

TIP INTERIM REPORT

January 2022



**POWER
THE
FIGHT**

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1. BACKGROUND AND INTRODUCTION

1.1 THE TIP PROJECT

The Therapeutic Intervention for Peace (TIP) Project is an innovative, codeveloped and culturally sensitive conduit model of partnership work which aims to reduce interpersonal youth violence through preventative, holistic and whole systems change. Power the Fight (PTF) are currently delivering this model across two schools and one alternative provision in south London, funded by the Mayor of London's Violence Reduction Unit (VRU)¹.

Research has long identified poor mental health as a key risk factor for interpersonal youth violence²³⁴. The national policy commitment to a 'public health approach' to serious violence in England and Wales since 2019 is supported by evidence of effective therapeutic models of prevention⁵. 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 groups⁶.

CULTURAL HUMILITY	CULTURAL COMPETENCE
Emphasises constant process of learning	Emphasises knowing about cultures
Recognises gaps in knowledge without shame, and provides an opportunity for deeper engagement with service users	Expects providers to be adept and knowledgeable
Creates expectation for differentiation between and within cultures	Focuses on differences between cultures
Acknowledges implicit and explicit bias and prejudice as a part of being human, and works toward identification of bias to promote positive change	Emphasises personal culture and how it differs from others but does not typically delve into prejudices and implicit bias
Recognises power dynamics in professions and their effects on clients, service users, and providers	Generally silent on issues of power, within and outside of services and organisations.

[FIGURE 1, THEORETICAL DIFFERENCES BETWEEN CULTURAL HUMILITY AND CULTURAL COMPETENCY]

Adopting the contextual safeguarding approach of working where children already are, and with people they are in regular contact with⁷, the TIP project has centred its delivery at two schools and one alternative provision over an extended period. 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.

In its early modelling the TIP approach adopted 'cultural competency' as a paradigm for equitable and effective intervention⁸. In its most recent phase however, reflecting on the limitations of 'competency' in practice, the model now promotes 'cultural humility'⁹ or 'cultural sensitivity' in all of its delivery. The difference between these two approaches (as represented in Figure 1) has a significant impact on the theory of change that underpins the project. The TIP Project's shift to adopt the paradigm of 'cultural humility' in practice recognises the work as an ongoing process of learning, promoting shame-free reflection on implicit and explicit bias as part of being human, and recognising power dynamics in the contexts and relationships within the project.

The TIP model has been in development since 2020 and, after a pilot project in 2021, the project is now delivering a 12-month intervention across two schools and one alternative provision in south London. By the end of May 2022 the project has the following delivery targets:

- At least 100 young people reached through therapeutic workshops across all three schools.
- At least 50 of these 100 young people receive one-to-one support;
- At least 150 teachers/staff supported through training/workshops;
- 50 parents/carers supported through training/workshops;
- Provide Clinical Supervision for all PTF practitioners.

This interim report evaluates the first phase of delivery from September 2021 to January 2022, presenting evidence of impact and interim findings, along with recommendations for the continuing work and potential expansion. Each of the three settings provide 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.

SETTING ONE

Setting One is a mainstream girls' 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.

SETTING TWO

Setting Two 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.

SETTING THREE

Setting Three is an alternative provision centre with an average of 16 children between the ages of 11 and 16. Unlike the first two school settings the children enrolled here have been referred through a school or agency, usually because they were permanently excluded from a mainstream school. The children at this school are 31% white British and 69% from Black, Asian and Minority Ethnic backgrounds. 67% of the teaching staff are Black and 33% are Black, Asian and Minority Ethnic individuals.

1.2 ACTIVITIES DELIVERED: SEPTEMBER 2021 – JANUARY 2022

The evaluation of the pilot project in 2021 provided recommendations for improving the model of intervention. The team have taken time since September 2021 to develop and incorporate new systems of communication, comprehensive baseline assessments (with clinical wellbeing measures), procedural and contact logs, and flow charts of delivery (see Appendix A).

As a result, the transition into delivery now has a clear structure, and feedback from the schools confirm that there has been a significant improvement in the project's approach. There are now several stages of introduction to the project before delivery begins which involve presentation to the schools, explanation of the project and initial assessment. The feedback so far suggests staff and students now have a greater understanding of the project and its activities before the sessions begin, and that this has led to a more relaxed and effective start.

Along with developing procedural aspects this term, the team have so far:

- Worked with 83 young people in therapeutic workshops across the three schools
- 16 young people have received one-to-one support
- 10 parents and carers have been reached
- Provided Clinical Supervision for 4 members of staff
- 33 Teachers/staff have been supported through training/workshops

It is noted that planned work with parents was delayed due to COVID restrictions this term but is scheduled to go ahead in the Spring term.

