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Evaluating the Growing Minds service in Hackney

Final report

August 2022



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Executive Summary

The Growing Minds programme, funded jointly over three years (2019-2022) by the Department of Health and Social Care and City and Hackney CCG, aimed to tackle inequalities faced by young people from African Caribbean Heritage (ACH) backgrounds within the mental health system.

In February 2020 Fiveways NP Ltd, in partnership with Discovery Research, were commissioned to conduct an independent evaluation of the Growing Minds project.

In its conception, Growing Minds aimed to be “one service with separate branches” bringing together Family Action’s therapeutic support for young people with frontline ACH community partners and schools to deliver collaborative, effective and culturally appropriate interventions, particularly at transition points in young people’s lives, under the one banner.

The project also intended to have a single point of access for referrals, provide services in the community rather than a clinical setting, and affect system change by increasing the understanding of professionals around meeting the needs of ACH communities.

However, Growing Minds faced two significant challenges from a very early stage. The COVID-19 pandemic was beyond its control, but delivery was also hampered by the fact there was no dedicated resource available within the service to effectively manage a multi-activity partnership project, foster relationships between partners, ensure the effective administration of those using the services, and to support an independent evaluation.

These challenges resulted in changes to the service offer. Key facets of the original Growing Minds approach (including the single point of access, the community “in reach” approach, and the ability to cross refer between services) were not implemented or severely limited. This led to a fragmentation of the Growing Minds concept and activities being delivered in parallel rather than as part of one collaborative project. They also contributed to significant tension between larger partners and community partners centring on sensitivities around data and how race was perceived to be influencing the power dynamics within the partnership.

The Family Action therapy service

This service offered up to 16 sessions of “active” counselling for children and young people from ACH backgrounds. 123 people had received this service and had completed their support sessions between February 2020 and February 2022.

A stigma present in the ACH community around accessing mental health services meant that young people had delayed seeking support or attempted to resolve these challenges themselves.

All participants in the qualitative research (5) reported that they had a very good experience of the therapy and it had left a lasting impact on their lives. Since having therapy they have seen the good days outnumber the bad days. This qualitative feedback is supported by the quantitative service monitoring data:

- 78% of all service users (76) reduced the severity of their depression, for 7% it stayed the same and for 16% it increased.

- 77% of all service users (77) reduced the severity of their anxiety, for 6% it stayed the same and for 17% it increased.

The Non Violent Resistance (NVR) Training

35 parents/carers accessed the first two tranches of NVR training delivered by community partners up until January 2022.

These parents/carers can feel powerless as they face external pressures beyond their control – from their community, their local school, and their child’s peer group. Many parents/carers approached the course looking for an alternative model of raising their children away from the authoritarian style in which they themselves were raised.

Participants in the qualitative research (6) report the training having a significant positive impact. Thanks to the NVR training, parents/carers report being less reactive, less angry, more able to listen and step back, less prone to assert their authority in punishing ways, and more open to true communication. They understood what triggers their frustration better and felt more confident about their ability to cope with future challenges and set healthy boundaries for their children.

Participants also report using specific NVR techniques to open communication, prioritise issues, and retain focus on their own reactions and finding these tools very useful. This qualitative feedback is supported by the quantitative service monitoring data:

Comparing pre and post course questionnaires, participants in the first two NVR training cohorts (35) experienced on average:

- between a 32% and 38% reduction in feelings of distress.
- between a 32% and 41% increase in how well they feel they manage their situation.
- around a 40% increase in their rating of how much support they feel they have.

Participants stress that the NVR course stands apart from other parenting courses because it is culturally relatable and deals with the real issues that ACH families face in their everyday lives and provides a safe environment to address difficult culturally-specific conversations supported by their peers.

Tree of Life

The aim of the Tree of Life element of Growing Minds is to give space to young people from ACH backgrounds to believe in their own abilities, acknowledge their dreams and talk about difficult experiences in a safe environment.

Roughly 200 secondary school pupils across 10 Hackney secondary schools took part in Tree of Life sessions delivered by peer leaders from the ACH community. The evaluation revealed:

- The sessions resulted in an increase in students’ optimism for the future. Students also felt more useful and able to deal with problems well and think more clearly.
- A major change brought about by Tree of Life is an increase in students’ willingness and ability to express themselves in front of others. The act of sharing their experiences or concerns made them feel more at ease and less alone.

- Whereas there was not an increase in the proportion of students frequently feeling good about themselves, there was an increase in self confidence amongst many students as well an increased knowledge about their background, roots, and culture and, for many, an increased sense of pride in their background.
- In terms of experience, students are almost unanimously positive about the sessions and the facilitators. Having a young facilitator from an ACH background felt vital for students to relate to them, feel reassured that they will be understood and not judged. Being young helps, but the key is the shared ACH background. Schools were also positive about their experience with the project and the facilitators.

Recommendations

The following recommendations are made:

In relation to the young people’s therapy service specifically:

- Consider how to speed up the process from being referred to starting the therapy sessions.
- Consider offering face-to-face sessions and sessions at weekends.
- Develop an ongoing plan for how to appropriately support young ACH people with additional needs such as coming out as gay, being a black person within the LGBTQ community, and eating disorders, which may require support beyond the therapy service.

In relation to the NVR training specifically:

- Build in more opportunity for discussion amongst the participants to explore issues, experiences and responses more collaboratively (though this needs to be well facilitated).
- Develop segmented content for older and younger children, parents of SEND children, and content relating to specific issues such as gangs.

In relation to Tree of Life specifically:

- Provide schools with clear guidance as to which students would benefit most from the sessions, and support to ensure students know why they have been selected for the sessions.
- Work with schools to explore how best to involve parents and incorporate a “witnessing and celebration” opportunity into the Tree of Life offer.
- Support schools to increase the longevity of the project beyond the standard sessions.
- Ensure facilitators support participants’ transition from the openness of the Tree of Life sessions back to their everyday school life and the rules that govern it.

In relation to the Growing Minds project more widely:

- Keep the ACH delivery focus. This is very well-received and is clearly benefiting communities as services feel relevant, relatable and accessible.
- Allow the flexibility to adapt the service offer to respond to emerging or additional needs (for example, the impact of the Black Lives Matter movement), and developing content or services

that specifically deal with challenges young people face within the ACH community and which have a negative impact on their lives (e.g., micro-aggressions and gang/crime issues).

- Provide some “aftercare” following interventions. There can be a “cliff edge” after people have received support from the Growing Minds project, particularly the NVR training, as that is an intensive course over 12 weeks. Partners are concerned that parents/carers still have support needs and could benefit from continued peer support. The project should explore ways to stimulate this ongoing connection and continue to signpost to other existing culturally appropriate support that is beyond the capacity of the service to deliver. The service should consider whether it can provide additional support on a sustainable basis where it does not exist already locally.
- Address a gap in provision for young boys. The Family Action therapeutic support service found it hard to engage 11-16 year old boys with telephone based talking therapy. An investment in Father 2 Father’s “Boy Genius” group programme for that age group is thought by the service to be an effective way to fill that gap in service provision.
- Promote the service more widely. Those who have benefitted from Growing Minds services feel passionately that more people could benefit from them if they were promoted more.

In relation to partnership working:

- Partnership projects need to account for a dedicated project management resource that can effectively foster relationships between partners, ensure the effective administration of those using the services, manage data flows and cross-referrals and support an independent evaluation.
- Ensure time is protected to fully consider and explore the influence of race in the power dynamics within a partnership structure.
- All partners would have benefited from clear contracts, or service level agreements – that “translated” the overarching figures in the bid and set out for each individual partner what the minimum expectations were in terms of responsibilities, delivery requirement and data collection.

In relation to the evaluation:

- It is vital that the logistical and administrative aspects of delivering an evaluation are considered at the very outset of a project – particularly issues related to recruitment and obtaining consent. This was considered within Growing Minds, but the rapid changes owing to COVID-19 and changes of staffing made this difficult to act upon in the early stages of the service.
- Longitudinal data to measure “distance travelled” is best gathered through quantitative methods rather than qualitative ones. It is difficult to recruit people who are focussed on finding support to an evaluation before they have had a chance to benefit from the service.

1. Introduction

The Growing Minds project is a partnership between Family Action and Hackney Council for Voluntary Service (HCVS).

It is funded jointly over three years (2019-2022) by the Department of Health and Social Care's Health and Wellbeing Fund and City and Hackney CCG (part of the North East London CCG) as part of their Local Transformation Plan.

1.1. Overarching aims

Growing Minds aimed to address tackle inequalities within the mental health system where children and young people from African Caribbean Heritage (ACH) communities are underrepresented in statistics relating to accessing early intervention mental health services, but overrepresented in other parts of the system where mental health challenges are likely to present, such as exclusions from schools, child protection plans, the flow of young people through the youth justice system, and being sectioned under the mental health act.

The reasons for this disparity are numerous and complex. They include the presence of systemic "Euro-centric" discrimination in existing mental health services. For example, black people have been 40% more likely than white people to be turned away from mental health services when they ask for help¹. This has led to black communities losing trust in services due to experiences of racism and cultural differences². In addition, there may also be a cultural barrier to accessing those services in the first place. In some communities, mental health problems are rarely spoken about and can be seen in a negative light³. This can discourage people within the community from talking about their mental health and seeking early help for fear of being given a diagnosis.⁴

Growing Minds aimed to tackle these issues and ensure young people from ACH communities can access culturally appropriate, sensitive, and high-quality mental health and wellbeing support services earlier.

In doing so the project also sought to:

- Focus on transition points that can be "trigger moments" in young people's lives, particularly from primary to secondary school associated with disengagement, anxiety and depression⁵, and from childhood to adulthood (when those turning 18 are discharged from CAMHS but may not be treated by adult services).
- Work collaboratively with the voluntary sector. As some families were unlikely to access statutory services, the project wanted to adopt an "in reach" approach rather than an "outreach" approach – providing services in a community setting where the families are, rather than encouraging families to access services in traditional, clinical settings.

¹ Department of Health, No health without mental health (2011)

² The Sainsbury Centre for Mental Health, 'Breaking the Circles of Fear', 2002

³ Mermon A., Taylor K., Mohebati L.M et al. (2016) Perceived barriers to accessing mental health services among black and minority ethnic (BME) communities: a qualitative study in Southeast England. *BMJ Open* 2016

⁴ Black Thrive <https://www.blackthrive.org.uk/Why-Black-Thrive> Accessed 22/02/20

⁵ <https://www.mentallyhealthyschools.org.uk/>

- Create system change, whereby public sector professionals have greater understanding of providing services which better meet the needs of ACH communities.

1.2. Initial service model

1.2.1. One service, separate branches

The initial “community in reach” service model brought together Family Action’s Off Centre service, providing therapeutic support for young people in Hackney and CAMHS, with frontline ACH community partners and schools to deliver collaborative, effective and culturally appropriate interventions under the banner of “Growing Minds”.

As such, Growing Minds was conceived as “one service with separate branches” and intended to offer professionals a single point of access to culturally sensitive services.

Different partners also planned to accept self-referrals from families and children and young people, but these were to also go through the single point of access to ensure that the package was tailored to families’ needs.

1.2.2. Planned interventions and reach

The following six interventions were planned (with targets of numbers of people supported):

	Numbers supported		
	Children and young people	Parents/ carers	Professionals
Therapeutic/clinical services (Off Centre/CAMHS) in settings trusted by ACH communities	330	-	-
Non-Violent Resistance Training for parents to improve parent-child relationships	-	131	-
Mental Health First Aid ‘Train the Trainer’ to promote awareness and reduce the stigma around mental health and accessing mental health services	200	120	-
Contextual Safeguarding Training to professionals to increase their cultural awareness	-	60	70
Wellbeing and resilience programmes for young people (“Tree of Life”)	276	-	-
Engagement with parents in schools with the aim of improving young people’s behaviour at school and home.	-	160	-
Target total supported	896	471	70

2. Challenges to project delivery

2.1. COVID-19

The service launched in January 2020 just prior to the first national lockdown of the COVID-19 pandemic. *“Everything we had planned, we had to re-plan, we were in crisis mode.”*

This caused significant challenges to the original service model including:

- Delivery that was originally planned to be face-to-face had to be delivered online (for example the NVR training) and support that was meant to take place in the community (for example delivering therapy in trusted settings) had to be delivered remotely or, when restrictions eased, in settings where the project could more easily gain access (such as Family Action’s Off Centre service building).
- Work within schools was halted due to closures and the challenges schools were facing to maintain education during the lockdowns.

2.2. Limited resource to facilitate effective partnership working

Developing a new partnership from scratch is a complex task due to different processes, approaches and underlying cultures which need to be recognised and valued before delivery issues can be addressed.

However, the funding proposal for Growing Minds focussed heavily on the resources required for delivery and did not fully allow for the resources required to manage Growing Minds as a project, develop the partnership, ensure effective administration of those using the services, and support the independent evaluation. The limited amount of dedicated operational management resource sat within HCVS, but it was not sufficient either at Growing Minds level or at an individual service level.

“There was this overarching expectation that all these different strands and services would be part of one “Growing Minds” umbrella, but no thinking behind how that was going to happen. For example, if you are going to have a single point of access you need a referral process and someone coordinating that. We only had people in the bid who were going to be delivering the work, we didn't have people in the bid to plan, manage, coordinate, and administrate this project. The reason why mental health services have big admin teams is because you need to do all that work.”

“It needed an administrator who would know what referrals were coming through and to manage how the referrals were going to be recorded, and how the allocation was being managed for the partners.”

This low level of administrative resource for the smooth running of the partnership was compounded by staff changes and absence within Family Action and HCVS.

2.3. The implications of these challenges on project delivery

2.3.1. Changes to the service offer and activities being delivered at different times

Due to the challenges above it was not possible to deliver all the planned interventions.

- It was not possible to deliver the mental health first aid training as the provider cancelled the training during COVID and then delayed its start to March 2022, meaning that the intervention could not be delivered within the timescales of the project.
- Hackney CVS delivered initial awareness sessions for public sector professionals designed to increase understanding of hidden barriers that prevent some children, young people and families from African and Caribbean Heritage communities from accessing and engaging with mental health and wellbeing support. However, following this, COVID and other pressures meant that the project focussed on three strands.

Family Action's therapeutic support

- This service for children and young people started in January 2020, initially face to face and then remotely from March 2020, with face to face being re-introduced in 2022.
- The offer was a clinical assessment and up to 16 sessions of "active" counselling whereby the therapist would also address any emotional and practical support needs⁶.

"It's not 'I'm just going to sit here and listen to you' it's 'I'm going to try and join up all the other professionals in your life to make sure your needs are met.'"

Non Violent Resistance (NVR) Training

The first cohort of NVR training started in 2019, with subsequent cohorts in summer 2021 and winter 2021/22. Further training is planned for spring 2022. The first cohort of training was provided by Father2Father, the African Community School and the Black Parent Community Forum. The second and subsequent cohorts of training was/will be provided by Father2Father and the African Community School.

The "Tree of Life" programme

This programme for young black secondary school children started in early 2022. This was delayed due to the original person trained to deliver the programme leaving, COVID causing major disruption for schools and then time required to train HCVS peer leaders to deliver the programme.

2.3.2. A fragmentation of the overarching Growing Minds concept

Owing to the limited administrative resource possible within the budget, service practitioners were required to provide administrative support to the project (e.g. to manage referrals, collect and report on data, attend project management meetings). This, and the fact that some partners are very small community organisations with limited capacity, made it evident that there was not enough time for partners to contribute to the coordination necessary to create an effective integrated "Growing

⁶ Originally this was two distinct services – therapy and emotional/practical support. However, they effectively merged into one counselling offer.

Minds” partnership approach. Their focus needed to be on delivering their own activity within the wider project.

“There were lots of bumps in the road really. It didn't feel as cohesive as might have been. It felt like separate teams.”

This meant the planned for single point of access into the Growing Minds suite of services did not happen and the opportunity to ensure referrals were sent to the most appropriate intervention in a smooth and coordinated way was lost.

