Summary of an independent evaluation of Tottenham Thinking Space
October 2013 – December 2014

Heather Price and Alice Sampson: School of Social Sciences, University of East London

i

Tottenham Thinking Space: Summary

This summary includes the main findings from two reports compiled by researchers from the School of Social Sciences at the University of East London; the first on the initial implementation phase, and a subsequent evaluation report on Tottenham Thinking Space (TTS) between October 2013 and December 2014. The latter report is available on (http://www.uel.ac.uk/csjc/reports.htms).

Key short term outcomes

> *"Thinking Space for me has been a breath of fresh air. It's nice not just to hear people complaining, but to have thoughts, ideas and solutions about how they would like to tackle these issues. I might not agree with them, but I think, 'Do something!'"* (Interviewee, 'fathers and sons' group)

Tottenham Thinking Space (TTS) is responsive to participants and sensitive to their needs in ways which are compatible with demands made by residents after the 2011 riots.

The networking, facilitating, and local knowledge of the community development worker is key to the successful implementation of TTS.

Highly regarded therapeutic facilitation has generated changes in attitudes and behaviour including: supportive behaviour and being supported; better understanding of personal issues; improved ability to articulate difficulties; improved understanding of cultural and ethnic diversity.

Through sharing problems collective actions have arisen including: implementation of additional gender specific Thinking Spaces; friendships; what services are available locally and how to access them.

Building a sense of community amongst participants that crosses generations and ethnic groups.

The therapeutic space enables participants to re-define and re-position mental health outside a medical model and to understand how solutions can be found amongst residents in their local community.

Health outcomes include: 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; increased social tolerance and an ability to work collectively in response to common issues.

Tottenham Thinking Space

Tottenham 'Thinking Space' (TTS) is a pilot community therapy initiative based in Tottenham. It is delivered by the Tavistock & Portman NHS Foundation Trust and funded by the London Borough of Haringey Directorate of Public Health.

TTS aims to improve mental health and enable and empower local communities.

Meetings are widely advertised and open to all. Attendance is voluntary. The first community meeting was held on 1st October 2013 and 125 meetings had been held by the end of 2014.

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

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

Research

The research took place between March and December 2014 and includes an analysis of monitoring data, notes taken by the community development worker, observations of meetings (45) and interviews with staff (4), partners (4), and regular participants (15).

TTS has been running for 15 months only and the findings report on the early stages of the initiative and record initial outcomes.

A realistic and 'theories of change' approach to evaluation is used to assess the extent to which TTS is meeting its aim and objectives. The report identifies problems the initiative is designed to alleviate, the theories embedded in the initiative used to explain change, and the contextual factors. The context includes the milieu created by TTS and national and local policy agendas as well as local neighbourhood conditions. Using this approach it is possible to consider if particular processes or causal mechanisms are activated by TTS that make a difference to the everyday lives of participants (Weiss 1995, 1997; Pawson and Tilley 1997).

The scope of our evaluation was limited by the size of our budget. It focuses on finding out if a Thinking Space approach can work in Tottenham and short-term outcomes for regular participants.

Theoretical perspectives

Thinking Space is underpinned by three community therapy traditions, each with key ideas about 'what works' to bring about change for individuals and groups in stressed neighbourhoods.

Frank Lowe, one of the initiators of 'Thinking Space', piloted a psycho-dynamically informed and innovative form of diversity and difference training at the Tavistock and Portman NHS Trust (Lowe, 2014). These 'difference and diversity' meetings informed an initial 'Thinking Space' community meeting in Tottenham after the riots in 2011. The 'Thinking Space' approach aims to go beyond guarded, 'politically correct' discussions of race and ethnicity, to explore less visible emotions and thoughts associated with divisions and differences - of race, ethnicity, culture, religion, gender and age.

