



# 1625 Independent People

## Future 4 Me Evaluation

**Final Report**

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## Executive Summary

### Introduction

This report presents the findings of the Future 4 Me (F4M) (2016-2019) evaluation undertaken by the University of Gloucestershire between January 2017 and December 2019. Future 4 Me (F4M) is an innovative project run by 1625 Independent People (1625IP) that provides specialist support to young people leaving care, leaving custody or young people who are at risk of entering custody.

### Methods

A mixed methods approach was deployed involving the use of quantitative and qualitative methods in order to gather data via a range of individual and group interviews, and online surveys to investigate the experiences and perceptions of young people and practitioners involved in the project.

### Main findings

Young people valued the simple referral process and the ability to talk about issues they felt were important in a supported and open way. Young people felt listened to, respected and valued. This created a space where opportunities and plans could be explored in respect of addressing things that mattered to them, providing a greater sense of agency and confidence. Opportunities for personal and professional development were explored with support from case workers. Young people felt more resilient and self-aware, and capable of focusing on positive action from a position of relative stability. This helped to re-establish routines and relationships which served to reinforce a greater sense of personal wellbeing, happiness and empowerment.

For practitioners the F4M project provided a much-needed opportunity to enhance the delivery of important support services for young people in Bristol. Joining up with other organisations within the wider service landscape helped identify realistic and workable interventions, share collective knowledge and information, and identify solutions to problems in a challenging financial and political climate. This fostered a sense of greater responsiveness and effectiveness which helped avoid duplication and competition between local stakeholders. The range of organisational cultures and practices across the voluntary and public sector agencies involved in the F4M partnership could present potential enablers and barriers to these aspects.

Flexibility and creativity were critical elements of the success of F4M. This applied to the way casework was approached, the way F4M worked with its partners, and the relationship with the evaluation team to ensure the methods reflected the complexities of delivery.

## Young People's perspectives

Description & information	Example quotations
<p>The evaluation explored young people's experiences of the F4M project and what impacts this had in terms of supporting them with, for example, housing needs, health and wellbeing, relationships with others, and general perceptions of the project</p>	
<p>Young people had experienced, and were experiencing, challenging life situations which caused considerable disruption and hardship. To varying degrees, these led to poor mental health and issues with trusting others and communicating effectively with others.</p> <p>Young people valued the simple referral process established by the project and the ability to talk about issues <i>they</i> felt were important in a supported and open way. Young people felt listened to, respected and valued. This created a space where opportunities and plans could be explored in respect of addressing things that mattered to them, providing a greater sense of agency and confidence. Opportunities for personal and professional development were explored with support from case workers</p> <p>Consequently, young people felt more resilient and self-aware, and capable of focusing on positive action from a position of relative stability. This helped to re-establish routines and relationships which served to reinforce a greater sense of personal wellbeing, happiness and empowerment. Young people valued the dynamic and person-centred approach provided by case workers which established a two-way relationship which shared responsibility for decision making.</p> <p>Having support close at hand provided reassurance that facilitated a journey towards greater independence and a greater ability to manage the complexities of their lives.</p>	<p><i>'I felt heard and grown up; the choice felt like mine. It was a bit nerve wracking but I felt like for the first time I was being encouraged to be independent. I felt like all of my needs were acknowledged, not just housing but also my emotional well-being and physical health needs'</i> [Young Person 1].</p> <p><i>'He introduced me to a few people [sic] places for education, all different classes and level of English...I found my own way to get into education...I knew some English but I always needed more and he found me places and put me in right direction which I found very useful'</i> [Young Person 12].</p> <p><i>'...it has just been great to have a worker who has time to see me and it isn't like 'right, we have one hour '. It's made me feel responded to in a way that social workers and PAs never have'</i> [Young Person 4].</p>

## F4M Practitioners' perspectives

Description & information	Example quotations
<p>Interviews with practitioners working with young people together with evaluation observations were used to explore what partners and stakeholders perceived to be valuable and significant about the project</p>	
<p>The F4M project provided a much-needed opportunity to enhance the delivery of important support services for young people in the West of England. Joining up with other organisations within the wider service landscape helped identify realistic and workable interventions, share collective knowledge and information, and identify solutions to problems in a challenging financial and political climate. This fostered a sense of greater responsiveness and effectiveness which helped avoid duplication and competition between local stakeholders. The range of organisational cultures and practices across the voluntary and statutory agencies involved could present potential enablers, and barriers, to these aspects.</p> <p>Overall, the project provided a unique approach which had challenged traditional practices and assumptions. It was not always easy to embed the PIE framework and its constituent parts within all organisations. However, participants were unanimous in the opinion that the F4M toolkit had the potential to make significant improvements in practice.</p> <p>These improvements were in respect of staff skills and expertise and perceived outcomes for young people. Generally, staff felt better equipped to work with young people although there was a need for ongoing training and support to ensure practitioners felt secure in their knowledge and skills.</p> <p>The theoretical basis of the project and focus on values helped maintain the primacy of young people's needs and strengths over more traditional outcome measures. The opportunity to scrutinise young people's needs and strengths and the planning needed to support these was valuable. Consequently, the project provided scope for greater innovation and creativity by moving away from a focus on behaviour towards a focus on the causes of behaviour.</p>	<p><i>'...it's really good to keep abreast of what's going on, I can't do everything, knowing what's there and what we can do for young people. I literally work around the corner from these guys but didn't know what they did, the word doesn't necessarily get around' [Participant 6].</i></p> <p><i>'TRM and multi-agency meetings are very useful, we get people from different backgrounds on the same page. We can create a certain knowledge foundation, a base to draw from that is useful for all practitioners...that's really important for coordinating work for young people and getting the same consistent message to them' [Participant 1].</i></p> <p><i>'It's had a massive impact for me. We work with people who are difficult to impact, difficult situations that often have a lot of professionals involved, but that's not always what they need. It's about going to the right professional to get the right support, so the more you network the more you know people, the more you understand their role so I know that you are right for some of the people I'm working with. I can support them in that particular transition by getting them in contact with the right services' [Participant 5].</i></p>

## F4M Toolkit – Psychologically Informed Environments (PIE)

Description & information	Example quotations
<p>Overall, the PIE framework created a space for exploring how trauma informed approaches could support all those concerned in the provision of services for example, through supervision processes for staff and techniques that led to meaningful engagement with young people</p> <p>The PIE approach helped staff to understand that there were different ways of thinking and talking about young people that went beyond more ‘traditional’ stances i.e. punitive or cynical mindsets. PIE was perceived to provide a practical needs-led approach that focuses on young people’s strengths and is responsive to the complex reality of young people’s lives.</p> <p>Against a backdrop of increased emphasis on multi-agency working there was the recognition that organisations needed to look to wider stakeholders in order to devise more complete responses to needs of young people. The PIE approach was beneficial for helping develop and sustain conversations around how best to provide services which was particularly important in a time when resources were stretched or scarce.</p> <p>The PIE framework provided a collaborative device and helped establish clear standards for the way people thought about how they approached their work in supporting young people and how they thought about and responded to young people themselves. Through the sharing of cases in team discussions, practitioners were able to use the combined experience of other staff to identify possible courses of action that would assist young people. These discussions also provided a valuable opportunity for staff to actively reflect on the case at hand. Peer-feedback and support from the psychologist also helped identify possible solutions that could be offered to young people as part of a more inclusive discussion. This helped practitioners work around difficult issues that might otherwise have been difficult to overcome were it not for the fresh perspective provided by applying the PIE lens.</p> <p>Incorporating reflective practice (RP) as an integral organisational component meant that staffing and logistical issues could be given full attention rather than being secondary to other issues. The PIE framework also provided an evidence tool which supported the rationale for focusing on the development of meaningful relationships rather than, for example, a preoccupation with size of the caseload.</p>	<p><i>‘It allows us to think about how we can support staff as well as young people. It runs right through the organisation and helps us understand how to do things in a consistent way that values emotional and practical needs; it’s been a real spur for embracing a range of psychological approaches in the way we work and train people’ [Group Interview Participant 4].</i></p> <p><i>‘What we’re trying to do is look at cases where things haven’t worked and explore that and look at why that is and what we need to be doing differently. There’s a number of ways that’s feeding into what we do and identifying additional training and I think that happens anyway, but PIE really helps and support that as something we do as part of our culture’ [Group Interview Participant 2].</i></p> <p><i>‘The facilitator training is really good because it helps people grow outside of their roles. To me, it seems like a much stronger model than just getting a psychologist in ... (we are) helping all staff understand that they can engage with and become experts in this approach’ [Group Interview Participant 1].</i></p>



## F4M Toolkit – Acceptance and Commitment Therapy (ACT)

Description & information	Example quotations
<p>1625ip are piloting the application of ACT as a process for supporting practitioners and providing tools for effective engagement. ACT contrasted with other tools that the participants had knowledge and experience of. There was a strong connection with the practical benefits of the model and its theoretical basis. Participants appeared to fully appreciate the underpinning notion of psychodynamic therapy which understands that who we are is shaped by dynamic processes.</p>	
<p>Participants themselves needed to undergo a process of reflection and self-evaluation in order to understand their own values, how the various theoretical elements could be harnessed and explored within specific situations, and how the model fitted with organisational objectives. The principles of ACT could in some ways, potentially be at odds with the performance requirements of participants' organisations which were focused on outcomes that were clear and measurable rather than the more nuanced aspects encompassed by ACT for example, forgiveness, which provided the basis of action rather than the outcome of an action. However, programme design and management has managed this conflict.</p> <p>The focus on values was perceived as particularly beneficial versus instructive or normative approaches which could disempower, disinterest and disengage participants. ACT was very much a two-sided process in which practitioners themselves needed to grapple with their own values and how these interacted with and related to the work in hand. ACT was perceived as a continual learning process in that further training would be useful for helping consolidate and develop the skills needed to implement it effectively. For some, working out exactly where ACT fitted within the range of case management approaches used within their work was challenging</p> <p>Participants recognised that ACT had a positive influence on their young people. ACT helped to focus on what they felt and why and accept feelings as inherent part of life. ACT facilitated meaningful discussion around what the young people valued, what was important to them, and how to ensure that they could do things that were consistent with these.</p> <p>Recommendations for training improvements for ACT included reducing the time spent on background development and providing more relevant examples.</p>	<p><i>'I could see the logic of using it [ACT] straight away, I was totally on board and wanted to get on with it; come on, let's go!' [Group Interview Participant 2].</i></p> <p><i>'I had one particular case I was really struggling with, it was really frustrating. I'd tried a number of things but [the young person] just didn't listen, didn't respond in a positive way at all. I stepped back a bit and assessed where I was coming from and realized that it was probably me who was the problem; I was trying to get her to do things that I thought were good for her. Instead I could see that she needed to the things that she felt were important for her in her own way, and I could have sensible conversations around that' [Participant 1].</i></p> <p><i>'Being able to focus even on just one value created a space for use to discuss things, it allows you to shut out the chatter, suspend the other issues and look at things in a very particular way' [Participant 3].</i></p>

## F4M Toolkit – Reflective Practice (RP)

Description & information	Example quotations
<p>The evaluation explored settings where RP was and was not established. A number of themes emerged which highlighted the utility of RP and also the challenges of implementing it within diverse organisational settings.</p>	
<p>Where RP was not established participants perceived potential in supporting case management in the context of increased strategic awareness of and focus on care leavers, and an emphasis on smoothing the transition between care and leaving care. Participants felt more confident in their reflective skills and reported that the process had helped them look at the cases in a more holistic sense. Having a facilitator come in to encourage a broader perspective of case management had helped foster a mindset that intentionally sought to consider the bigger picture. Participants felt better able to contact other practitioners e.g. probation and housing services.</p>	<p><i>'RP was about having space to think; in statutory services we don't really have time to think, to reflect on things other than focusing the job. For me it was about having some space to really think about my case load and how I could improve my practice. The sessions did help me with that, to really think about my young people...'</i> [Participant 3].</p>
<p>A lack of understanding, and full management support in some organisations established barriers to implementation within those settings with the onus on individual practitioners to develop the systems and processes that would support RP. Pressures of caseloads and competing organisational practices prevented the full adoption of the RP model in some settings e.g. local authority.</p>	<p><i>'It feels good when somebody else shares what they think or has done something that you have. Helps you feel ok about yourself. As practitioners, sometimes you forget about the wealth of knowledge we have'</i> [Participant 4a].</p>
<p>Where RP was established it provided the opportunity to share experiences, problems and concerns with peers. This provided an emotional outlet and an opportunity to listen, empathise and reassure others. RP sessions also provided practitioners with a voice which was not always heard in the busyness of daily routines. In doing so, sessions provided a safe space where participants could communicate over issues relevant to them. Participants were confident of the benefits for young people: skills acquired through RP had been incorporated into practice, young people being encouraged to be more reflective, share stories and discuss how to develop skills.</p>	<p><i>'As practitioners we often hold on to things which is never a good thing and RP helps us let things go, be able to signpost a bit more; not hold in all of the emotional responsibilities. By having mixed groups and hearing other voices helps us reach out to other colleagues outside of RP and let that ownership go, which also helps with cohesion within the organisation, which is also an important aspect of RP'</i> [Participant 4b].</p>
<p>There were mixed opinions on the place of managers within sessions because of the organisational lines of authority and accountability associated with these participants.</p>	

## F4M Toolkit – Trauma Recovery Model (TRM) pilot for working with care leavers

Description & information	Example quotations
<p>The TRM provided a useful and effective tool for bringing agencies and young people together to identify and address needs. Organisational culture, practices and the complexity of young peoples’ lives were likely to have affected the extent to which these benefits were realised.</p>	
<p>The TRM care leaver pilot supported multi-agency working and offered a well-rounded view of the young person with whom participants were working. This helped reduce a sense of practitioner isolation. The tools were described as useful and accessible.</p> <p>The use of a trauma lens to explore the lives of the young people that they were working with offered an important basis for the development of client-centred interventions. Understanding trauma and awareness of trauma in early life were highlighted as important elements of the model, enabling the professionals to start to understand the impact of trauma and adverse events on behaviour and health. The focus on sequencing was beneficial and helped work out how to address the different events in young people’s lives. Participants also described how the opportunity to engage with theory, helped them to focus upon the relationship and ‘do some cognitive work’.</p> <p>One participant highlighted the development of a more mindful approach to practice and to their understanding of their work with the young person. Working with different professionals and understanding their role was beneficial and the opportunity to collaborate with colleagues from Statutory and Charitable organisations highlighted different roles and approaches and fostered a sense of genuine inter-agency collaboration.</p> <p>Survey respondents were not wholly convinced that the TRM helped provide the care young people needed. This could have been related to a lack of practitioner confidence to advise young people on difficult subjects and the challenge of improving young peoples’ life skills. This would appear to underline the importance of providing ongoing training and support for practitioners to ensure that they feel sufficiently secure in their knowledge and confidence to apply the model.</p>	<p><i>‘forces professionals to see the bigger picture ... to stop and check .... Is this the right intervention ... is this the right time?’ For some it was an opportunity to; ‘help professionals to understand why they (young people) decide to act in a certain way’.</i></p> <p><i>‘co-ordination can be really difficult and unintentionally one’s own work might undermine the work of others ... there is no blame here, but occasionally we might get results by accident rather than by intention’.</i></p> <p><i>‘helps professionals to understand why they [young people] decide to act in a certain way’.</i> For others it was an opportunity to; <i>‘look back, look at the present and look to the futures ... to think about intervention support ...’.</i></p> <p><i>‘... it helps ... to understand how to address the intergenerational effects of trauma and how we can explain to families about trauma’.</i></p>

## **1.0 Introduction**

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This report presents the findings of the Future 4 Me (F4M) evaluation undertaken by the University of Gloucestershire between January 2017 and December 2019. Before presenting the main findings, attention is given to the purpose of the project and the scope of the evaluation.

### **1.1 The Future 4 Me (2016-2019) project**

Future 4 Me (F4M) is an innovative project run by 1625 Independent People (1625IP) that provides specialist support to young people leaving care, leaving custody or young people who are at risk of entering custody. The project is delivered by a dedicated team with extensive expertise in resettlement, mental health, learning and work and participation.

Engaging with participants over a 6 to 12-month period, the project is underpinned by an approach that builds trust, identifies positive opportunities that support wellbeing and personal development, and which seeks meaningful partnerships with young people and other stakeholders in the community. This project aligns with other innovative practices that are taking place in the wider inclusion/cohesion and youth justice sector (see for example, Department for Education, 2011; Department of Health, 2013, 2015; Fitzpatrick, 2014; Glover and Clewett, 2011; McNeil et al., 2012; Selwyn, 2015; Staines, 2016).

### **1.2 Scope of the evaluation**

This section briefly outlines the main elements of the evaluation in order to delimit the activities undertaken in respect of data collection and analysis.

#### **1.2.1 Practitioner and young people's experiences**

Reflecting the innovative nature of the project in which collaboration between participants, 1625IP staff and wider stakeholders (collectively referred to in this report as practitioners) is a foundational element, the evaluation acquired qualitative data from those with a direct involvement in F4M, either as a participant (beneficiary), or practitioner / stakeholder. This provided scope to establish insight into the experiences of those engaging with F4M and those involved in delivering and supporting the project.

### **1.2.2 Psychologically-informed environment**

Central to the F4M project is the concept of a psychologically-informed environment (PIE) which provides a core pillar of the project and consequently, the evaluation. Psychologically-informed environments seek greater flexibility and responsiveness in the way services for vulnerable people are devised and delivered (Johnson and Haigh, 2010). In doing so, PIEs can assist staff and services to understand the origins of behaviours, particularly in people with complex and traumatic backgrounds, and to work more creatively and constructively to identify the best plan of action to improve wellbeing and safety (Keats et al., 2012).