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 assessments now include the Warwick-Edinburgh Mental Well-Being Scale (WEMWBS)¹⁰

and adapted versions of the YP-CORE, and Goodman's Strengths and Difficulties Questionnaire (SDQ)¹¹, a scale designed for use with children aged between 3 and 16. 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 in recognition that some practitioners conducting the assessments are not clinical professionals.

The TIP project has been developing innovative and creative ways to complete traditional clinical measures such as the WEMWBS and SDQ scales which can be quite exclusionary methods. The practitioners are flexible and responsive to the moods and energy levels of the participants. For example, at one school a young participant arrived in a very energetic mood, kicking around a ball. Rather than trying to make the child fit the needs of the 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 of project wellbeing measures for the majority of young people who engaged in workshops and one-to-ones during this reporting period. As the work is ongoing, the end of project wellbeing measures are yet to be collected and quantitative analysis will not be included in this interim report. The impact of sessions delivered in this reporting period will be evaluated through participant and practitioner feedback, case studies and responses from teachers and parents/carers.

Training, supervision and reflective spaces are evaluated here using qualitative data from participant surveys and interviews with PTF practitioners, along with the case notes, contact sheets and case studies recorded during the project. The objective of the project is to reduce serious violence that impacts on young people. To achieve this, the 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.

2. WORKING WITH YOUNG PEOPLE; GROUP WORKSHOPS AND ONE-TO-ONES

2.1 IN SECONDARY SCHOOL SETTINGS

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.

Key identified needs included:

- Difficulty with managing overwhelming emotions (especially anger)
- Limited coping strategies
- Anxieties around friendships and relationships
- Struggling with schoolwork
- Worried about the future
- Worried about family

In response to these needs and in discussion with participants, TIP co-produced workshops on identity, mental health - positive and negative factors, mental health - stress and worry, sleep, mindfulness and goal setting. When asked what they learned or liked from the workshop, 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”*

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.”

Students were offered the opportunity to attend one-to-one sessions this term. These were students identified through their baseline assessment and handover discussions with teachers as potentially benefitting from one-to-one support, but it was made clear to young people this was optional and students could decide whether to attend. Whilst there was an initial high uptake of the one-to-one sessions, there were some logistical challenges of maintaining these meetings around the school teaching timetable.

One student attended three sessions before CAMHS support was accessed. Often students wanted to attend but would forget the time of the session. Attempts were made to address this by providing appointment cards and sending reminders through teachers the day before and on the morning of the meeting, but this remained an issue this term. One student ended the one-to-ones because their parents were concerned about her missing lessons.

CASE STUDY A

“We had a 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 secondary school)

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.

2.2 IN AN ALTERNATIVE PROVISION SETTING

The one-to-ones seem to have been particularly 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.

CASE STUDY B

"He was somebody that the teachers said wouldn't do a one-to-one. They were like, "Oh I don't think he'll be someone you can do a one-to-one with". But I've spent a bit of time with him. Playing games, playing football, and just connecting with him. So when I did the baseline measure with him, we just had a nice conversation around what might help him, things that he might be interested in. Initially he wasn't really keen on picking a topic, but then towards the end he picked quite a lot of the topics and then he said yes to having a one-to-one. So we did a first one-to-one sitting down, just having a conversation that followed on from the workshop that we had just had. That week had been about strengths and careers, just talking about him. The second one-to-one session, we were outside which worked better because he had space to move around and move his body. 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 at alternative provision centre)

CASE STUDY C

"She was going through a really difficult time and a lot of things were going on with her. 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 at alternative provision centre)

Case studies B and C demonstrate the TIP model of informal group work leading to more formal one-to-one therapeutic sessions, with culturally sensitive and innovative practitioners. Building on play and relationship building activities, the practitioner was able to have meaningful conversations that supported effective coping strategies and improved mental health. Arranging one-to-ones was able to happen more fluidly and spontaneously in the alternative provision setting. Unlike secondary school, the timetabling is more flexible and enables more consistent attendance at one-to-one meetings. As the needs are often more complex for young people attending alternative provisions, this seems to be a strength of the TIP model that could be expanded on in the future.

2.3 ART THERAPY

Art therapy sessions have explored important themes this reporting period and case notes demonstrate engagement, change and personal growth among the participants. There are profound moments that take place during the art therapy and 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 has recognised growing interpersonal skills among 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.

CASE STUDY D

“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 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. We will follow this up in the new term to see if this referral can be further supported.”

(PTF practitioner at alternative provision centre)

Case study D is evidence of the capacity of art therapy to impact long term mental health improvement and to promote wellbeing and connections. The holistic approach taken by the therapist enabled coping strategies and the transformative capacity of the therapy to be continued at home. The conduit TIP model of referral and support into further therapy is also evidenced in this account.

