



THE VIOLENCE INTERVENTION PROJECT



Annual Reports and Accounts

YEAR ENDING OCT 2025

**London
Youth**
QUALITY MARK
BRONZE ACCREDITED
2022-25



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Introduction

“Short term work, long term relationships.”

Since 2017, The Violence Intervention Project has been delivering 1-2-1 support to young people involved in Serious Youth Violence.

So far, we've worked with over 200 high risk young people in West London. From our beginnings in Hammersmith & Fulham we've expanded into neighbouring boroughs over the past 2 years and intend to continue our expansion.

Over time, we've developed our own intervention model, 'Urban Therapy' which puts a trusting and equitable relationship at the heart of our work. Through these relationships, built over months and years, we deliver practical and therapeutic support to help young people transform their lives.

More recently we've developed an early-intervention school project, The School Inclusion Project (SIP) and The Shame Initiative (TSI). TSI offers practice development workshops and consultancy to help organisations, particularly in the youth sector, to identify and reduce shame.

VISION:

A West London where every young person feels safe, connected and that they truly belong.

A country where shame-awareness is central to how practitioners and policy makers understand, engage with and support young people – in schools, youth settings, local authorities and in the creation of policies and guidance..

MISSION:

To create relationships built on trust and respect, provide support and opportunities to empower young people, transforming their lives.

VALUES:

- 1 Support:** We believe that people already have the capacity to change, we help them realise their potential
- 2 Commitment:** We're dedicated to empowering young people, and we never give up
- 3 Collaboration:** We work together, with young people, families/carers and professionals, to create a positive network of support
- 4 Communication:** We create containing relationships to talk openly, without fear of judgement. This is fundamental to positive change, focussing on a future free from violence.
- 5 Creativity:** Serious Youth Violence is a complex issue with few known solutions, we bring a fresh approach



Legal and Administrative

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Activities

URBAN THERAPY

'Urban Therapy' is the VIP's therapeutic model developed from, and built on Adolescent Mentalisation Based Integrative Treatment (AMBIT) from the Anna Freud Centre.

Our medium to long-term aim is to see Urban Therapy recognised as an evidence based therapeutic model. This will enable our work to be replicated more widely, across London and further afield.

Urban Therapy includes 4 phases, laid out below.



1

Phase 1: Assess

Duration: 2-4 Months

- Referral received
- Team discussion, Matching a Therapeutic Outreach Worker (TOW) to the young person
- Professional consultation with the referrer
- Meeting families and carers
- Initial contact and engagement with young person
- Building relationships, identifying challenges, strengths and needs

2

Phase 2: Plan

Duration: 2 Months

- Develop a multi-domain intervention plan based on the assessment
- Domains: Biological, Psychological, Professional Network, Family, Cultural, Pro-Social, Employment, Training and Education
- Construct a plan with TOW and Head of Therapeutic Operations
- Quarterly review and adaptation of a young person's 'Violence Intervention Plan'

3

Phase 3: Engage

Duration: 1-3 Years

- Referral received
- Team discussion, Matching a Therapeutic Outreach Worker (TOW) to the young person
- Professional consultation with the referrer
- Meeting families and carers
- Initial contact and engagement with young person
- Building relationships, identifying challenges, strengths and needs

4

Phase 4: Ending

Duration: 6-12 Months

- Assess readiness for ending based on progress and positive outcomes
- Evaluate reduction in violence, engagement in pro-social activities, improved relationships and self-sufficiency

SHAME INFORMED PRACTICE

Shame and Its Effects

We follow the theory that all violence is triggered by a feeling of shame. For many of our beneficiaries, childhood trauma or neglect has caused them to develop low self esteem and become “shame dominated”.

Shame can also be developed and compounded through experiences related to poverty, inequality, racism and discrimination.

All this leaves 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.

Shame and Relationships

As a social species humans are hard-wired for connection. If we feel ourselves being rejected by ‘the group’, this can trigger a primal, visceral response, as shown in the Compass of Shame.

Our work focusses on rebuilding the positive relationships that help most of us function in society. This begins with the 1:1 relationship between worker and young person, and then broadens out to include family, friends, other professionals and new social groups.

THE COMPASS OF SHAME

*Adapted from D.L. Nathanson, *Shame and Pride*, 1992



OUR IMPACT

Our therapeutic work recognises **shame** and **trauma** as major **causes of violence**. They negatively effect the development of behaviour and emotions in children. Through 1:1 talking therapy we address these issues so that young people are equipped to regulate their emotions and behaviour.



