

**POWER
THE
FIGHT**

END YOUTH VIOLENCE

INCREASE THE PEACE

A Feasibility Study on Culturally Sensitive
Support for Families Affected by Violence

2023-2025



IN PARTNERSHIP WITH:



**South London
and Maudsley**
NHS Foundation Trust

AUTHOR STATEMENT

This work was supported throughout by Dr Elaine Williams, Associate Professor of Criminology at the University of Greenwich, who provided academic guidance and oversight across the development of the study. The authorship was shaped through participatory input from families and the partnered teams of the Increase the Peace project, whose lived experiences, insights, and collaboration were central to the co-production of the findings.

The report was co-developed with the Increase The Peace Team and the families that participated in the project, this included:

Hannah Williams
Leah Earl
Dr Zeyana Ramadhan
Dr Joanna Gibbons

CONTENTS

| | |
|---|-----------|
| 1. EXECUTIVE SUMMARY | 4 |
| 2. PROJECT BACKGROUND AND INTRODUCTION | 7 |
| 2.1 Context and Objectives | 7 |
| 2.2 Project Limitations and Deliverables | 9 |
| 3. FEASIBILITY STUDY METHODOLOGY | 10 |
| 4. CAN IT WORK? | 12 |
| 4.1 Cultural Sensitivity Training through Partnership Work | 12 |
| 4.2 Coproduction Process Evaluation | 16 |
| 5. LEARNING FROM COPRODUCTION | 21 |
| 5.1 Limited Time Offer | 21 |
| 5.2 Siblings | 21 |
| 5.3 Positionality and Cultural Understanding | 22 |
| 5.4 Value of lived experience | 22 |
| 6. SHOULD THE INTERVENTION CONTINUE, AND IF SO, HOW? | 26 |
| 6.1 Reflections on Clinical Governance in partnership work | 26 |
| 6.2 Alternative models for future work | 27 |
| 7. CONCLUSIONS | 30 |
| 8. REFERENCES | 31 |

1. EXECUTIVE SUMMARY

From 2023 to 2025, Power The Fight and the SLAM Helping Families Team partnered to improve access to culturally sensitive therapeutic support for Black, Asian and Global Majority Heritage families affected by extra-familial or community violence. Previous research has identified that this group is disproportionately impacted by violence affecting young people and is underserved by CAMHS and mental health services more widely.

Although the project did not achieve its planned delivery of parent programmes and peer led groups within the two year timeframe, it made significant progress in enhancing cultural competence across SLAM teams, strengthening partnership working, and generating valuable learning about service feasibility. Staffing disruptions, the specialist nature of the work and the safeguarding needs of practitioners with lived experience shaped project limitations but also reinforced the importance of culturally informed, community embedded approaches. This feasibility study concludes that **while the full intervention was not deliverable as planned, the foundation of this work strongly supports future development and the study presents recommended adaptations based on the analysis of findings and co-production with bereaved families.**

IMPROVING SERVICES THROUGH CULTURAL SENSITIVITY TRAINING

- The findings of this feasibility study strongly recommend that cultural sensitivity training to improve help systems can work but that its **success relies on relationship building between the delivery organisation and the health service.**
- A survey of 190 training participants had a 46% response rate (n88), **94% of participants reported they would take action following cultural sensitivity training, with 65% saying they would change their practice as a results of the learning.**
- **Establishing relationships between the delivery team and health practitioners** through pre-meetings, supported introduction by trusted senior leaders, information sharing and supportive questioning **before training sessions start**, led to environments conducive to learning and self-reflection, **leading to changes in practice.**
- Further studies could refine data collection procedures to include **pre and post training assessment of cultural sensitivity**, as well as short and long-term goal evaluations.

DEVELOPING PARENT PROGRAMMES AND PEER LED GROUPS

The project did not achieve its planned delivery of parent programmes and peer led groups within the two year timeframe. In evaluating the recruitment process of engaging bereaved parents and families, the project found **that relationship and trust building needed to take place before coproduction could be facilitated in groups.** However there was consistent evidence that **support from peers with shared experiences is one of the most helpful and powerful things in both the short and long-term aftermath of loss**, and that this should be continued but through an adapted model that allows for more time that this partnership was able to.

Learning from focus groups and service coproduction sessions with families found consistent findings from family experiences:

- **Therapeutic support should not be a “one time only” offer**, made to limited members of the family, immediately after loss. This was an experience unanimously shared by parents and highlights the significant gaps in support services.
- **Siblings were overlooked by support services.** There was no consistent offer of therapy for bereaved siblings, this was entirely reliant on the school’s competency or ability to arrange and support this.
- Parents consistently shared that **services in the aftermath of loss were often provided by young white professionals that had not experienced loss** and did not have shared cultural background or understanding.
- **Support from other parents** with the same experience was consistently seen as extremely helpful.
- Families identified **critical moments when therapeutic support should be made more available** such as; during and after the trial, the release of perpetrators from custody, and when young siblings are transitioning into secondary school.

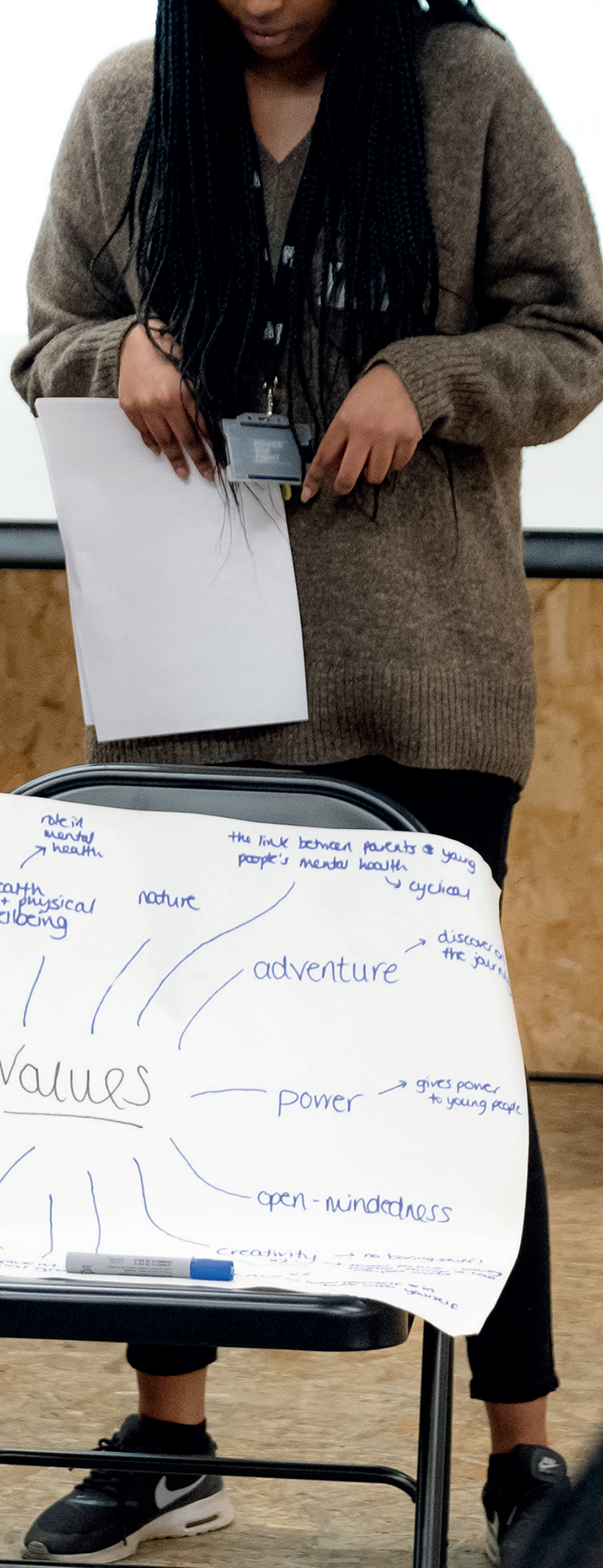
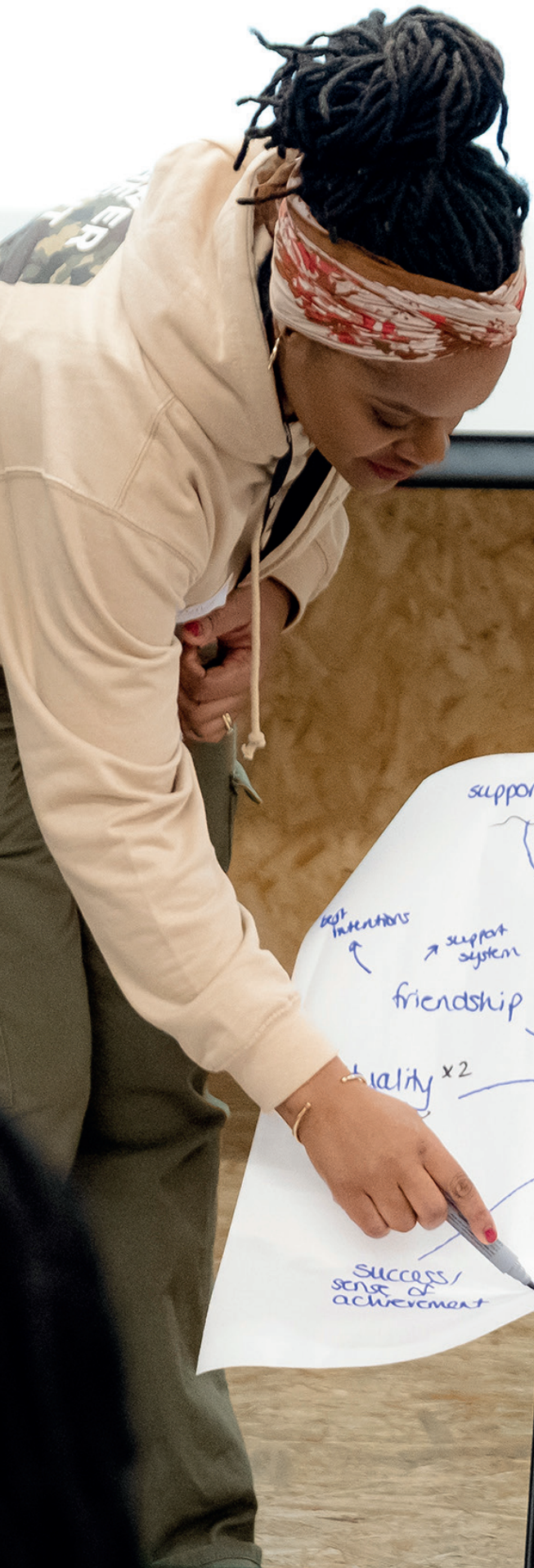
HOW SHOULD WE PROCEED IN FUTURE?

