

An independent evaluation of Tottenham Thinking Space: October 2013 – December 2014

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Tottenham Thinking Space: Summary report

The summary report is Research Report 6 and can be accessed from the Centre's website: (<http://www.uel.ac.uk/csjc/reports.htm>)

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Heather Price and Alice Sampson

February 2015

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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.

Tottenham Thinking Space (TTS) was launched in October 2013. The research for this report took place between March and December 2014. An interim report on the initial implementation of TTS found early indications that a robust and professional implementation strategy was being put in place and the initiative was being embedded into local agencies and engaging with local communities (Price et al 2014).

This report outlines the origins of the therapeutic approach and its implementation in the context of Tottenham. It describes how TTS has evolved and evaluates the extent to which it is meeting its outcomes.

This evaluation, with its focus on outcomes, takes place at an early stage of the initiative. Whilst many outcomes are being achieved, it is too early to evidence medium and longer term outcomes. Our evaluation approach, however, enables us to predict if these outcomes can be expected.

Tottenham Thinking Space is delivered by the Tavistock & Portman NHS Foundation Trust and funded by the London Borough of Haringey Directorate of Public Health.

TTS is a pilot initiative that uses a community therapy approach to improve mental health and enable and empower local communities. It has the following 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.
- To develop the community's capacity to collaborate and create their own self-defined solutions to their problems.
- To enable the community to begin to develop solutions that will also be responsive to the varying needs of different individuals, families and communities within Tottenham.
- To enable the community to develop an improved capacity for dialogue and for working with tension and conflicting points of view.
- To enable participants to improve their capacities to manage their own lives and to advocate for themselves.
- To assist participants in developing 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.
- To enable the Community Development Worker to develop the capacity to lead and facilitate with minimal supervision from practitioners.

2. The research

2.1. Research and evaluation approach

The research takes place at a time when TTS is in its early stages of development. Other similar initiatives report outcomes after four years of considerable investment (Borg 2004). Thus, after 14 months what we are assessing is evidence of the promise or potential of a Thinking Space approach, implemented in a community setting in the UK. At this stage of its development, not all outcomes will be apparent and the impact of the identified outcomes on local communities in particular is unlikely to be apparent. However, our evaluation is able to capture the potential of the Thinking Space initiative as elements of its approach become integrated into participants' thinking and routines. At this juncture we are less able to assess harm that may or may not arise from the method.

Our approach to research and evaluation is well-suited for assessing the outcomes of a method which is continuously being adapted and revised in response to participants, local conditions, and commissioners.

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. In other words, it looks at the 'theories of change' held by an initiative (Weiss 1995; Pawson and Tilley 1997; Sampson 2007). The effectiveness of an initiative can be considered in relation to the theories held by the initiators as to which anticipated causal mechanisms are going to bring about change. In effect, these theories are hypotheses which can be investigated (Weiss 1997; Hardie and Cartwright 2012). Our observations and interviews 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). 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).

Our research uses a 'context, mechanism, outcome' approach rooted in the realistic evaluation tradition (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. Our research data includes information on contexts and mechanisms that bring about changes in order to explain outcomes (Pawson and Tilley 1997). By analysing these data we are able to assess if an initiative has contributed to identified outcomes as well as the potential of a scheme to generate outcomes in the future.

2.2. Ethics approval

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

2.3. Data collected and collated

Data drawn on for this report originated from several sources and include:

- Academic literature, background TTS papers, TTS tender specification, and conversations with the originators of TTS and their presentations and academic papers
- TTS monitoring data
- Evaluation data collected by the TTS delivery team
- Evaluators' participant observation field notes from Thinking Space meetings. The following table summarises the number of meetings attended (45) and the hours spent observing (82).

Table 2.1. Observations of Thinking Spaces from March to December 2014

Thinking Space	Number of sessions observed	Hours observed
Open Space	18	36
Mums tea & coffee morning	11	20
Women's Health & Wellbeing	8	11
Men, Fathers and Sons	4	8
Topic focused with speaker and facilitator	4	7
Total	45	82

- Interviews with the core project team (4)
- Face-to-face interviews or telephone interviews with partners (4)
- Interviews with participants: 15 interviewees (10 women and 5 men), 3 of whom were local volunteers, 2 of whom have expressed an interest in the volunteer training, and 2 of whom were placement students from allied professions. Interviews lasted between 20 – 90 minutes.

2.4. Assessing the findings

Making judgements about the success, or otherwise, of an initiative is integral to an evaluation study. The following are three assessments we have made and examples are given to illustrate each:

- *Consideration of other similar initiatives*; we found that TTS offers a distinctive approach to community development that can enhance the work of other organisations and agencies. Thus TTS has an existence value against which success can be measured.
- *'Direction of travel' towards achieving aim and objectives*; we found that TTS is informed by a strong theoretical approach to which the delivery team are highly committed. We have identified changes or outcomes that are accounted for by the TTS method and these findings suggest that TTS has the potential to succeed.
- *Taking into account harm and adverse effects*; we have found that the facilitators and the group set boundaries and create a respectful environment within which difference can be explored. Most sessions are constructive and end positively and those with minority perspectives are supported.

In the report we use the words participants and members inter-changeably. Both terms refer to those who attend Thinking Space meetings.

3. Working therapeutically with local communities

Key ideas underpinning Tottenham Thinking Space

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

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

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

By participating in Thinking Space people are able to surface inner states of mind and feelings, and stimulate their thinking, leading to psychic change and the development of new perspectives on the self. This in turn affects their perceptions of others living in their neighbourhood, and affects how they subsequently relate to them.

The Tottenham Thinking Space approach is informed by three inter-related theoretical perspectives. Each is described in turn. We discuss how they are expected to bring about change.

Tottenham Thinking Space is an adaption of a monthly learning forum started in April 2002 by Frank Lowe at the Tavistock and Portman NHS Trust to promote thinking about race, culture and diversity in psychotherapy by offering diversity and difference training (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.

This perspective is underpinned by a number of premises which define Thinking Space as therapeutic. It includes the idea that changes in the psyche lead to improved personal and social functioning (see Lowe 2014; 21-44). It also includes the idea that personal trauma can be self and socially destructive and can cause people to be resistant to change. By acknowledging their own fears and anxieties and by working through them with the support of others, people are able to bring about changes in themselves and become more hopeful and positive. The empathetic and challenging responses of others in a group setting 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.

Tottenham Thinking Space uses this method in relation to how communities behave as well as understanding individuals. It theorises that 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: 248). Thus inequalities and powerlessness within communities are thought to contribute to dysfunctional and fractured neighbourhoods.

TTS has also been inspired by a community therapy approach for community development conceptualised and implemented in Brazil by Adalberto Barreto (Barreto and Grandesso 2010). This Community Therapy Integrative approach was practiced in a Brazilian favela for five years before its principles and practices were formalised and possible outcomes identified. It is informed by a clear theory of how change occurs. The presumption is 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. Barreto proposed a participatory model for responding to social suffering with meetings held in public spaces. Meetings are structured using democratic principles and participants agree on what issues are discussed through telling stories about their lives. They are facilitated by a psychiatrist and participation is encouraged and valued and feelings of belonging to their community nurtured. These principles are based on a belief that this approach is responsive to internalised or psychic misery and can prevent suffering. Thus, solutions are thought to be found within communities and participatory solutions are thought to enhance solidarity networks (Barreto and Grandesso 2010).

The third perspective is a therapeutic approach that been used in communities where there is chronic distress, competition and rivalry between different community groups, and futility and mistrust. It has been successfully used, led by a psychoanalyst, in an area of Los Angeles following community rioting. There were historically entrenched feelings of community hopelessness, depression and powerlessness, and after the riots, community responses mirrored the coping strategies of traumatised individuals (Borg et al 2001). Similarities can be drawn with the Avalon Gardens neighbourhood in Los Angeles and Tottenham (Price et al 2014). An evaluation study of Avalon Gardens 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). Other outcomes included learning to formulate and utilise social support, gaining an increased sense of security within their community and feeling more in control of their social, environmental and political lives. Borg concludes that such projects need to be long term to succeed; Avalon Gardens "...was a four year process...supported by untold hours of human service..." (Borg et al 2001:171).

These three complementary approaches explain how change can occur, and with what effect, in places characterised by individual and collective trauma.

4. Thinking Space in Tottenham

Key findings

TTS has evolved from a single weekly open Thinking Space to include three additional gender specific sessions, topic specific sessions and opportunities to gain qualifications. These changes are indicative of its responsiveness to participants.

Despite the challenges of implementing a community development initiative in Tottenham's fragmented and stressed neighbourhoods, TTS has engaged with residents from diverse ethnic and cultural backgrounds and from across different ages. Many live in the most disadvantaged areas.

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

The majority of participants are women - 71% and women have been 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.

125 Thinking Space sessions have been held attended by 286 people, who have collectively attended a total of 986 times.

The majority of participants attend once and 42 have attended four times or more.

The community development worker has a major role in the successful implementation of the initiative.

The managers of venues used by Thinking Spaces and the personal contacts of the community development worker, as well as friends and acquaintances of existing participants, influence who attends meetings.

In this section we describe how TTS works in practice and describe the context within which the initiative is being implemented.

