



**CHALLENGE INTERVENTION
PUBLIC HEALTH
APPROACH PROJECT**

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Therapeutic Outreach

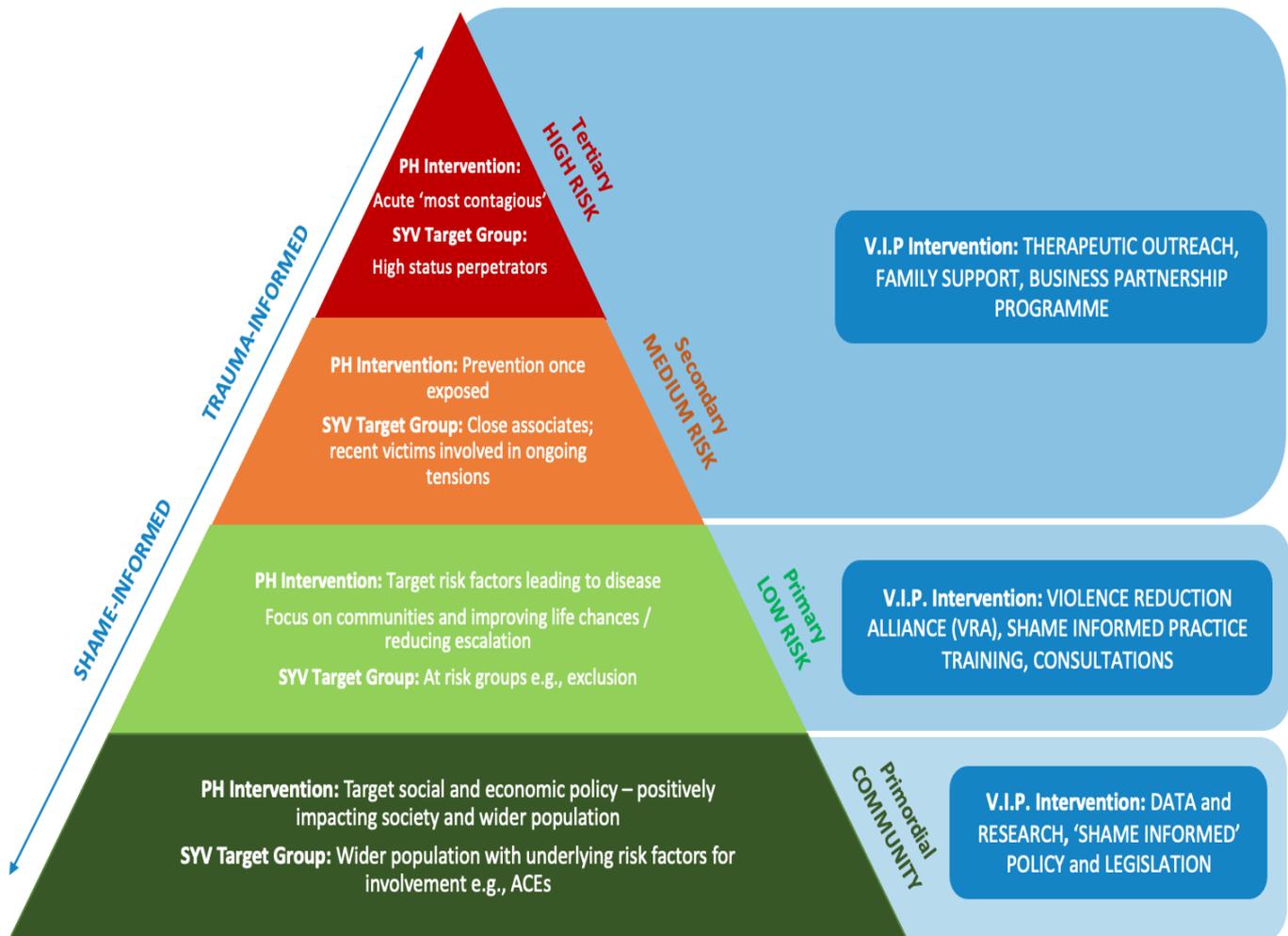
Through our years of experience working with violent young people in the borough and drawing on a wealth of trauma informed research, it is evident that the highest risk young people are typically the most vulnerable. They have often grown up in socio-economic deprivation, suffered neglect and/or abuse in their earliest care-giving relationships, become marginalised from mainstream society at an early age and have subsequently adapted to highly traumatic environments.

