional and social systems. The TIP intervention aims to impact change at three distinct levels; individual, social and structural (see figure 1) using a variety of adaptive and responsive methods.

| CAUSES OF TRAUMA/HARM AND FORMS OF VIOLENCE IMPACTING YOUNG PEOPLE |                                                                                                                                                    | PTF STRATEGY OF INTERVENTION                                                                                                                                                                                                                                              |                                                                                           |
|--------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| Individual                                                         | <ul style="list-style-type: none"> <li>ACES</li> <li>Everyday Violence</li> <li>Domestic Violence</li> <li>Bullying</li> </ul>                     | <ul style="list-style-type: none"> <li>Co-developed groupwork and 1-1s with young people.</li> <li>Art therapy workshops and 1-1s with young people.</li> <li>Supported referrals to further services or therapies.</li> </ul>                                            | Each level of intervention is informed and advised by the others, through feedback loops. |
| Social                                                             | <ul style="list-style-type: none"> <li>Marginalisation</li> <li>Discrimination</li> <li>Institutional Racism</li> <li>Social Inequality</li> </ul> | <ul style="list-style-type: none"> <li>Cultural sensitivity training.</li> <li>Co-produced reflective practice spaces for staff.</li> <li>Co-produced reflective practice spaces for parents and families.</li> <li>Consultancy and incident response support.</li> </ul> |                                                                                           |
| Systemic or Structural                                             | <ul style="list-style-type: none"> <li>Oppression</li> <li>Social Injustice</li> <li>Structural Inequality</li> </ul>                              | <ul style="list-style-type: none"> <li>Meet and engage with policy makers.</li> <li>Extensive evaluation and research to inform evidence based practice.</li> <li>Provide accessible mental health services for those most impacted by structural violence.</li> </ul>    |                                                                                           |

[ FIGURE 1, TIP PROJECT MULTI-LEVEL INTERVENTION MODEL ]

Adopting the contextual safeguarding approach of working where children already are, and with people they are in regular contact with<sup>6</sup>, the TIP project has so far centred its interventions in educational settings. TIP works directly with young people but also provides training and support for teachers, school staff and parents, aiming to facilitate school culture change that sustains the therapeutic approach through lasting systems and knowledge exchange within the partnership.

After a period of development and piloting in 2020 and 2021, Power the Fight (PTF) has now delivered the TIP Project across two schools and one alternative provision in south London over a 12 month period, funded by the London's Violence Reduction Unit. The details of its delivery, impact and evaluation are summarised in this report, leading to further recommendations.

## 1.2. ACTIVITIES DELIVERED: SEPTEMBER 2021 – AUGUST 2022

After a period of development and piloting in 2020 and 2021, the project delivered a 12-month intervention across three unique educational contexts that are evaluated closely in this report. The targets and delivered outcomes were as follows:

| PROJECT OUTPUT                                                               | TARGET                             | DELIVERED                          |
|------------------------------------------------------------------------------|------------------------------------|------------------------------------|
| Young people reached through therapeutic workshops across all three contexts | 100                                | 140                                |
| Young people receive one-to-one support;                                     | 50                                 | 18                                 |
| Teachers/staff supported through training/workshops                          | 150                                | 206                                |
| Parents/carers supported through training/workshops                          | 50                                 | 46                                 |
| Clinical Supervision                                                         | Provided for all PTF practitioners | Provided for all PTF practitioners |

This report evaluates delivery from September 2021 to August 2022, presenting evidence of impact and findings, along with recommendations for the continuing work and TIP model development. Each of the three educational contexts provided a unique institutional and cultural setting and details of these are provided below. 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.

## 1.3. METHODS OF EVALUATION

To evaluate the workshops with young people the TIP project uses both quantitative and qualitative methods and this term the project has adapted wellbeing questionnaires to provide a more reliable quantitative measure of change amongst participants.

Along with qualitative, open ended questions around concerns, safety, family and anxieties, the baseline assessment now includes the Warwick-Edinburgh Mental Well-Being Scale (WEMWBS) and an adapted version of the YP-CORE<sup>7</sup>. These scales were chosen for their sensitivity to recent change in anxiety and low mood and their appropriateness for use with young people. However, sensitive questions around self-harm or harming others were removed from the YP-CORE, in recognition that some practitioners conducting the assessments were not clinical professionals.

The TIP project has been developing innovative and creative ways to complete traditional clinical measures, in order to avoid formal or intimidating methods of data collection. The practitioners

are flexible and responsive to the moods and energy levels of the participants. For example, in one context a young participant arrived in a very energetic mood, kicking around a ball. Rather than trying to adapt the child's mood to fit the needs of the clinical assessment, the assessment was adapted to fit the needs of the child. Labelling parts of the room with the scaled answers, the practitioner asked the questions and let the child respond by kicking the ball in the relevant direction. This was a fun and child-centred approach that enabled the assessment to be completed in a way that was enjoyable and accessible to the participant.

Through these adaptive approaches practitioners have been able to collect start and end of project wellbeing measures for the all of young people who engaged in workshops and one-to-ones in context A, allowing for statistical test to be completed on these data sets. Along with this quantitative analysis, the impact of sessions delivered in this reporting period has been evaluated through qualitative feedback from students, parents/carers, teachers, senior leaders and PTF practitioners as well as through use of case notes, case studies, surveys and focus groups with students and staff.

The broad objective of the TIP intervention is to reduce violence that impacts young people. To achieve this, the TIP project is evaluated on four key aims:

1. Increase wellbeing and improve mental health amongst young people.
2. Support system and cultural change in educational settings, increasing cultural sensitivity among staff and institutional practices.
3. Act as a conduit for external agencies, services and resources for schools and their communities.
4. Provide support and reflective spaces for parents/carers.

In response to these aims the research questions of this evaluation report are; What impact has the intervention had during the 12 month delivery period? And to what extent has the project achieved its aims? The findings are presented below are structured by intervention context. Each setting was unique and the delivery and impact measures reflect these differences. In the conclusion the findings from across all setting are reflected on, leading to recommendations for future delivery and project development.

## 1.4. SUMMARY OF FINDINGS

The report presents quantitative and qualitative evidence that supports the conclusion that the TIP project has achieved all 4 of these aims. Different aspects of the model have been implemented in each of the three contexts but each with significant impact, providing overall support for the effectiveness of this adaptive multilevel intervention. Whilst the evidence is discussed in detail below, the summary of the findings are as follows;

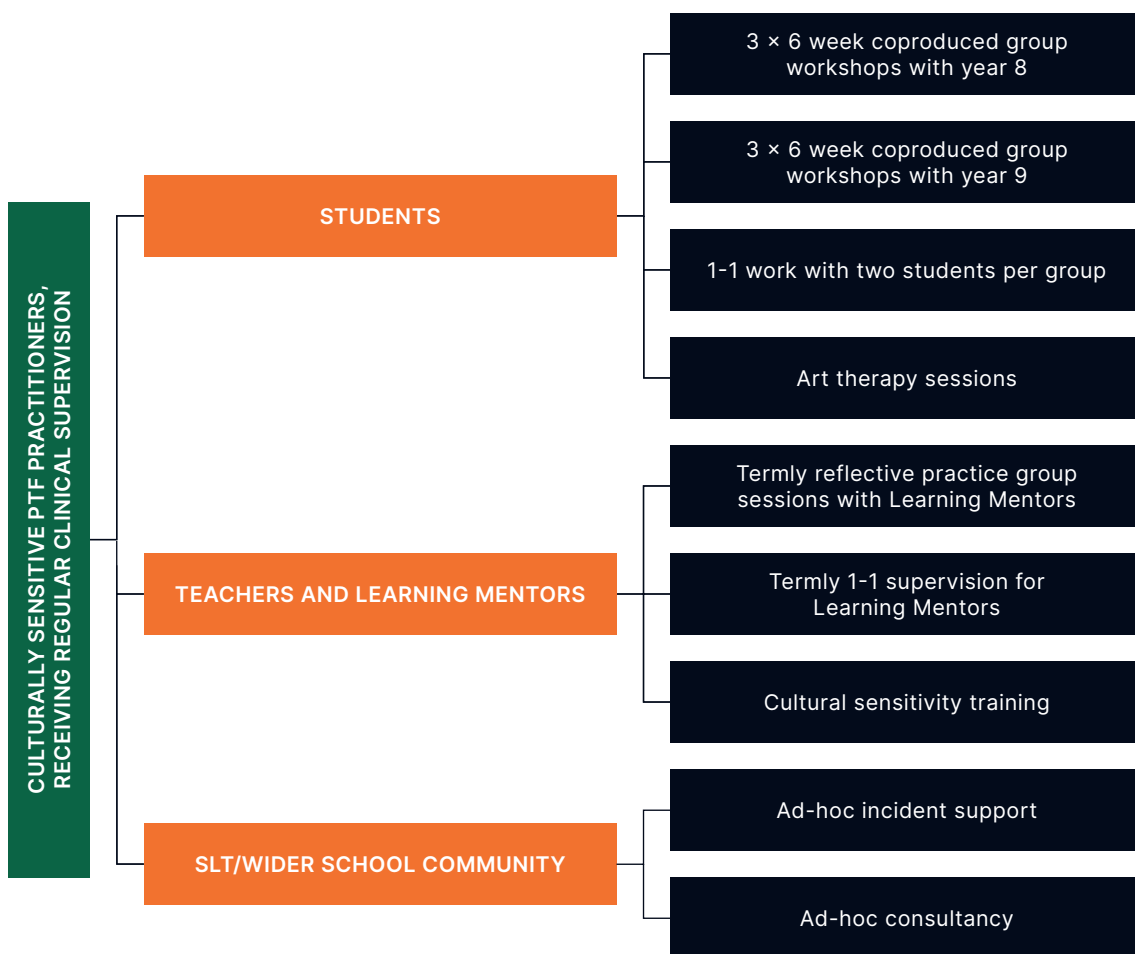
- ▶ Evidence of partnered incident response leading to prevention of school exclusion.
- ▶ Statistically significant improvement in average YP-CORE wellbeing measure from “moderate-to-severe” to “moderate” across a sample of 27 students in TIP group work and 1-1s.
- ▶ Statistically significant increase in the WEMWBS wellbeing measure, score from 40 to 44 across sample of 27 students in TIP group work and 1-1s.
- ▶ Improvement in student understanding of mental health and evidence of increased coping mechanisms and strategies of self-regulation.
- ▶ Consistent evidence of increased engagement at school/alternative provision and improved attendance.
- ▶ Successfully establishing safe therapeutic groupwork in alternative provision, through trauma informed relationship building.
- ▶ Consistent evidence that art therapy provided expression and containment for difficult emotions and experiences.
- ▶ Observed and reported reductions in stress and anxiety as a result of art therapy sessions.
- ▶ Effective reflective practice sessions established for staff across all contexts.
- ▶ Evidence of improved understanding of cultural sensitivity at all contexts.
- ▶ Reports of increased wellbeing amongst participating staff.
- ▶ 87% of staff feedback responses across all training sessions reported that they would ‘take action as a result of this training’.
- ▶ Initial trust established with parents/carers and appropriate support and referrals provided when needed.
- ▶ Embedded and trusted partnerships established across all contexts.
- ▶ Evidence of partnered clinical response to student disclosure leading to self-harm safety plan and dynamic risk assessment, with active support of parent and school.
- ▶ Evidence of shifting school cultures and increased inclusivity in classrooms.