Each partner ended up managing their own service, although a level of integration was maintained in a regular referrals meeting attended by Family Action and the NVR partners. In addition, the CCG redirected some extra funding to support the smaller partners with their capacity.

“It was completely underestimated how hard it is to set up a single point of access with different organisations, with the capacity we had the most we could expect was that each of the strands manage their own referrals and then have one point where they could go and discuss cases.”

This fragmentation led to some communication issues between partners.

“Communication was very challenging. There wasn't any written communication. One of the NVR partners, that were meant to be working with parents, started working with a young person at the same time Family Action were doing the exact same thing.”

2.3.3. Fewer cross-referrals

The original Growing Minds concept included the possibility of referrals being supported by different Growing Minds partners and services when it was appropriate. For example, a child may be receiving therapeutic support from Family Action whilst their parent/carer attends an NVR training course. However, this was not achievable for a number of reasons:

- The reduced service offer meant that there was effectively one community intervention for parents/carers and one for young people – this limited offer may not have been sufficient to meet the needs of those who might have benefited from an onward referral (e.g. younger boys who may not engage with counselling – see below).
- The different Growing Minds strands did not run simultaneously so there may not have been a delay-free path between services.
- The project did not have the administrative capacity to develop an integrated system of referrals within the partnership.

A referral pathway meeting between NVR partners and Family Action is currently in place and some referrals are passed from Family Action to NVR, but referrals are less likely to be passed the other way.

2.3.4. Limited “in reach”, profile, and system wide impact

The Family Action therapeutic support service was meant to be delivered in community settings and initial plans were in place to use the Forest Road and Stoke Newington youth clubs.

There was other early work to promote the service, for example working through CAMHS partners based in schools (Wellbeing and Mental Health in Schools – WAMHS) to promote both the NVR training to parents and the therapeutic service for children and young people.

However, this “in reach” was thwarted by COVID lockdowns and the pandemic, causing nervousness from the youth clubs around other services using their space. The Family Action therapeutic service has returned to face to face work using HCVS and Off Centre locations – which are familiar to some young people but are not rooted in the ACH community.

“We were less ‘out and about’ in the community – we were going to use partners to host sessions and build networks to use other premises. So the ‘cultural appropriateness’ aspect of Growing Minds is less obvious – we are not in those spaces.”

The fragmentation above led to a lack of awareness and “profile” amongst those who could refer into the service. Whereas referrers may have an understanding of one strand, they might not be aware of the range of Growing Mind’s “offer”. There was also felt to be limited awareness within communities, so the hope of creating a well-known “brand” that the ACH community in Hackney would recognise and value has not as yet been fulfilled.

2.3.5. A lack of clarity around expectations

The lack of a central, dedicated management function contributed to the project not developing explicit, robust agreements about what partners were expected to deliver at an early stage (though it did later). This led to misperceptions and disagreement. Some partners felt they had been “mis-sold” the project, expecting to be able to deliver existing work in existing ways under a new funding “umbrella.”

2.3.6. Difficulties in partnership working

The changes that needed to be made because of COVID and the lack of dedicated administrative resource placed pressure on the Growing Minds partners and the partnership, which manifested itself in an issue regarding data collection.

Family Action and the CCG (as a funder) were keenly aware of the need to account for how the project was meeting its outcomes to justify its funding (and demonstrate the need for further funding). The project was taking a long time to get up and running and was operating within the highly chaotic environment of the pandemic. As a result, the larger partners became “*understandably rigid*” on delivery and “*very protective*” of the outcomes in the bid and the need to collect the necessary data to report on outcomes, understand how the budget was being spent and, ultimately, pay the partners for their delivery. “*If we can't show the numbers, we're not going to get the money.*” Added to this was the fact that services commissioned by the CCG are expected to count towards access figures and flow to the national Mental Health Service Data Set and for that data such as date of birth, gender and GP practice are needed.

The smaller community partners delivering the NVR training were less influenced by the constraints of the funding and, as much smaller organisations, were focussing their limited resources on engaging parents and delivering the training – so to some extent the requests for data from other partners felt burdensome, *“they [the larger partners] are more concerned about statistics than meeting needs.”* Initially community partners did not have the time or the tools to collect the data (for some, registrations were still taken on paper), but this was addressed later in the project.

This practical issue was compounded by the fact that community partners were nervous about asking their communities for too much data as they recognised people’s long-standing mistrust of statutory services and the barrier that creates when it comes to sharing personal information with the public sector.

“As black people we do not accept the system. The white system. They want us to do things their way, and we're refusing to do things their way because they need to understand our way. We're not sure what you're going to do with our data. I would have to notify our parents that I'm giving you the data and they don't trust you, so why would I give you the data?”

“They [larger partners], do not know the community like we know the community, so they shouldn't be telling us how to meet the needs of people in our community.”

This led to a situation whereby HCVS, who had the role to liaise with and represent the community partners, was not passing data to the project, but not explaining why. This situation became the subject of a formal escalation within the partnership towards the end of the first year of the project.

As frustrations on both sides built, the relationship between community partners and larger partners deteriorated. *“It was like a heavy cloud, there was a huge amount of hostility.”* Community partners felt *“mistreated, disregarded and disrespected”* to the extent that one community partner was unable to continue in the project.

“As a provider you can push back, you can challenge, you can negotiate, and the community partners didn't feel like they could. They felt disempowered, but then that is a historical issue within black communities. Their perception was ‘these people are from a white-led organisation and they're in control’.”

After concerted efforts to re-build the relationships, partners came together to collaboratively agree minimum data requirements, build partners’ trust in the data collection process and, in turn, instil that trust in families.

However, power dynamic issues are never far from the surface, for example when a white person had to chair a meeting usually chaired by a black person it created an issue *“it automatically causes a shift to ‘them and us’ and we are the ones that have to report and assimilate.”*

2.4. Process learning

2.4.1. Funders and funding bids need to allow for sufficient project management resource

There is an understandable nervousness in including too much management/administration time in bids for fear of funders not agreeing to support the project if they perceive the bid as “management top-heavy”.

However, a case can be made that this lack of investment in the effective running of the project and the partnership became a false economy in that it cost more in management time and, potentially, outcomes than it saved.

“There was too much work around making things work and not enough actual delivery of interventions.”

2.4.2. Acknowledging power dynamics

On reflection, the larger partners (who were represented by people who were not from the ACH community) feel that they should have “heard” the community partners more. The role of HCVS as an intermediary did not help this communication, however some important learning was generated about acknowledging and being mindful of the influence of race in the power dynamics that existed in the partnership (and wider system).

“We have to rethink the way we give people power. It's not by all of us sitting in the same meeting at the same time and expecting everyone to have the same agency and level of confidence, especially in disagreeing. We (larger partners) just want to crack on, we go at our speed, we go with our targets, we go with our ways of working and we just expect people to jump in and be able to do it the same way. I think we should have put the community partners much, much more at the centre and actually allow real space and time for them to trust us and to be able to say ‘guys what you're suggesting sounds great, but we know the community, and this is never going to work. Why don't we try this?’”

Part of acknowledging this issue would be to have a dedicated project manager from the ACH community.

2.4.3. Clear expectations and contracts

All partners would have benefited from clear contracts, or service level agreements – that “translated” the overarching figures in the bid and set out for each individual partner what the minimum expectations were in terms of responsibilities, delivery requirement and data collection. These were developed during the project as part of the solution to the partnership issues that had arisen, but they needed to be in place at the outset of the project.

Creating these contracts would have allowed the project to reflect on its minimum data requirements, clarify the rationale behind why certain data was needed, and ensure they didn't overburden the partners or invoke barriers to access. Contracts also would have provided a set of criteria to identify what support and resources smaller partners needed to establish systems to deliver on

those expectations and reassure the wider project that each partner was able to meet the needs of the project.

“The numbers in the bid weren’t drilled down. We needed to translate the bid into a delivery plan everyone could agree. We ended up with partners perceiving that Family Action were stealing all the money and requiring them do ridiculous amounts of work for not much money.”

2.5. Conclusions and key learning

Growing Minds faced two significant challenges from a very early stage. The COVID-19 pandemic was beyond its control, but delivery was also hampered by the fact there was no dedicated resource available to effectively manage a multi-activity partnership project, foster relationships between partners, ensure the effective administration of those using the services, and to support an independent evaluation.

These challenges resulted in changes to the nature of the service offer. Key facets of the original Growing Minds approach were not implemented or severely limited (for example, the single point of access, the community “in reach” approach, and the ability to cross refer between services). This led to a fragmentation of the Growing Minds concept with activities being delivered in parallel rather than as part of one collaborative project.

In turn, this caused significant tension within the partnership focussing on the issue of data. Whereas larger partners focused on collecting information to fulfil the expectations of funders, smaller partners focused on representing their community’s concerns about providing that data. Added to this was an unhelpful, and possibly insensitive, project structure where partners represented by white people were perceived to have power over partners led by ACH people.

The key learning for the project is to:

- Ensure funding bids consider the resources necessary to manage projects, and especially partnership projects
- More time was needed to fully consider the influence of race in the power dynamics that existed in the partnership structure
- All partners would have benefited from clear contracts, or service level agreements – that “translated” the overarching figures in the bid and set out for each individual partner what the minimum expectations were in terms of responsibilities, delivery requirement and data collection.

3. Evaluating Growing Minds

3.1. Objectives

In February 2020 Fiveways NP Ltd, in partnership with Discovery Research, were commissioned to conduct an independent evaluation of the CALM project. The evaluation aimed to answer the following questions:

- To what extent is Growing Minds achieving its intended outcomes?
- How effective is the Growing Minds service delivery process and partnership?
- How can the Growing Minds model be developed in the future?
- What is the social value generated by the Growing Minds service?

3.2. Qualitative insight

3.2.1. Qualitative methodology and recruitment

The agreed qualitative methodology for the counselling and NVR elements of Growing Minds was originally longitudinal and involved conducting face-to-face “depth” interviews with children and parents/carers at different points in time in their Growing Minds “journey”. This was intended to allow the evaluators to assess “distance travelled” and the impact of the service over time.

For younger children, the original intention was to conduct interviews in their family setting, for those aged 16 and above a one-to-one approach interview was recommended, together with an interactive online insight platform. For parents and professionals telephone research and focus groups were proposed.

The research team purposefully included researchers from the ACH community to ensure participants felt comfortable sharing their experiences.

However, just as COVID-19 radically changed the service, it also changed the qualitative methodology. Several approaches (interviews in the family setting and face-to-face one-to-one interviews and focus groups) were no longer possible, so these were changed to interviewing individuals over telephone or Zoom where appropriate.

The revised qualitative methodology did try and retain the longitudinal element of the original one. To follow parents/carers journey it was recommended that researchers interviewed parents/carers and young people at the beginning, mid-point and end of their NVR training or course of therapy sessions.

However, this approach was problematic as it was difficult for practitioners and trainers to recruit participants to the evaluation when they were new to the service. At that point in time parents and young people were, by definition, in difficult situations and had not yet built a trusting relationship with the person delivering the service. It was easier for practitioners and trainers to recruit participants to the evaluation at the end of their engagement with the service – therefore the qualitative method changed from being longitudinal (ongoing over time) to predominantly cross-sectional and retrospective (asking people at a specific point in time to reflect on their experience).

As noted above, data was a significant issue within the project and, to some extent, requesting contact data from people to contact them for the evaluation also caused reservations for community partners, especially when they hadn't yet had an opportunity to develop trust in their service.

For the Tree of Life evaluation which took place from January 2022, two schools were visited for a qualitative face to face focus group session, peer leaders participated in online focus groups and school staff were interviewed over Zoom.

3.3. Quantitative insight

The original evaluation proposal recommended online surveys at registration for the service (baseline) and an agreed time after they have benefited from the service (follow up).

This was implemented amongst students participating in Tree of Life, however, there was concern over the participation of other service users in surveys given the other data collection undertaken by the project.

Therefore, quantitative data for the evaluation was to be taken from the service monitoring tools used by the project. This data was longitudinal as the service collected it at the start and end of someone's engagement. These tools and the analysis of the quantitative data can be found below (see sections 4 and 5).

3.4. Insight from those involved in the project

As well as ongoing involvement in project management meetings since the launch of the project, the evaluators undertook nine in-depth interviews with those involved in managing and delivering the Growing Minds project.

3.5. Conclusions and key learning

Understandably, faced with considerable challenges within a difficult context, the project's initial focus needed to be on service delivery. In addition, the administrative capacity for the project to support the evaluation was not factored into the project's budget.

Although the methodology had to change due to COVID-19, the project also generated useful learning regarding the efficacy of a longitudinal qualitative approach.

It is difficult to recruit people whose only focus is to find support to an evaluation before they have had a chance to benefit from the service and trust the partners – especially if there is a requirement to share data (such as contact information for the researcher reach the participant).

4. Family Action's therapeutic support

As noted above, this offer was a clinical assessment and up to 16 sessions of "active" counselling whereby the therapist would also address emotional and practical support needs.

123 people had received this service and had completed their support sessions between February 2020 and February 2022.

4.1. Qualitative participation and profile

- The service forwarded ten prospective participants to Fiveways to invite to interview after they had finished their sessions. Five interviews were completed via Zoom or telephone.
- The participants were aged 12,19,21 and two were 25.
- All the participants were female and have a connection to Hackney, but not all were living there at the time of the interview.

4.2. Understanding the participants' context

The young people we spoke to had been experiencing or were still experiencing a range of challenges at home and were also working through other personal issues. Prior to accessing the therapy service, they were feeling a variety of stresses:

- Relationships with family were often strained – usually with a particular family member, rather than all family members
- The future felt uncertain and unpromising – some felt "bogged down" and powerless to change their situation
- There was a lot of dissatisfaction with life overall. Bad days were outweighing the good days. On bad days relationships were more strained, feelings of depression or anxiety were more acute, and participants felt more hopeless – these feelings may have been triggered by an argument or a failed attempt to speak to a family member or friend.

Generally, young people were feeling alone in their stress, anxiety and problems – unsure whether to open up, how to open up and who to open up to.

For teens and young adults, the transition from 'child' to adult and/or from school to university or work has also been a challenge with increasing responsibilities and expectations from others, including:

- Responsibility to assist the wider family.
- Expectations to perform well in school – get good grades, achieve goals, dreams and aspirations.
- The need to balance work/school life with general life.
- A pressure to find their "place in the world" – such as a group of friends/peers they connect with and relate to.
- A pressure and a desire to be true to themselves and/or discover who they truly are as an individual.

4.3. Accessing the service

4.3.1. Drivers to access

Feelings of being out of control of their situation and their emotions and not confident or able to talk to family in the way they needed, were all drivers to seeking support from Growing Minds.

Young people hoped that accessing therapy would be the support they needed to address a range of difficult situations they were going through including:

- Mental health issues – including anxiety/depression/disordered eating/self-harming/suicidal thoughts.
- Poor, strained and toxic relationships with family members.
- Separation from and absence of family members they care about.
- Coming to terms with their sexuality and the reactions of others
- Addressing low self-esteem and confidence issues
- Low levels of resilience to the overall stresses of life

“I was in college, and I found the transition from secondary school hard, I was struggling to connect with people, I felt relationships were skin deep and superficial and people were judgemental. I felt like there were expectations to fit a certain mould and I was trying to figure out my place and was feeling lost and a bit down. I felt hopeless and tired a lot and then I stopped speaking to a friend too. In the end I thought I just didn’t want this to be anymore. At school I started skipping classes and would just lay in bed feeling drained and not feeling like myself at all. Then the teacher said if I don’t start showing up, I’ll get kicked out, but he suggested that I needed to see someone professional.” – Female, 19yrs

“I came out to my mum, and that didn’t go down very well. I had been bottling a lot of things up. Our relationship is very up and down, and I’m not living at home anymore.” – Female, 25yrs

Prior to accessing therapy via Growing Minds, most had not accessed any professional support, such as therapy/counselling and were attempting to address their struggles themselves through strategies including avoiding people, keeping busy, speaking with friends, exercising, drugs and comfort eating. However, young people were finding their attempts to resolve their challenges difficult and often lonely, and not conducive to bringing about long-term positive change.

