

Centre *for* Social Justice and Change



**Summary research findings of Tottenham Thinking Space pilot**

**RESEARCH REPORT 10**

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## **Summary**

This reports summarises research that began in March 2014 and was completed in October 2015 by an experienced inter-disciplinary research team from the Centre for Social Justice and Change and Psycho-Social Research Group, School of Social Sciences, the University of East London (UEL) and included Dr Yang Li from the Centre for Geo-Information Studies, UEL, in the first phase of the study.

Tottenham 'Thinking Space' (TTS) was a pilot therapeutic initiative based in local communities and delivered by the Tavistock & Portman NHS Foundation Trust and funded by the London Borough of Haringey Directorate of Public Health. TTS aimed to improve mental health and enable and empower local communities.

TTS was situated within a mental health policy agenda that encourages people to help themselves and aims to develop confident communities. On the one hand TTS was well-suited to this agenda, but, on the other, participants were resistant to, and were trying to free themselves from labelling that implied 'mental health difficulties'.

A total of 243 meetings were held and 351 people attended 1,716 times. The majority of participants attended four times or less, and 33 people attended between 5 and 10 times and 39 people attended over 11 times.

Attendees reflected the ethnic diversity of Tottenham; 29 different ethnic groups attended. The opportunity to meet with people from different cultural backgrounds in a safe space was highly valued by attendees. Similarly, participants valued the wide age range represented and felt that they benefited from listening to inter-generational experiences.

The majority of participants were women (72%) and they were instrumental in initiating further Thinking Spaces, topic specific meetings, the summer programme of activities for mothers and young children and training to meet their needs.

The community development worker had a key role in implementing the initiative and sustaining its growth throughout the pilot period.

We observed that TTS attracted those whose life experiences were marked by personal struggle and trauma. Many participants felt safe enough to disclose mental health difficulties and a sense of hopelessness. Participants also came seeking a stronger sense of community in their local area.

We found that the therapeutic method was put in place by high quality facilitators and health and personal outcomes for participants were consistent with those predicted by the underpinning psychoanalytical and systemic theories.

Outcomes included a reduction in anxieties and improved personal and social functioning; approximately two thirds of those who completed a questionnaire felt better understood, felt more motivated and more hopeful for the future.

The overwhelming majority of survey respondents also felt good about contributing to their community, said that they were more able to cooperate with others and accepting of other cultures, and had made new friends.

Participants typically had a better understanding of their current situation and how to take positive action; of those who completed a questionnaire, over half felt more confident to seek support for a personal issue and to contact services.

## 1. Research

### ***Data collected and collated***

The research includes an analysis of monitoring data collected and collated by the Tavistock delivery team, notes taken by the community development worker, observations of meetings (74) totalling 138 hours of observations, interviews with staff (4), partners (4), and regular participants (15), 10 of whom were women and five of whom were men. During a three month period towards the end of the pilot 41 participants completed questionnaires on their experiences attending and possible changes to their everyday lives; of those who completed a questionnaire, 61% were women, 32% men (3 unknown), they were mostly over 46 years and black African-Caribbean (44%), 19% were European and 12% black African, and where known, almost three quarters (73%) had attended for at least a year. Young people who attended two sessions at their college completed questionnaires and 10 volunteer trainee co-facilitators completed questionnaires on the quality and relevance of their training.

Information drawn on also included: Academic literature, background TTS papers, TTS tender specification, and conversations with the originators of TTS and their presentations and academic papers.

A realist and 'theories of change' approach to evaluation was used to assess the extent to which TTS is meeting its aim and objectives. This approach identifies problems the initiative was designed to alleviate, the theories embedded in the initiative used to explain change, and contextual factors. By using this approach we were able to consider if particular processes or causal mechanisms were activated by TTS that make a difference to the everyday lives of participants (Weiss 1995, 1997; Pawson and Tilley 1997; Sampson 2007). The scope of our evaluation was limited by the size of our budget. It focuses on finding out if a Thinking Space approach can work in Tottenham and short-term outcomes for regular participants.