2.4 ALUMNI AND LONGITUDINAL EVIDENCE

The report notes that during this period the project received longitudinal evidence from the pilot project alumni (students who completed the project in Spring 2021). Although not delivered within this period, it presents additional support for the lasting impacts of the TIP model. Feedback from the alternative provision reported;

“Some of the students who took part in TIP last year and then left the school (Yr 11s) have been coming back to say hello and staff can see the ongoing impact of the TIP work. Usually all or most of the students who move on to college drop out in the first term. This year 3 out of 4 are still attending and doing well... the impact of the art therapy on the students who took part is particularly noticeable, they have increased emotional resilience which has enabled them to deal with the challenges and stresses of the college environment”.

The lasting impact of coping strategies developed during the TIP project on young people's ability to remain in education suggests the project is meeting its aims. As the number of project alumni increases it is recommended that formal longitudinal measures are established to evaluate the long-term impact of the intervention.

3. TRAINING

3.1 CONTENT AND CO-PRODUCTION

Two of the three schools have taken part in TIP training in this reporting period and the third is scheduled to begin training in January. Training with both schools this term was developed collaboratively and in direct response to their individual needs. It is noted that the understanding of each school's needs, and the openness of the schools to acknowledge these, is greatly facilitated by the ongoing partnership work between PTF and the schools, and the presence and effective work of the practitioners regularly on site and observing the school cultures. The work with young people at these schools also feeds back to identifying training needs – enabling the experiences of young people to steer cultural change in the school.

Several training sessions during this period were delivered by expert associate trainers, with PTF acting as a conduit between the school and specialist facilitators. Feedback from those in attendance was extremely positive. For example, **one session received a rating of 5 out of 5 for the quality of the training from all participants, with 75% reporting that they will “change their practice” as a result of this workshop.**

Reflecting on a training session on ‘Trauma and Personality Development’ one member of staff described how the session had provided a language to express experiences, commenting; **“Naming that package of shame, guilt and anxiety was super helpful. It put words to what I have seen but never named before. I really liked the examples of real life situations that [the facilitator] gave. The application of what she was teaching to examples helped my learning”.**

After completing the training series, the feedback from schools demonstrates the impact of these sessions on understanding young people's realities; allowing for increased understanding of events that take place in the classroom.

“It gave us the context of what the young people we're working with are facing... Often the training they do is focused on curriculum, teaching skills and basic safeguarding. These sessions were “cutting edge” and “culturally savvy”, helping us to understand youth culture, what is happening now, the wider social and political context and what we can do differently. It gave us another lens to see the work that we do through. The training has helped us to think about cultural competency in our professional and school context. We are considering staff wellbeing more than before and actively trying to improve it”

3.2 ACTION IMPLEMENTED

One of the aims of the TIP project is to support system and cultural change in schools to increase cultural sensitivity. To evaluate this, schools were asked what actions have been made as a result

of the training delivered. Since working with PTF the following actions have been taken by schools involved in the project:

- Met with Sixth form students to discuss the Halo code (which is about promoting Black hairstyles) and discussed this with Governors
- Updated uniform policy to include a statement that students have the freedom to wear hairstyles of their choice
- Embedded Black History Month in ongoing curriculums (not an add on or after thought)

Commenting specifically on training on trauma informed practice one school commented;

“We thought we were trauma informed but the Trauma and Personality Development training showed us that we are trauma aware and have more work to do to become trauma informed. This understanding is now part of all our decision making and has led to us changing or incorporating trauma informed language into our policies, procedures and our work with young people and families”

4. CLINICAL SUPERVISION AND REFLECTIVE SPACES

4.1 WITH STAFF

TIP has facilitated reflective spaces for staff at all three schools and the process notes and evaluation from the practitioners provide evidence of the high value and need for these spaces. It was recognised in the TIP report, and reinforced during the pilot project, that teachers and school staff have very little time and space to reflect on their practice. These open and safe discussions around key issues such as school community, race and racism, wellbeing, mental health and belonging have been welcomed by staff in this reporting period and have facilitated crucial processing and learning opportunities.

It has been recognised that the reflective spaces work particularly well alongside the training programme, as the content of the training can raise topics that need to be further processed and resolved for effective practice. As co-produced spaces, the reflective sessions have been distinctly unique in each setting but equally effective. Feedback from the schools has been positive, recognising that since the reflective sessions; **“Staff have been empowered to bring challenges and questions to management. They are taking more accountability and ownership for moving things forward. The staff are proactively bringing questions, concerns and actions to team meetings where they are discussed”**. This suggests an increased sense of ‘voice’ amongst teaching staff within decision making spaces; a core aim of the TIP model.

