POWER THE FIGHT

TIP ANNUAL IMPACT REPORT

Sep 2022 - Aug 2023

FUNDED BY COMIC RELIEF

Johnson & Johnson

Lewisham

MAYOR OF LONDON
VIOLENCE REDUCTION UNIT
VRU

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1. EXECUTIVE SUMMARY

The Therapeutic Intervention for Peace (TIP) Project is a codeveloped and culturally sensitive conduit model of partnership work which aims to reduce interpersonal violence affecting young people through preventative, holistic and whole systems change. Cultural sensitivity/ humility is **"a lifelong process of self-reflection, self-critique, and commitment to understand and respect different points of view, and engaging humbly, authentically, and from a place of learning"**[1]. The model was first devised in response to the recommendations of the 2020 TIP Research Report, which documented the experiences and realities of young people, families and practitioners, impacted by interpersonal violence between young people. This evaluation report on activities delivered on the TIP programme from September 2022 to August 2023, combines quantitative and qualitative methods to review impact and present recommendations. Grounded in this evidence and learning, the report presents Power the Fight's Theory of Change; communicating the process through which the project achieves its aims.

1.1 ACTIVITIES AND OUTPUTS

During this delivery period, The TIP programme has:

- Engaged with a total of 175 young people at two mainstream secondary schools and one alternative provision in group work and 1:1 therapeutic sessions.
- Co-developed therapeutic group workshops with young people, adapting and implementing culturally sensitive psychoeducation, Cognitive Behavioral Therapy (CBT) techniques, reflective discussion and art therapy.
- Created psychoeducational videos to be used in PSHE lessons, with discussions supported by school teaching staff.
- Engaged 58 parents/caregivers in reflective therapeutic sessions, including workshops and one-to-one discussions on youth mental health and community safety.
- Facilitated communication between families and schools to develop collaborative home-school support plans for individual young people.
- Worked with 46 professionals offering reflective practice sessions, training and consultation.
- Provided safe spaces for learning, critical inquiry and self-reflection to enhance professional practice.
- Delivered training modules covering topics such as contextual safeguarding, cultural sensitivity and therapeutically informed approaches to student care plans.
- Provided clinical supervision for all TIP practitioners.

1.2 EVIDENCE OF IMPACT

This evaluation report found evidence of the following key impacts and outcomes during this period:

- Strong evidence of improved wellbeing and reduced stress as a result of group work with young people. This included highly statistically significant improvements in quantitative measures, particularly at context B.
- Young people's feedback demonstrates high engagement and enjoyment of the project, reporting increased understanding of coping strategies and self-regulation.
- Qualitative data demonstrates the positive impact of individualised support plans, codeveloped between the TIP team, young people, home and school; including supported access to mental health services.
- Art therapy provided transformative containment for young people and emotional regulation.
- Evidence of effective professional training, consultation and reflective practice, leading to changes in practice and policy.
- Improved understanding of contextual safeguarding and cultural sensitivity amongst professional staff.
- An effective supervision model for TIP practitioners protected the wellbeing of TIP delivery staff and contributed to the success of the work.

1.3 CONCLUSIONS AND RECOMMENDATIONS

In its third year of delivery, the TIP Programme has made remarkable progress, providing a consistently impactful therapeutic intervention for young people, families, and professionals. There were significant challenges faced this year, particularly around the delivery of intended training and Reflective Practice and contexts A and B, but many of these were circumstances outside of PTF's control and where this work was made possible at context C it was found to be highly effective and powerful. This evaluation has found evidence that the project made significant progress on all of its aims and supports the following recommendations for future development;

1. Establish clearer partnership agreements from senior leaders at delivery contexts, with particular focus on working more closely with schools to offer parent/caregiver work alongside their existing plans and events.
2. Develop a model for best practice, based on the learning established on the TIP programme so that work can be replicated by other organisations.
3. Continue to develop alumni opportunities for continued relational work with TIP participants and families.
4. Share a practice informed Theory of Change to communicate the processes of change enabled through the TIP Programme.

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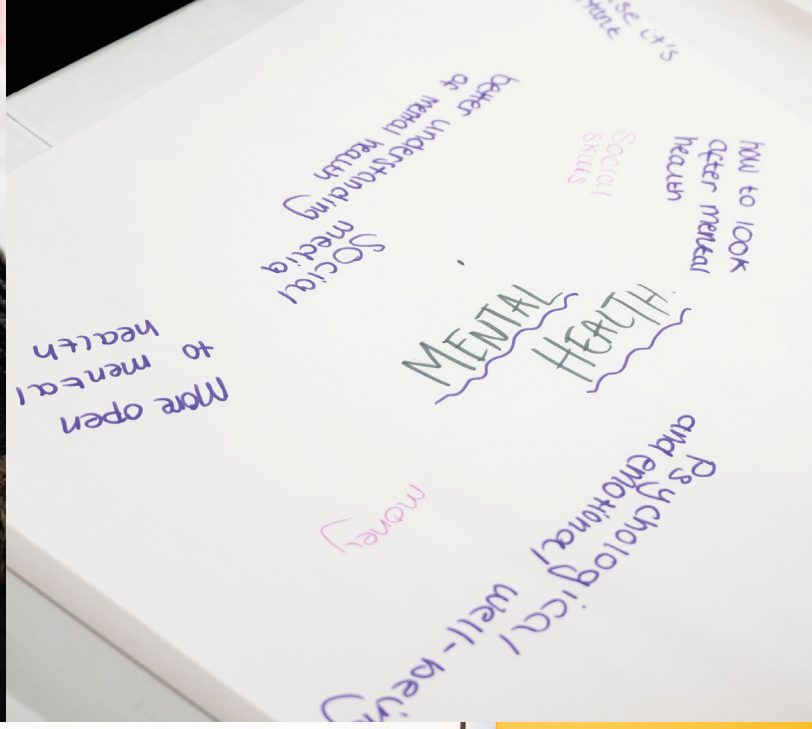
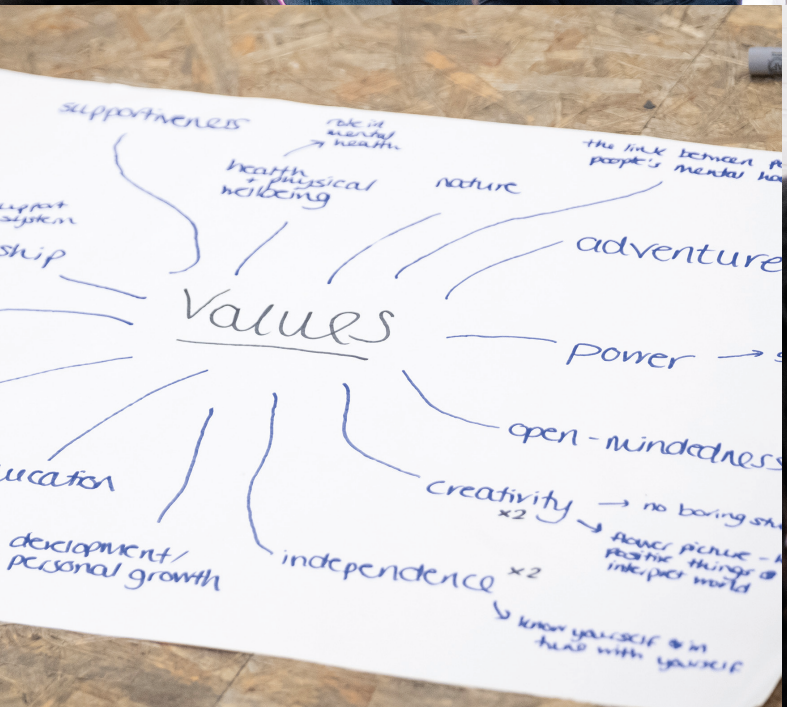

how to look after mental health
Social skills
Social media
better understanding of mental health
MENTAL HEALTH
More open to mental health
Psychological and emotional well-being
money

social media increases retaliation
Public
YOUTH VIOLENCE


supportiveness
role in mental health
health + physical wellbeing
nature
the link between people's mental ho
support system
ship
adventure
Values
power
open-mindedness
creativity ×2
no boring stu
flower picture
positive things
interpret world
ucation
development/ personal growth
independence ×2
know yourself & in tune with yourself

PUT YOUR CUP IN THE REUSER BIN

2. BACKGROUND AND INTRODUCTION

2.1. WHAT IS THE TIP PROJECT

The Therapeutic Intervention for Peace (TIP) Project is a codeveloped and culturally sensitive conduit model of partnership work which aims to reduce interpersonal youth violence through preventative, holistic and whole systems change. The model was first devised in response to the recommendations of the 2020 TIP Research Report[2], which documented the experiences and realities of young people, families and practitioners impacted by interpersonal violence between young people.

Research has long identified poor mental health and trauma as a key risk factor for interpersonal youth violence. In recognition of the evidenced impact of effective therapeutic models of prevention, and the success of the Scottish model of violence reduction since 2005, there has been national policy commitment to a 'public health approach' to serious violence in England and Wales since 2019. However educational institutions, along with mental health and youth services, consistently report that they are ill-equipped or under-resourced to meet the complex and intersectional needs of extreme or multiply marginalised groups. The TIP Project aims to address this by acting as a conduit for effective therapeutic intervention, supporting whole system change through training and consultancy, as well as delivering workshops, supervision, and one-to-one sessions. This multilevel approach is represented in figure 1, along with the complex and intersecting harms experienced by young people from marginalised and racialised groups.

This report evaluates the TIP Project's third year of delivery; having completed a pilot project in 2021[3], and an evaluated second year in 2021-2022[4]. This report evaluates delivery from September 2022 to August 2023, presenting evidence of impact and findings, along with recommendations for the continuing work and TIP model development. PTF has worked at three educational contexts in south London throughout this delivery period, and each one provided a unique institutional and cultural setting. This evaluation uses mixed methods of quantitative and qualitative analysis, to document the impact of the project in 2022-2023.