## 2. INTERVENTION IN CONTEXT A

### 2.1. BACKGROUND

Context A is 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 percentages are above the national average. Amongst the teaching staff 59% are white and 39% are Black, Asian and Minority Ethnic individuals.

### 2.2. DELIVERY



[ FIGURE 2, TIP DELIVERY AT CONTEXT A ]



Delivery in context A included a total of 40 group workshop sessions across 6 groups of students (3 in year 8 and 3 in year 9) with between 4 and 7 young people in each group. These students were referred for the workshops by the school as young people who would benefit from the project. The total number of students taking part in group workshops was 51 with an average attendance rate of 66%. Around 2 students from each group took part in 1-1 sessions with PTF practitioners, focusing on short term goal setting. Two sessions of art therapy were held with small groups of students, as an introduction to using art to manage mental and physical wellbeing.

The school at context A has a dedicated team of Learning Mentors that work closely with students in more pastoral roles. These were identified as in specific need of greater reflective practice and supervision to support their own wellbeing at work. PTF delivered termly reflective practice group sessions and termly 1-1 supervision with 9 Learning Mentors with specialism in safeguarding and SEN, 6 staff line managers and 3 Staff Senior leaders. Training was provided for a cross-section of teaching staff on cultural sensitivity and belonging, with specific attention to race and racial discrimination.

In addition to this, delivery included termly reflective practice sessions for the senior leadership team (SLT) and ad-hoc consultancy. Where PTF practitioners or clinical staff were present and able, they provided incident support and resolution within the school. PTF has built trust with parents at context A, gradually increasing support through phone calls home and clinical discussions when appropriate.

## **2.3. IMPACT**

### Young People

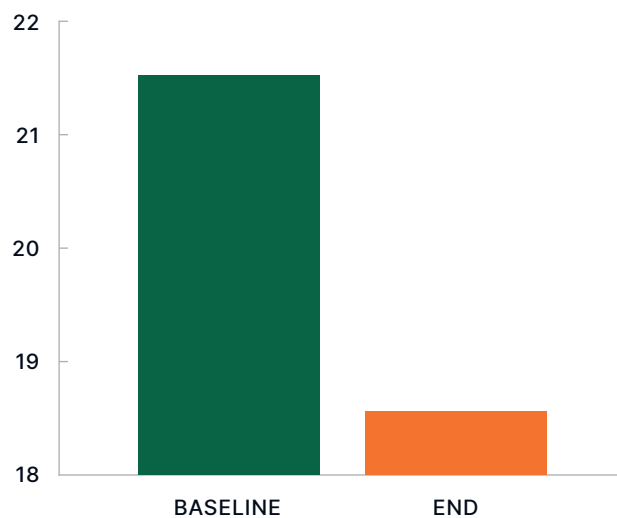
Before any sessional work commences with students, a baseline assessment is completed through a 1-1 meeting between the young person and the PTF practitioner. This assessment serves multiple purposes. Firstly, it allows the practitioner and young person to begin to get to know each other and build initial trust. Secondly, it provides start-point measures on wellbeing to assess the impact of the intervention. And thirdly, it allows a more detailed understanding of the needs of the individuals within the group; signalling potential topics for workshops as well as any safeguarding or participation concerns.

In context A, reporting demonstrates the baseline assessments themselves had a measurable impact. From these initial meetings the recorded impact was 6 x contact made with parent, 8 x contact with teacher to request specific subject support, 11 x contact with teacher to request general wellbeing support, 5 x contact with other professional and 1 x ending letter and resources for student leaving school.

In order to measure the impact of the intervention, student participants completed a Young Persons (YP)-CORE questionnaire at the start and end of the project. The YP-CORE is a 10-item self-report measure of emotional wellbeing for 11 to 16 year olds that has been shown to have acceptable psychometric properties and is sensitive to change<sup>8</sup>. The emotional wellbeing scores are categorised with this measure as healthy (0–5), low (6–10), mild (11–14), moderate (15–19), moderate-to-severe (20–24), and severe (25 and above). There was a total of 28 young people that completed the YP-CORE before and after the TIP intervention, averaging a mean score of 21.12 at the baseline assessment and 18.67 at the end assessment (see figure 3). This represents an overall improvement from an average wellbeing of “moderate-to-severe” to “moderate”.

| T-TEST: PAIRED TWO SAMPLE FOR YP-CORE MEANS, WITH OUTLIER REMOVED |       |       |
|-------------------------------------------------------------------|-------|-------|
| Mean                                                              | 21.57 | 18.52 |
| Variance                                                          | 46.14 | 54.41 |
| Observations                                                      | 27    | 27    |
| df                                                                | 26    |       |
| t Stat                                                            | 2.05  |       |
| P(T<=t) two-tail                                                  | 0.05  |       |

### YP-CORE MEAN SCORES



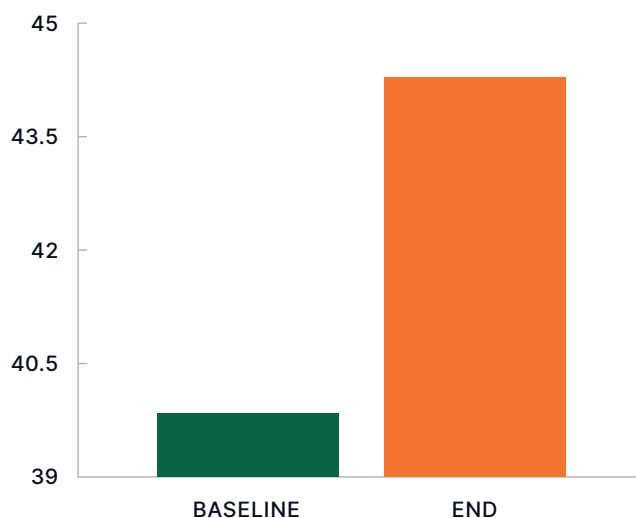
[ FIGURE 3, YP-CORE FINDINGS AND STATISTICAL SIGNIFICANCE ]

The paired scores were means tested for statistical significance using a two tailed T-test, to determine the likelihood that this impact was caused by this intervention and not by chance. Within the results of this test, the lower the p-value, the greater the statistical significance of the observed difference. The results of this test produced a P value of 0.12 which is outside of the statistical standard of significance of P value less than 0.05. However, at times, clinical judgment can be used to exclude potential outliers from the dataset. It was observed by the clinical team that results of one student's data in the sample should not be included, as their baseline assessment was not an accurate reflection of the needs communicated by the school and recognised throughout the project. Whilst by the end of the project the student felt comfortable enough to complete the questionnaire honestly, at the baseline assessment they were seen to provide the desired answers that wouldn't attract attention. Consequently, it was decided that this outlier should be removed from the dataset. The result of the T-test calculated without this outlier found a P value of 0.05, a statistically significant difference (see figure 3). **This is particularly powerful significance considering the small sample size and supports the conclusion that the improved wellbeing score is an evidenced impact of the groupwork and one-to-one interventions.**

The Warwick-Edinburgh Mental Well-Being Scale (WEMWBS) was also completed at the start and end points of the project. This scale provides a wellbeing score between 14 and 70, where higher scores indicate greater positive mental wellbeing. When measuring impact, an increase of between 3 and 8 can indicate meaningful change. The change in mean scores at the start and end of the TIP intervention was around 4, with wellbeing scores increasing from 39.75 to 44.18 (see figure 4). When testing for statistical significance the T-test found a P value of 0.5 which supports the conclusion that this increase in wellbeing was a result of the TIP intervention. When the same outlier (detailed above) was removed from the data set, **the T-test calculated a P value of 0.03; a statistically significant impact that supports the finding that the TIP intervention has increased wellbeing and improved mental health amongst young people** (see figure 4).

| T-TEST: PAIRED TWO SAMPLE FOR WEMWBS MEANS, WITH OUTLIER REMOVED |       |       |
|------------------------------------------------------------------|-------|-------|
| Mean                                                             | 39.11 | 44.15 |
| Observations                                                     | 27    | 27    |
| df                                                               | 26    |       |
| t Stat                                                           | -2.36 |       |
| P(T<=t) two-tail                                                 | 0.026 |       |

### WEMWBS MEAN SCORES



[ FIGURE 4, WEBWBS FINDINGS AND STATISTICAL SIGNIFICANCE ]

The extended introduction and longer baseline assessments enabled a fuller understanding of the individual and group needs, and practitioners found that this more gradual and in-depth assessment provided valuable connection between the young people and the delivery team. Although each child had unique contexts and concerns, there were some consistent themes that enabled the development of workshops to be co-produced in response to the baseline assessments.

Consistent identified needs included: Difficulty with managing overwhelming emotions (especially anger), limited coping strategies, anxieties around friendships and relationships, struggling with schoolwork, concern about social media conflicts, concern about interpersonal violence, worried about the future and worried about family. **The most consistent “important topic” young people wanted help with in their baseline assessments were; school and exams (23% of students), mental health (15% of students) and plans for the future (12% of students).**

In response to these needs and in discussion with participants, TIP practitioners co-produced workshops on identity, social media, youth violence, relationships, mental health, stress and worry, emotional regulation through art, sleep, mindfulness and goal setting for the future. These were adapted to the needs and interests of each group with continual review and flexibility. **In end of project assessments the most frequent “favourite topic” selected by students were; social media and relationships (23% of students), planning for the future (23% of students), art therapy (15%) and youth violence (15%).**

When asked what they learned or liked from the workshops, responses in the evaluations included:

***“[I learned] coping mechanisms... how to cope with my stress” “[I learned] how to calm down and ways to cope”***

***“[I liked] how you involved everyone”***

***“...I know what mental health is”***

***“I enjoyed describing the way our actions can make someone feel... I would like to change the way I do things in life”***

***“being able to talk about how I feel”***

There was good engagement from the students and consistently positive feedback in evaluations. When contacted about the project one parent described the change they had seen in their child since taking part in the project:

***“... [the young person] talks about the workshops and 1:1s. She says she enjoys them and looks forward to them. The goals have helped her focus her mind and we have seen an improvement in two of her subjects. She is more confident and opens up about her feelings more. She seems more relaxed.”***

Around two students from each of the workshops were offered the opportunity to attend one-to-one sessions with PTF practitioners. These were students identified through their baseline assessment and handover discussions with teachers as potentially benefitting from one-to-one support.