The learning from coproduction sessions suggest that **future partnered services would best be delivered through a community-based advocacy hub**, working along-side and in connection with therapeutic services, but not located within health services.

In focus groups, families strongly advocated for a future co-produced service that is:

- **Community-based rather than NHS-led**, noting that clinical settings can feel intimidating and overly formal, though close links with mental health professionals is essential.
- Support should be **open to all extended family and friends** in the aftermath of traumatic loss.
- The **Police Liaison Officers** were identified as a consistent referral route for future community-based models.
- **Peer support between those with past and recent loss is crucial**, although recognising the emotional risk and the need for ongoing psychologically informed supervision from organisations like Power The Fight is equally important.
- Effective support must include **advocacy and clear navigation of the wider systems**; schools, local authorities, justice services and beyond - to match the complex, non-linear nature of grief and changing family needs over time.

Although the partnership was limited in its ability to deliver therapeutic interventions as originally planned, the work undertaken generated significant learning that strengthened this feasibility study and ensured the safeguarding and wellbeing of practitioners with lived experience and the families involved. The ITP team highlight the strong relationships built, the valuable data gathered and the authenticity of the coproduction approach, all of which contribute meaningful insights for the field. The evaluation provides a solid foundation for knowledge development and offers informed recommendations to guide future adaptation and delivery of the service.



2. PROJECT BACKGROUND AND INTRODUCTION

From 2023 to 2025 Power The Fight and the Helping Families Team (SLAM) worked together in a two year partnership designed to extend the reach of therapeutic services to families from Black, Asian and Global Majority Heritage backgrounds who are exposed to high risks of gang affiliation, community threat and violence. The Therapeutic Intervention for Peace (TIP) report highlighted that violence affecting young people has a significant impact on the mental health of young people and their families and describes some of the barriers that prevent young people and their families from being able to access specialist help at a time when they most need it (Williams et al. 2020). These complex and significant needs are underserved by CAMHS and therefore there is a great necessity to proactively adapt current provision of services to ensure that young people and their families are provided for in a culturally sensitive and respectful manner.

The partnership brought together the expertise of SLAM and Power The Fight to increase access to culturally sensitive therapeutic interventions for Black, Asian and Global Majority Heritage families affected by youth violence. The 2 year partnership originally aimed to deliver assessment and intervention to over 60 families affected by youth violence, training parents with lived-experience to mentor and deliver training to other parents and professionals, as well as increasing the cultural sensitivity of three SLAM CAMHS teams through PTF training. Given the innovation of this approach, this evaluation report has been conducted as a feasibility methodology; designed to answer the overarching question; **Can it work?** (Orsmond and Cohn, 2015). Overall, the project did not achieve all of its intended outcomes and was unable to deliver interventions within the timeframe of the partnership. However, valuable learning and development was made towards the outcomes and the themes of this are reflected on and analysed here in order to answer the secondary question of this study; **Should the intervention proceed in the future, and if so, how?**

2.1 CONTEXT AND OBJECTIVES

Familial experience of loss through serious violence or a proximity to interpersonal violence between young people has long-term impacts on health. These factors result in increased risks to children and young people's mental health such as low mood, anxiety, PTSD, complex grief, behavioural and learning difficulties, while for parents they result in increased risks related to parenting and complex family psychosocial difficulties including PTSD, complex grief and presentation or exacerbation of chronic mental health conditions.

There is extensive evidence of inequity in mental health services for marginalised and racialised communities in the UK (National Collaborating Centre for Mental Health, 2023; Bignall et al, 2019). Existing literature identifies three distinct but interacting themes; firstly, poor mental health (as well as the prevalence of structural and physical violence) is exacerbated by social and economic marginalisation, thus racialised groups disproportionality experience mental health problems and trauma from violence (NHS and Health Observatory 2022; Keith and Brown 2018). Secondly, due to the impacts of exclusionary practices, institutional racism, and the pressures on health services, marginalised and racialised groups are less likely to be able to access appropriate psychological of therapeutic services (Edbrooke-Childs, 2019; Kapadia et al, 2022; Williams et al. 2020). Thirdly, when racialised groups do access health and therapeutic services, they have poorer outcomes and are less likely to complete an intervention. (Butt, Clayton, Gardner and Huijbers, 2015; Naz, Gregory & Bahu, 2019; Castillo et al. 2007).

This inequity is deepened by the over-representation of Black, Asian and Global Majority Heritage young people affected by community violence. Relative to the proportion of the population, Black children and young people are 6 times more likely to be victims of homicide (YEF 2025). MOPAC reported that half the population in London's most deprived and vulnerable areas are from Global Majority Heritage backgrounds (despite making up 13% of the total population) and that residents in these areas are 3 times more likely to be victims of knife crime (MOPAC 2018). This disproportionate vulnerability interacts with the marginalising processes of racialisation, exacerbating the underlying causes of violence; such as adverse childhood experiences (Villadsen, Libuy, Fitzsimons 2025), poor mental health (Frisby-Osman & Wood, 2020), unsupervised peer groups and exploitation (Densley, Deuchar & Harding, 2020)

The TIP Report published by Power The Fight in 2020, emphasised the critical importance of **cultural sensitivity, lived experience, peer to peer support and coproduction** in delivering equitable therapeutic services. The report highlights how practitioners with lived experience (those who have personally encountered or closely understand the realities of violence affecting young people, marginalization, racialisation and trauma) are uniquely positioned to build trust, foster engagement, and provide culturally sensitive support to affected families (Williams et al, 2020). The report recommends peer-to-peer parent groups as a crucial component of culturally sensitive therapeutic responses to violence affecting young people. Peer-to-peer groups were found to be a valuable space for providing emotional support, practical guidance, and long-term resilience to families affected by trauma, particularly in the aftermath of violent loss. The Increase the Peace project considered the viability of statutory therapeutic services being delivered in partnership with a culturally sensitive 'conduit' organisation that could facilitate community engagement, coproduction, knowledge sharing and training.