4.3.2. Stigma around accessing mental health services

Young people are aware of the stigma in the ACH community around accessing mental health services.

This stigma played a role in some delaying seeking professional help and/or telling people in their lives they had decided to receive therapy. For some, close ties to the church and community elders were deemed to be all that was needed to deal with problems and turning to outside help was seen as unnecessary and to a certain extent, shameful.

For the single child participant, her parents were, necessarily, aware and “on board”, but for the remainder of the participants aged 19-25, all kept the fact that they were having therapy a secret at first. For them, seeking out therapy was both an urgent and scary action to take, but the need to speak to an outside professional outweighed the fear of family finding out or not understanding why it was needed.

At the time of research, these participants had shared that they had had therapy with some others in their lives but kept certain family members in the dark as they did not believe they would “get it.” In many ways, having had a positive experience of the service, they did not want to feel judged or made to feel bad about a decision they considered to be a good one.

“I’m black Caribbean. When you go to your family, when you’re the child and tell them you know, you’re stressed or wherever, they don’t want to hear it, they say ‘you’re not stressed because you don’t work, and you don’t pay bills’. Back then I had no one to turn to and talk to.” – Female, 21yrs

“I told my mum, and she wasn’t too keen. She just said, ‘you don’t need that’ and even when I said that I was going on medication, she still said to me ‘you don’t need that, why do you need that/’, and I said to her I need it because I’m not coping at all.” – Female, 25yrs

“I think in a lot of Caribbean households there is stigma around mental health and there is not a lot of support and understanding in this area, so I have struggled with that. I was really nervous about being referred because of the household I come from.” – Female, 19yrs

“I didn’t want to tell people what I was doing because I was afraid that they would not get where I’m coming from and say ‘oh you’re just overreacting’, especially at that point because I would have questioned myself and thought ‘actually am I really overreacting? There are people worse off than me.’” – Female 25yrs

4.3.3. Service discovery

Most participants were referred to Growing Minds via their GP and by the time of the referral they felt they desperately needed professional help.

For a few, taking themselves to the doctor and reaching out for help was self-driven, and for others it was suggested by a teacher or professional they were already in contact with.

The process from visiting the doctor to being referred to Growing Minds and beginning the therapy sessions was not considered a quick or straightforward one and is one of the areas participants feel should be improved.

“I went to see a GP eventually, after suffering alone for so long. I had started getting suicidal thoughts and knew I had to do something and speak to someone about it. The GP referred me to a service called Talk Changes and then from there I was referred to Project Indigo and then I was sent to have therapy with Growing Minds.” – Female, 25yrs

4.3.4. Expectations

At the point of starting therapy, young people were ready to embrace it, even if it felt scary and out of their “comfort zone.” They were at a point where dealing with situations and feelings alone was not working, and they were eager to discover more effective ways to deal with their troubles and move forwards in a positive frame of mind.

“I was nervous. Because it is something that I've never done before. I've heard people say, ‘Oh, therapy doesn't work, it's rubbish’. So, I did have that in the back of my mind but I was also optimistic, because I was thinking, ‘Okay, someone might actually listen and try and help me’ and be able to help me understand what's going on because I don't know myself.” – Female, 25yrs

In terms of initial preferences regarding who would be delivering the therapy, young people had few expectations – they didn't necessarily know what to expect or want from a practitioner. Where initial preferences did exist, they concerned gender and experience rather than race. A couple of young people mentioned that they would have requested a female therapist had they been offered a male therapist, because they would have felt more comfortable opening up to a woman. One young person mentioned wanting a therapist with a certain level of life experience and maturity, and that they would not have felt as comfortable opening up to or accepting the advice of someone she considered too young or not much older than herself. Having a therapist from an ACH background was not expected and not something they would have thought to request.

4.4. The impact of therapy on participants' knowledge, feelings and attitudes (“potential value” created by Growing Minds)

The evaluation aimed to gather insight on the changes participants experienced to their knowledge, feelings and attitudes. This is sometimes referred to as “potential value” – i.e. it does not necessarily lead to the desired outcome in itself but can be an important step on the way to positive change.

It is clear from the participants' feedback that the service had made considerable impact in this area. It had:

- Helped participants to understand their feelings and who they are. For example, understanding that they have permission to feel wronged or sad about situations, that they are not to blame and are worthy of receiving help outside of themselves.

“Therapy has really helped me to realise why I think the way I do and how I am as a person and how to combat things within myself, because before I used to self-sabotage a lot. I have learnt and realised that I am worthy and deserving of love because I did have really low energies before the therapy and sulked a lot.” – Female, 19yrs

- Participants feel better able to manage their emotions. They feel more in control of how they respond when in an upsetting situation or when feeling more down than usual.
 - “I don't get upset anymore. I mean, I still do but it's not to the extent where I'm crying and just losing control and stuff like that. It's more that I now take a cool, calm approach to situations.” – Female, 25yr
- Participants feel open to further therapy in the future. Young people feel open and willing to engage with services that can support them with their mental health - one young person

was due to begin therapy with another service at the time of interview. They feel much more empowered to access mental health support, even if their community or culture believe that it isn't needed, they've proved to themselves and want to prove to others that it is needed and it is valuable.

"100% I would have therapy again. I think I was very closed off before and ignorant about a lot of things. But I definitely think after having it, I'm like a proper advocate. I talk about it a lot!" – Female, 19yrs

4.5. The impact of therapy on participants' actions and behaviours ("applied value" created by Growing Minds)

The research sought to gather insight on the extent to which the increased understanding of themselves and feeling more able manage their emotions translated into participants implementing new actions and behaviours. i.e. the extent to which "potential" value was converted into "applied value".

The research found that young people had implemented a range of actions to help them manage their mental health more effectively.

4.5.1. Bringing emotions under control

Rather than emotions bursting out in an extreme way, participants reported using tools gained in the therapy sessions to bring emotions under control and not allow their feelings to overwhelm them too much – i.e. not crying as much, not withdrawing or turning to old unhealthy coping mechanisms.

4.5.2. Reflecting on situations from a different perspective

Participants mentioned that, when challenging situations or feelings arise, they try to acknowledge the situation and reflect on it from an alternative perspective that results in less angst, stress, and worry.

"She (the therapist) was very helpful and helped me to think about things in a different way. For example, if you apply for a job and you don't get it, then there are still good things to come out of it, such as interview experience and gaining new skills for the next interview. It really helps me to reflect." – Female, 21yrs

"It has taught me to look at things differently. It has shown me that I don't have to think about everything, and maybe things are just the way they are and that's just that. I can take myself out of situations and in a space where I feel safe." – Female, 25yrs

"I take time to reflect on situations in the moment, before I do anything stupid because when I jump in, it's not good." – Female, 25yrs

One person talked about even changing who she follows on social media and actively choosing to follow accounts that are more aligned with the way she wants to feel, so that her social media feed has a positive influence on her mood rather than a negative one.

4.5.3. Practicing mindfulness, meditation, and positive affirmations

Young people report practicing mindfulness has helped them feel less stressed, depressed and anxious because they are starting to focus more on being present, training themselves to think positively and to talk to themselves in a kinder way. The child participant spoke about using breathing techniques to calm herself down when feeling on edge and upset.

Getting out into nature and going on walks is another self-care aspect that young people have adopted and found beneficial.

“(The therapist) taught me a lot about mindfulness, I just don't really have a place at my home where I can just breathe and relax. So, they encouraged me to go on walks and to go out alone. It has helped my mental well-being, exercise and being out in nature. I do appreciate nature. So, they did basically give me advice and practical tips.” - Female, 19yrs

4.5.4. Setting boundaries with the people in their lives and finding their voice

A couple of young people felt that they easily took on other people’s “baggage” and allowed the needs of others (particularly family) to take precedence over their own needs. In addition, they allowed family members to speak to them in a manner that was not having a positive impact. The therapy had helped them to address this and find their own voice.

“I wasn't very good at setting boundaries, I found it really difficult. But I have started to realise that I do need to say 'no' and not feel bad about it. I feel like I just learned so much about who I am as a person and setting boundaries for myself” – Female, 19yrs

“It has helped me to be more vocal about how I am feeling and has given me things I can do in different situations and settings. Such as if I'm at school and I'm feeling anxious, there are things I can do and also it has helped me not to feel upset because I'm not bottling up my feelings.” – Female, 12yrs

4.6. The experience of Family Action’s therapy

4.6.1. The ACH community delivered aspect of the therapy is highly beneficial for participants and a major plus point for the service.

Given the stigma to accessing mental health support that young people mentioned, a community delivered service helps the service feel less “alien.”

Young people saw a number of benefits to the Growing Minds service being delivered within the community and by ACH counsellors, they felt:

- **More able to “open up” and trust the service and therapist.** Speaking to someone who looks like them and comes from a similar background helped them to feel less judged and in safe hands.
- **Better understood and “heard”.** Participants felt the counsellors understood where they are coming from and were able to grasp the culturally related experiences that ACH young people and children face (e.g. general attitudes and behaviours within households, attitudes towards mental health, and the importance/presence of religion).

- **They were able to build a strong rapport with the therapist.** As they felt understood and not judged, participants felt safe within the process – the feeling of ease serves to build rapport and facilitates productive sessions.
- **The therapists were offering a tailored and personalised service.** This feeling might not have been as possible if not for the counsellors’ heritage – their cultural background and own experiences as ACH people allowed them to demonstrate a more insightful understanding and share thoughts related to the cultural and historical experiences faced by ACH people. This created a feeling within the participants that the therapist genuinely cared about them.

As noted above, had participants not been given access to the ACH community delivered Growing Minds service, receiving support from an ACH therapist was not necessarily something they would have thought to seek.

However, now they have experienced it, they would want any future therapy to be community delivered and to have an ACH professional deliver it.

“I really like it and it's definitely a positive aspect. I really appreciate the fact that it was a woman of colour, who was also Afro Caribbean heritage, because I really think that talking to her, she was able to relate to things more than a white person or someone from another ethnic background. I think there would be things they will just miss or overlook, because they wouldn't fully understand it because they're not from the same culture. Even with the therapist, talking about Christianity, I could tell that she really took in what I was saying and understood.” – Female, 19yrs

“It's very helpful because I feel like sometimes as a black Caribbean person, sometimes we don't get much offered to us. We don't get workshops or certain resources that we can go to. Most people, if they had to talk to a person from a different background, may not feel safe and comfortable to tell that person certain things.” – Female, 21yrs

“There'll be times where I would have had a bad week and I couldn't wait for Monday to arrive to tell her (the therapist) that ‘this happened and I feel like this and this.’ I've never had that before, so to have someone that I could just run to and for her to completely get it, it was nice to have that, and it was comforting.” – Female, 25yrs

It may take a certain level of life experience to understand the benefits that come with a community delivered service. The one child we spoke to, was not sure having a black counsellor made a difference to her.

“I don't know whether it really make a difference in my circumstances. I guess if we were talking about past experiences with my race or gender it would matter more, but since we were talking about my wellbeing and every human being can go through, it didn't really matter.” – Female, 12yrs

4.6.2. Participants praised the quality of the therapists

The participants' impression of the Growing Minds Family Action service is, essentially, their impression of the therapist.

Participants describe the therapists as being approachable, good listeners, empathetic, kind, open, knowledgeable, and professional.

"I really liked my therapist and she listened. She allowed me to speak, then gave her input and put herself in your shoes to understand the situation, so she always made the sessions feel fun and not like homework, she was understanding." – Female, 12yrs

"She let me have the stage, she let me be free to talk about what I want to talk about. I did feel like I was in safe hands." – Female, 19yrs

"What the therapist did for me and offered me at the time, was just what I needed. She was compassionate and allowed me to speak and listened well." – Female, 25yrs

4.6.3. Some participants felt they needed more sessions

Young people received the number of sessions that were felt to be necessary for their individual needs. Amongst the participants, the number of sessions ranged between 5 and more than 15 sessions.

A couple of young people didn't feel ready to end the support and wished to address other issues.

"I had sessions over 15 weeks, but I would have liked to have continued for longer. The sessions I had have been really helpful, but I still feel like I have things I would like to work through with the counsellor." – Female, 25yrs

"I think if I had more sessions, we would maybe be able to talk about my eating and disordered eating and focus on that more." – Female, 19yrs

4.6.4. Some participants will continue getting support from elsewhere

Because their experience had been positive, any apprehensions participants may have had about accessing therapy or support services have been abated. As noted earlier, some participants mentioned that they are moving onto other types of counselling support or are looking into it.

This is to receive more targeted support on specific issues raised in the therapy, for example trauma processing.

"Through the therapy we saw that what's going on with me is a trauma response. So now we're able to start to figure out how I can deal with things better. The therapist mentioned workshops based on trauma responses and she thought it would be good for me to attend." – Female, 25yrs

4.6.5. Feedback for improvement

Overall, young people did not feel that the service they received required much improvement and they would be happy to recommend it to other young people.

- Young people believe promoting the service within youth clubs, schools and on social media, would be useful to bring it to the attention of both young people and adults.
- They also feel that more could be done to speed up the process from being referred to starting the therapy sessions. They appreciate that the service is likely to be in high demand, but they highlight that at the point of reaching out for help, they were already feeling desperate, so waiting any longer could have had negative consequences.
- Finally, they would welcome the option of face-to-face sessions and sessions at weekends. Young people can see the benefits to both face-to-face and remote sessions, although had their hand not been forced due to COVID, face-to-face would have been their preference.

Service staff felt that it was difficult to engage 11-16 year old boys with telephone based talking therapy.

“Our box of tools and options was really quite sparse for that age group. There wasn't enough to bring them on board.”

4.7. The overall impact of Family Action’s therapeutic support on its desired outcomes (“realised value” created by Growing Minds)

All the participants in the evaluation said the therapy had had a positive impact on them and their lives. This impact is described as “realised value” – i.e. the extent to which changes prompted by the service deliver the project’s desired outcomes including:

- Increased wellbeing
- Improved mental health
- Reduction in depression
- Reduction in anxiety
- Increased personal resilience
- Better relationships with their family

This realised value was captured by the monitoring tools used by the service to collect quantitative data across the majority of service users (PHQ-9 and GAD-7).

4.7.1. Reduction in depression (PHQ-9)

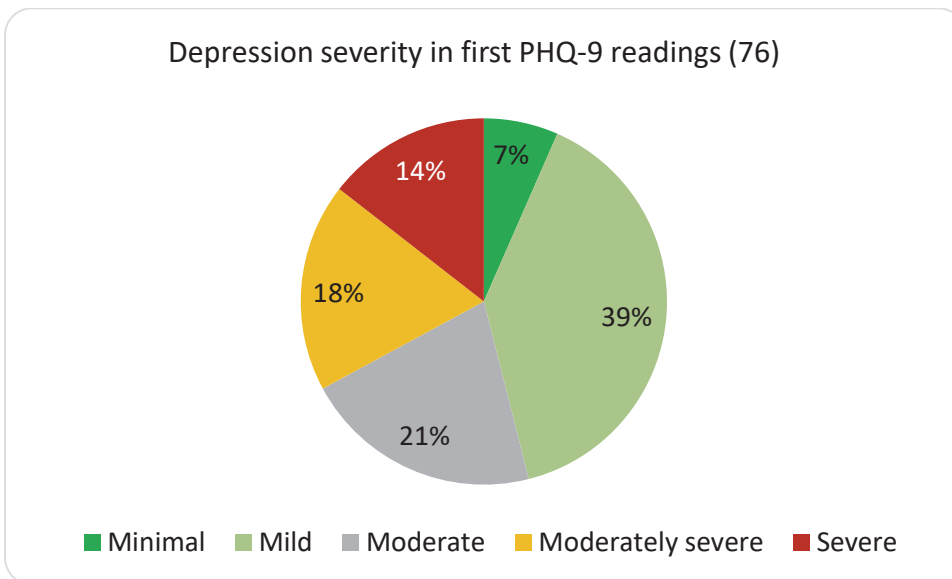
The PHQ-9 is a multipurpose instrument for screening, diagnosing, monitoring and measuring the severity of depression.