537



537 1:1 sessions delivered,
over 1360 hours

18



18 Family sessions
delivered

222



222 Professional network sessions
working alongside the professional network,
such as social and youth justice workers

KEY OUTCOMES

We worked with 59 young people in total last year and carried out baseline and 12 month assessments with 27, of these;

63% SAW A REDUCTION IN VIOLENCE

70% HAD IMPROVED MENTAL HEALTH

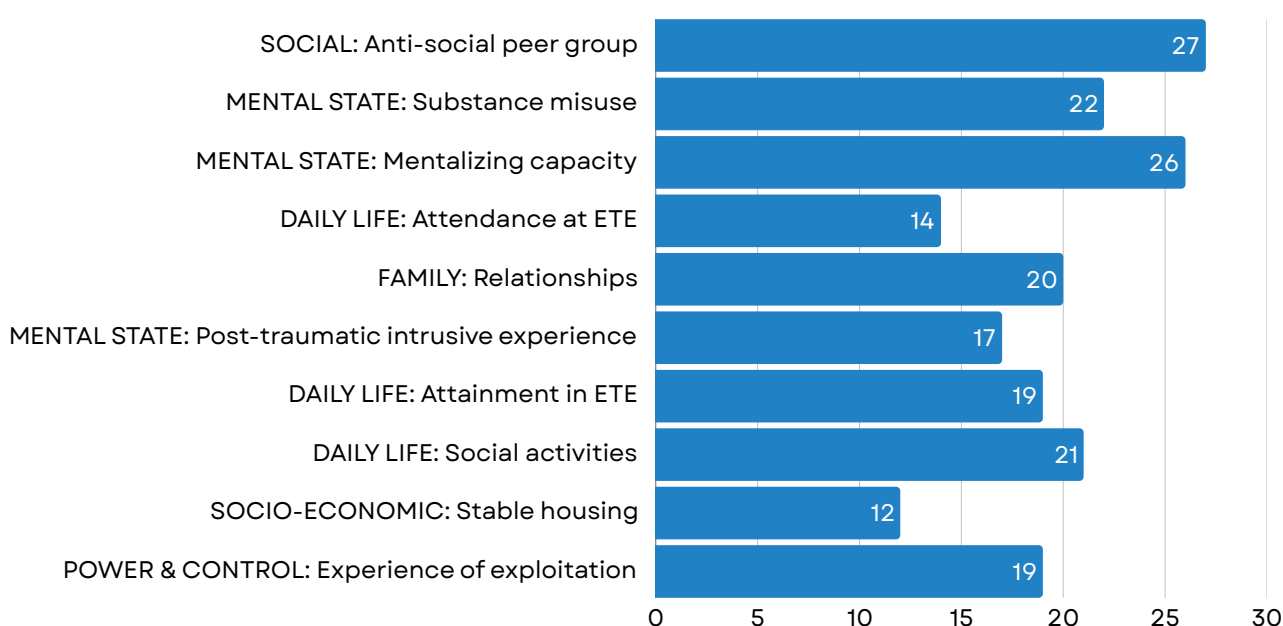
44% WERE MORE ENGAGED IN EDUCATION, TRAINING OR EMPLOYMENT

This data is limited to approximately **1 year**, whereas Urban Therapy continues for several years. As such we see a higher percentage of improvements, **up to 80% over the full multi-year intervention**. This confirms the importance of our **long-term** approach.

We use a 43-point assessment (AIM) which covers several aspects of a young person's life, including mental states, daily life, socio-economic, family and response to situations. The worker rates the 43 items on a scale of 0-4 and can choose up to six key problems (items that the worker identifies as particularly challenging area for the client). We take a baseline assessment within 2 months of starting the work, and a second assessment after 12-18 months.

Key problems are shown in the next graph

AIM: KEY PROBLEMS



A SOCIAL WORKER DESCRIBES OUR IMPACT:

"EDDIE GREATLY VALUES VICTOR BECAUSE OF THE CONSISTENT SUPPORT HE HAS PROVIDED. HE IS RELIABLE AND STEPS INTO MULTIPLE ROLES - MENTOR, ADVOCATE, APPROPRIATE ADULT, CRISIS SUPPORT. VICTOR HAS DE-ESCALATED DANGEROUS SITUATIONS, SUPPORTED EDDIE AT COURT, HELPED HIM MANAGE MONEY, AND BUILT TRUST WHERE EVERY OTHER RELATIONSHIP FELT UNSAFE."