## CASE STUDY A

*"We had an year 8 girl who was very guarded and nonchalant. At the start of the project she tried to come to her baseline assessment with her friend – (she) really had her guard up. She felt like everyone was against her, school was against her. She had relationship issues at home. Quite honestly, I didn't know if she was going to want to join the programme. During the initial assessment she spoke about getting in trouble constantly and I said **"Yeah, that used to be me. I actually went to this school and I was nearly excluded"**. When she heard that her face lit up! And she started asking me questions like **"Really? How? So how did you get where you are now?"** And that made me think, ok, so you do want things to change. And she did! She joined in the group work session and the one-to-ones which I did with her.*

*The workshop on 'Identity' was a real turning point for her. There was something about having this space to identify who she is, where she fits in and how she sees herself. During this session she shared her goals and aspirations. She plans to be a lawyer. She communicated the important aspects of her identity, such as her sexuality and religion and highlighted her recent achievements in a spelling test. By the end of the session there was a notable change and since that session there was increased engagement and contribution in discussions, she attended all workshops and one-to-one sessions and was always on time.*

*One of her goals was to try to attend tutor time and she proudly told me one session **"Miss, I attended tutor time and everyone clapped!"**. In the one-to-ones we made huge progress and she really utilised that space. She no longer punches walls when she feels angry and has reduced her detentions - and in fact the detention she did get, she attended whereas before she wasn't attending any and so the incidents always escalated. Just a complete turn-around! And as a practitioner, it was really one of those students where it could go either way. But by giving her the space and letting her lead that space, she was able to reflect on who she is and the decisions she was making. Through that she was able to see that the decisions she was making that were leading to so much conflict with staff and students was not a true reflection of who she really was. She was able to do that for herself through the guidance of us at PTF".*

**- PTF Practitioner at context A)**

Case study A demonstrates the invaluable impact of practitioners with localised cultural and contextual knowledge. The case demonstrates the importance of understanding and building trust in spaces where these connections are currently limited or lacking. The 'complete turn-around' of this student also evidences the impact of group work topics that lead into personalised one-to-one reflections. Here the evidence of the effectiveness of the co-produced model is also clear - allowing the space and providing guidance for young people to reflect on themselves and their choices, leading to their own goal setting and personal growth.

The young people also responded very well to the art therapy sessions. They engaged with a trauma informed art activity, and were able to use creative ways to destress the mind and body and activate a sense of calm and connection to self and others. Students were able to reflect together, look at the group's art works and explore diverse themes to manage their own mental and physical wellbeing.

## Teachers and School Staff

Along with cultural sensitivity training, staff were offered termly reflective practice spaces to discuss experiences and challenges within their role. Staff that attended these sessions were asked to complete a well-being, cultural sensitivity and reflective space assessment, at start and end points of the delivery. Overall the assessments demonstrate;

- **Staff had a better understanding of self-awareness**
- **Staff felt comfortable to incorporate cultural understanding in individual spaces**
- **Staff made professional decisions in relation to their well-being**

Participating staff described the sessions as **“a space to reflect on decisions and share practice in a safe environment. To discuss and see things from various perspectives. To speak freely without judgement or criticism”** with another saying the sessions were **“Extremely beneficial - would like for PTF to continue this”**. Feedback emphasized the positive impact on staff wellbeing, when staff are given time to process and reflect on their practice. One teacher described;

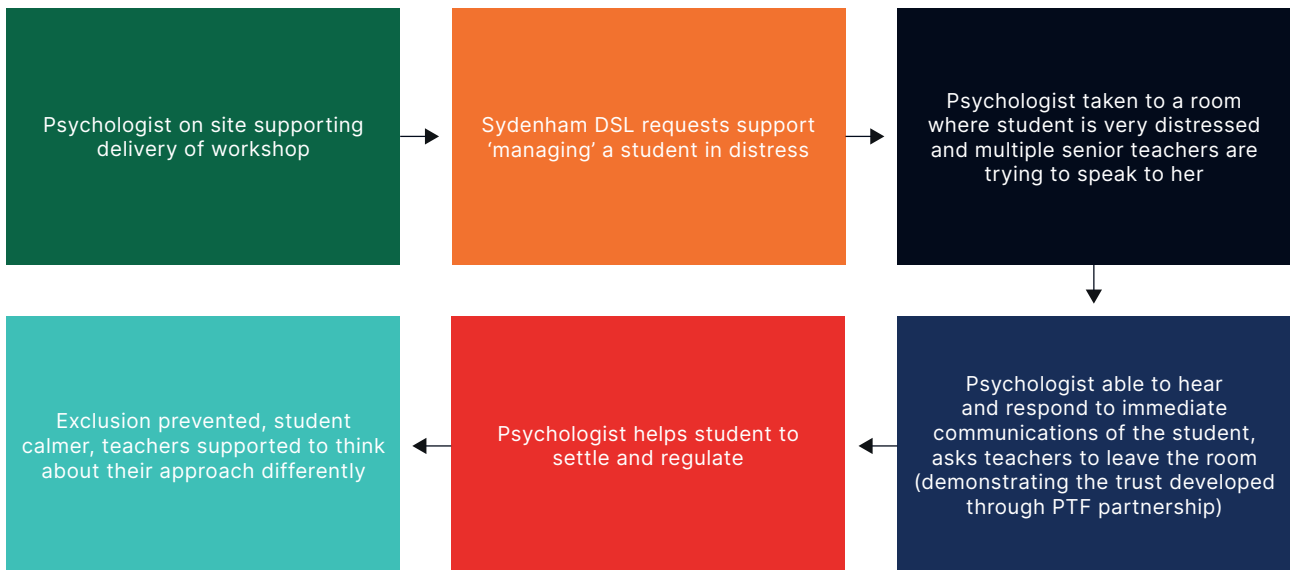
***“I feel it has been very helpful to simply ‘stop and discuss the what, why and how’ of our role and daily experiences. We work at such a fast pace and do not often have a space to offload thoughts and feelings. I feel that the sessions have been vital for our wellbeing and recognition of the role we are employed to fulfil”.***

It is evidence of the effective partnership at this context that all staff that were invited to the reflective practice sessions attended, despite their busy schedules and management responsibilities.

## Wider School Community

The project has also provided ad hoc consultancy and support for teachers to impact on processes within the wider school, improve communication and collaboration with parents/carers and respond to incidents when possible. The evaluation considers two case studies that evidence the impact of this work. In case study B, a PTF clinical psychologist was asked to support an incident occurring at the school whilst they were attending to deliver a workshop (see figure 5). They were able to deescalate the situation and facilitate a calm resolution. The school later contacted to say that the intervention had prevented the student being permanently excluded.

## CASE STUDY B



[ FIGURE 5, CASE STUDY OF AD HOC TEACHER SUPPORT AT CONTEXT A ]

Central to the TIP model of intervention is the accessibility of therapeutic interventions to communities and groups that may experience social or cultural barriers to existing provisions. When a student disclosed a desire to self-harm (DSH) during a baseline assessment, PTF practitioners completed a safety plan and dynamic risk assessment. However, the student did not want the information shared with her parents as she feared they would not understand and would punish her for disclosing this information to PTF. This concern is indicative of the stigma around mental health and distrust of institutions that is heightened amongst many marginalised groups (see TIP report 2020 for more details on this<sup>9</sup>). In consultation with the school, a PTF psychologist was able to communicate the DSH to the child's parents through a psychological yet culturally sensitive perspective, leading to accessible therapeutic support for the student without any negative consequences (see case study C).

## CASE STUDY C



[ FIGURE 6, CASE STUDY OF PARENT COMMUNICATION AND SUPPORT AT CONTEXT A ]

## 2.3. EVALUATION

It is clear from the impact measures and qualitative feedback that the intervention at context A has been effective in meeting all 4 of the project aims. There are statistically significant improvements in wellbeing for young people who have participated in the group work and 1-1s, measured through YP-CORE and WEMWEBS. Qualitative feedback from students and staff also support the conclusion that wellbeing and mental health have been improved at context A.

The case studies demonstrate that PTF have become a trusted, embedded and culturally sensitive partner within this context. This has not only impacted individual students and teachers, but also the wider systems and school community. PTF have been able to communicate with parents, respond to incidents and advise on policy changes. This has contributed to development of a more inclusive school with exclusion prevention as an evidenced outcome of the TIP partnership.

The review of feedback and evaluation has also identified limitations and areas for possible improvement at this context. It was felt by practitioners and students that 6 weeks of workshops is not long enough. The groups began to feel **“safer and more effective”** from around weeks 4/5 and it was reflected that greater impact could’ve been made with an 8-12 week delivery period. A 6 week intervention was also found to be at greater risk of interruption from staff



sickness or student absence. Punctuality of starting the workshops remains a problem with both students and practitioners frustrated by consistent late arrivals. Due to the mainstream school context, delivery relies on students remembering to attend. Potential for more effective methods of collecting students from their lessons or reminders at the start of the day should be considered.

Attempts were made to measure increases in cultural sensitivity and wellbeing amongst staff but incomplete datasets and missing data has limited this evaluation. Future delivery could consider a more structured approach to the collection of this data, allowing for more extensive evaluation of the impact of training and reflective practice at this context.

Finally, the feedback from young people from the two art therapy sessions delivered here were extremely positive. For many young people this was noted as their favourite topic of the intervention, despite it making up a small portion of the delivery. This aspect of the provision is something that has great potential to be expanded on in future work at this context.