4.2 WITH PRACTITIONERS

The TIP model advocates for clinical supervision for all front facing practitioners, including the PTF delivery team. This delivery period saw significant changes in the procedural aspects of delivery and increased use of clinical psychological methods in delivery. Supervision meetings provided a space for thinking about these systems and how they influence practitioners and the work PTF do. The PTF team has grown in the past year and this brings new dynamics and diversity within the delivery team and the project. Supervision has provided a space to reflect on the different approaches and practice traditions within the team.

One of the biggest challenges for the TIP delivery team is for all its members to be able to visualise all the component parts of the project as one whole intervention. The **“whole systems”** approach in practice requires members of the team working independently from each other but connected through the same overall objective. If, for example, your work is holding reflective spaces for teachers, it may sometimes be difficult to see how this is acting to reduce violence that impacts young people. In this reporting period PTF has initiated more whole team events such as breakfast mornings, reflective spaces and away days to support the team in understanding how all aspects of the work are connected, i.e. increasing teacher reflection improves learning conditions, thus increasing cultural sensitivity and student wellbeing and reducing violence that impacts young people.

It is likely that the team will continue to grow and the project would do well to consider the most effective way to communicate the TIP approach to new members of staff in the most efficient and consistent way.

5. DISCUSSION AND EVALUATION

5.1 EVIDENCED IMPACT

The interim report presents evidence reported between September 2021 and January 2022 and evaluates the project on its four core aims:

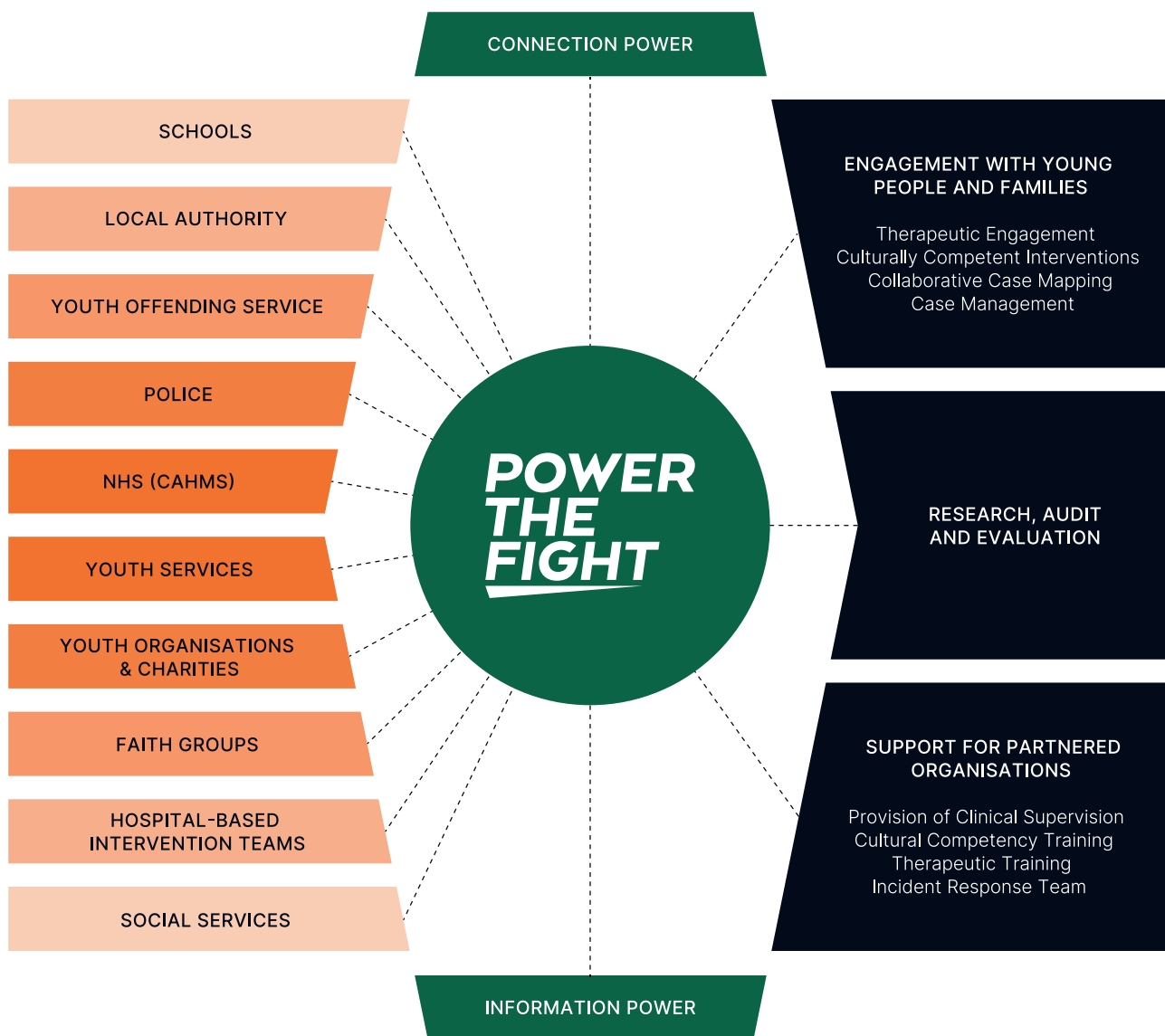
1. Increase wellbeing and improve mental health amongst young people.
2. Support system and cultural change in educational settings, increasing cultural sensitivity among staff and institutional practices.
3. Act as a conduit for external agencies, services and resources for schools and their communities.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