PIEs have a transformative potential given the primacy of dialogue between individuals and providers of services, which supports organisations to become learning organisations capable of changing practice and creating positive opportunities and relationships (Johnson and Haigh, 2010; Woodcock and Gill, 2014). Central to PIEs is the notion of an enabling environment in which the nature and quality of relationships between staff and beneficiaries are highly valued and engagement is purposeful, responsibility for environments and developing opportunities is shared, and where open discussion and communication is valued (Breedvelt, 2016; Haigh et al., 2012).

#### *Acceptance and Commitment Therapy*

Acceptance and Commitment Therapy (ACT) provides a key resource that sits within the PIE approach. ACT is a psychologically informed intervention model that seeks to foster the ability to stay in contact with the present moment, regardless of unpleasant thoughts, feelings or bodily sensations, while choosing behaviour based on the situation and the person's own values. With applicability across diverse contexts, ACT establishes six main processes including defusion, acceptance, flexible attention to the present moment, self-as-context, values, and committed action (Livheim et al., 2014). These assist people to live more effectively rather than focus on trying to remove completely the issues affecting them.

Together, PIE and ACT formed a principal focus of evaluation activities which are further discussed in section 2.2.

### **1.2.3 Trauma Recovery Model pilot with care leavers**

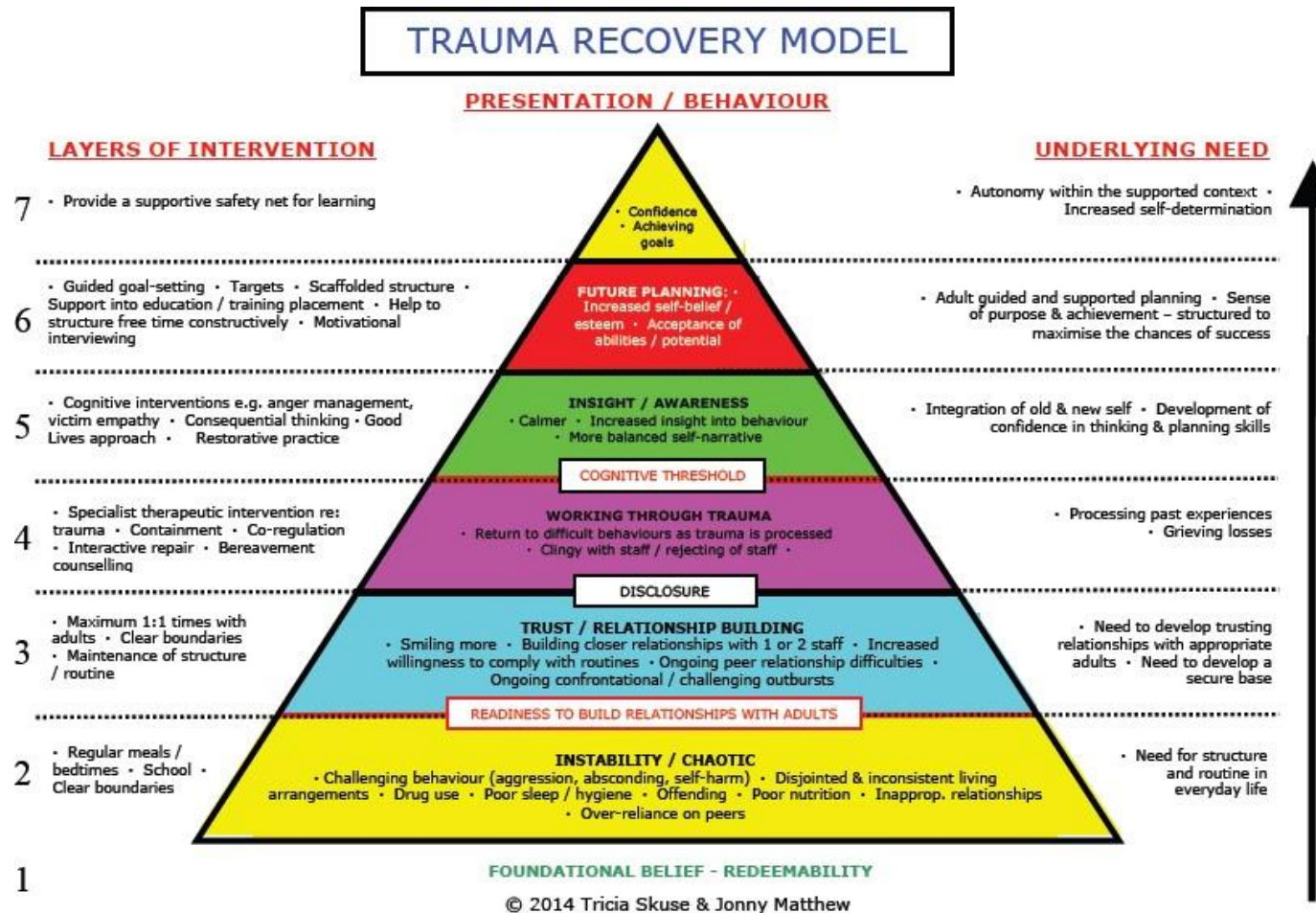
In parallel with the evaluation activities undertaken in respect of the PIE toolkit, an additional small-scale evaluation was conducted to investigate aspects of the Trauma Recovery Model (TRM, Figure 1).

The TRM seeks to bridge theory and practice by providing practitioners with a clear and sequential approach to devising the most appropriate interventions. These interventions place emphasis not only on behaviour and its drivers but the contexts in which it takes place.

The model focuses on the behavioural presentation of young people and emphasises underlying developmental needs and the most appropriate approaches within the given context (Skuse and Matthew, 2015). In establishing a series of layers of intervention that are structured in a sequential way the TRM provides a high degree of flexibility and responsiveness to young people's developmental and mental health needs. Such approaches are important for ensuring that interventions supporting young people are to move beyond the superficial (Perry, 2013).

The TRM draws together knowledge of attachment, trauma, criminology and neurology in order to formulate interventions for children and young people with complex needs. In the context of this evaluation, TRM was being piloted with care leavers by 1625IP as part of the F4M approach.

Figure 1: Trauma Recovery Model



## 2.0 Methods

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A mixed methods approach was deployed involving the use of quantitative and qualitative methods in order to gather data that assessed the extent to which the work of 1625IP had met its stated aims within the context of the F4M project. This involved close liaison between the evaluators and 1625IP staff, young people and partners to generate clear understandings of the everyday processes around which the project operates. Following Bryman (2006), the principal reason for the mixed methods approach was that of completeness i.e. the use of more than one evaluation method within a single piece of research to provide a more sophisticated response to the research problem and produce a more comprehensive understanding.

An iterative approach to data collection was established in order to build data as the evaluation progressed and to provide flexibility within the evaluation plan to respond to challenges as they arose. A range of individual and group interviews, and online surveys were used to investigate the experiences and perceptions of the young people concerned as well as project team members/practitioners, stakeholders and partner agencies. The evaluation began in January 2017 and concluded in December 2019.

### 2.1 Aims and objectives

The aim of the evaluation was to investigate the impact of the F4M project on the young people and agencies concerned.

To address the evaluation aim, five objectives were established:

1. To understand the impact of the F4M project on the lives of young people and what young people identify as most valuable and significant about the project;
2. To identify what partners and stakeholders perceive to be most valuable and significant about the project;
3. To investigate factors that facilitate or hinder the achievement of F4M project outcomes;
4. To explore how the F4M project assists in joining up services for young people in transition;
5. To investigate the notion of 'good practice' with regards to the development of policy and practice, including the development of a practitioner toolkit.



## 2.2 Procedures

An overarching evaluation framework was established which included a number of key strands and respective participants (see Table 1). This provided a route map for the data collection and analysis phase and ensured a broad range of participants were identified and included in the evaluation activities.

This report is based on extensive primary data collected in the field by the evaluation teams and with the support of F4M staff. A range of qualitative and quantitative data are used to unpack the experiences of those involved in the management and implementation of the project, in addition to young people receiving support from the project.

All participants were recruited using a convenience sampling approach (Flick, 2014) in order to operationalise the evaluation plan. The sample was agreed with the F4M project manager and leadership team in order to maximise the ability to capture rich data. This was managed throughout the evaluation in order to respond to sampling issues as they arose. The criteria for inclusion were as follows:

- F4M staff and wider agency staff: directly involved in the development and implementation of the F4M approach and its components, including attendance at meetings / sessions;
- Young people: those willing to engage with the evaluation team to share and discuss their experiences of the F4M approach.

All quantitative data were analysed to establish an account of respondents' perceptions. Qualitative interviews were recorded for accuracy. Data were analysed in keeping with an inductive approach (Braun and Clarke, 2006; 2013) and researcher notes were used to help unpack key themes before a thematic overview was developed to explain what was going on in the data in each of the project's elements. This approach sought to identify and analyse patterns within the data in order to provide a basis for interpreting the findings. In doing so it helps explore the meanings and experiences of participants and the social contexts in which these take place (Braun and Clarke, 2006). Briefly, this approach involved:

- i. becoming familiar with the data (i.e. transcripts, researcher notes)
- ii. generating initial codes (individual units of data)
- iii. collating data relevant to each code into groups in order to begin to establish theme names
- iv. reviewing these themes to ensure accuracy and then presenting these in an intelligible format.

### 2.2.1 Young people's experiences

Individual interviews (n=7) conducted by the evaluation team explored care leavers' experiences of the F4M project and what impacts this had in terms of supporting them with, for example, housing needs, health and wellbeing, relationships with others, and general perceptions of the project (Appendix A). Participants were recruited via F4M staff. The interviews were conducted via telephone between July 2017 and November 2019 at a time convenient to the participants. In addition, Interviews later in the evaluation were conducted by F4M staff using a questionnaire-based interview tool designed in liaison with the evaluation team, whereby a staff member used an online survey to guide and capture discussions with young people (n=6) regarding their experiences.

### 2.2.2 F4M Practitioner Experiences

Data were collected via evaluator observations at team meetings including a team development session in addition to interviews with project staff including the project lead, and a group interview with project staff and other practitioners.

### 2.2.3 F4M Toolkit evaluation

The toolkit element of the evaluation focused on the **Psychologically Informed Environment** (PIE), the use of Acceptance and Commitment Therapy (ACT) that was used to support care leavers, **Reflective Practice** (RP) in multi and single agency settings where RP was, and was not, established, and the **Trauma Recovery Model** (TRM).

Collectively, the evaluation sought to explore and understand the experiences of those directly involved in delivering the project and the young people involved in the project in order to understand how the toolkit might best be implemented in practice and future areas for development.

**Table 1: Overarching evaluation framework**

<b>Evaluation strand</b>	<b>Description / participants</b>	<b>Appendices</b>
Young people’s experiences	Individual interviews with young people (n=13) exploring experiences of the F4M programme. Data were collected via individual interviews and interviews facilitated by an online survey.	Appendix A, B
F4M practitioner experiences	Evaluator observations at meetings (n=6); group interview (n=7 participants); one-to-one interviews (n=7) exploring experiences of delivery, multi-agency working, key learning and recommendations for future similar programmes; pre-focus group online questionnaire (n=1 participant feedback).	Appendix C
Toolkit evaluation	<p><u>Psychologically Informed Environment (PIE):</u> Focus group with 1625ip staff from leaving care teams (n=7); evaluator observations (case formulation meeting n=2; F4M case meeting, n=1), and a group interview with senior management staff (n=4).</p> <p><u>Acceptance and Commitment Therapy (ACT)</u> Evaluator observations at: case formulation meetings (n=2), case review meeting (n=1); questionnaire to staff involved in ACT training (n=9); group interview with F4M project staff (n=5).</p> <p><u>Reflective Practice (RP)</u> Evaluator observations at: F4M RP group meetings (n=2), F4M Toolkit meeting (n=1); 1 Group Interview (no RP setting, n=3 participants), 1 Group Interview (multi-agency where RP is established, n=5 participants)</p>	<p>Appendix C</p> <p>Appendix C, D</p> <p>Appendix C</p>
Trauma Recovery Model Pilot (TRM)	Individual semi-structured interviews (n=4) with key staff; Online survey of those involved in the TRM (n=15)	Appendix E, F

Note: The table above provides a complete breakdown of all activities for each evaluation components. Some data collection activities overlap for example practitioner experiences and Toolkit elements whereby general (the programme) *and* specific issues (i.e. ACT) were discussed.

#### **2.2.4 Ethical considerations**

All data were collected and analysed by members of the evaluation team with the exception of young people's experiences where F4M staff supported additional data collection. Anonymity and confidentiality were guaranteed via an evaluation protocol that sought to minimise risk and burden to participants. Given the small sample size involved this evaluation does not use pseudonyms or reference numbers to quotations in order to further reduce the risk of participants being identified (Guenther, 2009).

The process of informed consent was undertaken by the evaluators and F4M staff where relevant. Participants were asked to be involved in the respective elements of the evaluation and made aware that they were free to withdraw at any point without giving a reason why. Evaluation information outlined what the evaluation was about and the participants' role within it. All procedures were in line with the University of Gloucestershire ethics procedures.

## 3.0 Findings – Young People and F4M practitioners

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### 3.1 Introduction

This section provides a detailed account of the findings that emerged through data analysis. Qualitative and quantitative data are presented within a combined account for each respective evaluation strand, where relevant, to provide a composite account of the data. Each section includes a graphical overview of the themes that emerged through data analysis to assist with reading.

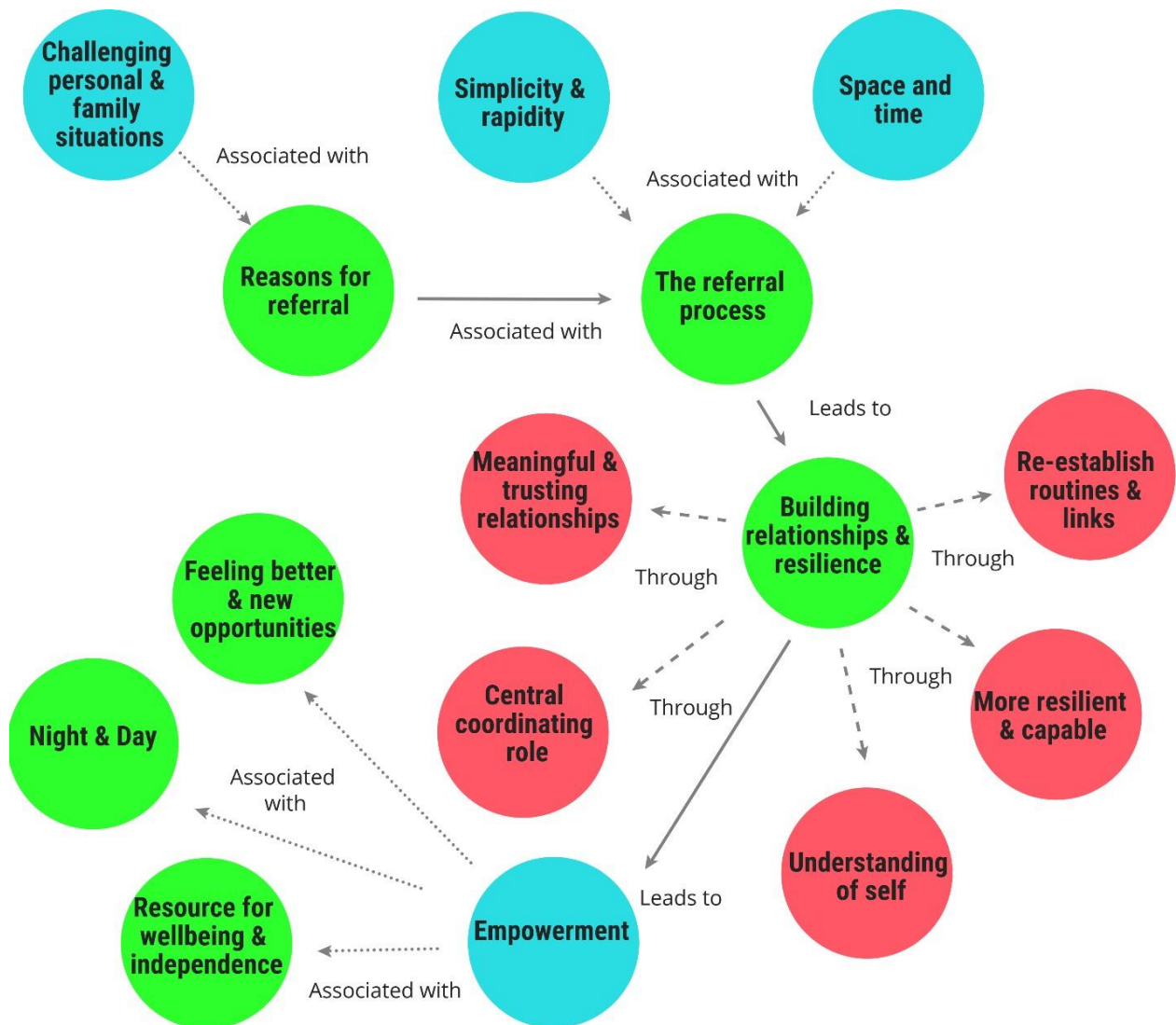
### 3.2 Young people's experiences

There were numerous and diverse backgrounds which had led to young people engaging in F4M. These included a history of time spent in care, being involved with risky or negative behaviours, and experiences of instability and upheaval in domestic environments, both in terms of family settings and migrants leaving their home nation. Figure 2 presents a thematic map of the findings as a means of visually representing what was going on in the data. The themes are presented in more detail below, including participant quotations.