The proposed partnership service aimed to deliver:

1. **Cultural sensitivity capacity building and workforce training and development for up to three CAMHS teams across the four Boroughs.**
2. **Helping Families Programme-TIP** (individualised outreach specialist parenting programme for bereaved families)
3. **Peer-led Parenting Support groups using an adapted culturally competent version of EPEC (Being a Parent; Living with Teenagers) to address violence that impacts young people and families.** (Aimed to have 5 groups, 8 parents per group, 40 families in total).
4. **Parent Group Leader training** (up to 8 parents)
5. **Clinical supervision and an advisory service to be led by Clinical Lead for Power The Fight** (for staff and key partner stakeholders regarding other vulnerable families and young people connected to Power The Fight's TIP programme).
6. **Co-development of user-focused mental health resources** (for parents and families, including digital learning resources).
7. **Feasibility Study of the 2-year pilot service.**
8. **Partnership-working** - Under the proposed partnership with SLAM, Power The Fight would bring their range of partnerships beyond the NHS to raise awareness of the new programme and to advocate for its expansion as evidence is gathered of its success

2.2 PROJECT LIMITATIONS AND DELIVERABLES

Some project aims were not achievable within the timeframe of the project; specifically aims 2, 3, 4 and 6 (see above) that concern the delivery of individualised parent programmes and peer-to-peer parent support groups. However, aims 1, 5, 7 and 8 were either met or made significant progress towards being met, with success reported in the training programmes to increase cultural sensitivity of existing services at SLAM (aim 1).

The ITP team was small and made up of individuals with unique and specialist skills, as well as lived and living experience. Unavoidable interruptions to staffing amongst the team incurred delays during the early stages of the project and this limited some of the intended outcomes. The lived experience of the delivery team was found to be essential in the building of trust and the engagement of families, and this added an additional level of clinical responsibility and care that needed consideration. Safeguarding the wellbeing of practitioners remained a priority throughout the project and all ITP staff received regular and effective clinical supervision. The reliance on a small team that required additional safeguarding, was a necessary limitation during this project and provides valuable learning in this feasibility study.

The partnership service delivered:

| DELIVERED OUTPUT | QUANTITY |
|---|--|
| Cultural sensitivity capacity building and workforce training | 4 training sessions attended by a total of 190 staff members: 30 Helping Families Team 70 Lambeth CAMHS 30 Southwark CAMHS 60 Lewisham CAMHS |
| One-to-one meetings with parents | 17 |
| Phone calls to family members | 20 |
| Parent group meetings | 6 |
| Families worked with | 14 |

This feasibility study first considers the success of the training, followed by an evaluation of process of authentic coproduction. The learning from coproduction will then be explored, leading to recommendations on future viability.

3. FEASIBILITY STUDY METHODOLOGY

Health research has recognized that intervention effectiveness can be accelerated if careful feasibility and pilot studies are conducted prior to wider implementation (Orsmond and Cohn, 2015). The National Institute for Health and Care Research describes feasibility studies as the first stage in the development of novel interventions that explore the viability and potential for its development; ‘A feasibility study asks whether something can be done, should we proceed with it, and if so, how?’ (NIHR 2021). For novel interventions such as the Increase the Peace partnership, a feasibility study is fitting as it is characterised by being iterative, formative, and adaptive (Bowen et al., 2009). Researchers have noted that feasibility studies are conducted with flexible methodology (Arain, Campbell, Cooper, & Lancaster, 2010; Hagen et al. 2011) thus allowing for flexibility and adaptability in reviewing the early stages of intervention development.

| METHOD | QUANTITY |
|---|---|
| Focus Groups (end of project) | 1 x ITP practitioner team (n4) 2 x parents/family group (n6, n5) |
| Cultural sensitivity training survey (open ended and Likert scaled) | 88 responses |
| End project interviews (semi structured) | 2 x ITP practitioners 1 x Clinical Lead 1 x Lead Trainer |
| Review meetings throughout the project | 6 |
| Family case studies (thematically analysed) | 5 |

A feasibility study is fitting methodology for an intervention model in its early stages of development such as this one. It considers the viability of a new intervention by evaluating aspects such as; recruitment, data collection procedures and outcome measures, suitability of the intervention, ability to implement the intervention and the resources needed (Orsmond & Cohn, 2015). To meet these objectives this study has utilised mixed qualitative methods of three focus groups (one with delivery staff and two with families), four semi-structured interviews with the partnership team, analysis of training feedback surveys (n88), six review meetings throughout the project and thematic analysis of 5 family case studies. The analysis presented below seeks to ask two questions of feasibility for the partnership intervention; **1) Can it work? 2) Should the Intervention Proceed in the Future, and if so, how?**



4. CAN IT WORK?

4.1 CULTURAL SENSITIVITY TRAINING THROUGH PARTNERSHIP WORK

Power The Fight facilitated a comprehensive programme of training for teams within SLAM to increase their cultural sensitivity and the accessibility of the services they provide. Four training sessions were delivered with a broad range of professions within and connected to the Helping Families Team. This included 1 half day training on 'Introduction to Cultural Sensitivity', and 3 full-day 'Belonging' training days. **A total of 190 professionals attended training across the four sessions.**

Training has been one of the strengths of the project. The training had a specific focus on racialisation and health services and practicing cultural sensitivity. The sessions were attended by a range of professionals including; Psychologists, Community Health Workers, Public Health Practitioners, Occupational Therapists and Administrators.

Feedback from the sessions found that the training was both effective and well received, with attendees commenting:

"It was wonderful! The facilitators did an incredible job and the content was stimulating, engaging and transformative"

"it was really helpful and thought provoking"

"Open and honest discussion and dialogue"

"Sensitively delivered and no shame guilt"

"(I enjoyed) discussing a challenging topic in a safely facilitated space"

"such an interesting and engaging day of training!"

Attendees particularly commented on the **"incredible facilitators"** and thought the topic and depth was **"pitched really well"**. Feedback also suggests further training from PTF would be welcomed – with feedback consistently suggesting they wanted **"more time"** for group discussion and an additional phase of action planning and thinking about next steps. This request has already been acted upon and PTF are continuing to provide training for staff beyond the delivery period of the ITP partnership.

Analysis of survey data received from all four training sessions found that **77%** of participants reported an increase in their understanding of 'Cultural Sensitivity', with an average score of 4.0 out of 5, with 5 being 'very much increased'. **75%** of participants felt the training had prepared them to discuss issues of race, culture and ethnicity with service users and colleagues, with an average score of 4.1 out of 5, with 5 being 'very much prepared'.

94% of participants reported they would take action as a result of the training, with 65% saying they would change their practice.