Young people and staff at all three schools have engaged with the project and the feedback from participating schools and young people, process notes and case studies demonstrate the positive impact of the project on well-being and mental health of young people. There is evidence of action implemented and staff empowerment to increase cultural sensitivity as a direct result of training and reflective spaces. The case studies and work with external affiliated specialists suggest PTF is acting as a conduit for schools and their communities and increase connections to resources and services.

Feedback suggests there are still some challenges around coordinating delivery with the schools. Sometimes a session is cancelled without prior warning or students are not reminded to attend one-to-one sessions. With the demands of timetabling and the pressure of the school day some logistical limitations are to be expected. However, it would be good to communicate with schools to minimise this impact in future.

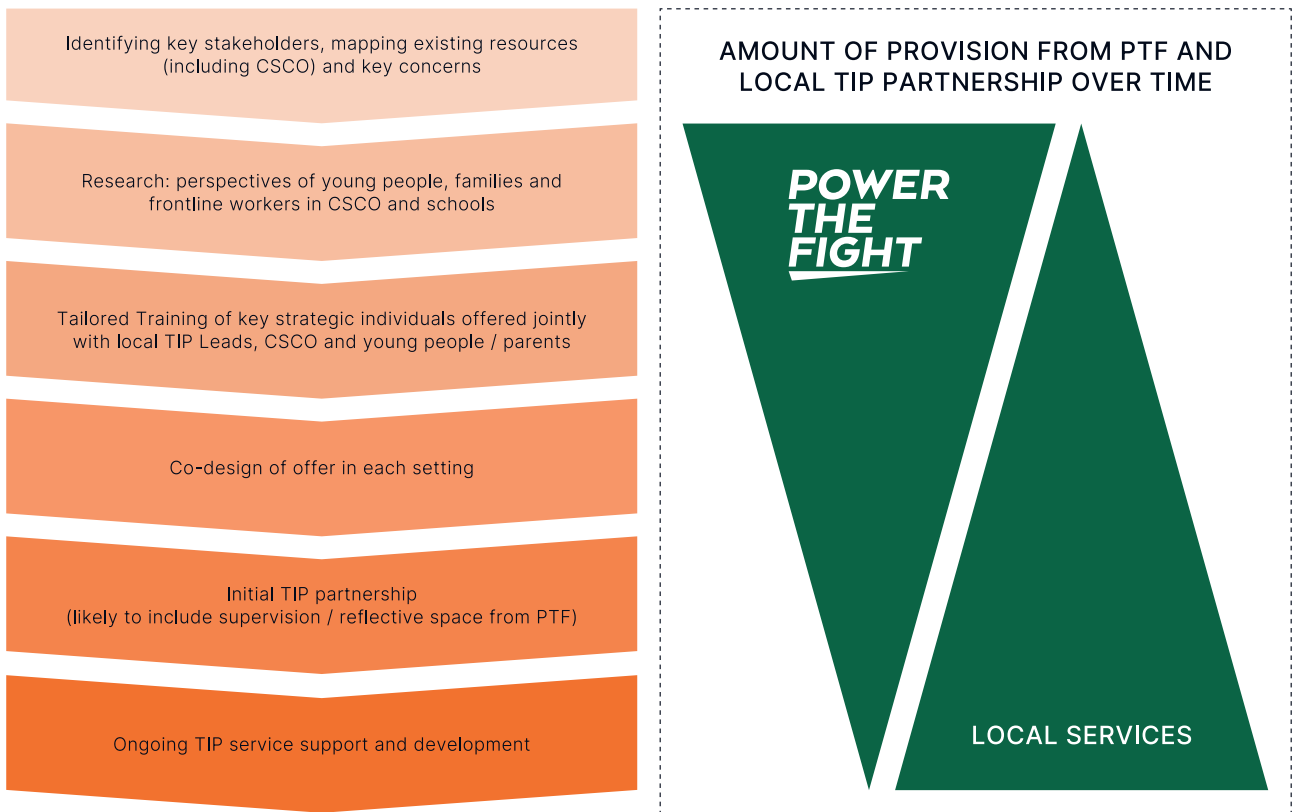
5.2 FROM MICRO TO MACRO: REPLICATION AND DEVELOPMENT OF THE TIP MODEL