76 cases that used the Family Action Growing Minds therapy service completed two PHQ-9 questionnaires an average of 16 weeks apart. PHQ-9 scores are grouped as follows:

Score	Severity of depression
0-4	Minimal
5-9	Mild
10-14	Moderate
15-19	Moderately severe
20 and over	Severe

First scores

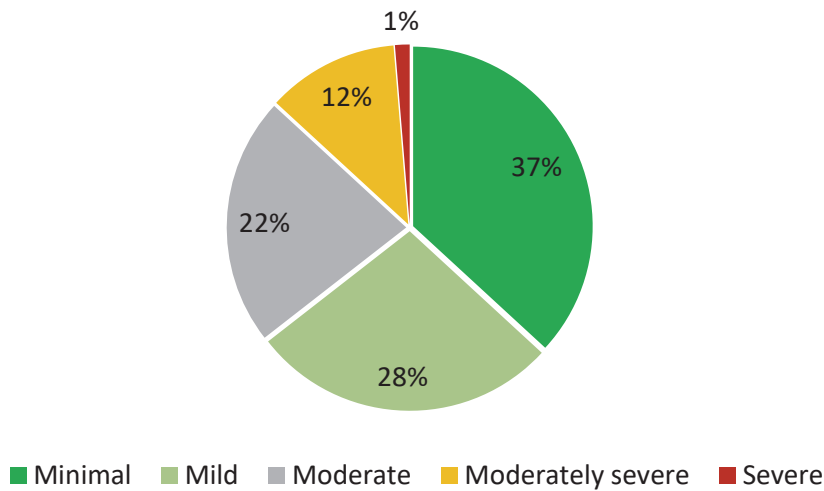
- The mean average first score was 11.9 (median = 10, mode= 8).
- 46% of service users had “minimal” or “mild” depression.
- 33% of service users had “moderately severe” or “severe” depression.



Last scores

- The mean average last score was 7.7 (median = 6, modes= 4 and 5).
- 64% of service users had “minimal” or “mild” depression.
- 13% of service users had “moderately severe” or “severe” depression.

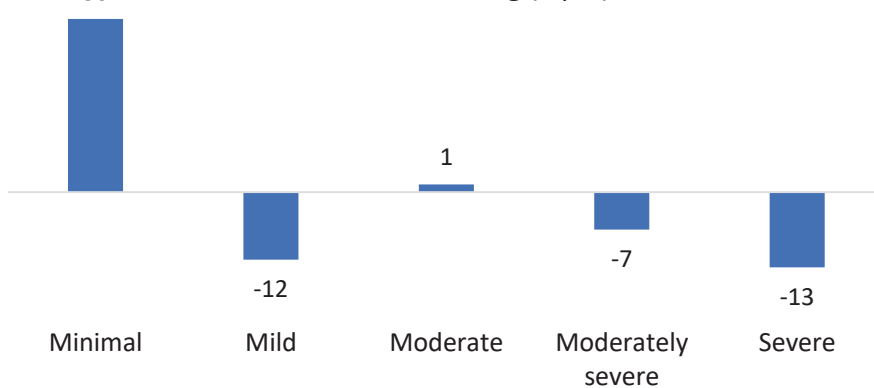
Depression severity in last PHQ-9 readings (76)



Changes in scores

- 78% of all service users reduced the severity of their depression, for 7% it stayed the same and for 16% it increased.
- The mean average score improved by 35% moving from 11.9 (“moderate”) to 7.7 (“mild”).
- The group with minimal depression severity grew from 7% to 37% and the group with severe depression reduced from 14% to 1%.
- Of the 11 cases that had severe depression in the first reading – by the second reading, two had minimal depression, one had mild depression, five had moderate depression and two had moderately severe depression. Only one case remained severe.

Difference in proportion of PHQ-9 groupings between first and last reading (%pts)



4.7.2. Reduction in anxiety (GAD-7)

The GAD-7 questionnaire is used as a screening tool and severity measure for generalised anxiety disorder (GAD).

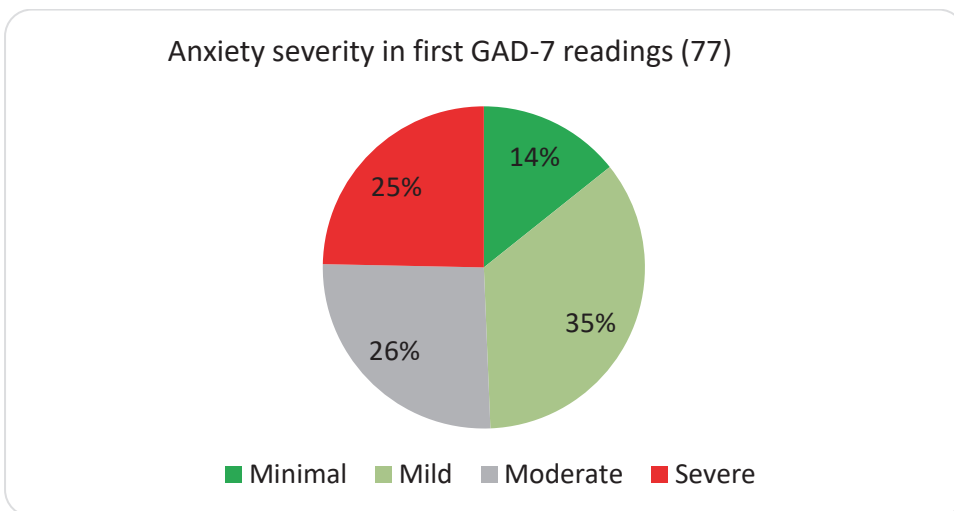
77 cases that used the Family Action Growing Minds therapy service completed two GAD-7 questionnaires an average of 16 weeks apart.

GAD-7 scores are grouped as follows:

Score	Severity of anxiety
0-4	Minimal
5-9	Mild
10-14	Moderate
15 and over	Severe

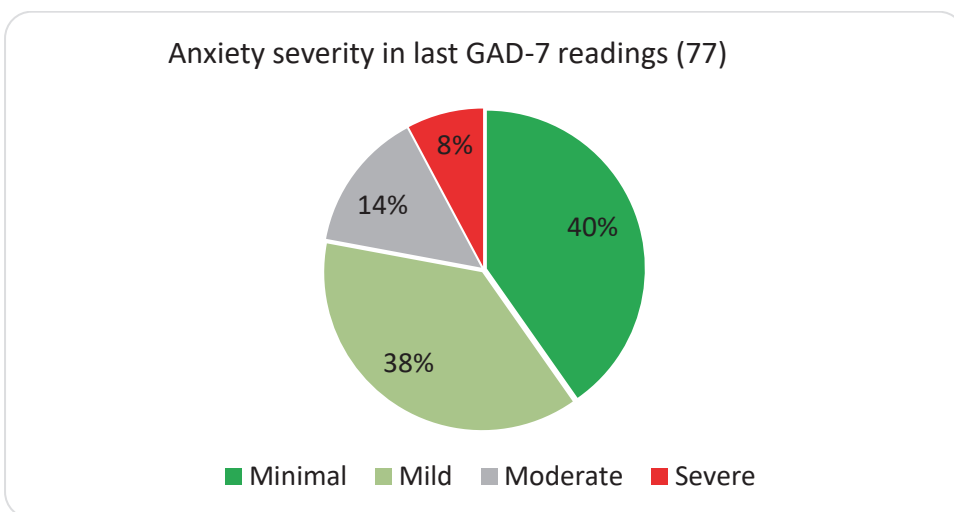
First scores

- The mean average first score was 10.1 (median = 9, mode= 5).
- 49% of service users had “minimal” or “mild” anxiety.
- 51% of service users had “moderate” or “severe” anxiety.



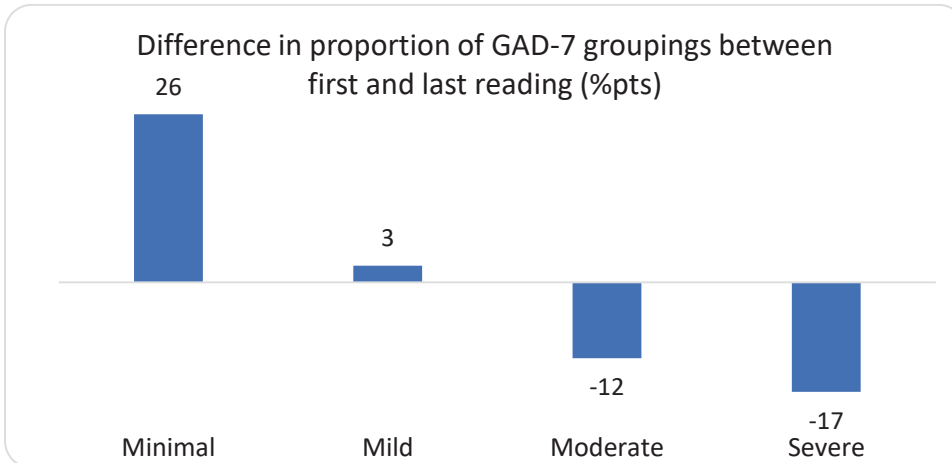
Last scores

- The mean average last score was 6.5 (median = 5, mode = 3).
- 78% of service users had “minimal” or “mild” anxiety.
- 22% of service users had “moderate” or “severe” anxiety.



Changes in scores

- 77% of all service users reduced the severity of their anxiety, for 6% it stayed the same and for 17% it increased.
- The mean average score improved by 34% moving from 10.1 (“moderate”) to 6.5 (“mild”).
- The group with minimal anxiety grew from 14% to 40% and the group with severe anxiety reduced from 25% to 8%.



4.7.3. Impact on mental health

The qualitative feedback revealed the positive impact the therapy had had on participants’ mental health and wellbeing.

“It has helped me to air out what was going on inside my head and helped me to see that it isn’t just in my head, how I’m feeling, and I feel better for it.” – Female, 25yrs

“It really has had a positive impact on me and my life, when I compare where I was and how I felt like I didn’t want to go on, to now where I have more hope. I’ve still got things to work on, but I’m much stronger now.” – Female, 25yrs

“I’m much more able to deal with my mental health. Before I couldn’t deal with my mental health and would always just push it to the side and try to get on with life, but now I realise how important it is and I try to evaluate and reflect on myself and when I’m feeling down I try positive affirmations and try to put positive thoughts out into the universe.” – Female, 21yrs

4.8. Family Action’s therapy service: Conclusions and key learning

123 people had received this service and had completed their support sessions between February 2020 and February 2022.

For the children and young people using the Family Action therapy service homelife is complicated, relationships can be toxic, and life “transitions” are challenging. These factors and others negatively impact on their mental health.

A stigma present in the ACH community around accessing mental health services meant that young people attempted to resolve these challenges themselves but not necessarily in ways that were conducive to bringing about long-term positive change.

Young people came to the service hoping to find more effective ways to deal with their troubles and move forwards in a positive frame of mind, but they were also fearful of the unknown.

It is clear from the participants’ feedback that the service had made considerable impact, it helped participants to have a better understanding of who they are and to feel open to further therapeutic support in the future.

In practical terms the therapy provided participants with tools that they had implemented to bring their emotions under control, reflect on situations from a different perspective, practice mindfulness, set boundaries with the people in their lives, and find their voice.

All participants reported that they had a very good experience of the therapy and it had left a lasting impact on their lives. Since having therapy they have seen the good days outnumber the bad days. This qualitative feedback is supported by the quantitative service monitoring data:

- 78% of all service users (76) reduced the severity of their depression, for 7% it stayed the same and for 16% it increased.
- 77% of all service users (77) reduced the severity of their anxiety, for 6% it stayed the same and for 17% it increased.

The fact that the therapy was delivered by someone from the ACH community is a vital component in the service’s success. Participants felt that receiving support from therapists that understand the culture and specific issues that face the ACH community made for a more beneficial relationship.

Participants describe the therapists as being approachable, good listeners, empathetic, kind, open, knowledgeable, and professional.

In terms of improvements, some young people would have valued extending their support to address other issues, others felt more could be done to speed up the process from being referred to starting the therapy sessions, and others would welcome the option of face-to-face sessions and sessions at weekends.

5. The Non Violent Resistance (NVR training)

The NVR programme (sometimes re-named “*Tools for Teenage Years*” by partners) was for parents whose children may be experiencing emotional wellbeing or behavioural challenges at home or at school. The 12-week programme focuses on topics such as de-escalation, parental presence, reconciliation gestures, and understanding both children’s and parents’ trauma. 35 parents/carers accessed the first two tranches of NVR training delivered by community partners up until January 2022.

5.1. Qualitative participation and profile

- The partners forwarded ten prospective participants to Fiveways to invite to interview after they had finished their training. Six interviews were completed via Zoom or telephone⁷. Three of these had done the training with Father2Father and three with African Community School. Four were female and two were male.
- Participants in the NVR training represented wide range of family types: large and small, nuclear and extended, and birth and foster families.
- All but one participant was from an ACH background. The other was from a Hispanic, South American background who accessed the training through their local school.
- Some have additional layers of complexity like a SEND diagnosis with a behavioural component.
- What all families have in common is an unconditional love for the child or young person in their lives and an overriding worry about their future – very often paired with a feeling that they lack the effective tools to manage their family dynamics in a different way from the authoritative parenting style they themselves experienced as children.

5.2. Understanding the participants’ context

5.2.1. Environmental stressors

Many of the families interviewed mention the impact of raising teenagers in rough urban areas dominated by gangs to which children can be particularly vulnerable:

“We have lots of incidents of stabbings and groups of gangs running around the local park with machetes, which is at the back of my son’s secondary school - because of all the cuts that have gone on, we’re seeing a lot more of this type of thing. Having a 13-year-old son here is quite scary. I’ve lived in this area all my life and before there was good local youth club - you knew the youth workers because they lived in the community and the children were going to a safe space to be with their peers, have activities and things like that. All that has been reduced dramatically and it’s had an impact on the freedom I can give my child.” - Participant 1

⁷ Since starting this report Fiveways have received another five prospects but it has not been possible to interview them in time for this report.

One respondent who lives in an area where three gangs fight for territory states that it feels safe for adults but not for teenagers – this widens the gap between the parents’ experience and their children’s, compounding issues of communication and trust.

Another respondent mentioned that Hackney is going through a process of gentrification that will make it impossible for their children to buy a house where they’ve always lived – there is a real fear of uprooting, as well as a feeling that gentrification is a breeding ground for racism and segregation in schools.

One parent highlighted the pitfalls in the transition from primary school, where all children play together, to secondary school, where *“black children hang out with black children, white children with white children”*. Bullying is rife and some teenagers start displaying more challenging behaviours due to peer pressure, thinking that it will gain them acceptance in their group.

This situation permeates the whole education system, including the mechanisms to identify vulnerable pupils and offer adequate support. One respondent described their fight to have his son diagnosed with ADHD as the school was reticent to support him in the face of his increasingly volatile behaviour. The diagnosis only came about when the boy pulled a knife on his dad and the family decided to take him to a private consultant:

“We're in discussions with the school at the moment about racism in schools and not identifying his ADHD earlier, why it took so long - because it was all just put down to bad behaviour. As African parents, we supported the school and the teachers, so when he was getting told off we were telling them off at home and I think that brought out a lot of frustration in him. We trusted the school, so we didn't recognise that they were being racist. Maybe we thought things had changed and we live in quite a multicultural area, and so we thought that it couldn't possibly happen there. It's not outright racism, but it's subtle. There's hardly any black boys and black girls in the sixth form. They're leaving school with bad results in GCSE... Now we're having the same issues with our other son who's ADHD as well” - Participant 2.

5.2.2. Frustration with other services

Other parents/carers felt let down by their child’s school, social services or CAMHS, and were glad they could turn to the course for support. One parent describes her ordeal to find the right support for her and her daughter until their CAMHS therapist suggested this course:

“I started the course because we were having violent incidents and abusive language being used left, right, and centre all the time. And it wasn't only her, it was me too. We were together in therapy with CAMHS for a while [...]. The conflicts with me started to escalate. With her dad, she's got a much more stable relationship - because he was the catalyst of the breakup, and she said very clearly during therapy that she can abuse me and I will stay, but if she says anything her dad doesn't like, she's afraid he will leave. The [CAMHS] therapy was finished because her therapist gave her an ultimatum, he wanted to involve her dad in therapy and she said no - she says that he wasn't a good therapist because he abandoned her when she refused to do what he asked” - Participant 3.