Adalberto Barreto initiated a narrative-based democratic community therapy approach in crime-ridden favelas in Brazil (Barreto and Grandesso, 2010). According to this approach those living in disadvantaged areas internalise the misery of their surrounding environment, as well as personal trauma, and their suffering remains private. Through collective storytelling this suffering can be heard and responded to. This approach is also based on a belief that solutions can be found within communities and that participatory solutions enhance solidarity networks.

Mark Borg, also a psychoanalyst, initiated a psycho-dynamically informed community therapy approach in the Avalon Gardens housing project in Los Angeles, USA, after rioting in the late 1980s (Borg, 2004). This approach recognises the need to undertake work over time, and across community barriers, to surface and engage with states of mind characterised by potentially high levels of despair, distrust and powerlessness.

Thus 'Thinking Space' aims to bring to the surface and explore difficult personal and social experiences associated with living in fragmented and often poor neighbourhoods where crime and social isolation are high. Thinking Space also provides an opportunity for self-expression for those dealing with other types of trauma such as murder, child sexual abuse, family separation and domestic violence. Experiences of stigmatisation, racial prejudice, and victimisation are also traumas that create feelings of exclusion and alienation.

Thinking Space in Tottenham

Thinking Space in Tottenham is shaped by its local historical, cultural and economic context and its location in a public health setting aimed at improving mental health:

- In the aftermath of the 2011 riots neighbourhoods continue to be fragmented, 'stressed' and with increasing poverty and inequality. Thus, Tottenham is well-suited for a Thinking Space approach and provides a challenging environment to work in.

- National and local policy health agendas and commissioning is focused on improving mental health for the benefit of Haringey's communities. Judgements are made about the success of TTS by policymakers and commissions according to these criteria.

Monitoring data

A total of 286 people have attended at least one of the 125 meetings; 45% (129) attended once, 34% (97) attended 2-3 times, and 21% (60) attended four or more sessions.

A group of 35 people have attended six times or more and sustain the project.

We know little about the group who have attended two or three times and the reasons why they have not returned. Follow-up calls (25) by the Tavistock delivery team found that those who attended once or twice felt positively about their experience of attending, but had other commitments and were unable to continue. An interview with one person indicated that attending once or twice can have a significant effect on their lives.

The high proportion of once only attendees can also be explained by staff from community organisations (approximately 15) and professional medical staff attending out of curiosity.

Topic specific Thinking Spaces (9) and one summer programme for mothers with young children were also 'one off' and it seems that they encourage a small number of participants to join regular Thinking Spaces.

There has been widespread leafleting and publicity about the project. However, the managers of venues often encourage those who already use their facilities to attend; for example, at a library and church. The personal contacts of the community development worker are also influential.

The overwhelming majority of attendees are women (71%) and where data are available, most live in the immediate neighbourhoods of N17 and N15. Women have been instrumental

in initiating additional gender specific Thinking Spaces and there are greater opportunities for women to participate in their own space.

Where ages and ethnicity have been recorded, attendees are across the age range with no one group predominating and reflect the ethnic and cultural diversity of Tottenham with 29 different ethnic groups attending. This diversity provides for inter-generational and cross-cultural dialogue, an opportunity many participants report not having had before, and something much valued about the project:

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

A shorten version of the Edinburgh Social Capital, Health and Wellbeing toolkit was introduced as a method for the project to self-evaluate and data collated by the Tavistock delivery team showed improvements for a sample of participants on all but two indicators used.

Implementation

We found clear indications that a robust implementation strategy has been put in place: that agencies and community organisations have been contacted and are engaged with Thinking Space; routine outreach work has been conducted by the community development worker who is well-connected with local communities; and the community therapeutic model has been professionally implemented (see Appendix A of the main evaluation report).

The community development worker attends policy partnership meetings in Haringey, and continues to reach out to local community groups and organisations to inform them about Thinking Space and to encourage attendance.