The project was funded from multiple sources during this delivery period. This included part contribution from the London Violence Reduction Unit (VRU), Comic Relief, Johnson and Johnson, and LB Lewisham's Neighbourhood Community Infrastructure Levy (NCIL).

CAUSES OF TRAUMA/HARM AND FORMS OF VIOLENCE IMPACTING YOUNG PEOPLE		PTF STRATEGY OF INTERVENTION	
Individual	ACES Everyday Violence Domestic Violence Bullying	Co-developed groupwork and 1-1s with young people. Art therapy workshops and 1-1s with young people. Supported referrals to further services or therapies.	Each level of intervention is informed and advised by the others, through feedback loops.
Social	Marginalisation Discrimination Institutional Racism Social Inequality	Cultural sensitivity training. Co-produced reflective practice spaces for staff. Co-produced reflective practice spaces for parents and families. Consultancy and incident response support.	
Systemic or Structural	Oppression Social Injustice Structural Inequality	Meet and engage with policy makers. Extensive evaluation and research to inform evidence based practice. Provide accessible mental health services for those most impacted by structural violence.	

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

2.2 METHODOLOGY

This evaluation of the TIP project uses both quantitative and qualitative methods. Over the past three years the team have worked hard on standardising and developing data collection methods and techniques that are both adaptive to the needs of young people and scientifically reliable[5]. Thanks to this work, the project has been able to analyse the impact of workshops through the Young-People Core (YP-Core Scale), The Warwick-Edinburgh Mental Well-Being Scale (WEMWBS), and the Strengths and Difficulties Questionnaire (SDQ). Where possible, paired scores have been means tested for statistical significance using a two tailed T-test. This is able to determine the likelihood that the impact was caused by this intervention and not by chance, with p-values less than 0.05 being considered statistically significant.

Qualitative data from session feedback, bespoke questionnaires, interviews and case studies are also used within this evaluation. Providing analysis of the impact of the project on young people, families and professionals.

Prior to commencing any sessions with the students, a baseline assessment is completed through a one-to-one meeting between a young person and the PTF practitioner. This assessment serves several purposes. Firstly, this facilitates the establishment of rapport and initial trust between the practitioner and the young person. Secondly, it establishes initial measures of wellbeing, providing a benchmark to evaluate the effectiveness of the intervention. Thirdly, it empowers young people to express topics they deem valuable for discussion within the workshop groups. This process enhances the practitioners understanding of the individual and group needs, fostering collaborative decision-making and coproduction. Moreover, it allows for the prompt identification and addressing of any safeguarding concerns from the outset of the intervention. This approach enables the team to tailor interventions and support for young people and the group throughout the programme, in alignment with trauma-informed principles.

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

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

In alignment with these objectives, this evaluation report addresses the following research questions: What impact has the intervention had during the 12 month delivery period? And to what extent has the project achieved its aims? The findings are presented below are structured by intervention context, recognising the unique characteristics of each setting with delivery and impact measures tailored to reflect these distinctions. The conclusion integrates insights from all settings, yielding recommendations for future delivery and project development.

2.3 DELIVERY ACTIVITIES

Working with Young People

During the academic year 2022- 2023, PTF engaged with a total of 175 young people at two mainstream secondary schools (context A and context B) and one alternative provision (context C) through co-developed therapeutic group workshops and individual art therapy. Students were identified by teachers as having shown an interest in engaging with PTF, and/or, considered as potentially benefitting from the extra support offered. Between ten and fifteen students participated in each group, there were three groups of year 8s at context A, three groups of year 9s at context B and 1 group of mixed year groups (ages 11 – 16) at context C.

The workshop themes were determined by students during their initial assessment, following which PTF staff developed content corresponding to each selected topic. These workshops consisted of interactive games and activities, psychoeducation and Cognitive Behavioural

Therapy (CBT) techniques, as well as open discussions and reflections. Each workshop was adaptable to accommodate group needs and promote coproduction. Additionally, video sessions informed by chosen topics and group discussions were developed. These videos were integrated into PSHE lessons, where teachers facilitated discussions and activities to broaden our engagement with young people. Individual art therapy sessions were also offered to 8 students at context C.

Support for Parents

During this delivery period, 58 parents/carers participated in reflective therapeutic sessions, including workshops and one-to-one discussions. These sessions aimed to increase the understanding of youth mental health and community safety, along with collaborating on tailored support plans for their children. This approach recognises the significance of involving the young person's network, such as parents and caregivers, in the therapeutic process, emphasizing collaboration and empowerment in the familial and community context.

Working with Professionals

Furthermore, PTF worked with 46 professionals during this timeframe, offering reflective practice sessions, training and consultation on various issues. These reflective practice spaces provided safe spaces for learning, critical inquiry and self-reflection to enhance professional practice. Training modules covered topics such as contextual safeguarding, cultural sensitivity and therapeutically informed approaches to student care plans.

Additionally, an integral aspect of the TIP approach is the provision of clinical supervision which was provided to all PTF staff throughout the year. This emphasis on professional development and support in the team's work promotes effective implementation of trauma-informed practices and enhances the quality of care and support for young people and families.

Delivery Outputs

PROJECT ACTIVITIES	DELIVERED OUTPUTS
Young people engaged in 1:1 sessions and/or group workshops	175 young people across three educational contexts
Parents supported through workshops and 1:1 advice	58 parents supported
Professionals engaged in cultural sensitivity training/consultation and/or reflective practice	46 professionals engaged
Clinical Supervision	Provided for all PTF Staff

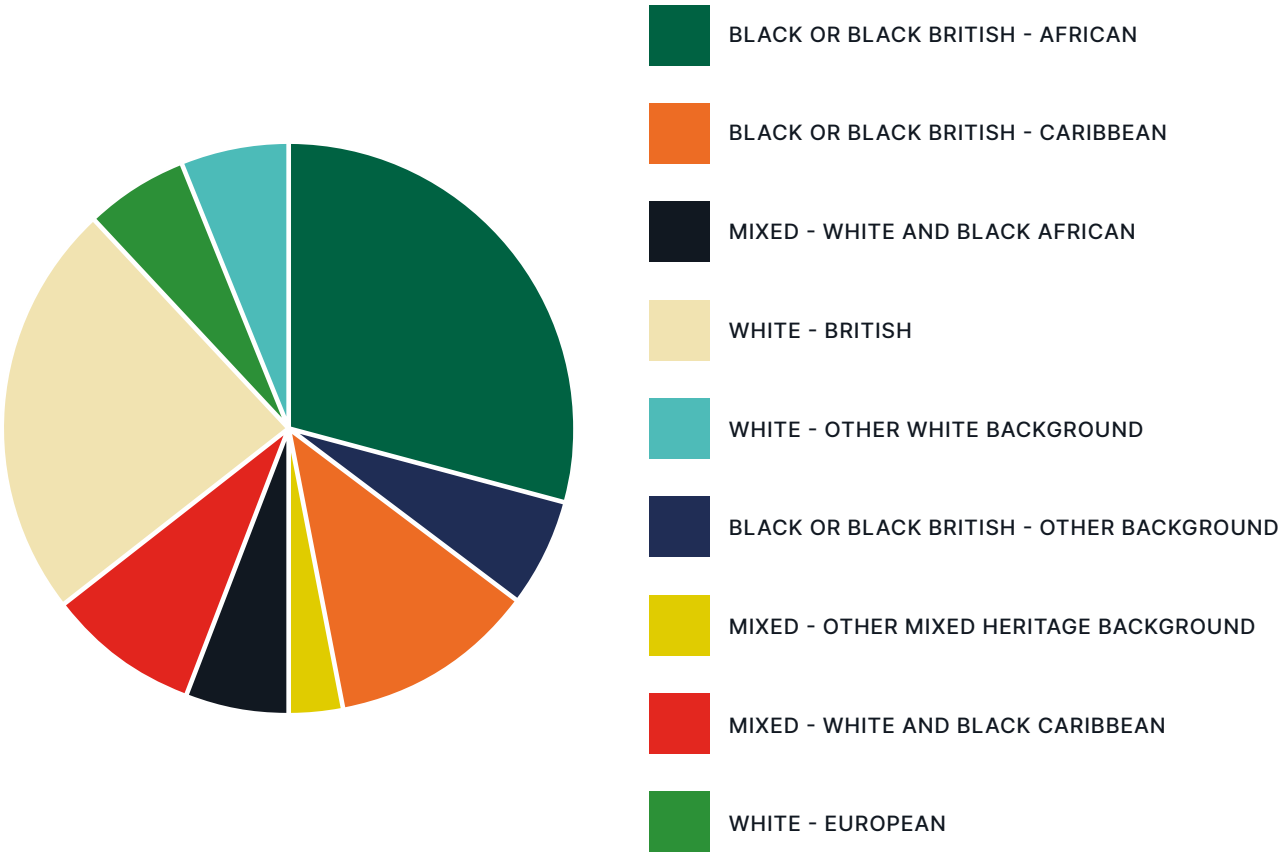
LOCATION	TERM	SESSIONS DELIVERED	NUMBER OF STUDENTS (YEAR GROUP)	DROP OUT	AVERAGE ATTENDANCE
Context A	Term 1	6	13 (year 8)	1	74%
	Term 2	8	10 (year 8)	1	92%
	Term 3	8	14 (year 8)	2	81%
Context B	Term 1	8	9 (year 11)	1	91%
	Term 2	7	13 (year 9)	1	82%
	Term 3	9	14 (year 8)	8[6]	72%
Context C	Rolling delivery	N/A	N/A	N/A	N/A

3. CONTEXT A

Context A is a mainstream, non-selective girl's comprehensive school with just under 1500 children between the ages of 11 and 16. 22% of students are eligible for free schools meals which is in line with the national average. There were three cycles of the TIP 8 week group intervention delivered at this context (Autumn, Spring and Summer Term), working with a total of 44 year 8 students (aged 12-13) across the academic year. The project also worked with 15 parents/carers and 22 members of staff. Consultation was provided to the school throughout the project, as well as clinical supervision for all PTF staff.