Some respondents stress the fact that the NVR service fills a gap that the system has vacated due to lack of resource. Much of the support available comes too late when the young person has lost control of their lives:

“There's nothing unless your child is on the at-risk register or they're on the verge of going to prison or something – I don't want to get to that point. I'm talking from experience: you get told ‘sorry, but you're not hitting her, she's not getting arrested, she's not named as a gang member’. It shouldn't be like that, it shouldn't be like that at all. It should be that I'm at my wits end and I need help.”- Participant 4.

5.3. Accessing the service

5.3.1. Drivers to access

A key finding of the qualitative research was that many parents approached the course looking for an alternative model of raising their children away from the authoritarian style in which they themselves were raised. Finding non-violent ways to achieve discipline was very important for these families.

Although most did not know what to expect from the course, they overwhelmingly state that the methods they were using before the course were ineffective, and even detrimental, to family dynamics. One of the parents/carers interviewed spoke of experiencing a dissonance between the methods his family used with him and what he felt was right for his children. Despite having attended other parenting courses in the past, the NVR training was the only one he had attended to address the issue of physical punishment:

“They (NVR trainers) don't believe in smacking and stuff like that, but they're able to have the conversation. You know, I'm not saying I smacked my kids but it was a time I was thinking that maybe I'm too soft with my girls because I was raised with canes and water. But when I look at my hands and then I look at my babies' tiny bodies, there's no way, I just can't do it. It was a conflict I had as a parent” – Participant 5.

While all parents were seeking to understand their children better, some were pre-empting difficulties as their children get older, and others were already dealing with difficult situations at home that were spiralling out of control.

“I jumped at it because of all the problems I was having - because my methods were not working. My methods were my parents' methods, which do not work on this generation of kids.”- Participant 4.

5.3.2. Service discovery

Some parents heard about the course through other support groups they were already in touch with. One parent described coming across the course because he was specifically searching for “African parenting courses” on Google.

5.4. The impact of NVR training on participants' knowledge, feelings and attitudes ("potential value" created by Growing Minds)

The evaluation aimed to gather insight on the changes participants experienced to their knowledge, feelings and attitudes. This is sometimes referred to as "potential value" – i.e. it does not necessarily lead to the desired outcome in itself but can be an important step on the way to positive change.

5.4.1. Understanding their triggers

Before the training, parents felt *"anger and disappointment"* at their children's behaviour. That, in turn, made the children feel frustrated and further alienated from their families. After the training, parents reported an increased ability to understand what triggers their frustration and step back, give children space, and pick their fights more successfully: *"only if it's dangerous then I'll have to intervene"* - Participant 2.

5.4.2. Increasing parental confidence and positive outlook

Families interviewed are keen to stress that they feel more confident about their ability to cope with future challenges and set healthy boundaries for their children – even if the environmental stressors discussed above will still play a major part in their children's emotional wellbeing, parents feel NVR has enabled them to provide healthier models of behaviour at home:

"I wasn't relaxed as a parent before, but after the course I'm 100% ready, whatever comes my way I'll be able to deal with it". - Participant 6.

5.4.3. Learning a new approach

The training had evidently equipped parents with new parenting tools and techniques – and for some a new philosophy for their parenting role.

"I'd never thought of applying messages used in the black civil rights movement to my family parenting life. Whoever thought of that is a genius. I mean, when you look at it, it's the same problems, you know, it's one group of people who thinks they've got more rights than the other, two different groups of people that don't match because they've got such opposing views - kids think we're stupid because we don't understand what the hell's going on for them, whereas we think they're crazy because they can't pay a bill." - Participant 4.

5.5. The impact of NVR training on participants' actions and behaviours ("applied value" created by Growing Minds)

The research sought to gather insight on the extent to which the increased understanding of themselves and increased confidence translated into participants implementing new actions and behaviours, i.e. the extent to which "potential" value was converted into "applied value".

The research found that parents had taken a range of actions to help them build positive relationships with their children.

5.5.1. Achieving discipline through non-violence

Parents report that the course has given them ‘permission’ to deviate from the authoritative methods of their families and find a parenting style that feels more in synch with their feelings and their children’ needs:

“[a punitive parenting style] was embedded on me although I hated it as a teenager, and I hated my parents for it. Still now, as an adult, I’m trying to forgive them. I never, ever wanted to be one of those parents. However [as a mum] I took on the attitude of my parents of ‘you should know, I’ve told you, I’ve brought you up’, which made my son angry. [Since the course] my empathy for teenagers has changed completely - they show you certain strategies or give examples of how you could be more empathetic, more understanding, more loving – and [they facilitate] the whole discussion of such things as being West Indian families, and how our parents brought us up or how they got brought up by their parents that actually it’s not the right way.” - Participant 1.

5.5.2. Parents are less likely to take their child’s behaviour personally

Most parents interviewed report being able to take a more dispassionate approach to family tensions and understand their child’s behaviour as an indication of their unmet needs, rather than as criticism of their parental role – which in turn enhances rapport and empathy with their children:

“My daughter was not telling me I was a good person or a bad person or a good mother or bad mother. What she was telling me is you’re not giving me the space to express myself” - Participant 1.

“[The training] has definitely changed my approach as a parent, because it used to enrage me to think that my children would disrespect me or their mother in that way, but now I don’t take it as personal - it’s just them being teenagers and the difficulties around that” - Participant 2.

5.5.3. Adoption of specific NVR techniques to open communication, prioritise issues, and retain focus on their own reactions

Parents mentioned specific tools and techniques discussed in the course that they had implemented and found valuable. For example approaches to initiate conversations:

“I had some training through the social services. I had been on a course that helps you understand the teenage brain. You know, our brains don’t develop until fully until we’re about 25, and we’re pretty much led by impulse. Those things helped. But [prior to the NVR course] I wasn’t given the tools I needed to help her set boundaries. For example, one of the techniques of the NVR course is a “sit in”. I mean, it’s nonviolent resistance the way Gandhi and the black civil rights movement use that. So you go in to the bedroom, or you say, I’m going to sit here for 30 minutes. You just sit down, and they don’t know what to do - but eventually they start talking to you” - Participant 4.

Parents felt better equipped to prioritise areas of conflict and negotiation:

“One of the other techniques is what they call the basket method, which is where you write down all the problems that you're having, however big however small, and that's your large basket. And then you select maybe 12 items from that, and that goes into your medium basket – that's your medium priority. And then from that you select two or three, and those become your high priority - the things that you want to change. You know, there's some things oh my god, she doesn't pick up a towel when she uses the bathroom - annoying, but not a biggie. She goes out and doesn't come back before midnight - biggie. She's not getting to school on time - biggie. Those were the two I chose to concentrate on” - Participant 4.

Parents/carers reported finding particularly useful the directive “strike when the iron is cold”: step away, have a cup of tea or a bit of meditation, and then talk about the issue in a calm manner, reasoning (i.e. explaining why the child’s behaviour is not desirable) instead of reacting (e.g. shouting, punishing their children, having an argument) with better outcomes in terms of their child’s long-term behaviour:

“Instead of screaming at the top of my voice, I go to my room and cool off. I used to shout a lot, now I take a deep breath and talk to my child – why did this go wrong and how can we make sure it doesn't happen again” - Participant 6.

Parents also report looking at the positives and not only at what the child does wrong, praising and saying “I love you” more. Changing the focus from their child’s behaviour to their reactions is a profoundly empowering and transformative experience for parents:

“The course has given me more tools, I feel more in control. Even though I do not have control over outcomes, I have more control over my actions. I know what actions to take and once I've taken those actions I feel satisfied” - Participant 4.

“NVR it was just amazing because it was about me and my responses with him. If I respond a different way, I get a different response, rather than me thinking ‘I say this and you respond this way’ there was actually a big amount of teamwork” - Participant 1.

5.6. The experience of NVR Training

Interviewees were split between Father 2 Father and the African Community School, however the praise for the service was unanimous regardless of which partner was delivering the training. Some of the words used to describe the course are “outstanding, innovative”, “informative”, “warm”, and “a breath of fresh air, a revelation”.

“Thanks to this course I have a selection of tools that I can use. It's like being a carpenter. If you need to put a nail in the wall, you'd be pretty silly to use a chisel, you need a hammer. And it's the same with parenting, you've got to know what tools to use. Children don't come with a manual - this training gives you the manual, they literally gave me a manual! And it's very, very useful. I still use it. It's quite close to my desk!” - Participant 4.

5.6.1. The ACH community delivered aspect of the training is incredibly beneficial for participants

The fact that in so many aspects of their daily lives these families feel that they need to defend themselves against systemic prejudice and institutional neglect made parents greatly appreciate the NVR course and what it offered.

For most parents, the fact that the course specifically addressed their cultural heritage and background was key to its effective delivery. For example, finding non-violent ways to achieve discipline was very important for these families, and they stress that being in a “culturally relatable” setting was crucial in order to have an honest conversation around those issues.

All parents interviewed had attended parenting courses before but concur that, while some aspects of that previous training were useful, overall it was far removed from the concerns and lived experience of ACH families.

“I've been on like 15 parenting courses and they're all done by white people and they talk about white people's challenges. I was looking for a cultural-specific parenting program that (covers) cultural issues or challenges or learning, and this is the only one that did it” – Participant 5.

Parents stress that the programme feels ‘real’ because the behaviours discussed were the ones they were confronting, not “white” ones. Participants stress that the NVR course stands apart from other parenting courses because it is “culturally relatable”, “honest”, and “not sugar-coated” – dealing with the real issues that these families face in their everyday lives.

All parents interviewed praise the course as a safe and honest space to address difficult culturally-specific conversations, an environment that “had their back” and made them feel at ease:

“[If it was a mixed course] I doubt I would have got it as much out of it. I'm in groups that are mixed and it's almost like you've got an armour, you don't have to be like that when you're in a black community group. I felt very comfortable in the group, much more comfortable than I would have felt if we were in a racially mixed group. A lot of us understood each other, we had been parented ourselves in the same way. There was a lot of laughter of recognition when we talked. We talked about getting licks [hit] and how you can't give your kid licks now. If you said that in a group with white English people, they wouldn't understand what you meant” - Participant 4.

However, it is worth noting that not all the participants in the courses were from ACH background. One of the respondents tells of her relief when, after 12 months in the waiting list for three parenting courses, she was offered the NVR training through her child’s school and accepted onto it despite not being from an ACH background themselves. This parent describes feeling welcomed, included and listened to. Another parent highlighted that, if the service were to expand their offer to non-ACH families, it would not lose its purpose and essence: *“this program would benefit everybody.”* - Participant 1.

5.6.2. Participants felt the facilitators were of high quality

Several parents praised the high quality of the facilitators – with “knowledgeable” and “experienced” being frequent descriptors. Overall parents felt they could easily relate to the facilitators.

“My mentor speaks the language I speak, we are in synch. She talks with the kind of authority that I'm familiar with. When she talks she's like a secret godmother.” – Participant 5.

5.6.3. The importance of parent testimonies and peer support

The element that was most universally praised was the fact that parents could interact with others going through the same challenges they were facing. Most parents report finding strength in the realisation that their problems were not an isolated occurrence for which they were somehow to blame:

“We got to listen to other people stories and realise that we're not alone” - Participant 2.

“If I hadn't met other people who had gone through what I'm going through now, I would have been thinking that this was something to do with me. Something to do with the fact that she's my niece and not my daughter. I know now it's nothing to do with that. That's what the course gave me, you know, reassurance. It gave me the knowledge that this is not personal, it can happen to any teenager” - Participant 4.

5.6.4. Delivery and course length

Many parents started the course in person and moved to Zoom during lockdown, which for some added an extra element of convenience. For most respondents, the course felt of adequate length and well-structured and delivered.

5.6.5. Feedback for improvement

More opportunity for discussion – but this needs to be well facilitated

Some parents/carers suggested having more time allocated to discuss issues amongst participants and to revisit some points after a few weeks - for instance, being able to share whether they implemented the tools and strategies learnt during the course, and if the changes implemented brought about the expected outcomes:

“Listening to other people's experiences is just as vital as listening to the mentors, so a little bit more discussion of other people and their children's behaviour and what they're concerned about would have been nice - it's very important” - Participant 1.

It is worth noting that a higher reliance on parent testimonies would require better informed monitoring on the part of facilitators. For instance, one parent commented that in her group there were awkward silences when mums from different religious backgrounds expressed opinions that were not culturally sensitive or could cause offence to other parents (e.g. Christian mums suggesting Muslim mums might take their children to church), with facilitators not having appropriate guidelines to re-direct the conversation – therefore, increasing the weight of parental testimonies would need to go hand in hand with a better handling and monitoring of discussions to ensure true inclusivity.

Developing relevant, segmented content

The element of the course where parents have more suggestions for improvement is the choice of topics covered in sessions.

At times parents thought some of the information provided was not relevant to them – and therefore they were not making the most of the time that they had painstakingly freed up for the session. They felt more targeted content would increase their engagement.

Most participants contend that what is relevant for a young child is not relevant for a teenager. For instance, the discussion of “consequences” for undesirable behaviour, such as confiscating the child’s phone, was felt by some to be best suited to younger children, but would not address the underlying reasons of challenging behaviour in older teenagers.

“A parent of a four year old child and a parent of a 15/16 year old child in the same group is not really productive” - Participant 2.

As well as age, another area of segmentation would be to develop content for parents of SEND children, because these families are more likely to confront a specific set of challenges and would welcome more targeted support.

Facilitators need to be flexible to maintain engagement with varying group sizes

Group size is another element to consider when gauging parental engagement. One of the parents suggested that some sessions could be delivered as one to ones or in small groups to maximise parent/carer interaction; however, it was also argued that sessions planned for larger groups languished somewhat when people were absent as the sharing of personal stories was less enriching. Flexibility on the part of facilitators is key to ensure that fluctuations in the number of participants do not impair the efficacy of the sessions.

It was also noted that not all sessions were equally engaging due to an overreliance on notes and slides.

Extending the peer support after the course

There was no unequivocal answer to the question of whether parents felt they would need follow up support after the course ended. Roughly half of the parents interviewed expressed a belief that their family situation had improved to a point where they didn’t feel they needed further support.

Others defined their parental journey as “work in progress” and expressed a desire to be given longer-term support in the form of parent groups or parent champions. Some have created WhatsApp groups to keep in touch but would like a more structured approach facilitated by the course organisers themselves.

Those who expressed a desire to be able to touch base in the future often cited a mistrust of other sources of support within the system – highlighting again that the NVR course was their only port of call when institutional help was not available.

“I’m still fearful if anything ever happens - it would be nice, if anything did ever happen, that you were able to call someone and get some advice” - Participant 1.

Consider preventative work in schools

It would be helpful to work in partnership with schools to take a preventative approach recognising the unique pressures of black children transitioning to secondary school:

“I think NVR has to go hand in hand with schools - It's not always problems at home, there's lots of peer pressure. That transition from primary school to secondary school is a really important time. There's no real focus on that and Black parents especially - Black and ethnic parents - their challenges are different to white middle class parents, though these things are not really understood. Whether their child is really good or not, parents need to be given tools to deal with things if they arise rather than once they have arisen” - Participant 2.

Tied in with this focus on prevention, most parents/carers felt that families should be able to join the course even if they are not experiencing major challenges at home. For example, further information and support around gang violence and grooming of boys and girls would be a welcome addition to most parents/carers as it is a widespread concern amongst interviewees.

More promotion

The course should be advertised more widely within the community, and particularly within specific vulnerable groups, so that those families who might benefit from support can come forward. Some parents suggested teaming up with local schools, CAMHS, social services and councils so that there is a clearer referral path:

“They know all the foster parents, their names and numbers and emails - they only need to do mailshots and the people who need it will come forward. If you don't know it's there, how can you come? I managed to get on this course just by chance. It shouldn't be like that” - Participant 4.