The meetings are facilitated by experienced clinical staff and are open to all. Attendance is voluntary and participants select a theme by sharing stories and experiences that have particular resonance for them. The group shares similar experiences and promotes

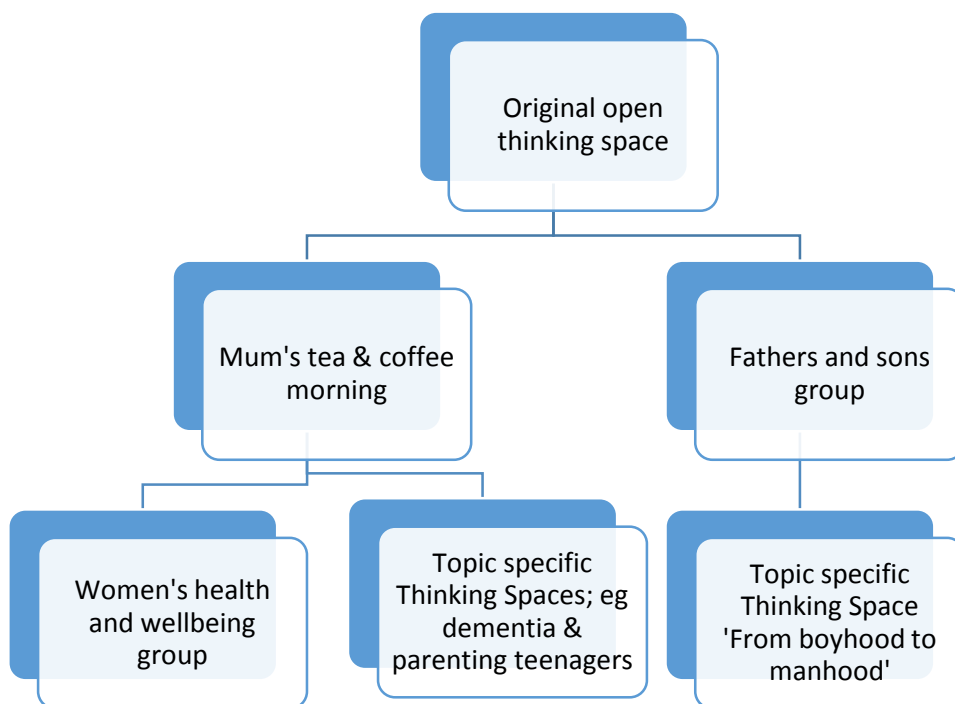
understandings of ways different individuals responded and coped. The process is designed to promote hope and community spirit as well as specific ideas for action.

We note that the way meetings are run accords well with the principles and rationale of therapeutic communities as outlined by the Royal College of Psychiatrists (Paget et al 2014; also see Barreto and Grandesso 2010). Principles include practices that are democratic and participative with safe boundaries, are facilitative of open and frank discussion, and are trusting and informal and equitable and non-hierarchical.

4.1 TTS activities

TTS started with a weekly open Thinking Space session and was held in the local leisure centre. Since then it has evolved and the following diagram shows the Thinking Spaces that take place, 15 months after its launch. Figure 4.1 shows this evolution, indicating the responsiveness of Thinking Space to the wishes of its participants and showing how participants are successfully supported to achieve their aims.

Figure 4.1. Tottenham Thinking Spaces



4.2 Staffing

Two experienced clinical staff from the Tavistock Clinic facilitate Thinking Spaces. A part-time community development worker is responsible for outreach work, promoting meetings, working with participants on their ideas for action, and the monitoring and evaluation data

collection. 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.

In keeping with therapeutic principles, a qualified and experienced practitioner meets with the delivery team to reflect on the progress and fidelity of the initiative.

The staff are ethnically diverse. A facilitator who is a woman and a woman community development worker attend sessions for women and the male facilitator attends men only sessions. These practices reflect requests by participants to have gender specific Thinking Spaces.

4.3. How Thinking Space is shaped by its local context and a public health setting

Thinking Space in Tottenham is considered by the Tavistock delivery team as an approach that will require adapting to the social, cultural and political context of the London Borough of Haringey and the UK. The following factors have influenced its conception and subsequent development.

4.3.2. Tottenham neighbourhoods

In 2012 the Communities and Victims Panel established after the August 2011 riots 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 people. The Panel spoke about 'challenged' communities where local people did not feel '...engaged, informed or involved by public services in finding and delivering solutions' (p.3); most felt disconnected from their community (61%) and alienated through a lack of respect for each other (59%) (Haringey Council 2012). The Panel recommended community development initiatives, the encouragement of community leadership and volunteering, and that public services improve their engagement with local people.

In a 'Thinking Space' session after the 2011 riots in Tottenham, participants asked for initiatives that reached out to those most affected by living in disadvantage and with inequalities, and said that sustained support was necessary. Funding of local services has been reduced as a result of the UK government's deficit reduction programme, impact upon local areas (see London Poverty Profile 2013; MacInnes et al 2014). In 2014 an annual public health report by the local authority identified a significant proportion of residents living with undiagnosed depression and a suicide rate higher than the London average, particularly for young men (Haringey Council 2014).

Using social, violent crime, health and economic indicators to measure 'community stress' we found high levels for most indicators (see Price et al. 2014: Appendix B) suggesting that Tottenham is an appropriate place to try an innovative approach for community

development. Furthermore, Tottenham consists of fragmented communities with multiple social and economic needs that are both long standing and deep-seated.

To address ‘psychological wounds’ associated with deprivation, violence and trauma experienced by residents in Tottenham, TTS is designed to:

- Increase opportunities for residents to come together and to have conversations that create understanding and trust and bring hope for a better future
- Reach out to local communities to increase participation and the voluntary initiation of solutions.

4.3.3. *Public health and government agendas*

The conceptualisation and assessment of Thinking Space by commissioners is shaped by national health concerns and local policies. From a national perspective, improving health outcomes in disadvantaged areas remains a challenge. Despite several government initiatives health disparities between disadvantaged and healthier neighbourhoods remain (see for example the Marmot Review, 2009). Thinking Space is perceived as an opportunity to pilot a promising alternative approach which has not been tested in the UK and may contribute to reducing health inequalities.

Locally TTS is expected to contribute to Haringey’s public health objectives, which include improving wellbeing, building social networks, empowering people to help themselves, and developing ‘confident’ communities. In July 2014 the commissioners suggested that TTS use a Social Capital, Health and Wellbeing toolkit developed by the Edinburgh Health Inequalities Standing group. Table 4.1 below represents the objectives and indicators and data collection within this framework. It notes data collected using the toolkit.

Table 4.1. TTS objectives and indicators within a Social Capital, Health and Wellbeing framework

OBJECTIVE	INDICATOR	DATA COLLECTION
A. The community develops capacity to collaborate and create their own self-defined, solutions to their problems.	Bonding: number of participants reporting increased confidence in tackling problems and enhanced self-esteem.	Self-confidence scale; participation scale.
	Bonding: number of participants reporting improved mental health and wellbeing.	Wellbeing scale.
B. The community develops solutions that will also be responsive to the varying needs of different individuals, families and communities within Tottenham.	Bridging: number of participants who are participating in volunteering.	Monitoring data; participation scale.

C. The community develops improved capacity for dialogue and working with tension and conflicting points of view.	Bonding: number of participants who feel they have more support from other people.	Social contact scale; social network scale.
	Bridging: number of times per year that people from different organisations or groups meet to share information.	Meet others communities scale.
D. Participants improve their capacities to manage their own lives and to advocate for themselves.	Bonding: number of participants reporting increased confidence in tackling problems and enhanced self-esteem.	Relationship map; wellbeing scale; self-confidence scale.
	Bridging: number of people who know more about their community.	Social contact scale; neighbourhood knowledge scale.
E. individuals develop self-understanding, relationships and skills that will help them to reduce self-defeating and destructive behaviours.	Bonding: number of participants reporting improved mental health and wellbeing.	Relationship map; wellbeing scale.
	Bonding: number of participants who feel they have more opportunities to improve their lives.	Self-confidence scale; participation scale.

The indicators measured by the Edinburgh toolkit are a means for collecting and collating data quantitatively to show the percentage of participants who have improved on their scale. However, for an approach like Thinking Space many of the indicators are likely to be achieved over a longer time period.

Section 5 in this report evidences the extent to which TTS is meeting its objectives and records significant progress.

4.4. Monitoring information

Between 1st October 2013 and 31st December 2014 a total of 125 meetings were held, an average of 9 events per month. The total number of people participating in TTS sessions was 286, with a total number of attendances of 986.

This is an impressive footfall for a new project with a small core team after only just over a year of implementation. The following sections look at provision and attendance in more depth.

4.4.1. Sessions and attendance patterns

The following tables list the types of Thinking Spaces: number of sessions held for each (table 4.2) and the number of attendances (Table 4.3).

Table 4.2. Number of Thinking Space sessions run between 1st October 2013 and 31st December 2014

Thinking Space Type	Number of Sessions
Open Thinking Space	42
Women's Health and Well-being	15
Mothers' Tea and Coffee mornings	39
Fathers and Sons (Men's Group)	16
Topic specific events	9
Summer programme	4
Total	125

Table 4.3. Number of attendances at each type of Thinking Space session run between 1st October 2013 and 31st December 2014

Thinking Space Type	Number of Attendances
Open Thinking Space	432
Women's Health and Well-being	52
Mothers' and Tea and Coffee mornings	220
Fathers and Sons (Men's Group)	94
Topic specific events	105
Summer programme	83
Total	986

The data presented above show that the average number of participants for each Thinking Space varied between six per meeting for the Tea and Coffee morning and Men's group, to 8 per meeting for the Women's Health and Wellbeing group and 10 for the Open Space meetings.

The topic specific events are well attended and mostly originated from concerns raised in the women's groups.

4.4.2. Who attends Thinking Space meetings?

Of the 286 attendees, 204 (71%) are women and 82 men. Women have been instrumental in initiating additional gender specific Thinking Spaces and there are more opportunities for women to participate in their own space.

Ethnically, the group reflects the ethnic diversity of the area, with 29 different ethnic groups attending. Where ethnicity is specified, the information shows that African and black Caribbean are the most frequent attendees.