Working with violent young people, it becomes clear that what triggers violent behaviour is the need to protect a fragile sense of self by erecting a shield that often includes a physical assertiveness. Violence is a logical response when you have not developed the ability to contain overwhelming and persecutory emotions and work through issues in a healthy way. By the time these young people reach their teenage years, they have learned to hide their traumatic upbringing. Erecting a façade of toxic masculinity that helps defend against the potential or threat of attack which could expose an extremely fragile internal world.

The difference in our approach is shame-informed practice. We follow the theory that all violence is triggered by a feeling of shame, pioneered by researchers such as Jonathan Asser and James Gilligan. For our clients, childhood trauma or neglect has caused them to develop a lack of self-love and become “shame dominated”. Shame can also be developed and compounded through experiences related to poverty, inequality, racism, and discrimination. This accumulates, leaving them desperate to gain the respect of others, which sadly becomes one of the primary driving forces behind engagement with gangs, crime, and violence. Additionally, this shame dominated psyche will massively overreact to perceived disrespect, resulting in violent acts.

The violence itself also facilitates a cycle of fear, blame and distrust amongst sections of the local community. These sections can be split along lines of race, age or wealth and the divisions between them contribute towards some of the factors that pull young people towards violence. These include a lack of opportunity, role models, supportive relationships, community, and a sense of discrimination. Clearly, these factors alone are not enough to drive someone to commit acts of violence, but the likelihood is increased when combined with emotional and behavioural issues that our clients display.

In the majority of SYV cases, both the perpetrator and the victim are young people, so the potential for wasted life, through death/injury or incarceration, is massive, and the benefits of reducing this tragic loss are huge. Our clients arrive at our service at a pivotal point in their lives, and it’s shameful to see how events and circumstances within our society have deeply affected innocent young children and taken them down a path of crime and violence. In parallel, it is heartening to know that we do have a solution and know it is our duty to implement this as widely and effectively as we possibly can.

