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Research Report 11

Evaluation of Tottenham Thinking Space Pilot:

Final Report

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Contents

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, for 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 agenda that was integral to Haringey's Health and Wellbeing Strategy 2012-2015 and aimed to encourage people to help themselves and each other and 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 10 times. Attending a small number of times does not necessarily mean that the attendee was not helped.

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 (85% of those who completed a questionnaire). Participants also came seeking a stronger sense of community in their local area.

Key features of the meetings are that they are democratic, non-judgemental, respectful, and focussed on encouraging everyone to listen and to try to understand.

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.

Members of TTS supported each other and instilled hope and build community-mindedness that reduced social isolation.

1 Introduction

The University of East London (UEL) was appointed jointly by Haringey Directorate of Public Health and the Tavistock & Portman NHS Trust to independently evaluate the Tottenham Thinking Space Project. The research took place between March 2014 and October 2015 and included attending the launch event in October 2013.

Tottenham 'Thinking Space' (TTS) was a pilot community therapy initiative based in Tottenham, 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 and had nine objectives.

TTS objectives

To provide a space where Tottenham residents can share and reflect on their difficulties and challenges and think together about what options they may wish to consider addressing problems.

The community begins to develop the capacity to collaborate and create their own self-defined solutions to their problems.

The community begins to develop solutions that will also be responsive to the varying needs of different individuals, families and communities within Tottenham.

The community develops improved capacity for dialogue and to work with tension and conflicting points of view.

The participants improve their capacities to manage their own lives and to advocate for themselves.

The participants develop self-understanding, relationships and skills that will help them to reduce self-defeating and destructive behaviours.

To develop a robust evidence base and evaluation method for the project.

To demonstrate the sustainability of the project, in terms of the longevity of the group.

The Community Development Worker develops the capacity to lead and facilitate with minimal supervision from practitioners.

1.1 Background

In 2012 the Communities and Victims Panel established after the August 2011 riots published a report presenting findings drawn from repeat visits to the worst-affected Haringey neighbourhoods (RVCP 2012). They reviewed data from face to face interviews, radio and TV interviews, public meetings, a Neighbourhood Survey of 1200 people in the local area and 340 written responses from local individuals. The Panel concluded that neighbourhoods who had suffered during the riots were more pessimistic about their local areas. The Panel spoke about these neighbourhoods as 'challenged' communities and noted that the local people they spoke to did not feel '…engaged, informed or involved by public services in finding and delivering the solutions' (RVCP 2012:3). The report noted a 'disconnect' between individuals and their community, with 61% of the Panel's Neighbourhood Survey disagreeing with the idea that theirs was a close, tight knit community and 59% agreeing that members of the community did not treat each other with respect.

The Panel recommended that the various governmental and public sector bodies responsible for quality of life in such communities should focus more on community involvement and engagement, and opportunities for local people to meet face to face and find common ground at neighbourhood level. In particular, they stressed the value of volunteering: 'In addition to community cohesion benefits, community ownership empowers residents and ensures that there are more hands available to tackle shared concerns. The volunteers themselves enjoy making a difference and in some cases, the opportunity to study towards qualifications.' (RVCP 2012: 112)

The Tottenham Community Panel also consulted widely in the local area before publishing its findings in February 2012 (TCP 2012). It too recommended increasing civic responsibility and community leadership in building on Tottenham's strengths and overcoming its challenges. Specifically, it drew attention to the need to develop recognisable, regular forums or spaces where people could have their say and communicate between themselves, and concluded:

"There is a need to develop recognisable, regular forums or spaces where people can have their say, and communicate between themselves, and to use a range of means to speak to people and ***reach out***". (TCP 2012 Report (our italics))

Funding a Thinking Space was one response by the local authority to the findings and recommendations in reports on the 2011 riots (RVCP 2012; TCP 2012, for example). Thinking Space created a regular space for people to meet and discuss problems and issues of concern to them, an approach that addressed pessimism and feelings of despair, and provided volunteering opportunities.

1.2 Using a therapeutic approach or method

With its origins in a psychosocial perspective to mental health, the characteristics of connections between disturbed or troubled 'inner states of mind' and social relations are perceived both as problematic and part of the solution for nurturing healthy individuals and communities. By creating safe and mutually supportive spaces for groups to surface, explore and debate these connections it is anticipated that the group itself will contribute to improving neuroses, depression and pessimism of participants. Therapeutic relationships are present when these social processes and it is expected that participants will re-assess and give new meaning to their past and current traumatic experiences and develop a capacity to be emotionally understanding and be empathetic in their social relationships, and more positive and hopeful for the future. Further, these improvements have repercussions at a community level both structurally and for the everyday lives of those living in these communities (see for example, Grandesso and Barreto 2010; Borg 2004; Lowe 2014).

2 Research

Much has been written on the importance of evaluating new initiatives to inform policy making and practice to move away from a '*muddling through*' approach to one where '*systematic analysis*' is rigorous and able to explain outcomes (Puttick 2011; Stern et al 2012). In particular, closely monitored pilots can enable learning and improve the accountability of public funds (Jowell 2003; Stern at al 2012).

2.1 Evaluation approach

Our research design addresses key challenges associated with multi-dimensional and multi-causal initiatives implemented in complex and open communities. It identifies the issues an initiative is designed to address, and the theories which explain how it may work in principle to reduce these issues (Weiss 1995, 1997; Pawson and Tilley 1997; Sampson 2007). These theories are hypotheses which can be investigated and research findings are used to test the theories that inform the initiative to ascertain if the problems it sets out to address have been modified, and in the ways expected (Popper 1968; Weiss 1997; Hardie and Cartwright 2012). Where data best fits particular hypotheses these are selected to explain how the initiative works. This approach of identifying and testing theories that underpin initiatives negates the necessity of having control groups which are often unreliable in a real world setting and costly to evaluate (Weiss 1997; Pawson and Tilley 1997; Hardie and Cartwright 2012).

For our data analysis we use a 'context, mechanism, outcome' approach rooted in the realistic evaluation tradition to explain outcomes (Pawson and Tilley 1997). This identifies generative causal mechanisms that explain effects and recognises that these mechanisms are not always 'active' as the delivery of initiatives as well as community contexts affect causality. Thus, TTS is likely to positively affect some people in some situations and circumstances. It is possible that some hypotheses that generate outcomes are overlooked by researchers and those delivering an initiative and not all unanticipated outcomes are identified. Like many evaluations our scope was limited by the size of our budget and such oversights are possible. The pilot study focuses on finding out if a Thinking Space approach can work in Tottenham and achieve short-term outcomes for regular participants.

Our evaluation study gained ethics approval from the University of East London's Ethics Committee which adheres to professional standards.

2.2 Data collected and collated

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

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) during the life-span of the pilot and totalling 138 hours of observations, face-to-face interviews with staff (4), partners (4), and regular participants (15), 10 of whom were women and five of whom were men. We asked about the implementation of TTS and the extent to which it was reaching local communities, and about their experiences of attending.

To gather information on possible changes in the everyday lives of those attending TTS and to collect data from as many participants as possible, towards the end of the pilot we co-constructed a self-completion questionnaire with the delivery team and some active participants. We drafted a questionnaire taking into account the suggestions and included questions on feelings about being understood, willingness to share life experiences, respecting those with different points of view and making friends. Designing a questionnaire in this way gave us more confidence that the questions reflected the processes of change that TTS contributed to, resulting in a more robust evaluation of the initiative. The Tavistock delivery team distributed as many questionnaires as possible to current and past attendees.

During June and July 2015 members of the delivery team administered the questionnaire, either at the beginning or end of sessions held during these months. Almost all participants were willing to cooperate, giving a high response rate for current attendees; 41 questionnaires were completed. To reach those who did not attend during these months the CDW and administrator sent emails to all participants they had contact email addresses for, over 300 attendees.

Three people completed the questionnaire on line and returned it to the researchers, giving an extremely low response rate.

Of the 44 completed questionnaires, three were not included in the analysis; they were completed by new participants who were attending their first or second meeting and felt unable to answer many questions. Of the 41 included in the analysis, 61% were women, 32% men (3 unknown), they were mostly over 46 years and black 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. These questionnaires were devised and administered by the Tavistock delivery team.

The monitoring data and self-completion questionnaires were analysed using the statistical package Social Statistics for Social Scientists (SPSS). Unless percentages are used for the monitoring data, they pertain to findings from the self-completion questionnaire.

To ensure that information from face-to-face interviews and observations remain anonymous we have disguised gender and ethnicity and labelled each interviewee numerically and each person observed with an alphabetically letter. The quotes were selected to represent an identified pattern of behaviour or trend and for illustrative purposes.

2.3 Evidence of need

We used existing geographical, demographic, social and economic data to analyse the characteristics of neighbourhoods in Tottenham and to understand what type of area TTS was being introduced to.

We found strong reasons for believing that the intentions of TTS were well-suited to Tottenham. Data collated on social and economic indicators of stress suggested that TTS would be working in an area with levels of stress and anxiety, above the average for London (see Price, Li, Sampson 2014; the method and maps from the 2014 report are included in Appendix A at the end of this report). We developed a typology of stressed communities and social isolation that indicated TTS was introduced into an area where tensions were likely to be high.

Further, our profile of Tottenham shows that ethnic, language and religious indicators show no one dominant ethnic group, that many languages are spoken as a first language and Christians are the most common faith group but declining and Muslims are increasing, with enclaves of Muslim communities becoming apparent. In addition, many other faith groups exist in the area (see Appendix A). These data suggest that Tottenham Green is diverse and our findings from interviews and conversations observed during meetings have found that this diversity is described by residents as '*living in a fragmented community*'.

The mapped indicators and typologies show areas and pockets of stress/tensions that may contribute to these experiences of fragmentation. Some groups are considered to be vulnerable due to their social isolation and marginalisation, for example, young mothers, new migrants, and travellers. Cuts in benefits, unstable employment with zero hour contracts contribute to increasing poverty and are problems that cause anxieties. Violence and the fear of violence are also thought to contribute to mental health problems within families and in public places. A higher than expected level of violence is identified in the mapping research (see Appendix A).

3 Implementation

TTS was implemented by a community development worker (CDW) who worked 2.5 days a week, two trained and experienced facilitators from the Tavistock, and an assistant psychologist who assisted with the supervision of children and facilitated their play in community meetings for women with children, and with collating monitoring data.

Three aspects of implementing TTS are considered in this section. They are interrelated and follow a logical argument; if the initiative is robustly implemented then it is plausible that the approach will have contributed to changes in feelings, attitudes and behaviours as identified by the outcomes.

Firstly, the strategies and practices of the community development worker (CDW) used to inform, attract and retain attendees are described. These activities are the building blocks for any community development initiative and arguably who attends is more important than how many, as it is best to reach out to those with highest levels of need. Secondly, the use of a therapeutically informed approach in practice is discussed in this section. Thirdly, putting in place a robust monitoring and evaluation system is integral to assessing outcomes and for making decisions about if and in what form should the initiative continue. Each is discussed in turn.

3.1 Reaching out to Tottenham residents: embedding TTS into local networks and engaging local people

Tottenham's social, economic and cultural characteristics provide a challenging environment within which to introduce a new initiative (Price, Li and Sampson 2014; also see appendix A). Community development initiatives aiming to engage with those living with mental health issues face additional challenges; these people can experience periods of acute vulnerability when they have low levels of confidence, adding to their reluctance to participate in community activities (Seebohm and Gilchrist 2008). Further, in a fragmented community where there are tensions and indications of social isolation engaging local people in new initiatives is likely to take a lot of time, effort and patience.

It is within this context that the delivery team set about implementing Thinking Space. Typical approaches to informing local people about the initiative were used; widespread distribution of leaflets at community venues and at meetings, press releases, advertisements in local papers, setting up a webpage, use of social media, visiting local community venues and existing projects to give talks about Thinking Space. The community development worker (CDW) made considerable efforts to reach out to local people through a process of systematically 'walking the streets' and engaging those she met in conversations. Early on the CDW had the support of a volunteer and the assistant psychologist/administrator to assist delivering leaflets and they concentrated on N17 which is probably the most difficult area in which to engage people. This strategy paid dividends and of those who gave their postal codes (69%), 42% lived in N17 and 30% lived in neighbouring N15.

Once Thinking Space sessions began we found that influential approaches to engagement included: managers of venues used for Thinking Space meetings encouraging those who already used their facilities to attend, personal contacts of the community development worker as well as friends and acquaintances of participants. The significance of word-of-mouth as an effective means of recruitment cannot, according to our findings, be under-estimated. Interviewees also spoke about those attending '*wanting to change*' and residents who had '*started to look at areas of their life to change'*. And we found that the majority of questionnaire respondents found the discussions interesting (74%) and such interest is likely to encourage people to return.

Venues for meetings were selected for their accessibility, high profile and high levels of usage by local people; a library situated in an area of high need where participants had a short walk to the venue and were familiar with library had regular attendees. To encourage attendance the delivery team experimented with different days and times for meetings. In the end it was found that routinely running meetings on the same day and at the same time was optimal and meetings with women were best held during the day and during school hours. Attendance after holiday periods usually dropped for a week or two before picking up again and regular attendees expressed how their routines had

been disrupted by breaks, a disruption that is a common experience for those attending therapeutic services or who are in therapy.

An important aspect of establishing and maintaining the profile of TTS within the local community were meetings with voluntary and community organisations, umbrella organisations, as well as statutory service providers. The benefits of these meetings included: improving the knowledge of the CDW about organisations that enabled her to make appropriate referrals and to encourage TTS participants to access community resources and services; a source of referrals to TTS; and, contributing to creating a coordinated and collaborative response by all services to Tottenham's communities. The CDW's monitoring reports recorded over sixty face to face meetings in the first six months of the project and the organisations she visited included: children's centres, libraries, churches, schools and colleges, as well as mental health, drugs and alcohol services, housing associations, the local football team - Tottenham Hotspur, health networks and Age UK. This networking continued throughout the pilot although the number of meetings attended declined to fifteen during the last six months, due in part to other demands made on her time including giving one-to-one support to vulnerable participants and supporting and training volunteers.

These networking activities also enabled TTS to overcome initial hostilities towards the project. After years of experiencing new initiative after new initiative and 'hit and run' projects which promise a lot, do not deliver and then disappear, local people and community organisations in Tottenham have an understandable hostility and cynicism toward any new initiative.

The CDW was actively involved at a strategic level in Haringey and her presence further served to raise the profile of Thinking Space. She was a member of the newly formed Mental Health Reference Group. This provided an opportunity for local organisations within the voluntary sector to join together and ensure that their priorities were included in the borough's mental health framework and the central commissioning group. The CDW was also a member of Haringey's Health and Social Value Programme, run by Social Enterprise UK and the Institute for Voluntary Action Research, on behalf of the Department of Health. This initiative aims to ensure that concepts of 'social value' are understood across the borough and that a 'social values' framework informs how health and wellbeing services are provided.

The tireless work of the CDW and a multi-faceted approach to embedding Thinking Space in the Tottenham gave the initiative every opportunity of succeeding. She can best be described as the 'glue' that kept the pilot 'on track' and in our judgement, this role is crucial for understanding how TTS worked and its effectiveness. Through the outreach work TTS were able to engage with diverse groups and 29 different ethnicities and by successfully attracting these residents TTS was able to work through and understand difference and diversity, a key reason for introducing the initiative into Tottenham. Our research findings also show that those with mental health issues were attracted to TTS, and of those who completed a questionnaire six respondents said that they do not get depressed. We observed that those who attended typically experienced high levels of trauma, many felt hopeless and isolated, and/or may have had unsupportive, or few, social relationships and the monitoring data showed that many participants lived in the most disadvantaged neighbourhoods in Tottenham.