Outcomes

To achieve its aim to improve mental health and enable and empower local communities, TTS has nine objectives. For the purposes of the evaluation we categorised them into implementation, personal, community, and sustainability outcomes.

Implementing a therapeutic space

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

We have found high levels of need amongst participants. Those attracted to TTS have typically experienced high levels of trauma, may feel hopeless and isolated, and/or may have unsupportive, or few, social relationships. They are also supportive towards others, understanding, and committed to making Tottenham a better place to live.

High levels of satisfaction are reported with the facilitation of meetings and we have observed that they are run according to the therapeutic principles integral to the Thinking Space approach. Two members of staff from the Tavistock Clinic are the main facilitators.

A part-time local community development worker organises the meetings, sometimes co-facilitates, is responsible for the outreach work, and supports participants with practical needs. She is the 'glue' that keeps the initiative 'on track'.

An assistant psychologist assists with the supervision of children and facilitates their play in community meetings for women with children, and she also assists with collating data.

Six participants are volunteers; they leaflet, and two have co-facilitated and taken notes.

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

We have found that TTS is a highly responsive approach to community development that is sensitive to local needs and compatible with demands made by residents after the 2011 riots. Participants are able to participate in activities and organise them on their own terms.

Personal outcomes

The objectives related to personal outcomes are: to improve capacities to manage their own lives and to advocate for themselves; and, to develop self-understanding, relationships and skills that will help them to reduce self-defeating and destructive behaviours.

The majority of regular attendees have expressed a sense of improved well-being in their lives consistent with the personal outcomes predicted by the theories. Participants were enabled to:

- Reflect on their difficulties and challenges and think together about what options they might wish to consider to address problems:

    o Typically embedded in conversations held in TTS were traumatic accounts of violent deaths, separation, stigmatisation and abusive intimate family relationships, as well as stories of personal or family experience of mental illness.

- Learn from each other's experiences through telling their personal stories and offer support and guidance:

    o We observed many incidents where participants showed the ability and skills to support each other and offer appropriate helpful guidance.

- Develop the capacity to collaborate and create their own self-defined solutions to their problems:

- o We observed participants influencing what happens at meetings and the creation of new Thinking Spaces is evidence of the approach's responsiveness to participants' wishes.

- Develop self-understanding, relationships and skills which are improving their capacities to manage their own lives and to advocate for themselves:

  - o Friendships have begun to form and some participants assist each other with completing forms and sharing knowledge about local services and how best to access them.

  - o Participants offer each other practical support; for example, looking after children and helping to clear out a house.

Interviewees talked about how the implementation of the therapeutic principles (TTS context) has enabled these improvements to occur. The warm welcome all participants receive when they arrive and the way meetings are ended are key to creating a safe space. As noted above, clear therapeutic principles inform how meetings are conducted: they are non-hierarchical, democratic and non-judgemental.

Within this context the main mechanisms of change we have identified from an analysis of our data include:

- Supportive behaviour and the value of feeling supported

- Better understanding of personal issues

- Improved listening skills

- Improved ability to articulate difficulties

- Improved understanding of cultural and ethnic diversity

- Working through disagreements and tensions safely

This participant spoke about regularly sharing experience:

"…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)

This participant explained how Thinking Space is different to other community initiatives:

"But this [community project] 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)

Community outcomes

There are two objectives related to community outcomes. Firstly, that 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. And secondly, that the community develops improved capacity for dialogue and to work with tension and conflicting points of view.