There were unavoidable interruptions to the group work delivery in the Autumn term due to industrial strikes and staffing issues at the schools, leading to a relatively low average attendance of 66%. However, attendance in the Spring and Summer term was consistently high, averaging 92% and 81% respectively. 3 students withdrew consent during the project and did not complete the intervention. 31 students completed both baseline and end assessments that were able to be included in statistical analysis at this context.

Self-defined Ethnicities of Young People Participating at Context A

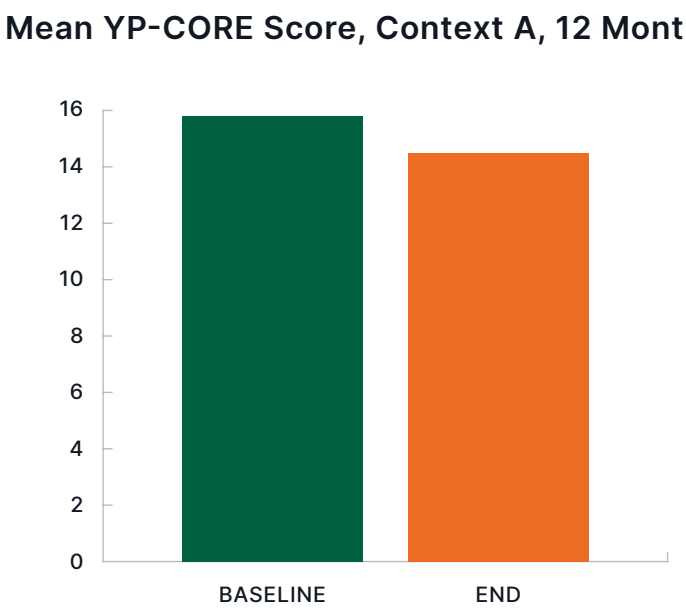


YP-Core Findings

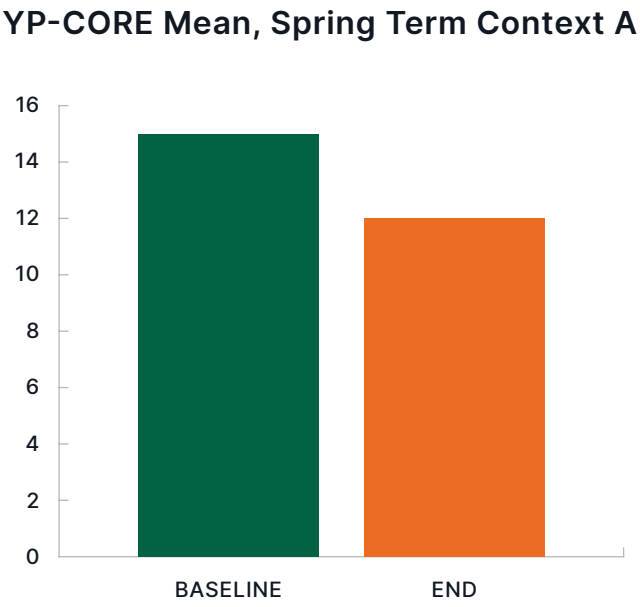
Student participants completed a Young Persons (YP)-CORE questionnaire at the start and end of the project. The YP-CORE is a 10-item self-report measure of emotional wellbeing for 11 to 16 year olds that has been shown to have acceptable psychometric properties and is sensitive to change. The emotional wellbeing scores are categorised with this measure as healthy (0–5), low (6–10), mild (11–14), moderate (15–19), moderate-to-severe (20–24), and severe (25 and above). There was a total of 31 young people that completed the YP-CORE before and after the TIP intervention that were able to be included in statistical tests, averaging a mean overall score of 15.81 at the baseline assessment and 14.48 at the end assessment (see figure 2). This represents an overall improvement in emotional wellbeing from an average of “moderate” to “mild” levels of stress and worry.

YP-Core results were inconsistent across the three terms this year, with Spring and Summer groups showing strong positive impact, but this same impact was not identified in the Autumn results (see full test results in Appendix A). This evaluation suggests several possible explanations for this. Firstly, 2 of the expected 8 week sessions of the Autumn term were unable to go ahead due to industrial strikes and staffing issues. Secondly, unavoidable staff changes at PTF interrupted relationship building during the delivery of this cycle.

However, it is also noted that in the spring term, 3 students fell within the ‘severe’ range at baseline assessment but had moved to the ‘moderate’ and ‘low’ ranges by the ending assessments (based on the YP Core measure). This suggests that TIP was particularly helpful with supporting the students that reported high levels of stress and worry at baseline assessment.



[FIGURE 2]



[FIGURE 3]

WEMWBS Findings

The Warwick-Edinburgh Mental Well-Being Scale (WEMWBS) was also completed at the start and end points of the project. This scale provides a wellbeing score between 14 and 70, where higher scores indicate greater positive mental wellbeing. When measuring impact, an increase of between 3 and 8 can indicate meaningful change. Similar to the YP-Core scores, this scale recorded improvements in wellbeing for the Spring and Summer cohorts, but no increase in the Autumn term results. None of the groups indicated 'meaningful change' on this measure.

SDQ Findings

The Strengths and Difficulties Questionnaire (SDQ) is a globally recognised instrument for assessing the mental health status for children and young people. Of the 31 students at context A that completed this measure pre and post intervention, 39% recorded an increase in wellbeing and their behaviour.

Qualitative Findings

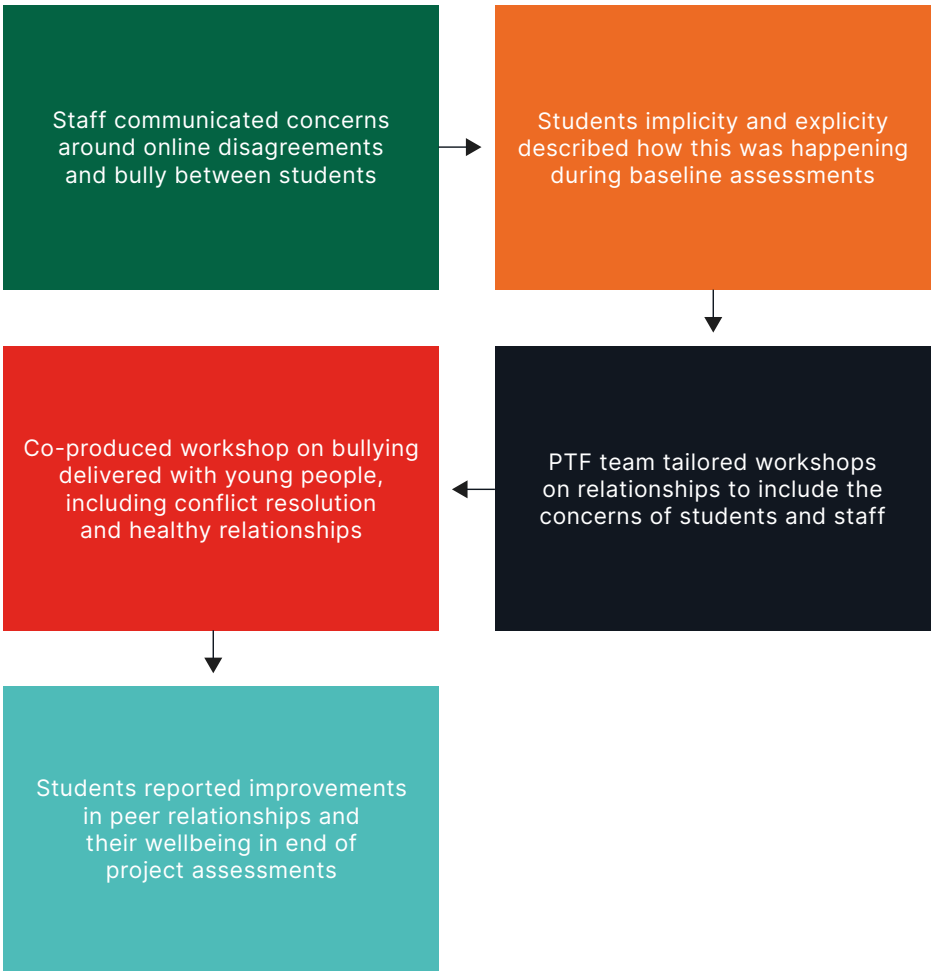
The evaluation of feedback from young people found consistent themes of increased understanding of mental health, empowerment for the future and emotional and behaviour regulation. Quotes from students included:

> ***"(The TIP programme) helped me to know that it's okay to have down days and gave better ways to cope with our mental health and arguments."***

> ***"I liked the aspirations workshop, it helped me to think about what I want to do in the future, and how my choices now impact my future."***

> ***"Fight or Flight and the DNA [Discoverer Noticer Advisor] skills helped as it made me stop and realise what I should do before I take action."***

Feedback from staff and practitioners demonstrated the effectiveness of the responsive approach to co-production of workshop content at context A. In case study 1, for example, the staff communicated concerns about a trend of disagreements in peer relationships and online bullying. The students both implicitly and explicitly described their concerns around friendships during the baseline assessments. PTF tailored workshops on relationships to include bullying as well as conflict resolution, responding to what had been communicated by both staff and students. In the qualitative feedback of their ending assessments, students reported improvements in their relationships and well-being.