Two further objectives identified a future role for the CDW; that the CDW developed the capacity to lead a Thinking Space initiative, and to demonstrate the longer term viability of the initiative. We observed that the CDW took on more co-facilitating responsibilities as the pilot progressed and that her facilitation was well-received by participants. During the pilot volunteers were trained as co-facilitators but they had not started their co-facilitation duties by the end of the pilot. The use of volunteer co-facilitators was one of the intended continuity strategies for taking TTS beyond the pilot period.

3.2 Implementing a therapeutically informed approach [1]

Thinking Space is a therapeutic approach to, or method for, improving mental health and community development. It is a fusion of the Thinking Space model developed at the Tavistock Centre (Lowe 2014) and Community Therapy as developed by Adalberto Barreto in Brazil (Barreto and Grandesso 2010).

The following quote by an American psychoanalyst, Mark Borg, who contributed to a therapeutic community project in the Avalon Gardens neighbourhood, Los Angeles, USA, following civil unrest, captures the essence of this approach as follows:

…people who are struggling with the problems they face in everyday life, and whose personal resilience and well-being may be at risk need to feel that they have been listened to and empowered to effect change ***from the inside out*** (Borg 2004).

Our research set out to find out if this distinctive approach, used by the facilitators, could be considered as therapeutically-informed. Two clinical staff, one a psychoanalytic psychotherapist and the other a systemic psychotherapist, from the Tavistock Centre were the main facilitators and had many years of community mental health experience between them. The core delivery team had regular team meetings to check the progress of the initiative. At the beginning of the pilot, a consultant, funded by the Tavistock and Portman NHS Trust, met monthly with the core team to help them to reflect to reflect on how well they worked together and to assess the extent to which they were meeting their aims and objectives.

3.2.1 Using psychodynamic and systemic principles for promoting individual well-being and community development

TTS arose out of taking 'Thinking Space', a monthly learning forum about psychotherapy and diversity, (which started in April 2002 by Frank Lowe at the Tavistock and Portman NHS Trust, Lowe 2014); to Tottenham in 2012 for residents to explore the psychological impact of the 2011 riots in Tottenham, one year on. Drawing on psychoanalytic theory, Thinking Space aimed to go beyond guarded, 'politically correct' discussions of diversity, to explore less visible emotions and thoughts associated with divisions and differences - of race, ethnicity, culture, religion, gender and age. According to this perspective, by acknowledging one's own fears and anxieties and by working through them with the support of others, participants are more likely to be able to bring about changes in themselves and become more hopeful and constructive in working with diversity. The empathetic and challenging responses of others in a group enable feelings of depression and fear to be understandable and tolerable. This experience increases the capacity of participants to tolerate, understand and better deal with their anxiety and pain (see Lowe 2014; 21-44).

TTS draws on psychoanalytic perspectives that propose psychic injury or damage can result in 'acting out' destructive behaviours and become manifest as mental health problems or criminality (Gordon 2004; Fakhry Davids 2011; Lowe 2014). To change these behaviours it is thought necessary to understand motives for the expressions of such hatred of self and/or others. For psychoanalysts a therapeutic effect is achieved when a patient relives their painful emotions and traumatic events embedded in their life history and this retelling improves self-understanding and understanding of the demonised 'other'. It is thought that this process has a cathartic effect that reduces the need to 'act out' destructive behaviours (Atkinson 2015). Thus, a damaged psyche creates barriers to thinking, personal understanding and constructive participation in community life. Further, communities have social anxieties about survival and dominant or more powerful groups have defences they use to protect themselves at the expense of others (Lowe 2014). Thus, inequalities and powerlessness within communities are thought to contribute to dysfunctional and fractured neighbourhoods (Lowe 2014; 21-44**)**

Systemic perspectives also inform the TTS approach and, according to this perspective, destructive behaviours are indicative of psychic injury arising from power relations that are socially, economically and political constructed and internalised as oppressive (Holland 1992; Watson and Williams 1992). The internalisation of the misery of the

[1] Frank Lowe and Vicky Lidchi made significant contributions to this section and we appreciate their input on the beginnings and theoretical origins of TTS.

environment and the pain of being disadvantaged and oppressed creates anxiety, fear and despair (Barreto and Grandesso 2010; Lowe 2014). The social justice approach to therapeutic conversations seeks to challenge dominant stories that shape people's lives in a destructive way. These stories reflect dominant social discourses and power relationships in society, and subjugate other stories that might offer a different understanding of people's lived experience (Monk and Gerhart 2003).

TTS has been particularly inspired by the Community Therapy approach that was developed in Brazilian favelas by Dr Adalberto Barreto (Barreto and Grandesso 2010), rooted in Paulo Freire's "Pedagogy for Liberation" (Shor and Freire 1987). Barreto identified that suffering and misery are internalised by those who are excluded and whose local knowledge and lived experiences of their neighbourhood are diminished by professionals, civil servants and politicians, using "academic knowledge". People lose faith in their own knowledge and this is made worth when they seek assistance from those who only value academic knowledge. This loss of belief in their own knowledge is at the root of psychic misery. Community therapy meetings are structured using democratic principles and participants agree on what issues are discussed through telling stories about their lives. The aim is to create a sense of solidarity and compassion, a public space in which there is no conformist agenda and where submission to suffering is challenged. This approach is based on a belief that responsiveness to internalised or psychic misery can prevent suffering and that participatory solutions enhance solidarity networks (Barreto and Grandesso 2010).

The model has also been informed by the work of the psychoanalyst Mark Borg who was involved in a community mental health intervention team, following the 1992 riots in Los Angeles that were sparked by the excessive beating by police officers of Rodney King, an African American male. The team initiated a therapeutic approach in a neighbourhood where there were historically entrenched feelings of community hopelessness, depression and powerlessness. Immediately after the riots Borg observed that community responses mirrored the coping strategies of traumatised individuals (Borg et al 2001). After four years Borg and colleagues reported that residents 'sense of personal change came from being listened to rather than having an imposed demand *to* change, and that an approach that surfaced and discussed defensive and destructive behaviours 'increased interpersonal functioning' (Borg 2001:151).

A wide range of factors, not just personal and developmental, but also social, economic and cultural, contribute to the structuring of the individual's psyche and relationships, (Foulkes and Prince 1969, Foulkes 1975, Skynner 1976). It is well established that there are higher levels of mental and physical ill health in poor and deprived areas such as Tottenham. Residents in such environments are more likely to be affected by experiences such as stress and trauma, which can undermine their capacity to trust, collaborate and feel confident and hopeful about the future. Indeed, research studies have found that neighbourhood disadvantage affects rates of adult depression, independent of personal characteristics (Ross 2000). Further, research has found that rising social and economic inequalities increases loneliness and social isolation and conflictual relationships and has a detrimental effect on the mental health of those living in disadvantaged areas (Marmot 2009; Wilkinson and Pickett 2010; Mental Health Foundation 2015).

TTS draws on psychoanalytic and systemic principles and methods to provide a permissive but safe space for residents to share and reflect on their experience and to ensure that those who attend have an empathetic experience, of feeling listened to, understood, and responded to non-judgementally. Given the chronicity and complexity of difficulties faced, TTS was conceptualised as a long–term intervention to enable residents' to increase their understanding of themselves, including their unconscious aspects, through dialogue and collaboration.

These principles are aligned with a grassroots perspective of community development that engages with despair and anger, with those living in poverty and which purports that prejudice and discrimination are embedded in political and social institutions (Gilchrist 2009; Taylor 2011). To address these issues, organising and running groups that provide an opportunity to share experiences, to be the giver as well as the recipient of support enables participants to see themselves differently has been found to have a positive impact on mental health (Seebohm and Gilchrist 2008).

3.2.2 Successfully implementing a therapeutically-informed approach in a community setting

The psychodynamic and systemic principles described above were used to deliver Thinking Space. Findings from our research strongly suggests that this approach was successfully put into practice and these findings give us confidence that the approach contributed to outcomes reported by participants (Price and Sampson 2014).

Two themes are used to assess the implementation of the therapeutically-informed approach; the principles of equality and democratic participation and sharing and reflecting on difficulties. The former is the context that facilities, inhibits or has no discernible effect on the latter, sharing and reflecting, which are necessary for the approach to work. In the final section we describe how actions emerged from sessions to reflect the community development aspect of the initiative. Each are discussed in turn.

Principles of equality and democratic participation: Sessions were open to all, free of charge and there was no agenda. Participants could discuss any issue they chose and they decided on their preferred social actions. We observed that participants were warmly welcomed to meetings, a view shared by 85% of those who completed a questionnaire. Newcomers and returners were put at ease and these actions enabled participants to relax, speak conversationally to each other and raise personal issues in sessions.

From our attendance at sessions we observed that facilitators encouraged participants to freely associate which is thought to be the '*gateway to the unconscious and opens up the possibility of greater engagement of the whole personality and of deeper psychic work*' (Lowe 2014; 25). The absence of an agenda and allowing '*free association*' gave, in the words of one interviewee, each session its '*own personality*' and this observation illustrates how each session was dynamic, participant-led and developed organically.

Another interviewee explained how one of the facilitators engaged as many participants as possible to ensure that they felt able to contribute, a practice we repeatedly observed, and which reinforced an ethos of equality:

Frank [facilitator] *will invite people in, draw people in, ask them questions so they can give a little bit if they don't want to give a lot. I think he does it quite seamlessly too*. (Interviewee 4)

Interviewees were keen to stress that they valued the sense of equality amongst members. Other studies found that where equality exists then participants can adopt the role of 'helper' and receive support in the same session (Rapoport 1960). We found that participants felt good about this dual role; the overwhelming majority of questionnaire respondents felt more able to share their life experiences, 75%, and felt good about supporting others (81%) and found advice of others helpful 'all or some of the time' (90%). An interviewee explained how in a safe and respectful environment participants felt able to support each other:

It's a free for all, it doesn't matter who comes, everybody's welcome and everybody's safe and everyone's respected at the same level, I really like that…there isn't this professional that's giving you advice, we're looking after each other. I feel like I can say, 'Hey, it's alright,' or give advice on areas that I might know about, I like that aspect of it a lot. (Interviewee 6)

We repeatedly observed a non-judgemental ethos and found that in these situations participants disclosed sensitive life stories and were willing to respectfully listen to others recount their experiences. Listening to others' stories was described as 'moving' and 'very, very interesting' and 'stimulating' and 'inspiring'. Some of these stories were told to help others and the following comments provide one example of participants taking responsibility to find their own solutions, one of the intentions of the method. This interviewee explained how she used her story to give participants hope:

…so you tell your experience to say to someone else, 'You're not lost, because I was there and look at me now,' sort of thing and it gives them hope, it gives someone else hope. (Interviewee 13)

We also identified those occasions where participants breached or challenged the ethos of the approach and in these situations, therapeutically informed practice and its effects on participants, was made more evident. Our findings show that in some situations the context of equality and democratic participation was disrupted and some participants felt less safe and threatened or intimidated. From the interviews with participants and our observations of sessions these feelings occurred in situations when: participants felt discussions were judgemental, particularly about child rearing practices; discussions took place in a framework of a point of view or behaviour being 'right' or 'wrong'; conversations were dominated by idealism and strong statements about what participants 'ought to do'. We observed that these situations precluded participants from being receptive to new perspectives and any acceptance of difference became 'shut down'. We noted that some participants stopped participating, felt inadequate and a '*failure*'. Comments by one participant summed up the experiences of others when they commented that when sessions were judgemental they were:

Safe up to a point. People close down when it's judgemental. (H, observation)

These situations drew attention to the characteristics of a therapeutic method and how, when it worked well, participants felt able to express their inner feelings and to articulate different points of view. The skills of the facilitators to maintain a safe, therapeutically informed, space were integral to the approach working. Participants felt reassured when facilitators encouraged reflection and raised possibilities that some might be denying aspects of their life that they did not want to face up to. Participants felt that facilitators understood them and were reassured that they were speaking from an '*educated point of view'*.

Sharing and reflecting on difficulties: Nearly every interviewee mentioned that it was routine for members to disclose disturbing and damaging past or present personal circumstances suggesting that the facilitators successfully created a space where participants felt able to share painful intimate life experiences. During observations we heard stories from those who were traumatised by the murder of a child, child sexual abuse, family separation, and domestic violence. We heard about experiences of stigmatisation, racial prejudice and racist discrimination, and victimisation that created feelings of exclusion and alienation. Personal stories of living with mental health issues and caring for family members with psychosis, bipolar, and depression were common. Such disclosures were respected and interviewees thought that the process of sharing these experiences was extremely valuable:

They can offload themselves, yeah, I've seen as they speak they start to cry, because no one is willing to take their burdens and to hear. Sometimes it's not always the doing of something, it's just the fact that someone will hear you, and to hear sometimes is as good as to do, and I've seen that. (Interviewee 13)

We found a wide range of issues were discussed during Thinking Space meetings that touched on their everyday lives, further illustrating how facilitators allowed free-association to occur and for participants to shape discussions. Interestingly, we observed that participants frequently discussed themes which were health-related or had health implications. They included:

- *Loneliness and social isolation*
- *Health and welfare of young people*
- *The importance of intergenerational communication*
- *A lack of social gathering spaces, affordable spaces, affordable child friendly spaces*
- *Need to make green spaces more attractive and 'owned' by the local community*
- *Worries about: Who you turn to when the system fails you; who will benefit from developments in Tottenham; and, making mistakes, making judgements and being judgemental*

The flowing vignette describes participants discussing motherhood and gives an insight into how participants shared their difficulties. It illustrates how mothers felt able to express their worries, how they led the discussion and took the conversation in directions of their choice, and how the safe space also created opportunities for talking about positive experiences.

Vignette: Different sides to motherhood

This meeting was attended by sixteen people, in addition to the project team and childcare volunteers. Re-designed posters were outside and in the library, advertising the Tea and Coffee morning meeting. They had an attractive pink mosaic flower border. One of the participants had designed some cards and people asked her how she had done this. She explained and went on to show a range of cards she had designed. These had conventional pretty pictures of flowers and chocolates and stylish women but shocking captions with some of the darker facts about mothering – rates of postnatal depression, unfair dismissal, and domestic violence. Women looked at the cards and gradually spoke about some of the struggles associated with motherhood. One woman spoke about postnatal depression, how one could be hardly able to get out of bed and face the day and how quickly one could become socially isolated with a small child. Another spoke about not wanting to say if they had a problem – this is the borough in which Victoria Climbié and Baby P happened – people were afraid of having their baby taken away. Another spoke about how angry she was and how judgemental other women could be about 'complaining'. They projected their own anger onto you if you spoke up.

Half way through the meeting another woman suggested that she had an activity for the group – to write down some of the best things about being a mother on post-it 'thought bubbles'. Everyone could stick these onto a big poster – if they wanted to.

Women did complete bubbles and these expressed many positive feelings.