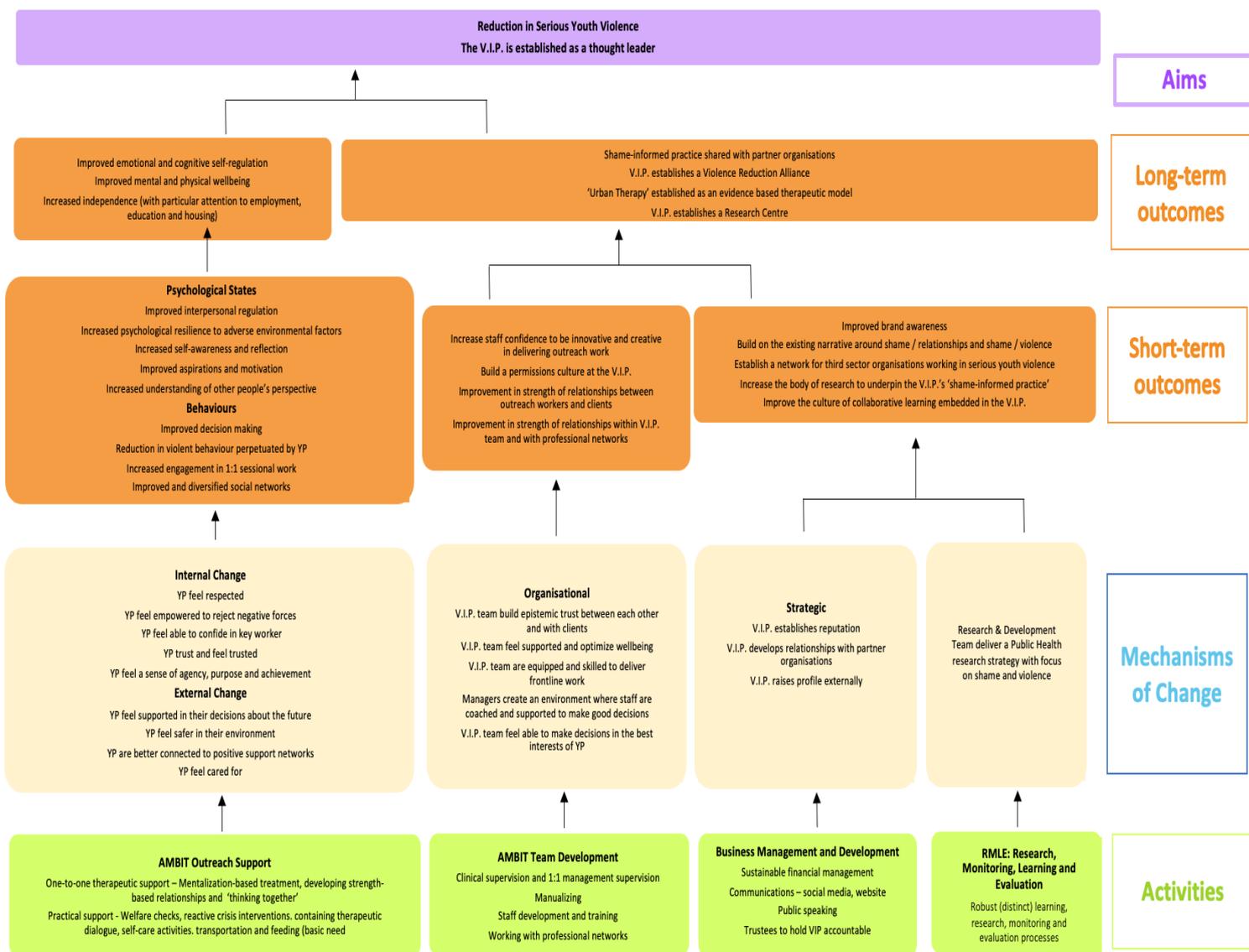


Public Health Approach

Our delivery and operations take a Public Health approach underpinned throughout with shame-informed practice. The below depicts our model alongside our interventions.

Delivery

As detailed in the previous section, there is a complex combination of causes which lead to SYV. To address this, we have adopted a Public Health Approach, so we not only treat cases of violence but seek to put preventative measures in place, to achieve a long-term reduction. We achieve this by providing practical and therapeutic support directly to young people, and working with statutory services, third sector organisations and businesses in the local area, to improve the opportunities and support available to the young people that we work with. The whole approach is best demonstrated by our Theory of Change diagram, shown below:



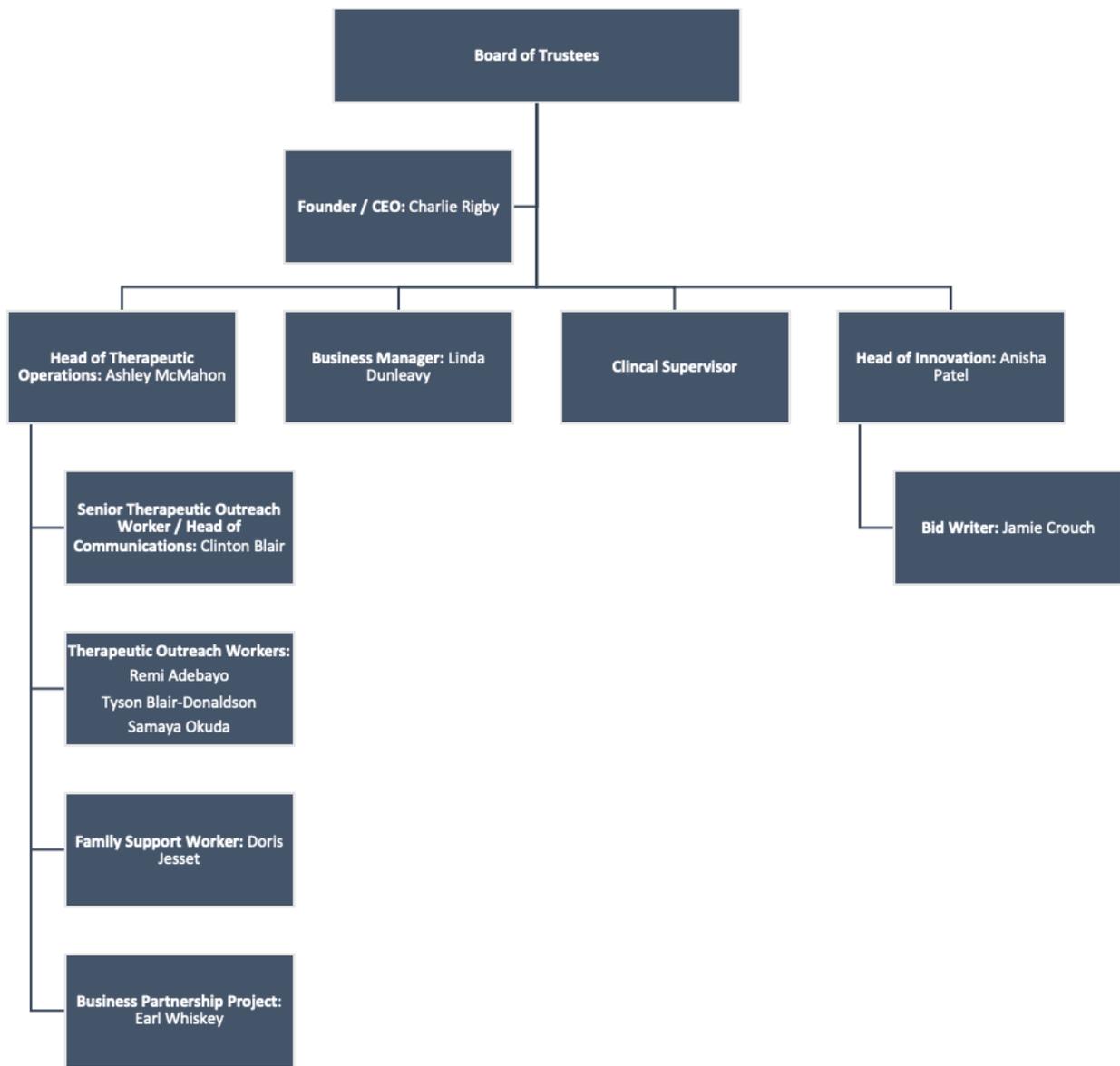
Theory of Change

Our Team

We have established a strong organisational structure to provide supportive leadership and implement a permissions culture. Governed by a well-informed trustee board our management team is able to oversee the operational day-to-day whilst implementing our strategic plan.

Our therapeutic team is formed of skilled practitioners who each have on average 10 years' experience working on the borough. With professional backgrounds in the police, social work, probation, and therapy they have all had significant exposure with our client group and the professional processes surrounding these situations. As a team, this mix provides a deep understanding of the environment our clients live in, from the streets to the services and systems built around them.

Our management and business support team that work behind the scenes are passionate individuals who have a broad range of experience from research to more corporate environments. They work to support and build the infrastructure required to maintain and grow our outreach service and develop the foundations that have been created since 2017.



Practical Support

The foundation of our work is the close relationship we build with each young person, usually where other services have failed to do so. Our ethos here is ‘short-term work, long-term relationships’. This is achieved through simple and practical actions that have a positive impact on their lives, for example just going to a café and having some food and talking for half an hour. We ensure the relationship is open and without judgement to encourage our clients to disclose, safe in the knowledge we will keep information confidential. Once developed, these close relationships allow us to provide established therapeutic support, through [mentalisation](#) and [shame-informed practice](#).

Therapeutic Support

Through Shame Informed Practice we aim to create a caring and non-judgemental relationship, which over time helps our clients foster self-love and respect within themselves and to moderate their responses to perceived disrespect.

Mentalization falls within A.M.B.I.T (Adaptive Mentalization Based Integrative Treatment); which provides the foundation to both our therapeutic work and organisational management. A.M.B.I.T is a whole-team approach designed for services working with clients who present with multiple and complex problems, including mental health issues, substance misuse, developmental trauma, and violent offending behaviour. Mentalization is a key therapeutic technique used by the team to enable clients to understand both their own and others' perspectives, to process emotions in a healthy, effective way. As an AMBIT team trained at the Anna Freud Institute, we have developed systems of support and care that are adapted to meet the specific needs of our hard-to-reach client base. Our treatment model is designed to be flexible and adaptive so that 'we' are experienced as attuned caregivers by our clients.