The survey data suggests that PTF provided transformative training that was challenging, relevant and motivating. The most frequent comment from participants related to how the space felt safe and allowed for honest and reflective exchange. The Lead Trainer also felt this aspect of the work achieved its aims and confirmed it will continue beyond the length of the contract, adding that respondents recommended it be expanded to senior leaders;

“I think the only thing that would potentially need to change that we had feedback consistently about was making sure that senior managers and members of senior leadership of SLaM also received the training... every single service that we worked with said this is great, but we need the senior managers to be receiving this training as well. So it needs to be at every level”

– Lead Trainer, Power The Fight

As part of the training activities, participants are encouraged to set individual and service level action goals. Through the review and group reflection on these collective and personal responses this feasibility study has identified consistent recommendations for action made by staff across the groups. Review interviews identified several specific outcomes being explored as a result of training and the ITP partnership. These include;

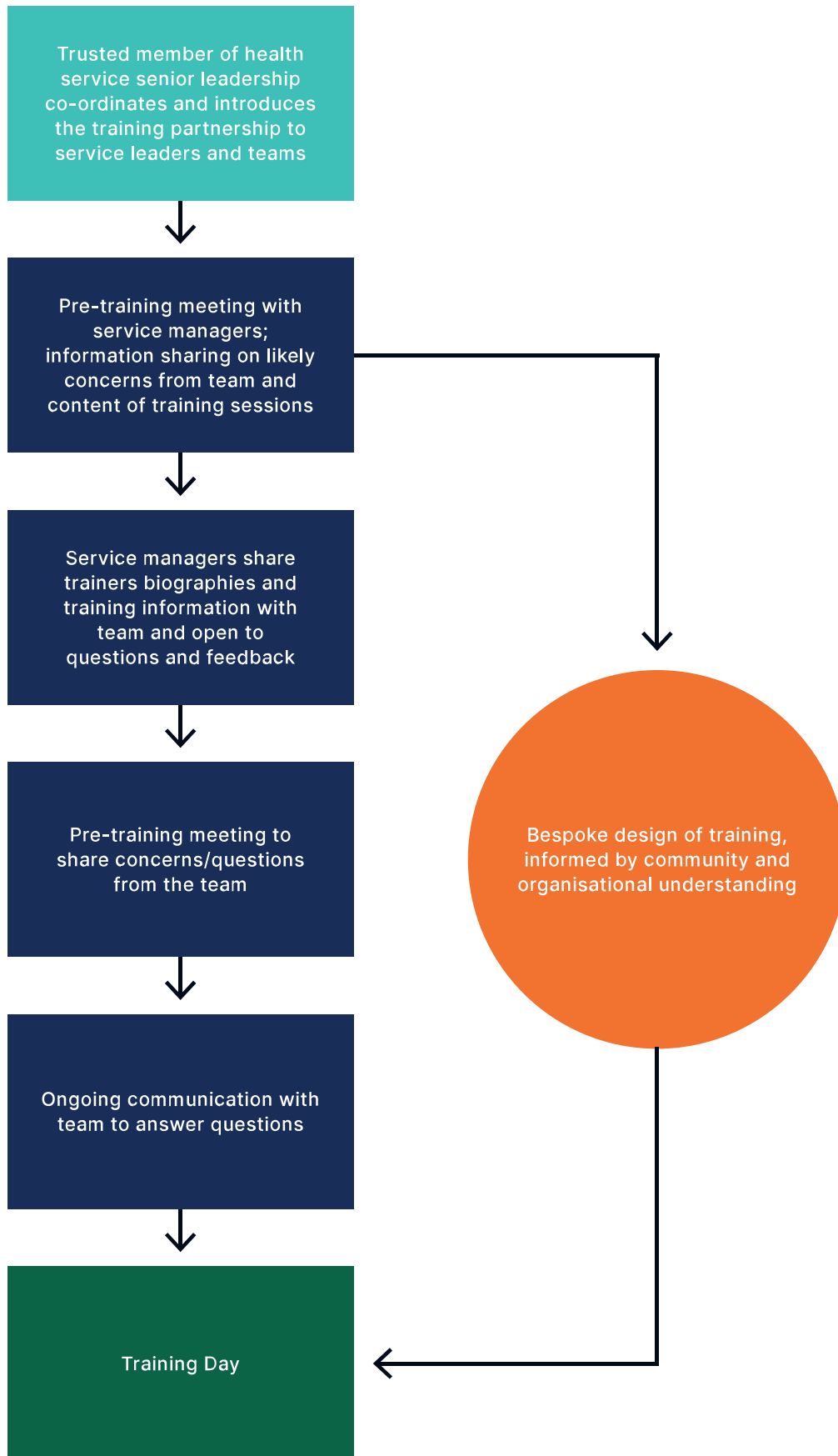
- Cultural sensitivity training to be included in the induction for all new members of staff; Specific to the population of the borough they are working in and delivered in an accessible way.
- Cultural sensitivity to be a recurring agenda item for all staff meetings, placing it firmly in people’s minds and maintaining vital conversations from training. This is now being practiced by the Helping Families Team as a result of this training.
- Adding specific questions around cultural sensitivity to supervision meetings to encourage staff to continually reflect on their practice.
- Hold space for cultural sensitivity within group reflective practice sessions.

The findings of this feasibility study strongly recommend that cultural sensitivity training to improve help systems can work but that its **success relies on relationship building between the delivery organisation and the health service**. For busy frontline services, there is a risk that training will be seen as a tick box exercise that adds further time pressure to their workload. For training on cultural sensitivity in particular, some staff may also feel a sense of judgment or defensiveness that is counter-productive to effective learning. To avoid this, the partnership dedicated time to preparing and relationship building before the training took place. This included having a respected and well connected member of the health service act as link between the two teams and arranging multiple pre-training meetings and feedback routes before the training days took place. As the Lead Trainer described;

"I think the preparation for the training was key [to its success]... There was initially quite a lot of anxiety from team managers about what the training would bring up amongst their teams... But we set up pre-training meetings with whoever was leading on implementing the training - and then again with the service managers... Before we met with the service managers, the comms about the training went out to their teams [including the training team's biographies]. So, if there were any concerns or questions from their teams, they went to the team managers and the team managers kind of made space for that. And then the team managers brought those questions as well as their own concerns to a pre-training meeting with us and that worked"

– Lead Trainer, Power The Fight

The intention of this preparation was to make sure that once everyone was in the room together many of the concerns, questions and anxieties of the team had already been addressed. The training participants felt reassured about who the trainers were, and there was already a degree of "buy in" across the teams. This created an atmosphere conducive for learning and reflection.



[FIGURE 1, FLOW CHART OF TRAINING RELATIONSHIP]

Summary Evaluation of Training

In the evaluation of feasibility, the training aspect **of the intervention was found to be suitable and appropriate, with effective recruitment through relationship building and knowledge sharing between the partners.** The preliminary evaluation of participant responses indicates the training is effective, leading to specific actions and goal setting. A more effective method of measuring the impact of training in future interventions would be to conduct pre and post measures of cultural sensitivity understanding for comparative analysis. In longer term partnerships a review of short and long term goals in follow up sessions (6 months after training, 12 months after training etc) could identify actions taken as a result of training. **Future training should include specific focus on senior leadership.** Trainers shared experiences of reflections from the work with parents feeding back into training with service staff. This is a feedback loop between service users and service providers that could be explored and evaluated in more detail in future partnerships.