Table 4.4. Attendance by Ethnicity

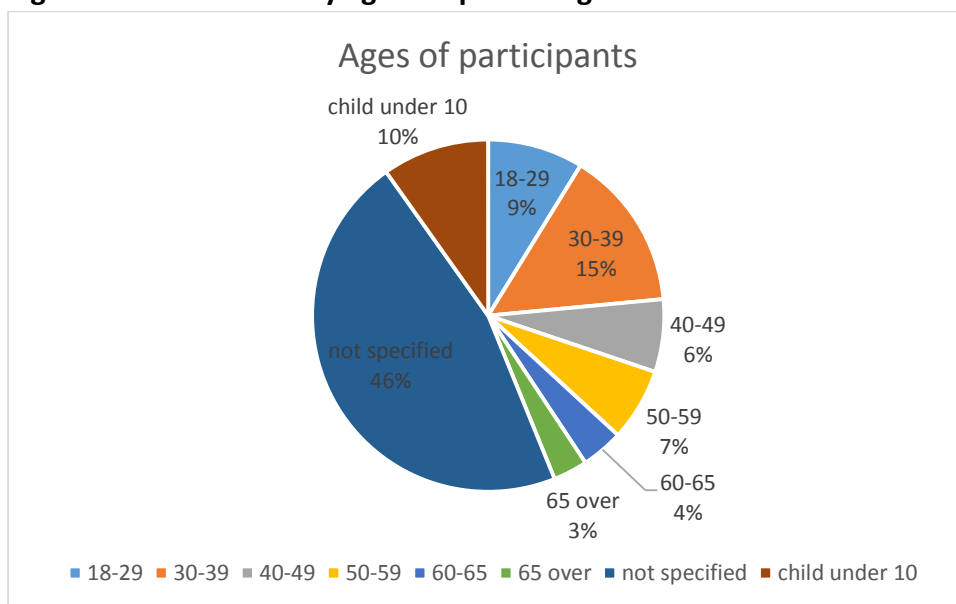
Ethnicity	No. of attendees
African	29
Asian	5
Black Caribbean	28
White UK	18
White Other	19
Black UK	3
Mixed / dual heritage	11
Not specified	173

This ethnic diversity occurs in each Thinking Space and is a notable strength of the project. As discussed later in the report, the chance to meet and talk with people from different cultural backgrounds is something attendees value very highly. Similarly, participants value the age range represented and feel that they benefit from listening to inter-generational experiences. The ages of participants are presented in table 4.5 below.

Table 4.5. Attendees by age

Age	No. of attendees
18 - 29	25
30 - 39	42
40 - 49	19
50 - 59	19
60 - 65	11
65 and over	9
Child under 10	28
Not specified	133

Figure 4.1. Attendees by age as a percentage



As age is not specified by nearly half the attendees, it is difficult to draw conclusions except to note the broad spread of ages, with no one group dominating, although younger people appear to be less well-represented.

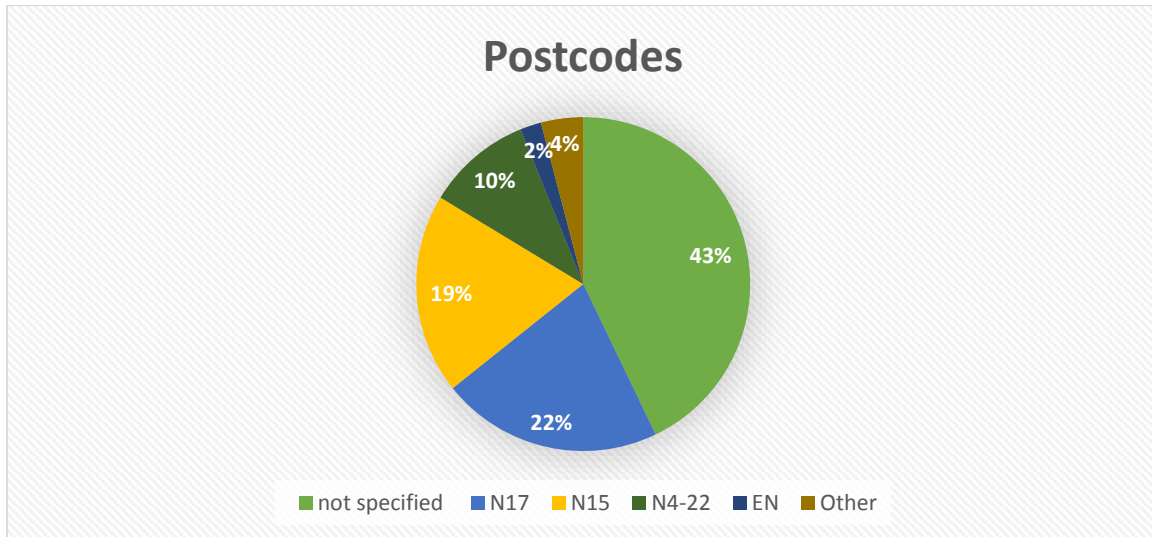
The monitoring data on postcodes is also incomplete with under half (42%) not specified by participants. Available postcode data, presented in table 4.6 below, indicates that the project is reaching its target neighbourhoods of N17 and N15 and attracting people from Tottenham.

Table 4.6. Attendees by postcode

N17	N15	N13	N18	N12	N8	N4	N22	N6	EN1	EN3	EN11	Other	Not specified
60	54	4	4	2	6	6	6	1	1	4	1	12	121

The chart below represents this, showing attendees by postcode as a percentage:

Figure 4.2. Attendees by postcode



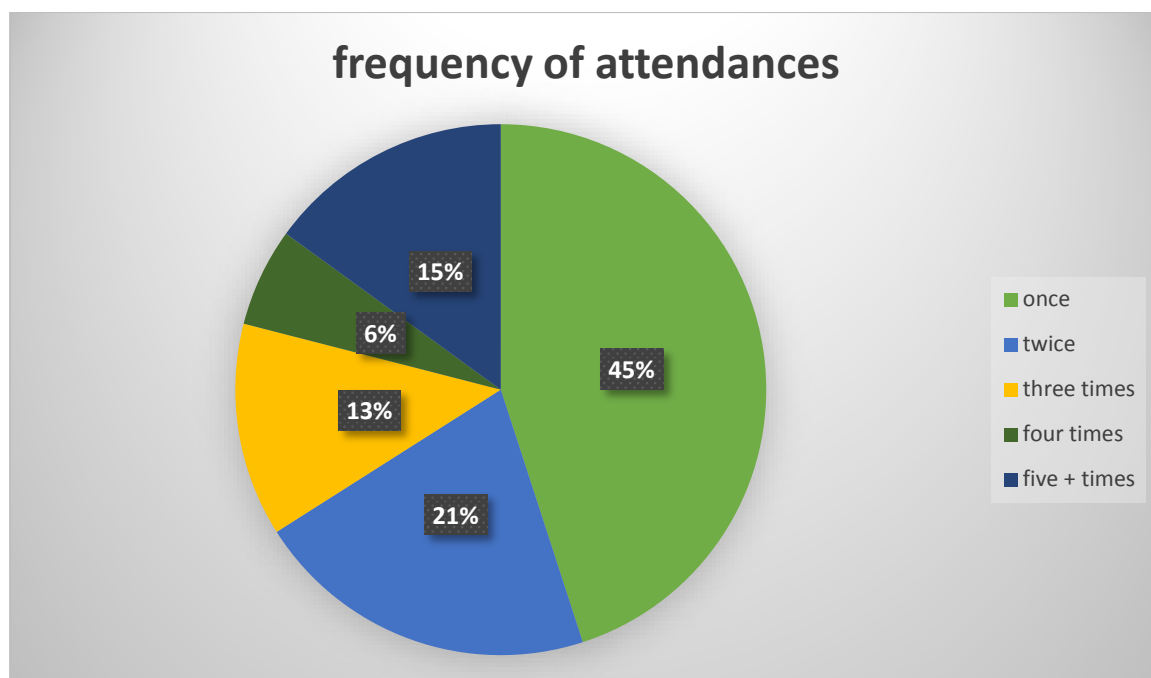
Widespread leafleting and regular outreach work to community organisations contributes to local knowledge about the initiative. Findings from our fieldwork show that the managers of venues where Thinking Spaces are held encourage people to attend. A librarian and a church pastor encourage people they know to attend and similarly the community development worker, who has local contacts, has also successfully increased participation rates. Existing participants have recommended TTS to their friends and acquaintances and this personal approach to recruiting new members seems to be successful.

Finally, the data presented below in table 4.7 consider frequency of attendance and show that most attendees attended once (45%), or twice (21%) and that 19% attended three or four times and 15% attended more than four times.

Table 4.7. Attendances by frequency

Once	Twice	3 times	4 times	Regular (more than 4)
129	61	36	18	42

Figure 4.3. Frequency of Attendances



4.4.3. Regular attendees

A group of regular attendees (15%) are committed to Thinking Space, of whom 35 have attended six or more times. These participants have 'taken' to Thinking Space and give the project much of its momentum. They are diverse in terms of ages and ethnicities. The sample of 15 interviewees who participated in the research are drawn from this group. Many of these are women and regular attendees are characterised by a desire to deepen their community involvement and to develop community initiatives, as well as a desire to broaden their own social networks and to gain support with their personal difficulties and challenges. This is an important group to monitor more closely in the future; they are the 'lifeblood' of the initiative.

4.4.4. Less regular attendees

This group have attended between two and four times (40%). We know little about the attendance patterns of these participants.