OUR COHORT

We work with the highest risk young people, where statutory services are unable to effectively engage with them and meet their complex needs. It's no surprise that many of our clients suffer from multiple disadvantages. From an early age, these factors combine, to create circumstances that increase their likelihood of involvement in gangs and crime.

Adverse childhood experiences

A key measure of the difficulties faced by our clients are Adverse Childhood Experiences (ACEs). ACE's include physical/sexual/emotional abuse, neglect, parent/carer drug or alcohol abuse, exposure to domestic violence or losing a parent through separation, death or abandonment.

We collect ACE data from our clients to generate Composite ACE Scores which demonstrate very traumatic upbringings.

An ACE study of England (Bellis et al, 2014) found that;

NATIONALLY (Bellis et al, 2014)

46% of adults in England had at least 1 ACE.

8% have experienced 4 or more ACEs.

OUR COHORT

90% have experienced at least 1 ACE.

33% have experienced 4 or more ACEs.

The study also found individuals with **4+ ACEs** were:

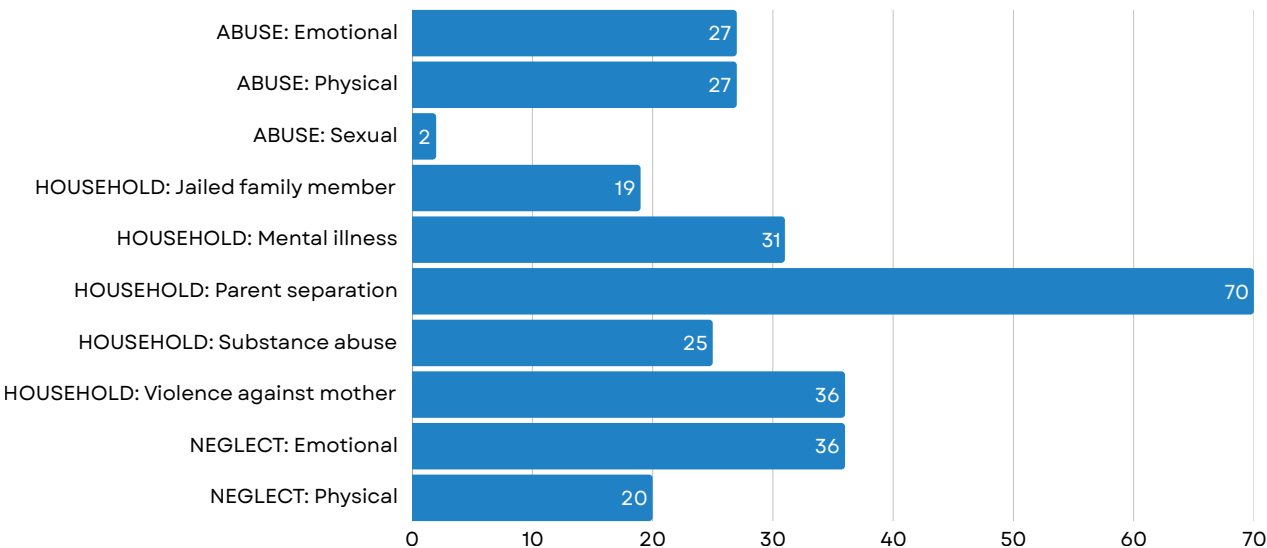
7x MORE LIKELY TO HAVE BEEN INVOLVED IN VIOLENCE

11x MORE LIKELY TO HAVE EVER BEEN IN PRISON

It's bad enough that these children go through these experiences in the first place, but the subsequent effects on their lives are truly tragic. ACE's affect their mental development, resulting in complex emotional and behavioural issues.

A significant part of our work focusses on developing a safe and trusting space where these young people can talk about, and confront, these past experiences. The below graph shows the ACEs experienced by our cohort.

ACEs EXPERIENCED BY COHORT



KEY DEMOGRAPHICS

West London sees extreme affluence and poverty located side by side. Many of our clients live in postcodes at the bottom of the Index of Multiple Deprivation, and the emotional impact of their situation is made worse by their close proximity to great wealth.