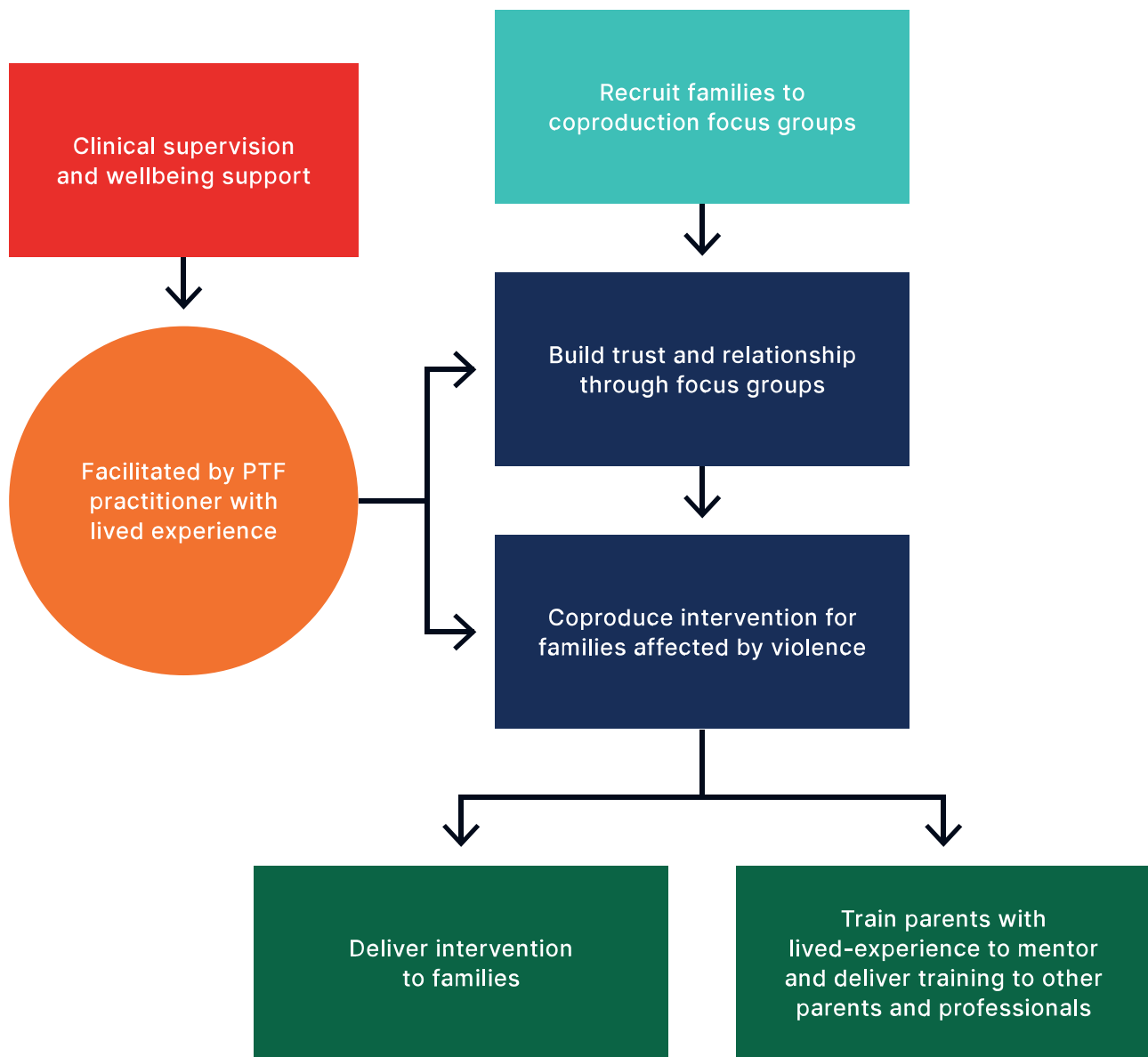
4.2 COPRODUCTION PROCESS EVALUATION

Under the proposed partnership with SLAM, Power The Fight would bring their connection power to reach underserved communities, and in particular to reach those families who have lost a young person to violence and would not access mental health services through any other route. There was much enthusiasm early in the project to begin the focus groups with families that would initiate the coproduction of services that the project aimed to deliver. However, it soon became apparent that this would take more time to establish than first thought. Early focus groups were not attended by families, indicating that the team did not yet have the relationship and trust required to host these important discussions. The Clinical Lead of the partnership explained this disappointment and the re-evaluation of the recruitment process, saying;

“When we did that first group and we were all so hopeful and we had got everything ready and we planned it all... and then no one came. At that moment we were all looking at each other like; no one’s going to come. This has not worked. What have we not done here? How have we not engaged our families properly?”

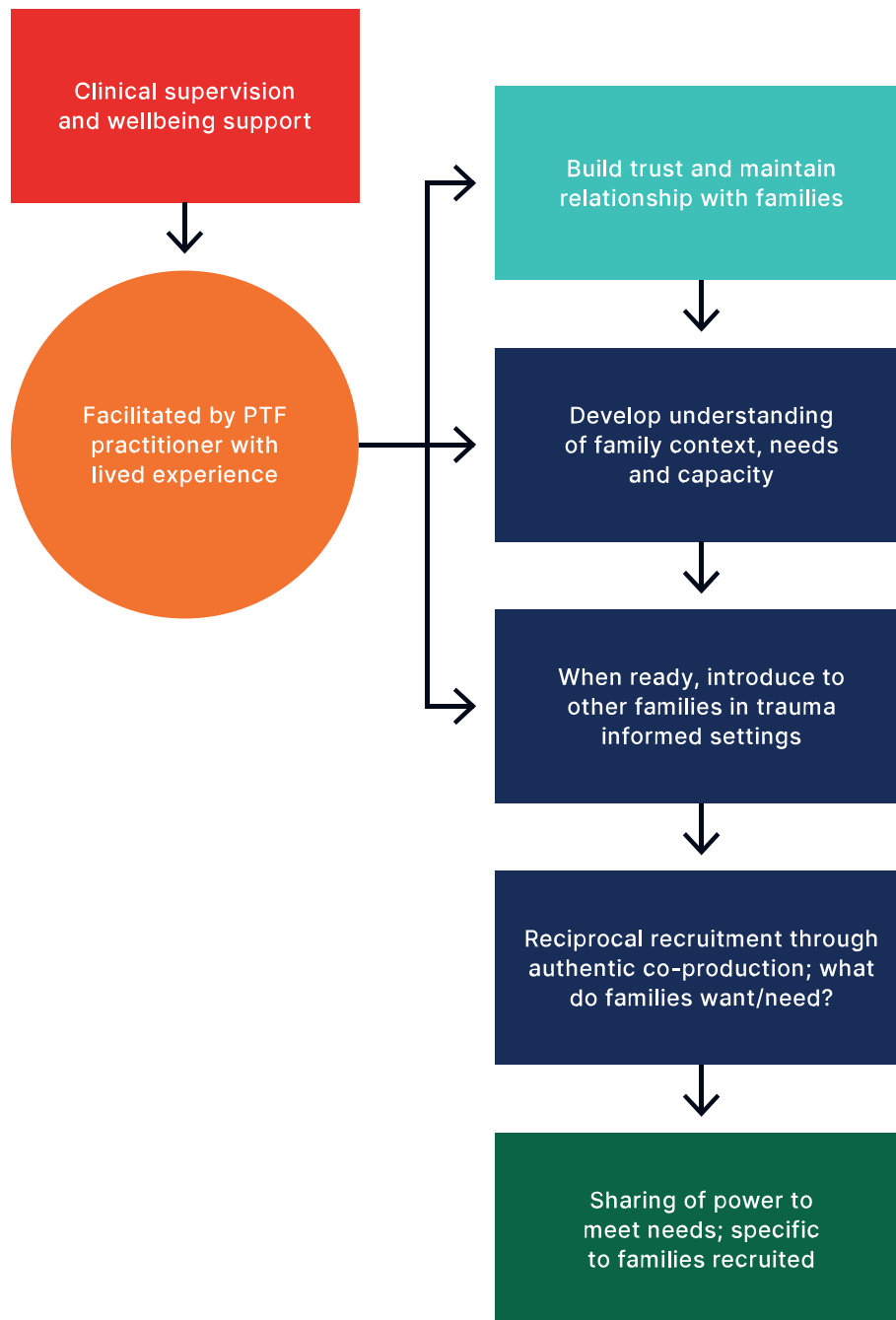
– Clinical Lead, ITP

The anticipated process of establishing coproduction planned to begin with the recruitment of families affected by violence to focus groups. Once in the focus group, coproduction would be facilitated by ITP lived experience practitioners (clinically supervised), through relationship building and knowledge sharing. It was intended that this would lead to the delivery of coproduced interventions to families, as well as training for parents with lived experience to lead peer-to-peer groups and training for parents and professionals. This anticipated process is depicted in flow diagram A.



[FIGURE 2, FLOW DIAGRAM OF ANTICIPATED PROCESS]

In practice, **this process was not feasible**. In evaluating the recruitment process, the project found that relationship and trust building needed to take place before coproduction could be facilitated in groups. The project adapted to this need and a new process was developed. Through phone calls and individual meetings ITP practitioners began to build and maintain trust with Black and Brown families affected by violence. Through this, the team developed an understanding of the family context and culture, as well as an initial assessment of needs and capacity. Only when this was crucially established, could parents begin to be introduced to other families and to meet with each other in trauma-informed and contained settings. This revised ‘actual process’ is depicted in flow diagram B.