*Evaluation and measuring change:* since TTS was a pilot initiative understanding how it works provides invaluable information for policymakers and practitioners considering implementing a similar approach. This study has identified generative causal mechanisms to facilitate this decision-making.

## 2. Monitoring information

### ***Attendance and attendees***

Meetings were widely advertised, free of charge and open to all. Attendance was voluntary. The first community meeting was held on 1<sup>st</sup> October 2013 and by the end of the pilot in September 2015, 243 meetings had been held.

A total of 351 people attended with a total of 1,716 attendances. The majority attended one meeting (45%), 34% attended between two and four meetings, and 33 participants attended five to 10 meetings and 39 participants attended over 10 meetings.

The majority of attendees were women (72%) and where data were available, most lived in the immediate neighbourhoods of N17 and N15. Where ages and ethnicity were recorded, attendees were from a wide age range and reflected the ethnic and cultural diversity of Tottenham with 29 different ethnic groups attending. Thus, despite the challenges of implementing a community development initiative in Tottenham's fragmented and stressed neighbourhoods, TTS engaged with residents from diverse ethnic and cultural backgrounds and from across different ages. Many lived in the most disadvantaged areas of Tottenham.

We know little about those who attended once, the majority of participants. Follow-up calls (25) by the Tavistock delivery team in December 2014 found that they felt positively about their TTS experience, but had other commitments and were unable to continue participating. A significant number attended between two and four times. An interview with one person indicated that attending a small number of times can have a significant effect on their lives but no systematic information about the impact of attending on this group were collected.

There was widespread leafleting and publicity about the project. However, the managers of venues often encouraged those who already used their facilities to attend; for example, at a library and church. The personal contacts of the community development worker were also influential as well as friends and acquaintances of existing participants.

### **3. Evidence of need**

We created a typology of community stress and social isolation and found that Tottenham Green ward has multiple indicators of tensions. Thus, there are strong reasons for believing that the intentions of TTS were well-suited to address the high levels of community stress and social isolation identified in the area (Price, Li, Sampson 2014).

We found that TTS was responsive to participants and sensitive to their needs in ways which were compatible with demands made by residents after the 2011 riots and a Thinking Space approach is well-suited to a place characterised by anger and distrust.

Those attracted to TTS typically experienced high levels of trauma, many felt hopeless and isolated, and/or may have had unsupportive, or few, social relationships.

### **4. Implementation**

A strong core delivery team had regular team meetings. A consultant, funded by the Tavistock and Portman NHS Trust, joined the core team at the initial stages of the initiative to encourage the team to reflect on how well they worked together and to assess the extent to which they were meeting their aims and objectives. The networking, facilitating, and local knowledge of the community development worker was key to the successful implementation of TTS. We found:

- Evidence of successful ongoing collaboration with a number of voluntary and statutory sector organisations;
- That these networks encouraged residents to attend Thinking Space and enabled participants to access other community resources and services, where appropriate.

We found that TTS was responsive and sensitive to local needs and participants were able to participate in activities and organise them on their own terms. There were, however, tensions amongst participants towards the end of the pilot and in established groups between those who wished to politically campaign on local issues and challenge 'inept' politicians and those who preferred to retain TTS as a safe place for mutual and emotional support.