We observed how facilitators were able to 'hold' intense emotions such as anger and fear and to enable participants to tolerate hearing very disturbing stories. We assessed a session to be therapeutic where participants described the retelling of their stories as a '*relief*' and as feeling '*supported*'. The following observational notes give an insight into how a participant benefited from sharing her distressing story and provides an example of the method working well in practice. The woman was a regular attendee but had not come for the past month or two. Her comments throughout the session illustrate how changes occur within a session and show how by the end of the meeting she felt better:

At the beginning of a session she explained her absence by saying that she had been *… thinking bad things and I got too low… I began to think I was hearing voices…*

Midway through the session, after sharing her story, the woman said: *It is good here, I can share the pain…*

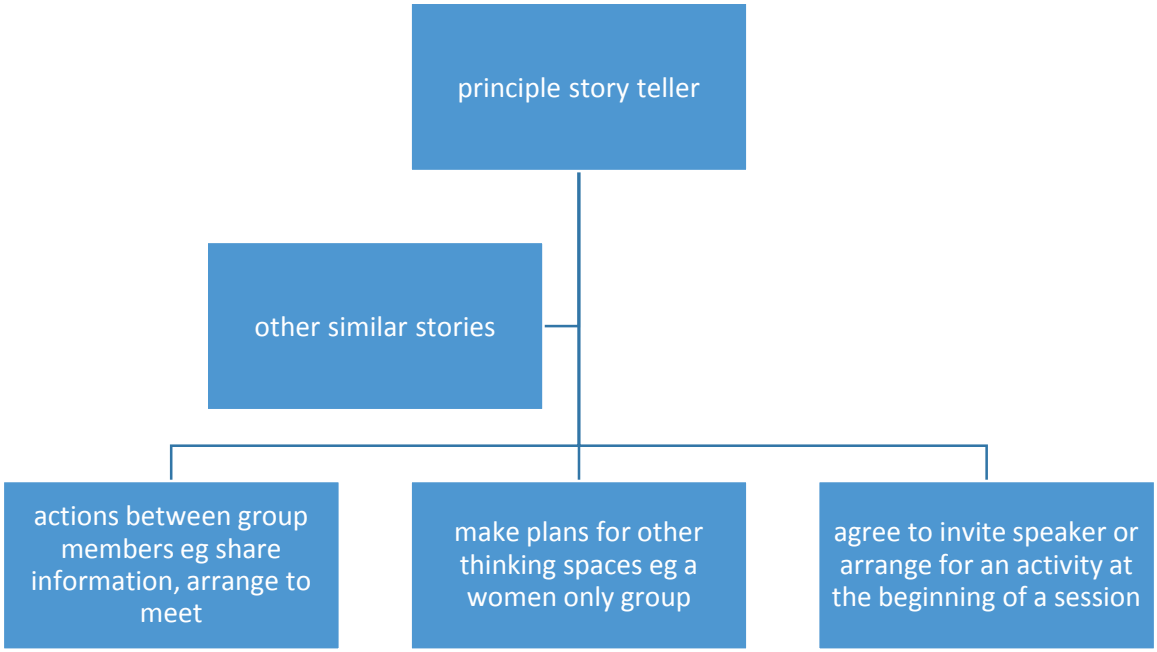
At the end of the session she thanked other participants and said: *it's been good, leaving will be better, a weight is off me, it's been emotional, but better.* (A, observation)

Information gathered from interviews with participants and from observations of sessions strongly suggests that the approach is reliant on participants' willingness to share and reflect on their difficulties. Our research budget was particularly small over the final nine months and we were unable to re-interview those we had interviewed a year before to find out the extent to which participants were withholding information about their personal issues, and the reasons for this. We did observe, however, that some participants attended several times before they disclosed anything intimate to the group.

How participant-led action occurred: One of the aims of the Thinking Space approach was to contribute to community development in Tottenham. The following findings explain how plans and actions emerged from a therapeutically informed space.

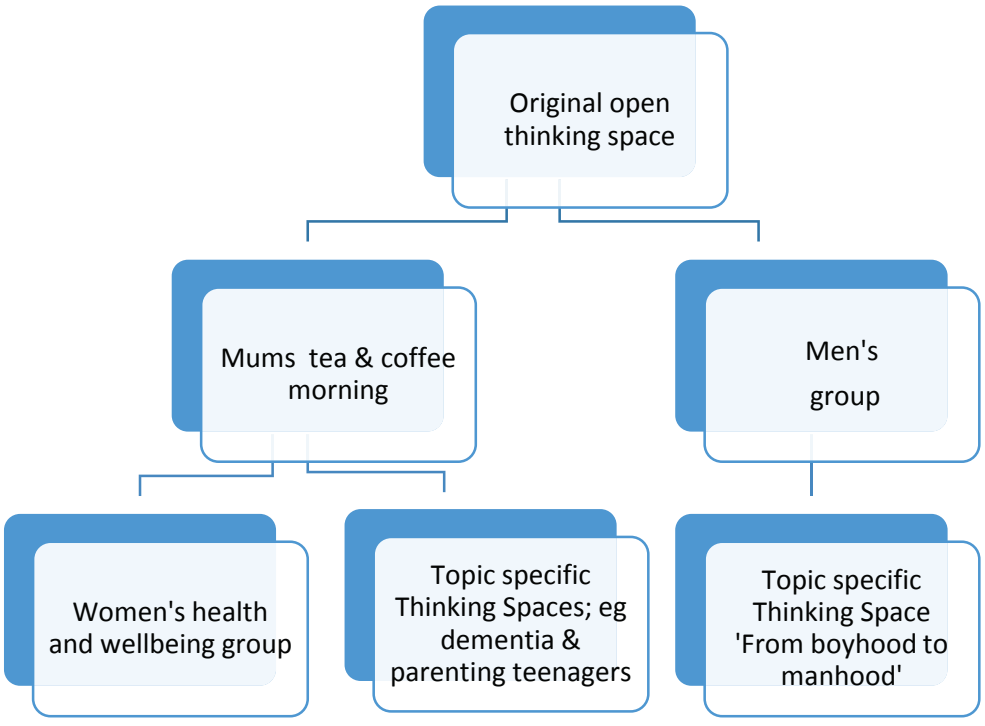
The figure below describes three types of actions that have arisen from TTS and illustrates the beginning of a process that galvanised activism.

Figure 3.1. How actions and plans emerged from Thinking Space meetings



As the diagram above shows TTS grew organically during the pilot. Women were the instigators of three 'spin-off' Thinking Spaces; 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. 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 were all organised with support from the CDW. She also enabled practical courses that arose from the women's groups to be put in place; for example, food hygiene and dental hygiene courses as well as a summer programme of activities for mothers and their children. The diagram below depicts the evolution of the original Thinking Space to a programme of events and activities.

Figure 3.2. Tottenham Thinking Spaces



The setting up of the men's Thinking Space was encouraged by women who thought that fathers often do not take an active role in raising their children and men should understand that women in relationships with men can feel lonely and isolated. This group discussed issues related to uncertainties about what it means 'to be a man', how men in Tottenham tend to be defensive and aggressive, and how faith plays a role in their understandings of 'who they are'. Another theme was feelings of pain and loss associated with either an absent father, a father who was disinterested in them or rejected them when they were children. A topic specific session focussed a discussion on the relationship of a father with their baby and young child and the child's mother and feelings of jealousy and aggression. Some participants spoke about difficult relationships with their teenage children and how they can be hurtful. We observed that this therapeutic space was supportive and enabled men to better understand themselves. Of those who attended the men's group and completed a questionnaire (ten in total and one was a woman – women were allowed to attend the topic specific meeting), 90% said that they listened to others more, 80% said that they felt better understood, better able to share their life experiences, and found it easier to say how they were feeling, and 70% said that they felt better about themselves.

3.3 Developing a robust evidence base and evaluation method

Developing a robust monitoring and self-evaluation system proved to be challenging and a robust system was not fully put in place during the pilot. Arguably, at the heart of the problem were pressures experienced by the Tavistock delivery team to produce measurable outcomes consistent with the aims of the initiative and the public health strategic objectives of Haringey Local Authority. The delivery team felt under pressure to evidence significant numbers of attendees and recording attendance at 'one off' events was difficult when people were reluctant to complete forms asking for personal details. They tried several ways of collecting demographic and outcome data at each meeting, placing high demands on participants. As the summary of the monitoring data shows below collecting demographic data was difficult and data on ethnicity and age, for example was often incomplete. Routinely collecting more sensitive outcome data was even more challenging and these data were not collected consistently.

The local authority asked the Tavistock delivery team to consider using an evaluation tool used by other projects they were funding under the auspices of their Health and Wellbeing Strategy 2012-2015 in order to assess the outcomes of their programme that aimed to achieve a 'Healthier Haringey' (Haringey Council 2012; also see Haringey Council 2015 for 2015-2018 Strategy). The option chosen by the Tavistock delivery team was the Social Capital, Health and Wellbeing planning and evaluation toolkit constructed by the Edinburgh Health Inequalities Standing Group which required the questionnaire to be repeated, 'before' and 'after' an intervention (Edinburgh Health Inequalities Standing Group 2011). This proved difficult to implement. We observed that participants found even a shortened version of the questionnaire quite complex to complete, as well as provoking visible signs of nervousness, raising issues about the reliability of responses. Being invited to complete a questionnaire and to give personal information about their circumstances and how they felt when they first attended, may have been one contributing factor to the high numbers of residents attending only once. We also had concerns that the theories of change embedded in the therapeutically-informed approach was not well captured by the Edinburgh toolkit.

From the perspective of conducting a robust evaluation two issues seem relevant. Firstly, the toolkit assumes a linear progression towards improvement and our research findings strongly suggested that change was not a linear progression for most participants. Indeed studies show that oscillations during sessions and over time are characteristic of those attending therapeutically informed approaches; some sessions are very constructive whilst others are less so (Rapoport 1960). TTS participants described a difficult and rocky road with 'stops and starts' and in these circumstances outcomes are more likely to occur overtime. Secondly, whilst the toolkit may be applicable to many mental health initiatives, the distinctiveness of Thinking Space is its theories of change related to historical traumas, for example, and the expectation was, therefore, that Thinking Space may have generated outcomes that were not represented in a standardised toolkit.

To address these issues we co-constructed a self-completion questionnaire that was tailored to the Thinking Space outcomes as predicted by its underlying theories and which could be administered after participants had attended for several months when they felt more familiar with the delivery staff and other attendees. Questions started with the phrase 'since coming to Thinking Space…' to capture changes in attitudes, feelings and behaviour that might plausibly

be attributable to their attendance and included questions on self-expression, self-understanding, supporting others, and understanding others' points of view, which are key mechanisms of change underpinning the Thinking Space approach.

Thus, it was expected that the purposely designed questionnaire was more sensitive to capturing change than a standardised toolkit. The findings from our self-completion questionnaire, albeit from a small sample, suggested a clear trend towards improvement for some indicators but not others, implying some sensitivity to measuring change. The indicators which showed the greatest improvements are summarised in the table below:

Table 3.1. Indicators where improvements seem to get better over time: findings from the self-completion questionnaire

Indicator	**Total sample (41)** *percentage*	**2013 & 2014 cohort (19 respondents)** *percentage*
Felt good about supporting others	81	90
Felt good about contributing to the community	81	85
Felt better understood	67	74
Felt depressed less often	34	39
Felt better able to support others	70	79

For other indicators such trends were not discernible but these findings should also be treated cautiously; they included easier to tell people how they were feeling, life experiences have new meaning, respect different points of view.

We suggest that integrating evaluation into the TTS programme using an approach that reflects its ethos and activities is more likely to reliably assess its impact. As evaluators we recommended concentrating on collecting good quality demographic information to minimise the amount of missing data. In this way the monitoring data can be used to assess if an initiative is reaching out to, and engaging with those most in need. We also recommended administering self-completion questionnaires once a year to all those attending during a defined period, for two weeks in June, for example. However there were no easy answers to what and when to measure and these were not really resolved during the pilot.

4 Monitoring information

4.1 Attendance and attendees

The first community meeting was held on 1st October 2013 and by the end of the pilot in September 2015, 243 meetings had been held. They are summarised by type of Thinking Space below:

Table 4.1. Number of Thinking Space sessions run between 1st October 2013 and 30th September 2015

Thinking Space Type	Number of Sessions
Mothers' Tea and Coffee mornings	75
Open Thinking Space	74
Women's Health and Well-being	30
Men's Group	29
Volunteer co-facilitation training	20
Topic specific events	9
Summer programme	4
Local University Technical College	2
Total	**243**

A total of 351 people attended with a total of 1,716 attendances. Of these 351, 78% were adult participants who were residents, 11% were professionals from a range of backgrounds including councillors, community group representatives, psychologists, social workers, 8% were children and 6% volunteers. The majority of participants attended between one and three meetings (74%) and 39 participants attended over 10 meetings. Details of attendance patterns were:

Table 4.2. Attendance

Once	2-3 times	4-10 times	11-20 times	21 times and over
45%	29%	14%	6%	5%

The majority of attendees were women (72%) and where data were available, most lived in the immediate neighbourhoods of N17 and N15.

Table 4.3. Postcodes of attendees

N17	N15	Other 'N' codes	Other	Not known
29%	21%	12%	8%	31%

Where ethnicity was recorded, attendees reflected the ethnic and cultural diversity of Tottenham with 29 different ethnic groups attending. Ethnicity was recorded for 56% of the records and these showed that most attendees were: African Caribbean (23%), British (22%), Black African (18%) and dual heritage (6%). Respondents were asked to self-identify their ethnic group and other ethnicities included, Irish, Spanish, Danish, Romanian, Kurdish, Turkish, Ethiopian, Sri Lankan, Asian, Latin American, and Chinese. Some preferred to identify themselves as travellers, Arab and Jewish.

Where ages were recorded, attendees were from a wide age range although those under 25 years were less represented. Nevertheless, participants were very positive about sessions attended by a wide age range and enjoyed hearing about inter-generational perspectives.

Table 4.4. Age

Children under 10 years	Under 25 years	26-39 years	40-59 years	*60+ years*	Not known
8%	3%	26%	19%	8%	36%

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. Some attendees (36) were professionals from agencies and it is reasonable to expect them to attend once to find out about Thinking Space and some may have attended a special interest 'one-off' Thinking Space. Follow-up calls to residents (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.

Following further informal follow up calls by the CDW, reasons for no longer attending included no longer being able to attend due to changes in shift work, finding full time work, personal situations, housing issues and having to move, and finding the meetings too informal.

Of those who attended over 10 times, 30 were women and 9 were men. They were most likely to be African Caribbean (40%), with 15 other ethnic groups represented including Nigerian, Black African, Irish, Greek Cypriot, Hungarian, Malaysian, British, and travellers.

4.2 Volunteers

At the beginning of the pilot a few participants volunteered informally and supported the CDW leafleting and visiting community groups. This became formalised in 2015 and fourteen participants started volunteer training in February; 11 women and three men who were predominately African-Caribbean (6) as well as Turkish, Kurdish, dual heritage, Irish, English, and Nigeria. Of these volunteers, 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. Reasons for withdrawing including finding employment, taking up a University place and mental health issues.

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 and outcomes

In this section how TTS worked, the mechanisms of change, and the extent to which TTS has achieved its objectives is described. We consider the generative causal mechanisms or practice principles integral to how TTS works and, if the pilot is transferred to a different setting, their presence will be integral to its success (Parmar and Sampson 2007).

During our research we collected and collated outcomes that were likely to be associated with the principles that informed TTS; firstly, personal outcomes that arise from the presumptions that surfacing inner states of mind and feelings, stimulates thinking, leading to psychic change and the development of new perspectives on the self. And secondly, social outcomes that hypothesize that engaging with internalised misery originating from historical experiences and from living in a disadvantaged and stressed environment can improve participants' perceptions of others living in their neighbourhood and how they relate to them. By using this approach we were able to assess all possible outcomes and not limit our research to those outlined by the objectives.