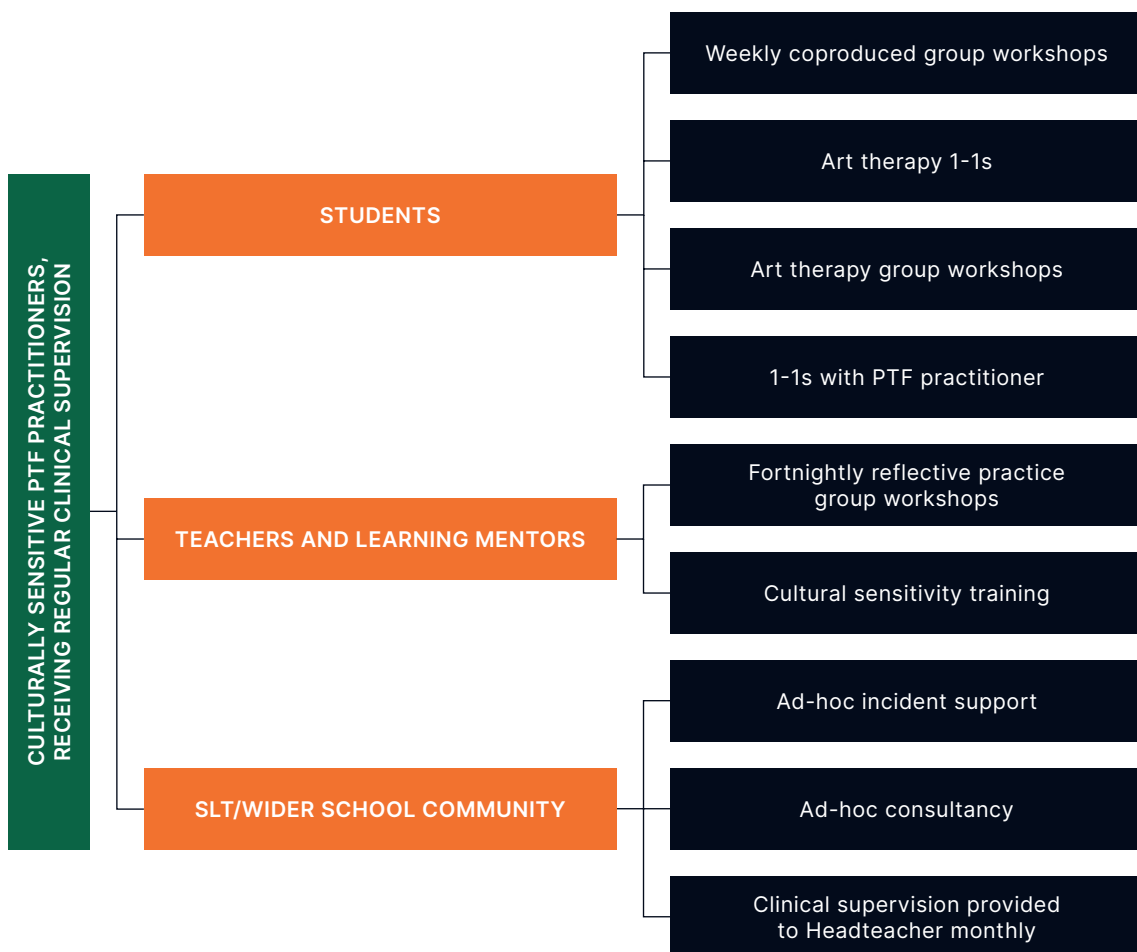
### 3. INTERVENTION IN CONTEXT B

#### 3.1. BACKGROUND

This setting is an alternative provision centre with an average of 16 children between the ages of 11 and 16. Unlike context A, 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 mixed, Asian or other minoritized ethnicities.

This context is distinct from the previous one in variety of ways. Firstly, the needs of the young people are more complex and the students have often already experienced feelings of rejection from previous schools or adverse experiences with formal or institutional professionals. Secondly, the day-to-day activities at this context are a lot more flexible and dynamic, with a much smaller number of students working alongside a broader age range of young people. The staff here work closely and intensely together, often responding to high stress incidents, whilst trying to manage risk and safety within rapidly changing situations.

#### 3.2. DELIVERY



[ FIGURE 7, TIP PROJECT DELIVERY AT CONTEXT B ]

All of the students at this context were included in rolling, flexible, weekly co-produced group workshops and attendance varied from 5-14 students, dependent on students joining/leaving the school, lateness and sickness. 6 students took part in 1-1 art therapy sessions, delivered as 4 weekly 50 minute sessions. There were 2 Art therapy workshops attended by all students.

Due to the high stress experienced by staff at this specific context, there was particular focus on supporting staff wellbeing, with more regular reflective practice spaces and supervision delivered here. Fortnightly reflective practice spaces were provided for all staff and the Headteacher received monthly supervision.

### 3.3. IMPACT

#### Young People

The approach at context B is distinct from context A and as such the measuring of impact must also be adapted. Unlike the structured termly interventions that provide clear start and end points for assessment, the more relationally focused, ongoing delivery at context B reflects the changeable student numbers, ages and needs that are to be expected at an alternative educational provision. Although baseline and some end point assessments were conducted through creative and child focused methods of completion, there is not a consistent dataset to make quantitative analysis of these reliable. Instead, the evaluation will consider qualitative feedback and case studies to provide evidence of impact.

The delivery of wellbeing workshops at context B involves a process of relationship building with PTF practitioners and establishing trust and safety, which are paramount for therapeutic interventions. This balance between relationship and content was described by a PTF psychologist as a strength of the TIP model, saying;

***“One of the great strengths, I think, of the TIP intervention is that whilst the content is important it’s not all that is being done, because there’s huge value and importance to relationship building and providing that opportunity to build trust with a new adult in a position of authority”***

- PTF Clinical Psychologist

The consistent feedback from context B is that effective interventions with students here involved overcoming an initial stage of rejection, lasting around 4 or 5 weeks. There are several psychologically informed explanations for this provided in the evaluation of this project. Firstly, students here have experienced rejection themselves – both through exclusion from previous schools and through social stigma and marginalisation. As such, behaviours that are often mislabelled as **“rude”** are likely a defensive response:

*“Some behaviours that young people develop as adaptive ways of coping with their distress can present as very rejecting because essentially they are using their experiences of what’s happened to them to develop a defensive response. So, the experience of being rejected and marginalised and pushed out and not allowed, is remedied in fire with fire sort of way. So their presentation can be really rejecting. And then it gets labelled as “rude” and once its labelled as “rude” the curiosity is gone from understanding that behaviour and it’s just seen as “rude”*

- PTF Clinical Psychologist

Another trauma informed understanding of this rejection is that new people and new situations do not feel safe, particularly for vulnerable young people or those that have experienced trauma or loss of trust in the past. A clinical practitioner described the early rejection of the project as:

*“...[Practitioners are] being told ‘you’re rubbish’, ‘this is boring’ or ‘you don’t know what you’re doing’, those kinds of things... but what they’re really communicating is ‘I don’t know you, I don’t trust you, this doesn’t feel safe anymore’ and then their defensive response is ‘I’ve experienced loss, you’re going to do the same, so I’ll get it over with quicker and I’ll get it over with in a way that I control, rather than you doing it to me’. It’s not necessarily a conscious process for the young people, but it’s really a sense of the dangers of a new relationship and letting somebody else in”*

- PTF Clinical psychologist.

Taking this into consideration when evaluating the impact at context B, the indication of young people building trust, feeling safe, taking part in wellbeing workshops and expressing themselves freely is evidence in itself of effective therapeutic intervention. Through case study D and E we can see evidence of two different presentations of rejection being responded to in different ways, leading to engagement in the workshops and therapeutic impact. Staff feedback at context B also confirmed this stating; **“Young people are engaging and benefitting and staff are seeing the difference the sessions make in YP’s behaviour”** (Staff feedback at Context B)

## CASE STUDY D

*"This particular boy was the youngest at the school and his presentation is a bit distinct from the rest of the group because he doesn't overtly reject. Instead, he almost tries to make himself as small as possible, to be as invisible as possible so that the relationships don't happen, and he doesn't have to go through all the stress of it. He was polite and he would have quiet little chats with you one on one but his early points during sessions were always things like **"people shouldn't have to speak if they don't want to"** or **"people don't have to join in"** – which we always incorporated into the group rules at the beginning of the session but were just really indicative of someone who didn't feel safe in the space and was going to try to keep quiet to avoid stress. In early sessions he was so quiet it was really easy to not notice him and he didn't want to have a turn, even if it was a fun game. But over time, with us just paying attention in this really kind of gentle and curious way, we provided scaffolding so that he could become involved at a level that he could manage. For example, we gave him the role of flicking the slides on the powerpoint and he revelled in that opportunity and grew in confidence. Then he started raising his voice proactively and not needing prompting. And now, by the end of term, he's the first in the room, he's trying to help us set up. He really feels like it's a space for him. And that has really been experienced with his engagement with the rest of the school environment. He has now got to the point where he seems more comfortable and can occupy space and engage with activities"*

- PTF Clinical Practitioner

## CASE STUDY E

*"He's quite new at the school and a little bit older and would sit at the back of the room, presenting as **"too cool for it"** although quietly observing the games and he would always be included. So he went from half participating and then getting more curious and then more recently he's fully **"in"**. Really part of the game. We play a game called **"Spy"** which he's really grown to love and he's doing it appropriately but also really enthusiastically. And for us, this is about safety. There's a safety that I think we are trying to aim for that promotes the ability to be vulnerable. If the room feels like it's got rules to it and the group are all agreeing on those rules, then it holds a space for people to just be themselves and take little risks. Every session we would revisit the group rules that they had produced for the workshops so things like **"speak up for your beliefs"** but also things like **"listen to each other"** and **"what we talk about in the room, don't talk about outside of the room"**. So I think we've done well to create a safe space, particularly for him, to show some vulnerability and that has demonstrated in more age appropriate behaviour, like being curious and wanting to have fun. Rather than sitting at the back and saying this isn't for me"*

- PTF Clinical Practitioner

The one-to-ones with PTF practitioners were consistently evidenced as effective in the alternative provision setting. Practitioners were able to identify several instances where young people who staff thought were unlikely to put themselves forward for one-to-ones went on to do so with powerful results. As with the workshops, the gradual building of trust through active play and games led to feelings of safety and the ability to engage with therapeutic provision;

*“We had a conversation which was really powerful because he opened up about having anxiety, experiencing panic attacks and how he’s been coping with that. He set himself some goals and we had a really good conversation about mental health. It was easy to do that because we were kicking a ball and there wasn’t much eye contact... Because he’s a young man with a bit of bravado I think it’s the first time he’s started to open up about things that are vulnerable things.”*

- PTF Practitioner

Case study F demonstrates the impact of 1-1s at improving wellbeing, but also the ability of this aspect of the work to respond to evolving events at context B and the long term impact of the intervention on coping strategies and self-regulation.