Alongside the evaluation of delivery during this period the project has been reflecting on the scale and role of the partnership and how this could be developed to increase impact through expanding to a macro model of intervention. The TIP model in schools has been developed by PTF in partnership with individual schools and delivered by PTF staff in these settings. In these contexts PTF has successfully acted as both the service provider, the culturally sensitive conduit organisation (CSCO) and the organisation providing strategy, training, supervision and facilitating implementation (see Figure 2).



[FIGURE 2, PTF MICRO MODEL OF INTERVENTION]

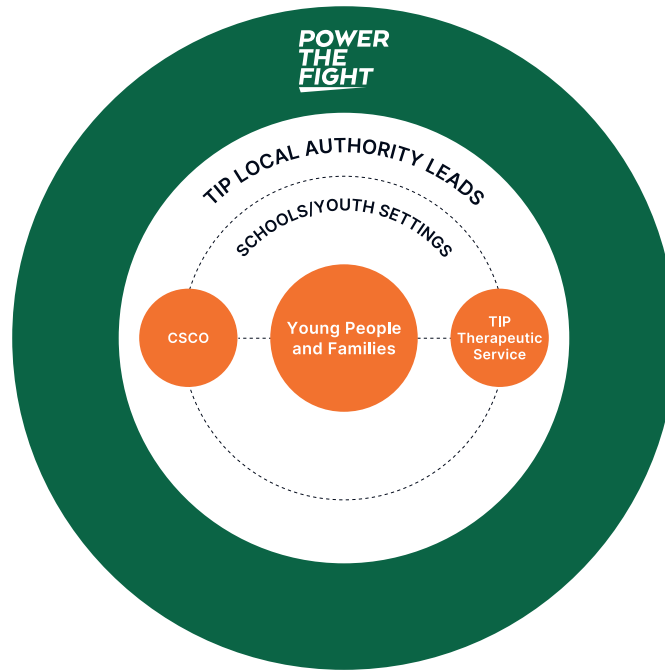
To be able to use the approach more widely in more communities and settings, the macro model separates these roles. PTF shifts to the strategic and facilitative roles, identifying local culturally connected services in school communities and spaces where young people, families and youth practitioners interact to co-develop and deliver the intervention alongside PTF (See Figure 3).



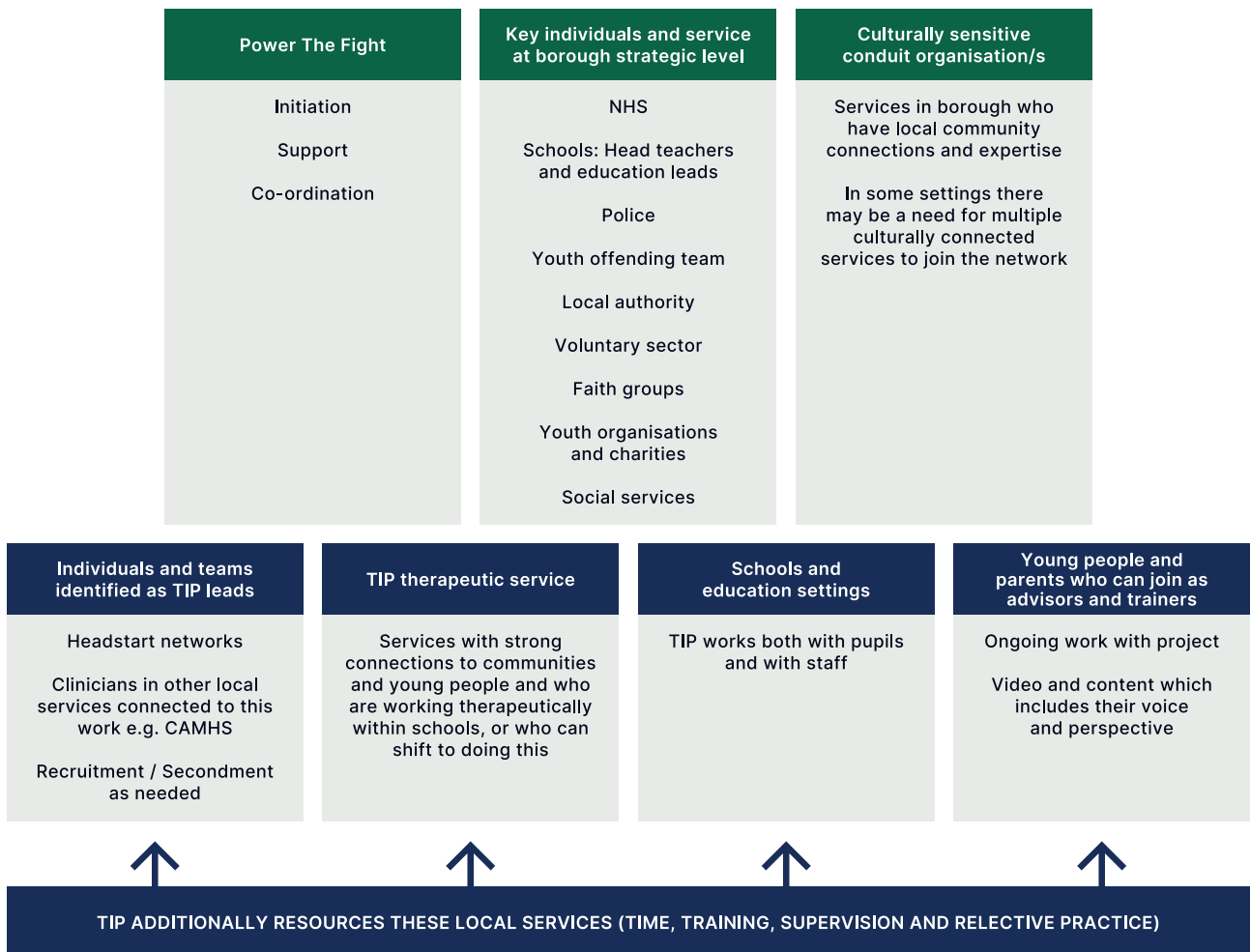
[FIGURE 3, STAGES OF TIP DEVELOPMENT]