A [report](#) commissioned by the Mayor of London's Violence Reduction Unit (VRU) found that many forms of violence are tightly clustered into small, usually deprived, communities of less than 3,000 residents.

While this somewhat insulates the majority of London's population from the threat of violence, those unlucky enough to live in these areas are subjected to a life of fear and danger. This creates a self-perpetuating ecosystem where generations of young people grow up surrounded by deprivation, violence, fear. Their original motivation for carrying a weapon is often self-defence, rather than the intention to attack someone.

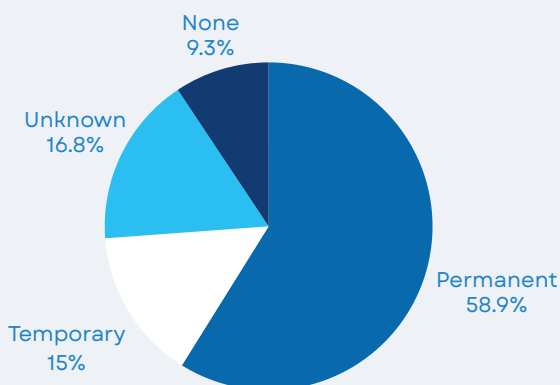
"TYSON HAS MADE ME WANNA BE A BETTER PERSON, GET OFF ALL OF THE NONSENSE STUFF AND GROW AS A PERSON. TYSON HAS REALLY BEEN THERE FOR ME AT MY DARKEST AND LOWEST MOMENTS AND IF IT WASN'T FOR HIM I CAN CONFIDENTLY SAY I WOULDN'T BE WHERE I AM."