[FIGURE 4, CASE STUDY OF RESPONSIVE COPRODUCTION]

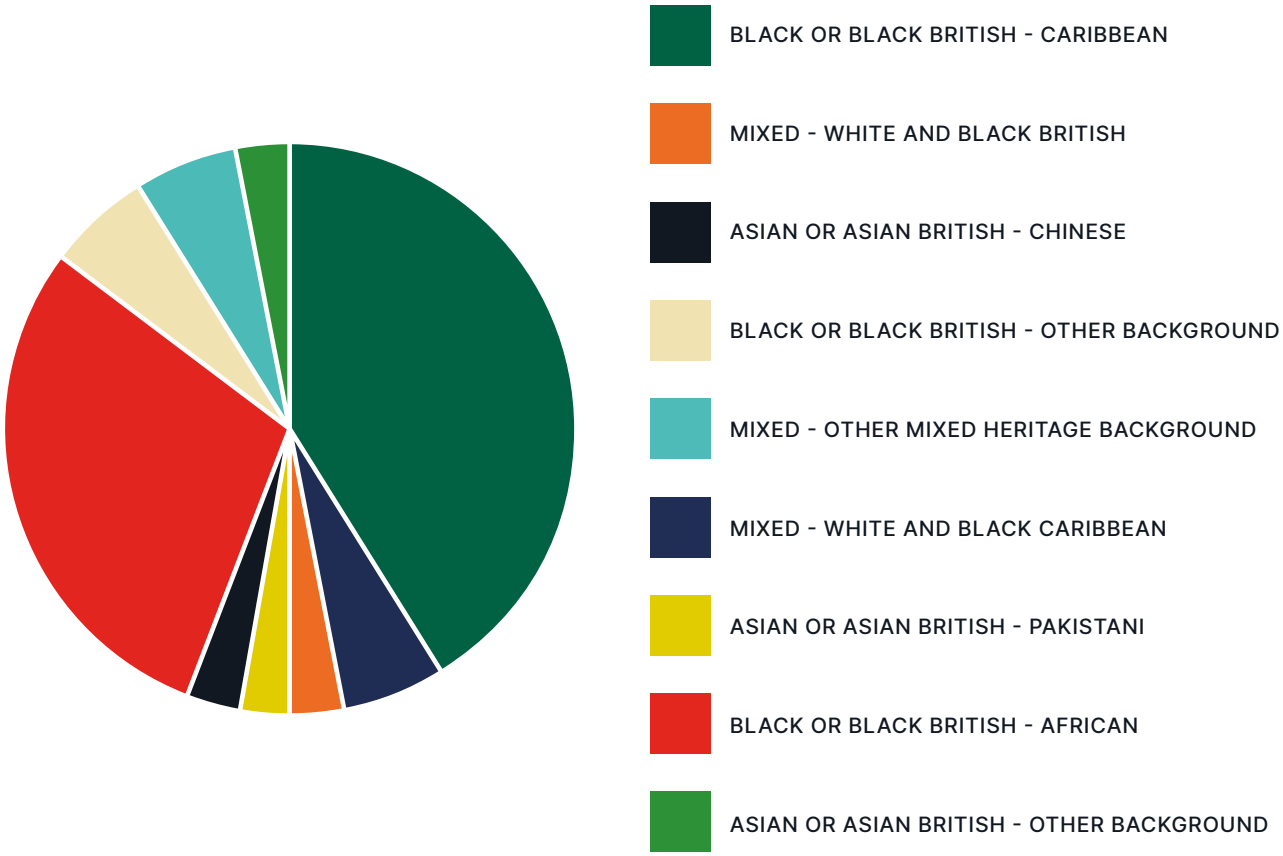
There was also evidence of several instances where information was shared by PTF with school and/or parents and this resulted in students receiving further support, including bespoke support plans relating to academic and/or emotional needs.

supportiveness
role in mental health
the link between parents & young people's mental health
cyclical
health + physical wellbeing
nature
best intentions
support system
adventure
friendship
Values
x2
power
gives power to young people
open-mindedness
success/ sense of achievement
creativity

4. CONTEXT B

Context B is a mainstream, non-selective mixed gender comprehensive school with just under 600 children between the ages of 11 and 16. 40% of students are eligible for free schools meals which is almost double the national average. There were three cycles of the TIP 8 week group intervention delivered at this context (Autumn, Spring and Summer Term), working with a total of 36 students across three year groups; fourteen year 8 students (aged 12 -13), thirteen year 9 students (aged 13-14), and nine year 11 students (aged 15-16). The project also worked with 38 parents/carers and 9 members of staff. Consultation was provided to the school throughout the project, as well as clinical supervision for all PTF staff.

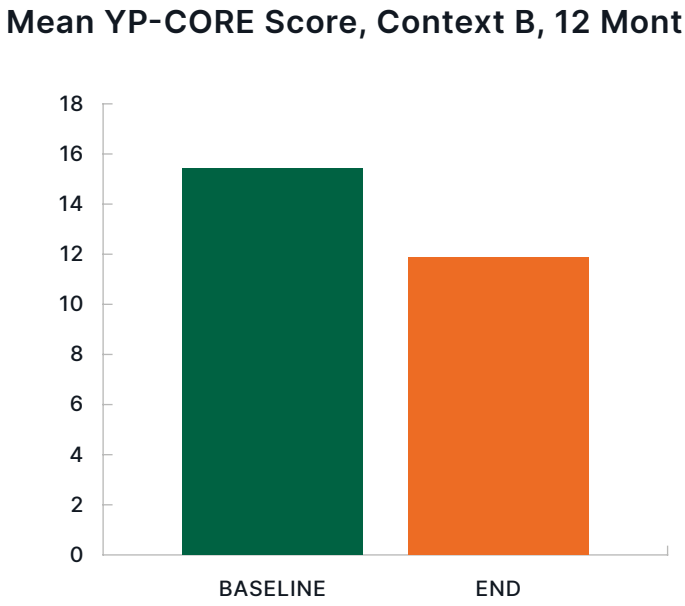
Self-defined Ethnicities of Young People Participating at Context B



YP-Core Findings

Student participants completed a Young Persons (YP)-CORE questionnaire at the start and end of the project. The YP-CORE is a 10-item self-report measure of emotional wellbeing for 11 to 16 year olds that has been shown to have acceptable psychometric properties and is sensitive to change. The emotional wellbeing scores are categorised with this measure as healthy (0–5), low (6–10), mild (11–14), moderate (15–19), moderate-to-severe (20–24), and severe (25 and above). There was a total of 24 young people that completed the YP-CORE before and after the TIP intervention that were able to be included in statistical tests, averaging a mean overall score of 15.42 at the baseline assessment and 11.88 at the end assessment (see figure 5). This represents

an overall improvement in emotional wellbeing from an average of “moderate” to “mild” levels of stress and worry. Although the sample size here was smaller than that required for full validity, when tested these results showed high significance, with a p value of 0.002. This would suggest there is less than one in a thousand chance of the difference being caused by coincidence and this is considered strong evidence of impact through TIP intervention.

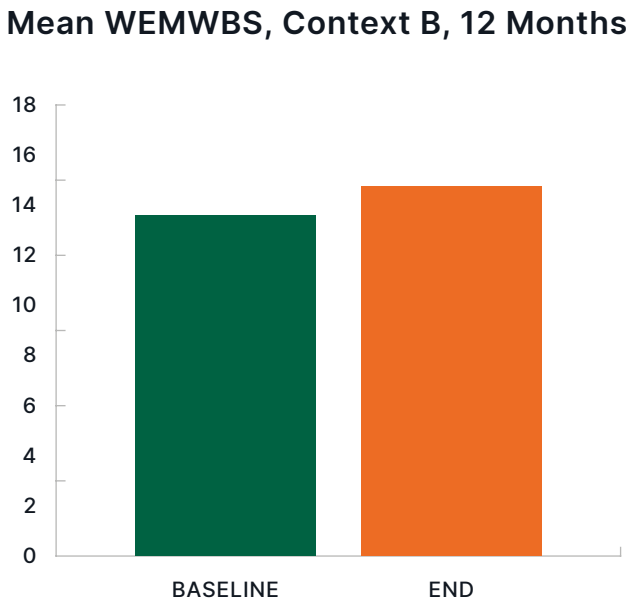


[FIGURE 5]

At this context, YP-Core results were consistent across the three terms and the three year groups this year. The Autumn term delivery with year 11 students had an average mean YP-CORE improvement from 17.13 to 14.00, with a p value of 0.04. The Spring term delivery with year 9 students had an average mean YP-CORE improvement from 14.08 to 10.78, with a p value of 0.02. Whilst the Summer term delivery with year 8 students reported an average mean YP-CORE improvement from 15.83 to 10.75, with a p value of 0.04. All three groups show high statistical significance, suggesting an effective intervention was developed at context B.

WEMWBS Findings

The Warwick-Edinburgh Mental Well-Being Scale (WEMWBS) was also completed at the start and end points of the project. This scale provides a wellbeing score between 14 and 70, where higher scores indicate greater positive mental wellbeing. When measuring impact, an increase of between 3 and 8 can indicate meaningful change. The mean average across all groups at context B reported an increase wellbeing score of 45.29 to 49.18 (see figure 6). This is an increase of 3.89 points and is considered a meaningful change. Although the sample size is smaller than that require for full reliability, two tailed testing reports a p value of 0.0006, suggesting a **highly significant impact of the TIP intervention at this context.**



[FIGURE 6]

SDQ Findings

The Strengths and Difficulties Questionnaire (SDQ) is a globally recognised instrument for assessing the mental health status for children and young people. Of the 31 students at context A that completed this measure pre and post intervention, 50% recorded an increase in wellbeing and their behaviour.