5.7. The overall impact of NVR training on its desired outcomes (“realised value” created by Growing Minds)

All the participants in the evaluation said the training had had a positive impact on them and their relationship with their child. This impact is described as “realised value” – i.e. the extent to which changes prompted by the service deliver the project’s desired outcomes including:

- Improvement in child’s behaviour
- Improved parental relationship with the child
- Increased re-connection/ empathy of the parent with the child
- Increased parental confidence
- Improvement in parental mental health (e.g. less distress, increased peace of mind, less isolation)
- Reduced feelings of helplessness for parents (e.g. increase in perceived support, increased positive outlook)
- Increased feelings of self-control for parents (e.g. managing situation well)
- More peaceful family atmosphere

5.7.1. Service monitoring data

Some of this realised value was captured by the monitoring tool used by partners service to collect quantitative data across the majority of participants.

The SUDS Rating Scale, or Subjective Units of Distress Scale, is used to measure the intensity of distress or nervousness in people with social anxiety. NVR participants were asked to rate themselves between 0 and 10 on three scales taken from SUDS.

Comparing pre and post course questionnaires, participants in the first two NVR training cohorts experienced on average:

- between a 32% and 38% reduction in feelings of distress.

Distress that you feel about the situation				
	Before	After	Change	
Cohort one (26)	5.6	3.5	38%	reduction in distress
Cohort two (9)	7.2	4.9	32%	reduction in distress

- between a 32% and 41% increase in how well they feel they manage their situation

How well you manage the situation				
	Before	After	Change	
Cohort one (26)	4.6	6.5	41%	increase
Cohort two (9)	5.3	7	32%	increase

- around a 40% increase in their rating of how much support they feel they have

Amount of support you feel you have				
	Before	After	Change	
Cohort one (26)	4.6	6.5	41%	increase
Cohort two (9)	4.8	6.7	40%	increase

5.7.2. Other realised value

All participants report better communication, healthier relationships and closer bonds with their children, and all stated that their situation at home has improved since they received the training.

“She doesn't listen all the time, but she is listening considerably more than she did before, the communication channels are much more open than they were before. I'm seeing her as an adult and she is behaving more like an adult too, so we can negotiate better. The conflict is really reduced.” - Participant 3.

Participants felt that they were not alone and that they are not to blame for their children's behaviour – which led to higher levels of parental confidence, better relations with their children, and a feeling of relative agency against the influence of external stressors.

5.8. NVR Training: Conclusions and key learning

35 parents accessed the first two tranches of NVR training delivered by community partners up until January 2022.

Parents accessing the NVR training can feel powerless as they face external pressures beyond their control – from their community, their local school, and their child’s peer group.

Many parents approached the course looking for an alternative model of raising their children away from the authoritarian style in which they themselves were raised. Finding non-violent ways to achieve discipline was very important for these families.

Parents report being less reactive, less angry, more able to listen and step back, less prone to assert their authority in punishing ways and more open to true communication thanks to the NVR training.

Participants report the training having a significant positive impact. Following the training parents understood what triggers their frustration better and felt more confident about their ability to cope with future challenges and set healthy boundaries for their children.

Importantly, parents report the course has helped find a parenting style that feels in synch with their feelings and their children’s needs. They are adopting a more dispassionate approach to family tensions and understanding their child’s behaviour as an indication of their unmet needs, rather than as criticism of their parental role. In addition, parents report feeling more in control of their family situation because they have stopped focusing on their child’s actions and started focusing on their own reactions – this change of focus is a profoundly empowering and transformative experience for parents.

Participants also report using specific NVR techniques to open communication, prioritise issues, and retain focus on their own reactions and finding these tools very useful. This qualitative feedback is supported by the quantitative service monitoring data:

Comparing pre and post course questionnaires, participants in the first two NVR training cohorts (35) experienced on average:

- between a 32% and 38% reduction in feelings of distress.
- between a 32% and 41% increase in how well they feel they manage their situation.
- around a 40% increase in their rating of how much support they feel they have.

Parents/carers describe the NVR course as one of a kind, with a distinct offer that resonates with their family experience. They stress that the NVR course stands apart from other parenting courses because it is culturally relatable and deals with the real issues that these families face in their everyday lives and provides a safe environment to address difficult culturally-specific conversations, supported by their peers. This, in turn, made parents/carers feel that they are not alone and that they are not to blame for their children’s behaviour – which leads to higher levels of parental confidence, better relations with their children, and a feeling of relative agency against the influence of external stressors.

Where improvements are identified they focus on:

- Having more opportunity for discussion (though this needs to be well facilitated).

- Developing segmented content for example for older and younger children, parents of SEND children, and content relating to specific issues such as gangs.
- The need for flexibility on the part of facilitators to ensure that fluctuations in the number of participants do not impair the efficacy of the sessions.
- Increased promotion, including working with schools, to attract more parents including those are not experiencing major challenges at home as a preventative approach.

Finally, several participants expressed a desire to extend the support (and particularly the support of their peers) after the course. They would like a structured approach to this facilitated by the partners themselves.

6. Tree of Life

The Tree of Life is a psychosocial support tool, developed in South Africa, based on narrative practices. It is a tool that uses different parts of a tree as metaphors to represent the different aspects of participants' lives. It involves people drawing their own 'Tree of Life' in which they get to speak of their 'roots' (where they come from), their skills and knowledge, their hopes and dreams, and the special people in their lives.

The methodology is strength-based, it gives people who may have experienced hardships the opportunity to actively participate in redefining their lives and stepping into a different territory of identity where they do not have to be defined by the problems which they have experienced. The approach was therefore considered to be culturally appropriate in this context.

In addition, the Tree of Life sessions are delivered by Peer Leaders (young people from ACH backgrounds) to ensure they are culturally relevant to those participating. In this project, the Tree of Life sessions were aimed at young people with no or low-level emotional wellbeing needs (Tier 1 and Tier 2) such as low level anxiety or low mood, issues making friends, attainment issues or issues with identity and self-esteem. It was not designed to work with those who had high or severe mental health needs (e.g. severe anxiety or depression), who were actively known to CAMHS or who were using school counselling or other mental health services at the time of the intervention.

6.1. Participation

Students completed an online baseline survey before the sessions started and a follow-up survey when they finished. The survey questions included seven from the Short Warwick Edinburgh Wellbeing Scale which measures someone's current mental wellbeing whilst focusing on the positive aspects of mental health. The scale has been validated for populations of young people aged 15 -21 (McKay & Andretta, 2017; Ringdal et al., 2018) and the general population (Ng Fat et al., 2017)

194 completed the baseline and 160 the follow up. By using some unique identifier questions it was possible to form a matched group of the exact same students who completed both surveys. Ten schools participated in the evaluation, the numbers of students completing the surveys by school were as follows:

School	Sessions	Baseline	Follow up	Matches
Clapton Girls Academy	5 weeks	17	15	11
The Crib	5 weeks	7	1	0
Haggerston	5 weeks	44	49	15
Mossbourne Community	5 weeks	30	23	14
Mossbourne Victoria Park	5 weeks/3 weeks	17	16	13
Our Lady's	1 day	12	11	10
Skinnners	5 weeks	20	14	8
Stoke Newington	1 day	8	2	0
Boxing Academy	5 weeks	4	0	0
City Academy	5 weeks	35	29	12
TOTAL		194	160	83

In addition, two schools were visited for a qualitative face to face focus group session.

- Group 1 – five males, between 14-15 years old (session completed in January 2022)
- Group 2 – three males and three females, 12-13 years old (session completed in March 2022)

Five peer leaders were interviewed in two Zoom groups and nine members of school staff were interviewed across four of the participating schools.

6.2. Understanding the participant's context

6.2.1. Motivations for schools signing up for Tree of Life

The school staff interviewed were very aware of the statistics that show that children and young people from African Caribbean Heritage (ACH) communities are underrepresented when it comes to accessing early intervention mental health services, but overrepresented in other parts of the system where mental health challenges are likely to present, such as exclusions from schools, child protection plans, the flow of young people through the youth justice system, and being sectioned under the mental health act. School staff mentioned wishing to address an underachievement gap amongst ACH boys by providing support around their mental health and wellbeing.

"Our experience is that systemic racism affects students. We do see less interaction with services. I liked the strength-based idea – usually interventions are because something is lacking. It was refreshing." – School 1

6.2.2. Areas of need

As highlighted above (6.1) Tree of Life was developed and delivered as a universal intervention in terms of mental health needs, young people did not need to present with any problems. So the intervention can be considered as preventative, or for those with low level needs, as an early intervention.

The baseline survey asked about the frequency students experienced positive emotions. Areas of most need (i.e. emotions that more students experience less often) were:

- **Dealing with problems well** - 33% of students felt that they never or rarely dealt with problems well
- **Feeling relaxed** - 24% never or rarely felt relaxed
- **Feeling optimistic about the future** - 22% never or rarely felt this
- **Thinking clearly** - 22% never or rarely felt they had been thinking clearly

This indicates that there is a fairly large proportion of students who are feeling anxious about what lies ahead, and that this anxiety may be impairing how they are thinking and coping in the present.

Areas of less need (i.e. emotions that more students experience more often) were:

- **Being able to make their own mind up** – only 11% of students never or rarely felt they able to do that

- **Feeling good about themselves** – only 13% never or rarely felt this
- **Feeling close to others** – 14% never or rarely feel close to others

This may indicate that the anxieties noted above have external causes – most students do have agency, some self-confidence, and close relationships.

6.3. Accessing the service

6.3.1. Selecting the students

As noted above, the sessions were aimed at those with low level emotional wellbeing needs.

Schools took slightly different approaches to selecting students to participate in Tree of Life. Most involved heads of year ("*they know best*") to identify participants, some also included safeguarding and mental health and wellbeing staff. One school who held the sessions after teaching hours also referred to potential participants' attendance record.

Some groups were mixed in terms of age or gender, some participants were displaying more challenging behaviour, others just needed encouragement to express themselves.

Some school staff mentioned that they would have liked more guidance from the project on who the sessions were aimed at.

"I'm not sure I did it [selection] right – it was my take on it. It could have been more clearly defined. It would really help schools, teachers, and the selection process if it was more explicit what the project's outcomes are – or how it could help the students. It would be useful to have some hypothetical "pen-portraits" of who the programme aimed at." – School 1

6.3.2. Inviting the students

Schools were very successful in generating enthusiasm amongst those selected to attend the sessions. One school had an introductory "taster session" before the project started, to allow trust and rapport to build between peer leaders and students.

Most schools mentioned the fact that it was much easier getting signed consent forms back from students compared with other requests. Where schools had a second cohort participating in Tree of Life, those in the first cohort helped to promote others' involvement.

"Cohort two really wanted to do it – they sent their consent forms back in a heartbeat, which was remarkable. There was plenty of good "word of mouth" from the first cohort which is the best promotion you can have." – School 2

6.3.3. Students' motivations, expectations and preparedness

When considering whether to participate, students focused on how much time an effort it would require of them and whether they would miss out on activities they would rather be doing, such as hanging out with their friends, playing sports, or simply relaxing after school. Although students had not been involved in a project like this before, they were intrigued and encouraged enough to participate.

"I think it was the way that she (the teacher) described it. So like, she made it sound like something that we should want to do. So I kind of thought that maybe because we all got picked, I should at least just go along and see." – Boy, 13

Providing flexibility and lowering the perceived commitment also helped students make their decision.

"In the email it said you could leave at any point so if it doesn't work out, just leave, but it ended up being pretty good, so I didn't want to leave!" – Boy, 14

Few students had set expectations prior to beginning the sessions.

"I've never been in anything like this before, so I was excited to do. I didn't really have any bad feelings about it and because I know everybody in the group, I was excited to see what was going to be like." Boy, 15

Peer leaders feel more could be done by the school to ensure students and parents know why they are in the group, mentioning that some participants felt they had been selected to participate because they must be in trouble.

"The school don't say why we are there or who we are serving – we are there for the kids. The parents feel we are collecting data from the kids – they don't trust it – we've had kids removed from sessions. They are not in a study. [There is a] need for much clearer communication." – Peer Leader 1

6.3.4. Students' first impressions

In focus group feedback, students shared how the sessions gave them a forum to talk about themselves, the challenges they are going through and the worries they have in a safe, non-judgemental, and welcoming environment. However, initially they didn't necessarily expect to find such comfort in being a part of the sessions – perhaps they didn't realise they needed it in their life, until they started. Participation was a revelation for many.

"At the start, I felt like this was just going to be a way to get out of school for a bit and relax, but it ended up being a way to like express yourself in a more open area. In a safer place." – Boy, 14

Peer leaders commented on how they found the students at the start of the sessions and shared that many students are initially reluctant to open up because of their experience with the school.

"A child was crying, expressing himself, but the school support person made him feel like he shouldn't do that. The school is more like a prison. In the tree process when we ask who is supportive of you – they don't say the school. They don't feel the school will help them, feels like they will just spread their business." – Peer Leader 3

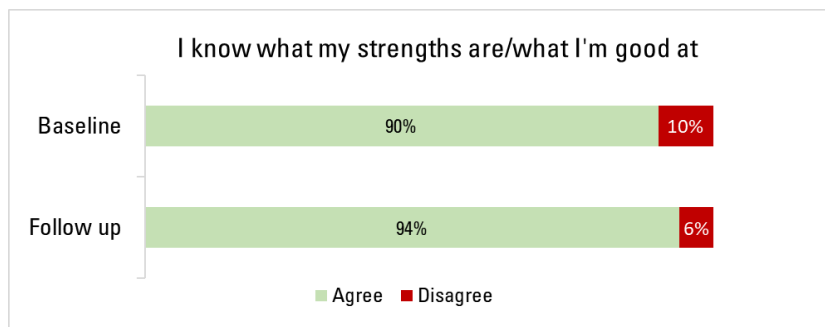
6.4. The impact of Tree of Life on participants' knowledge, feelings and attitudes ("potential value" created by Growing Minds)

This section looks at how the project changed what participants know, think, and feel. This can be described as potential value – these are changes that do not in themselves indicate the desired outcome has been achieved but they show a positive direction of travel.

It should be kept in mind that, because the participant group was not a homogenous one (i.e. they weren't all necessarily starting from the same place or did not have the same levels of maturity, drawing firm, overarching, conclusions from this evaluation is difficult, but it is possible to show the general direction of travel in terms of the difference Tree of Life has made.

6.4.1. Increased awareness of their own strengths

The matched group (see 5.1) already had a strong understanding of their strengths at baseline (90% agreed with the statement "I know what my strengths are/what I am good at." This increased to 94% in the follow up survey.



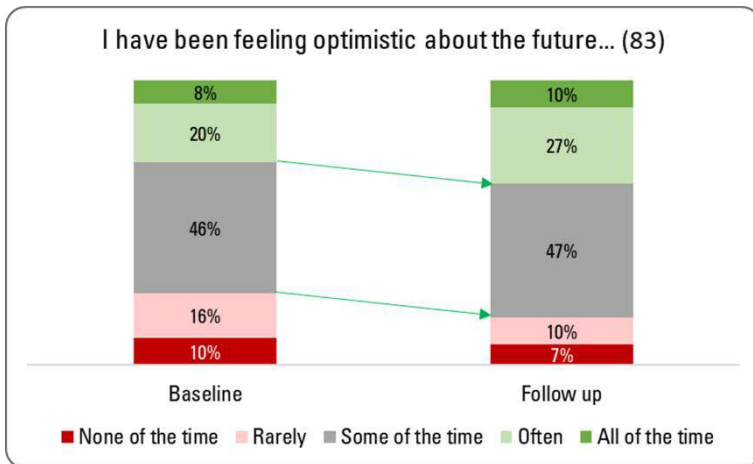
15% of students who left free text responses to the survey question "Please tell us one thing you learned during the Tree of Life sessions" (143) mentioned gaining a better understanding of themselves, including understanding their strengths and weaknesses, and respecting themselves.