It is too early in the lifetime of the initiative to identify many tangible 'community' outcomes. Our findings suggest that a 'community effect' is possible and this will happen as participants develop the capacity to take social action that reaches out and engages with a greater number of Tottenham residents.
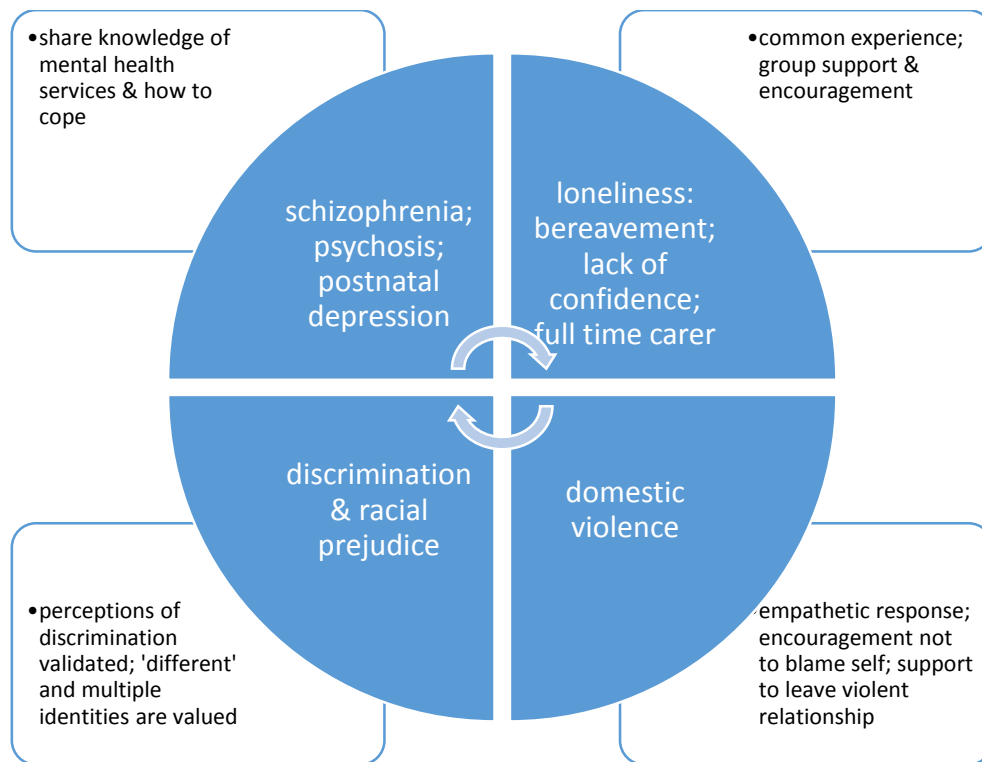
Within a therapeutic setting we have identified the emergence of some pertinent themes:

- The community development worker has been instrumental in supporting participants in achieving self-defined solutions and greater responsiveness to individuals' needs. Actions are often practical. They have, for example; organised three additional Thinking Spaces, a summer programme for mothers with young children, courses to gain certificates in food and dental hygiene, and exhibitions on dementia, loss, and post natal depression.

- Through sharing problems, many possible collective actions arise from the group. For example, inviting a speaker from a community organisation to talk about mental health; writing a bid for funds with a local church to extend the coffee mornings; planning 'come dine with me' sessions to sample each other's different culinary traditions.