Qualitative Findings

The students that attended the workshops gave positive feedback and demonstrate a willingness and commitment to attend. Their participation in the workshop sessions was excellent, with many students using the space to appropriately share their personal context and listen to, and support, others doing the same. The co-production element of the programme led to sessions being delivered on schools and exams, racism and money which were the most chosen topics that the students wanted to cover, closely followed by youth violence, drugs and alcohol, and stop and search. Students reported that the sessions had helped them to think differently about the challenges they were going through, or to adapt their approach to a stressful situation with friends or schoolwork for example. Feedback from students included:

> ***"I liked the 'Mental Health: Stress and Worry' workshop. I learned ways to deal with negative factors impacting mental health."***

> ***"I enjoyed the art workshop the most because I saw that art can change your feelings."***

> ***"(TIP) helped me to know how to set my goals and what I can do to achieve it."***

Feedback from professionals at context B Also highlighted the impact of PTF consultation and co-produced support plans for students. There were examples of communication between PTF, parents and teachers that enabled a more connected and trauma informed approach to student wellbeing, leading to behavioural change at school. Consistent relational groupwork was seen to build trust between PTF practitioners and students, leading to meaningful change and supported referrals to longer-term therapeutic services (see case study B).

Case Study B

Bonnie (pseudonym) is a 15-year-old girl from a Gypsy Traveller background. Following a breakdown in her familial relationships and on-going challenges with her behaviour, Bonnie lives in a children's care home. Bonnie was referred to the TIP programme following concerns about her behaviour, distressing past experiences and multiple transitions that were having a negative impact on her wellbeing. During her individual assessment, Bonnie was cautious in sharing her worries and concerns initially. However, as the session continued, she shared that she often worries about not being able to see her grandmother and friends and she struggles with intense feelings of anger and will 'lose her temper' in a way that negatively impacts the relationships around her. Bonnie also disclosed that when she felt overwhelmed by fear and helplessness, this had led to self-harming and exposure to harmful sexual behaviours in the past.

The culturally sensitive and co-produced workshops delivered at the school covered a range of topics including; Mental Health, Inspirations and Aspirations, Relationships and Conflict Management, Youth Violence, Identity and Social Media. Bonnie attended some of the sessions and initially presented as withdrawn, displayed controlling behaviour and refused to accept some of the parameters set in school.

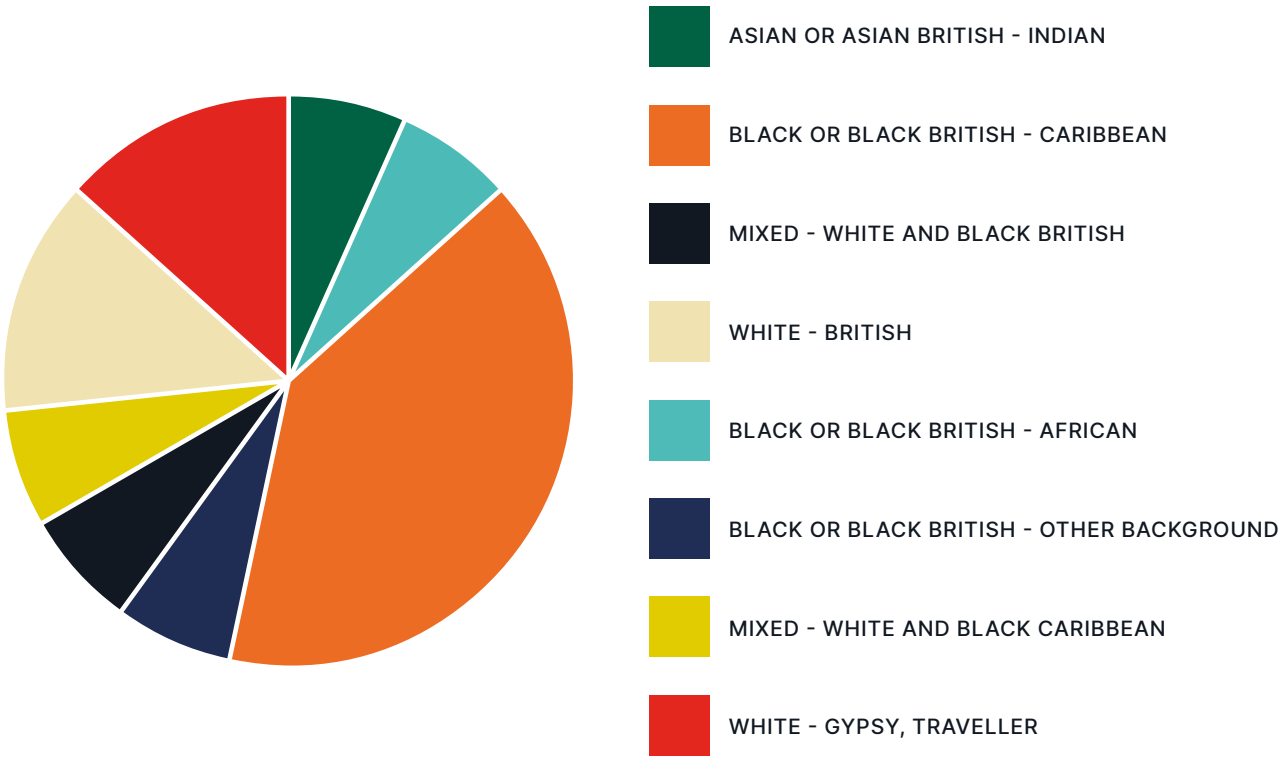
However, Bonnie's behaviour started to shift when trust was developed in the relationship between her and the TIP team. Regular check ins were practiced with Bonnie, especially if she did not attend the workshop. Having this consistentency modelledby the team resulted in a change in Bonnie's response to her current attachment style with adults and professionals. Bonnie started to exhibit behaviours that indicated she felt safe. She'd offer help to set up, enquire about the workshop content and once she felt completely safe, started to initiate check ins with the TIP team using her own autonomy. These check ins showed her that there are adults who listen, hold her in mind and actively support her in all areas. She started to engage more in the development of her safety and construction of her safety plan. Having a voice in this space inevitably empowered her to change her narrative and how she lresponds to others too.

As the TIP team works from trauma informed principles, acknowledging the psychological, behavioural and emotional long lasting and pervasive impact of trauma on individuals, they focused on building consistent and safe relationships with Bonnie. For example, it was important to demonstrate consistency, empathy and understanding to her, so regular individual check-ins were made available and relevant information shared with school staff. Although Bonnie's anger needs to be understood as a defence against fear, abandonment, and threat, we supported school staff to communicate to Bonnie that some of her behaviours were unacceptable. In the workshops, group agreements with the young people were created and revisited weekly. The on-going sharing of information, future planning and formulating her support plan with school and the care home helped to develop a shared understanding and support of Bonnie's difficulties. Bonnie was referred to CAMHS for longer term, targeted support.

5. CONTEXT C

Context C is an alternative provision centre with an average of 16 children between the ages of 11 and 16. Unlike context A and B the children enrolled here have been referred through a school or agency, usually because they were permanently excluded from a mainstream school. Around 40% of the students have a special educational needs (SEN) statement, or an Education, Health and Care (EHC) plan.

Self-defined Ethnicities of Young People Participating at Context C



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

All students that joined the TIP Project at context C took part in baseline assessments to enable co-production of workshop content and to identify needs or safeguarding concerns. However, due to fluctuating attendance and enrolment at this context, inconsistent length of intervention and missing end project data means that quantitative results were not reliable enough for statistical analysis in this evaluation.

Unlike the structured termly interventions that provide clear start and end points for assessment at context A and B, the more relationally focused, ongoing delivery at context C reflected the

changeable student numbers, ages and needs that are to be expected at an alternative educational provision. Despite this, **89%** of the students that completed both assessments showed a **positive change in their emotional health and wellbeing** and **44% showed an improvement in their behaviour** (self-reported).

Qualitative Findings

The delivery of workshops at context C involved a process of relationship building with PTF practitioners and establishing trust and safety, which are paramount for therapeutic interventions. Informal check-ins with students were important in maintaining these therapeutic relationships with young people and gathering information for any ongoing safeguarding concerns. Throughout the academic year, students disclosed worries they had about school, relationships, home life and at times safeguarding concerns during the individual check-ins with PTF staff. The ad-hoc nature of these check-ins allowed PTF to meet with students privately, mostly after the weekly workshop was finished. Any safeguarding concerns were fed back to the staff and safety plans were completed with the young people and shared with staff at context C. Feedback from students included:

> ***"The workshops helped me to talk more and open up about how I'm feeling. I enjoyed talking about relationships and my own emotions."***

> ***"I like the sessions on relationships because they showed me how to form positive relationships".***

Individual Art Therapy sessions were also offered to a small number of students (8) at context C and have been highly impactful. Case notes demonstrate engagement, change and personal growth among the participants and there is consistently positive feedback from the young people and staff.

All of the participants reported that the Art Therapy was helpful and that they would recommend the sessions to a friend. The most common words chosen to describe how the therapy made them feel were; calm, understood and valued.

In feedback forms participants commented:

> ***"Art therapy provided valuable tips and someone to talk to. It helped me regulate my emotions better."***

> ***"No [I wouldn't change anything] - Art Therapy is cool!"***

There have been profound moments that take place during the Art Therapy sessions and consistent evidence that the process stimulates creativity, promotes feelings of calm and encourages self-reflection. The young people, as well as teaching staff, have vocalized a sense of trust and connection with PTF's Art Therapist and have been open to discussing complex feelings during their sessions.

Art therapy sessions were seen to develop effective mindfulness in the session through a range of adaptive, trauma informed art activities. The art activities bring on a state of sustained and alert

awareness resulting in participants becoming focused on the present moment. The development of mindfulness is a reliably effective method to reduce symptoms of anxiety, stress, and depression, while simultaneously encouraging improvements in self-regulated behaviour, cognitive, emotional, and interpersonal functioning. During the sessions, the TIP Art Therapist often reflects back the physical changes seen in participants throughout the session; E.g. slower breathing, softer posture, eye contact and slower speech. The techniques developed can be reconnected with through continuing creative projects at home. Notes from sessions indicated that participants often requested to take their artwork home and that this would provide a helpful grounding for the session, while also creating opportunities for the child and TIP Team to connect with parents and carers.