DEMOGRAPHIC BREAKDOWN

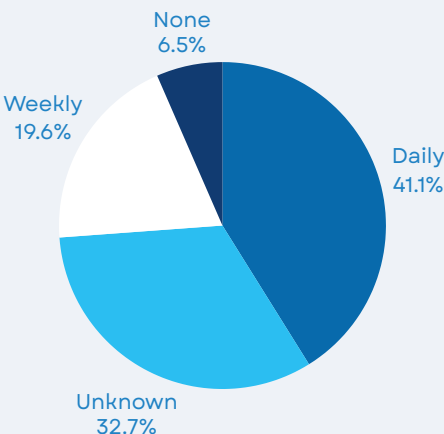
82% OF OUR CLIENTS ARE BAME

75% ARE AGED BETWEEN 16 AND 22

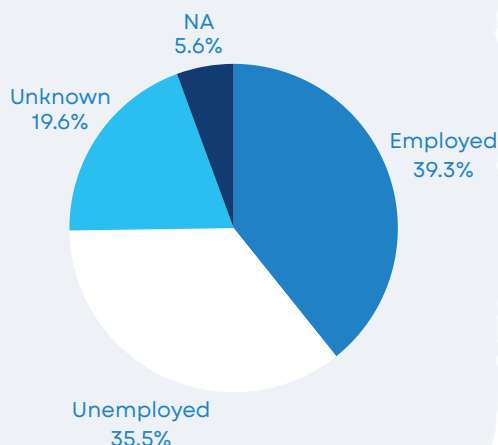
SCHOOL EXCLUSION



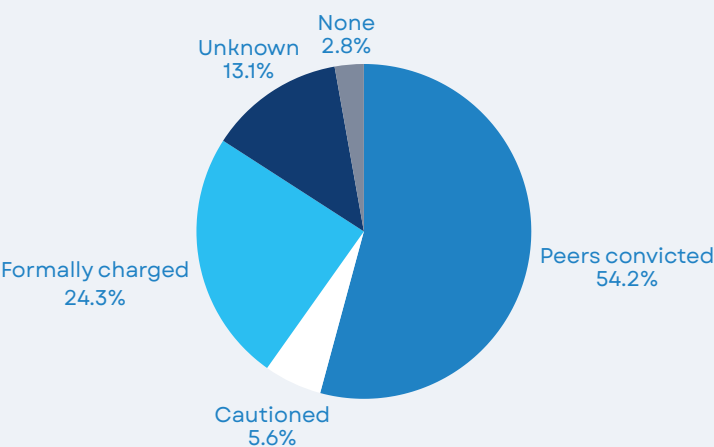
SUBSTANCE MISUSE



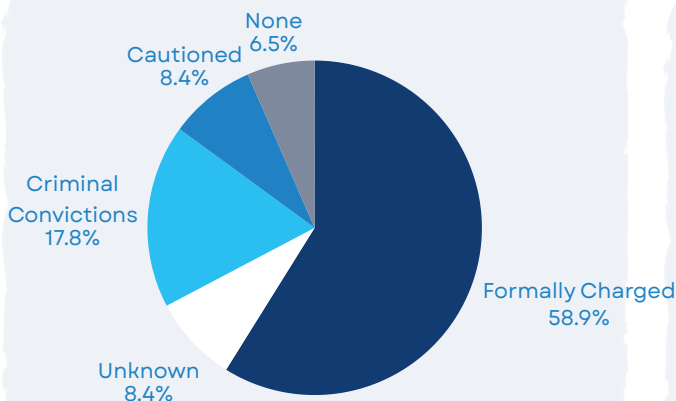
SOCIOECONOMIC STATUS



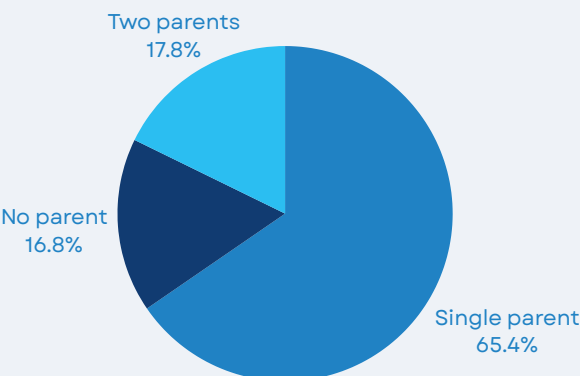
PEER POLICE CONTACT



POLICE CONTACT



FAMILY STRUCTURE



CLIENT SURVEY

It's important to capture our community's voice, so in early 2025 we carried out a survey amongst our clients. In many areas this confirmed that our approach is working, and also identified how we can improve our service.

'Overall, how would you rate the VIP and our service?'

82% SAID '5/5 - VERY GOOD' OR '4/5'

Since working with the VIP:

73% SAID THEY FEEL THEY MAKE BETTER CHOICES

52% SAID THEIR GOALS AND ASPIRATIONS HAVE CHANGED

47% HAVE NEW HOBBIES OR INTERESTS

69% SAID THEIR VIP WORKER HAS HELPED THEM FEEL SAFER IN THEIR COMMUNITY

This is particularly significant as fear is usually a motivating factor in the decision to carry a knife or other weapon.

34% SAID THEIR RELATIONSHIPS WITH PARENTS/CARERS/RELATIVES HAD IMPROVED

65% SAID WORKING WITH THE VIP HAS ENCOURAGED THEM TO ENGAGE WITH OTHER SERVICES

How much do you trust your VIP worker, from '1 - not at all' to '5 - completely'

39% SAID '5'

35% SAID '4'

22% SAID '3'

4% SAID '2'

There was clear correlation between trust and the length of time they had been seeing their worker. Most scores of 2 or 3 were from clients within their first 6 months of Urban Therapy. This reinforces the importance of our long-term approach.

"TYSON SHOWED ME HOW MUCH A SERVICE CAN HELP MY LIFE AND MENTAL HEALTH"

KEY AREAS

The survey highlighted 3 key areas where we can improve our service and provide more benefits to our community

1. 43% want more specialist support around ETE.

This has been the top result for 3 years in a row, and shows a clear ambition among our cohort to improve their lives. This need has decreased from 63% last year, so we have made progress and had some success last year with helping clients into work and training.

Based on these results we're trying to do more, and have partnered with Radical Recruit, who's specific aim is to bridge the gap between disadvantaged job seekers and the business world. They provide the training and support to help our clients move into the world of work.

2. 39% would like to do Sports/Training/Fitness

This is a similar result to last year, and we have used sports and fitness to help engage with certain clients, for example boxing and cycling. However we don't have any formal partnerships through which to do this, or funding to support it.

We'll seek grant funding this year to provide gym and sports club memberships, and are looking for community organisations to partner with, particularly boxing clubs.

Sports and hobbies have real therapeutic benefits for our clients beyond just physical and mental health. Developing structure, consistency and pro-social relationships are great steps towards building a positive and productive life.

3. 39% would be interested in working/volunteering for the VIP

This was a new question last year and gave a similar result, we didn't have the capacity to progress any plans, but will endeavour to do so this year.