[FIGURE 3, FLOW DIAGRAM OF ACTUAL PROCESS]

There was an assumption within the initial design of this partnership intervention that parents in Power The Fight’s community network would want (and/or be able) to engage with a specialist parenting group and the development of peer-to-peer services. Although the intention was to co-produce these services, it was assumed that parents and families could be recruited into a coproduction focus group with relative ease and hastiness, to deliver the pre-defined outcomes of this short two-year delivery timescale. However, this re-evaluation of the process was considered by the ITP team to be a more authentic form of coproduction than had originally been planned. Two of the central principles of coproduction, as defined by the NIHR (2024), are ‘power sharing’ and ‘reciprocity’. With this in mind, the authenticity of the coproduction with families would be compromised by entering into discussions with intended service outcomes already decided.

Instead, the project began with open discussions with Black and Brown families affected by violence, to establish trust and develop an understanding of what services they would want/need and what had/hadn't helped in the past. The learning from this process provides an evaluation of the feasibility of this intervention and advises how we should proceed in the future (see section 5).

Summary Evaluation of Coproduction Process

In the evaluation of feasibility, **the coproduction process was unable to achieve the objectives of delivering interventions within the partnership timeframe.** The anticipated process of recruitment and coproduction was not feasible and families did not attend early focus groups of the project. Through revision of approach and authentic power sharing an alternative process of engagement was co-developed. This 'actual process' of recruitment took more time than first anticipated and required a higher level of individual support and relationship building. However, **this adapted engagement process developed a closer understanding of individual needs and capacity, without the assumption of project deliverables. This was found to be a more authentic and effective process of co-producing services.**



FOR YOUR CUP IN THE REVERSE SIDE
MAKING A ZERO WASTE CUP

MENTAL HEALTH
TRENDS
PROS
CONS

END YOUTH VIOLENCE

5. LEARNING FROM COPRODUCTION

As a result of the adaptation of engagement (see 3.2) the project spent more time in individualised relationship building and this enabled five detailed case studies to be developed, to support future service design. Based on 1-to-1 meetings and focus groups with Parents and family members the case studies were thematically analysed and the following consistent themes were identified across family experiences to advise how the intervention could proceed in the future. These themes and the process of analysis were presented to families for review during the final focus group and have been co-produced in this study.

5.1 LIMITED TIME OFFER

A consistent theme during discussion with parents about service design was that therapeutic support should not be a “one time only” offer, made to limited members of the family, immediately after loss. This was an experience unanimously shared by parents and highlights the significant gaps in support services. The length of therapy offered to parents varied and was inconsistent (some were offered 8 – 12 weeks whilst others were provided with 20-30 sessions). Parents often shared the experience that they didn’t connect with the therapist or didn’t feel ready to engage with therapy at that moment, however, they would’ve liked the opportunity to be referred at a later time or to try a different therapy/therapist. Families shared significant moments when repeat therapeutic offers would’ve been helpful, such as; During the trial, when the perpetrators were released from prison or when approached by probation for restorative justice. During a focus group two family members discussed:

FGP1: It doesn't just go away. Because, my daughter, she's just started to have more therapy. Because now she's a teenager she's understanding a bit more of what happened.... I want to make people aware that it's not just a short period of time.

FGP2: yea, it can get worse. Especially when, you know, the trial and everything is over. It really hits you then. But then I think at that point people just think that you're over it.

5.2 SIBLINGS

It was crucially felt that siblings were overlooked by support services. There was no consistent offer of therapy for bereaved siblings, this was entirely reliant on the school’s competency or ability to arrange and support this. This was seen as particularly unhelpful, considering that siblings have the double experience of grieving, and being parented by grieving parents. It was also recognised that younger siblings might not fully comprehend the event until they themselves reach teenage years, at which point they will have moved from primary to secondary with new teaching teams, unaware of their context. Parents also discussed how older siblings may feel an obligation to mask their need, to be strong for their parents.

5.3 POSITIONALITY AND CULTURAL UNDERSTANDING

Parents consistently shared that services in the aftermath of loss were often provided by young white professionals that had not experienced loss and did not have shared cultural background or understanding. This included experiences with Police Liaison Officers, Counsellors/Therapists and Victim Support. As one parent described;

“As a family we found it difficult sharing our feelings when we were all together, no one wanted to speak about the pain they were experiencing, I went to see a counsellor which was provided via Victim Support - she was a trauma therapist. I found it difficult connecting with her because she didn’t understand my cultural background. I stayed with the therapist for 8 weeks then I stopped engaging with her. I still use some of the resources she advised me to use, but not everything was suitable for me. I would have preferred to have been offered a therapist who understood my culture, someone I could relate with, and therapy for the children who were also not offered suitable therapy for their needs”

– Parent

Some families had good experiences with Victim Support, when the assigned worker was experienced, consistent and active in advocating for family needs such as accessing longer term therapy, helping with court arrangements and reaching out to siblings’ schools. The experience of Victim Support was found to be more positive when parents met with the same person over a longer period. Those with existing relationships with the parents such as friends, extended families and faith groups also provided crucial support during this time, including caring for children and paying funeral costs. However, family members and friends could sometimes be insensitive in their use of language and were themselves grieving and in need of support that parents did not have the capacity to provide.

5.4 VALUE OF LIVED EXPERIENCE

Support from other parents with the same experience was consistently seen as extremely helpful;

“They understand where you are, how you’re feeling and what you’re going through”

– Parent

Parent to Parent support was seen as especially helpful when facilitated by an organization such as Support after Murder and Manslaughter (SAMM) that provided weekend retreats, weekly calls and check ins.

The power of lived experience to enable connection was also observed by practitioners when building trust and approaching families. As one family practitioner with lived experience described;

“...once they found out that I had a lived experience, it opened up the floodgates in terms of like connecting and trusting me and, you know, in coming together. And I really felt like there was such a deep connection between all of us. Because of our shared experiences... to be honest, I don’t know if we would have got to the place where we did in terms of connecting with families if I didn’t have a lived experience. So, knowing and sharing pain together, but also benefiting from us in a space, being able to feel not judge. Feeling accepted. You know, being that sense of support and encouragement from each other, I think that was really powerful”

– ITP Family Practitioner

The benefits of peer-to-peer support between bereaved parents were found to be multilayered. At a foundational level, parents with lived experience just “get it”, they know what families are going through and provide a sincerity of support and understanding that cannot be matched by other services or professionals. At a practical level they understand the processes and procedures that a family will go through during the funeral, trial and after - and can advise on what needs doing and who can do it. This systemic competence is hugely beneficial to parents in the immediate aftermath of loss, when they are overwhelmed and struggling with day-to-day tasks. In addition to this, parents with lived experience seemed to want to help others and there was sense of justice and repair in being able to help others with things you yourself once needed help with.

This began to happen organically during later focus groups on the project, as parents started to provide other parents with advice as they described their experiences of help systems. For example, parents explained how to get therapeutic support for siblings through their educational institution, how to encourage disengaged family members to access therapy, and details of therapeutic services that a GP can provide referrals for. Discussions identified several parents who were willing to be trained to become parent group leaders. It was observed by the project workers that by the end of the 2 years or relationship building, the families would’ve now been able to start the work that was the original aim of the project, if the project had been longer;

“After two years, the families are connected and trusting the project – this would’ve been the perfect time to move into the original aim of the project – if it had been 5 years”

– PTF Family Practitioner

Summary of Learning from Coproduction

Although the partnership was not able to coproduce a therapeutic service, the coproduction process contributed to learning during the project that can advise future work. Thematic analysis of family case studies identified consistent experiences to advise interventions;

- *The importance of repeat offers of therapeutic support at significant moments (during the trial, release of perpetrators, siblings starting secondary school etc).*
- *On going need for sibling focused support, recognising the complex experiences of personal grief combined with grieving parents.*
- *Peer to peer support from those with lived experience of loss is essential and effective. However, connection and trust will take time to develop. The two years of delivery was needed to establish a starting point for a peer-to-peer group.*
- *System competency was often considered as important as the kind of therapeutic intervention offered. Sharing knowledge of the legal processes, services available and how to access support was highly valued by families and they were keen to provide this to others.*



6. SHOULD THE INTERVENTION CONTINUE, AND IF SO, HOW?

In evaluation of the feasibility of the intervention there are several key reflections on the study objectives. Firstly, on increasing cultural sensitivity of services through training the study found that establishing relationships between the delivery team and health practitioners through pre-meetings, supported introduction by trusted senior leaders, information sharing and supportive questioning *before* training sessions start, can lead to environments conducive to learning and self-reflection, leading to changes in practice. Further studies could refine data collection procedures to include pre and post training assessment of cultural sensitivity, as well as short and long-term goal evaluations. The findings of this study show that goals set have been implemented and cultural sensitivity has increasingly been embedded in everyday practices as an outcome of the partnership. Training will be extended beyond the contract end as a result of this success, and recruitment of training expanded to include senior leadership teams.