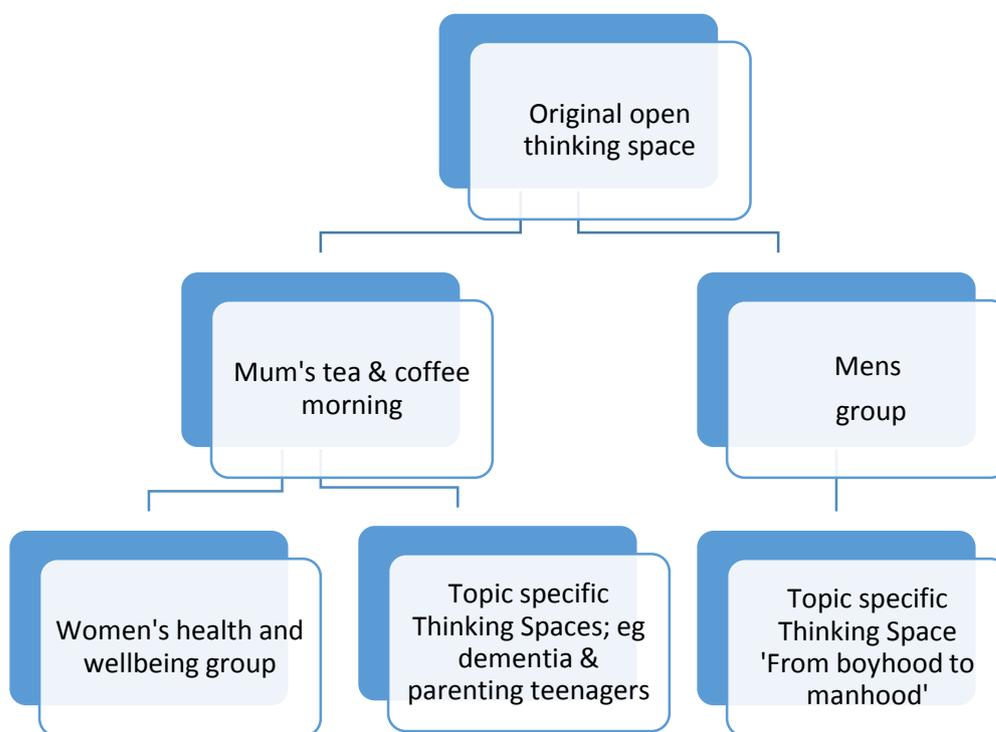
TTS grew organically and in response to participants' wishes; from one original Thinking Space run once a week, activities increased to a fortnightly Men's Group, a weekly Mothers tea and coffee morning, a fortnightly 'Women's Health and Well-being' group, and a range of special events and talks on topics raised by participants such as living with dementia, the effects of post-natal depression, women and domestic violence, and parenting teenagers.

Two members of staff from the Tavistock Clinic were the main facilitators. A part-time local community development worker organised meetings, sometimes co-facilitated, was responsible for the outreach work, and supported participants with practical needs. She can best be described as the 'glue' that kept the pilot 'on track'. An assistant psychologist assisted with the supervision of children and facilitated their play in community meetings for women with children, and with collating monitoring data.

The sessions attracted residents from many different cultural backgrounds and across generations. This attendee, like many others, valued this experience of participating in these diverse groups:

*"...you've got people with vastly different backgrounds, not even just from different ethnicities, but different generations, totally different life experiences. And I've reflected, a truly wonderful thing is that the people you'd assume you have nothing in common with on the surface, people you'd walk past on the road, thinking, 'Why would I speak to them?' turn out to be the ones you have most in common with..."* (Interviewee)

### Tottenham Thinking Spaces



Fourteen participants started volunteer training in February 2015. Of these two chose to have a general role in supporting the project by for example, leafleting and helping to set-up rooms for Thinking Space meeting spaces. Of the 12 who started the co-facilitation training nine completed the training in June 2015. Of these nine, eight are expected to start co-facilitating meetings. Thus, at the end of the pilot there were 10 active volunteers, one of whom is an assistant psychologist at the Tavistock.

The co-facilitation training was delivered by the Tavistock and trainees were all very complimentary about the high standard of delivery, the quality of the content of the course, and its relevance to their tasks.

### 5. How TTS worked

Thinking Space is a therapeutic approach to, or method for, community development.

The approach recognises that in disadvantaged and stressed neighbourhoods, individuals experience traumatisation and internalise misery originating in dimensions of their external environment. This creates anxiety, fear and despair – states of mind that undermine social and emotional well-being and detract from individual and community creativity.

‘Thinking Space’ creates a safe space where participants can engage constructively with these states of mind which create barriers to thinking, personal understanding and participation in community life.