The findings described in the previous section give us confidence that the robust implementation of the therapeutically informed method contributed to the observed outcomes. They have been categorised as follows: process outcomes associated with the method; personal outcomes; community outcomes; and, health outcomes. Each is discussed in turn.

5.1 Process outcomes arising from the method

TTS objectives for outcomes specifically related to the method were:

To provide a space where Tottenham residents can share and reflect on their difficulties and challenges and think together about what options they may wish to consider addressing problems.

As described earlier in this report we found that the Tavistock delivery team routinely created a therapeutically informed safe space and meetings were typically democratic, non-judgemental, respectful, and focussed on encouraging everyone to listen and understand. We identified the following factors explain how outcomes were achieved:

Expression of inner feelings: We found that the skills of the facilitators to 'hold' the distress and anguish of the story teller was an important part of giving participants confidence to realise the value of expressing their inner feelings. 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 10)

Dealing with tensions and conflict constructively: A number of participants expressed confidence in the facilitators' capacity to handle conflicts. Interestingly, people also commented on the capacity of 'the group', or 'us', to manage tensions. The following reflection from a participant illustrates the dynamics of a therapeutic session:

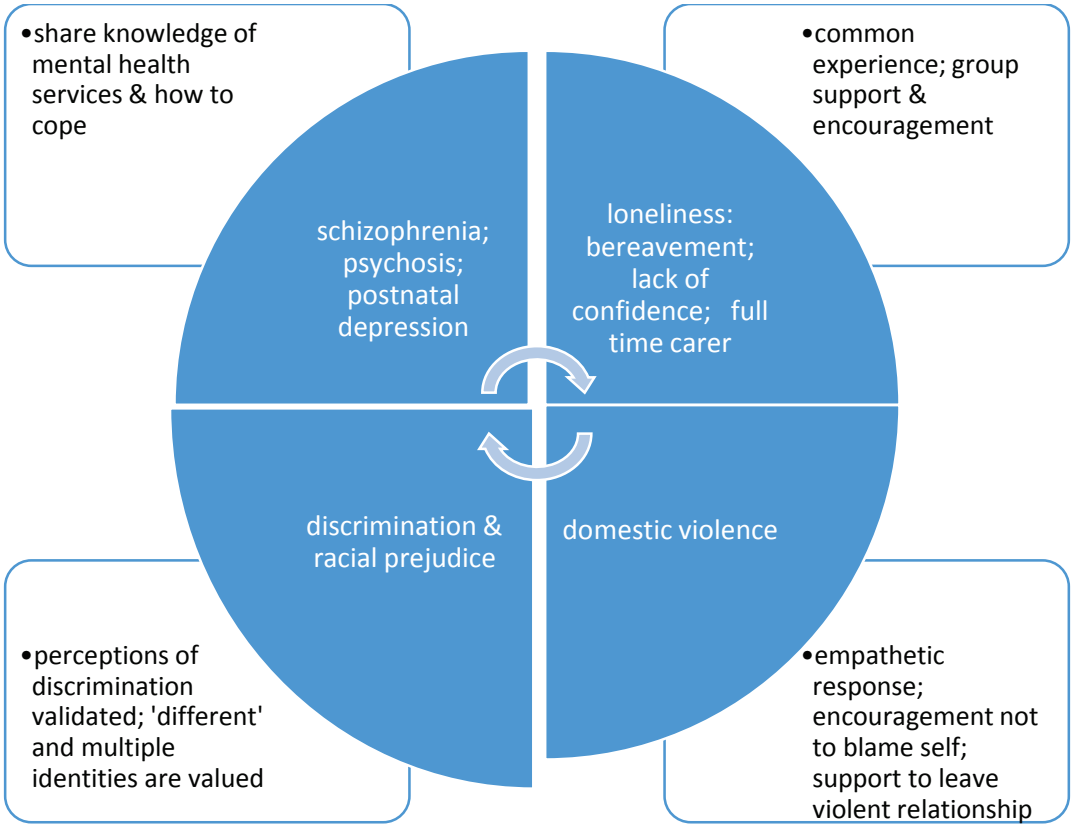
I think what I observed is how the group sorts itself out...that is a very powerful tool to see happening right in front of you. You see a member of the group who may take up space personally and then in two minutes they're sorting out a quarrel, or offering their view of what's happened and reflecting on the process of what's going on right now. 'I noticed you got really angry in your tone of voice there' - it's really powerful to see people connecting on that 'here and now level. (Interviewee 8)

Sharing difficulties and challenges and finding solutions: The diagram below summaries key recurring themes, and for each type of social problem the actions taken by participants are summarised. From our observations of sessions and interviews with participants it was apparent that many experienced multiple difficulties, both historical and current; for example, those suffering domestic violence felt lonely; those who lacked confidence as a result of historical child

abuse also felt racially discriminated against, and so on. The multi-faceted nature of participants' difficulties is depicted by the arrows at the centre of the diagram below.

The diagram also summaries common responses by participants that they thought might help alleviate these problems. Of those who completed a questionnaire, mutual support and advice giving within the group was considered as '*contributing to the community*' by the overwhelming majority, who felt good about doing this (81%).

Figure 5.1. Sharing difficulties and finding solutions



We considered the possibility that participants suffered harm as a result of attending TTS. Findings from the self-completion questionnaires show that one or two participants experienced negative effects; for example, they felt less confident or less able to express themselves. We also discussed these possibilities with interviewees and we found that participants have strategies to protect themselves and think carefully about what they will share, as this interviewee explained:

So in terms of my story, I think what I am hoping to keep on working on this …, 'OK, should I share this?' 'No, I might share that part of the story.' … I need to think a lot about what I want to say, in order to look after myself.
(Interviewee 1)

Several interviewees explained that Thinking Space was less likely to work when aggressive people attended or participants became aggressive; on these occasions participants felt neither comfortable nor safe to disclose personal issues. Participants felt that sessions were no longer relaxed and a relaxed atmosphere enabled them to talk about their inner feelings, and that aggression was a sign that the person had come with '*some kind of shield*' and '*a point to prove*' which was not appropriate frame of mind for a Thinking Space. Interviewees commented on how the facilitators effectively diffused these situations.

5.2 Personal outcomes

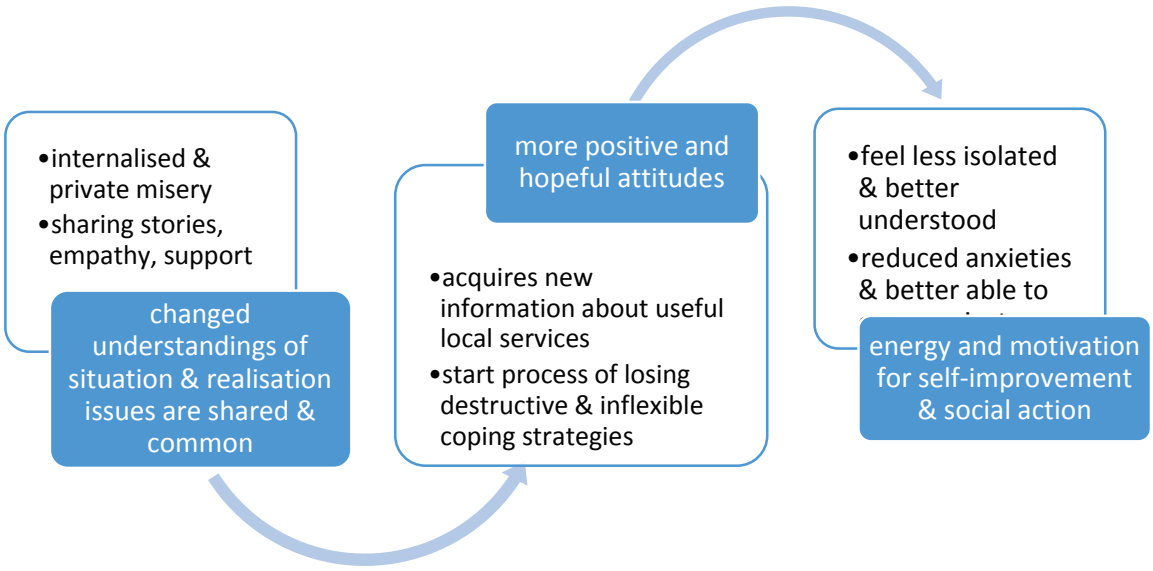
Two TTS objectives described personal outcomes and these were:

Participants improve their capacities to manage their own lives and to advocate for themselves.

Participants develop self-understanding, relationships and skills that will help them to reduce self-defeating and destructive behaviours.

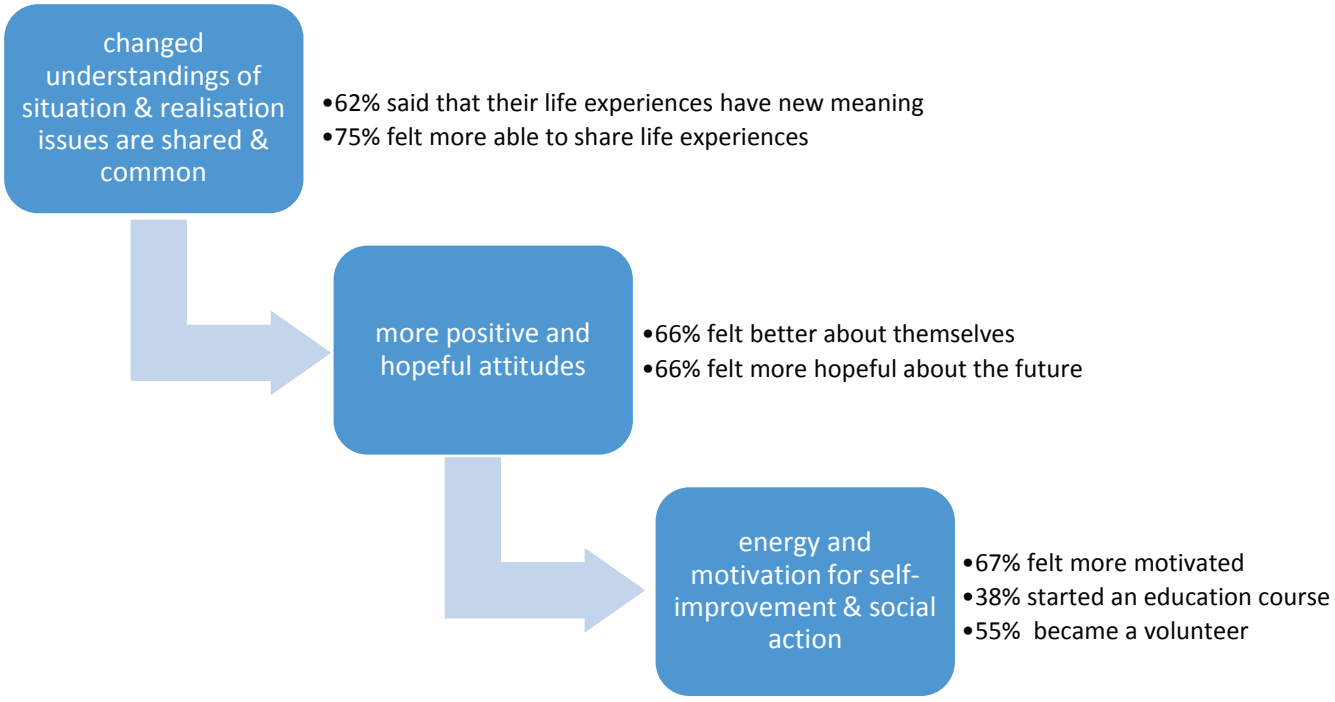
From our research we identified numerous personal outcomes that arose from the theories embedded in the initiative and identified several mechanisms that explained changes and enabled the personal objectives outlined by TTS to be met. The diagram below summarises our findings to show how processes of change occurred to meet these objectives. The causal mechanisms – as depicted in the blue boxes - generated change:

Figure 5.2. Processes of change



To illustrate the prevalence of the generative causal mechanisms in the diagram above they are shown in the diagram below with findings from the self-completion questionnaires. The diagram below also illustrates how change is a series of inter-linked processes and social action a product of altered understandings and self-perceptions. It is expected that TTS made a contribution to these changes and other factors may also account for the improvements. The findings presented below show that the majority of those who attended regularly gained personally:

Figure 5.3. Interconnected outcomes



The findings presented in the diagram above can be further substantiated by additional factors that explain improved personal outcomes that enabled participants to manage their lives better and to reduce self-defeating behaviours. They provide further evidence of how processes of change were multi-faceted and numerous generative mechanisms and contexts explained personal outcomes. They included:

Supportive behaviour and the value of feeling supported: A group was perceived as supportive when it allowed people to express feelings and speak about experiences that often had been hidden or managed alone. This interviewee explained:

The loneliness and the depression I was going through, I needed somewhere to go and Thinking Space was ideal…it's something that I seem to look forward to every Tuesday now. I can sit down and talk with some good people, I feel support from those I am talking to, genuine, sincere people that I can exchange communication with and they can make me feel that I'm not alone. (Interviewee 5)

Better understandings of personal issues: The majority of interviewees recounted examples of where they had gained new insight about a personal problem or issue and recognised that expressing their thoughts and feelings was an important starting point, as this interviewee explained:

…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 10)

Improved listening skills: Interviewees reported developing listening skills and feeling able to speak in a group; 83% of questionnaire respondents felt better able to listen to others and 55% felt it was easier to express their opinion. For the majority of participants this was accompanied with a rise in confidence and/ or developing self-awareness about a need to change:

In a lot of community projects, the social side is very important, having one-to-one opportunities for interaction and breaking down social exclusion. But this has the added thing of being part of a group where you are widening each other's perspectives, learning about the importance of really listening. And you know a lot is talked about the importance of listening isn't it, but...the skill is difficult to learn, and here we are really trying to learn it. (Interviewee 2)

Another participant recognised the significance of listening for developing self-knowledge and as a route to understanding loneliness in the community:

It took me a while to figure out what was different. The social dimension is there, but...It's that, and more than that. It's developing the capacity to really listen and actually speak and developing some self-knowledge...you are widening each other's perspectives, learning about the importance of really listening. Loneliness and isolation is a big issue in this community. (Interviewee 1)

Feeling better connected to other local people: For the majority of interviewees the opportunity to share perspectives and experiences and obtain other people's opinions and suggestions was a positive experience. This interviewee explained how sharing experiences has improved her situation:

It's enhanced my life. To realise that there are other people in a common situation, like myself, and realising that just by sharing my experiences that might help someone else. I've felt really good I've had that positive exchange – I've felt the other person has felt something. Just connecting with people in your neighbourhood going through similar things has made me feel more positive on a day to day basis. (Interviewee 12)

Improved understandings of cultural and ethnic diversity: The majority of interviewees drew attention to the diversity amongst members of Thinking Space. Initially we observed suspicion and uncertainty amongst participants from different cultural and ethnic groups but over time attitudes changed and 67% said that they were more accepting of other cultures. Participants became felt hopeful about finding new sources of commonality, despite differences of

culture, generation and gender. These new understandings contributed to a sense that they could connect to a wider community:

…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, and the ones you've most in common with…sometimes I've had to bite my tongue! (Interviewee 12)

Working through disagreements and tensions: Most participants acknowledged that there had been conflict and disagreement in groups they had attended but had not found it ultimately upsetting or off-putting. Through a process of working through differences, 80% said that it was easier to understand someone else's point of view and 70% said it was easier to respect different points of view. Furthermore, 67% felt better understood. This attendee, like many others, valued the experience of participating in diverse groups and explained how this enabled them to learn about different perspectives and to appreciate difference:

When you put it into a forum, other people will see it from different angles and have their input to put into it and they may have lived different lives to you, so you're benefiting from the experience of their life and … there's always been a mixture of ages and backgrounds and culture and stuff as well, which is good. (Interviewee 4)

Towards the end of the pilot and in established groups, tensions arose between participants 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. This was an ongoing issue at the end of the pilot.