Case Study C

Sam (pseudonym), a 14-year-old non-binary Black student, faced challenges related to long-term health conditions. Sam was referred into the TIP programme following concerns with low mood and poor school attendance. The outcome of their assessment identified they had suicidal ideation and were at high risk of self-harm. Additionally, the TIP staff member helped them reflect on their strengths and interest in creative arts and a willingness to engage in Art Therapy.

During the initial sessions, trauma-informed activities and therapeutic items, such as a weighted blanket were utilised to help Sam regulate their emotions. Sam developed trust and openness with the TIP art therapist and shared difficulties about their mental and physical health and experiences in and outside the home and expressed what changes they hoped for.

Throughout the programme, the TIP therapist communicated concerns, along with any safeguarding issues with educational and health professionals, including Child and Mental Health Services (CAMHS), as well Sam's mother, to address their needs. Collaboratively, the TIP staff and Sam co-produced safety plans and communicated with their wider network to ensure comprehensive support.

While a referral was made for Sam to receive a 12-week mental health intervention with a psychotherapist at CAMHS, Sam found it difficult to open-up in that clinical setting, expressing mistrust discomfort towards services. However, they continued to attend the Art Therapy sessions in school that led to increased school attendance and improved mood. The TIP therapist observed Sam's creativity, playfulness, curiosity, humour and open body language during the sessions.

In the final Art Therapy session, Sam's mother joined the session. Sam thought it was important for their mother to attend to discuss the progress and their artwork together. Sam attended in colourful clothing, expressing themselves and symbolising the positive changes made during their therapeutic journey. Sam's mother reflected on the positive impact she had observed, including increased communication between her and Sam and emotional regulation. This final session fostered a strong relationship between Sam, their mother, and the therapist. Together, they discussed strategies for Sam to maintain their progress, emphasising the importance of self-compassion.

Sam shared that Art Therapy had significantly improved their wellbeing and sense of self. They felt, valued, and supported and learned different coping strategies, highlighting the therapeutic benefits of this approach.

Training and Staff Reflection

15 members of staff at context C took part in training and reflective practice this year. The training built on contextual safeguarding training that that had been completed by the staff in the 2021/22 academic year and was shaped by the Reflective Practice sessions that staff have been participating in with PTF's counsellor throughout the year.

The training covered the following areas:

- A review of contextual safeguarding practice at context C.
- An introduction to the 'Beyond Referrals: Creating Safety' work.
- Exploration or Nurture Principles as a way to create safe culture.
- A consideration of Trauma Informed Practice and how this relates to contextual safeguarding.
- Mapping of services and partners that can strengthen the contextual safeguarding approach at context C.

The training was given an overall rating of 5 out 5 by participants, with 0 representing 'terrible' and 5 representing 'excellent'. 100% of participants said the training was 'excellent'. On a scale of 0-5, participants said their knowledge of contextual safeguarding had increased by an average of 4.1, with 100% of participants rating the trainer as 'excellent'. 83% of participants said they would change their practice as a result of the training. When asked what they most enjoyed about the training, participants said:

> ***"The 'feeling unsafe' activity – provided a visual opportunity to see students".***

> ***"Interactive and informative".***

> ***"Using real life experiences to help us understand important and maybe complicated information".***

> ***"The chance to reflect on our practice at [context C]".***

Reflective Practice – School Staff

Reflective Practice sessions were offered to staff at all three contexts as part of the TIP programme. However, due to challenges around the delivery of this work which is outlined in section 7 below, this was only established consistently at context C. The evidence here suggests this was a strength of the delivery this year, with notable positive outcomes for participants.

A total of four staff participated in fortnightly group reflective practice sessions with the PTF Counsellor. Themes explored included safeguarding and managing risk, staff professional relationships and dynamics, professional identity and communication, and cultural sensitivity. There was good attendance, and the group used the space well to share and reflect on work-related dilemmas and challenges.

Staff reflected that they felt heard, validated, and supported. As part of the intervention, staff completed baseline and end assessments that included the WEMWBS measure. Scoring of the WEMWBS is done by summing the total score, with higher scores indicating positive mental wellbeing up to a maximum of 70. An increase of between 3 and 8 points across time-points has been found to indicate meaningful change. Of the staff that completed assessments, each showed an increase of 4-6 points, highlighting that the Reflective Practice space has had a positive impact to staff well-being.

Feedback from staff included:

> ***"It has been helpful and necessary for my professional development, mental health, well-being and regulation."***

> ***"Reflective practice has raised my awareness of safe practice."***

> ***"It has helped me to be more open with myself and my team."***

> ***"Empowered me to make better decisions."***

> ***"It has helped me to understand that I too am important and valuable."***

> ***"I was resistant at first but best things I have taken part in."***

> ***"Supportive in knowing how to communicate and advise colleagues of best practice."***

Review interviews with staff at context C demonstrated the importance of time and consistency in developing effective reflective practice. At first, staff seemed uncomfortable in the space and questioned the value of the time spent in reflective sessions. However, with consistent attendance, creative use of check ins and check outs, as well as developing reflective tools, staff began to enjoy and look forward to these sessions. Staff reported that during high stress or volatile incidences at the alternative provision, they would be thinking **"This is something I need to take to reflective practice"**, emphasising the impact of embedded reflective practice in everyday practice and coping strategies. A case study at this context demonstrated how this reflective space for practitioners was able to feedback to senior leadership about the training needs of the group, leading to safeguarding training and changes in policy.

[CASE STUDY D; REFLECTIVE PRACTICE AT CONTEXT C]

in dependence

6. REVIEW INTERVIEWS WITH PRACTITIONERS

As part of this review 5 members of PTF staff were interviewed from a range of delivery and leadership roles in the TIP programme. Thematic analysis of these discussions identified several points for reflection from this delivery period.

Importance of Contact Role at Delivery Context

A consistent theme across interviews with PTF staff was the importance of the contact staff at each context and how different relationships at different locations impacted on the effectiveness of the work.

> ***"I think a big difference is our contacts in the different schools and the relationship we have with the contact person or member of staff... if they're understanding of the TIP approach and what we're trying to do, it makes a big difference in how we also feel supported and we're able to work."***
>
> - Clinical Practitioner, PTF

The logistics of booking rooms for the sessions, communicating with students and parents, ensuring young people remember to attend on the day and that crucial information is shared with PTF, requires a clearly identified person that holds this responsibility at the school or alternative provision. At contexts where this was established and the member of staff valued the project this was seen to improve outcomes.

Value of Staff Clinical Supervision

Clinical supervision for all TIP practitioners is an integral component of the TIP model. Interviews with practitioners emphasised the value of this space for reflection and establishing an awareness of feelings and emotions that TIP work might trigger. One TIP practitioner described how supervision allowed them to process personally triggering aspects of the work and its impact, protecting their wellbeing whilst enabling them to continue the work in a safe way;

> ***"I remember an instance where in one particular group, I was experiencing some challenges because it was causing some triggers which remained with me. I wasn't immediately able to identify why I was feeling so anxious when I was going into this particular group. But having the clinical supervision space to be able to sound that out and think about solutions or ways forward, I found that to be really helpful. Because obviously that's my role and I'm there to deliver. I have to go back into that space next week - I can't say I want to opt out of this particular group. So it was really important to kind of get to the bottom of it and think about how I could manage myself or contain myself within that space so that I'm still able to facilitate and provide the best workshop that I can for the young people."***
>
> - TIP Practitioner

The discussion and evidence reviewed in this report suggests that PTF has developed a particularly effective more of 'reflective supervision' as a distinct model for work with front facing practitioners in non-clinical roles.

Reflective supervision is distinct from other forms of performance review supervisions in that it is likely to include:

- A space in which practitioners think about and analyse complex situations and problems supported by the supervisor.
- Containment for practitioners' emotional responses to direct or indirect work, or to the dynamics of the team.
- A means for practitioners to make use of their own experience and develop awareness of how their experience informs their work and how their work may connect to other life experiences.
- A focus on culturally sensitive practice which allows both supervisor and supervisee to acknowledge their own prejudices and assumptions and where these touch on their work.
- Space to reflect on the supervisee's experience of the team relationships and team functioning.

The TIP model provides reflective in-person supervision sessions for 1 hour every 2 weeks on a one-to-one basis. The agenda is set by the supervisee, with the supervisor supporting to hold the thread of the conversation across sessions. The supervisor ensures that the practitioner's wellbeing is always on the agenda. All practitioners interviewed had greatly appreciated their reflective supervision and spoke highly of the positive impact it had on their work. This evaluation found clinical supervision to be a strength of the TIP model.

Co-production in Practice

The TIP model aims to empower young people and school communities through the co-production of the programme design. In practice the evaluation identified some of the logistical and disciplinary challenges of this. The first being that adaptive and responsive project design requires a lot more time spent in team reflection and planning to consider how to incorporate suggested themes into the intervention. After three years of delivery the TIP programme now has a wide variety of workshops and activities within its toolkit that can often be adapted to meet the needs of various groups. This is a real strength of the project and the feedback from young people post workshop reflects the quality of the session design.