- Friendships are forming and participants are accessing services and developing communication skills that are less confrontational and support the development of greater understanding of each other.
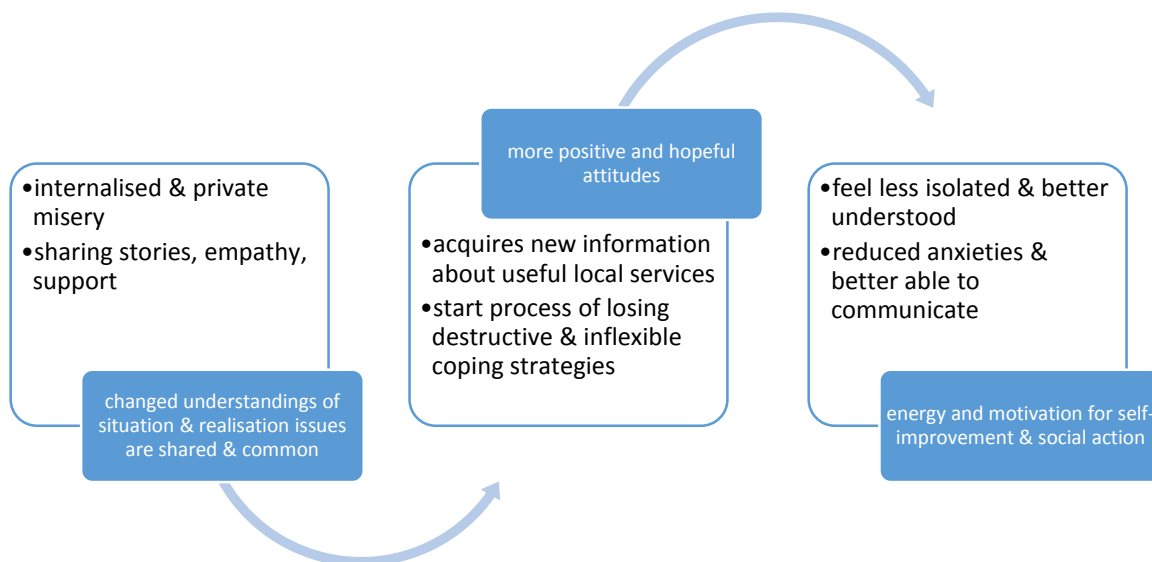
Other possible actions are discussed at meetings and at the time of the research have yet to move beyond proposals. Some shared social problems such as domestic violence, depression and social isolation are more complex and how best to respond as a community is less clear to participants. Participants can suggest services to individuals, although there is an ambivalence about some services provided locally.

The diagram below illustrates how Thinking Space is enabling participants to reconceptualise shared problems and move towards taking community actions. The therapeutic space enables participants to re-define and re-position mental health outside a medical model and understand how many issues are shared and solutions can be found amongst residents in their local community.

- share knowledge of mental health services & how to cope

- common experience; group support & encouragement

schizophrenia; psychosis; postnatal depression

loneliness: bereavement; lack of confidence; full time carer

discrimination & racial prejudice

domestic violence

- perceptions of discrimination validated; 'different' and multiple identities are valued

- empathetic response; encouragement not to blame self; support to leave violent relationship

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

- internalised & private misery
- sharing stories, empathy, support

changed understandings of situation & realisation issues are shared & common

more positive and hopeful attitudes

- acquires new information about useful local services
- start process of losing destructive & inflexible coping strategies

- feel less isolated & better understood
- reduced anxieties & better able to communicate

energy and motivation for self-improvement & social action

The following interviewees explain how regularly attending TTS has made some tangible differences to their everyday lives.

The quote below provides an example of how an individual made a different decision that affects family relations:

> *"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)

The participant below explains how she and her friends are actively trying to recruit other mothers to their Thinking Space:

> *"Now we make sure that there's lots of leaflets. And anywhere that we go, any of the mums that come there, we collect leaflets for each other, for things that we think might be useful to other mums"* (Interviewee)

Summary of health outcomes

TTS is situated in the context of a health initiative in the London Borough of Haringey and the findings suggest that a wide range of positive health outcomes can arise from a Thinking Space approach. These include:

- 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

Perhaps the most notable change for women is that they are better able to articulate the support they require for themselves and their families. Accessing health services may bring longer term benefits to themselves and their families as well as savings for society as a whole.

Sustainability outcomes

The first sustainability objective is for the Community Development Worker to develop the capacity to lead and facilitate with minimal supervision from practitioners, and thus demonstrate the sustainability of the project, in terms of the longevity of the group. Secondly, the project needed to develop a robust evidence base and evaluation method.

The Community Development Worker is leading on the implementation of the initiative locally and on recruiting for and running the volunteer programme. She is also co-facilitating some Thinking Spaces.

The Tavistock delivery team and the community development worker in particular are working beyond their contracted hours.