The intended intervention of co-developing and delivering therapeutic and peer-to-peer services to families and young people impacted by violence was not feasible within the timeframe. This was found to be in part due to the time required to build relationships and trust for genuine coproduction, but also due to specific challenges of clinical responsibility and safeguarding between a health service and an external organisation.

6.1 REFLECTIONS ON CLINICAL GOVERNANCE IN PARTNERSHIP WORK

There was consistent evidence that support from peers with shared experiences is one of the most helpful and powerful things in both the short and long-term aftermath of loss. The importance of lived and living experience amongst the PTF practitioners was also seen as fundamental for the building of trust that enabled engagement from families impacted by violence. However, those with ongoing experiences of personal grief also need additional clinical safeguarding from the potential harm of delivering or developing interventions with others.

This created challenges, particularly early in the project, where practitioners with lived experience were keen to reach those most in need and **“get on with the work”**, whilst supervisors and service managers had the clinical responsibility to ensure practitioners and family members were not harmed by the project work. **The difference of perspective caused conflict within the supervisory relationship that needed open and respectful exploration.** These ruptures in alliance are common in clinical supervision and are often a necessary part of the process, especially when working in a trauma-informed framework. The differences of opinion were resolved carefully within the supervisory relationships in addition to being understood within the safety of the partnership between SLAM and PTF.

Within the resolution, Clinical Leads were careful to distinguish between ‘support’ and ‘intervention’, setting clear boundaries between what the partnership could and couldn’t do when meeting with families affected by violence. In the partnership, **“support”** was defined as; helping each other through sharing knowledge, empathy, and practical support in a non-judgmental, equal relationship fostering confidence, reducing isolation, and empowering individuals to manage their well-being. Whereas evidence-based **“interventions”** were defined as practices in mental health

and wellbeing that are proven effective through rigorous scientific research (such as randomized controlled trials) that, when consistently applied, improve client outcomes; integrating the best available research evidence with clinical expertise and patient preferences. The partnership was able to safely provide support to families but did not reach the clinical requirements to be able to deliver interventions with families. However, the partnership laid a foundation to explore with families how these two ways of helping could be integrated in the future. The findings and recommendations are detailed below.

6.2 ALTERNATIVE MODELS FOR FUTURE WORK

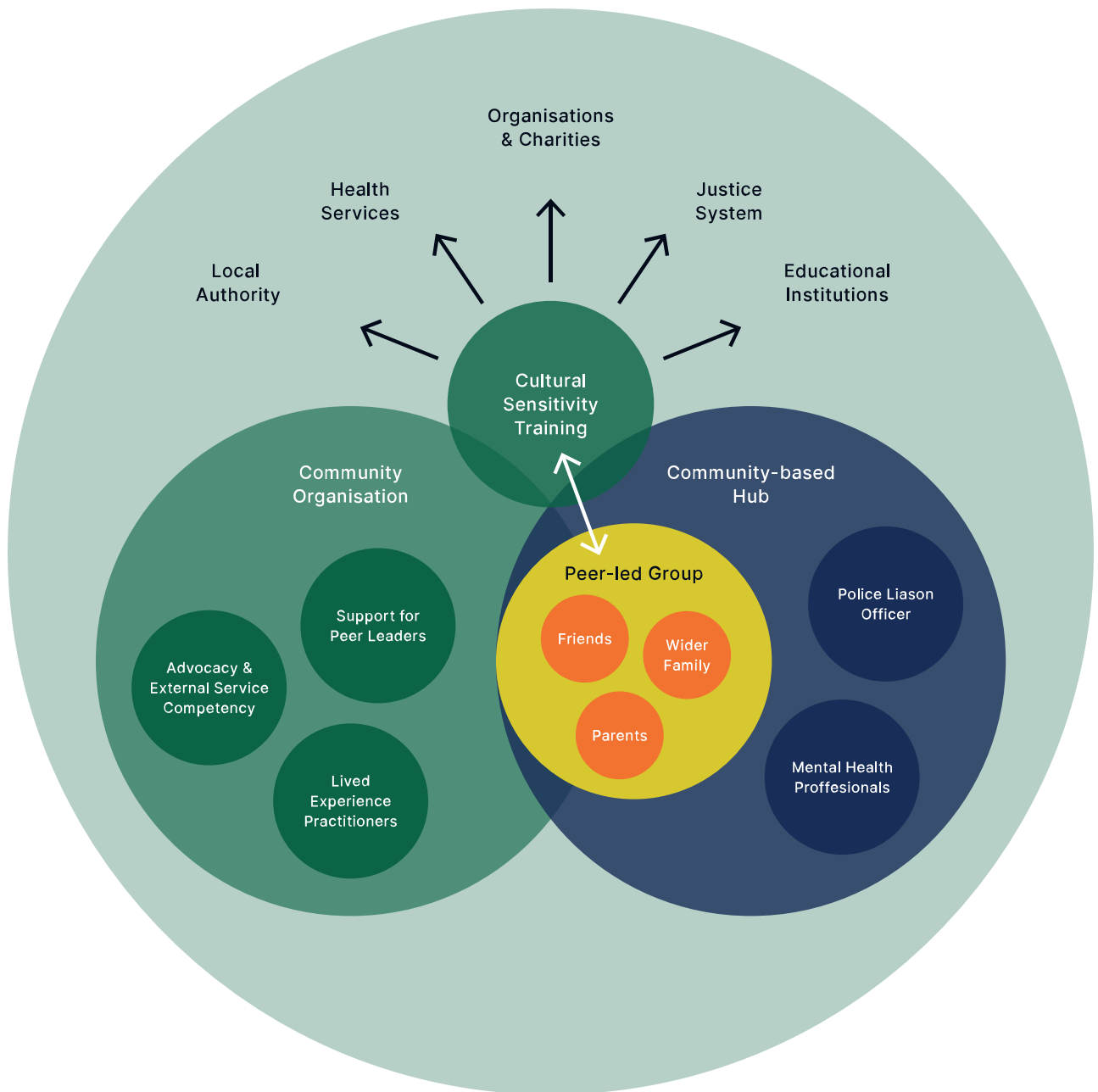
The learning from case studies and focus groups with families during this study found that therapy should be offered routinely, to the whole family in the aftermath of traumatic loss. Families specifically identified critical moments when this should be made available such as around the time of the trial, the release of perpetrators from custody, and when young siblings are transitioning into secondary school. The learning from coproduction sessions suggest that this would best be delivered through a community-based advocacy partnership, working along-side and in connection with therapeutic services, but not located within health services. The justification for this is that community organisations can provide less formal and more diverse support, facilitate peer-to-peer groups, and provide longer-term and more flexible pathways into a range of services for the whole family. This is particularly desirable due to the non-linear context of grief, within which there is no timeframe for healing and no end point of need. A community-based advocacy would be able to identify priority needs at different stages and moments following traumatic loss. Initially this might be financial or logistical (such as funeral arrangements, housing support, communicated with work/school/council or travel arrangements for court etc), but at other times this might be a supported therapeutic referral to mental health services.

Evaluating the feasibility of a coproduced culturally sensitive therapeutic intervention has highlighted the complexity of need in the aftermath of traumatic loss. Whilst there are times when clinical mental health services are needed, it cannot be assumed that this will be a priority for families or when they will be needed. For this reason, the study suggests that ongoing peer-to-peer support groups, facilitated by lived and living experience practitioners should focus on advocacy for Black and minoritised ethnicity families to access a variety of services in the aftermath of loss (including housing, employment, education, financial support, as well as mental health services) enabling service competency based on individual need.