The psychoanalytical theory underpinning Thinking Space anticipates that participants will be able to surface inner states of mind and feelings, and stimulate their thinking leading to psychic change and the development of new perspectives on the self. This in turn affects their perceptions of others living in their neighbourhood, and affects how they relate to them.

One participant explained how they experienced this process:

*“...it’s helped me a lot you know, because I realised the importance of being able to actually vocalise my thinking, which is something I’m not good at...last week I think I was better at vocalising my feelings, my thoughts, and this week not so much, but now I realise the importance of being able to surface the blue thoughts that run around in my mind. You can let that out.”* (Interviewee)

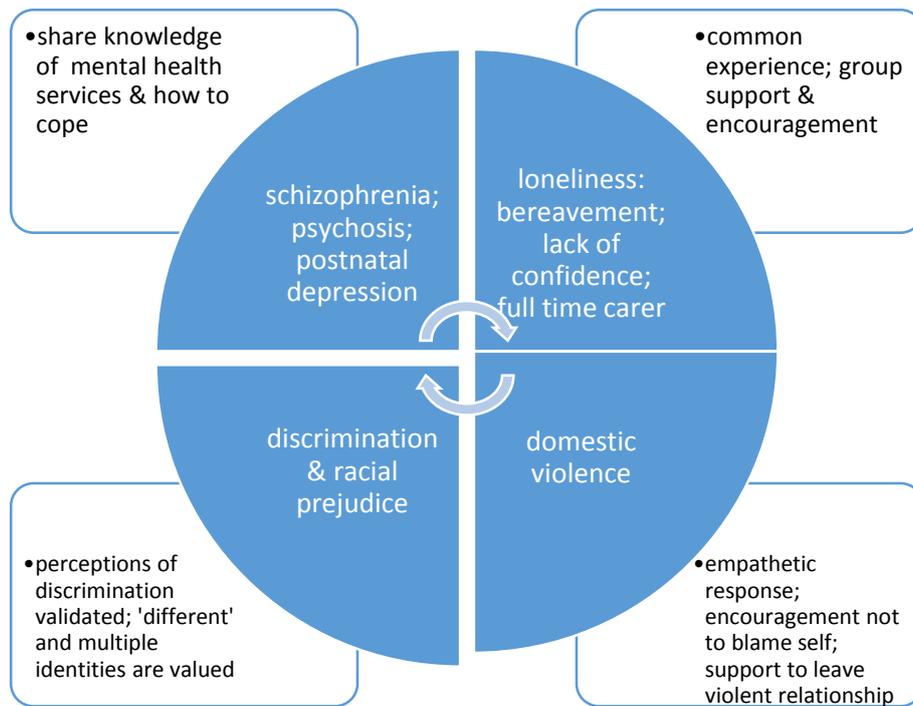
We found that the delivery team routinely created a therapeutic space: meetings were typically democratic, non-judgemental, respectful, and focussed on encouraging everyone to listen and understand.

- Participants were warmly welcomed to meetings. Drinks and biscuits were provided, and everyone treated with dignity. Newcomers and returners are put at ease. These actions enabled participants to relax, speak conversationally to each other and raise personal issues.
- Meetings were well-facilitated and facilitators encouraged all members of the group to speak freely on any theme relating to challenges or opportunities they experienced.