The TIP approach is multidisciplinary in its combination of psychologically informed therapeutic groupwork, as well as more relational and responsive youth work practices. Interviews with practitioners emphasised the need for careful balance between these two traditions. Careful and thorough planning of each workshop is consistent with being trauma informed; **"we want to make sure that they're still contained and that it's safe for the young people"** (TIP Practitioner). However, an overly rigid structure that requires a set intention to every activity, wouldn't allow for responsive co-production during the session. As one TIP practitioner explained:

> ***"We're always doing our best, but always learning and we're always thinking, OK, how can we bring that into the space? We are reflective in the work that we do and it's not just a cookie cutter programme. Sometimes the young people might be saying "can we have another game?" and we don't know why they might be saying they want a game. Maybe they've been feeling dysregulated for the whole day or maybe this is a space where they feel like they can just breathe. And so I would be inclined as a youth worker to be like, yeah, fine."***
>
> - Senior Youth Practitioner

The TIP model has developed a strong model of co-production that allows students to choose topics that are relevant and interesting to them. This can be a time intensive commitment and staffing time should be recognised as integral to the additional reflection and planning this requires. The balance between structured containment and responsive adaptation within the sessions continues to be a learning process for PTF and is an aspect of the work that could be looked at in more detail in future evaluations.

Behaviour Management

With younger groups and larger group sizes, there were behaviour management issues that arose during sessions this year. This presented some challenges for the approach of the project for several reasons. Firstly, the effectiveness of intervention is built on the differentiation between PTF practitioners and 'teachers', providing a space within the schools setting that separate from the everyday school culture school behavioural management. TIP practitioners expressed conflicted feelings about not wanting to 'act like teachers' and become disciplinarian in the group space, but also aware that it would not be trauma-informed to begin the session discussions in an uncontained or unregulated space. Sometimes teachers were called into the room to settle the group, allowing for that differentiation of roles to be maintained. PTF staff felt that particularly for younger groups (year 8 and younger) the maximum group size of 10 students is recommended.

There was also a sense in some sessions that young people felt they had been referred to the project because they were the 'naughty students'. Practitioners spent time exploring this feeling and the label, explaining that was not how PTF saw them, whilst validating and recognising their experiences. It was identified that the communication to students of 'why' they are there is something that could be better articulated by school staff in the referral process to reduced feelings of negative labelling.

Alumni Continuation

One of the recommendations from previous evaluations was to find a way to sustain contact with young people after the delivery of workshops through the provision of an Alumni project. This would sustain the relationship with PTF so that the relational work did not come to a sudden end. This year for the first time a separately funded Alumni project was established and young people were offered the chance to continue contact with PTF. The impact of this was noted in case study E below.

Case Study E

"Sam *(pseudonym)*, a 14-year-old non-binary Black student, faced challenges related to long-term health conditions. Sam was referred into the TIP programme following concerns with low mood and poor school attendance. The outcome of their assessment identified they had suicidal ideation and were at high risk of self-harm. Additionally, the TIP staff member helped them reflect on their strengths and interest in creative arts and a willingness to engage in Art Therapy.

During the initial sessions, trauma-informed activities and therapeutic items, such as a weighted blanket were utilised to help Sam regulate their emotions. Sam developed trust and openness with the TIP art therapist and shared difficulties about their mental and physical health and experiences in and outside the home and expressed what changes they hoped for.

Throughout the programme, the TIP therapist communicated concerns, along with any safeguarding issues with educational and health professionals, including Child and Mental Health Services (CAMHS), as well Sam's mother, to address their needs. Collaboratively, the TIP staff and Sam co-produced safety plans and communicated with their wider network to ensure comprehensive support.

While a referral was made for Sam to receive a 12-week mental health intervention with a psychotherapist at CAMHS, Sam found it difficult to open-up in that clinical setting, expressing mistrust discomfort towards services. However, they continued to attend the Art Therapy sessions in school that led to increased school attendance and improved mood. The TIP therapist observed Sam's creativity, playfulness, curiosity, humour and open body language during the sessions.

In the final Art Therapy session, Sam's mother joined the session. Sam thought it was important for their mother to attend to discuss the progress and their artwork together. Sam attended in colourful clothing, expressing themselves and symbolising the positive changes made during their therapeutic journey. Sam's mother reflected on the positive impact she had observed, including increased communication between her and Sam and emotional regulation. This final session fostered a strong relationship between Sam, their mother, and the therapist. Together, they discussed strategies for Sam to maintain their progress, emphasising the importance of self-compassion.

Sam shared that Art Therapy had significantly improved their wellbeing and sense of self. They felt, valued, and supported and learned different coping strategies, highlighting the therapeutic benefits of this approach."

- Senior Youth Practitioner

7. LIMITATIONS AND CHALLENGES

There were some aspects of the intended delivery and output targets that the project was unable to meet. The evaluation has identified several key limitation and challenges that were faced this year that impacted on delivery.

Staff Training

PTF faced difficulties in delivering staff training sessions at context A and B. At context A, school staff turnover posed challenges in effectively communicating the importance of staff training as part of the programme. Additionally, since PTF training had been conducted the previous year, it was deemed necessary to focus on different topics during the current academic year. Across context A and B, staff strikes resulted in reduced CPD time as other educational priorities took precedence. Although small staff training sessions were scheduled during the final term at context B, they were hindered by staff absences.

Staff Reflective Practice

Similar challenges related to staff turnover and capacity at contexts A and B also affected the delivery Reflective Practise sessions, thereby limiting their consistency. Consequently, fewer staff members engaged, and fewer completed assessments were collected, resulting in gaps in the data set. Despite this, we are pleased with the positive impact on the staff that did participate consistently at context C, as outlined above.

School Data

Despite repeated requests to the schools, useable behaviour data for students participating in the workshops was not provided, resulting in a very limited dataset for this outcome, based only on self-reported data from young people. Staff changes and limited capacity were important factors in the inability to access this data. In future, PTF will establish agreements with school senior leadership teams to ensure access to this data and enhance reporting on impact in this area.

Parent/Carer Workshops

A total of 9 parent/carer workshops were offered over the year with two having to be cancelled due to lack of sign-ups. Different methods of delivery were trialled to increase engagement, including offering online sessions and changing the time. Despite this, there has not been a consistent theme identified that offers a solution to these challenges and feedback from parents has helped us to hold in mind the different pressures they face which may prevent them from attending these types of activities. Going forward PTF will work more closely with schools to offer parent/carer work alongside their existing plans and events.

Interruptions to Interventions

The autumn term of 2022 was particularly impacted by disruptions to delivery. Both through teaching strikes and changes in delivery staff at PTF. This was unavoidable and every effort was made by PTF to transition staff changes with the least disruption. However, the work with young people is relational and built on trust and it will always take time for new staff to establish connections with groups. This disruption is noted as a crucial factor in the quantitative results for this term.

8. CONCLUSIONS AND RECOMMENDATIONS

In its third year of delivery, it is evident that the TIP Project has made remarkable progress, providing a consistently impactful therapeutic intervention for young people, families, and professionals. There were notable challenges faced this year, particularly around the delivery of intended training and Reflective Practice and contexts A and B, but these were circumstances outside of PTF's control and where this work was made possible at context C the work was found to be effective and powerful. This evaluation has found evidence that the project made significant impact on all four of its aims, to:

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 between external agencies, services and resources for schools and their communities.
4. Provide support and reflective spaces for parents/carers.

The quantitative findings, particularly at context B, provide a strong evidence base for the effectiveness of the TIP group work intervention in schools. **Here there was consistent and statistically significant evidence that the TIP project improves wellbeing, decreases stress and worries, and improves overall behaviour.** Case studies across all contexts suggest that the partnership provides multi-level communication that enables effective support plans, increases cultural sensitivity, and contributes to system change. Through embedded Reflective Practice and responsive training of professionals, case studies demonstrate that the TIP programme acts as a conduit for relationship building with parents and families, as well as providing supported connections to external agencies and services.

This evaluation report found evidence of the following key impacts and outcomes during this period:

- Strong evidence of improved wellbeing and reduced stress as a result of group work with young people. Including highly statistically significant improvements in quantitative measures, particularly at context B.
- Young people's feedback demonstrates high engagement and enjoyment of the project, reporting increased understanding of coping strategies and self-regulation.
- Qualitative data demonstrates the positive impact of individualised support plans, codeveloped between TIP team, young people, home and school; including supported access to mental health services.
- Art therapy provided transformative containment for young people and emotional regulation.
- Evidence of effective professional training, consultation, and reflective practice, leading to changes in practice and policy.
- Improved understanding of contextual safeguarding and cultural sensitivity amongst professional staff.
- Effective supervision model for TIP practitioners protected the wellbeing of TIP delivery staff and contributed to the success of the work.

Recommendations

This evaluation has found evidence that the project made significant progress on all of its aims and supports the following recommendations for future development.

1. Establish clearer partnership agreements from senior leaders at delivery contexts. With particular focus on working more closely with schools to offer parent/caregiver work alongside their existing plans and events.

   Interviews with practitioners consistently found that the relationship with the partnered school/alternative provision and how the partnership was managed by staff at the delivery context made a significant impact on the effectiveness of the project. At locations where the staff recognised and valued the importance of the work, and had appropriate members of staff co-ordinating the partnership with TIP practitioners, attendance was more consistent and there were less disruption to the running of the sessions. This is supported by the quantitative data, which demonstrates a greater impact of the group work at contexts where the partnership was managed effectively by educational staff. The parent workshops and family support aspects of the programme were found to be particularly reliant on assistance from the school/alternative provision to enable access and build trust. In future, it is recommended that this is discussed and planned for within the partnership agreement, with an appropriate member of staff identified as a consistent link with TIP practitioners.

2. Develop a model for best practice, based on the learning established on the TIP programme so that work can be replicated by other organisations.

   The evidence of strong impact suggests the TIP programme has improved its delivery and approach through reflection and learning since the project started in 2021. Processes of co-production, training, group work, and supervisory practices developed through delivery demonstrate an expertise that could inform and advise similar or emergent work in this area. It is a recommendation of this evaluation that this knowledge be shared through the development of a model for best practice, providing a toolkit for other organisations or educational institutions that which to replicate or adapt the work in their own partnerships.