The local process will begin with mapping the organisations needed to enable a TIP partnership. Some of these will be borough wide but others may be hyper-local and particular to individual schools/settings. Some will need additional resources to provide the TIP service in their setting.

The macro approach places research early in the process to enable the perspectives of young people, families and workers in local schools and connected communities to influence the development of the training and model in that setting. PTF will support the planning and delivery of this research which forms a key foundation for TIP (see Figures 4 and 5).



[FIGURE 4, KEY MEMBERS OF LOCAL PARTNERSHIP; SUPPORT AND DEVELOPMENT OF PARTNERSHIP]



[FIGURE 5, KEY MEMBERS OF LOCAL PARTNERSHIP]

The offer in each setting will differ, reflecting the principles of co-design and sensitivity to the cultures of local communities and individual schools. Each school/setting will prioritise different elements of TIP and these will be provided by different services as appropriate in each setting (see Figure 6).

ELEMENT OF TIP	CONTRIBUTORS TO THE DELIVERY OF THIS IN A MACRO TIP APPROACH					
	PTF	TIP Leads	CSCO	TIP Therapeutic Service	School	Young people and parents
Research to support development of project	Y	Y	Y	Y	Y	Y
Training for key strategic individuals and TIP leads	Y					Y
TIP partnership staff training and supervision	(Y)	Y				Y
Whole school staff training and reflective practice	(Y)	Y	Y	Y		Y
Co-production of school service design	(Y)	Y	Y	Y	Y	Y
TIP project with young people			Y	Y	Y	Y
TIP project with parents/carers and community forums			Y	Y		Y

Key: (Y) initial responsibility for this shifting to support and supervision of local partnership members over time

[FIGURE 6, ELEMENTS OF A MACRO TIP APPROACH]

Training is key at all levels of the TIP Macro approach. PTF recognise that this needs to start with a clear articulation of the TIP values, model and approach with key senior and strategic individuals to ensure buy-in at a borough-wide level. Once this is established, PTF will train the partner/CSCO organisations and individuals who will be delivering the TIP work at the micro level. This will be done alongside the local TIP leads so that they can continue this training into the future with less input from PTF.

Finally, the local CSCO and TIP leads will take forward the training within the schools and other settings where the TIP Project may be delivered. At every point, the training will be informed by and include the voices of local young people, parents/carers and community stakeholders which will be gathered through the initial research stage of the project. Following on from training, the ideas will be sustained by a model of reflective practice, supervision and consultation provided by local TIP leads supported by PTF.