Managing their own lives: Interviewees frequently commented on changes they had observed in others and described changes in their own behaviour. Changes most frequently mentioned were; participants had made an effort to get out of their homes more and to communicate more, had a greater sense of purpose, a new-found willingness to seek help, as well as a more productive and less confrontational ways of engaging, and making an effort to share and make use of information and resources with others. Comments by two interviewees captured some of these changes. The first interviewee commented:

I wasn't going out anyway so therefore my life was very restricted. So the very fact that you were actually coming out and connecting with people in itself – I was talking about it last week, saying to some other people how wonderful it was to be able to come out and to be able to sit and talk! (Interviewee 10)

The second interviewee gave an example of how their changed perspective on life led them to make different decisions:

I've seen changes about how I do things…I was on the verge of legal action with my partner over custody and now I've actually tried to contact a family member to mediate for us before we go to something official – it might make it more comfortable for my ex. And that was something that was triggered from discussions that happened here. (Interviewee 4)

5.2.1 Younger people

The regular Thinking Spaces were attended by fewer people under 25 years and it was felt that young people would prefer their own Thinking Space. The facilitators delivered two sessions at a local college and asked the young people to complete a questionnaire at the end of the second session (data on age, gender and ethnicity were not made available to us). We did not observe these sessions nor interview any of the young people but the findings from the questionnaires completed by 17 young people illustrated how Thinking Space resonated with them; 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 practice some of the things they had learnt. Although only two sessions were held the findings suggest that there may be potential in establishing regular Thinking Spaces for young people.

5.3 Community outcomes

Two objectives described actions expected to be taken by 'the community' and these were:

The community begins to develop the capacity to collaborate and create their own self-defined solutions to their problems and solutions that will also be responsive to the varying needs of different individuals, families and communities within Tottenham.

The community develops improved capacity for dialogue and to work with tension and conflicting points of view.

During our research we identified the emergence of several issues that may be considered to be 'community' outcomes. We found that community outcomes were often preceded by personal outcomes and it therefore seems reasonable to expect that 'community effects' may take longer to come to fruition than personal outcomes. Due to the reduction in our research budget during the last nine months of the pilot we were unable to re-interview our original interviewees, as intended, and our intuition is that, as a result, we have not captured a number of fledgling community outcomes that arose during the latter part of the pilot as personal outcomes grew stronger. Thus, our findings do not present sufficient explanations about how TTS may or may not mediate the impacts of structural disadvantage and inequalities. Our findings show, however, that several local conditions and societal issues served to disrupt, rather than facilitate causal links, making some expected community outcomes difficult to achieve. Nevertheless, we identified outcomes that have potential to contribute to developing Tottenham's communities and these included:

Bringing strangers together: Findings from the self-completion questionnaires shows how Thinking Space offered significant opportunities for community development by bringing residents together from diverse backgrounds, who did not normally meet but who shared personal issues, 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%)

Increased opportunities to find own solutions through sharing problems and agreeing on collective actions; Examples of collective actions that arose from Thinking Space meetings included: 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. Increased positive feelings and understandings that arose from sharing personal issues enabled participants to communicate better and to feel better able to support others and for some questionnaire respondents these skills contributed to improved relationships with their children (36%), their family (43%), and friends (49%).

Social support within Thinking Spaces: Although community development initiatives typically find that the capacity for mutual social support is limited when participants have complex needs and when they have lived for years in poverty and feel disenfranchised (Amin 2005; Taylor 2013), the Thinking Space method seemed to have the capability to address this deep-seated problem within the groups. Our research findings suggest that this occurred from a facilitated non-judgemental space that allowed participants time to explore many aspects of a particular issue and although, this did not necessarily give rise to collective actions outside the group.

Loneliness and social isolation was one complex social issue for which mutual support remained largely within the group. We observed many sessions where participants explored these issues in great depth. Participants felt socially isolated for many reasons; living alone after the death of a partner, having no family or friends; feeling forgotten by their family; feeling isolated because they could not afford to go out; feeling self-destructive due to poor family relationships; and, feeling misunderstood, even though they had friends and family. During the pilot some participants recommended other services and other local support groups but it seemed that participants preferred the mutual support from the Thinking Space sessions. It seemed that participants felt that they had a shared understanding of the

issue and that this served to ameliorate some feelings of loneliness and isolation, reducing the need to find support elsewhere.

Increased knowledge and skills to access services more effectively; Services were routinely discussed at meetings and they were invariably criticised and were a cause of considerable emotional turmoil. Many participants were regular uses of services because they were in debt, had children with additional needs and / or who were bullied at school, had housing problems and / or health needs. Their encounters with service providers were sites of conflict and tension and often increased feelings of despair and powerlessness. The following outburst from a participant about their experience of going to a local debt advice service was typical:

They treated me like rubbish, it made me feel very angry. (L, observation)

Other participants did not use services; sometimes they did not know about them or they chose not to use them. Overtime participants recognised that they and/or their children had unmet needs and that they would benefit from assistance. The community development worker, as a co-facilitator, heard these stories and as a trusted person was instrumental in supporting participants to access services for the first time. During sessions participants gave advice about how to approach agencies, what to ask, and how to react to criticism and this gave participants more confidence to contact services (51%) and to seek support for a personal issue (53%). We also observed that participants developed communication skills that were less confrontational and they were better able to articulate the social support they required.

Increased sense of belonging and trust: Those who attended TTS met more people they knew on the street; almost three quarters of respondents (73%) said they had met more people on the street they know since attending TTS. These encounters may have increased participants' sense of attachment to the area, a feeling that may be reinforced by a new-found trust in local people. This interviewee reflected the views of others when she explained how her initial suspicious attitude turned into increased trust:

I judged them, I was very suspicious and cautious at first, which most people are here [in Tottenham] *and I was really proven wrong. I shouldn't have judged the book by its cover, because a lot of the people that I did that to initially, I really care about now and I look forward to seeing them every Tuesday. So on that aspect I think it's brilliant that it's broken those walls down and now I have a lot more trust of people in the area.* (Interviewee 6)

Increased opportunities to participate in community activities: We identified the emergence of actions which increased opportunities for community action; 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. The community development worker was instrumental in supporting participants to achieve these self-defined solutions and demonstrated responsiveness to individuals' needs.

Two artistic participants ran three exhibitions; one about post-natal depression, one a photographic story on living with dementia, and a third on sharing journeys of loss. The expression of emotions through the arts emerged as a strong theme; writing poetry and reciting poems in a session and creating exhibitions were expressions of painful and difficult emotional issues that emerged from the therapeutic spaces.

Increased capacity to work collaboratively and to respond positively to local concerns: These anticipated community outcomes are likely to take time to emerge and our findings show that some participants considered that their 'contribution to the community' was supporting participants during sessions. Others demonstrated positive responses by joining new groups (53%), attending an education course (38%), and becoming a volunteer (55%).

Findings from the self-completion questionnaire suggest an increased potential for collaborations; the overwhelming majority (83%) said that they listened to others more, just over two thirds (67%) said that they were more accepting of other cultures and over three quarters said that they were more able to cooperate with others (78%).

But Tottenham remains a difficult place for participants to take positive collective action, feelings of anger, ethnic tensions and feelings of insecurity in public places persist. The following findings from the questionnaire show that since the 2011 riots:

- 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 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.
- Almost half of the respondents perceived that cynicism about politicians' ability to make a difference in Tottenham was the same (47%), over a third (39%) felt that there was more cynicism about politicians' ability to make a difference, and 12% felt that there was less cynicism.
- 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.
- The majority felt that feelings of insecurity in public places was about the same (61%), just under a third felt that feelings of insecurity had improved (31%) and a minority (8%) felt it had got worse since the riots.

Related to these challenging local issues were seemingly intractable issues that caused fear, anxiety, and divisions arising from national social policies and societal problems. As the underpinning theories of TTS predicted, participants found some societal issues oppressive and they felt powerless. During some discussions participants expressed anger and despair and often found neither '*relief*' nor '*hope*' from the group. Participants felt powerless to take actions in response to a shortage of social housing and to gentrification that was causing rents to rise. Families attending TTS were moved out of London by the local authority, and others in privately rented accommodation could no longer afford the increased rent and had to move to another location where rents were lower. Thinking Space groups felt loss when families who they knew well were 'forced' to leave Tottenham and could no longer attend the groups.

Discussions about living in an age of austerity generated strong feelings of injustice and sadness about social policies that lacked humanity and reinforced a class system. Practical suggestions were made about how to cope with living in poverty, including details of local food banks and where to get warm clothes but a sense of despair prevailed, and one participant conveyed feelings or others when they observed that:

People at the bottom are really struggling, they are not supporting the base, it's a class system. (B, observation)

Participants found other issues complex, and how best to respond collectively was sometimes unclear to them. Domestic violence was one such issue. Many women described how domestic violence, past and present, accounted for their depression and lack of confidence. Some angry exchanges about feelings of guilt and the effects on their children's development generated both conflict and high levels of support within groups. Yet, a collective community response was not discussed during observed sessions.

5.4 Health outcomes

Two perspectives of being situated in a health programme are raised in this section; health outcomes arising from TTS and dilemmas associated with a community development initiative that is located within a mental health framework. Each is discussed in turn.

5.4.1 TTS outcomes

In this section the findings above are drawn on to summarise outcomes with health implications.

The findings discussed above 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

Questionnaire respondents said that they were better able to articulate the support they required for themselves (53%) and their families, and felt more confident to contact services (51%). Accessing health services may bring longer term benefits to participants and their families as well as savings for society as a whole and may be a significant longer term outcome for the initiative.

5.4.2 Situating TTS in a public health programme

TTS was included in a local authority mental health programme. Our findings suggest that this poses a potential dilemma that requires sensitivity on the part of all those involved in commissioning and running a Thinking Space if attendance rates are not to be adversely affected, particularly by those with mental health issues who are most likely to be deterred. The following findings explain how some participants, usually women, were willing to talk about their depression and discuss mental health issues, whilst others preferred to avoid using such language when describing their life experiences. Thus, our findings suggest that promoting Thinking Space as an initiative to address mental health problems may act as a deterrent for some residents.

On the one hand those with mental health issues were attracted to Thinking Spaces suggesting that public health is an appropriate place for the initiative. Of those who completed a questionnaire 85% lived with depression; only four men and two women said that they did not get depressed. Yet neither publicity nor introductions at the beginning of sessions typically mentioned Thinking Space as a provision for those with mental health issues. However, we observed many sessions where participants discussed living with depression and caring for family with medically diagnosed mental health issues. Women described being in '*dark places'* where they were anxious, fearful and had feelings of guilt and failure that drained their energy. Living with depression was variously described as '*living on shifting sands*' or being '*in a deep hole'*. Depression had severe economic consequences and participants described not being able to '*hold down a job'* and getting '*too stressed to work'*. For some their depression was severe and from time to time they were hospitalised, some took prescribed drugs, and many stories were told about feelings of exclusion and isolation, lack of understanding and empathy.

Yet, on the other hand, a clear theme arising from discussions observed by the researchers was a resistance to the mental health 'label'; participants were keen that mental health was given greater recognition by society, in particular mental health difficulties experienced by young people, but without stigmatisation. The lack of emphasis on mental health in the publicity and promotion of Thinking Space during the pilot was considered as an attractive feature of TTS by many participants. The vignette below gives an insight into how participants talked about mental health issues, without using the words 'mental health'.

Vignette: 'Therapy' is not for us – talking about mental health issues without labelling

A young woman spoke about wanting to find a way to let go of her anger with her family. It was time. 'We grew up watching our parents fight. The way my family relate to each other is horrible, you would be shocked. I don't trust my mother, and she's a different generation from me. The next generation doesn't have to follow suit. I feel very angry with my mother and my sister…but people in some ethnic minority communities would never consider therapy! You know, 'it's not for us'. A year ago I would not have admitted anything was wrong, but I think counselling might help me.'

Someone said that the speaker was always helping others, but the helper needs help also.

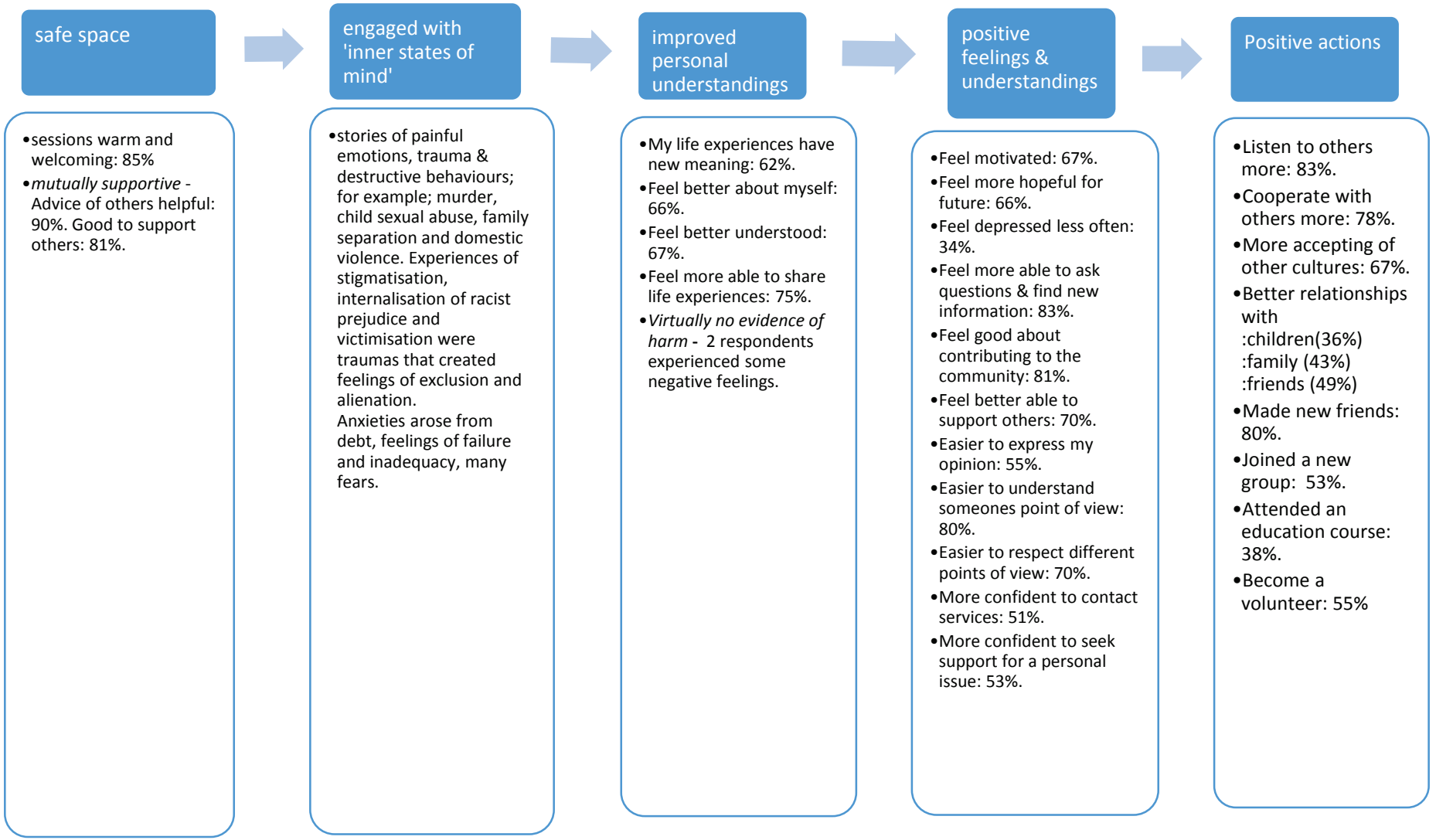
A young man commented that he grew up in a particular environment and he 'went to the bad side'. But now he stays straight and focussed, going to college, youth clubs, staying with people who are helping to build each other up. 'Sometimes in some families they hardly ever sit and talk – that hardly ever happens. But it is an opportunity

to learn. I was so judgemental before coming here, you know, this is not the way Tottenham works! I know what my types of people are and what they are about. But bring the community together, and learn.'