The project delivery team followed up 30 attendees who had attended one or twice (just under 30%) by telephone. Of these, 26 responded to contact, some making the effort to ring back: 5 found sessions helpful and were planning to attend again; 10 found the sessions helpful and wanted to attend again but were prevented because they had moved, or changed or obtained employment; 2 sought more information with a view to attending again; 4 had

found the single session very helpful but did not want to attend again; 3 wanted something more explicitly educational, and 2 found the group to be unhelpful.

In this study the relationship between few attendances and outcomes for participants is not known. Data has not been systematically collected on those who have attended between two and four times but this information is important to know as a few sessions at Thinking Space may have a significant effect on the lives of some people.

4.4.5. Once only attendees

A substantial number of people attended only once (45%). Just under 25% of these attended a session as part of the summer programme (special events for children and families such as a kite making workshop). At the time of the research it did not appear that one-off events attracted many people to regular Thinking Spaces but it may be too soon to know for sure.

4.4.6. Monitoring data and social capital, mental health and wellbeing

The table below was compiled by the Tavistock delivery team and sent to the evaluators. It uses monitoring data to assess progress using a logic model that is consistent with the Edinburgh toolkit. The findings suggest some progress against all but two indicators that represent social capital, mental health and wellbeing. The findings are, however, difficult to interpret. There is an absence of data on the 93 respondents - who they are, how often they have attended, which sessions they have attended and how often they attended before completing a questionnaire. It is also not clear how some of the indicators measure a hypothesis underpinning Thinking Space. For example, “community improvements in capacity for dialogue and working with tensions and conflicting points of view” (an objective of the approach) has been measured by using the number of times per year that people from different organisations or groups have meet to share information and in our view it is unsurprising that the result for this indicator is zero.

We note that findings from observations and interviews indicate much higher levels of improvement that suggested in the findings presented in table 4.8 below.

Table 4.8. Monitoring data and social capital

OBJECTIVE	INDICATOR	DATA N = 93 Percentage (number)
A. The community develops capacity to collaborate and create their own self-defined, solutions to their problems	Bonding: number of participants reporting increased confidence in tackling problems and enhanced self-esteem	6 (6)
	Bonding: number of participants reporting improved mental health and wellbeing	23 (21)
B. The community develops solutions that will also be responsive to the varying needs of different individuals, families and communities within Tottenham.	Bridging: number of participants who are participating in volunteering	15 (14)
C. The community develops improved capacity for dialogue and working with tension and conflicting points of view	Bonding: number of participants who feel they have more support from other people.	18 (17)
	Bridging: number of times per year that people from different organisations or groups meet to share information	0
D. Participants improve their capacities to manage their own lives and to advocate for themselves	Bonding: number of participants reporting increased confidence in tackling problems and enhanced self-esteem	2 (2)
	Bridging: number of people who know more about their community	18 (17)
E. individuals develop self-understanding, relationships and skills that will help them to reduce self-defeating and destructive behaviours	Bonding: number of participants reporting improved mental health and wellbeing	0
	Bonding: number of participants who feel they have more opportunities to improve their lives	18 (17)

5. Tottenham Thinking Space Outcomes

In this section the findings from our data collection are presented. They draw principally on our observations and interviews, as well as monitoring and evaluation data collected by Tavistock staff.

The objectives of TTS, as specified in their terms of reference, and agreed by Haringey Local Authority, are grouped into four categories: implementing TTS; personal outcomes for participants; outcomes for Tottenham's communities; and, the sustainability of TTS. Each theme is discussed in turn.

5.1 Implementing Thinking Space

Key findings

Establishing Tottenham Thinking Spaces according to therapeutic principles has been highly successful.

Most participants have felt safe enough to use storytelling to share their personal traumatic experiences and community experiences of stigmatisation and exclusion.

Participants have reflected on these difficulties co-operatively, are often supportive, and collective actions have arisen from these conversations, with the support of the community development worker.

The objectives are:

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.

Since its inception, TTS has provided many more opportunities than initially predicted for local people to share and reflect on their difficulties and challenges. The original model was for a weekly open 'Thinking Space' meeting, and this is how the project began in October 2013. Within two months of its launch, however, the project team supported initiatives suggested by participants and open 'Thinking Space' members – for a weekly daytime Tea and Coffee morning to which women bring their pre-school children, and for a fortnightly Men's group, specifically to explore the father and son relationship. Group members liaised with Marcus Garvey library staff and staff at Holy Trinity to get these additional spaces set up and these initiatives have continued to flourish with the support of the TTS team. Plans are also well in hand to train some longstanding members as facilitators.

In the second quarter of the project's life (Spring 2014), and partly after discussions held by the women members of the new 'Tea and Coffee mornings', a second fortnightly 'Women's Health and Well-being' space was set up in a particularly deprived area of the borough, based

in Coombes Croft library, and facilitated by the TTS team. As the summer approached, women members of the 'Tea and Coffee mornings' discussed the impending summer break and support they needed, and the TTS team, together with core members of the TTS groups, responded with a collectively planned programme of family-oriented music, arts and crafts and kite-making sessions. These workshops ran over the holiday period with 48 attendances for children and 35 attendances for adults. These events suggest that women participants are willing to take positive action and with the community development worker, able to create supportive residents' meeting spaces in their local area.

5.1.1. Implementing a therapeutic space

A key feature of Thinking Space is its therapeutic component and we have identified the following therapeutic elements that give TTS its distinctiveness. They interact and reinforce each other to provide the context within which positive outcomes are achieved.

5.1.1.1. Creating a safe 'therapeutic' space

A distinctive therapeutic aspect of Thinking Space is how meetings are opened and closed. We observed how attendees are supported to participate in an open, frank and democratic way and how they are supported to experience the meetings as purposive, active events that work towards personal and common goals. The following tables illustrate how these principles are achieved in practice.

Table 5.1. How meetings are opened

Context - Beginning	Theme - Orientation	Mechanism(s) - invitation	Outcome – welcome / clarification
<p>1) Beginning</p> <p><i>At the start of a meeting</i></p>	<p>Orientation and welcoming of members</p> <p>Specific welcome to newcomers and members returning after a gap</p>	<p>a) CDW/volunteer offers refreshments</p> <p>b) opening welcome to all, especially new members and those returning after a gap</p> <p>c) opening introductions around circle invite everyone to speak / locate themselves within timeline of project</p> <p>d) Facilitators, volunteers, evaluators identified</p> <p>e) Facilitator speaks briefly to open agenda, invitation to describe how your week has been / your experiences of living in Tottenham</p>	<p>Sense of welcome:</p> <ul style="list-style-type: none"> - Explicitly includes newcomer - Explicitly reassures returnee they are wanted / were missed <p>Sense of free space and a structure provided</p> <p>Reduction in initial uncertainty, anxiety</p> <p>Expectations clarified</p> <p>Permission given to share and reflect on experiences</p> <p>Equality of standing implied</p>

			Commonality ('Tottenham') implied
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Table 5.2. How meetings are closed

Context - Ending	Theme - Review	Mechanism(s) – Thanks	Outcome – Validation
<p>2) Ending</p> <p><i>At the close of a meeting</i></p>	<p>Review of themes discussed / individuals' contributions in the meeting</p> <p>Celebration of successes</p>	<p>a) End of meeting signalled roughly 20 minutes before</p> <p>b) Those who have not spoken usually invited to do so</p> <p>c) Closing comments invited</p> <p>d) Individuals thanked for their contributions, which are recalled accurately</p> <p>e) Reminder of upcoming meetings, progress made with individual and collective projects</p> <p>f) Newcomers explicitly invited to re-attend</p> <p>g) Members invited to invite others, absent members asked after</p>	<p>Time allocated to wind down</p> <p>Acknowledgement that exclusion needs protecting against</p> <p>Acknowledgement of work done / trust shown by individuals in 'sharing'</p> <p>Review of individuals' progress / feedback invited and born witness to by others</p> <p>Group hears about ongoing events</p> <p>Group has a sense of projects planned and achieved</p> <p>Individuals able to add input to planned events</p>

5.1.1.2. Principles of equality and democratic participation

Most interviewees drew attention to the skills of the facilitators and how they enabled an ethos of equality and democratic participation to prevail. One interviewee explained this process:

"Frank 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 and its open access. Equality of all participants recognises that participants are treated as 'we would like to be treated' and that participants share the same psychological processes.