6.4.2. Increased optimism in the future

The baseline and follow up surveys asked about the frequency students experienced eight positive feelings. For the matched group (students we can identify as completing both pre and post surveys) we can compare before and after the sessions.

One of the biggest improvements was seen in feeling optimistic. The proportion of students feeling optimistic "All of the time" or "Often" increases by 25%⁸ (from 29% to 37%) and the proportion feeling optimistic "None of the time" or "Rarely" falls by 33% (from 25% to 17%).

⁸ Some figures quoted in the text may differ by a percentage point to the figures in the charts – this is due to rounding.

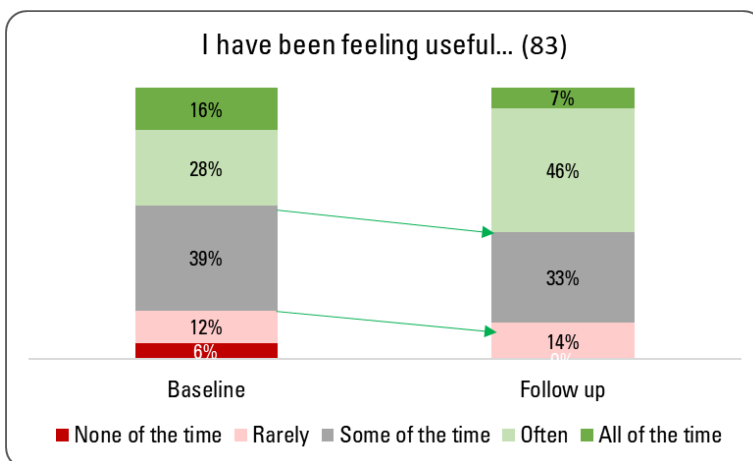


Students in the focus groups reported being encouraged to picture what their future could look like and what they want their lives to be like, so that they are in a better place to do things that could help them achieve that. Real life examples of people overcoming hurdles and achieving their goals were key to students being able to visualise themselves where they want to be and provided motivation to stay focused on making positive choices day to day.

"I thought it was good when they talked about what you could be when you are older and we also saw examples of young black millionaires and what kind of mindset they live by and how they live their life." - Boy, 15

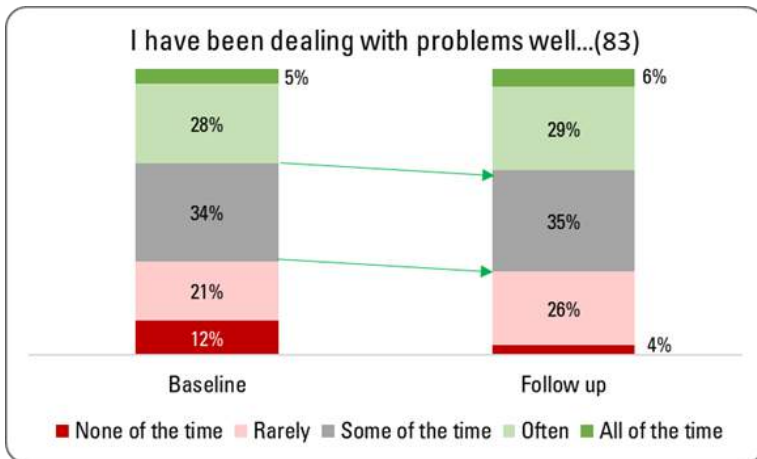
6.4.3. Increased feelings of usefulness

The proportion of students feeling useful "All of the time" or "Often" increases by 22% (from 43% to 53%) and the proportion feeling useful "None of the time" or "Rarely" falls by 25% (from 18% to 14%).

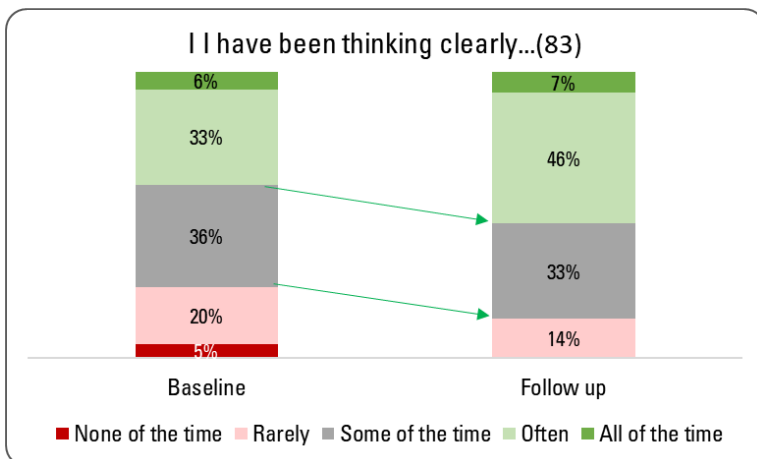


6.4.4. Increased ability to deal with problems well and think clearly

The proportion of students feeling they have been dealing with problems well "All of the time" or "Often" increases by 7% (from 33% to 35%) and the proportion feeling they have been dealing with problems well "None of the time" or "Rarely" falls by 11% (from 33% to 29%).



The proportion of students feeling they have been thinking clearly “All of the time” or “Often” increases by 34% (from 40% to 53%) and the proportion feeling they have been thinking clearly “None of the time” or “Rarely” falls by 45% (from 25% to 14%).



The focus group discussions revealed how the sessions gently encouraged participants to face their challenges and start to address them or feel better about their situation. They are able to place their challenges in context and have a plan for the future.

"The Tree of Life, helps us push through hardships. And it also teaches us strategies that are used in real life to get us to the position where we want to be in the future. And it also tells us how real life is. And, you know, sometimes you won't always get what you want. So you might need a plan B, you might need a plan C, and you might even need a plan D, but at the end of the day, you know, you need to keep pushing, and you need to find your own way." - Boy, 15

The main sentiment is that compared to how they felt about their life and their future prior, they are much more positive, happier and feel more in control of their lives and more empowered to try and shape it.

"I have a couple of strategies that they've taught me that I've incorporated into my lifestyle, such as the mind map. So you mind map all your ideas that you want to do, and maybe one or two, you might do right now or in a couple of years. I feel like that's really helped me think of ideas and think of ways to do things." - Boy, 15

6.5. The impact of Tree of Life on participants' actions and behaviours (“applied value” created by Growing Minds)

This section looks at how the project changed what participants did, the action they took. This can be described as applied value – as with potential value, these are changes that do not in themselves indicate the desired outcome has been achieved but they show further progress in a positive direction of travel.

6.5.1. Sharing experiences

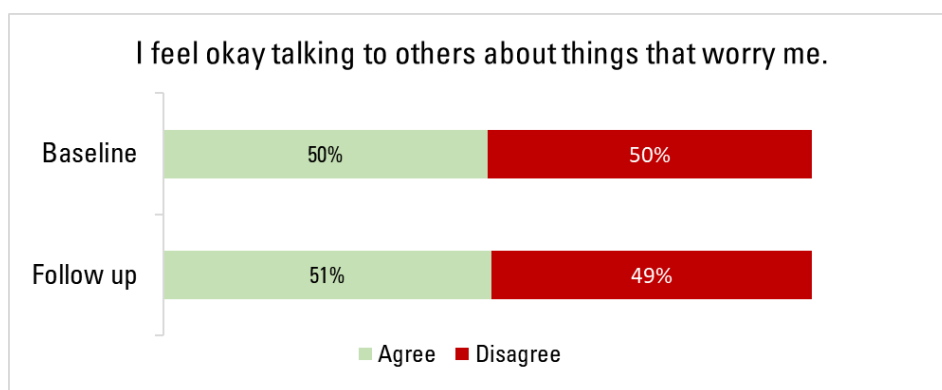
Roughly a quarter of students who left free text responses to the question “Please tell us one thing you learned during the Tree of Life sessions” (143) felt they had learnt to express themselves more effectively, share, be more open and to “be themselves” – for some this was accompanied by being able to express their thoughts and feelings in front of others. It seems clear the programme had a therapeutic value both by enabling students to share and talk about their concern (instead of keeping worries or concerns to themselves), and by hearing that their peers also face challenges, have had difficult life experiences, or have the similar concerns as them, making them feel less alone and more at ease sharing their own stories.

“The story that I had to tell them was a story that had me really upset for a while and I was in a dark hole for a while. I couldn't express that story to no one, but the fact that I told them about it...it made me feel lighter on my shoulders. It taught me, 'don't keep things in for too long', doing that can potentially kill you.” - Boy, 15

“They were very attentive, expressing themselves, saying personal things. Listening to these boys express how they feel was amazing – I had mummy moments! They learnt how to speak, they had more appreciation of their culture – they loved it. It got boys talking and the black community don't talk – we've been told not to talk and show emotions. This helped the boys say “this is who I am, it is okay, and I'm not the only person going through this – my peers experience it too”. It is like a barber shop!” – School 3

6.5.2. Connecting with others

There was very little change in the proportion of students agreeing with the statement “I feel okay talking to others about things that worry me”. Agreement and disagreement were split 50:50 at baseline, and 51:49 (in favour of agreement) at follow-up.



However, in qualitative interviews with school staff it was clear that participants had been able to extend their social group and had formed new friendships with others in their cohort.

"Students that didn't have a friendship group are now connecting with those who were involved. It encouraged different friendship groups. They really blossomed in terms of working together and seeing each other for the first time. You can see it at lunch, they are hanging out together. They are comfortable being around each other." – School 3

6.6. The experience of Tree of Life

6.6.1. High levels of student commitment and engagement

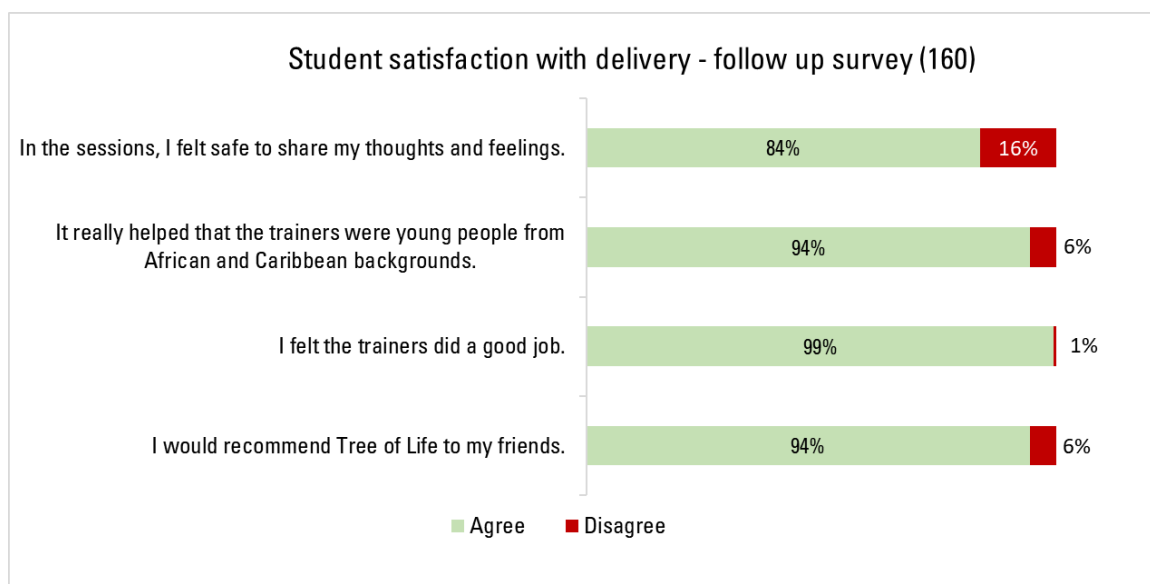
What was clear from feedback from peer leaders and teachers was the level of commitment shown by participants.

"Some had an overlapping basketball session – there was only 10 minutes of Tree of Life left after the basketball, but they still came for those 10 minutes." - Peer Leader 4.

"We invited 20 and had 18 regulars for year 10 that's really good numbers. It was after school which could have been a problem. One boy was going to meet a girl, but they were like "no I've got to do this [Tree of Life] it [the date] will have to wait. They were coming to the office wanting to know if the peer leaders were coming. They wanted it to go on longer." – School 2

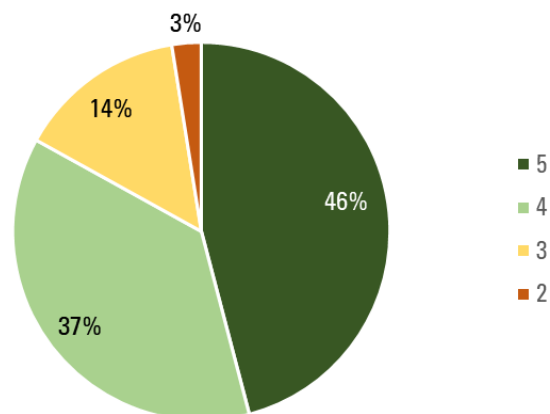
6.6.2. Levels of satisfaction

The follow up survey asked students about how the Tree of Life sessions were delivered. Most students who did the follow up survey (160) provided very positive feedback. For example 94% would recommend Tree of Life to their friends.



In the follow up survey, participants were asked to rate their enjoyment of the sessions out of five (five being "I really enjoyed them"). 83% of students gave a score of 4 or 5. No student gave a score of 1/5 which meant "I really did not enjoy them".

Thinking about how much you enjoyed the sessions (or not), what mark out of five would you give them - where 1 means "I really did not enjoy them", and 5 means "I really enjoyed them" (159)



"I thought it was going to be so boring. But when we had our lessons, it was kind of like, fun. You could express your feelings and talk about your family and stuff." (Girl, 14)

6.6.3. The skills of the peer leaders

All but one student in the survey felt the peer leaders did a good job. This was echoed in the focus groups where the facilitators were described as approachable and kind, and good at making students feel at ease in the workshops, which encouraged them to participate fully – in the survey 84% of students felt safe to share their thoughts and feelings.

"The biggest advantage is that we are real – we don't lie to them. They get fed a lot of stuff from the school about being the best you can be without any understanding of how to get there. We don't say The Tree of Life is a magical remedy that will solve all your problems, we don't start off with that outlook. Life is hard, but we can help you identify points of stability in your life that is going to make it easier for you as you go through this journey. We don't sell them a promise that isn't true. We try to be as practical and grounded, as real with them as possible and sometimes that is just listening and making them feel heard. The process is making them feel their thoughts are valid." – Peer Leader 1

6.6.4. Having peer leaders from an ACH background

More than nine out of ten students felt the fact they were young and from ACH backgrounds really helped. In the focus groups it was seen as a key benefit of the programme, although boys recognised this benefit more than the few girls who participated in the groups. Girls didn't express feelings of being judged, misunderstood, or treated differently in the world in the way some of the boys did. This does not mean that the girls do not have these concerns, but amongst our sample they weren't expressed.

Boys talked about negative stereotypes, lack of expectation placed on them, not having enough role models that look like them, as factors that have left them feeling down, uninspired and feeling

under pressure, as they navigate their environment hoping to not live up to the negativity that can come their way.

Having a young facilitator from an ACH background makes a difference for several reasons:

- They instantly feel more relatable. Young black students can see that they have something in common (their racial background) at the outset.
- Students believe they come with a lot less judgement. So when they share their cultural experiences (good or challenging), the peer leaders can understand them better as they have similar experiences.
- It makes the sessions more effective. Students don't feel like they have to try and help the facilitators understand their background and how it influences and impacts them.

Of course the peer leaders were also relatable in terms of their age, being only just a few years older than the participants. There is acknowledgement that the age difference between children and adults can be a challenge – they have different perspectives, and this can cause friction in daily life (e.g. between parent and child). Therefore a younger facilitator is ideal, as they bring another layer of understanding and feel even more relatable.

However the most important thing for students is that whoever facilitates the session has a genuine understanding of the ACH community – an older black counsellor would be preferable to a young one from another ethnic background – but preferably facilitators would be both young and black.