#### 3.2.1 Reasons for referral

Based on the situations identified above, young people discussed a number of reasons for referral to F4M. The theme **challenging personal and family situations** encapsulated the principal reasons for referral which were characterised by involvement with negative behaviours resulting in engagement with the Criminal Justice System, the breakdown of family units, disruption to, and disconnection from social networks, and experience of domestic violence; *'I was living at the foyer hostel and my mental health was really poor as I had been in a domestically violent relationship, my support worker at the time referred me to Joshua because I didn't want to leave my room or see anyone. Before I moved there I was sofa surfing after my mum kicked me out so my mental health was already pretty bad'* [Young Person 2]. These situations left participants experiencing a number of issues including poor mental health, a sense of isolation, the inability to trust and communicate effectively with others, and a struggle to find a direction in life; *'After my A levels I ended up homeless while all my friends were getting [on] with their lives and I really withdrew. After I got housed and that panic was over I just kind of hit a brick wall'* [Young Person 4].

Figure 2: Thematic map of young people’s experiences



### 3.2.2 The referral process

There were generally positive accounts of the referral process. **Simplicity and rapidity** was a key theme which described a process that was straightforward and well-managed by the practitioners. Informal discussions and interviews provided a means of tailoring the process to participants’ needs and preferences; *‘I thought it would be more like my support sessions where we had to talk about rent and tidying my room but Andrea said the sessions were just for me and to make me feel better and help me think about what I might like to do next’* [Young Person 2]. A further theme **space and time** described how the referral process provided participants the opportunity to discuss their situations, explore options and make plans; *‘I felt heard and grown up; the choice felt like mine. It was a bit nerve wracking but I felt like for the first time I was being encouraged to be independent. I felt like all of my*

*needs were acknowledged, not just housing but also my emotional well-being and physical health needs'* [Young Person 1].

This approach allowed young people to explore options that worked for them in a way that they were comfortable with, for example; *'He introduced me to a few people [sic] places for education, all different classes and level of English...I found my own way to get into education...I knew some English but I always needed more and he found me places and put me in right direction which I found very useful'* [Young Person 12]. This space and time provided the opportunity to talk about and explore issues rather than attempting to fix them and provided an important opportunity for reflection which created confidence in the referral and the sense that participants were able to make choices important to them; *'...it has just been great to have a worker who has time to see me and it isn't like 'right, we have one hour...' It's made me feel responded to in a way that social workers and PAs never have'* [Young Person 4].

### **3.2.3 Building relationships and resilience**

Participants developed **meaningful and trusting relationships** with F4M staff in which difficult issues could be discussed in a non-judgemental way independently of family and friends. This was consistent with the benefits of enhanced case management approaches identified elsewhere (Cordis Bright, 2017) and allowed F4M staff to identify key issues to work through *with* young people to determine the actions needed to address them. This was important given that people experiencing trauma can find it difficult to establish trusting relationships (Keats et al., 2012). In some situations, F4M staff provided participants with a voice that helped them navigate challenging situations and to find a positive way forward; *'... there was a lot of pressure on him [personal advisor] to close the case because I was over age and I didn't have a job or anything but they wanted to close the case and I just felt a bit lost. I didn't know what to do...but Karen would always be my advocate and she would always try to tell him what I think and how I feel because I didn't feel confident enough to speak to him about certain things'* [Young Person 10].

For some this broke a cycle of being passed between services without issues being resolved or supported appropriately and in doing so provided a degree of consistency that had not been previously experienced. For others it broke the cycle of inaction and apathy over engaging with the support available; *'I turned down a lot of appointments with Stephanie, but they just kept banging on 'we want to see you, we want you to come' and that was helpful. Even though it sounded like I didn't want to do anything that eventually did help...I feel like I can just say what's happening, what's disturbing me and*

*what's going on. It's quite nice to just get her opinion you know what I mean?' [Young Person 8].*

It was evident that, rather than working from a position of deficit which focused on weaknesses, project staff instead were able to promote positive action and encouraged the idea that participants were themselves agents of change who were capable, with support, of finding a way to make positive choices; *'my keyworkers, we all sat here and we all wrote out a list of what I needed and they worked well as a team to be fair, with me included. They turned around and was like, this is what you can do, this is what we'll help you learn to do. There was never "we'll do this for you" they was like "we'll help you learn how to do this but we're not going to do it for you"' [Young Person 7].* In this sense, staff provided a **central coordinating role** which considered the needs and preferences of the individual and how these could be best addressed via the specialist knowledge, experience and contacts of the F4M team. This proactive approach helped young people feel that they were more aware and more in control of situations that hitherto had been difficult to cope with, for example; *'It's very difficult to contact your social worker, then support worker, then this person then that person. It's quite nice to have Mia or someone just come to me and say like, here's what everyone is thinking, here's what everyone is saying and we're going to group up soon, get together and talk about it' [Young Person 8].*

Consequently, participants were able to make changes in their lives that were important to them and which reflected the things they wanted to happen. Participants were able to **re-establish routines and links** for example, with family, and felt more confident to engage in everyday activities and situations that hitherto had been challenging. For example; *'She supported me when I tried to re-establish a relationship with my mother and was there for me, she helped to signpost me to agencies that could help' [Young Person 1].* Another participant discussed how their time with staff resulted in thinking about and planning for the future, and accessing services that could provide long-term support to assist with this; *'We looked around the local academy... I would never have even thought of that. I felt like nobody would really want me. Olivia convinced me to make an application for some counselling and I was really scared about the idea of just sitting and talking about everything that had happened in such an intense way, but actually it has been great and I am still going regularly' [Young Person 3].*

Central to the notion of relationships was a **greater understanding of self** in terms of how young people became better able to manage themselves and their relationships, and consequently their personal wellbeing. The close support from F4M provided opportunities to explore aspects of



wellbeing in detail, to step away from challenging situations and to understand how young people could take ownership of their lives. Consequently, participants felt **more resilient and capable** of managing themselves and their emotions; *'I learnt that I can't help other people if I am not taking care of myself. It has helped me to realise that putting boundaries in place in relationships is important because then I feel happier with other people too'* [Young Person 2]. However, it was evident that significant effort on behalf of F4M staff was required to build and sustain these relationships, particularly early on in the referral process and when there was a degree of urgency for example, deadlines in respect of rent and housing. Successes in supporting participants through these difficult situations helped set F4M apart from other services and demonstrated a commitment that participants were not historically familiar with:

*P8: they helped get my house really up together. I've been letting it slip for about six months just being really depressed and not wanting to do anything. If it weren't for them I would have lost my house, so they did play a massive part in that*

*I: Okay, so how did they help you to keep your house?*

*P8: Constantly contacting the housing benefit because my ESA has been cut off for like five months so just making sure that they know what's happening and they know what's going on*

*I: Was there anything else they helped with?*

*P8: Helping me get to my JSA appointments and just making sure everything is going okay.*

[Participant 8].

The product of this process is conceptualised as the theme **empowerment** which describes a principal impact of the project on participants. Whilst it was clear that participants demonstrated a range of individual challenges, the project provided guidance and support at critical junctures which, to varying degrees, had the effect of establishing greater autonomy and control over situations. This was evident in seemingly small changes for example, getting a haircut, to more significant aspects including managing medication and moving house; *'When I moved out I was supported through the whole process or even just needed to talk about the stresses. I'm still in the process of it but I will be taking everything I learnt with Derek forwards with me'* [Young Person 6]. F4M provided an important resource in the empowerment process through the sharing of advice and experiences, supporting young people to complete essential tasks that helped them to act independently. For example:

*'... I was offered a council flat and Daniel helped all the way with that. Like he helped me change my water bills over, my gas bills and my electric bills. He came the first day when I picked up the key and signed the thing. He helped me with that ... he did it for me, and then he said 'in future this is how you do it' [Young Person 7].*

*'...definitely I do feel like I've matured more and opened up my eyes [sic] when I was living with [sic] I just didn't think of stuff like that, you know what I mean? But doing it yourself it opens your eyes a bit more, especially when it comes to saving money and stuff like that...' [Young Person 11].*

Empowerment can be conceptualised as a journey that evolved over time during which participants became increasingly able to understand, rationalise and manage their experiences, and better able to make plans for positive steps forward. Knowing that support and advice was available was critical to this journey, in essence providing something of a safety net. This was particularly important in regards to support for mental wellbeing which, to varying degrees, was something that all participants had experienced difficulties with over time. As a result, participants felt safer and more confident to tackle the challenges that they faced.

### **3.2.4 Feeling better and new opportunities**

The theme **night and day** refers to the transformational changes that participants experienced over time. Building on the findings presented thus far, this theme refers to feelings of greater confidence and self-worth due to the project's support. This stemmed from being able to explore self-management approaches, access leisure and new learning opportunities, and engage with family and social networks. Set within a supportive and non-judgemental environment in which F4M staff were readily available, participants described the progress they'd made and what this meant to them:

*'...when I joined 1625, anything and everything that I could snap at I would but then, now, now I'm just more relaxed, it just don't bother me anymore' [Young Person 7].*

*'I feel like I can say no to people. I am off anti-depressants from the age of 16 so I was afraid, but I feel like it's going really well. I feel brave enough to go for a walk by myself now if I am feeling sad or angry' [Young Person 2].*

*'I'm now doing an access to engineering course and have my own council flat. I feel so much more positive about the future, I would never have thought I would be doing this a year ago'*  
[Young Person 3].

This confidence provided a **resource for wellbeing and independence** whereby participants had greater capabilities in managing their lives, feelings and decisions for example, using helplines, paying utility bills and accessing a range of opportunities which reinforced a positive and more optimistic outlook; *'I wouldn't say I'm better than them [peers], I'm just more equipped for the future than them and as I said I wouldn't be like that if it wasn't for being here and having it explained to me. I think yeah, I do feel a bit more mature than kids my age because I'm able to do those things'* [Young Person 7].

### 3.2.5 Participant recommendations

Participants were very positive in their opinion of the project overall with respect to the tailored and sensitive support that was provided. The theme **negative previous experiences** described an initial barrier whereby participants were cautious, nervous and unaware of what was available to them prior to accessing the support. This required careful management in order that previous experiences were not repeated. For example, some young people perceived issues with communication between F4M and other agencies that could, at times, have been more effective. For others, greater awareness and information would have helped earlier engagement. However, participants were unanimous in recognising the value of F4M and were keen that it should continue so that other people in similar situations could also benefit.

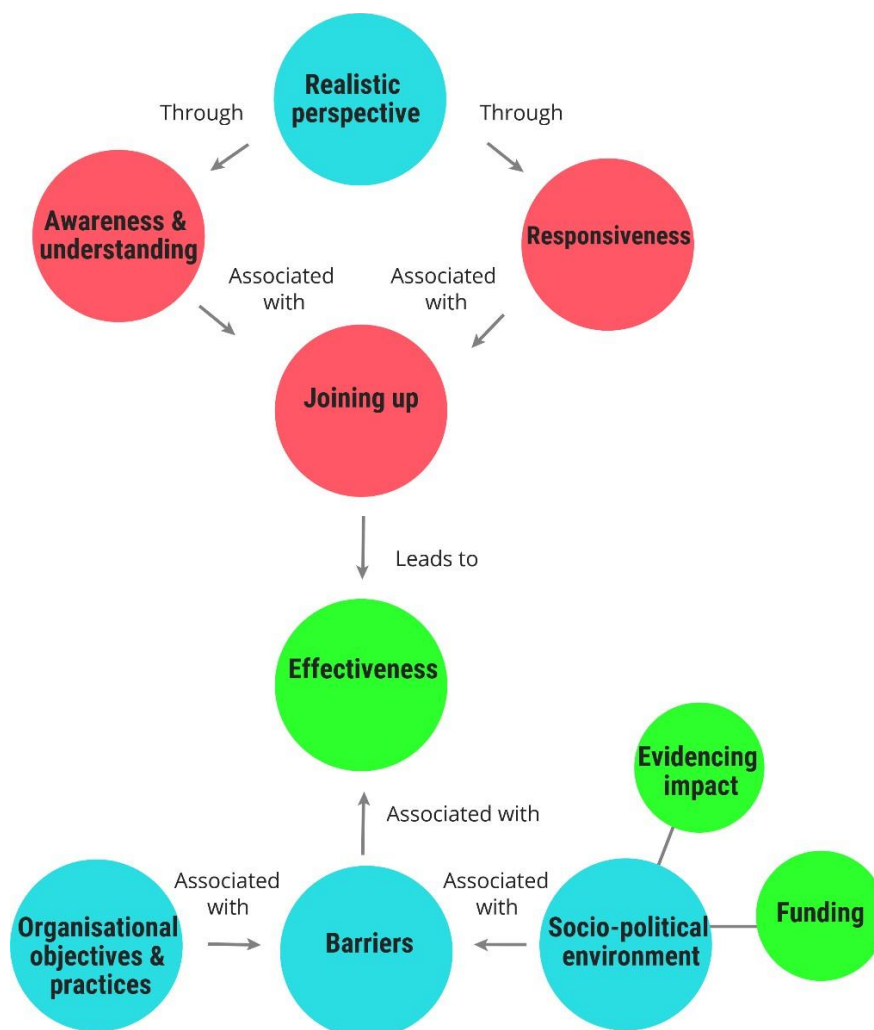
Although it is accepted that different young people have different needs and perceptions, a further issue identified was the **duration of the overall intervention**, some participants suggesting that they would prefer more time with the project; *'A year is not very long because obviously you've got to get to know them and then obviously, I don't know, you've got to get more comfortable with them before you can even start having fun with it really. Like when you first join you don't really feel comfortable in talking to them, you kind of feel awkward for the first few times that you go, it's a bit hard'* [Young Person 9]. Similarly, for some participants an agreeable balance between F4M support and individual autonomy was not always achieved, suggesting that this aspect needed greater attention for some young people than others; *'... like for example with rent payments, you know if I miss on a payment, in my head I've got it that I'm going to pay on a certain day but then they will remind me or you know*

“what’s going on? You haven’t paid your rent” so you know it’s just little things like that and it just makes me think, oh god it’s a little bit too much now...’ Young Person 10].

### 3.3 Practitioner experiences

Participants perceived that the F4M project provided a much-needed opportunity to enhance the delivery of important support services for young people in Bristol. The project provided a focal point for developing relationships, exploring collaborative opportunities and identifying key areas of need for young people. A number of key themes emerged through data analysis (Figure 3) which articulate the relevance of the project to practice and the issues which were perceived to impede progress in respect of the above.

Figure 3: Practitioner experiences main themes



### 3.3.1 Joining up

**Joining up** referred to the sense that practitioners were able to establish meaningful connections with each other and each other's organisations. At a time of fragmentation and significant financial challenge within the sector which had removed historic communities of practice for example, in Mental Health, the opportunity to identify local expertise was important for helping shape the delivery of local services. Such opportunities were seemingly few and far between. Hence, being able to build; *'close working relationships with other professional[s] by meeting regularly, undertaking some joint visits, updating each other regularly and working with young person and service collaboratively'* [Participant 4], was a significant benefit of the project. Whilst collaboration is an important feature of effective PIEs in other settings (Turley et al., 2013), this finding suggested a further benefit whereby participants perceived that joining up was important for helping young people to identify greater coherence within the 'system' in terms of the support services they were engaged with or were seeking access to; *'Those sceptical about a service, we can tell young people we've spoken with someone [other service / support] already...it helps maintain trust and I can walk away from meetings feeling a lot happier knowing that you've been able to discuss a problem and be able to do some signposting'* [Participant 5].

### 3.3.2 Awareness and understanding

Important to joining up was a sense of greater **awareness and understanding**. This referred to the accumulation of knowledge concerning practitioners, organisations and young people, and how these groups interacted; *'...it's really good to keep abreast of what's going on, I can't do everything, knowing what's there and what we can do for young people. I literally work around the corner from these guys but didn't know what they did, the word doesn't necessarily get around'* [Participant 6]. Further, being aware not just what other organisations did but how they did it provided an important insight and a more sensitive understanding; *'...first-hand talking to someone, kind of talking to someone and getting a feel for what their service looks like, is it stressed, what does the caseload look like. Understanding that has definitely helped me work... a piece of paper doesn't always say what the reality of people do is, the reality is much more than that'* [Participant 5]. It was evident that participants were, by their nature, actively engaged in seeking out the responses that best supported their young people. However, this was challenging, taking long lead-in times and resources, and participants were conscious of the potential to overlook or miss important connections and opportunities. In this sense,

the project provided a critical space in which to develop a clearer and more accurate picture of the landscape and the key players within it.

As a result of being more aware and knowledgeable participants were able to establish a **realistic perspective** which established a more accurate understanding of the resources available and how these might be directed purposefully towards young people's needs; *'it's not really that often that we get opportunities to meet like this...understanding the pressures, knowing what the options are, knowing where the other services are, that's a real positive I think'* [Participant 3]. This helped relieve pressure in the sense that participants had a more complete understanding of the system and how young people could be accommodated with the available resources. Here, queries or problems could often be resolved simply by picking up the phone and speaking to another practitioner in order to explore the available options.

### 3.3.3 Greater responsiveness

**Greater responsiveness** was a perceived consequence of joining up in terms of the support available to young people; *'TRM and multi-agency meetings are very useful, we get people from different backgrounds on the same page. We can create a certain knowledge foundation, a base to draw from that is useful for all practitioners...that's really important for coordinating work for young people and getting the same consistent message to them'* [Participant 1]. Against the challenging socio-political backdrop (expanded further below) participants understood that there was a general imperative for greater collaboration and planning to ensure that young people were able to access the highest possible level of service. Here, the danger was that young people's needs were not met which was anathema to their objectives. As such, the project was helping to establish a more holistic view of the young person and the wider environment;

*It's had a massive impact for me. We work with people who are difficult to impact, difficult situations that often have a lot of professionals involved, but that's not always what they need. It's about going to the right professional to get the right support, so the more you network the more you know people, the more you understand their role so I know that you are right for some of the people I'm working with. I can support them in that particular transition by getting them in contact with the right services* [Participant 5].