Anyone can adopt the role of ‘helper’ or the one receiving support (Rapoport 1960). A number of people mentioned that being treated as equal and with respect is important in empowering members and enables them to become more aware of their own agency:

“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)

5.1.1.3. Non-judgemental setting

Nearly all research interviewees explained that a non-judgemental environment encouraged participants to learn and to gain encouragement from hearing others recount their experiences. We saw this non-judgemental approach in virtually all our observations. Listening to others’ stories was described as ‘moving’ and ‘very, very interesting’ and ‘stimulating’ and ‘inspiring’. So, an important dimension of the experience of ‘sharing’ was the awareness that others would disclose personal information too, in a spirit of trust, helpful comparison and implicit teaching and learning:

“...we can look out for each other. It’s a shared thing. That’s what community should be about in Tottenham. It’s people taking time to listen to each other...it makes you feel better as well when you hear that you’re not alone in your struggles” (Interviewee 3)

“...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)

5.1.1.4. Sharing and reflecting on difficulties

Nearly every interviewee mentioned the fact that it was routine for members to disclose disturbing and damaging past or present personal circumstances. 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)

The opportunity to share perspectives and experiences and obtain other people’s opinions and suggestions was also stressed by the majority of interviewees as a positive resource:

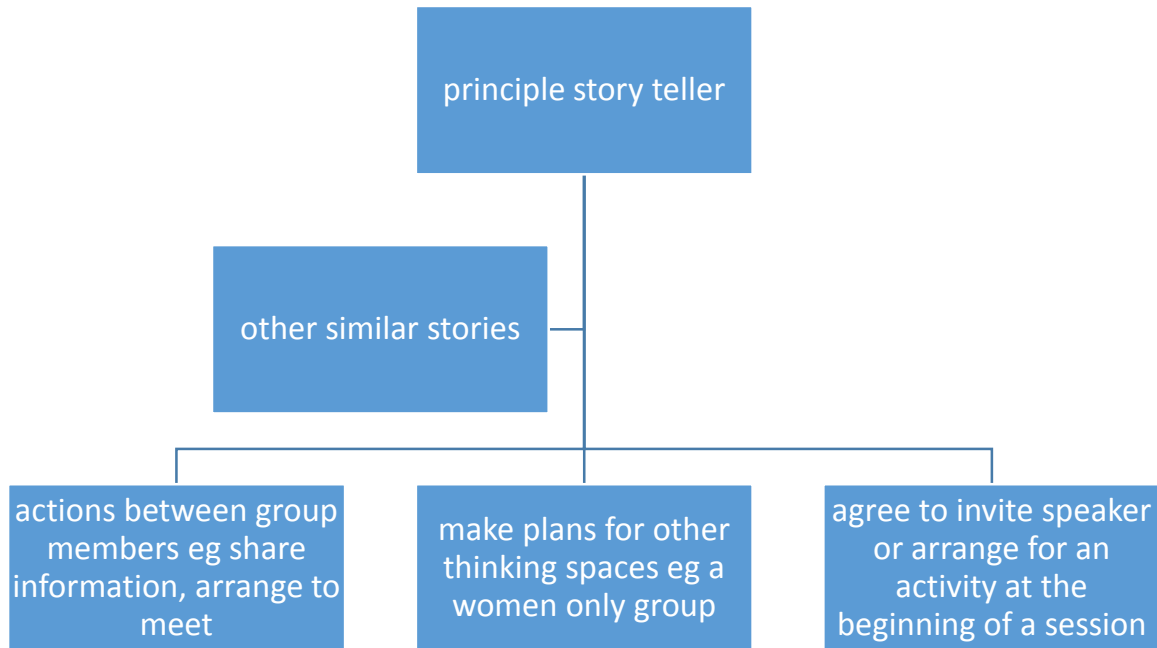
“It’s enhanced my life. To realise that there are other people in a common situation, like myself, and realising that just by sharing my experiences that might help someone else. I’ve felt really good I’ve had that positive exchange – I’ve felt the other person has

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)

5.1.1.5. How participant-led action occurs

A key feature of Thinking Space is how plans and actions emerge from telling stories and the figure below describes three types of actions that have arisen from TTS.

Figure 5.1. How actions and plans emerge from Thinking Space



Thus, from the original Open Thinking Space that took place weekly, the initiative has expanded and at the time of writing includes four regular thinking spaces, and one-off thinking spaces, for example, a topic specific Thinking Space session in a secondary school, or topic specific Thinking Space sessions on topics raised by participants, for example, 'Parenting teenagers', and 'Dementia'.

The evolution of TTS has been instigated by women who were instrumental in initiating the three 'spin-off' Thinking Spaces; two women only spaces, one on health and wellbeing and the other for mothers and young children, and the third for fathers and sons. It is also notable that practical actions and activities have arisen from the women's groups; for example, food hygiene and dental hygiene courses.

5.2. Personal outcomes for participants

Key findings

The friendly, equal, democratic and non-judgemental setting creates an environment within which the following social interactions and changes can occur:

- Participants feel able to receive and give support
- Participants realise they are able to connect with others who share similar experiences including depression, domestic violence and parental separation
- Participants gain new insights into their personal issues and make different decisions as a result
- Participants are able to redefine their problem as less of a personal and more as a community or societal problem
- By sharing stories participants feel that they are not alone, recognise that they can support each other and become more hopeful about their future
- They are more tolerant of cultural differences

The objectives are:

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.

In this section on ‘personal outcomes for participants’ we look specifically at the content of meetings, and how the ‘talk’ at Thinking Space meetings can assist in the development of self-understanding and support a greater capacity to manage one’s own life and to advocate more effectively for oneself and others.

It has been noted that when participants talk about their experience as residents of Tottenham, it is common for individuals to describe very difficult past or present personal circumstances or events. The tables below illustrate a range of disclosures of such events, and utilise the ‘context, mechanism, outcome’ approach outlined and deployed in section 5.1. The aim is to consider *how* the discussions in meetings achieve personal outcomes, so the focus is on processes of change.

Table 5.3. How traumatic accounts are received

Context – Traumatic account	Theme - Examples	Mechanism(s) – Empathy	Outcome – Relief
<p><i>A member shares an emotionally traumatic (past or ongoing) experience</i></p>	<ul style="list-style-type: none"> a) a violent death of close family member b) separation from parents as a result of migration c) sudden heart attack of parent 	<ul style="list-style-type: none"> a) People offer empathy b) People ask questions / seek clarification to explore the event further c) (Different) interpretations are offered of the event’s meaning(s) d) Validation is offered concerning the member’s strengths and capacities e) A similar or related event is often recounted by another member f) Questions are asked about how the speaker coped / is coping, how they might be helping themselves / others in the situation <p>Suggestions are made about how to cope</p>	<p>Relief at being able to give expression to an experience of suffering</p> <p>Relief at being listened to at length</p> <p>Relief at having suffering validated</p> <p>Sense of being cared for by the group’s empathic response</p> <p>Sense of support from group</p> <p>Further ideas for how to interpret and manage the situation available as a personal resource – for acceptance or rejection</p> <p>Model set to all group members of safe space for self-expression</p> <p>Model set to all members concerning how to listen to and support others appropriately</p>

It is also common for participants to speak about similar events which additionally involve elements of victimisation and these elicit further responses from the group that are worth noting.

Table 5.4. How traumatic accounts of exclusion, victimisation or stigmatisation are received

Context – Account of victimisation	Theme - Examples	Mechanism(s) – (in addition to those in table xx) Acknowledgement	Outcome – (in addition to those in table xx) Validation
<p><i>A member shares an experience of exclusion, stigmatization or abuse</i></p>	<ul style="list-style-type: none"> a) Police not pursuing an investigation b) Housing Association not responding to serious disrepair c) Local hospital’s mistreatment of elderly spouse d) Drug user automatically criminalised e) Black man automatically seen as linked to ‘gangs’ f) Past or ongoing physical abuse by male partner g) Severe childhood physical abuse and bullying by carers h) Emotional bullying / abuse by male partner 	<ul style="list-style-type: none"> a) Member’s viewpoint is acknowledged as valid b) Others concur with the experience – authorities can be oppositional / dismissive c) Others express disagreement – some authorities can be helpful d) Suggestions for different resources / different approaches are offered e) Stigmatization is acknowledged, explored and occasionally whether it occurred or not is challenged f) Solidarity expressed with the speaker g) Members express shock, affirm unacceptability and cruelty of the abuse h) Motivations of perpetrators are explored, reasons for their behaviour offered i) Rights and entitlements of the speaker are stressed 	<p>Member’s less powerful point of view is given credence when it may not often have been before, with the possible exception of family and friends</p> <p>Members’ powerlessness is both acknowledged but also challenged</p> <p>Hope is offered that some services may be able to assist</p> <p>Ideas are offered for further avenues of support / pursuit</p> <p>Members’ perception is validated but may also be challenged</p> <p>Member feels less isolated / stigmatized</p> <p>Member’s identity is valued</p> <p>Stigmatizing / stigmatized perceptions interrogated</p> <p>Member has an experience of validation that may clarify for them that what they are experiencing is abuse</p> <p>Member supported to feel empowered to take action</p> <p>Sources of support / resources made more available or accessible</p>

Additionally, members also speak frequently about either their own or others’ experience of mental illness; and about the more ‘nebulous’ emotional experience of loneliness and isolation. As mental illness is still quite a difficult subject to talk about freely, it is worth noting how this theme, and the theme of loneliness, is managed at Thinking Space.

Table 5.5. How accounts of mental illness and isolation are received

Context – account of mental illness or isolation	Theme - Examples	Mechanism(s) – Acceptance	Outcome – Reduction in shame
<p><i>A member shares an experience of [severe] mental illness – of self or close family member; or shares an experience of isolation and loneliness</i></p>	<ul style="list-style-type: none"> a) Own / family member’s depression b) Family member’s schizophrenia c) Daughter’s puerperal psychosis d) Own postnatal depression e) Own panic attacks f) Mother’s anorexia g) Mother’s dementia <p>Isolation:</p> <ul style="list-style-type: none"> a) Following bereavement of parents b) As a result of repeated moves c) As a result of over-work d) As a result of being at home with one or more babies and toddlers e) Not fitting in with existing friendship group any longer f) As a result of lack of confidence g) Following migration to this country and break up of intimate relationship h) As a result of age i) As a result of onerous caring responsibilities (for parents) 	<ul style="list-style-type: none"> a) Individuals comment on feeling more informed about the nature of the problem b) Individuals explore the unique nature of mental illness and its potentially debilitating effects c) Individuals explore stigmatization in relation to mental illness specifically d) Individuals discuss / share knowledge of resources for people suffering from mental illness <p>Isolation:</p> <ul style="list-style-type: none"> a) People reiterate: ‘You are not alone – you have met us here’ b) Suggestions are made for how to meet people c) Some friendships are built outside the group 	<p>Member has an experience of being validated without medicalization / direction to ‘treatment’</p> <p>Shame or stigma associated with being alone is reduced</p> <p>Sense of isolation is reduced, sense of social networks increased</p>

These deeply emotional and intimate accounts of child sexual abuse, years of experiencing domestic violence, family conflict, attempted suicide, murdered family members, family

separation, depression, long term illness, debt, living in poverty, loneliness, and suppressed anger and feelings of anxiety and inadequacy are often described in an atmosphere which is thoughtful, unsensational and supportive – a huge achievement for a meeting run continuously as a completely ‘open access’ community group.