Targeted Projects

During the pandemic we have partnered with a local foodbank to provide regular food drops for 19 of our most vulnerable clients and their families. To enable us to continue our work in a Covid-safe manner, we also carried out a digital outreach project to deliver tablets, games consoles and Wi-Fi connections to many of our clients. This ensured that they could connect in a range of ways, reduce feelings of isolation, and continue vital therapeutic dialogue with their outreach worker. Although the pandemic has been a very difficult time for so many reasons, it has actually led to us discovering new ways to strengthen the relationships with our clients, which we can continue to use moving forward.

Business Partnership Project

Another critical part of the solution is training and employment. Firstly, it is a practical necessity for our beneficiaries to earn money to prevent them slipping back into crime. Secondly, it can provide a way to entice people away from their current high status gang positions. But only if we can provide high quality opportunities in well renowned companies, that are notable to our client group.

Working with an external contractor, Earl Whiskey, we provide our clients with high status opportunities. Earl is an experienced Business Mentor and has worked with this cohort in West London for over 20 years. He has close relationships with large corporate companies such as Coca-Cola, Universal Group, Sony Group, London Screen Academy, Queens Park Rangers, Ealing Studios. He will mentor clients, secure work experience, traineeships, inspirational visits, apprenticeships, and jobs. The aim of this project is to create opportunities for suitable clients, in environments that they would rarely be exposed to. It is our expectation that this will provide them with a new perspective for their futures.

The following opportunities are provided to suitable clients:

- Traineeships - Short-term opportunity to gain experience and understand the company
- Inspirational visits - Motivational tool to encourage initial passion and spark further positive choices in employment
- Apprenticeships - Gaining specific skills with the company in a dedicated area
- Jobs - Paid employment with company

Mechanisms of Change

All of the above work brings about internal change (respect, empowerment, trust, achievement) and external change (support, safety, connection) for our clients. These provide them with the ability, environment and desire to create lasting changes and positive outcomes for themselves and the wider community.

Impact

For Individuals

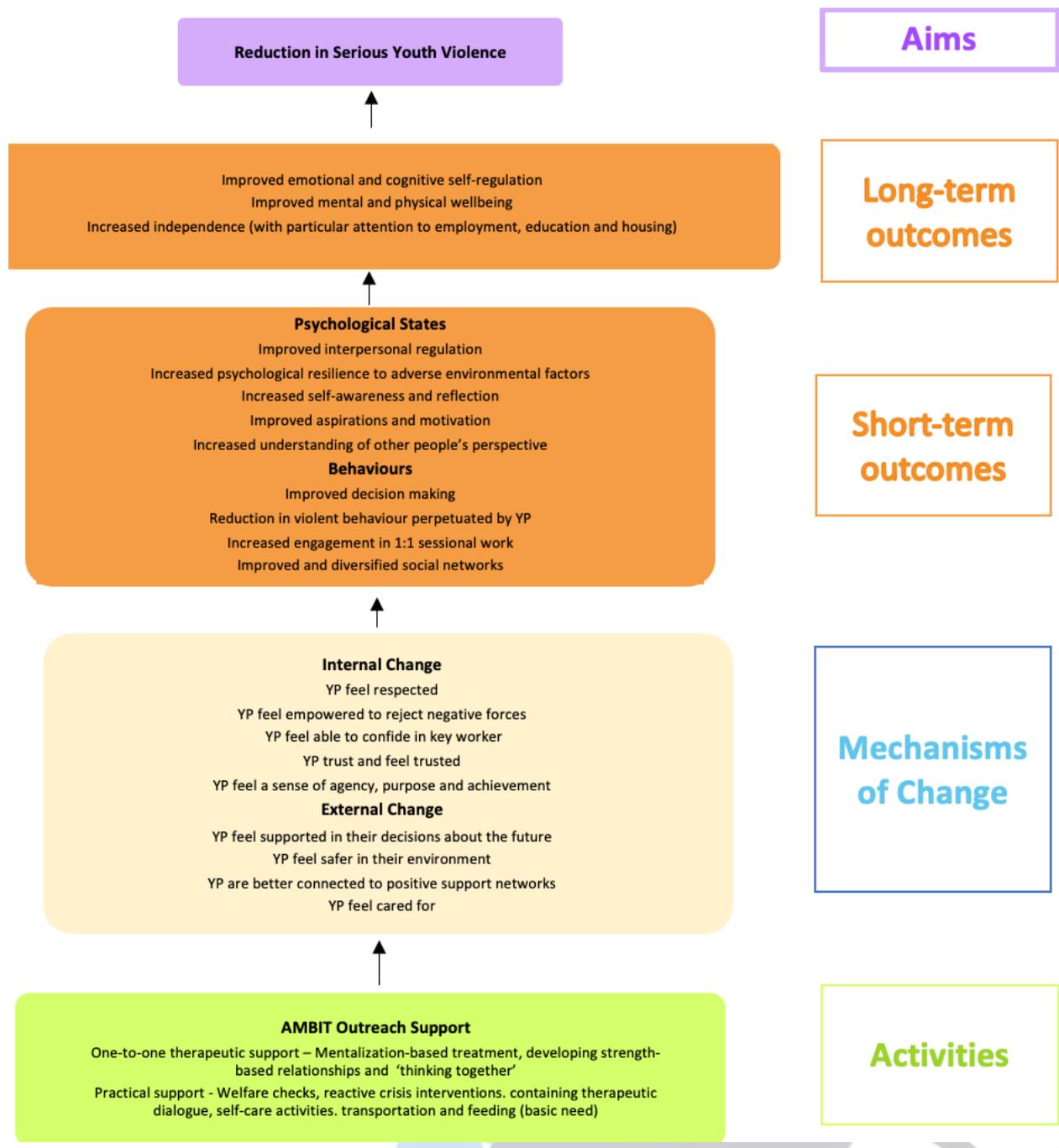
Over months and years our clients' psychological states will be improved, both in the way they see themselves and the way they perceive others. They will have goals and aspirations for themselves, resulting in commitment to education, training, or employment. The way they socialize and build relationships will change, allowing them to build a supportive network of friends, family, and professionals so they can be more resilient towards difficulty and hardship in the future. Combine all these things with an increased psychological resilience and improved decision making and you have a young person far less likely to be drawn into the world of gangs, crime, and violence.