### 3.3.4 Greater effectiveness

**Greater effectiveness** related to the notion that participants were in a position to create higher quality impacts using the resources available as a consequence of the relationships, awareness and understanding they had established, as typified by the following quotation;

*There's always the danger in our line of work of a lot of duplication, there's the opportunity to learn so much from what each other are doing. It's really useful to be able to touch base with people that are specialists. Working with young people, you kind of need to have a range of skills, an overview rather than one specialism, knowing where they can go for support, what's out there for them at certain stages of their transitions' [Participant 2].*

The synergistic quality of collaboration characterised much of the discussion between participants in which it was recognised that there were many and sometimes obvious opportunities that could be explored for the benefit of young people. Whilst it was recognised that organisations faced different challenges by virtue of their remit, it was understood that there was a lot of similarity in terms of the way organisations worked to support young people and the skills and expertise required to be effective. The project provided a catalyst for this by providing an opportunity for these compatibilities to be purposefully explored.

### 3.3.5 Barriers

Whilst participants were effusive in describing the advantages of the project a number of **barriers** were also identified which served to impede progress in respect of securing beneficial outcomes. A principal dimension related to different **organisational objectives and structures**. These differences were discussed in a general sense and were seemingly manifest in determining and agreeing upon what support should be provided to young people and where accountabilities lay with respect to the support being provided. Participants discussed being in a position of wanting to pursue a particular course of action but sometimes feeling unable to do so because of the practices of their host organisation or wider system issues, particularly regarding issues relating to accountability and attribution of outcomes.

The wider **socio-political environment** also acted as a barrier in respect of **funding** and **evidencing impact**. Observational data highlighted the importance of recording and exploring case information in

order to maintain accurate records and to identify examples of good practice or situations that provided important sources of learning. However, it was apparent that being able to demonstrate the impact of the project more widely was challenging. The literature to some extent highlights the importance of establishing evidence concerning PIEs (Haigh et al., 2013; Keats et al., 2012) but this challenge appears to be not well documented in the current setting. On a related note funding was perceived as a pervasive and ongoing issue with negative consequences in respect of the amount available and the short-term characteristic of funding streams and associated outcomes; *'the charity sector is so chaotic, you don't know if you're gonna have the funds to do it. You're working with people who have spent their whole lives in chaos... we need better protection, longevity of funding, fewer projects and longer. Be more realistic with how much it will actually cost and what can be done'* [Participant 5]. Although funding challenges were experienced in different ways by participants it was apparent that these served to limit what organisations were able to offer, primarily due to reductions in workforce and, or, limited capacity to engage in additional initiatives.

This was a source of genuine frustration as highlighted by the following participant quotation; *'Everybody I speak to, whether you're a council worker or a voluntary sector worker, everyone is saying the same thing. We know what the issues are, we know where the problems come from and we know how to solve it. But we don't have the money or the time to do it'* [Participant 6]. Participants perceived that opportunities to collaborate via initiatives like F4M were overlooked because pressure from caseloads and the need to dedicate resources to specific organisational deliverables (outcomes) reduced the impetus for activities that were perceived as non-essential. Paradoxically, participants perceived that collaboration could provide a much-needed response to these challenges; *'the opportunities for collaboration are needed much more when things are shrinking. The catch twenty-two is that it takes time out of your day. We recognise it's important to get together but as everyone's capacity is at its limit, it can be really challenging to be here'* [Participant 2]. As a consequence, there was a heightened sense of fragility within collaborative environments due to the reliance on specific individuals to maintain relationships within and between organisations. Developed over time, these relationships were unique between practitioners and provided scope for direct, responsive and effective communication. Consequently, these relationships were difficult to replace or emulate with new staff and took time to be re-established, if at all.

Expanding on the finding above, **Evidencing impact** concerned the challenge of measuring outcomes that spoke to the complexities of young people's lives in a way that was authentic. The need to evidence outcomes required by funding agencies for example, education rather than outcomes that



were perceived by young people for example, safety, was a source of contention. It was perceived that 'softer' outcomes were as, if not more important than the outcomes normally associated with interventions. This was overlaid by timeframes that were often perceived as unrealistic for achieving intended outcomes due to the nature of funding agreements. The risk of these issues was that they could impede collaboration due to pressures in meeting specific targets that were not sufficiently compatible or comparable between organisations to foster joined up approaches.

## 4.0 Findings - F4M Toolkit

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This section presents the findings for the four respective components in the F4M toolkit that were covered under this evaluation. For clarity each component is presented individually within the following sections:

- 4.1 Psychologically Informed Environment (PIE)
- 4.2 Acceptance and Commitment Therapy (ACT)
- 4.3 Reflective Practice (RP)
- 4.4 Trauma Recovery Model (TRM)

Presenting each component individually helps to draw out the nuances of the findings but it is important to note that, at times, the components overlap.

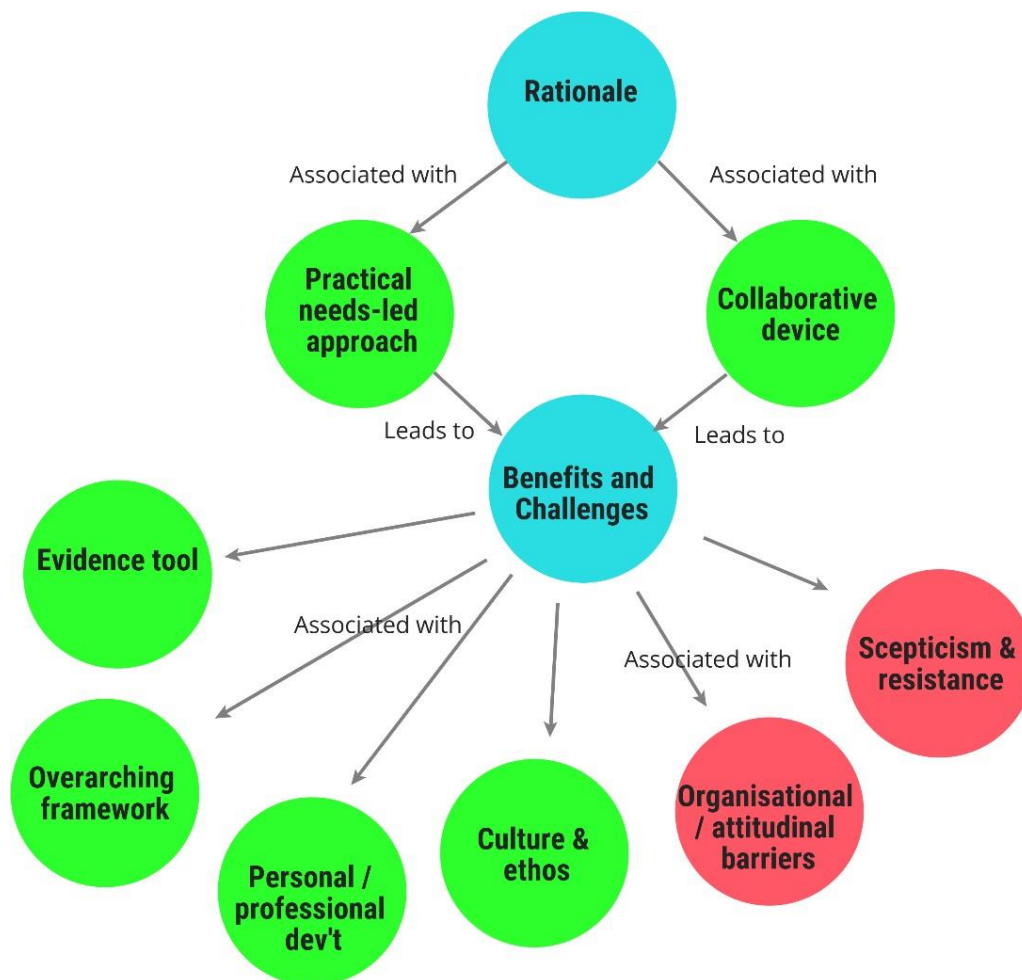
### 4.1 PIE

This section presents the findings of the combined analysis of the group interview with the F4M senior management team, and observational data collected at two case formulation meetings and a case meeting. Consistent with the underpinning data analysis approach key themes and associated dimensions are highlighted which help unpack the data. Anonymised quotations are used where relevant to articulate the themes and give the participants a voice in the narrative. Four key themes (Figure 4) are presented based on the combined analysis of data.

#### 4.1.1 Rationale for adopting PIE

A number of factors were discussed which highlighted how PIE had a high degree of fit with the organisational landscape and needs of young people. PIE was perceived to provide a **practical needs-led approach** that focused on young peoples' strengths and which was responsive to the complex reality of young people's lives, and which maintained the centrality of this when defining the best responses. It was apparent that some young people had experienced and were still experiencing extremely challenging life situations including neglect, disruptions to family life, possible custodial sentences and unemployment. In respect of addressing these challenges, some organisations felt that PIE complimented the underpinning strengths-based focus which they had adopted and provided others with the means of embedding new practices that sought to develop the ways in which services were devised.

Figure 4: Main PIE themes



Organisationally speaking, there was also a strong drive from Bristol City Council to focus on the psychological needs of young people which in turn provided an overarching imperative for local organisations to work with these considerations in a more concerted way, backed by the Council's ambition of commissioning psychologically informed services in the city. Against a backdrop of increased emphasis on multi-agency working there was the recognition that organisations needed to look to wider stakeholders in order to devise more complete responses to needs of young people. The wider PIE literature highlights the importance of collaborative approaches to case management (Turley et al., 2013) and in the present context the PIE framework was perceived to provide a **collaborative device** that facilitated this, although it was noted that discussion between different agencies was often challenging, mainly due to the perceived need for difficult cultural shifts towards PIE approaches (away from accepted, although not necessarily outdated approaches), and pressures

stemming from normal day-to-day operational demands; *'It provides us with evidence for why we work in a certain way, for example protection against working with very high caseloads, it helps us respond rather than react and concentrate on relationships with individuals'* [Group Interview Participant 2].

#### **4.1.2 Perceived benefits of PIE**

##### *Staff / organisations*

There was widespread agreement concerning the benefits of PIE. Principally, this was based on the perception that the PIE framework helped establish clear standards for the way people thought about their approach to their work in supporting young people and how they thought about and responded to young people themselves. Operationally, PIE was beneficial for helping develop and sustain conversations around how best to provide services which was particularly important in a time when resources were stretched or scarce. More specifically, when considering particular cases, it was evident that the PIE approach provided the opportunity for staff to really consider the issues at hand, for example how a young person identified rather than problematising certain events or behaviours. Peer-feedback and support from the psychologist helped identify possible solutions that could be offered to young people as part of a more inclusive discussion. This changed the dynamic in terms of creating a space for negotiation rather than the assumption that young people could or would fix things themselves.

Returning to the operational level, PIE provided a means of scrutinising priorities and what planning was needed to support these. For example, incorporating reflective practice (RP) as an integral organisational component meant that staffing and logistical issues could be given full attention rather than being secondary to other issues. This would appear to confirm the notion of a learning environment that focuses on harnessing collective organisational dynamics for the benefit of young people (Woodcock and Gill, 2014). In this sense it appeared to provide a means of ensuring wellbeing as a concept that applied equally to staff and young people, was maintained as a core element of practice in day-to-day operations although one participant stated that it took time for the benefits of RP to accumulate and show through in their work; *'In my experience you don't get the benefits of reflective practice from the first session. It takes a while for you to experience it to be something that helps your work'* [Group Interview Participant 3].

The PIE framework also provided an **evidence tool** which supported the rationale for focusing on the development of meaningful relationships rather than, for example, a preoccupation with size of the caseload, with respect to providing a clear theoretical justification. Consequently, it was easier to develop approaches which were more individually responsive and which maintained the primacy of young people's needs. Through the sharing of cases in team discussions practitioners were able to use the combined experience of other staff to identify possible courses of action that would assist young people. These discussions also provided a valuable opportunity for staff to actively reflect on the case at hand and to understand various aspects for example, whether young people were engaging as much as was hoped or expected, whether their ideas were making a difference, and the challenges in creating and maintaining relationships with young people.

In addition, clinical supervision with a clinical psychologist further helped to create a realistic understanding of the situation and how best to respond. Reflecting guidance provided by Keats et al. (2012), keeping things very simple so as to set only very small goals, or changing case worker in order to refresh the relationship were two examples which demonstrated the utility of the PIE approach to the case management process. Based on this evidence it was apparent that the PIE framework helped to balance the needs of young people with results-focused contracts for services, providing a space for greater attention on young people. Here, the PIE approach was perceived to help develop a longer-term outlook which 'slowed down' the case management process in a positive way so as to provide a real focus on supporting the emotional and practical needs of young people *and* the staff supporting them.

Overall, the PIE framework created a space for exploring how trauma informed approaches could support all those concerned in the provision of services for example, through supervision processes for staff and techniques that led to meaningful engagement with young people. This was consistent with the wider PIE literature which emphasises the focus on creating safe and supportive environments (Benefield et al., 2019), and using creativity and innovation to established shared responsibility for those environments (Breedvelt, 2016; Keats et al., 2012). This all-encompassing approach was important for exploring and understanding the impact of the approaches and looking at how things could be done differently, especially when confronted with challenging behaviours. This helped to move away from personalising situations whereby issues might be attributed to specific individual behaviours towards looking at the drivers and causes of these behaviours; *'The facilitator training is really good because it helps people grow outside of their roles. To me, it seems like a much stronger model than just getting a psychologist in ... (we are) helping all staff understand that they can engage with and become experts in this approach'* [Group Interview Participant 1].

Overall, this provided the conditions to develop an **overarching framework** with a common language and culture around supporting young people with complex needs, helped define staff expectations and supported the development of staff training opportunities, the latter being perceived as particularly important because this created an ongoing cycle of development that put PIE at the forefront of staff development e.g. around trauma and attachment, and specific mental health issues.

Importantly, being able to couch PIE in terms of a tool for **personal and professional development** meant that it could be used to demonstrate how staff were doing good things (backed up by evidence), rather than it being a device purely for identifying practices that were not wholly effective. Indeed, being able to understand the effect of the PIE approach on oneself (as a practitioner) was perceived to be very useful for helping staff understand how aspects of PIE could be used as an organisational device for improving health and wellbeing, and as the starting point for supporting young people. This was because it helped staff to understand that there were different ways of thinking and talking about young people that went beyond more 'traditional' stances i.e. punitive or cynical mindsets. These had been challenged in a positive and constructive sense through the opportunity to consider and discuss approaches that responded to the particular needs of the young person. As one example showed in practice, this included reducing the 'normal' organisational imperative to become involved in all aspects of a young person's life, instead creating a boundary or limit to activities with the aim of supporting healthy relationships and access to therapies that were relevant to a particular time and place.

Consequently, PIE was perceived as a core organisational framework that informed all aspects of delivery allowing practitioners and young people to explore individual and collective strengths and weaknesses. The result of this was an approach that used tools within the wider toolkit for example, ACT and TRM, in a much more coordinated way. Consistent with this 'bigger picture' perspective, it was felt important to make sure emphasis was placed on the PIE's role in supporting practitioners as much as young people, this being particularly important for making sure the services reflected who they were as professionals;

*'It allows us to think about how we can support staff as well as young people. It runs right through the organisation and helps us understand how to do things in a consistent way that values emotional and practical needs; it's been a real spur for embracing a range of psychological approaches in the way we work and train people'* [Group Interview Participant 4].

The benefits of the approach had real impacts on **culture and ethos** and was helping organisations move towards whole-scale approaches in which the fundamental tenets of the PIE approach were embedded across all levels and functions of organisations. This had a number of outcomes including the building of greater trust and increased credibility, in addition to a number of synergies, specifically greater multi-agency working and other opportunities for example, social impact bonds;

*'If an organisation is bringing it [RP] in for the first time, it's about acknowledging that PIE is what you already do but that this is a framework that pulls that together in a more coherent sense and helps us learn. It underlines the skills and practice already going on and perhaps that needs to be done much earlier'* [Group Interview Participant 4].

#### **4.1.3 Benefits for young people and service users**

Participants noted that the benefits for young people were intertwined with those for the professional due to the reciprocal way in which skills, competencies and attitudes improved and ultimately assisted practitioners to devise effective approaches to supporting young people. One particular benefit was the usefulness of PIE in helping practitioners work around challenging issues that hitherto might have been difficult to overcome were it not for the fresh perspective provided by applying the PIE lens. As highlighted already, the intentional incorporation of ideas from peers, supervisors and psychological theories provided a fundamental means of devising responses which helped to manage the issues at hand.

It also developed a more case-focused approach in terms of understanding the very particular needs and contexts of young people. Practitioners were heavily invested in the young people and greater self-awareness of the feelings and responses to an individual's case helped to manage situations. In doing so it provided the opportunity to fully explore the young person's strengths, needs and interests rather than just looking to resolve issues as soon as possible. Assessments became based much more around the young person, rather than the organisation seeking to fit the individual within a standardised or accepted approach which was less about individual relationships. The constant process of reflecting on practice through internal facilitation processes also created a strong sense of ownership, although it was recognised that external support was still an important resource when required. However, it was recognised that a greater sense of ownership, competence and confidence had created a more egalitarian approach that was shared across organisations.

A further benefit concerned **quality assurance** with respect to the ability to explore in detail the outcomes of case reviews and how this fed into exploring the ways that things were done and how they could be improved. In this case PIE really helped support a whole-systems learning approach although it was recognised that this could sometimes be a painful and challenging experience for staff. The observational data hinted at the challenge for some staff of learning how to embrace the PIE approach and to understand how to get the most from peer feedback and expert input which required a candid and open approach. Ultimately, this provided a foundation for building and maintaining a relationship-focussed approach;

*‘What we’re trying to do is look at cases where things haven't worked and explore that and look at why that is and what we need to be doing differently. There’s a number of ways that's feeding into what we do and identifying additional training and I think that happens anyway, but PIE really helps and support that as something we do as part of our culture’ [Group Interview Participant 2].*

#### **4.1.4 Challenges of PIE**

Early in the process of implementing PIE it was recognised by the participants, who represented a range of organisations, that there was always going to be an element of **scepticism and resistance** of new approaches sanctioned by senior management which sought to steer organisations in new directions. The requirement versus the option to attend RP was one such example. Here, it was identified that there was a managerial need to monitor attendance and understand the nature of barriers to help understand and address the practical (timing, workload) and motivational (behavioural, attitudinal) challenges. The training and management of staff is crucial in developing the PIE and research elsewhere highlights that challenges arise when there are differing levels of buy-in of staff (Turley et al., 2013). Participants in this evaluation perceived that support for staff helped ensure RP was embedded as an essential aspect of day-to-day operations. As such, encouraging practitioners to understand and accept the role and place of the PIE approach in both a professional and personal sense will likely support its integration into wider organisational culture and practice.