During focus groups with families the findings of this feasibility study were presented and discussed. In the final session the group discussed what kind of service they would recommend as a result of this project and what they would see as a feasible co-produced service for future work. Families reinforced the importance of several key points:

- They do not believe a peer-to-peer support service should be based within the NHS. They found the locations to be too clinical and off-putting to family members and the administration too formal. However, they would like the group to have close links to health services and be informed and supported by mental health professionals – whilst being held within a community-based hub.
- The group should be open to all family members (including siblings, cousins, aunties and uncles etc.) and friends of young person lost.

- Whilst the group had vastly different experiences of contact with the Police Liaison Officer, all agreed that this professional was the most consistent contact in the aftermath of violent loss and would provide the best and most direct referral and communication with the community-based peer-led support.
- All families felt it was extremely important for families with past loss to communicate and share knowledge with families with recent loss. However, they acknowledge the potential harm this could cause to themselves and that they would need regular psychologically-informed supervision from a community organisation such as Power The Fight.
- Along with mental health services, families emphasised the importance of wider system competency and advocacy for families during the non-linear experiences of grief. Understanding the services and support available through schools, local authorities, the justice system and the local authority was seen as equally important both immediately after loss and in the long term – as siblings get older or needs change.



[FIGURE 4, RECOMMENDED MODEL OF FUTURE WORK]

Combining these points with the findings of this study, Figure 4 represents a feasible model of co-produced service that would increase support for Black and Brown families in the future.

7. CONCLUSIONS

The findings of this feasibility study suggest that the intervention in the original design of this partnership **cannot work without extensive adaptation of approach**. The project successfully increased cultural sensitivity capacity of three SLAM CAMHS teams through an effective training programme (and this aspect of the work will proceed in the future), but ITP was unable to deliver assessment and intervention to families affected by violence, or the training of parents with lived-experience to mentor and deliver training to other parents and professionals.

However, the project has evaluated the process of coproduction and provides learning for improving authenticity in future projects. The findings highlight the importance of allowing time to build trusted relationships with families within project design, and not making assumptions about the needs or wants of families before meeting them. Authentic coproduction should establish power sharing and reciprocity, developing project objectives collectively so that they are mutually beneficial and self-defined. Lived experience was found to be crucial in the process of recruitment of families and maintaining of relationships and this indicates that there is great potential in the peer-to-peer model and there is value in continuing and improving its development. However, this should be allocated appropriate time for development over a longer delivery period – with the findings showing a 'lead in' time of two years before initiating parent groups.

Learning from coproduction suggests that community-based advocacy through peer-to-peer lived experience groups that support communication and access to a variety of services (including mental health services) would be a more feasible model. This should prioritise system competency in response to the specific needs of each family, in which therapeutic health services are important but not assumed to be a priority or a 'time-limited' offer.

Although aspects of the partnership have been limited in delivering the outcomes of the project (in particular the aim to deliver therapy to families and young people) the activities have provided valuable learning for this feasibility study and safeguarded the wellbeing of lived experience practitioners and participating families. The ITP team are pleased and proud of the relationships that have now developed, the important data collected and the authenticity of the coproduction approach in practice and how this knowledge can be used. The learning and evaluation within this feasibility study will lead to knowledge development in the field and provides informed recommendations for future adaptation and delivery.

8. REFERENCES

Arain, M., Campbell, M. J., Cooper, C. L., & Lancaster, G. A. (2010). What is a pilot or feasibility study? A review of current practice and editorial policy. *BMC medical research methodology*, 10(1), 67.

Bowen, D. J., Kreuter, M., Spring, B., Cofta-Woerpel, L., Linnan, L., Weiner, D., ... & Fernandez, M. (2009). How we design feasibility studies. *American journal of preventive medicine*, 36(5), 452-457.

Butt, J., Clayton, K., Gardner, Z., & Huijbers, K. (2015). *Better practice in mental health for black and minority ethnic communities*. Race Equality Foundation.

Castillo, L. G., Brossart, D. F., Reyes, C. J., Conoley, C. W., & Phoummarath, M. J. (2007). The influence of multicultural training on perceived multicultural counseling competencies and implicit racial prejudice. *Journal of Multicultural Counseling and Development*, 35(4), 243-255.

Kapadia, D., Zhang, J., Salway, S., Nazroo, J., Booth, A., Villarroel-Williams, N., Becares, L., & Esmail, A. (2022). *Ethnic Inequalities in Healthcare: A Rapid Evidence Review*. NHS Race & Health Observatory. Advance online publication.

Densley, J., Deuchar, R., & Harding, S. (2020). An introduction to gangs and serious youth violence in the United Kingdom. *Youth Justice*, 20(1-2), 3-10. <https://doi.org/10.1177/1473225420902848>

Edbrooke-Childs, Patalay (2019). *Ethnic Differences in Referral Routes to Youth Mental Health Services*. Available from: <https://pubmed.ncbi.nlm.nih.gov/30768415/>

Frisby-Osman S., Wood J. L. (2020). Rethinking how we view gang members: An examination into affective, behavioral, and mental health predictors of UK gang-involved youth. *Youth Justice*, 20(1-2), 93-112

Hagen, N. A., Biondo, P. D., Brasher, P. M., & Stiles, C. R. (2011). Formal feasibility studies in palliative care: why they are important and how to conduct them. *Journal of pain and symptom management*, 42(2), 278-289.

Keith, V. M., & Brown, D. R. (2018). *Mental health: An intersectional approach*. In *Handbook of the Sociology of Gender* (pp. 131-142). Cham: Springer International Publishing.

MOPAC (2018). *Justice matters: Disproportionality*. Mayor's Office for Policing and Crime London.gov.uk. https://www.london.gov.uk/sites/default/files/mopac_justice_matters_13_march_2018_disproportionality_slides.pdf

National Collaborating Centre for Mental Health (2023). *Ethnic inequalities in improving access to psychological therapies*. Available from: <https://www.nhsrho.org/research/ethnic-inequalities-in-improving-access-to-psychological-therapies-iapt/>

Naz, S., Gregory, R., & Bahu, M. (2019). *Addressing issues of race, ethnicity and culture in CBT to support therapists and service managers to deliver culturally competent therapy and reduce inequalities in mental health provision for BAME service users.* *The Cognitive Behaviour Therapist*, 12, e22.

NHS Race and health Observatory (2022). *Ethnic Inequalities in Healthcare: A Rapid Evidence Review.* Available from: <https://www.nhsrho.org/research/ethnic-inequalities-in-healthcare-a-rapid-evidence-review-3/>

NIHR (2024). *Guidance on co-producing a research.* Available at: project <https://www.learningforinvolvement.org.uk/content/resource/nihr-guidance-on-co-producing-a-research-project/>

Orsmond, G. I., & Cohn, E. S. (2015). *The distinctive features of a feasibility study: objectives and guiding questions.* *OTJR: occupation, participation and health*, 35(3), 169-177.

Office for National Statistics (2025). *Homicide in England and Wales: year ending March 2024.* Available from: <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/homicideinenglandandwales/yearendingmarch2024#data-on-homicide-in-england-and-wales-year-ending-march-2024%20>

Villadsen, A., Libuy, N., Fitzsimons, E. (2025). *Adverse and positive childhood experiences and their associations with children's involvement in violence: analyses of data from the Millennium Cohort Study.* Available from: <https://youthendowmentfund.org.uk/secondary-data-analysis/adverse-and-positive-childhood-experiences-and-their-association-with-childrens-involvement-in-violence/>

Williams, E., Iyere, E., Lindsay, B., Murray, C., & Ramadhan, Z. (2020). *Therapeutic Intervention for Peace (TIP) report; culturally competent responses to serious youth violence in London.*

YEF (2025). *Racial disproportionality in violence affecting children and young people.* *The Youth Endowment Fund, UK.* Available at: https://youthendowmentfund.org.uk/wp-content/uploads/2025/02/YEF_Racial_Disproportionality_FINAL.pdf

Power The Fight

The Trampery Peckham,
95a Rye Lane, SE15 4ST

Registered charity no. 1181143
powerthefight.co.uk
hello@powerthefight.org.uk

© Copyright Power The Fight