We know that factors such as early-life trauma, lack of role models/supportive relationships and entry into the care system make children more likely to be involved in gangs and violence. Many of the young people we work with have younger siblings or children of their own, who of course will be hugely affected by their involvement in SYV, creating a cycle of violence. By preventing young people's involvement in SYV now, we can break the cycle and reduce the likelihood of the children in their lives, siblings, or sons/daughters, from going down the same path.

Many of the people we work with are highly driven, intelligent, and hard-working with excellent entrepreneurial and leadership skills, but sadly these traits are being applied in unhealthy areas. By helping them work through their psychological and behavioural issues and providing them with opportunities and support, we can help them realise their true potential. We work to support our clients to apply their natural abilities to positive activities, leading towards bright, fulfilled futures.

Our clients have also helped to shape our services in many ways, as the relationships we build are guided by them. We are available to our clients for therapeutic and practical support, but the specifics and nature of this is truly client-led. It is for this reason that we have found young people to engage with us particularly well, as they have not often been given such autonomy with other services.

The below diagram outlines the mechanisms of change, short and long-term outcomes that arise as a result of our outreach work with clients.



For our Community

Young people are our immediate beneficiaries, both potential perpetrators and victims of SYV. But these acts of violence are like a shockwave reverberating through the wider community, beginning with family, and loved ones, who lives will never be the same again. Friends and peers will suffer greatly, but also their parents, who will be living in fear for their own children. People who simply live and/or work in the area will also be deeply affected, fearful for their safety and scared of other potential attackers. Fear of others can be hugely destructive within a community and can lead to deeper societal issues such as discrimination. Understanding such ramifications of single violent acts, is vital to appreciating the wider community effects of our work.

Our Family Support worker works closely with the loved ones of our clients, as we find familial relationships can often be strained in our cases. Once a client is ready, we implement mediation techniques to facilitate meaningful conversations and providing a non-judgemental perspective. This has been the key to rebuilding links for our clients and their families, and by extension the wider community. In a practical sense, this can be being available for parents when they are seeking advice, attending professional meetings with parents and clients or referring loved ones to more specific support. We hope to strengthen the communities and families in our neighbouring boroughs (Ealing, Hounslow, Kensington, and Chelsea) using this approach.