## CASE STUDY F

*“I started one-to-one sessions with her after an incident which was attempted suicide. It was a safe space for her to speak and we had lots of conversations around her coping mechanisms and her strengths, things that she enjoys and the safe people in her life. The second session was developing a safety plan, wellness and coping mechanisms and things she could do like mood trackers, apps and resources, and sign posting... One day while I was there she had an altercation with the boys and came into the office quite distressed and was hoping to go home. But because of the context and the known safeguarding risks, I was conscious of not wanting her to go home in that state. So I spent a lot of time with her outside calming her down and then we went into the medical room to have a conversation. At that point we went through the wellbeing measures together and used this as a way of checking in and seeing where she was at in terms of herself. We had a really good conversation. It went from her being very high-end unregulated emotions to being very calm, and we had lots of conversations about what she could do and coping mechanisms. When we were talking she said that she had a counsellor before but she felt that the sessions we were having were better because she felt more comfortable, she liked the way that it was delivered and enjoyed the session and felt happier and left feeling her emotions were more regulated. I’ve noticed the impact in the way she reacts to things. Now she’s able to take herself away from a situation rather than acting in that moment. She’s able to cope a lot better with everyday challenges.”*

- PTF Practitioner

Art therapy sessions both in groups and as 1-1s at context B have been highly impactful. Case notes demonstrate engagement, change and personal growth among the participants and there is consistently positive feedback from young people and staff. Feedback from the alternative provision reported that the sessions have been so popular with students that there is now a waiting list.

There have been profound moments that take place during the art therapy workshops and 1-1s at context B and consistent evidence that the process stimulates creativity, promotes calmness and encourages reflection. Young people have vocalised a sense of trust and connection with the therapist and have been open to discussing complex feelings during their sessions. Examples of feelings and concepts that were raised by young people during art therapy sessions during this period include: endings and loss, adolescent identity, feeling trapped, feeling free, experiencing racism, gender oppression, home life, cultural identity and trust.

The therapist recognised growing interpersonal skills in the group, with young people able to articulate a sense of identity and connection through their art. Participants have been observed using a more amplified voice, being more able to make and hold eye contact and sitting still more and feeling settled. Art works have provided containment for difficult emotions and experiences which have been witnessed, held and validated by the therapist. Art works have supported non-verbal processing and the process of making art has had a calming effect (see case study G).

## CASE STUDY G

*"This is a young male at the alternative provision centre who always displayed heightened stress and high emotions. Prior to art therapy he was described as non-verbal, unable to speak or voice his feelings while at the centre. You know, at the start of each session when I would check in and ask how he was feeling his emotions were always at 10 – extremely tense. But the art process would completely calm his whole nervous system and bring down his anxiety, to the point you could see the body become more relaxed, open, still. He enjoyed working on a small scale with card and pens, detailed work with complex meaning that, after ongoing work and relationship building, he was able to discuss. Through the art he was able to share with me his problems with insomnia and severe lack of sleep, there was trauma and anxiety around particular family relationships.*

*Due to circumstances out of our control the sessions came to an abrupt end a few weeks before he was due to leave to start at a new school. I contacted his mum and had a good conversation about how the work could be continued. Mum informed me that he speaks about me and the art sessions all the time and how much he enjoys them. She described the positive impact it had on him, particularly his insomnia. We discussed breathing strategies that could be continued at home and visualisation exercises. I posted a pack of all his art work home along with his favourite cards and pens to work with. Mum said she will put the art work up at home to ground him and we spoke about how this could be used to transport him into better emotional states.*

*I wrote a detailed letter to his new school as recommendation for referral to art therapy, describing the specific needs and progress made through our work together."*

**- PTF Art Therapist**

## Teachers and School Staff

Training was delivered to all staff at context B on the topics of 'online harm', 'gang exit strategies' and 'contextual safeguarding'. These all received high impact ratings from staff participants with the training receiving an average score of 4.9 out of a possible 5 rating, whilst the facilitation of training was rated an average of 4.7 and knowledge increase as a result of the training was rated 4.5 out of 5. 91% of participants across all three training sessions reported that they would 'take action as a result of this training'. End of project feedback from staff reiterated the impact saying;

***“Training has been helpful, especially on contextual safeguarding... this has led to us thinking more about and planning for young people’s contexts, journeys to school etc.”***

The reflective practice sessions have been very well received with staff attending all sessions consistently. Feedback demonstrated a positive group relationship that enabled open and trusting conversations;

***“Reflective Practice has been invaluable. It has grown staff’s professional practice, boundaries and increased staff wellbeing. It has now got to the stage where the staff team are shaping the space themselves”.***

All staff were asked to complete a well-being, cultural sensitivity and reflective space, pre and end assessment. The analysis of these found that;

- Staff’s understanding of self-care and professional care shifted
- Staff had honest and open discussions
- Staff were able to challenge each other professionally
- Staff led space and incorporated policies and practice in sessions
- Staff started to empower each other to create organisational change

In the pre-assessment staff were asked what they thought the reflective practice sessions would be. One staff member anticipated that the sessions would be a waste of time, saying; **“I am anxious it will not be helpful because we have engaged in similar programmes and members of the team do not make consistent change, resulting in wasted time, energy and unwanted tension amongst the team”**. However, in the end assessment the same member described the reflective practice sessions as; **“An opportunity to reflect, troubleshoot and empower ourselves professionally with skills that [can] also be applied to personal lives”**. This shift in opinion demonstrates the impact of the TIP intervention at this context, providing effective reflection and improving wellbeing through practical and applied therapeutic practice.

## Wider School Community

Due to the consistent delivery of a variety of high impact provisions at this context, the partnership between PTF and this alternative provision centre has developed quickly. The staff report that **“PTF are part of the culture and embedded in the school”**. Staff have noticed that



parents have got their consent forms back quicker than ever this term because they know PTF and their work, and young people feel comfortable talking to parents about it. This provides a good foundation to begin more direct work with parents, now that trust and initial recognition is established.

There is also evidence that the strength of this partnership is contributing to systems change at this context. The delivery of the reflective practice sessions have led to staff leading on co-producing systems change. There is a developing sense that the different strands of work are beginning to meaningfully link together to impact change. For example, regular debriefs and consultations between the PTF and school teams allows for the work with young people to link to the training and Reflective Practice spaces for the staff. Thus supporting the process of multilevel interventions as an effective model of intervention.

PTF has made contact with 6 parents at context B to provide additional support, reassurance and links to external resources and agencies. 2 recommended referrals were made to teachers to request specific wellbeing support for young people on project and PTF have written 2 ending letters with resource recommendations for students who have left the school.

### **3.4. EVALUATION**

Context B applied the TIP model in the setting of an alternative education provision and the delivery was adaptive and responsive to the individual needs of students and staff at this setting. To reach the project aim of increasing wellbeing and improving mental health amongst young people, the intervention prioritised relationship building over content in the first instance, to establish a safe and contained space for effective therapeutic work. Case studies, along with feedback from students and parents, suggest that the project has provided powerful, applicable and practical therapeutic support and art therapy, that has increased wellbeing and improved mental health through groupwork and 1-1s.

The effective training and reflective practice spaces, along with the embedded nature of the partnership in this setting, has supported system and cultural change in educational settings, feedback suggests this has increased cultural sensitivity among staff and institutional practices.

This evaluation also recognises the particular challenges of a period of 'rejection' at the start of a project that has new staff or new students. It is recommended that a 5 week relationship building phase of delivery could be formalised in this context, with new practitioners provided with specific reflection in their clinical supervision on any feelings of rejection they might encounter during this phase.

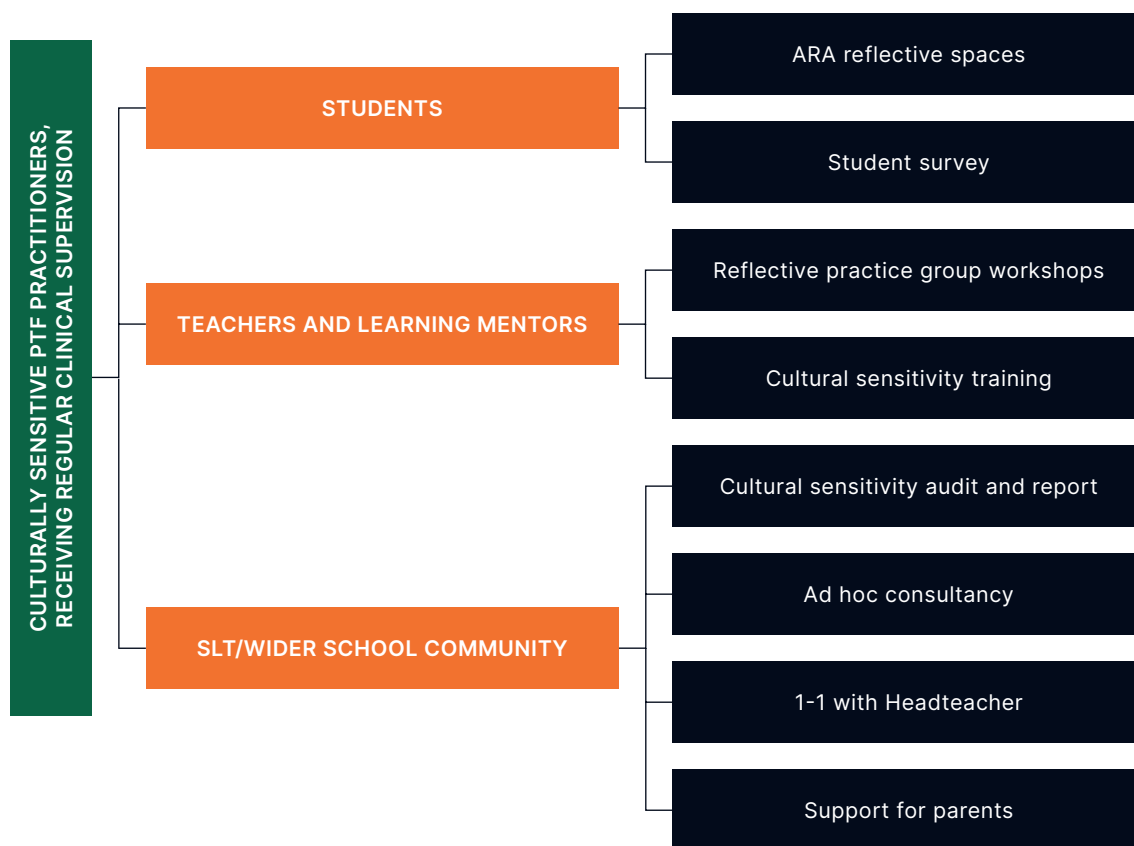
Parents and carers are showing more interest and trust in PTF and respond faster to letters and consent forms. There is good potential here for parent support groups to be established now that the partnership is more widely recognised and trusted.

## 4. INTERVENTION AT CONTEXT C

### 4.1. BACKGROUND

Setting C is 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.

### 4.2. DELIVERY



[ FIGURE 8, TIP PROJECT DELIVERY AT CONTEXT C ]

The school at context C has a well-established and extensive therapeutic provision and trauma informed practice within its school. Therefore, it was felt that any delivery of therapeutic work with young people by PTF might hinder existing work and would risk disrupting established interventions. As such, the partnership work has focused on the cultural sensitivity component of the PTF intervention model and the delivery has focused on three key aspects; 1) Cultural sensitivity training and professional development, 2) Developing reflective practice. 3) Co-production and development of student anti-racism ambassadors (ARA).