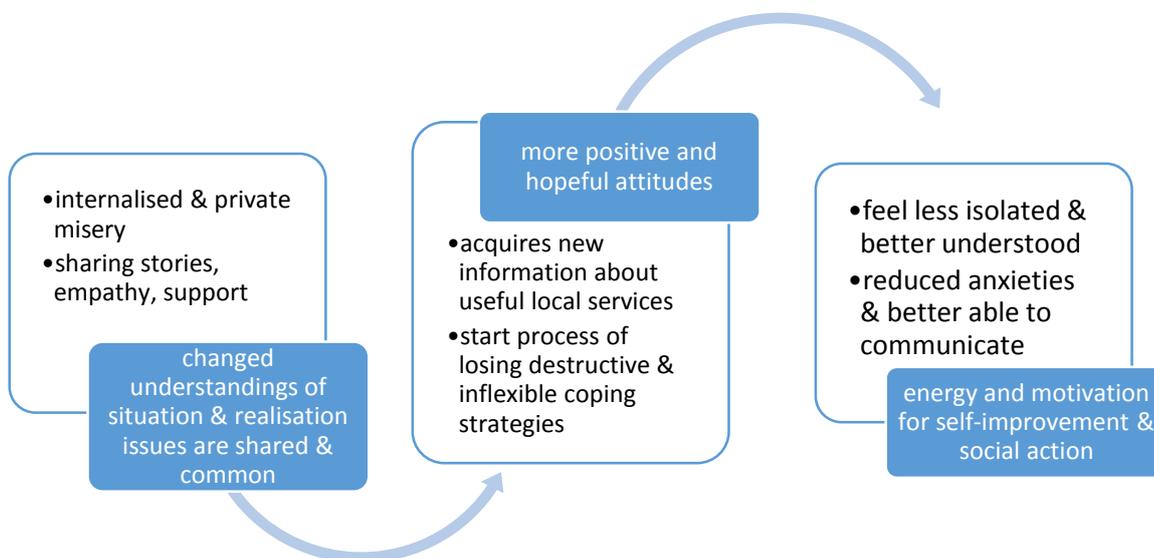
The following reflection from a participant illustrates the dynamics of a ‘Thinking Space’ session:

*“I think what I observed is how the group sorts itself out...that is a very powerful tool to see happening right in front of you. You see a member of the group who may take up space personally and then in two minutes they’re sorting out a quarrel, or offering their view of what’s happened and reflecting on the process of what’s going on right now.”* (Interviewee)

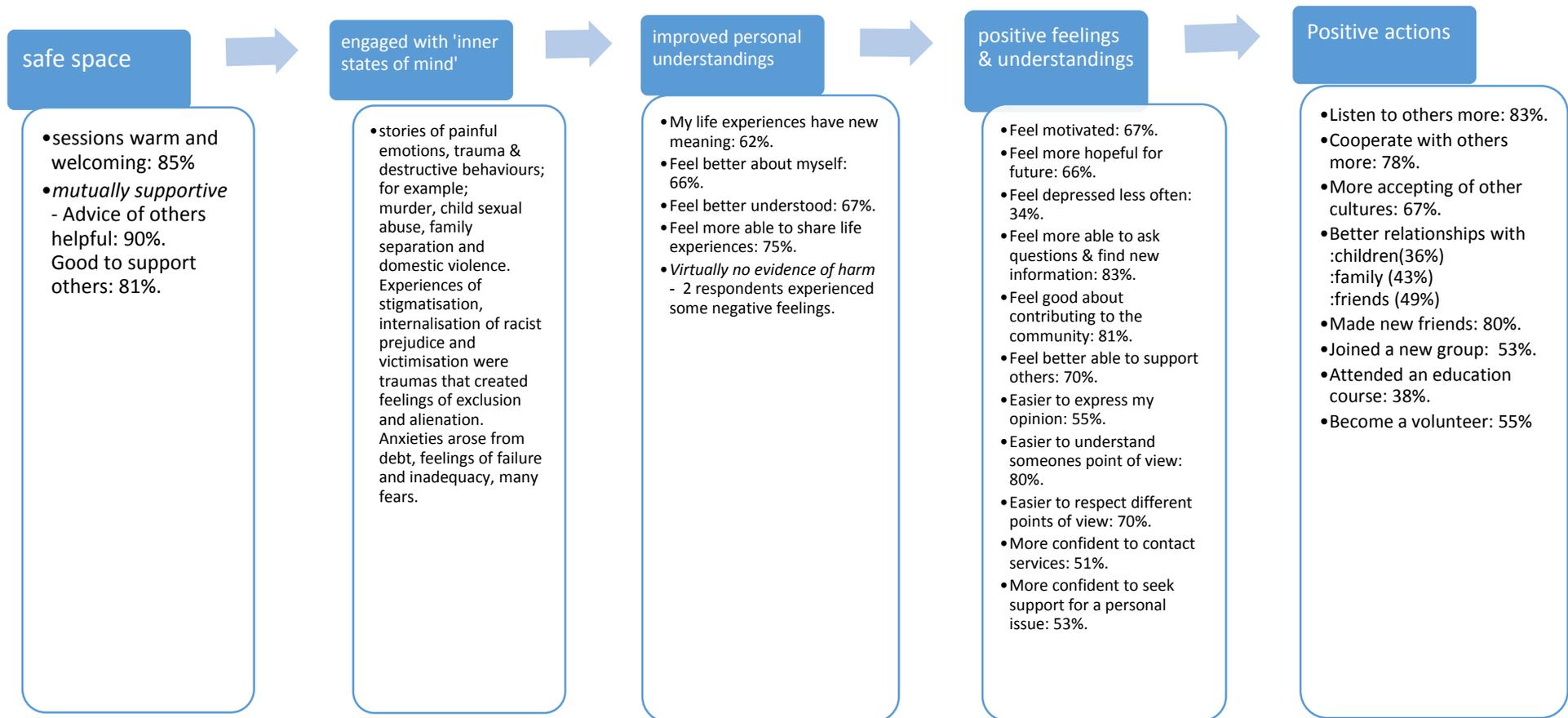
The diagram below illustrates how Thinking Space enabled participants to reconceptualise shared problems and move towards taking social actions. The therapeutic space enabled participants to re-define and re-position mental health outside a medical model and understand that they shared issues and they could find their own solutions.