Our beneficiaries have a wealth of knowledge and experience that can help the VIP offer a better service so we'd love for them to contribute to our mission. We'd also hope this would provide them with valuable work experience, career guidance and increased self-worth. We proposed a number of potential positions including joining a Youth Committee, taking part in Workshops, Social Media/Content Creation, Fundraising, Mentoring and Therapeutic Outreach.

HOLDING BOTH SIDES – ANTHONY'S STORY

Staying alongside a mother and son through a season of silence

Worker: Tyson, Therapeutic Outreach Worker

Young person: Anthony · **Parent:** Clara (Anthony's mother) - **Names Changed**

Introduction

Tyson, a Therapeutic Outreach Worker at the VIP, has been supporting Anthony and his mother Clara over many months. Their story holds the kind of complexity that runs through much of VIP's work: trauma, family rupture, safeguarding concerns, and the long, patient work of rebuilding what has been broken.

Clara had been holding much of the weight of Anthony's life on her own. She had made significant sacrifices to keep him safe, including moving away from areas linked to crime and negative peer influences. She also carries, quietly, the weight of her own history – a prison sentence served when Anthony was very young, during which he was cared for by his grandmother. That guilt has not left her. It sits beneath the love, alongside the fear.

Beginning at the bedside

Last year, Anthony was stabbed five times. Tyson was there in hospital while he recovered – sitting alongside him as he made sense of what had happened. They spent time reflecting together: on the risks tied to street involvement, on the choices that lay ahead, on the kind of life Anthony wanted to move towards.

In those quiet, unhurried hours, something began to settle between them. Trust did not arrive in a single moment; it grew, gradually, in the rhythm of a worker who kept showing up.

When Silence Came

In late December 2025, something broke. An argument – sharp, hurtful, full of words on both sides that could not easily be taken back. Afterwards, Anthony and Clara stopped speaking. For several months, they shared the same home but lived past one another, carrying unresolved hurt and blame in separate rooms.

Anthony withdrew. He spent more time alone, less time engaging with anyone at home. The lines of communication that had taken years to build slipped quietly out of use. The stability of the home – and his own wellbeing – began to suffer.

Holding Both Sides

Tyson worked consistently with both of them – alongside the VIP's Family Support Worker – through this long stretch of silence. The work did not press for resolution. It made space for it.

CONTINUED...

There were honest conversations to be created, not as confrontations but as openings. Both Anthony and Clara needed to feel heard before they could begin to hear one another. In one-to-one check-ins with Anthony, Tyson helped him sit with his hurt, then begin to look across it – to consider his mother's perspective, to recognise the parts of the story he had not been able to see, to think about the role he might play in rebuilding what had been damaged.

With Clara, Tyson stayed in regular contact – checking in, offering support, holding the engagement steady when it might otherwise have drifted. Neither side was rushed. The work was simply to remain present for both of them, separately, until the space between them could begin to close.

SLOW TURNS TOWARDS REPAIR

Months passed. Progress was not linear. There were weeks when nothing seemed to shift, and weeks when something small softened. Through it all, Tyson stayed alongside – offering encouragement where it was useful, gentle challenge where it was needed, and consistency above all.

WHEN THEY STARTED SPEAKING AGAIN

Then, one day, they both reached out – separately – to say they had begun talking. Cara messaged Tyson to say they had spoken properly for the first time in months, that they were planning further conversations, that things were beginning to move. She thanked him for staying with them through it. Anthony messaged too, in his own way: things were good with his mum again.

It was a quiet moment, and an enormous one. After months of silence, trust and communication had been restored.

WHAT THIS WORK MADE POSSIBLE

In the weeks since, the change has settled into the texture of everyday life. Communication between mother and son has improved. The home is steadier. Anthony is showing more emotional awareness and more accountability for his part in the relationship. Clara's trust in support services – hard-won, after a life that has often given her reason for caution – has deepened.

None of this resolved a single argument. It rebuilt something far harder to put back together: an everyday relationship between a mother and her son.

"PROGRESS CAME THROUGH PATIENCE, RELATIONSHIP-BUILDING AND STAYING ALONGSIDE BOTH THE YOUNG PERSON AND THE PARENT THROUGH A DIFFICULT PERIOD – NOT JUST RESOLVING CONFLICT, BUT HELPING REBUILD AN IMPORTANT FAMILY RELATIONSHIP."