A number of **organisational and attitudinal barriers** were also identified. Participants reported that some organisational elements were more challenging to engage than others based on their professional remit and workloads thus finding it difficult to see the relevance of the PIE approach. Other challenges included logistical issues with regards to e.g. the ability to attend RP sessions and managing the group attendees (group dynamic) so that there was the right mix of people present. It



was recognised that, at least initially, this had taken a lot of organisation and was resource-intensive in terms of embedding the ability to discuss, analyse and learn from incidents.

With regards the PIE training it was noted that there needed to be strong buy-in from senior management and a genuine commitment to the ongoing and iterative delivery of PIE training. Breedvelt (2016) identifies the importance of organisational support and staff management to the overall effectiveness of the PIE. This was echoed by one participant in the local authority setting who indicated that support from management colleagues could have been better. In this respect, there was a need to better understand the PIE process in relation to day-to-day operations and how it was experienced by staff and young people so as to develop a more complete awareness of the process and outcomes. Greater efforts were needed early on to start the PIE development process with a view to normalising the PIE approach, although it was recognised that coordinating this during the pilot and implementation stages across multiple settings was challenging.

Reflecting the wider PIE literature, incorporating aspects of PIE within staff recruitment processes was perceived to be essential for supporting an evolutionary shift towards whole-system PIE-informed approaches. This was recognised as a useful response to some of the issues identified above which helped to attract candidates with the right skills, attitudes and mindsets to PIE-focused organisations. Indeed, extending this further, one might draw attention to the potential of professional communities of practice which have been highlighted as useful for inter-professional sharing of knowledge the promotion of workforce development and engagement (Breedvelt, 2016).

Also important was the ability to develop or identify opportunities which helped learning to take place between organisations in order to allow aspects of PIE to develop in an organic or culturally sensitive way that worked with rather than against processes and procedure;

*'It's very noticeable how people are coming to us now because of what we do and how we do it, people want to work here. There's a real energy, there's a real kind of sense of value in being part of the organisation. So, to some extent things do get easier over time as you recruit and attract people who share those values'* [Group Interview Participant 1].

## **4.2 ACT**

In total, 9 responses were received to the online survey. Females (n=6, 66.7%) represented the majority of participants. Respondent roles included a leaving care worker, project Worker EET and

Wellbeing coach and F4M project worker. The average age of respondents was 36.7 years old (range = 22 to 63; SD = 12.65) with no difference for gender. Mean time in respondent role was 21 months (excluding one individual with 12 years' experience) (range = 5 – 45; SD = 17.82). Key data are combined within the sections below and full data are provided in Figure 5.

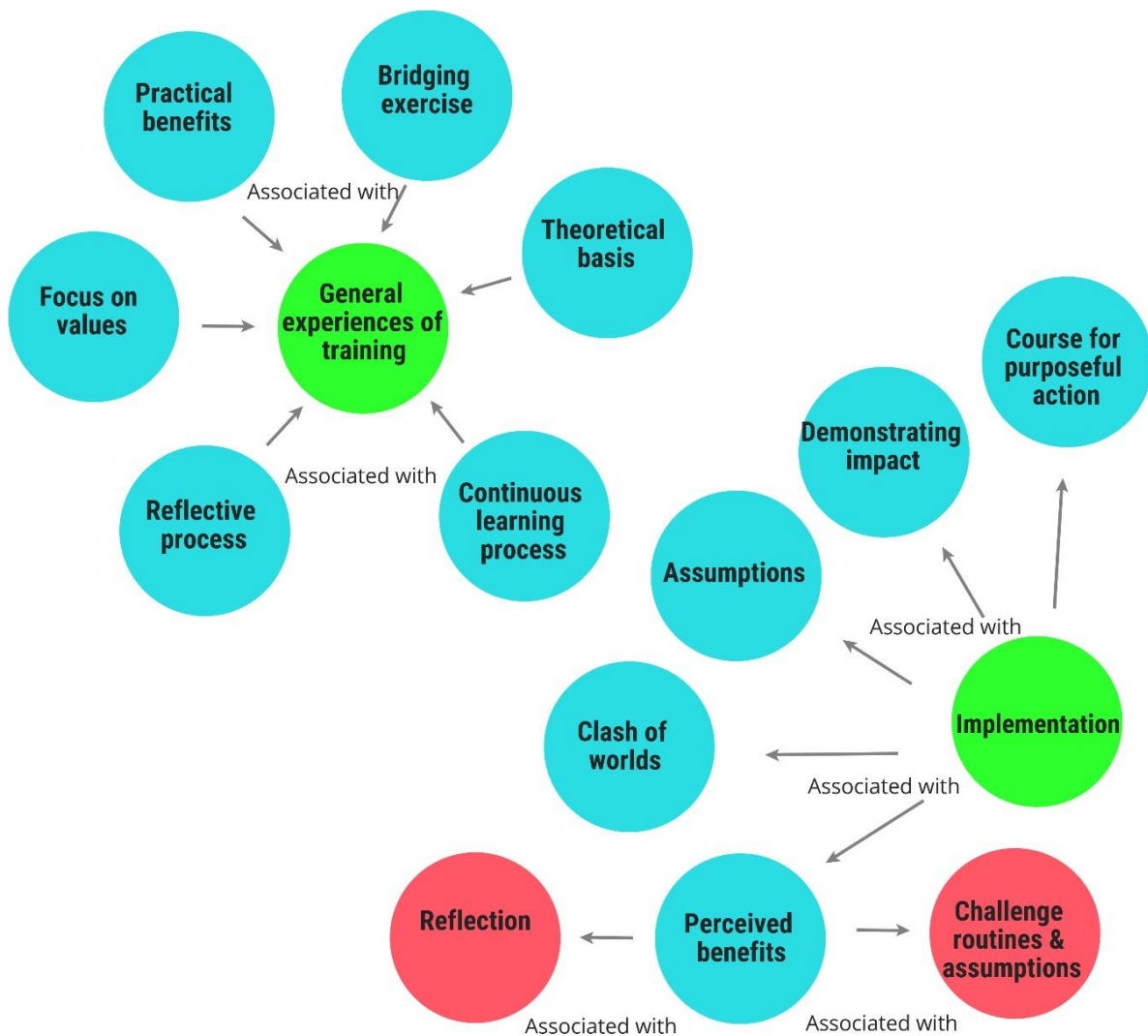
#### 4.2.1 General experiences of training

Figure 6 provides a graphical overview of the main themes. Participants had not all undergone the exact same training, some undertaking work place settings, but had found it very informative, 100% of survey respondents agreeing that they were confident in their understanding of the ACT model and their ability to apply it to work (n=9). Based on participant comments there was a strong connection with the **practical benefits** of the model and its **theoretical basis**. In this respect, participants appeared to fully appreciate the notion of psychodynamic therapy which understands how and who we are is shaped by dynamic processes (Keats et al., 2012). This was in contrast to other tools that the participants had knowledge and experience of which sometime felt a little clumsy or difficult to use in practice. For some, there was the impression that there was too much of a focus on the development and theoretical aspects of ACT, and too much time spent on presenting the specific evidence that had informed the model.

**Figure 5: ACT survey data (%)**



Figure 6: Overview of ACT themes



This was possibly due to the differences in approach and emphasis between the trainer (a senior educational psychologist) and the practitioners receiving the training. Despite the strong academic focus all participants perceived a high degree of applicability; *'I could see the logic of using it straight away, I was totally on board and wanted to get on with; come on, let's go!'* [Participant 3]. This participant felt that, in a sense, the training was too academically focused. Indeed, the kernel sessions were perceived as valuable but did not always help bring the model to life or provide examples that reflected the very different nature of using ACT in the context of young people versus the clinical domain. As such, recommendations for improvements included reducing the time spent on background development and theory, perhaps providing a set of resources for 'bedtime reading'. Focusing on more relevant examples was also identified as important given the particularities of the settings and clients that participants supported.

Reflecting ACT's focus on supporting people to live more effectively (Livheim et al., 2015), the **focus on values** was perceived as particularly beneficial rather than instructive or traditional approaches which could disempower, disinterest and disengage participants; *'Being able to focus even on just one value created a space for us to discuss things, it allows you to shut out the chatter, suspend the other issues and look at things in a very particular way'* [Participant 3]. Interestingly, this had been challenging for practitioners in some respects because there was a perceived need to evaluate their own beliefs and approaches to supporting young people. Hence, more than a technique that was focused on the young person, ACT was very much a two-sided process in which practitioners themselves needed to grapple with their own values and how these interacted with and related to the case in hand.

ACT was perceived as a **continual learning process** in that further training would be useful for helping consolidate and develop the skills needed to implement it effectively. This was redolent of Breedvelt's (2016) wider review of PIEs which draws attention to the importance of continuous learning, joint supervision and the sharing of findings for effective practice. For some, working out exactly where ACT fitted within the range of case management approaches used within their work was challenging. This was also reflected in the survey data where 55.6% (n=5) of respondents indicated 'somewhat' that the skills learned through ACT helped them to work in a psychologically informed way, 44.4% (n=4) indicating not at all. All were clear on, and accepting of, the evidence-based approach and wholeheartedly agreed on the model's potential in supporting clients. Participants perceived shifts in the way they approached supporting young people, recognising that ACT created a novel space that hitherto had not really been explored or provided in practice.

This reflective process required time which was not always available and which could therefore conflict with delivering the model; *'I'd love to spend two hours on this each time we meet but it's just not possible, especially with the caseloads we have, they're just too big. It's frustrating but it's just the way things are, that's not realistic'* [Participant 2]. In this respect, the principles of ACT could potentially be at odds with the performance requirements of participants' organisations which were focused on outcomes that were clear and measurable rather than the more nuanced aspects encompassed by ACT for example, forgiveness, which provided the basis of action rather than the outcome of an action. Overall, participants were fairly sanguine, recognising this as a source of frustration but confident that ACT could provide a powerful means of engaging with young people in a more purposeful way.

There was concern that the practise examples did not really connect with their line of work and the training could be developed further to reflect this, each participant wanting to make use of the theory in respect of cases they knew rather than the ones provided. In this respect there was a **bridging exercise** needed to fill the gap between the theory and practice in order to ensure that the full potential of the training was unlocked<sup>1</sup>. Participants had taken different approaches to navigating this process of linking theory to practice. This included using the model with colleagues and friends to become more familiar with the types of issues and questions that arose and how tools such as the values cards could be used to help develop actions and build trust. The cards are a therapeutic tool to aid conversations exploring young people's perspectives. conversation cards create, evolve and shape surprisingly meaningful perspectives on life and suit youth and adults. Another participant had spent time reading further into the model and its applications in order to develop a sound theoretical knowledge of the model and how this could be applied to young people.

What was clear from all participants was that ACT was distinct from other tools used in practice but that it was conceptually challenging to implement. It was not a simple case of applying the principles. Rather, participants themselves needed to undergo a process of reflection and self-evaluation in order to understand their own values, how the various theoretical elements could be harnessed and explored within specific situations, and how the model fitted with organisational imperatives, for example, EET.

#### 4.2.2 Implementation

All participants recognised that ACT had a positive influence on their young people and the survey data supported the notion that participants felt better able to understand the young people they worked with (100% somewhat agreed or agreed a great deal, n=9) and provided greater confidence to build relationships with young people (88.9% somewhat agreed or agreed a great deal, n=9). The card sorting exercise was instrumental in providing focus for sessions, especially for those struggling with confidence or who found it difficult to speak to practitioners on a face to face basis; *'It's difficult for young people to get their heads in the right space sometimes, the cards help them zone-in and we can start to really talk about things'* [Participant 4]. In this sense the cards helped create a space for deep reflection and in doing provided a means of bringing the value in question to life and giving a **course for purposeful action**. This wasn't just in regard to identifying things that 'needed' doing from a practical sense e.g. job centre, registering for certain services, but also in terms of understanding what personal development looked and felt like, for example working on the value of forgiveness, feelings

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<sup>1</sup> At the time of reporting (February, 2020), it is acknowledged that ACT training has been revised in order to address these concerns.

of being angry and not being ashamed about these. In this sense, ACT helped to attenuate social norms or expectations with respect to how young people should feel or what they should do, instead focusing on what they felt and why, and accepting this as an inherent part of life. Whilst the survey data suggested that participants perceived greater effectiveness in building relationships with young people (77.8% somewhat agreed or agreed a great deal, n=9), it was apparent that there was less overall agreement which reflected the challenges of establishing how best to incorporate ACT into delivery.

Clear examples of success were identified which demonstrated the value of ACT, but also the difficulty in **demonstrating impact**. One participant explained a situation regarding a client who was demonstrating persistent harmful behaviour. Using ACT, it was possible to set the behaviour to one side, treating this a symptom of set of underlying issues; *'We could focus on what was important in that moment, avoiding talking about the things we both knew were an issue but which weren't really the things that needed discussing at that moment in time'* [Participant 3]. Hence, rather than discussing the need to stop the behaviour, it was possible to hold a meaningful discussion around what the young person valued, what was important to them, and how to ensure that they could do things that were consistent with these. The individual was able to understand that their negative behaviour was not the problem itself and discussed initial steps to take with the support worker that were **driven by the values** identified. Although these discussions could be impeded by how young people were feeling on the day, there sometimes being a lack of engagement, the ACT training provided a means of maintaining an open and honest conversation.

Consequently, young people were able to express themselves without the feeling of being judged by staff which helped establish trust within the relationship. For example, one participant described how a young person had continually missed appointments but had felt able to be completely honest as to why this was. Over time, the young person had gradually engaged with the project safe in the knowledge that their behaviour was not being perceived as problematic or necessarily negative. Other examples were described whereby some young people were demonstrating pre-determined and limited impressions of what the support worker would be providing for example, advice only on housing and benefits. When presented with the ACT model there was a potential mismatch between these expectations and what the support actually entailed. Whilst this was not necessarily a problem *per se* participants noted that this did need managing in order to help develop trust and ensure that clients understood the nature and potential of support being provided.

A general and widely perceived challenge to delivery concerned a **clash of worlds**. This related to the difficulties in rationalising the model's therapeutic-based principle within a youth practitioner context and all the pressures of caseloads and organisational demands that went with this. In this sense, the model could present a conceptual challenge in terms of understanding how best to implement it within the youth context and also an organisational challenge in terms of understanding how it could fit with established practices and the processes that supported these. This said, the perceived **benefits of ACT** were two-fold in that practitioners were able to use **reflection** to identify their own shortcomings with respect to case management and the potential to think about and **challenge routines and assumptions**. It was recognised that the high number of cases and day-to-day demands of support work could lead to practices becoming too routine. Usefully, ACT could help mitigate this risk;

*'I had one particular case I was really struggling with, it was really frustrating. I'd tried a number of things but [the young person] just didn't listen, didn't respond in a positive way at all. I stepped back a bit and assessed where I was coming from and realised that it was probably me who was the problem; I was trying to get her to do things that I thought were good for her. Instead I could see that she needed to do the things that she felt were important for her in her own way, and I could have sensible conversations around that'* [Participant 1].

## **4.3 RP**

Section 4.3.1 focuses on the multi-agency setting where RP was not established. Section 4.3.2 focuses on the multi-agency setting where RP was established. Figure 7 provides a thematic overview of the main themes for settings where RP was and was not established.

### **4.3.1 Where RP not established**

#### **4.3.1.1 Cultural shift**

Participants (with the exception of the 1625 staff who was supporting RP) had heard of RP but had never used it in practice, though perceived potential in supporting case management in the context of increased strategic awareness of and focus on care leavers, and an emphasis on smoothing the transition between care and leaving care.



Figure 7: Thematic map of RP themes



However, the **lack of understanding**, insight and experience into the use of RP established significant barriers to implementation, as commented upon by the 1625IP staff member; *'...being there where it's mandatory to do RP, it's a huge cultural shift which I think is part of the challenge for other types of organisations which I'm sure has affected how things have gone. I could recognise immediately the benefit of doing RP when I came to 1625'* [Participant 1]. However, in practice, the onus was on individual practitioners to develop the systems and processes that would support RP. One participant highlighted that although there was support from management in terms of creating awareness of the RP group, it was felt that they were keener for others to engage in the group rather than to actively do it themselves. Here, there was the sense that practitioners weren't well informed about what RP was, what it was for and that greater initial buy-in was needed. This was backed up by the observational data which showed that attendance was low at the meeting where data collection took place. Similar issues with respect to the attendance and engagement at meetings within an enhanced

case management setting are evident in literature (Cordis Bright, 2017) and point to a wider issue in sustaining multi-agency involvement. These challenges were disappointing because it was perceived that RP provided an important and unique opportunity to step back from routines and to assess how things were done and how things were thought about; ‘

*‘RP was about having space to think; in statutory services we don’t really have time to think, to reflect on things other than focusing the job. For me it was about having some space to really think about my case load and how I could improve my practice. The sessions did help me with that, to really think about my young people...’* [Participant 3].