We have also observed that where participants associate to others’ stories and respond by telling a similar story, this process can be informative and educative for those listening. Members can experience a common bond in relation to an experience, as well as a common awareness being generated of the shared and / or pervasive nature of the specific social problem under discussion. The problem can therefore become framed less as an individual one and more a societal or community one. This means that the responsibility for solutions is not automatically thought to lie solely with either the individual or ‘authorities’. The following findings illustrate how these processes occur.

5.2.1. Supportive behaviour and the value of feeling supported

One overarching theme emerging from all interviews was the importance of the group as a place of caring, emotional support in relation to the recounting of difficult, isolating life experiences. The group was seen as supportive because it allowed people to express feelings and speak about experiences that often had to be hidden or managed alone:

“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)

5.2.2. Better understandings of personal issues

The majority of interviewees recounted examples of where they had gained new insight on a problem or issue that was personal to them:

“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)

5.2.3. Improved listening skills

Interviewees reported developing more skill in listening properly, and in being able to speak in a group. Again, for the majority, this went hand-in-hand with a reported rise in confidence, or developing awareness of an area of the self that needed to change:

“...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)

“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 1)

5.2.4. Improved understandings of cultural and ethnic diversity

The majority of interviewees drew attention to the diversity amongst members of Thinking Space. A number of people noted that this had challenged their presumptions – sometimes in unexpected ways. This was experienced as exciting and as hopeful in relation to forming a sense of community and finding new sources of commonality, despite differences of culture, generation and gender. It also contributed to a sense of the wider community as perhaps safer than had been presumed:

“...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”... (Interviewee 12)

“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)

5.2.5. Working through disagreements and tensions

Interviewees were explicitly asked about whether they had observed disagreements or ‘difficult’ discussions in the group and how they felt about these. Most people acknowledged that there had been conflict and disagreement in the Thinking Spaces they had attended but had not found it ultimately upsetting or off-putting. As well as commenting on the inevitability of this, a number expressed confidence in the facilitators’ capacity to handle this.

Interestingly, more people commented on the capacity of 'the group', or 'us', to manage the process:

"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)

Interviewees frequently commented on changes they had observed in others and described changes in their own behaviour. The changes most frequently mentioned were an effort to get out more, an effort to communicate more, a sense of directionality or purpose, a greater willingness to seek help, more productive and less confrontational ways of engaging, and an effort to share and make use of information and resources:

"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)

"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)

"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 6)

Thus, it is possible to conclude that where Thinking Spaces have followed the therapeutic approach that informs how Thinking Space is intended to work, we have identified a range of positive personal outcomes, as predicted by the model.

5.3 Outcomes for Tottenham's communities

Key findings

There are some early indications that TTS has the potential to have an impact on how residents in Tottenham live their lives.

Self-defined solutions are emerging; for example, a dynamic relationship between attending Thinking Space, creating exhibitions and topic specific Thinking Spaces that are related to the exhibition theme. This inter-relationship can generate a sense of understanding in relation to a potentially shared problem, for example, post-natal depression.

The progression from reconceptualising problems so they are seen as shared issues, and then moving into community action, has been most pronounced for issues that have clear practical and tangible outcomes, for example, a need to develop work-relevant skills leading to obtaining a certificate for food hygiene. Complex and multi-dimensional issues such as social isolation and domestic violence are common, but more difficult to generate community responses and actions.

Some participants have increased their local knowledge about available services and how to access them.

The objectives are:

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.

Assessing outcomes for Tottenham's communities is probably premature at this stage of the initiative as these are ambitious outcomes and it may take years before it is reasonable to expect tangible differences within the area. However, the process outcomes that are identifiable suggest that Thinking Space has the potential to have a community effect, provided it is able to engage with many of Tottenham's fragmented communities and with a broad range of community organisations and agencies.

Understanding how TTS can contribute at a neighbourhood level by working through communal fears and anxieties to increase tolerance and provide a better response to

community anxieties, as well as bringing about a more positive and hopeful community, is complex, non-linear, and maybe unpredictable. It is contingent on many unknown factors. Conceptualising community outcomes in terms of 'The community', as stipulated by the objectives, probably adds to these complexities as it is an idealistic notion that is unlikely to be achievable and, as implied in Thinking Spaces, this may not be a goal that local residents themselves aspire to. One unified community opens up possibilities for an increasing number of people feeling marginalised from a dominant perspective, whilst pluralistic communities or newly formed communities can be more accepting of diversity and difference and more inclusive for a greater number of residents.

Nevertheless, we have identified the emergence and development of four themes pertinent to outcomes for communities and each are discussed in turn.

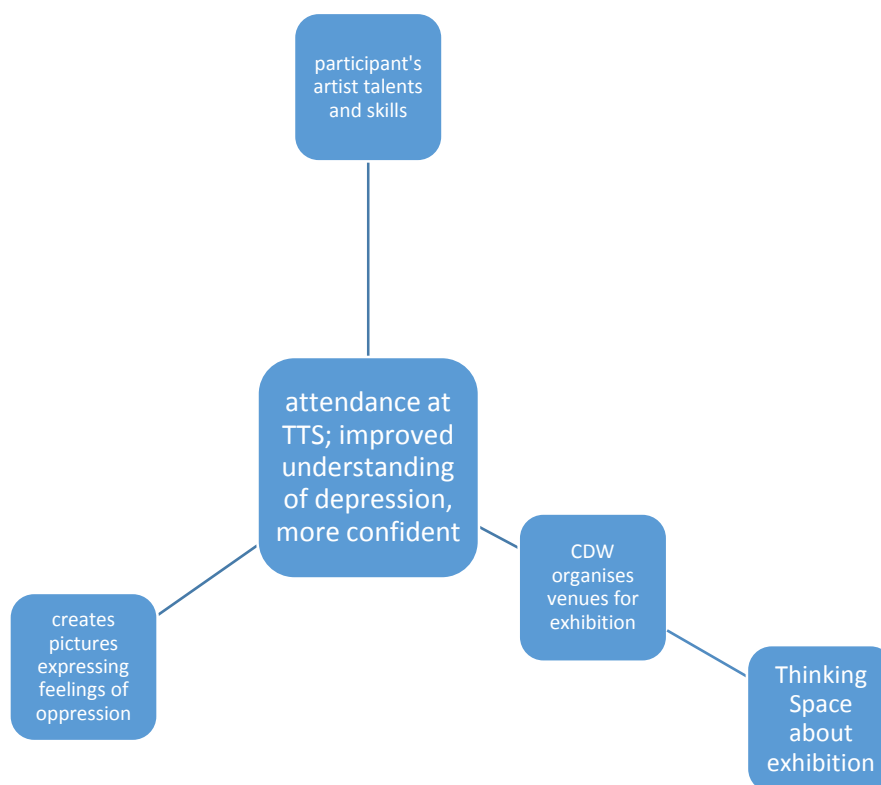
5.3.1. Self-defined solutions: practical actions and activities

We have observed that many practical activities have arisen from the original open Thinking Space, almost all of which originate from women participants and most of which are organised by the community development worker with support from other women. These women are often caring for young children and wish to prepare for returning to paid employment or to acquire skills to set up their own businesses.

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 is an emerging theme; for example, writing poetry and reciting poems in a group and creating exhibitions about emotionally issues.

Figure 5.3 illustrates how dynamic relationships exist between Thinking Space, practical actions, community benefits and additional Thinking Spaces. There was powerful feedback on these inter-relationships; participants found they improved their understandings, expressed their emotions in ways they were unable to do themselves, and affirmed a strong sense that they were not alone or 'abnormal'. Participants of the Thinking Spaces associated with the exhibitions explained how they found exhibitions about 'difficult subjects' a beneficial form of expression and how they enabled them to better understand their own feelings and fears.

Figure 5.3. How social actions emerge from Thinking Spaces



This practical actions and expression of painful experiences in public have originated from women. These types of actions have not, however, emerged from the men's Thinking Space. The setting up of this space was encouraged by women who think that fathers often do not take an active role in raising their children and that women in relationships with men can feel lonely and isolated. This group has 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 religion plays a role in their understandings of 'who they are'. Another theme is 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 have spoken about difficult relationships with their teenage children and how they can be hurtful. Our findings show that for regular attendees this therapeutic space is supportive and enables men to better understand themselves. However, some men preferred to attend the mixed-gender Open Thinking Space and also found this supportive and enabled them to re-frame themselves and their relationships with others.

5.3.2. *Responsiveness to varying needs; multiplying regular Thinking Spaces*

The evolution of TTS from one to four regular Thinking Spaces to meet the needs of residents who have different issues is how the initiative has grown organically, although this development has been reliant on the community development worker. The evolution of single gender groups is a clear expression of preference by residents. Participants recognise the benefits of a non-judgemental space where they feel they can talk about issues of concern '*intensely*'. Increasing the number of regular Thinking Spaces is an effective way of reaching out to different groups and increasing the capacity of the community to collaborate, define problems and find solutions, but it is resource intensive and beyond the current TTS budget.

The topic specific Thinking Spaces workshops have reached out to different interest groups through themed presentations, for example, 'living with dementia' and 'parenting teenagers'. They are, however, 'one off' and arguably more like discussion groups than therapeutic experiences, although they may inspire people to attend regular Thinking Space sessions in the future. Participants who were interviewed for the research were clear that the regularity of the sessions is important to them; some describe how they '*store things up and wait for a Wednesday to off-load*', and how even if they do not attend, knowing that they could attend was important to how they felt.