DRIFT PROJECT



Year 4

DRIFT was extended into a 4th year, providing early intervention with school pupils who are at risk of disengaging with education. This pilot project, funded by John Lyon's Charity, is a partnership with another charity, Family Friends. V.I.P. workers meet with students in the school twice a week during the day, and we also lead positive activity programmes during the school holidays.

The key objective of this project is to understand how schools and charities can work together, with a view to creating systemic change. Since our project began a further 8-12 projects have been funded and our pilot has helped develop a range of outcome measures based on effective partnership engagement, development of trust, resilience, collaboration/communication.

Now the pilot is complete we're looking for options to fund the project, ideally with a combination of grant/corporate funding and contribution from schools.

Highlights

- The project worked across two partner schools, expanding the reach of DRIFT and strengthening our understanding of how to adapt delivery to different school cultures and pastoral systems.
- **Shame-Informed Leadership Session:** VIP delivered a shame-informed session with a school senior leadership team, supporting leaders to reflect on psychological safety, belonging, mattering and whole-school approaches to reducing shame.
- **Groupwork Development:** VIP refined the DRIFT groupwork model, developing a clearer structure for early intervention group sessions focused on relational safety, youth voice, emotional literacy and peer-led messaging.
- **Replicable Framework:** A new DRIFT Project Framework was developed, helping to make the model more adaptable for future school delivery.
- **Youth Voice and Peer Messaging:** The groupwork model supported young people to explore key issues affecting them, including online harm, relationships, aspirations and school engagement, and translate these into constructive peer-led messages.
- **School Partnership Learning:** The project strengthened learning around communication with schools, safeguarding pathways, feedback loops and the professional relationships needed to support effective multi-agency working.
- **Future Development:** Learning from Year 3 has informed the development of VIP's wider Shame-Informed Schools offer, creating a stronger foundation for future early-intervention work in schools.



BOARD OF TRUSTEES

The VIP Board of Trustees

Our Board has a wide breadth of knowledge and supports the Senior Leadership Team across critical areas of the organisation.

- Alessandro Ferrari - With over 20 years of experience in marketing, Alessandro Ferrari, CMO at Wematch.live, is a passionate advocate for diversity and inclusion.
- Desiree Blamey - Managing Director at Considerate Constructors, Desiree offers strong financial leadership with qualifications from CPA Australia.
- Lisa O'Daly - Director & Co-Founder at ODW Partners, Lisa is a former HR Director and accredited mediator with an 'empathy-first' approach to resolving workplace issues.
- Christopher Leslie - Chief Executive Officer at Inside Out Support Wales, Christopher is an experienced director and consultant with expertise in criminal justice reform and rehabilitation.
- Osric Richards - Portfolio Implementations Associate at BlackRock, Osric brings a wealth of experience in project management and client relations.

2026 PLANS



The Shame Initiative

A distinctive part of our practice is working with the whole professional network during referrals. By helping teams understand a young person's context, shame, and relational world, we shift risk-focused conversations into compassionate, attuned planning. Professionals frequently give very positive feedback on this novel approach.

In 2025 we launched The Shame Initiative (TSI) to share this learning more widely. Shame is a central driver of disconnection and youth violence: young people experiencing shame often withdraw or "attack others" (Nathanson's Compass of Shame), reinforcing cycles of mistrust and harm. TSI brings this missing dimension to schools, care teams, youth services and local authorities.

In its first five months, The Shame Initiative delivered 17 workshops across 15 organisations, training 166 professionals. Participants have included an NHS network in the Midlands, London-based organisations, groups in Torbay, and a cross-cultural workshop with practitioners in Central America exploring shame and masculinity.

A Shame Summit is planned for October 2026 and has already had sign-ups from charity CEOs, local authority Directors of Children's Services and significant funders.

Feedback has been positive with the following survey results representing '5/5 = Excellent'

73% HAVE A BETTER UNDERSTANDING OF THE IMPACT OF SHAME ON YOUNG PEOPLE AND COLLEAGUES.

77% FEEL MORE CONFIDENT IDENTIFYING SITUATIONS WHERE SHAME MAY BE AFFECTING RELATIONSHIPS & PERSONAL WELLBEING.

90% WOULD RECOMMEND THIS WORKSHOP TO OTHERS.

FUNDERS

Thanks to all the wonderful funders who supported us this year.