RP sessions provided an opportunity to listen to other people’s opinions which was important even if not many were present at the session. Furthermore, from a multi-agency perspective, the sessions had been effective in getting people together, though it was recognised that this had taken significant time and effort to establish. Within the statutory setting maintaining a steady group had proved extremely challenging and hindered the potential of the sessions in the long term. This, felt participants, was likely due to the pressures of caseloads and **competing organisational practices** that prevented the adoption of the RP model; *‘...when you’re in a statutory organisation, if it’s something that’s not mandatory and hasn’t been done before, if you’ve got crises happening with young people you will find it much harder to take an hour and a half out of your day when you have a young person calling you twenty times a day...’* [Participant 3].

In this sense, as a discretionary project with no mandatory obligations attached to it, RP was not always able to compete with other priorities. Whilst it was easier to harness the potential of RP with known colleagues, it was more challenging to develop awareness and buy-in from less-known colleagues. The notion of a paradox between ‘forced’ versus ‘voluntary’ attendance was discussed, the issue being that there needed to be some sort of balance between the two, although there was no simple answer because of the contextual factors within organisations. As was discussed elsewhere in the evaluation much stronger and obvious **buy-in from senior management** was perceived as critical. This likely necessitated exposure to and involvement in RP at all levels of the organisation. A similar perspective was shared by the voluntary sector participant although it was noted that there were fewer statutory pressures bearing down. From the perspective that reflective practice is critical for supporting locally situated initiatives driven by staff and service users (Haigh et al., 2012), it is likely that, by and large, a fuller embedding of the PIE principles is required to realize the full range of benefits available for staff and young people.

#### 4.3.1.2 Benefits of RP

Having participated in RP participants felt more confident in their **reflective skills** and reported that the process had helped them look at the cases in a more holistic way. Having a facilitator come in to encourage a broader perspective of case management had helped foster a mindset that intentionally sought to consider the bigger picture, which was a skill that developed over time; *'It broadens your scope on things and helps you think about other aspect like risk which I wouldn't have done before. Rather than firefighting the main issue, reflective knowledge helps you sit back and look at the whole and explore issues which affect the case'* [Participant 2]. The benefits of being able to discuss in detail the challenges of managing young people with complex needs was also borne out in the observational data where it was clear that the practitioner was able to talk about practical as well as emotional issues, and to explore alternative solutions to some of the issues raised.

This clearly demonstrated the utility of the wider PIE framework which encouraged staff to reflect on internal experiences in order to reduce the intensity of difficult emotions (Keats et al., 2012). Consequently, participants felt better able to **manage caseloads**. Here, RP had provided time to think about cases and to explore how they might be managed more efficiently and pragmatically; *'When you're in a crisis you can step out and think before you react, that's really important'* [Participant 3]. Multi-agency working had been important for helping establish understanding of other practitioners, their services and how they could coordinate support for young people. Notwithstanding the limited extent of multi-agency working due to the challenges of implementing RP, participants valued the increased understanding and awareness of other organisations and felt better able to contact other practitioners to assist where relevant for example, probation and housing services.

Participants also felt better able understand the impact of cases on themselves and to better manage their response to situations. This had benefits for clients because participants were able to understand much more about the case and the potential response; *'That space to be reflective allows you to think which is better for them. You might have been in a situation where'd you go straight in and come up with a plan and the young person wouldn't know how to say "this isn't working for me", just go along with it'* [Participant 3].

Consequently, **improvements in health and wellbeing** were evident whereby participants could better manage the stress of the cases themselves and the way in which case activities were managed. This empowered participants in terms of being able to acknowledge that support was needed or that

that case could not be taken on due to existing commitments. Despite RP concluding in this setting, participants agreed that they were actively using lessons learned from the process within their organisations and were keen to explore opportunities to embed elements of RP.

#### 4.3.1.3 Perceived outcomes

From a statutory perspective there was scepticism that there were improvements in provision due to the low-level RP that had taken place, although there was the sense that, as professionals, there had been some useful outcomes in terms of **self-management and confidence**. This was echoed by the voluntary sector participant who had established greater self-awareness in respect of managing cases. Here, there was greater pragmatism in terms of not being too ambitious with cases and to invite feedback from colleagues regarding the case management. As such, RP gave permission for participants to accept that cases could be difficult and that there was not necessarily a clear answer.

#### 4.3.2 Where RP is established

##### 4.3.2.1 Managing sessions

Participants had mixed prior experience in RP and agreed that the present approach had been more focussed. In other contexts, reflective practice was couched only in terms of supervision in which staff shared issues but had little time to discuss these in a broad and meaningful sense. Participants perceived that it was sometimes difficult to know what was acceptable in terms of approaches to discussions between members. This related to interpersonal communication and also the style of session, for example; *'Some facilitators are really stringent on using the Gibbs model in a very structured way, some are much less formal, allowing things to kind of move in a natural way, seeing how the personalities interact. So, structure can change and style can change [according to] the facilitator'* [Participant 4]. Highlighting the importance of establishing a **positive group dynamic**, participants perceived that sessions could sometimes be very positive with open and free flowing discussion, but at times were a little stifled, lacking purpose or direction. In this sense it was important to **establish ground rules and expectations** in order that RP participants were able to participate fully and effectively within an atmosphere of respect and openness; *'There can be some really inappropriate use of the space which I've found difficult to manage as a facilitator; some people making disclosures which are really inappropriate and I've had to manage that outside of the group and seek support for that which has been difficult...'* [Participant 3]. Talking about the emotional impact of case work could

be very challenging which required careful and sensitive management because the sessions would only work where sufficient discussion took place to address issues raised. *'I had a really difficult case to deal with, I had to see the work through... You're worried about doing the right thing even though people can't see that. Sharing that in RP is difficult, how much do I give, that's still very much a learning exercise for me'* [Participant 1]. It is noted that some practitioners may feel uncomfortable talking about their personal feelings and experiences in the context of supervision (Cordis Bright, 2017) and in this respect there was need for sensitive session management by the facilitator. As evident in the observation data, encouraging participants to discuss cases and the reason why the case was brought to the session provided a means of establishing the limits to, and expectations of, discussions that took place.

Furthermore, the nature of discussions depended on staff willingness, absence, and the inclusion of new people which could all serve to disrupt the stability of the group. Reflecting comments from the multi-agency setting where there was no RP, some participants were supportive of RP being a mandatory feature in order to create stability within the groups. This had the benefit of creating space in peoples' diaries for RP sessions; *'Some people don't go because they're so busy, not because they don't want to. So, when it's mandatory you can find that they can get the most out of it'* [Participant 1]. Indeed, the observational data indicated that staff acknowledged that the sessions were not prioritised but that without people attending there would not be the potential to create a culture in which RP was more embedded. Interestingly, one participant felt that even those with limited motivation to attend could actually offer significant insight and feedback based on their level of experience, suggesting that it was important to understand the make-up of the group and also how attendance could be promoted and supported. For those facilitating the RP sessions there was the sense that more frequent supervision would help to assess how each session went in order to ensure good practice in the long term, though a lack of time or opportunity to do this routinely was perceived as a barrier to this.

#### **4.3.2.2 Benefits of RP**

Participants discussed the demanding and sometimes highly emotive nature of case work. RP provided the opportunity to share experiences, problems and concerns with peers. This provided an emotional outlet and an opportunity to listen, empathise and reassure others with similar roles which was consistent with the broader PIE approach; *'As an organisation we want our staff to be as emotionally well-equipped as possible to deal with their work so that the young people benefit from what we do'*

[Participant 3]. As such, RP sessions provided a **useful resource** in terms of the combined knowledge, experience and different personalities to discuss approaches to case management and learn from others. This was not only in respect of challenging cases but also in being able to discuss positive experiences and why things happened in a certain way. This was felt more acutely by those in front-line service delivery where caseloads were very high. A participant who held a non-contact role perceived less utility, recognising the value of RP but also being conscious of having a limited ability to contribute to discussions which undermined her sense of equality and place in the group.

As with participants in the multi-agency where there was no RP, participants perceived **greater confidence** and **case management** as benefits of RP; *'People remind each other of previous cases, saying come, you can do this ... it gives you that extra bit of energy to approach things in a different way, approach young people in a different way, that both of you appreciate'* [Participant 5]. In addition, the RP session provided practitioners with a voice which was not always heard in the melee of daily routines. In doing so, sessions provided a **safe space** where participants could communicate over issues relevant to them; *'It feels good when somebody else shares what they think or has done something that you have. Helps you feel ok about yourself. As practitioners, sometimes you forget about the wealth of knowledge we have'* [Participant 4].

However, pointing to the notion that the sessions were as much about the process of RP as they were the outcomes of it, participants widely shared the view that sessions were sometimes; *'...less focused on case management, more interested in hearing people's voices. That is important in itself. You can start to see the group come together, people start to speak to each other. For me that can be enough'*. [Participant 5]. In this respect, the value of RP lay in promoting the significance of the 'whole practitioner' versus the practitioner as being just the fulfiller of a role. The notion of safe space was also evident in the observational data whereby participants discussed a particular issue relating to appropriate responses when placed in situations involving aggression. Here, participants openly discussed very real concerns over the conduct of some young people and how they could best manage situations and ensure that they themselves were not compromised in terms of safety and job security.

**Health and wellbeing** aspects also emerged during data analyses that were consistent with the multi-agency setting where RP was not established, as was articulated by Participant 4;

*'As practitioners we often hold on to things which is never a good thing and RP helps us let things go, be able to signpost a bit more; not hold in all of the emotional responsibilities.'*

*By having mixed groups and hearing other voices helps us reach out to other colleagues outside of RP and let that ownership go, which also helps with cohesion within the organisation, which is also an important aspect of RP'.*

#### **4.3.2.3 Perceived outcomes**

Participants were much more confident of the benefits for **young people**. Skills acquired through RP had been incorporated into practice, young people being encouraged to be more reflective, share stories and discuss how to develop skills to build resilience. Through RP, participants had been able to reflect on and assess which aspects of themselves they could bring into their roles and what experiences could be drawn on in a very open and honest sense;

*'Being able to be that vulnerable with your colleagues is part of what makes this (1625IP) organisation so amazing in terms of how people work together, why they stay here and why they come back. We are really lucky to work with the people we work with. Part of that is that we have spaces where we can be human with others, it's not hierarchical, we have a space where it's ok to ask for help or say that you're struggling' [Participant 3].*

This created **greater authenticity** in terms of the nature of interaction with participants by feeling better equipped as a professional to provide the support needed by young people. Without this mechanism, participants felt that they could become isolated, detached and ultimately unhappy in their role.

#### **4.3.2.4 Negative aspects**

Negative aspects were mainly related to **physical resources** and **session management**. It should be noted that these, to some extent, related to the broader historical context. However, these points have relevance for future similar projects. Participants discussed that sometimes a lack of appropriate space and equipment i.e. sufficient number of chairs, warm room, made it difficult to facilitate effective RP sessions. Such issues might serve to undermine a key principle of the PIE framework (Homeless Link, 2017) and consequently any training provided to support practitioners working in PIEs, such as managing relationships (Keats et al., 2012). Further, there was the sense that conducting RP in the workplace was not always the most productive approach as sessions worked best when staff had been able to 'get their head out of work' before the session began.

Regarding session management, when interruptions happened they were perceived as a major impediment because of the disturbance caused. There were mixed opinions on the place of managers within sessions because of the organisational lines of authority and accountability that were associated with these participants. However, it was also clear that there could be advantages to having management present because it provided an opportunity to discuss issues and work together to identify courses of action.

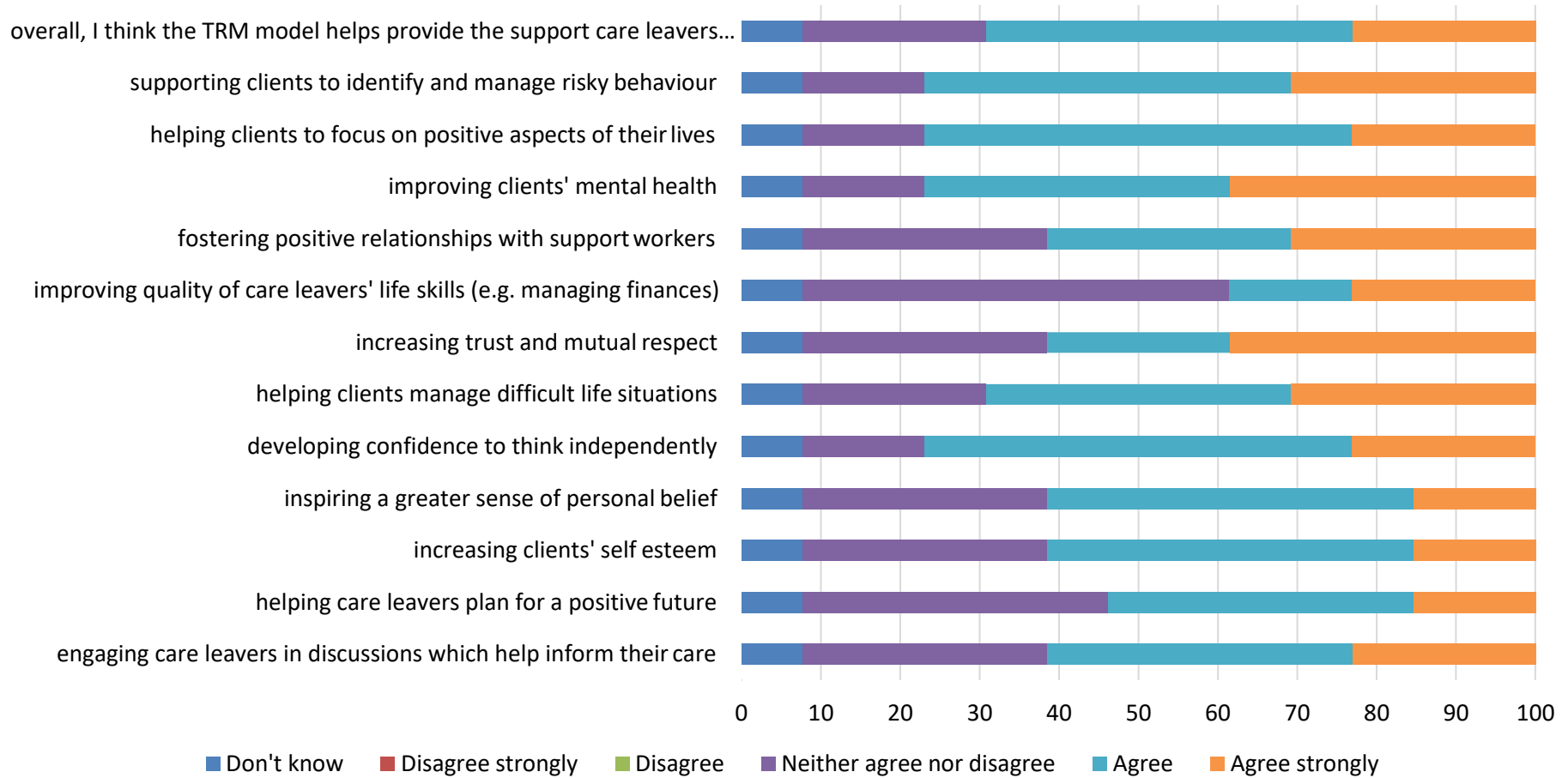
#### 4.4 TRM

Survey respondents held a number of roles including F4M project worker, YOT Probation Officer, EET and Wellbeing Coach, Personal Advisor and mental health project worker. The mean age was 35.4 years (SD=8.28), the majority were male (n=7, 53.8%), and respondents had been in their current role for an average of 15 months (SD=14.4). Survey data are presented in Figures 8 to 10 according to the three core sections that were developed. These data are incorporated within the presentation of qualitative data below to provide a comprehensive and succinct account of the findings. The interview participants included a service manager, personal advisor, youth justice worker and probation officer and had been in their current roles from between one to six years. All participants had used the TRM approach in their work. Due to the small number of participants, it must be noted that these findings are not generalizable.

Six main themes emerged from the data analysis (Figure 11); four related to the positive aspects of the TRM model and two related to challenges associated with working with the model. Whilst the survey data and interview data were in many respects in agreement some interesting findings emerged, particularly in relation to the overall impact of the model on professional practice and the impact of the TRM on the quality of outcomes for young people, where there was less overall agreement. In this respect, the data indicated that the TRM provided a useful and effective tool for bringing agencies and young people together to identify and address needs. The respondents came from a range of statutory and voluntary sector agencies and issues such as organisational culture and practice, and the complexity of young peoples' lives, were likely to have affected the extent to which these benefits were realised. This finding is useful for supporting practice as the model is rolled out further in other contexts in order to ensure practitioners are realistic concerning the short to medium term potential of the model in achieving progress in these particular areas. Overall, there was strong support and enthusiasm for the TRM and in this respect there was a strong foundation for building on the outcomes already secured.



**Figure 8: Supporting care leavers (%)**



**Figure 9: Experiences of implementing the TRM (%)**

The TRM...