5.3 CONCLUSION AND RECOMMENDATIONS

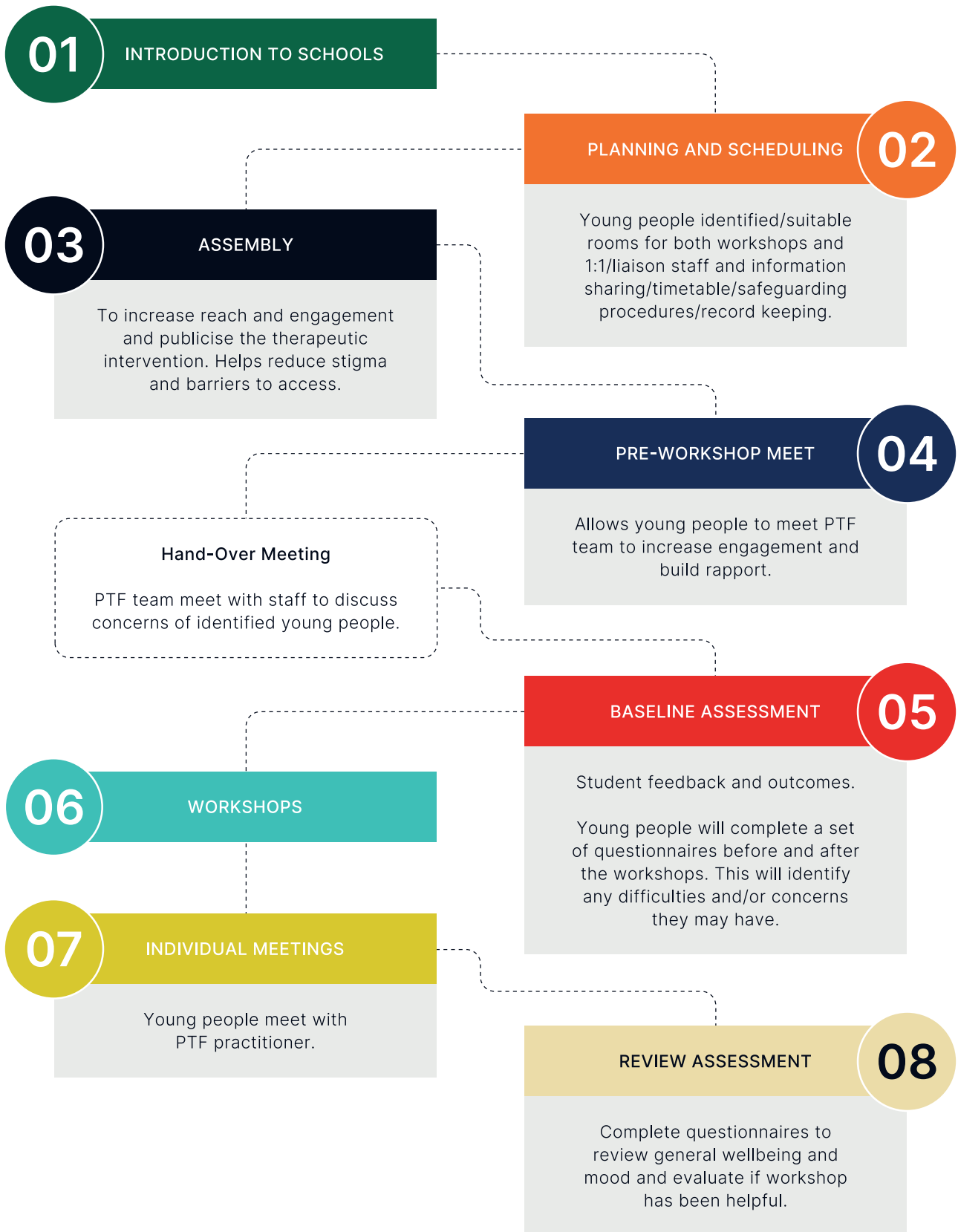
Overall, during the reporting period the project has made extensive impact and there is evidence that the project is meeting each of its aims. Further work with parents, training at the third school and ongoing reflective spaces, group work and one-to-ones in the following delivery period is expected to extend this impact and the collection of the end of project scaled measures will provide a valuable quantitative measure of change.

The initial feedback from project alumni indicates long term increases in resilience, well-being and retention in education which suggest that it would be beneficial to establish procedures for longitudinal methods of evaluation in the future – as the number of alumni increases.

The development of a more comprehensive baseline assessment and structured introduction phase of delivery has been welcomed by staff, students and practitioners and the feedback suggests that this could be extended to produce a consolidated project induction pack which makes the TIP model easy to understand for all involved. This would also provide a useful resource for the proposed macro model of delivery for initial contact with partners, providing a clear articulation of the TIP values, model and approach for strategic partners.

This interim report presents evidence of a project that is making crucial and urgent impact at individual, institutional and community levels. The processes have benefited from the findings of the pilot project and evaluation last year and now provides an evolved model of culturally sensitive intervention that will prevent violence and improve mental health among young people and their communities. The proposed transition to a macro model presents an opportunity to expand this impact further, providing innovative partnership systems that improve work with children and families and reduce violence in our communities.

POWER THE FIGHT TIP FLOW



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