5.3.3. *The challenge of moving from reconceptualising shared social problems to community actions*

We found that Thinking Space methods facilitate a process whereby participants reconsider social problems through learning about different perspectives and possibilities by telling their stories, listening to similar experiences, asking questions and having discussions. Whilst participants told us that these processes enable them to feel '*in a different place*', making a difference beyond the group setting can present a further challenge. There are many things that participants would like to change but where national policies have a local effect and participants are less able to take actions. For example, families have been moved out of London by the local authority, and others in privately rented accommodation cannot afford increased rent and have to move to areas where rents are lower. These people lose local contacts, include support from TTS.

As outlined in the previous section, TTS has improved self-understandings and reduced self-defeating behaviours but connections to community actions are more complex. The following examples illustrate the value of TTS for the group attending, but suggest that where social concerns are embedded in quite immovable social structures, strategies for collective action are harder to develop. At this point in time, TTS has not fully worked out its approaches to implementing change at a community level. The extent to which TTS will serve as a mediating entity that increases the legitimacy of local communities to ensure that their needs and concerns are heard and met by governing structures, remains to be seen. The following examples pertaining to *social isolation* and to *domestic violence* illustrate how Thinking Space

has surfaced many different understandings and experiences of a shared problem and how support has remained largely amongst participants.

Participants feel *socially isolated* for many reasons; they may live alone due to the death of a partner, have no family and feel lonely; feel forgotten by their family; feel isolated because they cannot afford to go out; feel isolated and self-destructive due to poor family relationships; and, feel misunderstood, even though they have friends and family. Whilst there are many examples of participants making friends within the group and being supportive of each other during sessions, as noted, the benefits, at this point in time, seem to remain mainly within the group. Some participants are able to recommend services and other local support groups.

Domestic violence is also frequently discussed in the women's Thinking Spaces. Many describe how these experiences, past and present, account for their depression and lack of confidence. Some angry exchanges about feelings of guilt and the effects on their children's development have generated both conflict and high levels of support within a group.

In discussions on families we have noted that idealised notions of families and people acting as role models are used by participants to make judgments about how good they are as a partner, wife or mother and how their husband, partner or children should behave. The implications of this are that conflicts within families are interpreted by women as 'failing' and add to the complexity of debates about how to respond.

5.3.4. Challenging encounters: the interface between services and clients

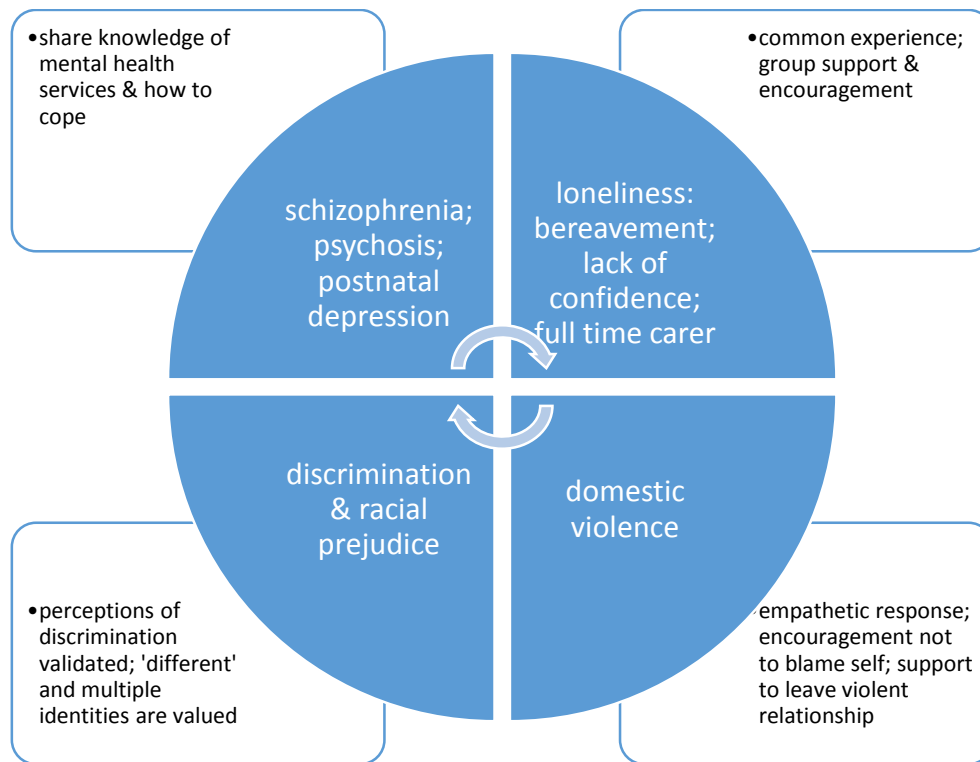
Services are routinely discussed at meetings and they are invariably criticised as well as the cause of considerable emotional turmoil. Many participants are regular users of services because they are in debt, have children who have additional needs and / or are experiencing bullying at school, have housing problems and / or health needs. Their encounters with service providers are sites of conflict and tension and can increase feelings of despair and powerlessness.

Other participants do not use services; they may not know about them or chose not to use them. Through discussions over many months participants have recognised that they and/or their children do have unmet needs that require services. The community development worker is an active participant and co-facilitator and hears the stories of participants. She is trusted and instrumental in supporting participants to access services for the first time. Group support about how to approach agencies, what to ask, and how to react to criticism has been forthcoming for those who are uncertain about contacting services.

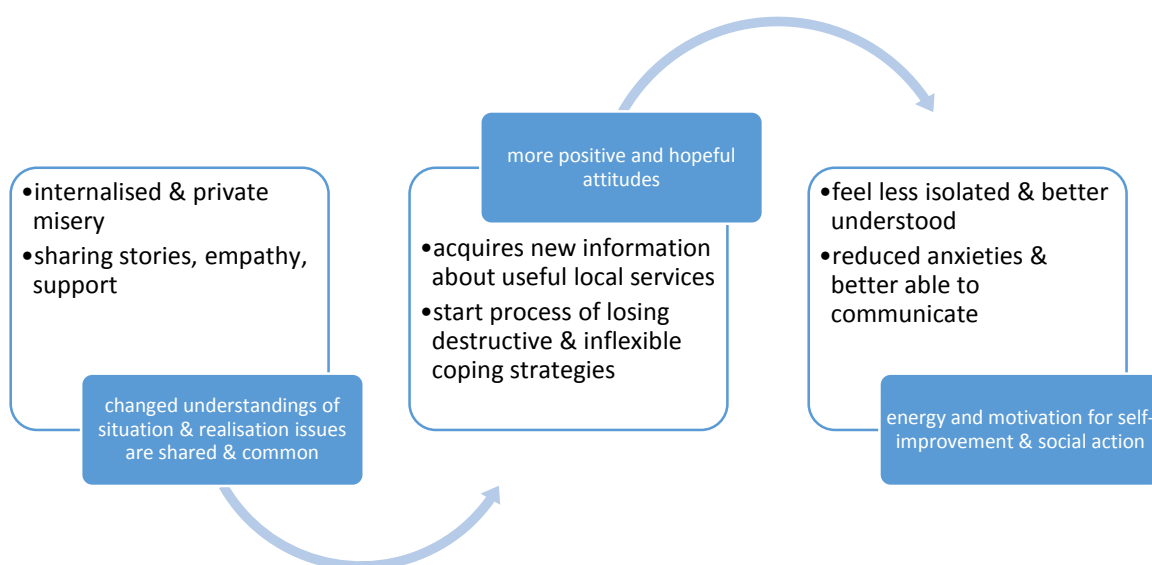
Overall, these findings suggest that TTS is enabling participants to better articulate the social support they require and to utilise social support and services. This meets demands made by residents after the 2011 riots.

5.3.5. Summary of how outcomes are achieved

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.



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



5.4 Sustainability of Tottenham Thinking Space

Key findings

The community development worker plays a key role in the success of implementing the initiative and through networking has raised the profile of Thinking Space within Tottenham and her membership of umbrella groups in Haringey has increased awareness of the initiative across the borough.

The role of the community development worker has developed to include co-facilitation of meetings.

The delivery team are working beyond their contracted hours.

The planned training of 13 volunteers to be facilitators should increase the capacity of the initiative.

The development of a robust evidence base and evaluation method requires further discussion and refinement of existing approaches.

The objectives are:

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

The Community Development Worker's ongoing networking activities are key to the success of embedding the project into Tottenham. Her work involves disseminating information about TTS and its distinctive approach, encouraging services to recommend TTS to appropriate potential service users, and setting in train positive links between TTS and other providers, and replacing an initial mistrust in relation to the place of the Tavistock and Portman NHS Foundation Trust in Tottenham.

The Community Development Worker is a member of the newly formed Mental Health Reference Group in Haringey, which replaces the borough's original Stigma Reference group. This provides an opportunity for local organisations within the voluntary sector to join together and ensure that their priorities are included in the mental health framework being put together by LB Haringey, and by the central commissioning group. The Mental Health Reference group will be electing representatives to sit on the borough's Adult Partnership Board.

The Development Worker is 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 can inform how health and wellbeing services are provided.

In addition, the Community Development Worker has built links with a range of local and London-based organisations. These include Haringey Children & Young People's services; the Claudia Jones Organisation; Age UK; Clarendon Recovery College; HAVCO; Tottenham Hotspur; Pembury House School; Open Door; Pembury Children's Centre; Embrace UK; Homes for Haringey; HAGA 'Alcohol Connectors' Project and Westminster Drugs Project. These links act as sources of referral, consistently bringing new people to the project; they also provide links to relevant services to whom TTS can – and does – make referrals.