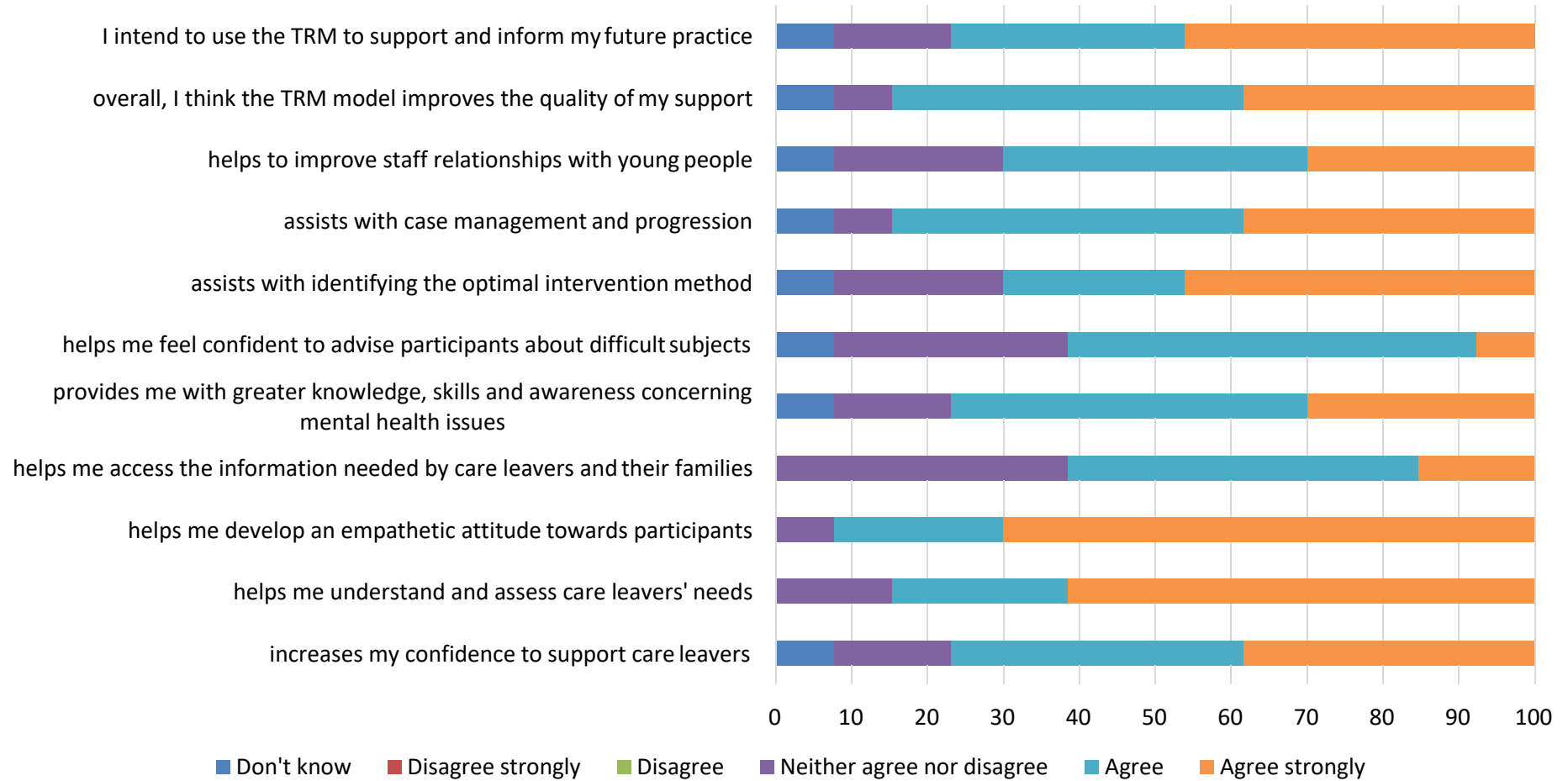
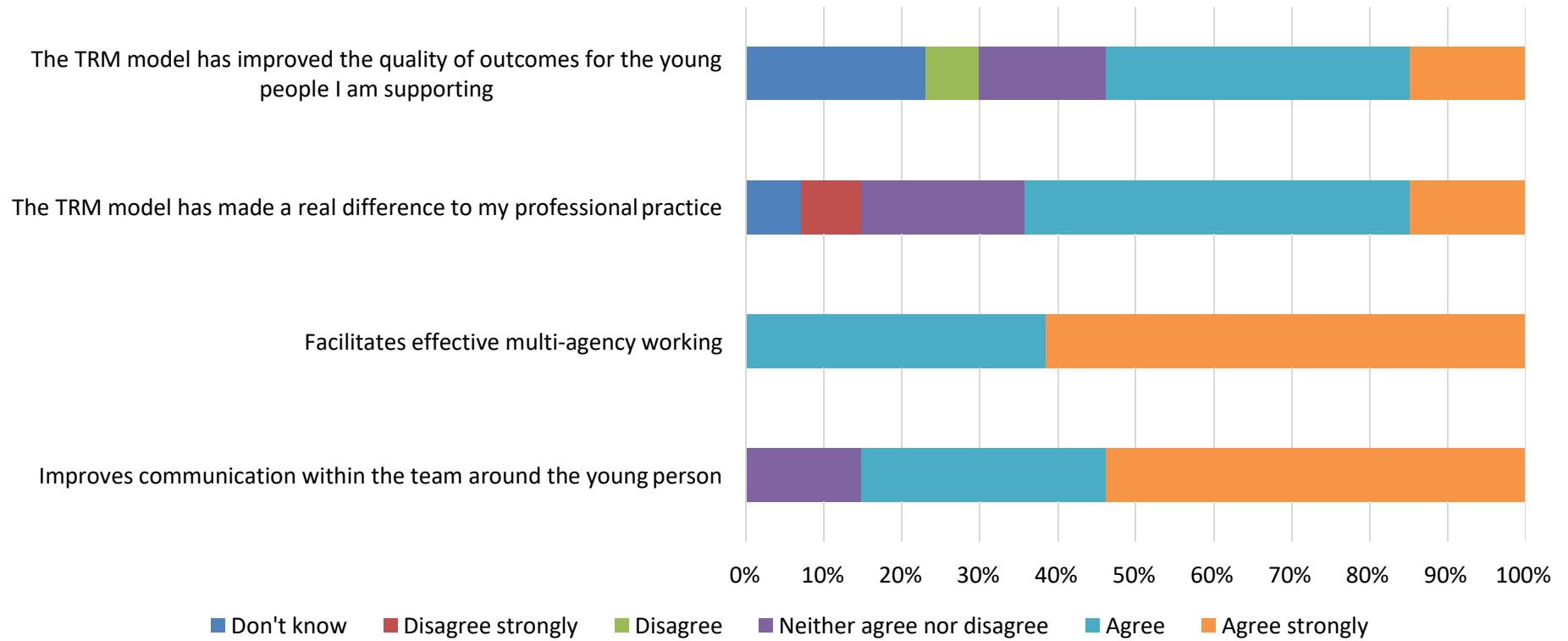


Figure 10: Professional practice



#### 4.4.1 Multi-agency accessibility and ease of use

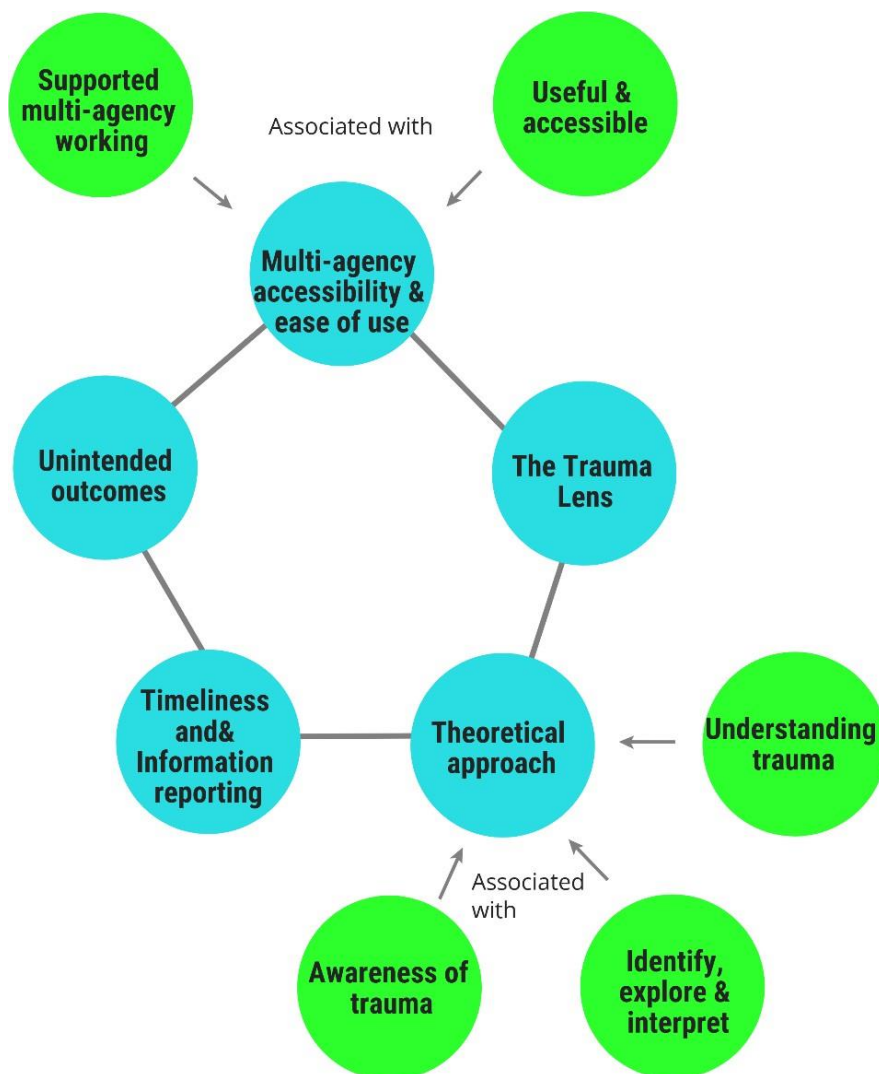
All of the participants suggested that the TRM model, as they had experienced it, **supported multi-agency working** which was engaging and offered a well-rounded view of the young person with whom they were working; *'It has rekindled my love of multi-agency working and the process....'*. The opportunity for professionals to *'get together'*, *'get engaged'* and *'share information'* was seen by participants as beneficial to their work with young people and accessible as; *'any worker can understand it and use it'*. Such comments were supported by the survey data which indicated agreement concerning TRM as a tool for facilitating multi-agency working (61.5%, n=8) and improving communication within the team supporting young people (53.8%, n=7), and further supported by qualitative feedback within the survey concerning things that worked well; *'Multi agency approach to get professionals on the same page with regards to how they assess the young person's situation and can agree on best next steps to support'*, and; *'I felt the TRM mapping meeting was very effective at bringing together different professionals around the young person to understand their history and the different perspectives each professional has towards supporting them'*.

This was seen as a helpful way to *'reduce the isolation of our work'* experienced by some participants and is an important feature of the TRM which requires organisations to work closely in order to support young people effectively (Skuse & Matthew, 2015). The benefits of having *'everyone around the table'* were recognised as important for engagement with young people and offered; *'...in depth and different views of the young person ...work that had already been done and work to be done'*. One participant highlighted that there was; *'a sense of taking the barriers down ... getting the different agencies to engage and rethink their approaches to the client'*. Indeed, there was general agreement in the survey that the TRM supported getting access to the right information (46.2%), case management (46.2%) and understanding and assessing care leavers' needs (61.5%).

The tools used were described as **useful and accessible**, for some confirming what they already knew *'it's helpful to use to think about the young person in depth and use what I already know with them'*, and for others offering a different view of trauma and the impact of adverse life events upon adulthood; *'this has influenced me and I need to be mindful of attachment and the impact of early years'*. This finding was also evident within the survey data which indicated that 69.2% (n=9) of respondents felt that the TRM had helped them to develop empathetic attitudes towards young people and a greater understanding of their lives; *'It promotes an understanding of YP's background*

and the impact of this on their persona and behaviour rather than being a model that promotes blaming young people for their risky/antisocial/unhealthy' [Survey feedback].

**Figure 11: Main TRM themes**



#### 4.4.2 Sequencing

Consistent with a key aspect of the TRM and associated pilot guidance, sequencing was discussed by the participants as an important feature of the model. They suggested that the model; *'forces professionals to see the bigger picture ... to stop and check .... Is this the right intervention ... is this the right time?'* For some it was an opportunity to; *'help professionals to understand why they (young people) decide to act in a certain way'*. For others it was an opportunity to; *'look back, look at the present and look to the futures ... to think about intervention support ...'* The opportunity to focus upon sequencing was described as *'something that really works .... like magic ...'* helping those who used

the model to *'work out how to bring together and address the different events for the young person'*. The pilot guidance emphasises the importance of sequencing in order to find the optimal method and place of intervention and the data here suggested a high degree of fidelity with respect to the model's ability to develop coherent and well-designed plans. This confirmed the model's ability to initiate a developmental approach with young people as outlined by Skuse and Matthew (2015) and indicated the presence of a structured and considered approach.

#### 4.4.3 The Trauma Lens

The opportunity to **identify, explore and interpret** life events is an important psychological principle. All of the participants in this study indicated through their narratives that the use of a *trauma lens* to explore the lives of the young people that they were working with offered an important perspective for their work and the development of client-centred interventions. **Understanding trauma** and **awareness of trauma** in early life were highlighted as important elements of the model, enabling the professionals to start to understand the impact of trauma and adverse events on behaviour and health. This was discussed in relation to work with young people and was also described as an important feature of work with families; *'... it helps ... to understand how to address the intergenerational effects of trauma and how we can explain to families about trauma'*. Understanding the young person's situation from a trauma perspective and the opportunity to work with a psychologist through the formulation and adoption of the TRM approach was described as helpful, positive and interesting. This was consistent with the pilot practice guidance with respect to understanding the young person's situation and to identifying how past problems impact on behaviour. Indeed, the survey data indicated that such an approach was perceived to help young people focus on the positive aspects of their lives (53.8%, n=7) and to think independently (53.8%, n=7).

Interestingly, whilst there was general agreement that the TRM model helped provide the care young people needed (69.3% agreed or agreed strongly), some respondents were not so sure. This could have been related to a lack of practitioner confidence to advise young people on difficult subjects and the challenge of improving young peoples' life skills which also showed less overall agreement. Qualitative feedback received in the survey also highlighted that it was potentially still too early to fully understand the impact of the model and that there could be challenges in dealing with young people themselves whereby; *'The young person can choose not to engage in the TRM recommended interventions and therefore it is difficult to progress in these situations'*. This suggested that engaging

and maintaining young people within the programme might be very challenging. Indeed, it is recognised that implementing the TRM approach requires unique skills not normally expected of therapeutically unqualified staff (Skuse and Matthew, 2015) and in this respect some staff may take longer to feel comfortable and confident in using the model. There was also some feedback regarding confidence to work in a psychologically informed way evident in the ACT data and thus underlining the importance of providing ongoing training and support for practitioners is warranted to ensure that they feel sufficiently secure in their knowledge and confidence to apply the model.

#### **4.4.4 Theoretical approach**

The TRM as a theoretical approach was celebrated by some participants as *'affirming'* and *"engaging"*. It was seen as; *'a process underpinned by theory which instinctively chimes with what we know. It is a real thing and supports confidence ... it is the acknowledgement of common sense supported by theory ... where they come together'*. Participants described the opportunity to engage with theory helped them to; *'focus upon the relationship and do some cognitive work'* although it was recognised that the use of the TRM needed to become more widespread in order for all professionals to have a common theoretical knowledge base. When describing the influence of TRM upon their practice, one participant highlighted the development of; *'a more mindful approach to practice and to their understanding of their work with the young person'* and *'understanding the information and data that we have.'* For the participants, using the TRM enabled a theoretical approach to work with a wider understanding of attachment, trauma, and personality trait development. In essence, it offered; *'a clear vision of how the young person might see the world and how we can develop and bring in interventions which will be responsive to their needs'*.

#### **4.4.5 Timeliness and information reporting**

When discussing and describing the less positive aspects of the TRM approach, participants were unanimous in their call for timely reports following formulation and consultation meetings. Related to this was the challenge of finding time to bring everyone together for meetings so as to include the psychologist and professionals. Without these reports they suggested that; *'planning and implementation of interventions are delayed .... We need to keep the momentum going'*. One participant described TRM as the perfect plan in an imperfect system, recognising that timeliness was also affected by the challenges of the multi-agency approach and in turn affected the need to react to situations. As a solution, participants suggested that a summary report or headlines created at the

meeting and agreed by those in attendance might be a helpful way forward to bridge the gap until the reports had been completed and circulated.

Timeliness was also seen as a feature in the choice of candidates for the TRM approach. It was suggested that; *'... we need to think about who we put forward when referring and consider timing of where the young person is in the process'*. However, there was recognition of the newness of the approach and that this pilot or initial phase would allow for; *'better planning and organisation around how we use it and who we use it with'*.

#### **4.4.6 Unintended outcomes**

Whilst all participants acknowledged that the TRM approach was a positive experience and had faith and belief in its value, there were also some unintended outcomes to its use which were identified. The complexity of multi-agency work was identified where; *'co-ordination can be really difficult and unintentionally one's own work might undermine the work of others ... there is no blame here, but occasionally we might get results by accident rather than by intention'*.

This multi-agency working theme was also highlighted in what was termed *'a brilliant and unintended outcome of using the model.'* Participants articulated the confidence that this approach engendered enabling some colleagues to take on; *'a case lead role for the team and hold their own in a multi-professional arena'*. For this group the model was thought by participants to support the confidence to challenge others; *'... if the young person is not ready we can say this and then discuss the delivery of work within a suitable and appropriate time period'*.

Working with different professionals and understanding their role was another outcome from the TRM approach; *'Working with a psychologist is really helpful ... even though the language at times can be challenging'*. Similarly, the opportunity to work together with colleagues from Statutory and Charitable organisations highlighted different roles and requirements and approaches to work and for some created; *'a real feel of inter-professional and inter-organisational collaboration working together for the young person'*.



## **4.5 Evaluation limitations**

This section briefly outlines the main limitations of the evaluation. These should be considered when reading the summary and recommendations of the report, and any conclusions that can be inferred.

### **4.5.1 Sample**

The limited sample size means that it is not possible to generalise the findings i.e. that the experiences of those who took part in the evaluation reflect those of all individuals who were engaged in the various roles and components of the F4M evaluation. The process of data analysis seeks to establish a thematic overview based on the principle of abstraction which elevates data above the individual level.

However, it is not possible to rule out the possibility that those with views or experiences contrary to what is presented here were missed. The challenge of engaging participants in data collection required close liaison between the evaluation team and the F4M leadership team. Some participants are likely to have dropped out or been missed during the course of the evaluation.