Outputs

We work with approximately 60 young people annually, who are identified as being at high or medium risk of involvement in violence. In most cases they are referred to us through statutory services or other third sector organisations, and occasionally self-referred. The table below provides detail on the high/medium risk:

Risk Code	Individual Violence	Examples of Individual Violence	Group Standing	Example of Group Standing
High	Proven high propensity for serious violence perpetrated in the community against peers and / or part of groups	<i>Credible evidence or intel that they have stabbed or shot at people</i>	High status within groups known to be involved in Serious Youth Violence	<i>Known within an area / estate that they are thought of as "top boy". Regularly spoken about by rivals; influenced other people to commit acts of serious violence</i>
Medium	Concerns of involvement in perpetrating serious violence (against peers)	<i>Involved in GBH (but not thought to do the stabbing): affray (group conflict related)</i>	Close associates / family member of high status / central members of groups	<i>Entourage on release from prison or at court cases; police intelligence of regular association</i>

Protected Characteristics

We define our clients as 'hard-to-reach' because conventional clinical based services are poorly suited to meet their complex needs. A high proportion of our beneficiaries present with mental health problems including post traumatic symptoms, depression, developmental disorders, etc. In parallel, we see comorbidities including substance misuse disorders, gambling addictions, conduct disorders, serious offending, and educational issues. Our clients come from families that are unable (due to mental health, imprisonment, drug misuse, poverty) to assist them.

We collect data to create an overall 'ACE score' (adverse childhood experiences). This score allows us to understand the level of childhood trauma experienced, enabling our therapeutic outreach team to tailor service delivery according to specific client need. The ACEs experienced by our clients are:

Adverse Childhood Experience	%
Neglect (physical or emotional)	26
Household (violent treatment, parental separation, mental illness, substance abuse)	59.7
Abuse (emotional or physical)	14.3

The effects of their childhood trauma can be seen by the behaviours our clients engage in during their adolescence:

Behaviours	%
Permanently excluded from education	76
Temporarily excluded from education	16
Use drugs daily	44
Formally charged	95.2
Informal warning	4.8

Measuring Success

We have developed our own data collection system (VIPi) with the support of the Anna Freud Centre and the University of Bournemouth. VIPi allows us to collect information in a structured and secured way to monitor the progress of our clients and our work with them. Demographic information is collected on referral, and sensitive information such as emotional wellbeing is updated on an ongoing basis as and when clients disclose.

Our objectives and measurable outcomes are informed by our Theory of Change. This allows us to ensure that all elements of our work contribute to our long-term aim, and we seek to continually review our service delivery to ensure we are adapting to changing client needs and the wider environment.

When young people enter our service, we use the AIM assessment (AMBIT Integrative Measure) to support all our initial evaluations. This is a detailed quantitative tool from the Anna Freud centre, consisting of 40 questions to provide an AIM score which is used as a baseline starting point for our outreach work. Themes includes mental health, emotional regulation, behaviour, trauma history and wellbeing. The assessment is then repeated at regular intervals to assess key improvements or areas that require further intervention.

Outreach workers regularly report on clients during case reviews and supervision. This data is assessed at 3-monthly intervals to understand each client's progress and outcome achievements such as re-engagement with education or employment.

Based on the AIM assessment and our Theory of Change, we have set the following measurable outcomes for our outreach work:

Reduced violence

- Expect 50% of participants to reduce their violent behaviour (measured at 3-month intervals over a year)
- Expect 50% of participants to report feeling safer in their communities
- Expect 50% of participants to increase engagement with professionals and other positive networks
- Expect 30% of participants to access additional local support services as a result of the programme

Improvement in physical and mental health

- Expect 50% of participants to report improvements in their mental health and wellbeing

Increased employment

- Expect 40% of participants to have gain employment or engaged with a form of training/education

We use both quantitative and qualitative data to measure our success against these outcomes. Using a comprehensive evaluation plan for each, we define the object of measurement alongside any ethical considerations and detail data collection methods (we aim for both qualitative and quantitative measures for each outcome). Our successes and areas for learning have been identified using this evaluation method, and we place a focus on internal learning and development to refine our services.