3. Continue to develop alumni opportunities for continued relational work with TIP participants and families.

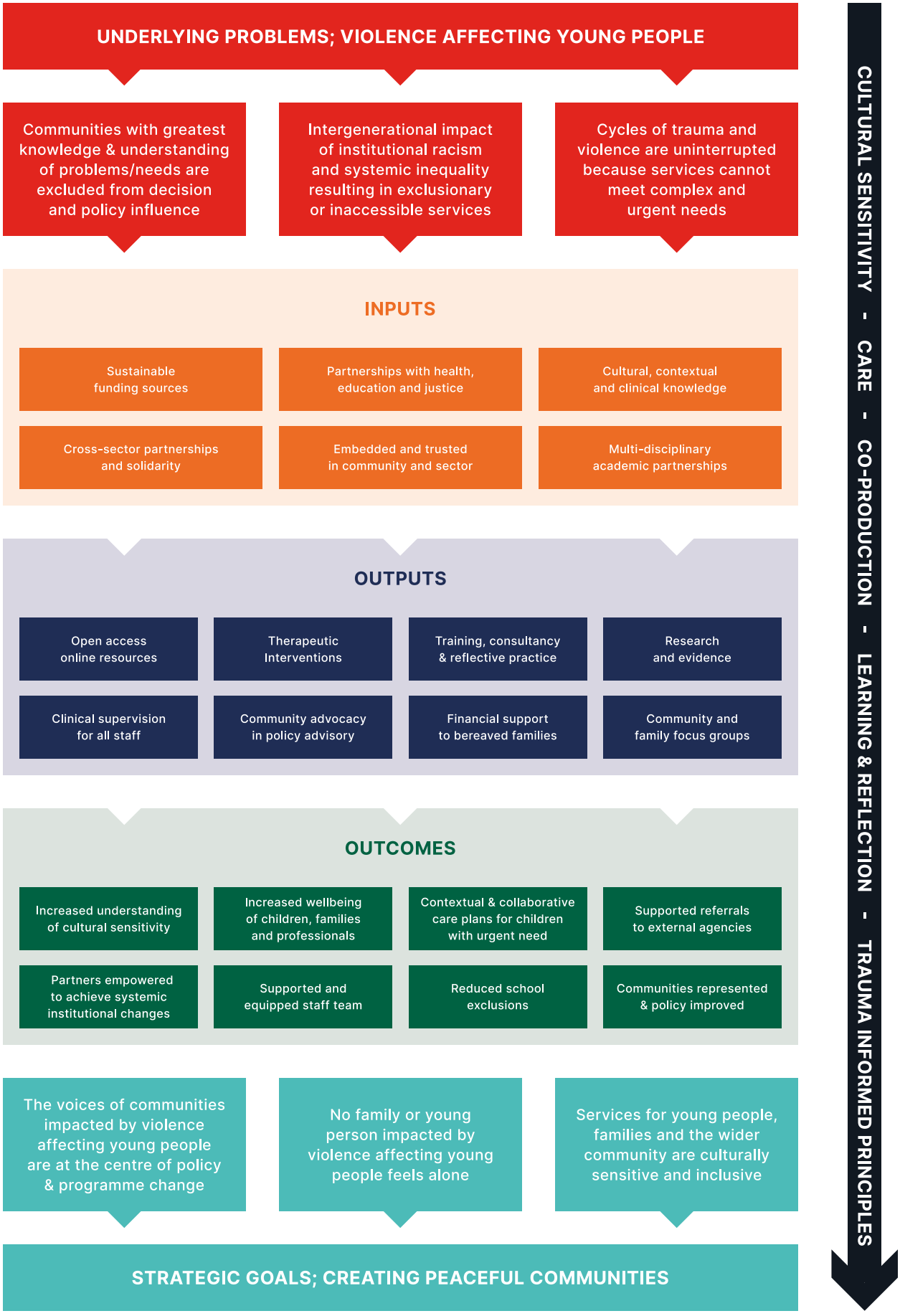
   The introduction this year of the Alumni project, that provided TIP participants the opportunity for ongoing contact with PTF after completing a cycle of the programme, proved to be greatly valued by young people. In these alternative group spaces (often outside of school settings) young people were seen to flourish, developing communication and leadership skills as well as independence and confidence. This lasting connection with TIP participants and their families embodies the community empowerment ethos that is central to PTF's organisational values. It is a recommendation of this report that this is included in future programmes and that every effort is made to continue this provision moving forward.

4. Share a practice informed Theory of Change to communicate the processes of change enabled through the TIP Programme.

   The co-production approach of the TIP programme has focused on learning from practice. The project has avoided any kind of 'top down' programme theory that might impose assumptions or provide static models of intervention. This unique approach has proved very successful and has contributed greatly to the programme's success. As a result of this phase of organic response, the TIP programme has developed internal knowledge of the relationship between its activities and its outcomes. The findings reported in this evaluation suggest the programme is now in a strong position to present a theory of change, enabling a clear communication of the effective processes and interventions developed within the organisation. In the final section of this report, this theory of change is presented.

Overall, this report has presented evidence of an effective, multi-level therapeutic intervention that provides hopeful and exciting opportunities to improve the wellbeing of young people and families, and to reduce harm and violence through whole systems change. The recommendations above provide suggestions for future development, and it is hoped that the programme can build on its success by continuing to support communities, families and young people impacted by violence, whilst sharing knowledge and expertise with other organisations and partnerships that wish to adapt this model in further contexts.

9. THEORY OF CHANGE



Since the TIP Report in 2020, Power the Fight has been co-developing and delivering on the recommendations of this research in practice. Through reflective learning and evaluation, the TIP programme has been co-developed from the ground up and is now in a strong position to communicate a pragmatic Theory of Change. This process theory details the inputs, outputs and outcomes through which Power the Fight impacts on individuals, groups and systems, to achieve strategic aims and change.

The Theory of Change identifies three key underlying problems that Power the Fight acts on. Firstly, cycles of trauma and violence are uninterrupted because services cannot meet complex and urgent needs. Secondly, the Intergenerational impact of institutional racism and systemic inequality has resulted in exclusionary or inaccessible services and resources. Thirdly, the communities with greatest knowledge and understanding of problems and needs are excluded from decision and policy influence.

To confront these problems, the Theory of Change has clearly defined inputs; these are the resources and skills needed in order to deliver effective activities. This includes sustainable funding, trusted partnerships, and embedded community connections – as well as cultural, academic and clinical knowledge. These inputs allow and enable the delivery of activities as 'outputs'. Power the Fight outputs include; therapeutic interventions in group settings or 1 to 1s, training and consultancy, as well as community advocacy and focus groups with parents and families.

It is through these outputs that outcomes are achieved. The TIP annual reports evidence that the work of Power the Fight; increases understanding of cultural sensitivity within institutions, empowers partners to achieve systemic change, and advocates for communities in policy reform. Partnerships have prevented school exclusions, enabled dynamic care plans between school and home, increased wellbeing amongst young people and supported referrals to external agencies and resources.

Through continual reflection and co-development, these outcomes contribute to Power the Fight achieving its three strategic aims, to ensure;

1. Services for young people, families and the wider community are culturally sensitive and inclusive.
2. No family or young person impacted by violence affecting young people feels alone.
3. The voices of communities impacted by violence affecting young people are at the centre of policy and programme change.

Within this Theory of Change, all of the organisational processes (from inputs through to outcomes) are underpinned by Power the Fight's core values of care, co-production, learning and reflection, cultural sensitivity, and trauma informed principles. It is through this approach that Power the Fight can enact change that increases the peace in communities.

10. REFERENCES

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[4] ***The Tip Project: End Of Year Report.*** Power The Fight, London: https://www.powerthefight.org.uk/wp-content/uploads/2023/03/The-TIP-Project-End-of-Year-Report.pdf

[5] More details on this can be found in the annual TIP review 2021-2022.

[6] 3 students internally excluded, 1 student excluded, 2 student lack of attendance (missed 3 or more sessions), 2 students asked to leave due to safety.

APPENDIX A:

YP-CORE Statistical Testing at Context A

YP-CORE, CONTEXT A, AUTUMN TERM		
	Variable 1	**Variable 2**
Mean	16.2	20
Variance	45.73	96.67
Observations	10	10
df	9	
t Stat	-2.82	
P(T<=t) two-tail	0.02	

YP-CORE, CONTEXT A, SPRING TERM		
	Variable 1	**Variable 2**
Mean	16.86	11.71
Variance	67.14	15.90
Observations	7	7
df	6	
t Stat	1.85	
P(T<=t) two-tail	0.06	

YP-CORE, CONTEXT A, SUMMER TERM		
	Variable 1	**Variable 2**
Mean	15.00	11.93
Variance	24.62	28.69
Observations	14	14
df	13	
t Stat	1.68	
P(T<=t) two-tail	0.12	

YP-CORE, CONTEXT A, 12 MONTH INTERVENTION		
	Variable 1	**Variable 2**
Mean	15.81	14.48
Variance	38.43	59.59
Observations	31	31
df	30	
t Stat	1.04	
P(T<=t) two-tail	0.31	

APPENDIX B:

12 Month Analysis at Context B; Y-P-Core, WEMWBS and SDQ

WEMWBS, CONTEXT B, 12 MONTHS		
	Variable 1	**Variable 2**
Mean	45.29	49.18
Variance	59.91	86.21
Observations	34	34
df	33	
t Stat	-3.77	
P(T<=t) two-tail	0.002	

SDQ, CONTEXT B, 12 MONTHS		
	Variable 1	**Variable 2**
Mean	2.62	2.23
Variance	1.61	1.70
Observations	26	26
df	25	
t Stat	1.59	
P(T<=t) two-tail	0.12	

YP-CORE, CONTEXT B, 12 MONTHS		
	Variable 1	**Variable 2**
Mean	15.42	11.88
Variance	66.86	81.42
Observations	24	24
df	23	
t Stat	3.77	
P(T<=t) two-tail	0.0006	

Power The Fight
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