The planned use of additional volunteers and facilitators, with 13 participants signed up for a facilitation training and support course to start in February 2015, will increase the capacity of the initiative to deliver.

The system for monitoring is relevant and useful although encouraging participants to complete the information is not easy. Developing suitable evaluation forms to reliably assess outcomes is even more challenging and would benefit from additional consideration and planning.

Development of TTS: issues for consideration

The following issues for the future direction of TTS arise from this research study:

Engagement of participants: those who attend are often encouraged by key people who work in the locations where Thinking Spaces take place, for example a library manager. The personal contacts of the community development worker are also key. One off Thinking Spaces in community centres take place due to outreach work.

This underlines the significance of the venues selected, and of personal contacts for reaching out to and engaging with Tottenham's 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: comparatively few people attend regularly and early indications are that after a while these attendees 'move on'. This is a successful outcome. Thus, the recruitment of new regular attendees will be an ongoing activity and the role of the community development work is important for the sustainability of the initiative.

Our research focused on finding out if a Thinking Space approach can work in Tottenham and our interviews are with regular attendees. We know less about those who attended twice or three times. Information on relationships between attendance and changes in the lives of participants would be useful for shaping the future of TTS. In particular we need to know when, and under what circumstances, longer term outcomes can be achieved.

Those who attended once included professionals and managers. Harnessing their curiosity is one possible future action. Training those who work in local communities as facilitators is one strategy to extend the 'spread' of the Thinking Space approach to local organisations.

Facilitation: the planned training of volunteers as facilitators, and how they co-facilitate and facilitate meetings, will have significant implications for the longer term feasibility of TTS. Vital for assessing the viability of the approach will be knowing how they are trained, understanding the responses of the volunteers to the training, documenting their experiences as facilitators, and assessing how they are received by participants.

Medium and longer term outcomes: since the research took place at the early stages of the initiative only short term outcomes have been assessed. In the next nine months it is likely that medium term outcomes will become more apparent as participants change their everyday routines, and use their newly acquired understandings and knowledge to begin to take practical actions arising from their 'solidarity' friendships.

Evaluation and measuring change: since TTS is a pilot initiative in the UK then understanding how it works in Tottenham is invaluable information. Findings from an evaluation study can inform practice and be used to strengthen the outcomes of the experiment.

Due to its distinctive approach toolkits that are tried and tested for other similar initiatives may not be applicable to TTS. Integrating evaluation into the TTS programme using an approach that reflects its ethos and activities is more likely to be able to assess its impact. This can be achieved by developing a customised approach:

- Devising short self-completion questionnaires for participants that can be administered every six months or yearly to all those who attend in a given week. They should be:
- Devised within the ethos of TTS, democratically and inclusive of a wide range of participants, a pilot questionnaire for participants.
- A set of questions should test hypothesizes upon which the outcomes depend and each question linked to their attendance. Listening is a social skill or mechanism of change that they may have learnt at TTS. A question might be: 'Since attending TTS, do listen more to others?' and the respondent is asked to give one of three responses: I do listen more/I listen less/no change.
- A set of questions should assess if medium term outcomes have been achieved and they follow logically from the mechanisms of change. Thus if a participant co-operates more with others, listens more and is more accepting of those who are different then it is reasonable to expect that they are better able to make friends, and have improved relationships with service providers, for example.
- Sets of questions that assess changes in the individual, family and local neighbourhood; different outcomes would be expected for each. An individual may feel more confident and is taking a course to get a qualification; family relationships may be less confrontational and there may be fewer violent incidents; participants may have found that several of their neighbours have similar problems, feel less 'burdened' and have the energy to work with the community development worker as a volunteer.

References

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

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

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

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

Weiss, C. (1995), 'Nothing as practical as good theory: exploring theory-based evaluation for Comprehensive Community Initiatives for children and families', in eds., Connell, J. 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.