A snapshot of our recent impact reports shows that with our service over the last 12 months, the following outcomes have been achieved:

- 95% are ex-offenders engaging in a positive programme designed to divert them from criminal behaviour
- 70% accessed support services for the first time
- 53% reported feeling safer in their communities
- 8 clients supported into independent living
- 43% reported improvements in emotional and physical wellbeing

For specific projects such as COVID-19 food drops, we construct specific evaluation tools to collect qualitative and quantitative data to evaluate effectiveness and learnings. For such projects we carry out semi-structured interviews with clients and families to understand the full impact of our support. Following this, an impact report is written, identifying key areas of success, unexpected outcomes and areas for improvement.

Case Study

The following case study provides an in-depth insight into our work and its impact on our clients:

“D was referred to the VIP at the age of 21. His probation officer was at the end of his tether: struggling to engage, motivate or relate to D; despite having worked together for the previous 12 months. D had been issued a suspended sentence for drug related crimes and anti-social behaviour. There had been no reduction in his ‘high risk’ status during the previous 12 months. No progress had been made in terms of housing, education, or employment. At the point of engaging with the VIP, D had received multiple warnings from his probation officer for breaching the conditions of his suspended sentence. He was on the cusp of being recalled to court. D’s probation officer had reached out to the VIP as a last ditched alternative to a custody sentence.

During the initial months of engagement with the VIP, D, his mother and younger brother were evicted from their long-term council residence. This was a direct result of D’s gang affiliation and involvement in serious youth violence (SYV). The family property had been commandeered and used as a trap house for the storage and sale of drugs. It had become a locus of anti-social behaviour. D needed to find a home in another part of London. He was couch surfing across his home borough and his continued presence in the area presented a serious risk to himself and anyone affiliated with him (family, friends, professional and members of the public). Even attending probation meetings carried huge personal risk. The gangs he had previously been affiliated with continued to operate extensively in the local area and he was now in considerable financial debt to them (having lost a sizeable quantity of cash and class A drugs).

In the earliest months of the work, whilst attempting to build a therapeutic relationship, D was impossible to pin down. He struggled with the idea of turning up to meet with us at the same place and same time. When we did meet up, he could not sit still or hold a conversation. Any one of his three phones would go off with constant updates on the movement of ex-gang affiliates. He couldn’t take his eye off the door and spent half the time with his head out the window.

As a therapeutic service we were able to recognise and work with D’s hyper-vigilance and not be taken in by the aggression and bravado that masked his fear and anxiety. We worked sensitively, in the community with him. I walked the streets, spent time in places he felt safe and threatened, accompanied him to housing meetings and probation sessions. The work was very simple: it was about recognising D’s different emotional states and gradually feeding some of those experiences back to him, in a way that he could take in and register at a level suited to his cognitive and emotional capacities.

Several months later when I drove D to North London to help him move into his own home, I knew he was still out of his comfort zone. I also knew that D was beginning to recognise and regulate his own emotions (in same the way that I had been modelling to him all these past months). We were taking this risk together: far from 100% certain that D would be able to deal with the stresses and challenges of moving away on his own. Whatever the outcome, we knew our relationship was strong enough to deal with all possible outcomes.

Inside his new bedroom, I was showing D how to put a duvet inside a duvet sheet. It was while I was standing with the duvet sheet turned inside out and D standing opposite holding the top two corners of the duvet that he said to me “A. This is really embarrassing. Thanks for not making me feel shit for not knowing how to do this.”

We had created a positive attachment. A relationship that was helpful, caring, and non-judgmental. The duvet scenario could have been completely shaming. D was able to register this; but at the same time, he recognised that our relationship had a different quality to it. It was good enough and strong enough to withstand overwhelming and persecutory feelings. It was the type of relationship that everybody needs in order to take risks: knowing that if you fall or if there’s a problem, that someone will always be there: strong, caring, resilient and dependable.”

Testimonial from D's Probation Officer:

"The involvement of the Violence Intervention Project in the management of my case has felt like a significant game-changer. Having found myself feeling stuck and overwhelmed with the issues and risks faced by the young person I was working with, the VIP offered me the much-needed helping hand. Working with the VIP has been an absolute pleasure. The unique and creative approach "A" brings to working with young people is truly refreshing and inspirational. Working with him has enabled me to develop my own practice as a Probation Officer. Together as a team we were able to support a young man and help him take his first steps into the complexities and challenges of adult life. In particular I remember the shopping trip we took with the young man. We were purchasing items for his new room, helping him settle into independent living for the very first time. It really felt like we were doing something worthwhile and important.