PTF designed and carried out an online survey with staff in July 2021, and a separate one with the students. The survey was designed to gather staff and student opinions on race, racism and

inclusion within the school and in wider society. The findings were provided to the school as a short report in September 2021, which highlighted the priority areas for future training. A follow-up survey was carried out 'post-delivery' July 2022 and some of the results of this are presented here to help measure impact within the delivery period. In 2021 there were 373 student responses and 89 members of staff, in 2022 there were 76 student responses and 36 members of staff. The lower rate of engagement and responses in 2022 limits the accuracy of comparison in this report, however there are consistencies and trends that can be observed.

PTF and its network of partners delivered training for six departmental teams at the school on the topic of Community Connections which covered the local history and current knowledge of the community around the school. Reflective Practice sessions were also delivered to a cross section of school staff from different departments. These sessions were designed to support the school in developing a whole-school approach to anti-racism, considering leadership, curriculum, voice, language, wellbeing and community context. Alongside this, PTF worked with the school's Senior Leadership Team (SLT) to develop reflective practice and to review and develop the school's policies and processes in relation to inclusion and discrimination.

PTF delivered co-produced 'safe space' workshops with the 102 student anti-racism ambassadors (ARA) at the school, to support their wellbeing and provide emotional containment for their sharing and discussions.

### 4.3. IMPACT

#### Young People

In context C PTF did not provide therapeutic intervention for young people. However, the approach to system change at this setting worked closely with young people who had volunteered to be 'Anti-Racism Ambassadors' (ARA). This group is made up of 102 students from across years 7 through 12 who have put themselves forward to be part of a steering group for the school in their commitment to cultural sensitivity. Four separate spaces were arranged by year groups; Year 7 and 8, year 8 and 9, year 10 and 11, and year 12. Their meetings and workshops were co-developed by the students and facilitated by a PTF practitioner and a co-ordinating member of school staff. Although the group is open to all ethnicities, the ARA are predominately from Black, Asian and other minoritised ethnicities.

In the end of project student survey the ARA were reported as well known by students, with 87% of students being aware of them and around 42% felt that the ARA were making a positive impact with one respondent commenting **"I think that the anti-racism ambassadors have a very good impact on the school and they have many ideas of how we can tackle racism"**.

Over the past 12 months PTF have successfully developed ARA spaces within the school day that provide a safe and contained discussion around race and racism that is distinctly different from everyday school environments. This is something that was emphasised by ARA students in their evaluation forms and during the focus group with students commenting:

**| "here people understand"**

**| "we can talk openly without getting in trouble"**

*"If I tell teachers sometimes they think I'm talking back or they'll think I'm being aggressive, or maybe they'll just disagree because they haven't experienced it. But when I say things here I know I'll be heard and not judged"*

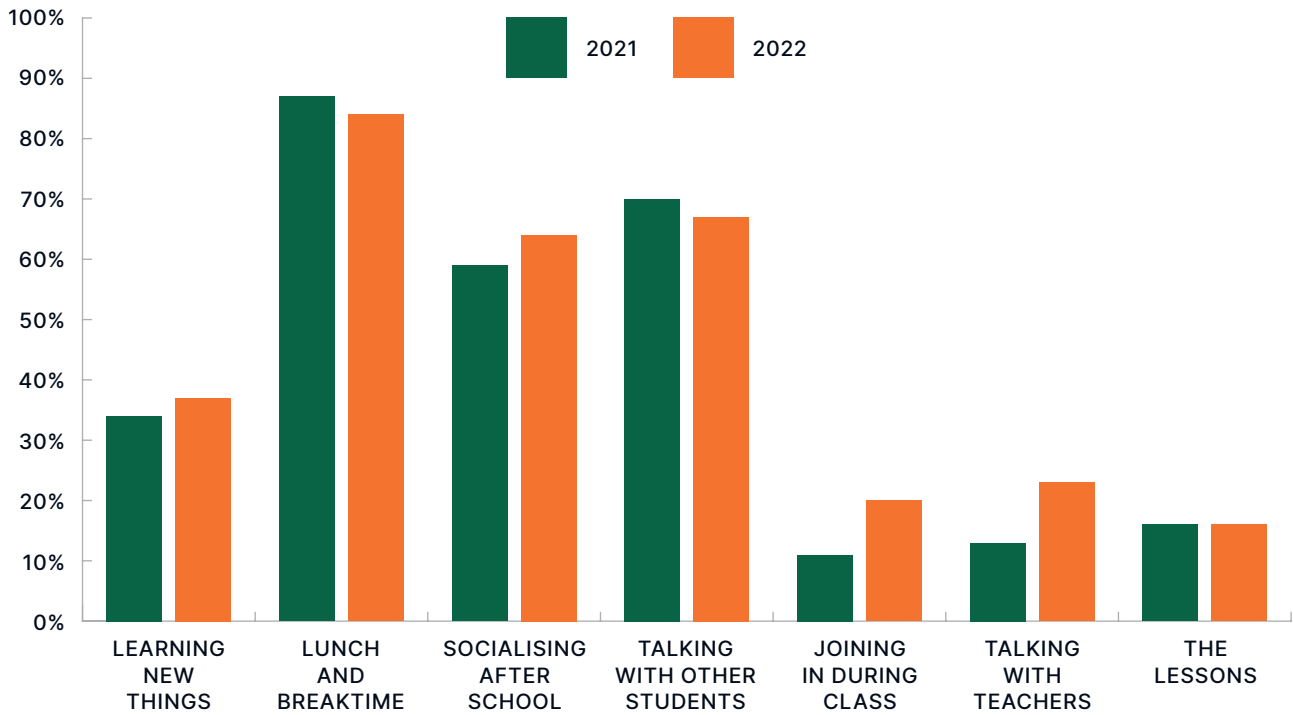
*"I like how she gave us a chance to voice our opinions and it has almost instilled more confidence in us"*

*"a safe space to speak"*

PTF practitioners introduced aspects of emotional safety to the group, looking at feelings and tools to manage difficult feelings that they can share with each other and their wider peers, as well as supporting the groups to develop solution-based approaches to difficulties and presenting situations. In end of project feedback forms 97% of ARA students said they had found the sessions useful, 61% found them **"really useful"**.

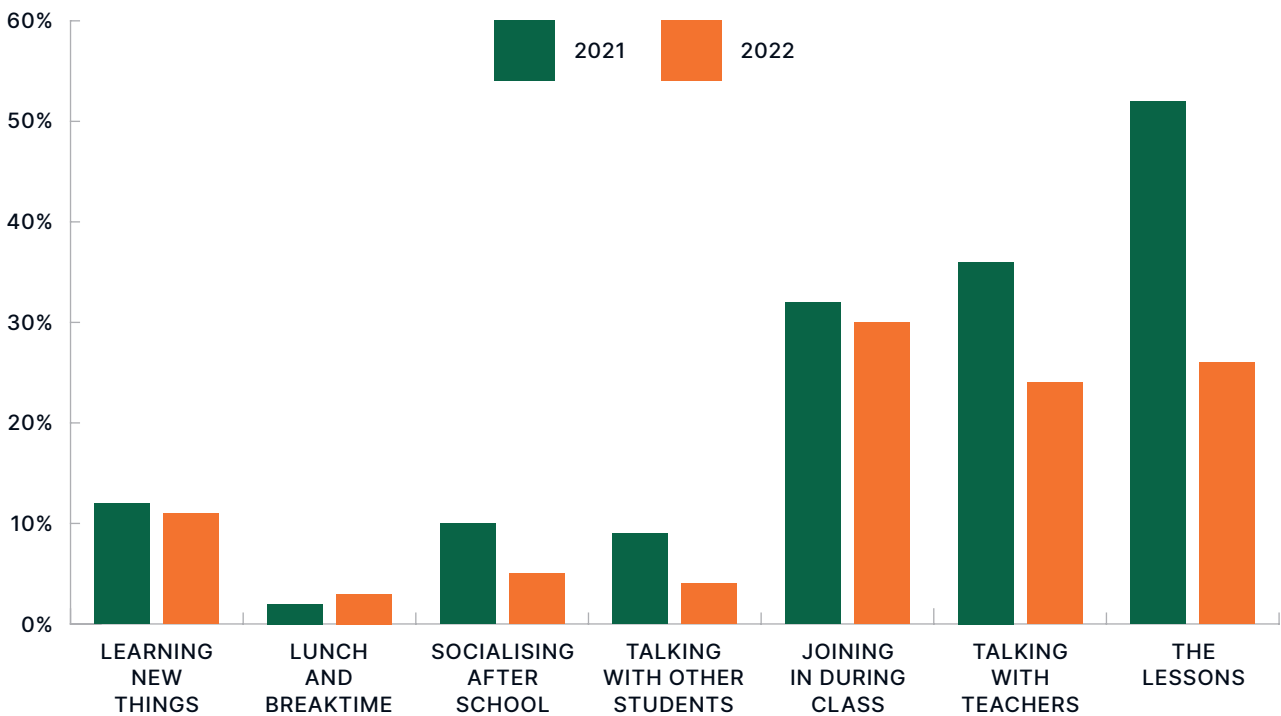
In pre and post surveys students were asked to select from multiple choice options the aspects (if any) of school life they enjoy and any they do not. Comparing the results from 2021 to 2022 many aspects that were enjoyed by students received similar results, with small variations of 2 or 3 percent. However, two aspects increased the likelihood of being 'enjoyed' by students by around 10 percent, these were 'Joining in during class' and 'talking with teachers' (see figure 9). This shift is also recognisable in the aspects selected that students do not enjoy. With those stating they do not enjoy talking with teachers decreasing 12 percentiles from 36% of responses in 2021 to 24% in 2022. 'Lessons' were also less likely to be selected as an aspect of school life 'not enjoyed', with this being selected half as many times in 2022 than in 2021 (See figure 10). The results here suggest a shift in the direction of happier learning environments and more approachable, culturally sensitive teachers.

**WHICH (IF ANY) OF THE FOLLOWING ASPECTS OF SCHOOL LIFE DO YOU ENJOY? (SELECT AS MANY AS YOU WANT)**



[ FIGURE 9, ASPECTS OF SCHOOL LIFE ENJOYED BY STUDENTS, 2021 AND 2022 SURVEYS ]

**WHICH (IF ANY) OF THE FOLLOWING ASPECTS OF SCHOOL LIFE DO YOU NOT ENJOY? (SELECT AS MANY AS YOU WANT)**



[ FIGURE 10, ASPECTS OF SCHOOL LIFE NOT ENJOYED BY STUDENTS, 2021 AND 2022 SURVEYS ]

## Teachers and School Staff

As part of the evaluation of this project online feedback forms were completed after training sessions and a researcher conducted a focus group session with SLT to reflect on the project in its entirety.