Processes of change that arose from well-implemented meetings are illustrated in the diagram below. The causal mechanisms – as depicted in the blue boxes - generated change:



## 6. Summary of key outcomes from self-completion questionnaire findings (41 respondents)



## 7. Summary of Outcomes

Three types of outcomes are summarised in this section; health, personal, and community.

### ***Health outcomes***

The findings suggest that a wide range of positive health outcomes can arise from a Thinking Space approach. These included:

- A reduction in anxieties and improved personal and social functioning
- Ability to form more meaningful social relationships that reduce feelings of isolation and despondency associated with depression
- A better understanding of one's own past, creating a different understanding of one's current situation and the possibilities of taking positive action
- Increased social tolerance and an ability to work collectively in response to common issues

Women said that they were better able to articulate the support they required for themselves and their families. Accessing health services may bring longer term benefits to themselves and their families as well as savings for society as a whole.

### ***Personal outcomes***

The majority of regular attendees expressed improvements in their lives consistent with personal outcomes predicted by a therapeutically informed method. Participants were more able to:

- Reflect on their difficulties and challenges and think together about what options they might wish to consider to address problems:
  - Typically embedded in conversations were traumatic accounts of violent deaths, separation, stigmatisation and abusive intimate family relationships, as well as stories of personal or family experience of mental illness.
- Learn from each other's experiences through telling their personal stories and offering support and guidance:
  - We observed many incidents where participants showed the ability and skills to support each other and offer appropriate helpful guidance and worked through disagreements and tensions safely
- Develop the capacity to collaborate and create their own self-defined solutions to their problems:
  - We observed participants influencing what happened at meetings and the creation of new Thinking Spaces was evidence of the approach's responsiveness to participants' wishes.
- Develop self-understanding, relationships and skills which improved their capacities to manage their own lives and to advocate for themselves:
  - Some participants assisted each other with completing forms and sharing knowledge about local services and how best to access them.
  - Participants offered each other practical support; for example, looking after children and helping to clear out a house.

Findings from questionnaires completed by young people attending a local college (17 respondents) illustrated how Thinking Space resonated with young people; they valued being able to '*speak our minds*', found the opportunity for self-expression most helpful and thinking about the perspectives of others highly beneficial. The majority (59%) said that they were likely to use some of the things they had learnt into practice.