5.5 Summary of key outcomes from self-completion questionnaire findings

In this section we have summarised the processes of change which are consistent with the theories embedded in the Thinking Space method using findings from the self-completion questionnaire. These findings have all be used elsewhere in the report and bringing them together in one diagram gives an overview about how the pilot worked.

Figure 5.4. Summary of key outcomes from self-completion questionnaire findings (41 respondents)



5.5.1 Respondents' opinions of TTS

Questionnaire respondents were asked to express their views on '*how TTS could be improved*' and these comments offer insights into participants' opinions of the initiative. Twenty four respondents chose to give their opinions and they gave numerous suggestions about how to increase the opportunities for others to join them by, for example, increased outreach work, additional volunteers, running more groups and some specifically for young people, and increased advertising.

Included in their comments were opinions about strengths of Thinking Space; its ability to bring different cultures and ages together and to allow '*those less privileged able to speak up in different ways*'. Some made positive statements such as '*I think it is good*', '*Very good'*, and '*Thinking Space is doing good'.*

Suggestions about how to expand TTS and comments about its benefits were made by all 24 respondents except one, and collectively they make a very positive statement about how they hold TTS in high regard.

6 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 felt able to 'leave' 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, as well as ensuring the future of the initiative.

Information on relationships between attendance and changes in the lives of participants would be useful for shaping the future Thinking Space initiatives. 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 future use of volunteer residents trained as co-facilitators and how they co-facilitate meetings may have implications for achieving outcomes. The trained and experienced therapists 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.

7 References

Amin, A. (2005), Local community on trial. *Economy and Society,* 34, 4:612-633.

Barreto, A. and Grandesso, M (2010), Community therapy: A participatory response to psychic misery, *The International Journal of Narrative Therapy and Community Work*, 4: 33 – 41.

Borg, M., Garrod, E., and M. Dallas (2001), Intersecting 'Real Worlds': Community Psychology and Psychoanalysis, *The Community Psychologist*, 34, 3: 16-19.

Borg, M. (2004), Venturing Beyond the Consulting Room: Psychoanalysis in Community Crisis Intervention, *Contemporary Psychoanalysis*, 40: 147-174.

Brimicombe, A. (2007), Ethnicity, religion, and residential segregation in London: evidence from a computational typology of minority communities, *Environment and Planning B* 34: 884-904

Hardie, J., and Cartwright, N. (2012), *Evidence-based policy: a practical guide to doing it better*, Oxford: Oxford University Press.

Edinburgh Health Inequalities Standing Group (2011), Social Capital, Health and Wellbeing, A planning and evaluation toolkit. Available at: http://www.evoc.org.uk/?s=planning+and+evaluation+toolkit (Accessed 10 January 2014)

Fakhry Davids M (2011) *Internal Racism*. Basingstoke: Palgrave Macmillian.

Foulkes, S. H. (1975), Problems of the large group from a group-analytic point of view. *The large group: Dynamics and therapy*, 33-56.

Foulkes, S.H., and Prince, G. (1969), *Psychiatry in a changing society*. London: Tavistock

Gilchrist A (2009), *The Well-Connected Community*. Bristol: The Policy Press.

Gordon P (2004), Souls in armour: thoughts on psychoanalysis and racism. *British Journal of Psychotherapy* 21, 2: 277-294.

Johnston, R., Forrest, J., and Poulsen, M. (2002), Are there ethnic enclaves/ghettos in English cities? *Urban Studies* 39: 591-618

Jowell, R. (2003), *Trying it out. The role of 'pilots' in policy-making*. London: Cabinet Office.

Mental Health Foundation (2015), Fundamental facts about mental health 2015. Available at: https://www.mentalhealth.org.uk/sites/default/files/fundamental-facts-15.pdf (Accessed 19 February 2016).

Tottenham Community Panel (TCP) (2012), *After the Riots: Taking Tottenham Forward*, Tottenham Community Panel, London: London Borough of Haringey, February.

Haringey Council (2012), Haringey's Health and Wellbeing Strategy. 2012-2015. Available at: http://www.haringey.gov.uk/social-care-and-health/health/health-and-wellbeing-strategy/health-and-wellbeing-strategy-2012-15 (Accessed 5 April 2016).

Haringey Council (2014), *How good are we feeling?* 2014 annual public health report, London: London Borough of Haringey. Available at: http://www.haringey.gov.uk/social-care-and-health/health/annual-public-health-reports (Accessed 22 March 2015).

Haringey Council (2015), Haringey's Health and Wellbeing Strategy. 2015-2018. Available at: http://www.haringey.gov.uk/social-care-and-health/health/health-and-wellbeing-strategy (Accessed 5 April 2016).

Holland, S. (1992), From social abuse to social action: a neighbourhood psychotherapy and social action project for women. In Ussher J and Nicolson P (eds) *Gender Issues in Clinic Psychology*. London: Routledge, pp. 68-77.

London Poverty Profile (2013), London Borough of Haringey, www.londons**poverty**profile.org.uk/indicators/boroughs/haringey (Accessed 12 January 2014).

Lowe, F. ed. (2014), *Thinking Space: Promoting Thinking about Race, Culture and Diversity in Psychotherapy and Beyond*, London: Karnac.

MacInnes, T. et al (2014), *Monitoring Poverty and Social Exclusion*, York: Joseph Rowntree Foundation.

Marmot, M. (2009), *Fair society, healthy lives. Strategic review of health inequalities in England post 2010*. www.ucl.ac.uk/marmotreview (Accessed 12 September 2013).

Monk, G. D., and Gerhart, D. (2003). Socio-political activist or conversational partner? Distinguishing the role of the clinician in narrative and collaborative therapies. *Family Process*,42,1: 19–30.

Paget, S., Thorne, J., Fildes, N. and S. Rashid (2014), *Community of Communities, Service Standards for Therapeutic Communities*, 8th edition, London: Royal College of Psychiatrists, July.

Parmar, A., and Sampson, A. (2007), Evaluating domestic violence initiatives. *British Journal of Criminology*, 47: 671-691.

Pawson, R. and Tilley. N. (1997), *Realistic evaluation*. London: Sage.

Peach, C. (1999), London and New York: contrast in British and American models of segregation. *International Journal of Population Geography* 26: 319-351

Popper, K. (1968), *The logic of scientific discovery,* 2nd edn. London: Hutchinson.

Poulsen, M., Johnston, R. and Forrest, J. (2001), Intraurban ethnical enclaves: introducing a knowledge-based classification method. *Environment and Planning A,* 33: 2071-2082

Price, H., Li, Y., and A. Sampson (2014), Tottenham Thinking Space, Interim Report. Centre for Social Justice and Change, University of East London.

Price, H., and Sampson, A. (2015), An independent evaluation of Tottenham Thinking Space: October 2013 – December 2014. Centre for Social Justice and Change Research Report 7, School of Social Sciences, University of East London.

Puddick, R (ed) (2011), *Using evidence to improve social policy and practice*. London: NESTA.

Rapoport, R. (1960), *Community as Doctor*, London: Tavistock Publications.

Riots Communities and Victims Panel (RCVP) (2012), *After the Riots. The Final Report of the Riots Communities and Victims Panel*. Riots Communities and Victims Panel.

Ross, R.E. (2000), Neighborhood disadvantage and adult depression. *Journal of Health and Social Behavior* 41: 177-187.

Sampson, A. (2007), Developing robust approaches to evaluating social programmes, *Evaluation*, 13, 3: 469-485.

Seebohm, P., and Gilchrist, A. (2008), *Connect and include: an exploratory study of community development and mental health.* London: National Institute for Mental Health in England and Community Development Foundation.

Shor, I., and Freire, P. (1987), *Pedagogy for Liberation: Dialogues on Transforming Education*. Westwood: Greenwood Publishing Group.

Skynner, A. C. (1976), *Systems of family and marital psychotherapy*. Oxford: Brunner/Mazel.

Speringer, M., and Bauer, R. (2014), Residential patterns by religion and ethnicity in Vienna, in eds., B. J. Grim, T. M. Johnson, V. Skirbekk and G. A. Zurlo, Leiden, *Yearbook of International Religious Demography 2014*, pages 157 – 166. Boston: Brill.

Stern, E., Stame., N., Mayne. J., Forss, K., Davies, R., and Befani, B. (2012), *Broadening the range of designs and methods for impact evaluations*. Department for International Development, Working paper 38. London: Department for International Development.

Taylor M (2011), *Public Policy in the Community*. Basingstoke: Palgrave Macmillian. 2nd edition.

Weiss, C. (1995), 'Nothing as practical as good theory: exploring theory-based evaluation for Comprehensive Community Initiatives for children and families', in eds., J. Connell, and A. Kubisch and L. Schorr and C. Weiss, *New Approaches to Evaluating community initiatives: concepts, methods, and contexts*, pages 65-92. Washington: Aspen Institute.

Weiss, C. (1997), How can theory-based evaluation make greater headway? *Evaluation Review*, 21, 4:501-24.

Wilkinson R., and Pickett K. (2010), *The Spirit Level: Why Equality is Better for Everyone*. London: Penguin.

Appendix A TTS Interim Report. Summary Findings

This appendix was included in an earlier report by the research team (Price, Li and Sampson 2014)

1. Stressed neighbourhoods

The purpose of identifying stressed neighbourhoods is to assess if a community-led mental health initiative is working in a community where stress and tensions issues are likely to be present. Our initial analysis suggests that Tottenham Green ward meets these criteria.

Tottenham Green Ward as a 'stressed neighbourhood'

It is possible to combine a range of social indicators to identify 'stressed' localities. As part of the enhanced funding provided in March 2014 for a baseline study of the TTS evaluation, we gathered data on social, crime, health, and economic indicators to identify the levels of stress in relevant neighbourhoods in Haringey. The data we use are open source data mainly from Census, Office of National Statistics, Department of Community and Local Government, Metropolitan Police and Ordinance Survey.

Studies have identified different complex social realities in similar types of neighbourhoods, so that simply equating high levels of disadvantage with misery is too simplistic. Economic and socially disadvantaged areas can have high levels of fear and violence *and* be supportive and vibrant (see, for example, Sampson et al, 1997). Neighbourhoods can affect residents' everyday experiences of living in an area as well as their well-being, and the effects of locality can vary from 'feel good' feelings, to having a neutral or indifferent association with a neighbourhood, to neighbourhoods that create feelings of uncertainty and anxiety.

Figure 1 shows the ward boundaries of Haringey and the location of Tottenham Green ward.

Five indicators have been developed by UEL researchers to assess the level of stress in local communities. They are derived from possible cause / consequence perspectives of community stress using findings from previous research studies (see references below).

These five indicators are listed as follows:

(1) Violent crimes
(2) Mood and Anxiety
(3) Over-crowded Households
(4) Under-employment and Higher-qualification
(5) Traditional families (where a woman is at home looking after three or more dependent children)

The above indicators are computed from available variables in multiple data sources. Techniques of data integrating, signed χ^2 statistic and normalisation are applied to enhance the reflectance and robustness of these indicators. The key consideration for each indicator is the extent to which it is above, equal to, or below national (or London) expectations. The greater the gap between expectations and observation, the greater the stress local communities may be experiencing.

Research on typology indicates that typology should reflect three key components: the degree of concentration (or dominance), the degree of assimilation (or mixture), and the degree of encapsulation (or isolation) (Peach, 1999; Poulsen et al 2001; Johnston et al, 2002). The computational typology used in this study was developed by UEL, which effectively integrates multiple variables and presents a realistic demographic landscape (Brimicombe, 2007; Vienna, Austrian Academy of Sciences). Eight categories of the minority community typology are listed as follows:

(1) host: dominant
(2) host: mild inclusion

(3) host: strong inclusion
(4) enclave: pluralist
(5) enclave: focused
(6) enclave: rainbow
(7) enclave: polarised
(8) enclave: concentrated

In this project, three principle typologies are developed which are ethnic typology, religion typology and language typology. With these typologies, enclaves of minority communities can be identified while changes of minority dominance / mixture can be mapped. As the small study area is only the Ward of Tottenham Green, it is not likely that all eight typological categories would be seen at the same time.

2. Indicators of Stressed Community

In general, the level of community stress is high at Tottenham Green, because the normalised indicators of stressed community are ranked high. Indicator of Over-crowded Households is above the national expectation across the whole Ward while it is well above the national expectation in most areas of the Ward. Therefore, Over-crowded Household is regarded as the major cause of community stress in the Ward. Indicator of Violent Crimes is above the London expectation in most areas of the Ward with pockets well above the London expectation. Violent Crime reflects the high community stress of Ward. Indicator of Under-employment is above the national expectation across the Ward whilst there are also a few pockets below the national expectation. Under-employment is another possible cause of community stress in the Ward. Indicator of Mood and Anxiety is higher than the national medium in large areas of Ward. It is possibly a sign of high community stress. Indicator of Traditional Families has a mix pattern and thus might be the cause of community stress at some parts of Tottenham Green.

- ❖ Violent Crimes

Geographic scale: LSOA (Lower Layer Super Output Area)

Time period: 2013

Statistical computing: signed χ^2 is calculated to represent the difference between local figure and London expectation. Values of χ^2 are then further normalised for Haringey.

Mapping: All LSOAs in Haringey are classified into three groups. LSOAs with **red** colour are 'well above London expectation'; LSOAs with **orange** colour are 'above London expectation'; LSOAs with **green** colour are 'below London expectation'.

Analysis: In Figure 2, violent crime is above London expectation in most areas of Tottenham Green (coloured by **red** or **orange**), except the east of Ward (coloured by **green**). In the north-west and south-west of Ward, violent crime is particularly serious (coloured by **red**). It might reflect the high level of local community stress in these neighbourhoods.

- ❖ Mood and Anxiety

Geographic scale: LSOA (Lower Layer Super Output Area)

Time period: 2010

Statistical computing: Nationally normalised. Covering issues of mood (affective), neurotic, stress-related and somatoform disorders.