The feedback from staff training sessions were predominantly very positive with **an overall average rating of the training sessions being 4.1 out of 5, and the facilitation of the session rated 4.4 out of 5**. PTF training sessions focused specifically on local histories in relation to culture and race, and developing a deeper understanding of the community context in which the school is located. Overall, this was received well by staff, with participant feedback including the following comments;

***“Discussing the context of our community, as someone who is new to the area I found this extremely valuable”***

***“Training had a safe, comfortable atmosphere”***

***“Real insight to history and current context of our vicinity”***

***“I always enjoy the training from PTF - I think it’s been the best CPD I’ve had for such a long time. Thank you!”***

Of those who provided feedback, **83% reported that they will take some form or action as a result of this training.**

In pre-project assessment the statement that staff were least likely to agree with was: **“Senior Leadership support staff to learn local histories and to understand the historic nature of the areas we work in, in relation to race and culture”**. However, the post project survey results suggest the training had an impact, with this statement receiving the largest increase in average score, from 3 in 2021 to 3.5 in 2022, where 5 is strongly agree. The second largest increase in agreement was for the statement **“Senior leadership supports staff to develop cultural competency in relation to the communities the school serves”**, increasing from a rating of 3.3 in 2021 to 3.6 in 2022. This indicates a potential impact from the training sessions on cultural sensitivity provided by PTF.

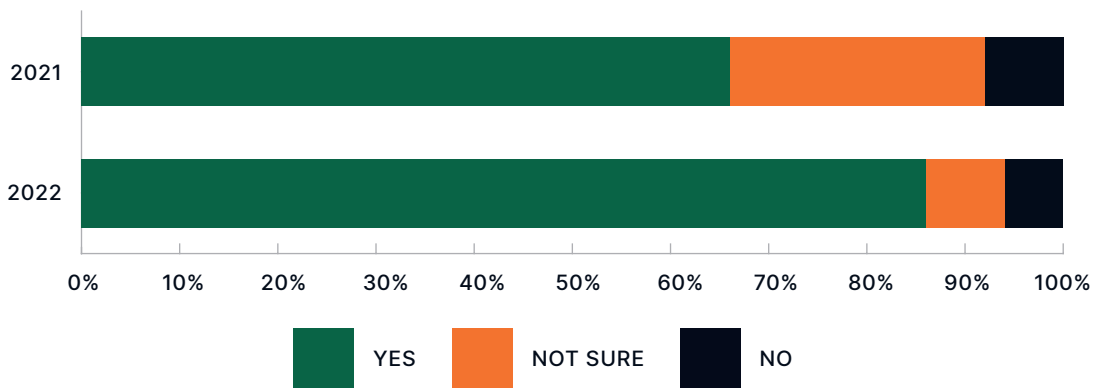
## Wider Community

One of the strengths of the impact at context C is the shifts in wider school policy and increased knowledge of and engagement with the local community. SLT reported that the work has helped them to think and reflect, to improve the systems and processes that are in place to respond to racist incidents and helped to elevate cases through communication to senior levels when needed. SLT also recognised increased thoughtfulness and awareness in actions and speech. One member explained;

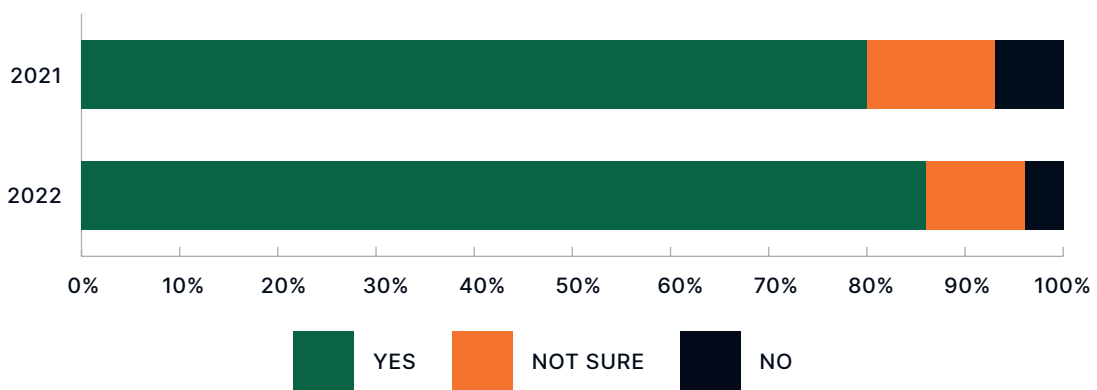
*“All of it has encouraged people to think a lot more carefully about things in ways that they haven’t done before. When someone has said something or done something that they didn’t realise was offensive or exclusionary and then that has been explained to them, and they say “oh I hadn’t thought about that” that has been really brilliant”.*

There was a measured impact on the schools’ wider implementation and understanding of equality policy and engagement with the broader community. The figures below show the proportion of answers presented as a percentage of the total responses to each question, with responses from the pre-project survey presented with the post-project survey for comparison.

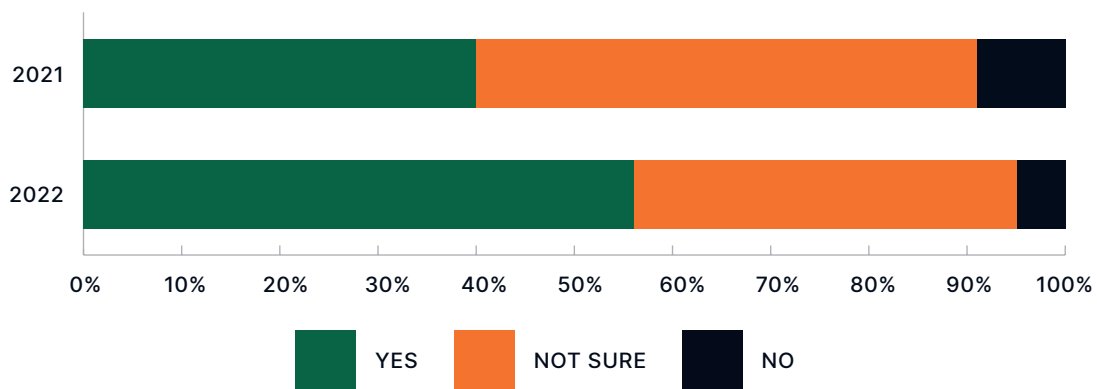
**IS THERE A RACE EQUALITY POLICY THAT IS USED BY YOUR SCHOOL THAT YOU ARE FAMILIAR WITH?**



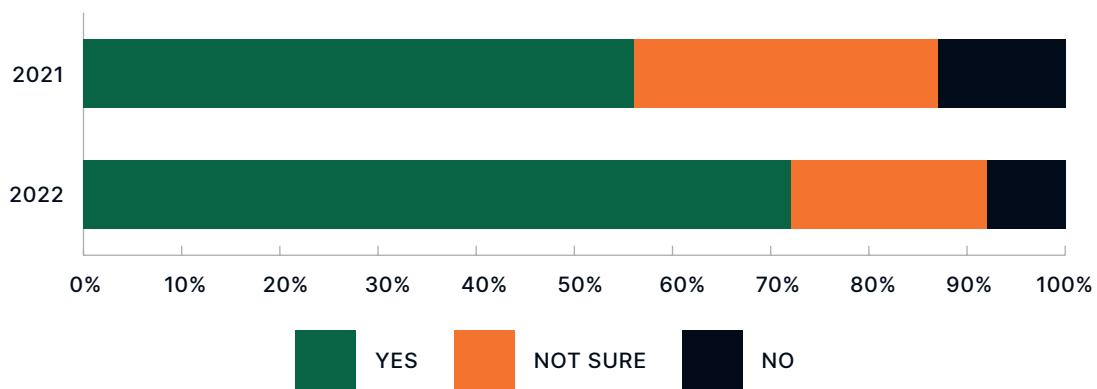
**IS THERE A CLEAR AND WELL-UNDERSTOOD POLICY (AND IMPLEMENTATION) FOR RECORDING RACIST INCIDENTS, INCLUDING BULLYING AND DISCRIMINATORY LANGUAGE?**



### ARE INCIDENTS REPORTS MONITORED AND REVIEWED FOR TRENDS AND ACTION DEVISED AS A RESULT?



### DO YOU FEEL THAT YOUR SCHOOL SPEAKS OUT AGAINST NEGATIVE STEREOTYPES AND ANTI-IMMIGRATION DISCOURSE WITHIN THE BROADER COMMUNITY?



There were four questions that demonstrated increased positive responses from staff in the 2022 survey compared to 2021. These were; **“Is there a race equality policy that is used by your school that you are familiar with?”** – increasing from 66% answering **“yes”** in 2021 to 86% in 2022. **“Is there a clear and well-understood policy (and implementation) for recording racist incidents, including bullying and discriminatory language?”** – increasing from 80% answering **“yes”** in 2021 to 86% in 2022. **“Do you feel that your school speaks out against negative stereotypes and anti-immigration discourse within the broader community?”** – increased from 56% answering yes in 2021 to 72% yes in 2022 **“Are incident reports monitored and reviewed for trends and action devised as a result?”** – increasing from 40% answering yes in 2021 to 56% yes in 2022. Whilst it can’t be claimed that this change is entirely the result of work with PTF, the higher impact on areas that PTF training specifically focused on suggest the results have a connection with the work delivered.



PTF attended a parents evening at context C and provided a space for parents and carers to reflect on their children's wellbeing. Using feedback forms PTF were able to identify parent's key concerns and what they felt they needed to support their child. The key themes raised by parents were:

- Wanting to be more involved in school life
- Better communication/information sharing between home and school
- Support to develop more healthy lifestyles
- To know about activities and resources available for young people

As result of this, PTF were able to signpost a parent to volunteering opportunities in their local community and offered advice/consultation to a parent about her son's struggles with behaviour at school and talking to him about difficult topics such as relationships and violence.

#### **4.4. EVALUATION**

The intervention at context C has focused more on aims 2, 3 and 4 of the project; to support system and cultural change in educational settings, increasing cultural sensitivity among staff and institutional practices, to act as a conduit for external agencies, services and resources for schools and their communities and provide support and reflective spaces for parents/carers. There is evidence of impact towards each of these aims. The pre and post project surveys demonstrate shifts in school policy and improvement in the cultural sensitivity of the school. The project has facilitated trainers from the local community and ex-students to lead in training sessions, thus acting as a conduit to the contextual community. Through consultation with parents, PTF were able to provide a link to external agencies, services and resources.