### **Community outcomes**

Our findings suggest that a 'community effect' is possible, although community outcomes were less evident at the end of the pilot, in part because it is likely to take longer to create a 'community effect'. However, findings from the self-completion questionnaires shows how Thinking Space offered significant opportunities for community development by bringing residents together from diverse backgrounds in a safe and constructive setting:

- An overwhelming majority said they met people at Thinking Space sessions that they did not normally meet (90%)
- Thinking Space gave attendees an opportunity to meet people with similar personal issues (81%)
- Almost three quarters of respondents (73%) said they have met more people on the street they know since attending TTS

We also identified the emergence of actions which have had some effects beyond attendees of Thinking Space:

- The community development worker was instrumental in supporting participants to achieve self-defined solutions and greater responsiveness to individuals' needs. Actions were often practical, for example; three additional Thinking Spaces, two summer programmes for mothers with young children, courses to gain certificates in food and dental hygiene, and exhibitions on dementia, loss, and post natal depression.
- Through sharing problems, many possible collective actions arose from the group. For example, inviting a speaker from a community organisation to talk about mental health; forming a partnership with a local church to write a bid for funds to extend the coffee mornings; planning 'come dine with me' sessions to sample each other's different culinary traditions.
- Participants developed communication skills that were less confrontational and demonstrated a greater understanding of each other.

The psychoanalytical theories that underpin TTS anticipate that by surfacing and talking about internalised anxieties related to their histories and immediate environment participants will work together to develop a greater capacity to improve their well-being. They will also feel more hopeful about their capacity to respond positively about concerns arising in their area. The self-completion questionnaires show a mixed picture about changes in Tottenham since the 2011 riots and illustrates some remaining, for example:

- Most (39%) felt anger, injustices and discrimination in Tottenham has stayed the same, whilst others (29%) thought that they had declined, and just under a quarter (24%) perceived that they had increased.
- Most (39%) felt that stigma associated with living in Tottenham was less, compared to those who thought it was unchanged (33%), and 27% who thought it had increased.
- Most perceived cultural and ethnic tensions to be the same (44%), whilst 38% perceived a decline in tensions and 18% thought tensions had increased since the riots.
- The majority (57%) perceived cynicism about the police to be unchanged, compared to 24% who thought it was less and 19% who perceived an increase in cynicism about the police.

## Learning

The following issues are worthy of close attention when considering implementing a therapeutic method in a community setting:

*Engagement of participants:* those who attended were often encouraged by key people who worked in the locations where Thinking Spaces took place, for example a library manager. The personal contacts of the community development worker were also key to engagement. One off Thinking Spaces in community centres took place due to extensive outreach work.

This underlines the significance of the venues selected, and of personal contacts for reaching out to and engaging with diverse communities. Situating regular Thinking Spaces in a variety of community venues is likely to be an effective strategy to make Thinking Space more accessible to a greater number of residents. Personal contacts also attract participants.

*Attendance:* after a while regular attendees 'move on'. This can be considered as a successful outcome as these participants had benefited from attending Thinking Space. Thus, the recruitment of new attendees will be an ongoing activity and the role of the community development work is important for this task, and maintaining the sustainability of the initiative.

Information on relationships between attendance and changes in the lives of participants would be useful for shaping the future Thinking Space. In particular we need to know when, and under what circumstances, longer term outcomes can be achieved. It may be that some long-term outcomes may already have been achieved for some individuals.

*Facilitation:* the use of volunteer residents trained as co-facilitators and how they co-facilitate meetings may have implications for achieving outcomes. The trained and experienced psychoanalysts and community development worker were able to create a therapeutic space, 'hold' strong disagreements and support the retelling of deeply painful stories and maintain a safe place for participants to share their life experiences.

*Paths to social action:* we observed many sessions where participants were more concerned to explore experiences in great depth than to think about their implications for action. Some shared social problems such as domestic violence, depression and social isolation are more complex and how best to respond as a community was less clear to participants. Other suggested actions such as campaigning and lobbying local politicians was rejected by some participants. Linkages that give rise to social actions can be weak except where there is consensus about gaining practical outcomes such as taking a course to gain a certificate to make it easier to find work in the future.

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