### **4.5.2 Evaluation focus**

The evaluation provides data concerning the experiences of a range of material stakeholders with respect to the project's implementation. However, data is time-limited and the formative nature of the evaluation restricts the ability to confirm any improvements, and attribution thereof, in outcomes for young people.

Whilst it is difficult to research non-engagement it is important to acknowledge that the data obtained failed to provide a full account of things that did not work for young people and why some young people disengaged from the project. Future research and evaluation should look more purposefully to explore these issues in detail.

### **4.5.3 Bias**

Participants who engaged in the evaluation did so of their own volition. Self-selection increases the likelihood that participants take part for a number of reasons which are not necessarily apparent. As

such, there is the risk that data represent certain personal political and social motivations. The effects of these are potentially disproportionate given the small sample size.

## 5.0 Summary and recommendations

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This section draws together the main findings that are derived from the significant empirical evidence established via the evaluation of the F4M programme. A summary is first provided in order to address each evaluation objective in turn, before a number of recommendations are presented.

### 5.1 Summary

Flexibility and creativity were critical elements of the success of F4M. This applied to the way casework was approached, the way F4M worked with its partners, and the relationship with the evaluation team to ensure the methods reflected the complexities of delivery. These, in essence, were the cornerstone of the project. The explicit adoption of a flexible and creative approach allows for ongoing and regular review and reflection and promotes a process of continuous improvement. This provides a useful challenge to inflexible and restrictive intervention frameworks that can present a barrier to progress for staff and young people. As such, commissioners should consider the adoption of ambitious intervention frameworks that provide greater responsiveness and in doing so allow the primary focus of attention to remain on supporting young people.

#### 5.1.1 Objective 1

##### **The impact of the F4M project on the lives of young people and what young people identify as most valuable and significant about the project**

The young people engaged in the F4M programme had experienced, and were experiencing, challenging life situations which caused considerable disruption and hardship. To varying degrees, these led to poor mental health and issues with trusting others and communicating effectively with others.

Young people valued the simple referral process and the ability to talk about issues *they* felt were important in a supported and open way. Young people felt listened to, respected and valued. This created a space where opportunities and plans could be explored in respect of addressing things that mattered to them, providing a greater sense of agency and confidence. Opportunities for personal and professional development were explored with support from case workers.

Consequently, young people felt more resilient and self-aware, and capable of focusing on positive action from a position of relative stability. This helped to re-establish routines and relationships which served to reinforce a greater sense of personal wellbeing, happiness and empowerment. Young people valued the dynamic and person-centred approach provided by case workers which established a two-way relationship which shared responsibility for decision making. Having support close at hand provided reassurance that facilitated a journey towards greater independence and a greater ability to manage the complexities of their lives.

### **5.1.2 Objective 2**

#### **What partners and stakeholders perceive to be most valuable and significant about the project**

The F4M project provided a much-needed opportunity to enhance the delivery of important support services for young people in the West of England. Joining up with other organisations within the wider service landscape helped identify realistic and workable interventions, share collective knowledge and information, and identify solutions to problems in a challenging financial and political climate. This fostered a sense of greater responsiveness and effectiveness which helped avoid duplication and competition between local stakeholders. Organisational culture and practices across the voluntary and statutory sector agencies involved in the F4M partnership could present potential enablers and barriers to these aspects.

Overall, the project provided a unique approach which challenged traditional practices and assumptions. It was not always easy to embed the PIE framework and its constituent parts within organisations. However, participants were unanimous in the opinion that the F4M approach had the potential to make significant improvements in practice.

These improvements were in respect of staff skills and expertise and perceived outcomes for young people. Generally, staff felt better equipped to work with young people although there was a need for ongoing training and support to ensure practitioners felt secure in their knowledge and skills.

Consistent with the wider enhanced case management approach (Cordis Bright, 2017) the theoretical basis of the project and focus on values helped maintain the primacy of young people's needs over more traditional outcome measures. The opportunity to scrutinise young people's needs and the planning needed to support these was valuable. Consequently, the project provided scope for greater

innovation and creativity by moving away from a focus on behaviour towards a focus on the causes and motivators of behaviour.

### 5.1.3 Objective 3

#### **Factors that facilitate or hinder the achievement of F4M project outcomes**

Participants identified a number of issues which were perceived to establish potential barriers to achieving outcomes. These related to contextual, organisational and individual aspects. Challenges in the funding environment were commonly alluded to as well as the way funding opportunities were structured in terms of focus, deliverables and windows for delivery. Fragmentation within the wider service landscape introduced a sense of competition for resources, and ongoing organisational changes. This created large caseloads in some contexts and a pressure to focus on core organisational objectives which could impede collaboration and relationship building.

The work undertaken to embed RP and PIE across a range of Voluntary Sector and Statutory organisations highlighted that organisational objectives and structures could sometimes serve to undermine the potential of the project by creating an environment that impeded rather than promoted the core values of the PIE approach. A lack of buy-in from management, concern over accountabilities and focus on traditional outcomes could lead to partial rather than full implementation of the PIE approach whereby organisations struggled to fully embed the whole-system approach that is a core element of the F4M model. The difficulty of demonstrating the value of soft outcomes that reflected the values-driven approach was also a concern given the contingent nature of outcomes and funding. Issues with resources in respect of appropriate facilities, equipment and logistics were also problematic in some instances and settings.

At the individual level, scepticism and resistance sometimes hindered conversations concerning the potential of the F4M project and its various facets with managers and colleagues in some settings where PIE and RP were not embedded. This was attributed to a lack of awareness and understanding concerning the role and place of PIE. This created frustrations given the importance of training and management of staff in respect of implementing PIE approaches. Support for staff helped to ensure PIE was embedded and that day-to-day operations were geared towards the model. Obtaining the right mix of participants within RP sessions was a constant challenge due to non-attendance, individual characteristics and group dynamics on the day. There were concerns regarding the ability to sustain engagement with young people who had very challenging circumstances although these could be

managed to a large extent within the F4M approach for example, reflective practice.

#### **5.1.4 Objective 4**

##### **How the F4M project assists in joining up services for young people in transition**

The project assisted in joining up services by establishing a collaborative device for organisations to build relationships and explore approaches to meeting the needs of young people. Though not without challenges in respect of potentially divergent objectives, cultures and work practices, this helped develop greater awareness and clarity of understanding of other organisations in the wider landscape. Consequently, compatibilities and synergies between the objectives and activities of diverse local stakeholders could be identified with respect to the support provided to young people.

The project also brought practitioners closer together by establishing a clearer understanding of individual roles and responsibilities and approaches to case management. Participants felt better informed and able to make direct contact with known and trusted professionals. This improved the quality of support by providing scope for more immediate responses and better-informed approaches. There were some concerns from young people regarding communication between organisations.

However, by facilitating the exchange of knowledge and resources between services it was perceived that the F4M project had helped improve the responsiveness and effectiveness of support provided to young people. The whole-systems approach underpinning the F4M model helped practitioners to reflect on the 'bigger picture' and their role in supporting young people in a more holistic sense.

#### **5.1.5 Objective 5**

##### **Good practice with regards to the development of policy and practice, including the development of a practitioner toolkit**

The complexity of the multi-agency work that underpins the F4M approach is both a strength and a potential challenge. It provides significant scope to support young people experiencing challenging situations and the staff providing the services they engage with. However, it requires organisations to accommodate and embed new ways of working with young people and with other stakeholders in order to maximise the benefits available.

From a policy perspective, organisations need to provide support across all levels in order to foster an enabling environment which recognises social values as a key impetus for activity. Providing and supporting opportunities for reflective practice is an important aspect of this environment. Furthermore, protecting staff time to facilitate engagement in RP and other activities for example, multi-agency team meetings can provide the space and time needed for good practice and learning to be embedded.

Evidencing soft outcomes or those which do not fit neatly with established organisational or funding objectives is a further important consideration. This helps demonstrate the impact of the wider PIE approach and adds to the evidence base. Setting aside resources to support this will help staff to find innovative solutions and identify ways of evidencing change that speak to the complexity of young people's lives.

From a practice perspective it is important to ensure that training provided in respect of the F4M approach is pitched at the right level. Different organisations and practitioners will likely have different needs and preferences which should be assessed before training.

Core elements of the approach including RP should be supported wholesale<sup>2</sup>. This requires support from management (as above) but more specifically in relation to ensuring groups are balanced and run effectively, and that multi-agency meetings are supported. Critical to this is providing adequate time and space for supervision and session reviews in order to support group facilitators. In addition, developing and maintaining relationships between organisations is important to maintain a positive and pro-active environment in which communication, sharing and planning can take place. This should help define the limits of organisations' support in managing cases and assist with identifying resources and action planning. In support of this, the sustainability of relationships should be considered in respect of key staff whose departure could jeopardise multi-agency working. Effective communication is essential in all aspects of the F4M approach.

## **5.2 Recommendations**

In response to the considerable empirical evidence presented above the following recommendations are made.

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<sup>2</sup>The subsequent development of the F4M Toolkit establishes a legacy resource for practitioners which is being developed based on learning from the project.

### 5.2.1 Recommendations for practice

#### **To maximise the potential to establish positive impacts for young people and practitioners:**

Recommendation 1: Provide time for and emphasis on the building of relationships between keyworkers and young people;

Recommendation 2: Provide time for and emphasis on the building of relationships between organisations and their staff and the securing of buy-in from senior managers;

Recommendation 3: Provide time for and emphasis on the building of relationships between organisations and agencies seeking to support young people;

Recommendation 4: Value, prioritise and protect the building of trust between young people, keyworkers and their organisations to promote engagement and the overall credibility of interventions.

#### **Trauma informed and Psychologically Informed Approaches (PIE) - creating a common language:**

Recommendation 5: Seek opportunities to promote the wider and fuller adoption of PIE with respect to the benefits for staff *and* young people;

Recommendation 6: Understand people's needs and preferences to ensure that the education and training of Future 4 Me's core principles is pitched at the right level and in the right way;

Recommendation 7: 1625IP should act as an advocate for PIE approaches in this sector to foster a common understanding and language concerning holistic approaches to working with young people.

### 5.2.2 Recommendations for research

Recommendation 8: Ensure that overarching research methodologies are compatible with complex interventions such as F4M from the outset via thorough planning and mapping of the intervention delivery mechanisms;

Recommendation 9: Explore opportunities to co-design research instruments with those at which they are targeted to ensure appropriateness and to minimise the negative impacts of engagement in research activities i.e. completing surveys;

Recommendation 10: Adopt communicative approaches to evaluation management and flexible research designs that incorporate opportunities for practitioners to assist with data collection with support from researchers.



### APPENDIX A. Young people interview schedule

#### **Can you tell me how you got involved with Future 4 Me?**

##### **What has been your experience of the project so far?**

- Has F4M been able to offer you any support? If so, what with?
  - Housing? (access to/ sustaining safe, quality suitable accommodation)
  - ETE?
  - Health & Mental Wellbeing? (e.g. accessing services, better able to discuss/ manage emotions)
  - Positive activities? (sport, music, art, outdoors)
  - Relationships? (develop / re-establish with family, peers, wider community.)
- Has this support been helpful? If so, why?
  - Increased stability and independence?

##### **Is there something you think is a main strength of the project?**

##### **Are there any ways you feel the project could improve?**

##### **What do you think about the way the project is set up?**

- For example: Where meetings take place, length, frequency, who was present?
- Contact with and availability of key worker?
- Does F4M have contact with any other professionals / organisations you're involved with? (E.g. Probation / LCTs / Other third sector). If so, do you find this useful? Why?
- Has F4M ever referred you to organisations / professionals outside of F4M? If so, did you find this useful? Why?

##### **How would you describe your relationship with your key worker, other staff members & volunteers?**

##### **Have you noticed any changes in yourself since joining F4M?**

- For example: any changes to your behaviour? Attitude? Feelings?
- What were they like before? What are they like now?
- What changed this?
- When?
- Why?

##### **What are your hopes for the Future?**

- Is this something F4M is helping you work towards?
- How do you feel about your time at F4M coming to an end?
- Do you feel able to progress on your own?

##### **Generally speaking what kind of impact has F4M had on your life? If any**

##### **Is there anything else you would like to tell me about your involvement with F4M?**

## APPENDIX B: Online interview tool – young people

- Gender
- Gender Identity
- Age
- Experiences:
  - How did you become involved in the F4M programme? (reasons, challenges and needs, background history)
  - What was the referral process like?
  - Can you describe how the programme has helped you with improving your relationships, if at all? (develop / re-establish with family, peers, wider community, 1625IP staff)
  - Thinking about managing things in your life, can you describe how the programme has helped you housing and money issues, if at all? (access to/ sustaining safe, quality suitable accommodation, managing finances better)
  - What, if any, improvements have you felt in terms of feeling better about yourself and being able to find new opportunities? (Health & Wellbeing, accessing services, better able to discuss/ manage emotions, training and work opportunities, socialising)? (access to/ sustaining safe, quality suitable accommodation, managing finances better)
- Feedback on F4M:
  - What have been the best thing(s) about F4M? (main strengths and perceived impacts, and why)
  - What would you suggest we do to make F4M better? (e.g. where meetings take place, length, frequency, key workers...)
  - Is there anything we haven't talked about that you'd like to mention about the programme?

## APPENDIX C: Staff interview guide

### General focus:

What has gone well

What has gone less well

How improve

### [How is this phase of the project different from the first?]

- Have there been any improvements? If so, what has improved and how? What kind of impact has this had, if any? (e.g. referral process, approach to endings)
- New team! How would you describe this team's way of working?
- Updates on: Youth Hub, Action Group, Wellbeing Group, Trauma Recovery, Andrews]

### Which key features of the project have been kept?

- RP / PIE / Multi-disciplinary team
- Do these continue to be valuable? How?

### Working with Young People

- Can you describe some of the work you've been doing with young people? Has the support on offer changed?
- How have you found the process of closing cases? Are staff managing endings better?
- Young people participating in the wider organisation

### General project delivery

- Have there been any key successes or achievements? If so, what?
- Have there been any challenges? If so, how have (or will) these been overcome?
- Is there anything at this stage that you think could be developed or improved?
- How is the partnership working going?

### Toolkit

- Aims / objectives?
- How has the toolkit work been going so far?
- How do you see this aspect of the project progressing?

### Looking ahead?

- Will you be focusing on any particular aspects of the project in the coming months? If so, what?
- Is there anything you're aiming towards or are hoping to achieve?

### Any other comments

## APPENDIX D: ACT Survey

1. Age
2. Gender
3. Role
4. How long have you been in your current role? (in months, e.g. 18)

(Don't know. (1) Not at all. (2) Somewhat. (3) A great deal.)

5. The ACT model has helped me to understand the young people I work
6. The ACT model has increased my confidence in building relationships with young people
7. The ACT model has increased my effectiveness in building relationships with young people
8. The ACT model supports me to consider the impact of the physical environment in which I conduct my work
9. I am confident in my understanding of the ACT model and my ability to apply it to my work
10. The skills I have learned through ACT help me to work in a psychologically informed way
11. The skills I have learned through ACT support me to take better care of myself and others at work
12. I am confident I can evidence the effectiveness of the ACT approach in the context of my work
13. The skills I have learned through ACT have had a positive impact on my life outside of work

## APPENDIX E: TRM Survey

- Please state your name (this is so we can link your responses from the two surveys):
- Please state your age in years e.g. 50
- Gender
- Role

### SUPPORTING CARE LEAVERS

[Please tell us how much you agree with the statements below.

Please answer: Don't know, or: there are five possible responses: 1 = I disagree a lot, 2 = I disagree, 3 = I neither disagree nor agree, 4 = I agree, 5 = I agree a lot.]

The TRM is useful for...

- engaging care leavers in discussions which help inform their care
- helping care leavers plan for a positive future
- increasing clients' self esteem
- inspiring a greater sense of personal belief
- developing confidence to think independently
- helping clients manage difficult life situations
- increasing trust and mutual respect
- improving quality of care leavers' life skills (e.g. managing finances, health behaviours)
- fostering positive relationships with support workers
- improving clients' mental health
- helping clients to focus on positive aspects of their lives
- supporting clients to identify and manage risky behaviour
  
- Overall, I think the TRM model helps provide the support care leavers need

### EXPERIENCES OF IMPLEMENTING THE TRM

- Increases my confidence to support care leavers
- Helps me understand and assess care leavers' needs
- Helps me develop an empathetic attitude towards participants
- Helps me access the information needed by care leavers and their families
- Provides me with greater knowledge, skills and awareness concerning mental health issues
- Helps me feel confident to advise participants about difficult subjects
- Assists with identifying the optimal intervention method
- Assists with case management and progression
- Helps to improve staff relationships with young people
  
- Overall, I think the TRM model improves the quality of my support
- I intend to use the TRM to support and inform my future practice

### PROFESSIONAL PRACTICE

The TRM...

- Improves communication within the team around the young person
- Facilitates effective multi-agency working
- The TRM model has made a real difference to my professional practice

- The TRM model has improved the quality of outcomes for the young people I am supporting
- In your opinion what are the best aspects of the TRM model?
- In your opinion what are the less positive aspects of the TRM model?
- Please use this space to add any other comments you would like to make:

## APPENDIX F: TRM interview guide

1. Can you tell me about your role here at 1625IP?

(responsibilities, function and processes, experiences, length of tenure...)

2. What have your experiences been with the TRM?

(engaging care leavers in discussions, supporting decision making, processes including working with other staff / agencies)

3. Can you describe how the TRM has influenced you and your practice?

(expectations, dealing with situations, before and after, thoughts about clients' issues and challenges)

4. In your opinion, what have been the good things about the TRM approach?

(why, situations and examples)

5. What have been the less positive aspects

(why, situations and examples)

6. Is there anything else you would like to mention that we haven't talked about

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