Mapping: All LSOAs are ranked by quantile classification (5 classes, each class covers 20% LSOAs) for Haringey. LSOAs with **darker orange** colour are worse in Mood & Anxiety whilst LSOAs with **lighter orange** colour are better in Mood & Anxiety.

Analysis: Figure 3 shows that large areas of Tottenham Green have bad mood and anxiety which is higher than the national medium. Particularly, the south and east of the Ward has an even higher level of bad mood or anxiety (coloured by **darker orange**). This could be a sign of high local community stress.

- Over-crowded Households

Geographic scale: OA (Output Area)

Time: 2011

Statistical computing: signed χ^2 is calculated to represent the difference between local figure and national expectation. Values of χ^2 are then further normalised for Haringey.

Mapping: All OAs in Haringey are classified into three groups. OAs with **red** colour are 'well above national expectation'; OAs with **orange** colour are 'above national expectation'; OAs with **green** colour are 'below national expectation'.

Analysis: As illustrated in Figure 4, most areas of Tottenham Green are well above the national expectation of over-crowded household (coloured by **red**), except some pockets which are also above the national expectation (coloured by **orange**). No area of Tottenham Green is below the national expectation. It is clear that over-crowded household is a serious problem in Tottenham Green and could be the major cause of high local community stress.

- Under-employment and Higher-qualification

Geographic scale: OA (Output Area)

Time: 2011

Statistical computing: signed χ^2 is calculated to represent the difference between local figure and national expectation. Values of χ^2 are then further normalised for Haringey. Under-employment covers people who are unemployed or have unskilled / low-income jobs while have qualifications for skilled jobs.

Mapping: All OAs in Haringey are classified into three groups. OAs with **red** colour are 'well above national expectation'; OAs with **orange** colour are 'above national expectation'; OAs with **green** colour are 'below national expectation'.

Analysis: In Figure 5, most areas of Tottenham Green are above the national expectation of under-employment (coloured by **orange**) whilst a few pockets are below the national expectation (coloured by **green**). Under-employment widely spreads across the Ward of Tottenham Green and thus could be another cause of local community stress.

- Traditional Families

Geographic scale: OA (Output Area)

Time: 2011

Statistical computing: signed χ^2 is calculated to represent the difference between local figure and national expectation. Values of χ^2 are then further normalised for Haringey. This indicator covers Families in households with three or more Dependent Children, in which Females aged 16 to 74 are economically inactive and looking after home / family.

Mapping: All OAs in Haringey are classified into three groups. OAs with **red** colour are 'well above national expectation'; OAs with **orange** colour are 'above national expectation'; OAs with **green** colour are 'below national expectation'.

Analysis: It can be seen in Figure 6 that there is a mixed pattern in Tottenham Green where the indicator of traditional family is well above the national expectation at the north-west and north-east of Ward (coloured by **red**), above the national expectation at the east of Ward (coloured by **orange**) and below the national expectation at the middle of Ward (coloured by **green**). It is likely where there are traditional families their presence will contribute to a sense of stress in the community. It is also likely that some mothers will feel isolated.

3. Computational Typologies

Although Haringey Local Authority has developed the ward profile for Tottenham Green, some basic statistics has been presented here based on 2011 Census as a backdrop to our typological study.

Table 1. Ethnic profile of Tottenham Green, 2011

	White British	White Irish	White Other	Black Ca.	Black Af.	Asian Ind.	Asian Pak.	Asian Ban.	Chinese	Arab	Other
England	79.75%	0.98%	4.69%	1.11%	1.84%	2.63%	2.10%	0.82%	0.72%	0.42%	4.94%
Tottenham Green	19.31%	1.93%	25.97%	10.86%	13.81%	1.76%	0.66%	2.51%	1.60%	0.73%	20.86%

"Other" including mixed/multiple ethnic groups and any other ethnic group

Table 2. Religious profile of Tottenham Green, 2011

	Christian	Buddhist	Hindu	Jewish	Muslim	Sikh	Else
England	59.38%	0.45%	1.52%	0.49%	5.02%	0.79%	2.10%
Tottenham Green	50.93%	1.43%	1.60%	0.58%	17.71%	0.12%	27.63%

"Else" including any other religion, no religion and religion not stated

Table 3. Language profile of Tottenham Green, 2011

	English	EU	Non-EU	Turk	Arab	WC-Asian	S-Asian	E-Asian	African	Other
England	92.05%	3.04%	0.27%	0.19%	0.30%	0.36%	2.51%	0.73%	0.47%	0.08%
Tottenham Green	60.76%	19.29%	1.34%	7.20%	0.71%	1.36%	2.32%	2.47%	4.53%	0.34%

"EU" including languages of EU countries; "Non-EU" including languages of Non-EU European countries

- ❖ Ethnic Typology

Geographic scale: OA (Output Area)

Time: 2001, 2011

Statistical computing: signed χ^2 is calculated to represent the difference between local figure and national expectation. Values of χ^2 are then further normalised for London. Eight typological categories are calculated and assigned to each OAs in London. Computational ethnic typology is then extracted for the Ward of Tottenham Green.

Analysis: According to the Ward profile, from 2001 to 2011, White British was further shrunken (decreased to 19.31%) while there was influx of White Other (increased to 25.97%). However, in our 2011 ethnical typology, there is no dominant ethnic minority community identified. In another words, the degree of residential segregation by the relevant minority groups is low. In 2011, there was a fairly even mix amongst the ethnical groups in the Ward of Tottenham Green, which was no different from 2001. Given such an ethnic typology where ethnic groups have a history of living in the same area, social tensions between different ethnic groups may expected to be low.

- Religious Typology

Geographic scale: OA (Output Area)

Time: 2001, 2011

Statistical computing: signed χ^2 is calculated to represent the difference between local figure and national expectation. Values of χ^2 are then further normalised for London. Eight typological categories are calculated and assigned to each OAs in London. Computational religious ethnical typology is then extracted for the Ward of Tottenham Green.

Analysis: According to the Ward profile, in 2011, Christian was the weak majority (50.93%) while Muslin was the largest minority (17.71%). In Figure 7 (2011 religious typology), Muslin minority communities are found across the Ward and are dominant (though not very strong) over the other religious minorities. It is also found that Christians are still the weak majority though below the national expectation for all OAs across the Ward. In Figure 8, there have been pockets of Muslin influx and pockets of Christian / no region influx from 2001 to 2011. Given such religious typology, Tottenham Green is possibly vulnerable to social tension between different religious groups.

It is interesting to note that in the neighbouring ward of Seven Sisters there is a strongly concentrated Jewish Community (low-right of the map).

- Language Typology

Geographic scale: OA (Output Area)

Time: 2001, 2011

Statistical computing: signed χ^2 is calculated to represent the difference between local figure and national expectation. Values of χ^2 are then further normalised for London. Eight typological categories are calculated and assigned to each OAs in London. Computational language typology is then extracted for the Ward of Tottenham Green.

Analysis: According to the Ward profile, in 2011, English speakers were the majority (60.76%) while EU Languages speakers were the largest minority (19.29%). Figure 9 (2011 language typology) illustrates some scattered pockets in which EU Languages speakers are dominant (though not very strong) over other minority language speakers. It is also found that English speakers were still the weak majority though below the national expectation for most OAs across the Ward. In the rest of the OA few different languages speakers were fairly even mixed. Given such language typology, there are likely to be some people who feel isolated because of their language, and some may feel threatened by the scattered pockets of East European languages spoken on the streets.

4. Additional maps

Figure 10 shows the Ordnance Survey Master map of Tottenham Green, in which building can be recognized, however domestic building cannot be identified. There is only one small park can be seen in the Ward while a relative bigger park at north-west of Tottenham Green beyond the Ward boundary.

Figure 11 shows the area (square meter, thousand) of domestic building by OA in Tottenham Green. Spatial pattern of domestic building can thus be seen.

Figure 12 shows the count of claimants of Incapacity Benefit / Severe Disablement Allowance by LSOA, whose medical reason for eligibility to the claim is due to mental or behavioural disorder.