At the time of writing this report the delivery team are working beyond their contracted hours; more activities are being suggested than the community development worker could support participants to realise and proposals are invariably left to the worker to activate. There are plans in place to increase the capacity of the initiative to expand and 13 people are planning to attend a volunteer training and support programme scheduled to commence in February 2015.

In many ways TTS is a victim of its own success and its evolution reflects a determination by the delivery team to be responsive to participants in order to retain the community development aspect of the initiative. The longevity of the four Thinking Space groups and any subsequent demands to create more Thinking Spaces are likely to be dependent on the recruitment and training of facilitators. The community development worker facilitates and co-facilitates sessions and a volunteer also occasionally co-facilitates.

Plans have been made for Tavistock staff to formally train volunteers as co-facilitators and they will work alongside Tavistock staff until they are judged competent to facilitate alone. A meeting for participants interested in volunteering took place in December 2014.

Plans have also been made for the community development worker to increase her facilitation responsibilities. The use of residents and other professionals as facilitators will be an interesting development for the sustainability of the initiative but will they have the knowledge and expertise of the Tavistock staff? Will attendance and the psycho-dynamically-informed method be maintained? Thinking Space facilitators are currently paid to run sessions, but will it work with facilitators volunteering?

One of the challenges for creating a sustainable initiative is for TTS to be responsive to participants' difficulties and to enable participants to take actions themselves. One challenge for TTS is that it has surfaced many unmet needs, under-use of services, and inadequate

services that can leave vulnerable residents feeling powerless and angry. Some priority setting may enable the initiative to be more manageable and increase its potential to have an impact in Tottenham.

Tottenham is a large place with many culturally and ethnically diverse communities and research findings from the Los Angeles initiative suggest a concentrated neighbourhood-based approach may be a way forward. Thus, introducing a number of facilitators and volunteers into the same neighbourhood would enable TTS to build on the current interest expressed by some local groups and agencies in introducing a therapeutic dimension to how they deliver their services. This would open possibilities for agencies such as housing and advice to have Thinking Spaces for their staff. Such an approach would also have the potential to reduce some of the mistrust and anxieties amongst community groups and statutory agencies that has been identified by participants.

5.4.1. Monitoring and evaluation

The community development worker asks participants to complete monitoring forms and the administrator enters the information onto an excel database. At the end of December 2014 this system was up-to-date. The database includes telephone numbers and email addresses which the community development worker uses to remind people about meetings. Monitoring data is a source of information to assess progress but it is not entirely clear that these data are analysed and used for outreach purposes, to attract under-represented minority ethnic groups, for example.

TTS has experienced difficulties implementing the Social Capital, Health and Wellbeing planning and evaluation toolkit constructed by the Edinburgh Health Inequalities Standing Group for a number of reasons including being administratively under-resourced. Furthermore, it is not clear that the Edinburgh evaluation toolkit is well-suited for TTS.

Firstly, the completion at regular intervals of a questionnaire designed for 'before' and 'after' a single continuous intervention does not fit the TTS model. It also assumes a linear progressive improvement, but initial research findings strongly suggest that this is not how change occurs for most participants. Indeed studies show that oscillations during sessions and over time are characteristic of this approach; some sessions are very constructive whilst others are less so (Rapoport 1960). Participants describe a difficult and rocky road with 'stops and starts' and attempts to engage with community life that can fail or be exploratory or of little interest.

Secondly, the defining characteristic of TTS is its 'depth' approach that changes how residents, and communities themselves, feel, think and behave. The focus is on reducing avoidance behaviour, projections, and splitting and building subtle skills of listening and self-expression and empathic understanding. These outcomes are not captured by the Edinburgh toolkit.

Thirdly, TTS is an approach or method of working, rather than a project or intervention, whereas the toolkit is constructed within a 'what works' framework with reference to a single

bounded programme. Of course, the changes generated by TTS are important to assess. But capturing process outcomes in a way that explains *how* TTS may or may not work is, in the opinion of the evaluators, more significant. This is particularly in relation to an approach that is being adapted to Tottenham, and is a pilot initiative. There is a need to consider the local sustainability of an approach, its models and processes of change, and its fitness for purpose and the possibilities for longer-term impacts.

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Appendix A:

Tottenham Thinking Space, Interim Report. Heather Price, Yang Li and Alice Sampson. May 2014.

Summary of main points

The research for this interim report was conducted by an inter-disciplinary research team at the University of East London (UEL). Experienced researchers from the Centre for Geo-Information Studies, Psycho-Social Research Group and Centre for Social Justice and Change completed the research between March and May 2014.

As researchers with over 15 years of experience evaluating initiatives in disadvantaged areas of London, including Haringey, we note that it is unusual to find a project that is well-implemented at an early stage and has utilised a strong theoretical perspective to underpin and inform practice (see appendix A for theoretical perspective).

Overall we have found that TTS is:

- addressing local needs
- has been well received
- is implemented to a high standard
- showing early signs of achieving outcomes

Thus, we have found strong indications that TTS is a viable initiative.

And, based on our research findings, we believe that the potential of TTS to achieve sustained community outcomes can be realised once local residents are trained as facilitators and are supported to practice their skills.

Achieving outputs and objectives

The findings presented in the interim report indicate that TTS is achieving its four outputs and nine objectives. However, from this initial assessment it is not possible to document the extent to which they are being achieved.

Evidence of need

We created a typology of community stress and social isolation and found that Tottenham Green ward has multiple indicators of tensions. Thus, there are strong reasons for believing

that the intentions of TTS are well-suited to address the high levels of community stress and social isolation identified in the area (see Appendix B of interim report).

Research participants identified that mental health issues associated with stress and anxiety are enduring and require ongoing and long term remedies.

Embedded into local networks

We found:

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

Reaching out to and engaging with all communities

- The community development worker is successfully using multiple and innovative techniques to reach the fragmented communities, including: systemically 'walking the streets' and engaging those she meets in conversations; encouraging attendees to bring friends to meetings, and selecting highly accessible and high profile community venues as meeting places.
- Members from a range of ethnicities and ages have participated in the 45 meetings. There have been 281 attendances, an average of 6.2 people per 'Thinking Space'.
- At least 155 local people have experienced a 'Thinking Space' meeting and of these participants, at least 20 have attended several times and there is a core group of 13 regular attendees.
- The core group is ethnically diverse, drawn from across the age range and increasing over time. Members of this group have gained the confidence to take on organising roles to support the smooth running of TTS. Through this voluntary work they are gaining skills and further confidence.

Implementation

We have found clear indications that a robust and professional implementation strategy has been put in place. Thus,

- There is a strong core delivery team with regular team meetings and a consultant funded by the Tavistock and Portman NHS Trust who joins the core team to encourage them to reflect on how well they are working together and to assess the extent to which they are meeting their aims and objectives.
- Delivery team members are willing to learn from what works well and what does not work well; for example, they openly discuss the challenges of facilitating open meetings.

- As a consequence of this management and delivery structure the core delivery team routinely reflect on the therapeutic model that underpins the initiative and refine and adapt their understandings of how to improve practice to achieve outcomes.
- Participants are warmly welcomed to meetings. Drinks and biscuits are provided, and everyone is treated with dignity. Newcomers and returners are put at ease. These actions enable participants to relax, speak conversationally to each other and raise personal issues.
- Meetings are exceptionally well-facilitated and facilitators encourage all members of the group to speak freely on any theme relating to challenges or opportunities they experience.

We have found clear evidence that the principles upon which TTS is founded are working in practice, suggesting that this community therapy approach is informed by a strong theory of change. Thus,

Voicing concerns

Participants feel able to raise and discuss a plethora of personal and community concerns. These include loneliness, absent fathers, lack of social gathering spaces, post natal depression, domestic violence, healthy eating, and asking who will be benefit from developments in Tottenham.

- Of those who completed an evaluation sheet (31), 87% said that they felt able to voice their concerns.

Feeling listened to

Listening, hearing what others say, and understanding the perspective of others is challenging for participants. Nevertheless, the professional facilitation has enables participants to develop these skills.

- Of those who completed an evaluation sheet (31), 81% said that they felt listened to.

Action plans

We found evidence of:

- Participants developing community-based solutions to the problems discussed.
- Members of the group are 'owning' plans for action.
- Plans emerging from group discussion are being implemented and participants are key to their implementation.
- Participants are developing supportive relationships within the group that are beginning to extend outside it.

Examples include:

- In response to experiences of loneliness and isolation, feelings of vulnerability, and wishing to have friends, all issues raised at open 'Talking Space' meetings, TTS staff have worked with participants to set up more specialist groups for example, a Fathers, Sons and Men's group, a Mums' Tea and Coffee mornings and a Women's Health and Well-being group.
- Participants act as volunteers and take responsibility for leafleting and publicising meetings, bringing food and taking notes.
- A grant application submitted in partnership with Holy Trinity Church to continue the Mums' Tea and Coffee mornings.
- Regular attendees having the confidence to take courses; for example, a herbal medicine and counselling course.

Challenges

Many implementation challenges will remain and require the delivery team to continue working with a high level of commitment and energy and to be responsive to new difficulties as they arise.

We suggest, on the basis of our findings, that the following issues may require additional attention:

- Completion of monitoring and evaluation forms by a higher proportion of TTS participants.
- How to work with the community development worker and participants to embed the initiative into the fabric of Tottenham communities.
- The Directorate of Public Health play a key role in facilitating joined up working between health projects and consider encouraging the introduction of TTS principles and practices into mainstream practice.