"It is important as you can kind of relate to their background so it's more likely that they've been through the same things as us because we're all from the same kind of background and we faced similar challenges in life." (Boy, 14)

"I think that if it was run by a white person, then the messages coming across would be redundant." (Boy, 15)

6.6.5. The school's experience

All the schools interviewed were very positive about the organisation of the project, and most enthused about the energy and skill of the peer leaders.

"I was really impressed with the initial consultation and with peer leaders. They came on time, with the right documents. It was spot on. They made it so easy. They were excellent. I felt really supported." – School 1

6.6.6. Feedback for improvement

Having more time in the session (by being better organised)

Where suggestions were made, no clear theme emerges from the survey. 13% of student felt the sessions could be longer, 7% of students felt there should be more "fun activities", 4% mentioned there should be more opportunity to talk, and a similar proportion mentioned the need for improved timekeeping and organisation from the facilitators.

Some of these issues were also raised (and linked) in the focus groups. For some, individual sessions felt rushed as the time given to students to absorb a new task, complete it and reflect was not always sufficient – and this was compounded by the need for improved organisation.

"I felt that the sessions were too short as we didn't always get enough done, but if they [the peer leaders] were more organised as well, we would have got more done anyway." - Girl, 14

Extending the support

For others, there needed to be more sessions over a longer period, feeling it takes time to realise the benefits of participation and 'get into' the flow. For a few, they felt the workshops ended just as they were settling into it and would have liked a few more.

Peer Leaders were concerned about the support students would receive after the sessions have ended. Most felt something should be put in place to stay in touch and continue support as they didn't trust schools to provide it.

"You open up a box, you build a relationship, you see how they are treated by the school – they open up to you and then you leave. I'm not sure they are in safe hands – are they going to have the support when we go? We should have follow up sessions, come back a second year. More continued support, an online forum, a mentor/mentee relationship – rather than a guest appearance." – Peer Leader 1

Support for schools to sustain the positive impact

All the schools interviewed were also looking for ways to sustain the positive impact that their Tree of Life cohorts had experienced. Most of these ideas were "in-house" for financial reasons and included using those who had done Tree of Life as mentors, doing "Tree of Life style" activities on the first day back at school, or piloting a club to keep the conversations going. A couple of schools were considering external support to sustain the impact – for example through the Father2Father organisation. One mentioned including a follow up session within the Tree of Life "offer".

All the schools would welcome some support from Tree of Life as to how best to increase the longevity of the project beyond the sessions.

More ongoing discussion between school and facilitators

Some schools restricted non-student attendance in the sessions to ACH staff. In one school a white member of staff attended – and, whilst not perceived to be a problem – it did reveal the need for more "up-front" discussion between facilitators and the school about how the Tree of Life can be made most comfortable for students and facilitators alike. This led to a suggestion that a "consultation space" could be created alongside the sessions to allow the school and facilitators to reflect on this and other issues as they arise (e.g. when safeguarding issues may be disclosed).

Being mindful of the school context

School staff commented on how much the students enjoyed the sessions and how fun they were – compared with what the students might usually expect from school.

"Having a protected space to have a total gear shift to something really celebrated and empowering - away from the straight lines and consequences of an academy school's tight behaviour policy - was really humbling." – School 4

However, some staff commented that the facilitators needed to be aware if students were returning to school after the session. At times schools noticed behavioural issues when highly energised and stimulated students left Tree of Life sessions.

"It is hard for the facilitators to set up a warm, open, engaging session within a strict school culture, but they need to be aware of the school environment. It eroded understanding of how students should behave in the school building. When you walk out of the door you are back in [school]. [The facilitators] need to set those boundaries." – School 2

Involving parents

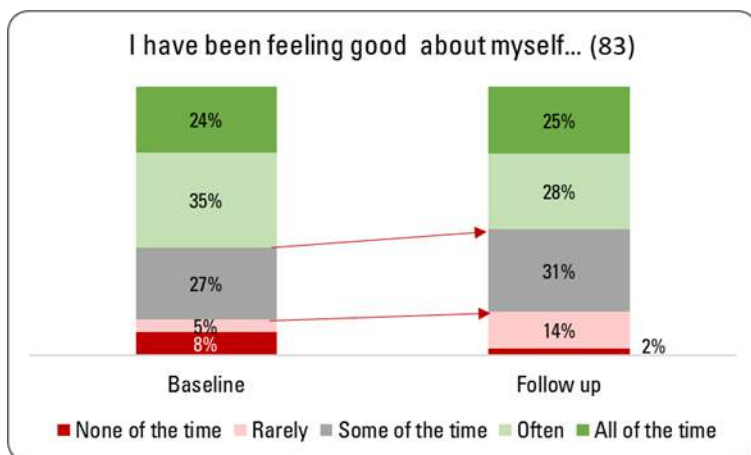
Peer leaders felt that parents needed to be more involved – particularly to overcome the concern over their children sharing information about where they are from in a school (i.e. an establishment/authority) setting. This was confirmed by schools. One school held a “graduation day” where students’ presented their trees. This enabled them to engage parents (“as some only have engagement with school in a negative context”). Another school felt that this “witnessing and celebration” opportunity to share with parents and teachers should be built into the Tree of Life offer.

6.7. The overall impact of Tree of Life on its desired outcomes (“realised value” created by Growing Minds)

This section looks at the desired changes the Tree of Life aimed to bring about (the “realised” value created by the project).

6.7.1. Increased self-esteem - feeling more positive about themselves

“Feeling good about myself” is the only emotion asked in the surveys where the change is in a negative direction. Fewer students feel good about themselves often or all the time (from 60% at baseline to 53% at follow up). Slightly more students say they feel good about themselves “none of the time” or “rarely” at follow up compared with baseline (up from 13% at baseline to 16% at follow up).



6.7.2. Improved self-confidence

However 18% of students who left free text responses to the question “Please tell us one thing you learned during the Tree of Life sessions” (143) in the survey mentioned they had gained confidence.

This was echoed by some students in the focus groups who described the sessions as helping them to feel more confident that they could achieve what they put their minds to.

“[I would describe it as] uplifting because it made me get out of my shell. Because I feel like I was shy before. I wasn't too active, but now I'm more out there.” - Boy, 15

“The year 10 kids are smiling more. They acknowledge me more. One said his “mentals have gone off the chart” You can see in the way he moves and interacts; he has grown in confidence. He always says hello to me. There will always be that proud element within him, that he has accomplished that [The Tree of Life] It's renewing for him, he can change everything.” – School 2

6.7.3. Increased pride in their background

29% of students who left free text responses to the question “Please tell us one thing you learned during the Tree of Life sessions” (143) mentioned increased knowledge about their background, and culture and for a quarter of these this was accompanied by a sense of pride in their background.

“[I enjoyed] talking about my family background and being proud of where I come from” - Boy, 14

6.7.4. Improvement in self-control and behaviour

Most school staff felt it was too early to assess any changes to the participants' behaviour (and, as we saw above (6.3.1) not all students were selected to participate on the basis of behaviour). A couple of schools mentioned it would be useful to track the cohort over time to assess changes in behaviour, one had already noticed a difference.

“I had a few boys who were near the top of my behaviour charts each week and now they have dropped” – School 3

6.8. Variables influencing change

This section looks at three variables and how they may (or may not) have affected the outcomes achieved by Tree of Life As noted above, as the cohorts could be quite different in profile it is quite difficult to compare variables across cohorts.

6.8.1. The influence of gender

When comparing girls and boys within the matched group, it is evident that boys experience more positive change than girls. The proportion of boys saying they experience these feelings “often” or “all the time” increases for six out of eight positive emotions asked about in the surveys – and some quite dramatically (e.g. the proportion for “I have been thinking clearly” increases from 51% at

baseline to 68% at follow up and “I have been feeling useful” increases from 48% at baseline to 63% at follow up).

The proportion of girls saying they experience these feelings “often” or “all the time” increases for five out of eight positive emotions asked about in the surveys – but all changes, positive and negative are more modest (although the proportion of girls feeling optimistic about the future “often” or “all the time” increases from 26% at baseline to 36% at follow up).

The three girls involved in the focus groups couldn’t easily put a finger on why they didn’t feel as delighted with the Tree of Life experience as the boys. It seems they are unsure of its value and the learning hasn’t stayed top of mind.

“It [Tree of Life] gave us ideas on how to deal with our mental health and what do you do when you’re not feeling great. But then I still feel like I tend to keep my mental health to myself sometimes.” (Girl, 14)

Both boys and girls’ groups show decreases in the proportion of students who had felt good about themselves “often” or “all the time”.

6.8.2. The influence of age

In qualitative feedback, some school staff were concerned about the level of positive impact amongst the younger groups – but the quantitative figures imply younger students (aged 11-13) experience more positive change than the older ones (14-17). The proportion of younger students saying they experience these feelings “often” or “all the time” increases for five out of eight positive emotions asked about in the surveys, compared with three for the older group.

However when the older group does experience positive change it does so quite clearly – the proportion of older students frequently feeling optimistic increased by 44%, those frequently feeling useful rose 29% and those frequently thinking clearly rose 27%.

The emotions that showed greatest positive change for the younger group were “I have been thinking clearly” where the proportion feeling this “often” or “all the time” increased by 42% and “I have been dealing with problems well” (a 30% increase).

6.8.3. The influence of delivery model

The number of students in the matched group receiving each the different delivery models was: 5-week model = 66, 3-week model = 7 and 1-day model = 10.

Due to the low numbers in the shorter format delivery models it is very hard to compare them with confidence.

In overall terms, the proportion of students who received the 5-week model saying they experienced the positive feelings “often” or “all the time” increases for six out of eight emotions asked about in the surveys. This compares to three out of eight for the 3-week model and two out of eight for the 1-day model (though, as noted, these are small samples).

6.9. Tree of Life: Conclusions and key learning

CONCLUSIONS

In general setting up the Tree of Life sessions within schools was straightforward with schools and students keen to participate. Schools selected students in different ways which led to different “profiles” of students doing the sessions.

Many students are initially reluctant to open up because of their experience with the school (which can be perceived as not supportive or trusting). Once up and running student engagement in the groups was very high.

The sessions resulted in an increase in students’ optimism for the future. Students also felt more useful and able to deal with problems well and think more clearly. Compared to how they felt about their life and their future beforehand, they are much more positive, happier and feel more in control of their lives and more empowered to try and shape it.

A major change brought about by Tree of Life is an increase in students’ willingness and ability to express themselves in front of others. The act of sharing their experiences or concerns made them feel more at ease and less alone. It may be that this openness is limited to other Tree of Life participants. The survey did not reveal an increase in the proportion of students agreeing that they felt okay talking to other about things that worry them. However, school staff reported students had expanded their friendship groups and bonded with others in their cohort.

The evaluation survey did not reveal an increase in the proportion of students frequently feeling good about themselves. However, it did highlight an increase in self confidence amongst many students.

The most common changes brought about by Tree of Life cited by students is an increased knowledge about their background, roots, and culture and, for many, an increased sense of pride in their background.

Boys experienced positive change in more areas than girls. The biggest increase for boys is in feeling useful, for girls it is in feeling optimistic. Younger students (11-14) experienced positive change in more areas than older ones (15-17). The biggest increase for younger students is in thinking clearly, for older students it is in feeling optimistic. There is tentative evidence that those who experience the five week format experience more positive change than those who have a shorter format.

In terms of experience, students are almost unanimously positive about the sessions and the facilitators. Having a young facilitator from an ACH background is vital for students to relate to them, feel reassured that they will be understood and not judged. Being young helps, but the key is the shared ACH background. Schools were also positive about their experience with the project and the facilitators.

KEY LEARNING

- Provide teachers with clearer guidance as to which students would benefit most from the sessions – perhaps through “pen portraits” of hypothetical students.

- Schools need to ensure students know why they have been selected for the sessions (to address any perception that they might be in trouble). Schools could consider “taster sessions” before the first session proper to ensure students understand the sessions and what they can get from them.
- Schools and facilitators to communicate more regularly during the project to address any issues or concerns arising.
- The project to work with schools to explore how best to involve parents and incorporate a “witnessing and celebration” opportunity into the Tree of Life offer.
- Facilitators could do more to maximise the time available in sessions by being more organised.
- Tree of Life should consider how to support schools to increase the longevity of the project beyond the standard sessions.
- Facilitators to support participants’ transition from the openness and fun of the Tree of Life sessions back to their everyday school life and the rules that govern it.

7. System change

One of Growing Minds objectives was to create system change, whereby public sector professionals have greater understanding of providing services which better meet the needs of ACH communities.

For the reasons stated above, particularly the difficulties in implementing the “in reach” approach and building Growing Minds’ profile, it is hard to see how the project has stated to achieve this long-term objective. [The Family Action therapy, NVR training and Tree of Life sessions](#) have produced positive results for individuals, but there is no evidence yet that they have affected the wider system.

However, the project was delivered in the context of the Black Lives Matter protests. One consequence of that has been that anti-racism is consistently on the agenda of public sector organisations.

“People are talking about it. People are making manifestos, setting objectives and people are delivering training within their organisations for their staff.”

So, an element of system change has taken place, but it has done so at an institutional level and has not been informed by the experiences of those at the community level (which was the intention of Growing Minds).

“I don't think institutions realise how much separation there is between their efforts and the reality of people who live in this area and experience racism on a day-to-day basis.”

There is still a need and an opportunity for Growing Minds to campaign and promote for a more user-led approach to system change.

8. Recommendations for Growing Minds’ service improvement

8.1. Keep the ACH delivery focus

The most important recommendation is to continue offering ACH community-based interventions. They have been very well-received and are clearly benefiting communities as they feel relevant, relatable and accessible.

8.2. Allow the flexibility to adapt the service offer to respond to emerging or additional needs

We noted above that the chaotic context in which the project existed as a result of COVID-19 led larger partners to focus on the activities and outcomes the project had committed to in the original, pre-COVID-19 proposal to avoid the scope of the project becoming too wide.

That understandable position may have reduced the flexibility of the project to respond to the Black Lives Matter protests of summer 2020. The anger felt by the black community was raised by those accessing the Family Action therapeutic service and the flexibility to facilitate some group sessions to explore those issues would have been helpful.

Participants in both the Family Action therapeutic service and the NVR training felt that there was an opportunity to provide content and/or support services that specifically deal with challenges young

people face within the ACH community and which have a negative impact on their lives, such as micro-aggressions and gang/crime issues.

Future work should include some provision to flex the service model if important issues or opportunities arise in the external environment.

8.3. Provide some “aftercare” following interventions

There can be a “cliff edge” after people have received support from the Growing Minds project, particularly the NVR training as that is an intensive course over 12 weeks. Partners are concerned that parents/carers still have support needs and could benefit from continued peer support. Parents/carers feel that to be able to “touch base” occasionally may help sustain the positive behaviours they have adopted on the course.

NVR partners have sought to stay in contact with the cohorts of parents/carers that have attended the training. One cohort has formed a WhatsApp group, that the facilitator is part of but does not lead, the group has initiated cooking and textile activities. *“Now we've got these mini communities where parents are supporting each other no longer feeling alone.”*

Partners would like to find other ways to stimulate this ongoing connection and support on a sustainable basis.

Some of those using the Family Action therapeutic service felt that there were issues that were not addressed during their sessions, either because of the time available or because they felt outside the remit of the service. Examples included coming out as gay, being a black person within the LGBTQ community, and eating disorders. Having an ongoing plan for how to appropriately support young ACH people with additional needs should be considered.

In addition, peer leaders delivering the Tree of Life intervention felt that participating students would benefit from some follow up support. Likewise, schools were keen to explore how they might sustain the benefits generated by Tree of Life beyond the sessions.

8.4. Promote the service more widely

Those who have benefitted from Growing Minds services feel passionately that more people could benefit from them if they were promoted more. For example, through schools, CAMHs, other community organisations and social media.

8.5. Address a gap in provision for young boys

As noted above (4.6.5), the Family Action therapeutic support service found it hard to engage 11-16 year old boys with telephone based talking therapy.

An investment in Father 2 Father’s “Boy Genius” group programme for that age group (which involves interactive sessions with guest speakers, media and group discussions and debates) is thought by the service to be an effective way to fill that gap in service provision.