Whilst firm steps have been made to provide regular reflective spaces and more consistent support for parents, the evaluation recognises that aspects of this output were impacted by COVID-19, with many parent attended events remaining online in the delivery period.

## 5. CONCLUSION AND RECOMMENDATIONS

### 5.1. SUMMARY OF IMPACT

This report has considered extensive evaluation and evidence from three distinct contexts of this 12 month TIP project delivery. The broad objective of the project is to reduce violence that impacts young people and to achieve this, the project has been evaluated on four key aims:

1. Increase wellbeing and improve mental health amongst young people.
2. Support system and cultural change in educational settings, increasing cultural sensitivity among staff and institutional practices.
3. Act as a conduit for external agencies, services and resources for schools and their communities.
4. Provide support and reflective spaces for parents/carers.

In response to these aims the research questions of this evaluation report asked were; what impact has the intervention had during the 12 month delivery period? And to what extent has the project achieved its aims?

**It is clear from the quantitative and qualitative evidence analyzed above, that the TIP project has achieved all 4 of these aims.** Different aspects of the model have been implemented in each context but each with significant impact, providing overall support for the effectiveness of this adaptive multilevel intervention.

#### Young People

The project has evidenced its achievement of project aim 1, reporting statistically significant increases in wellbeing and improved mental health amongst young people who have participated in the group work and 1-1s, measured through YP-CORE and WEMWEBS at context A. Case Studies, focus groups, feedback and surveys with young people also support the conclusion that the intervention has created safe, open and trusting spaces for young people across all three contexts to engage with therapeutic provisions.

#### **Summary of Impact; Young People**

- Statistically significant improvement in average YP-CORE wellbeing measure from “moderate-to-severe” to “moderate” across a sample of 27 students in TIP group work and 1-1s.
- Statistically significant increase in the WEMWBS wellbeing measure, score from 40 to 44 across sample of 27 students in TIP group work and 1-1s.
- Improvement in student understanding of mental health and evidence of increased coping mechanisms and strategies of self-regulation.
- Consistent evidence of increased engagement at school/alternative provision and improved attendance.
- Successfully establishing safe therapeutic groupwork in alternative provision, through trauma informed relationship building.

- Consistent evidence that art therapy provided expression and containment for difficult emotions and experiences.
- Observed and reported reductions in stress and anxiety as a result of art therapy sessions.

### Teachers and School Staff

The feedback from training and reflective practice spaces provided for teachers and school staff consistently report improvements in cultural sensitivity and changes in practices and systems as a result of the TIP project intervention. This provides consistent evidence that the project has achieved aim 2, increasing cultural sensitivity among staff and institutional practices. By reviewing the specific needs of staff at each context, case studies, training feedback and survey results demonstrate that PTF has acted as a conduit for external agencies, services and resources for schools and their communities, achieving aim 3 of TIP Project.

#### **Summary of Impact; Teachers and School Staff**

- Effective reflective practice sessions established for staff across all contexts.
- Evidence of improved understanding of cultural sensitivity at all contexts.
- Reports of increased wellbeing amongst participating staff.
- 87% of staff feedback responses across all training sessions reported that they would 'take action as a result of this training'.

### Wider Community

The case studies and feedback demonstrate that PTF have become a trusted, embedded and culturally sensitive partner within each context. This is a significant achievement and demonstrates the consistent and effective communication of the project's administration and management. This institutional-level relationship building has not only impacted individual students and teachers, but also the wider systems and school community. PTF have been able to communicate with parents, respond to incidents and advise on policy changes. The evidence of this discussed above demonstrates that this has achieved measurable impact on aims 2 and 4 of the project; supporting system and cultural change in educational settings, increasing cultural sensitivity among staff and institutional practices, and provide support and reflective spaces for parents/carers.

#### **Summary of Impact; Wider Community**

- Initial trust established with parents/carers and appropriate support and referrals provided when needed.
- Embedded and trusted partnerships established across all contexts.
- Evidence of partnered incident response leading to prevention of school exclusion.
- Evidence of partnered clinical responses to student disclosure leading to self-harm safety plan and dynamic risk assessment, with active support of parent and school.
- Evidence of shifting school cultures and increased inclusivity in classrooms.

## 5.2. LIMITATIONS

The project has encountered some challenges in delivery and evaluation that will be reflected on here. Firstly, although the target outcomes for delivery were exceeded by numbers of staff receiving training (206) and the number of students reached through therapeutic workshops (140), the project was slightly under the target outcomes for number of parents supported (46) and young people receiving 1-1 sessions (18).

It has been recognised by PTF that work with parents takes more time to establish than first anticipated. This was made harder by many parent-attended events such as parents evenings, remaining online due to COVID-19 concern, particularly in the first 6 months of delivery. However, significant progress was made at all three contexts and it is evidenced that parents are more familiar with PTF and the work that has been completed and this provides potential for promising work with parents in the future.

At the start of the project delivery PTF offered a small number of students participating in the group workshops additional one-to-one sessions on a needs basis. These sessions were well received by the young people, however, as the clinical aspect of the TIP programme developed it became clear that there was not enough capacity within the team to offer as many of these interventions as had been hoped. For this reason the target output of 1-1s was reduced, ensuring the quality of the work remained high and safeguarding with clinical supervision was maintained. Although this decision reduced the total numbers of 1-1s delivered, it is clear from the outcome measures and feedback that this aspect of the intervention was highly impactful and suggests this was the correct approach to take.

For a 12 month project, the scope and variety of evidence provided for evaluation is extensive and is considered sufficient to reach reliable conclusions. However, there were difficulties in collecting complete datasets on cultural competency measures which could be improved in future delivery. Also, in context B where individual student measures will continue to be a challenge to record, it is suggested that alternative measures be considered that focus more on teacher observation and perception of student wellbeing and behaviours.

### Summary of Recommendations

- Review length of group work intervention in mainstream school settings from 6 weeks to 8 weeks or more.
- Review clinical capacity required to deliver 1-1s with young people and adjust project targets or delivery team.
- Consider alternative measures of impact in less formal educational contexts or where student enrolment changes rapidly; exploring measures that focus on observed changes in wellbeing/behaviours rather than self-reporting.
- Review methods of collecting measures of cultural sensitivity amongst staff to provide greater representation in paired datasets.
- Consider incorporating phase of trust/relationship building with parents/carers before establishing support groups.
- Continue to ensure practitioners are prepared and clinically supported through phases of potential 'rejection' by young people, based on psychological understandings of trauma.

- Further develop the TIP model with consideration of how the approach can be replicated in other contexts and expanded to increase impact in the future.

### **5.3. CONCLUSION**

The TIP Project has achieved remarkable outcomes within this report, from individual wellbeing and embedded reflective practice to whole systems change. The clear strengths of this unique model of intervention are in its understanding of the people, systems and structures that it endeavours to support and improve. Quantitative measures demonstrate a statistically significant improvement in the wellbeing of young people as a result of this intervention, and the extensive qualitative data provides evidence of the experiences and lives impacted by this important work. The TIP project can be considered an effective application of the whole systems approach to violence reduction, providing a practical model of therapeutic intervention that is coproduced, adaptive and accessible in a broad variety of contexts.

The TIP model has evolved from its original inception and pilot and continues to improve through evaluation and reflection. The lessons learnt and expertise developed have led to significant and evidenced impact and now present an opportunity for replication and expansion. It is a recommendation of this report that PTF now consider how the TIP model can be adapted and expanded for use in further contexts, so that a greater number of individuals and communities can benefit from this effective intervention. Based on the evidenced outcomes of this report, it is recommended that PTF consider developing strategic support for a 'macro TIP' approach. A 'macro TIP' model could support existing culturally sensitive organisations to co-develop multi-agency partnerships in their specific local contexts, enabling a borough or London-wide TIP intervention. Overall, this report has presented evidence of a highly effective, multi-level therapeutic intervention that provides hopeful and exciting opportunities to improve the wellbeing of young people and families, reducing harm and violence through whole systems change.

## 6. REFERENCES

- <sup>1</sup> Williams, E., Iyere, E., Lindsay, B, Murray, C and Ramadhan, Z. (2020) *Therapeutic Intervention for Peace (TIP) report; culturally competent responses to serious youth violence in London*. Technical Report. Power The Fight, London.
- <sup>2</sup> Wood, J.L., Kallis, C., Coid, J.W. (2017). *Differentiating Gang Members, Gang Affiliates, and Violent Men on Their Psychiatric Morbidity and Traumatic Experiences*. *Psychiatry*. 80(3): 221–235. Available from: doi: <https://doi.org/10.1080/00332747.2016.1256144>
- <sup>3</sup> Bailey, S., Smith, C., Dolan, M. (2001). *The social background and nature of ‘children’ who perpetrate violent crimes: A UK perspective*. Special Issue: The impact of violence on children at home, community, and national levels. 29(3): 305–317. Available from: doi: <https://doi.org/10.1002/jcop.1019>
- <sup>4</sup> Barlas, J. (2006). *Weapons carrying in British teenagers: The role of personality, delinquency, sensational interests, and mating effort*. *Journal of Forensic Psychiatry and Psychology*. 17(1): 53–72. Available from: doi: <https://doi.org/10.1080/14789940500407692>
- <sup>5</sup> Irwin-Rogers, Keir; Muthoo, Abhinay and Billingham, Luke (2020). *Youth Violence Commission Final Report*. Youth Violence Commission.
- <sup>6</sup> Firmin C (2017) ‘Contextual safeguarding: an overview of the operational, strategic and conceptual framework’. University of Bedfordshire.
- <sup>7</sup> Tennant, R., Hiller, L., Fishwick, R., Platt, S., Joseph, S., Weich, S., Parkinson, J., Secker, J., & Stewart-Brown, S. (2007). *The Warwick-Edinburgh Mental Well-being Scale (WEMWBS): Development and UK validation*. *Health and Quality of Life Outcomes*, 5, Article 63. Available from: doi: <https://doi.org/10.1186/1477-7525-5-63>
- <sup>8</sup> Twigg, E., Barkham, M., Bewick, B. M., Mulhern, B., Connell, J., & Cooper, M. (2009). *The young person’s CORE: Development of a brief outcome measure for young people*. *Counselling & Psychotherapy Research*, 9(3), 160–168.
- <sup>9</sup> Williams, E., Iyere, E., Lindsay, B, Murray, C and Ramadhan, Z. (2020) *Therapeutic Intervention for Peace (TIP) report; culturally competent responses to serious youth violence in London*. Technical Report. Power The Fight, London.

**Power The Fight**  
Market Peckham, 133a Rye Lane,  
London, SE15 4BQ

Registered charity no. 1181143  
*powerthefight.co.uk*

**POWER  
THE  
FIGHT**

**V R U** |

**MAYOR OF LONDON**  
VIOLENCE REDUCTION UNIT