5. Maps

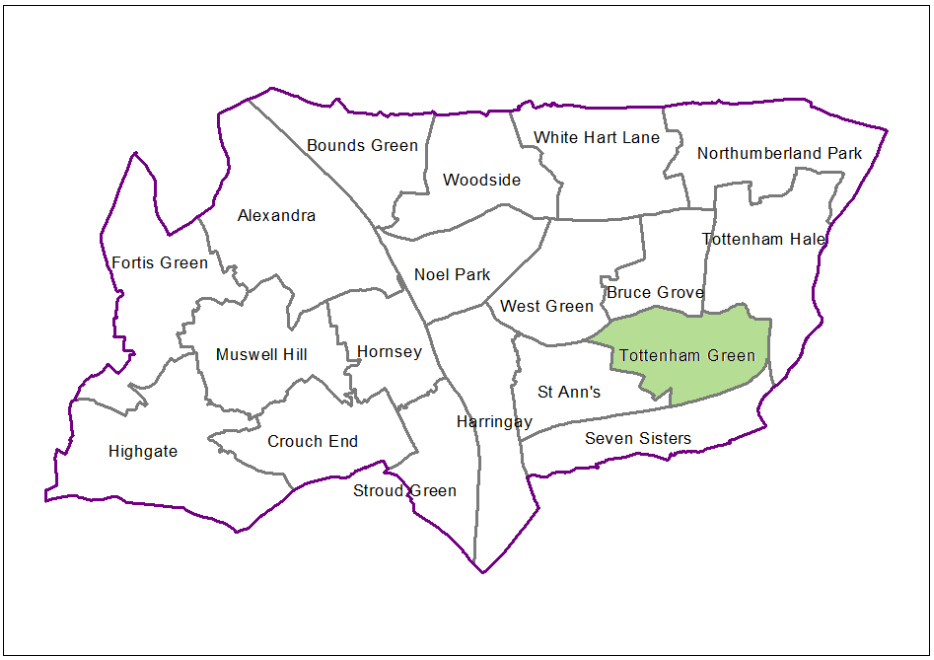


Figure 1 Ward boundaries for London Borough Haringey

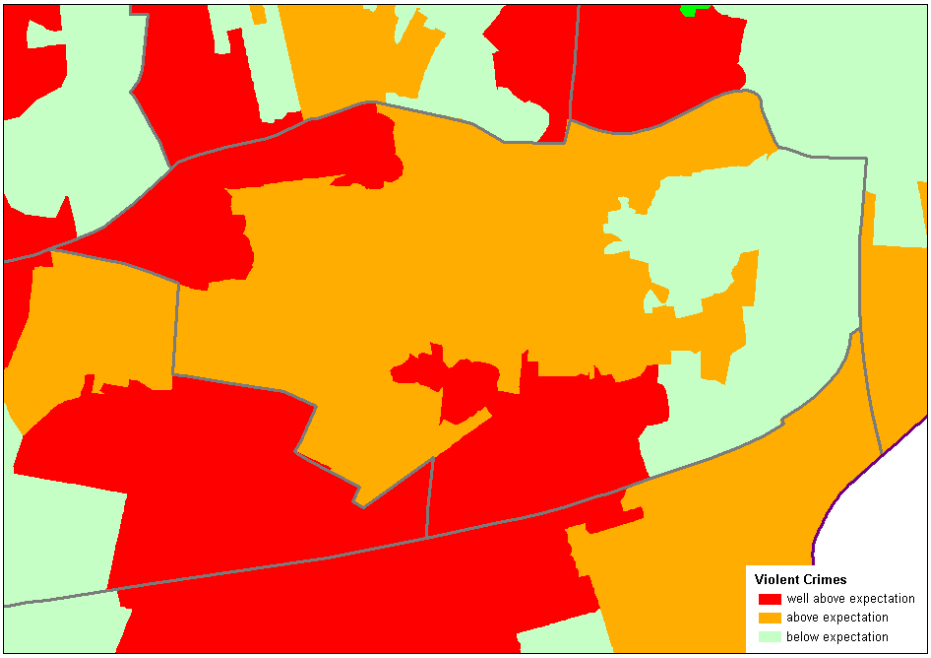


Figure 2 Violent crimes in Tottenham Green by LSOA, 2013

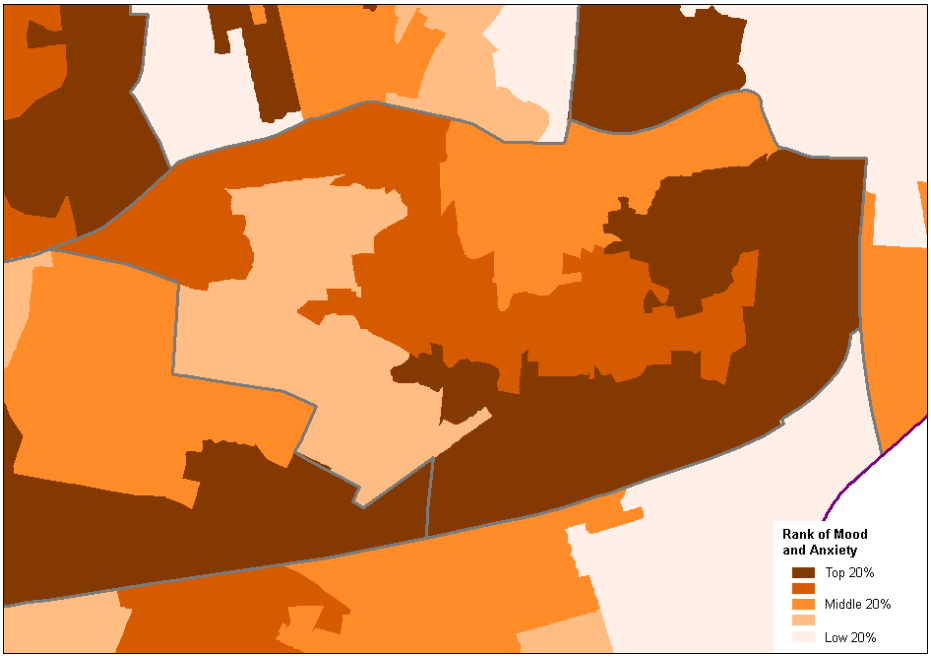


Figure 3 Rank of mood and anxiety in Tottenham Green by LSOA, 2010

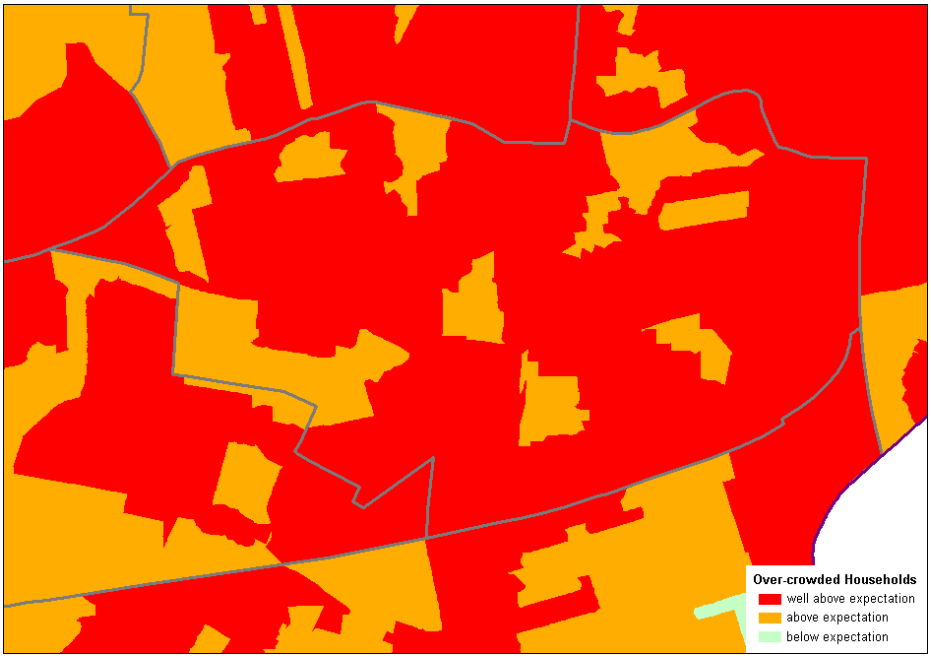


Figure 4 Over-crowded households in Tottenham Green by OA, 2011

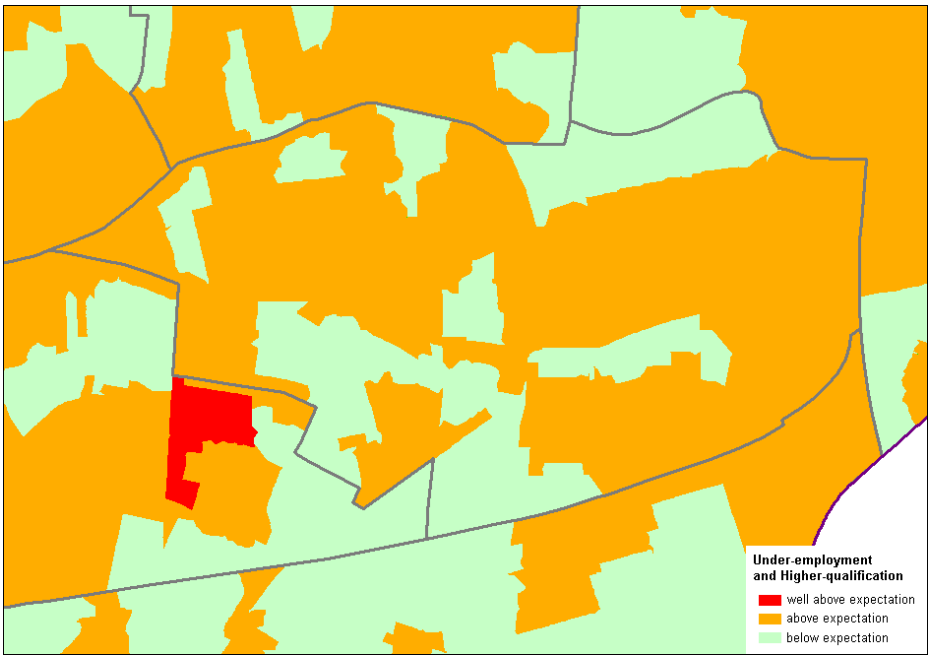


Figure 5 Under-employment and Higher-qualification in Tottenham Green by OA, 2011

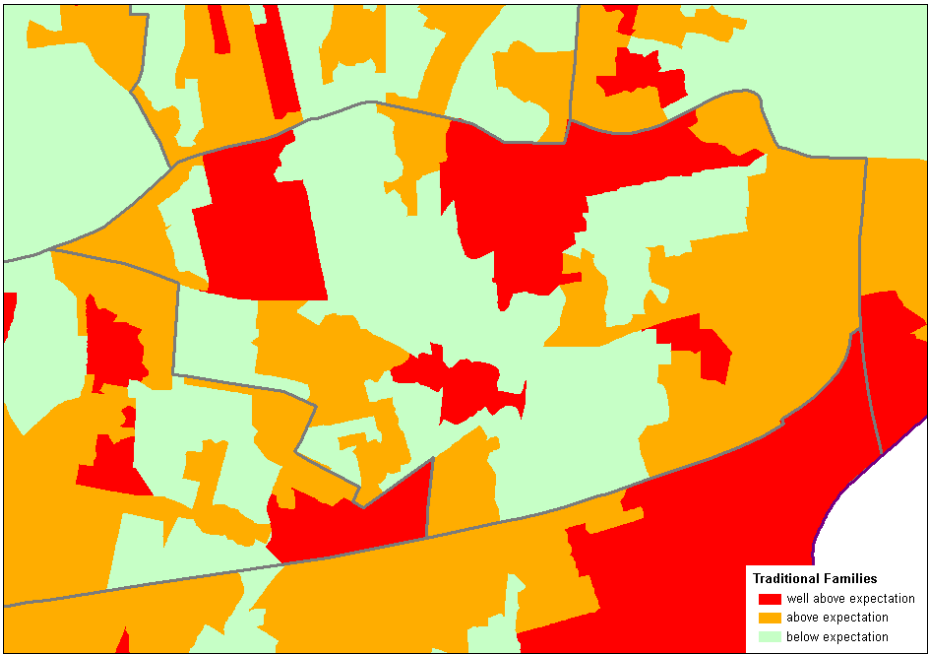


Figure 6 Traditional families in Tottenham Green by OA, 2011

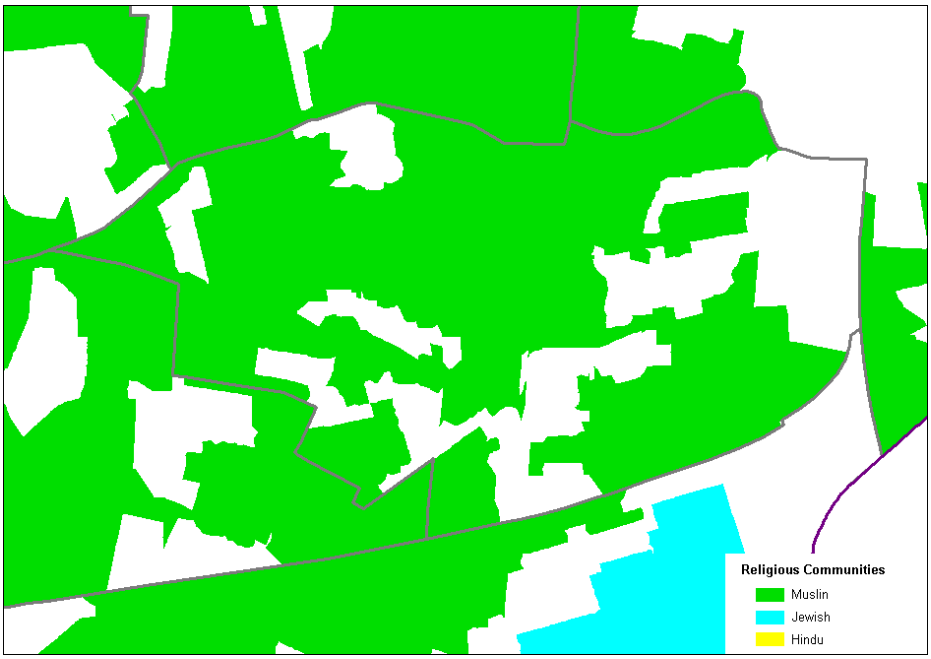


Figure 7 Religious minority communities in Tottenham Green by OA, 2011

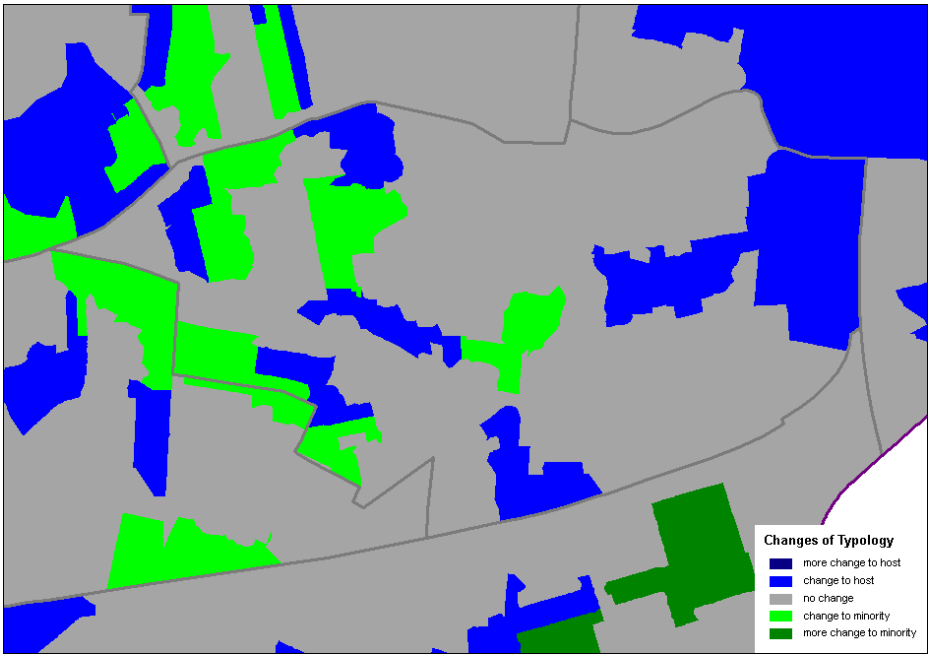


Figure 8 Changes of religion typology in Tottenham Green by OA, 2011

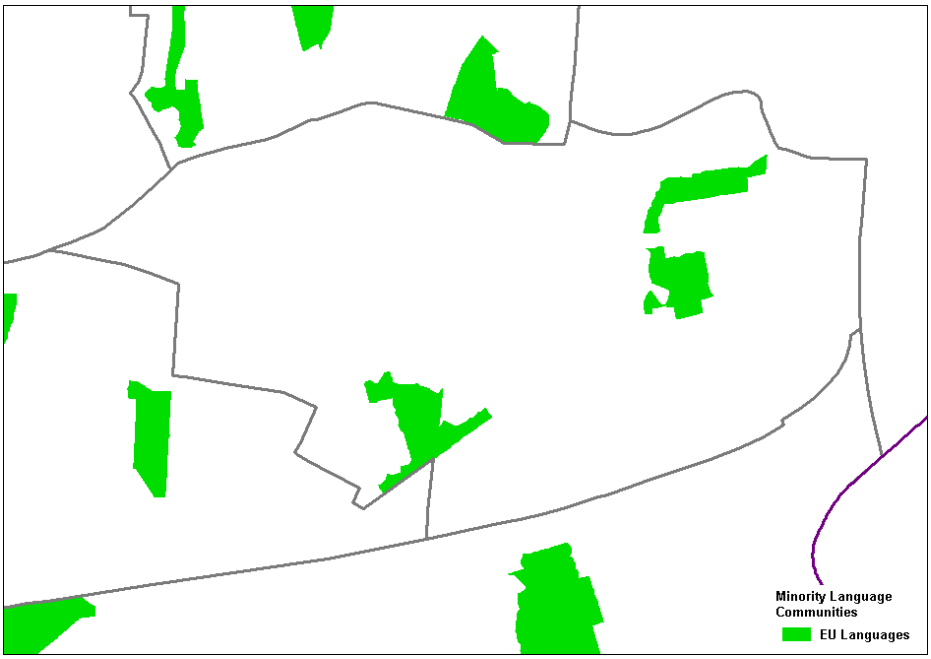


Figure 9 Language minority communities (EU-countries) in Tottenham Green by OA, 2011

Figure 10 Ordnance Survey Master Map, Tottenham Green, 2014

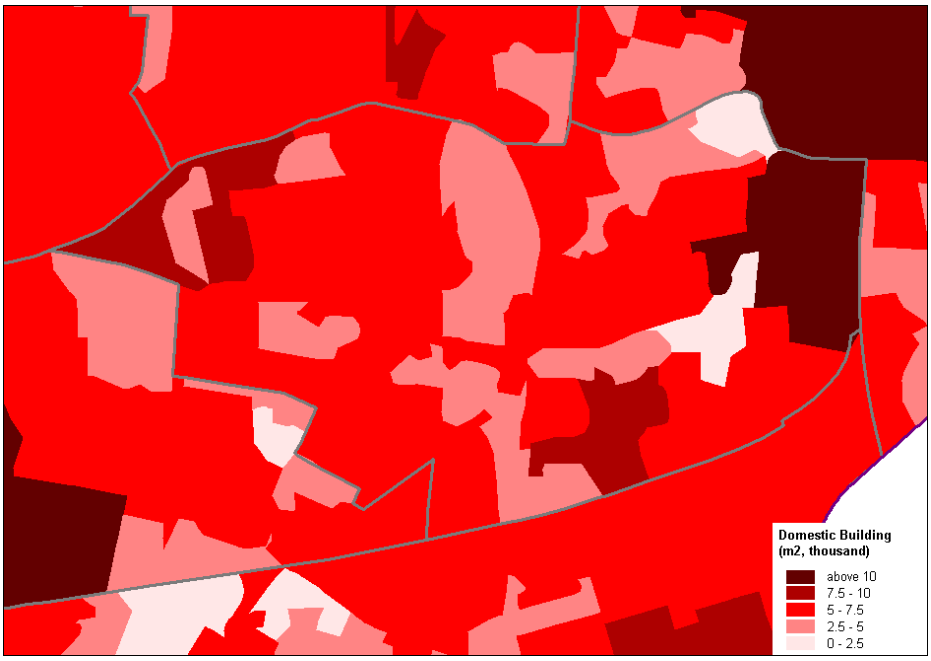


Figure 11 Area of domestic building in Tottenham Green by OA, 2005 (square meter, thousand)

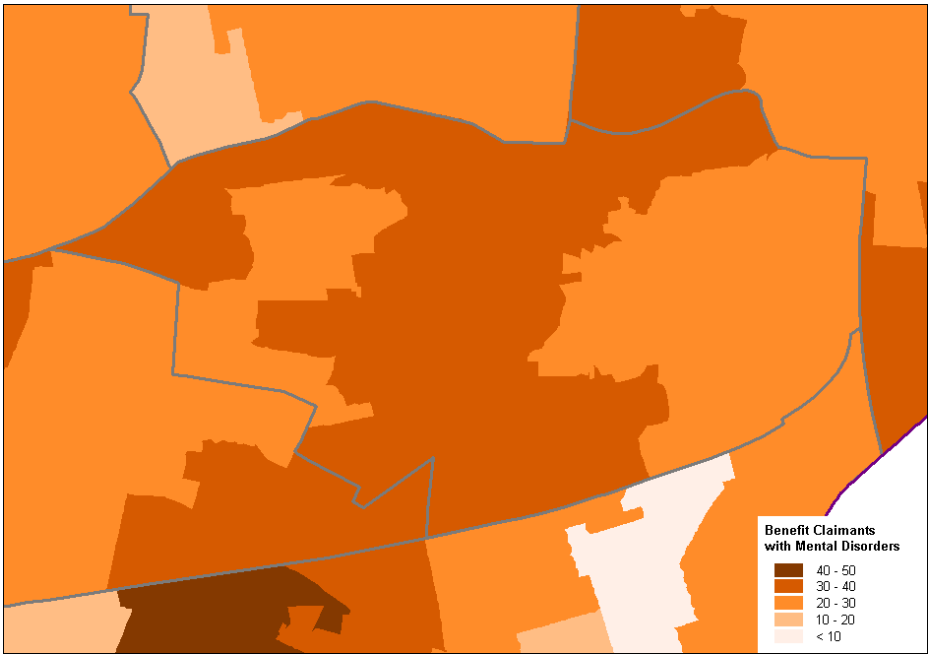


Figure 12 Benefit claimants with mental or behavioural disorder in Tottenham Green by LSOA, May 2012