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Evaluation of TC42

Narrative Report for 42nd Street

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Executive summary

Aim

This evaluation aimed to develop a theory of change in how TC42 can impact young people and explore in-depth the experience and impact of using a therapeutic community (TC) approach to change the way young people manage their feelings and emotions.

Method

Qualitative methodology was used to capture data with a mixture of focus groups, semi-structured interviews and online qualitative surveys. 8 current service users, 5 ex-service users and 4 staff members took part in the evaluation. A thematic analysis approach was used to examine similarities and differences in themes across participants' experiences, perspectives and opinions.

Results

There were four main themes which emerged from the qualitative data. The first being referral routes and barriers to accessing TC42, the second focusing on barriers users experience when accessing the service, including feeling heard in session, changing the group dynamic and managing negative emotions. The third theme covers views and experiences of the democratic therapeutic community approach used within the service, with comparison to other therapies, experience of the democratic nature of the group and sharing experiences. The fourth theme focuses on the impact of TC42 on young people, in particular to their mental health and relationships.

Conclusion

The democratic therapeutic community approach of TC42 appears to facilitate change by creating a safe space for open discussion, connecting and identifying with peers, improving understanding of responsibility and decision making and sharing experiences and advice. The service should consider the ongoing monitoring of group dynamics, service users feeling heard, the management of negative emotions which arise during sessions and the information received and given at referral in order to maximise impact. The evaluation found the service to have a valuable positive impact on young people's mental health and relationships, with a particular focus on improved coping mechanisms and healthy rather than negative relationships.

Background and Context

42nd Street is a mental health charity providing free and confidential services to young people aged 11-25 years old who are experiencing difficulties with their mental health and emotional wellbeing. One of the services offered by 42nd street is TC42, a weekly group for young people aged 18-24 years old based on principles of democratic therapeutic community¹. The democratic therapeutic community is a form of psychosocial treatment which centres on ideas of collective and personal responsibility, empowerment and shared decision making. The approach emphasises the role of active participation in treatment and the strong role of the peer group that is present, to establish therapeutic alliance. TC42 uses this approach to encourage members to be involved in open discussions about their own and others' problems, working through their issues together. It is run jointly by staff and group members, encouraging members to be active in decisions about the group and their care. The service is for young people with long-standing difficulties with their feelings and relationships. This can include difficulty making or keeping relationships or previous experience of abuse. The service is also aimed at those who may feel alone, disconnected and empty, which may result in impulsive behaviour or negative coping strategies such as self-harm, drugs, alcohol.

Approach and Methodology

42nd street commissioned the Anna Freud National Centre for Children and Families, (AFNCCF) to carry out an independent evaluation of the impact the TC42 service on young people, with specific objectives to:

- Develop a theory of change ² in how TC42 can impact young people
- Explore experience and impact of using the TC42 service
- Explore the experience and impact of using a Therapeutic Community (TC) approach to change the way young people manage their feelings and emotions

The aim of the qualitative evaluation of TC42 was to explore the lived experiences and perspectives of young people and staff members in TC42, with consideration to:

- What are the referral routes and possible barriers to accessing TC42?
- What barriers do young people experience when using TC42 and what could help to overcome them?
- What are young people's views and experience of using a therapeutic community approach?
- What is the impact of TC42 on young people?

The qualitative evaluation of TC42 was led by the Evidence Based Practice Unit (EBPU), based at AFNCCF and University College London (UCL). Ethics approval for the evaluation was granted by the UCL Research Ethics Committee (6087/017). In total, 5 interviews, 2 focus

¹ Campling P. Therapeutic communities. *Advances in Psychiatric Treatment*. 2001 Sep;7(5):365-72.

² Wolpert, M., Sharpe, H., Humphrey, N., Patalay, P., & Deighton, J. *EBPU Logic Model*. 2016. EBPU Logic Model. London: CAMHS Press.

groups and 6 online qualitative surveys were completed by current and ex-service users, with four interviews carried out with current TC42 staff members as part of the evaluation. All current service users and staff members were invited to take part in an interview or focus group and ex-service users (those who had exited services within the last year) were invited to take part in an online survey, along with any current service users who did not want to take part in an interview or focus group. Current service users were invited to take part by the TC42 staff during face-to-face sessions, and interviews/focus groups were conducted by the evaluation team. Ex-service users who had left the service within the last 12 months were contacted by the TC42 staff via email or text, inviting them to take part in the evaluation that included a link to more information and the online qualitative survey.

Interviews/focus groups were conducted with 7 young people (five females and two males), all of whom were within the age range of 18 to 24 years old.

Six young people completed the online qualitative survey (4 females and 2 males), 1 of whom was a current service user and 5 were ex-service users, all aged between 20 to 24 years old.

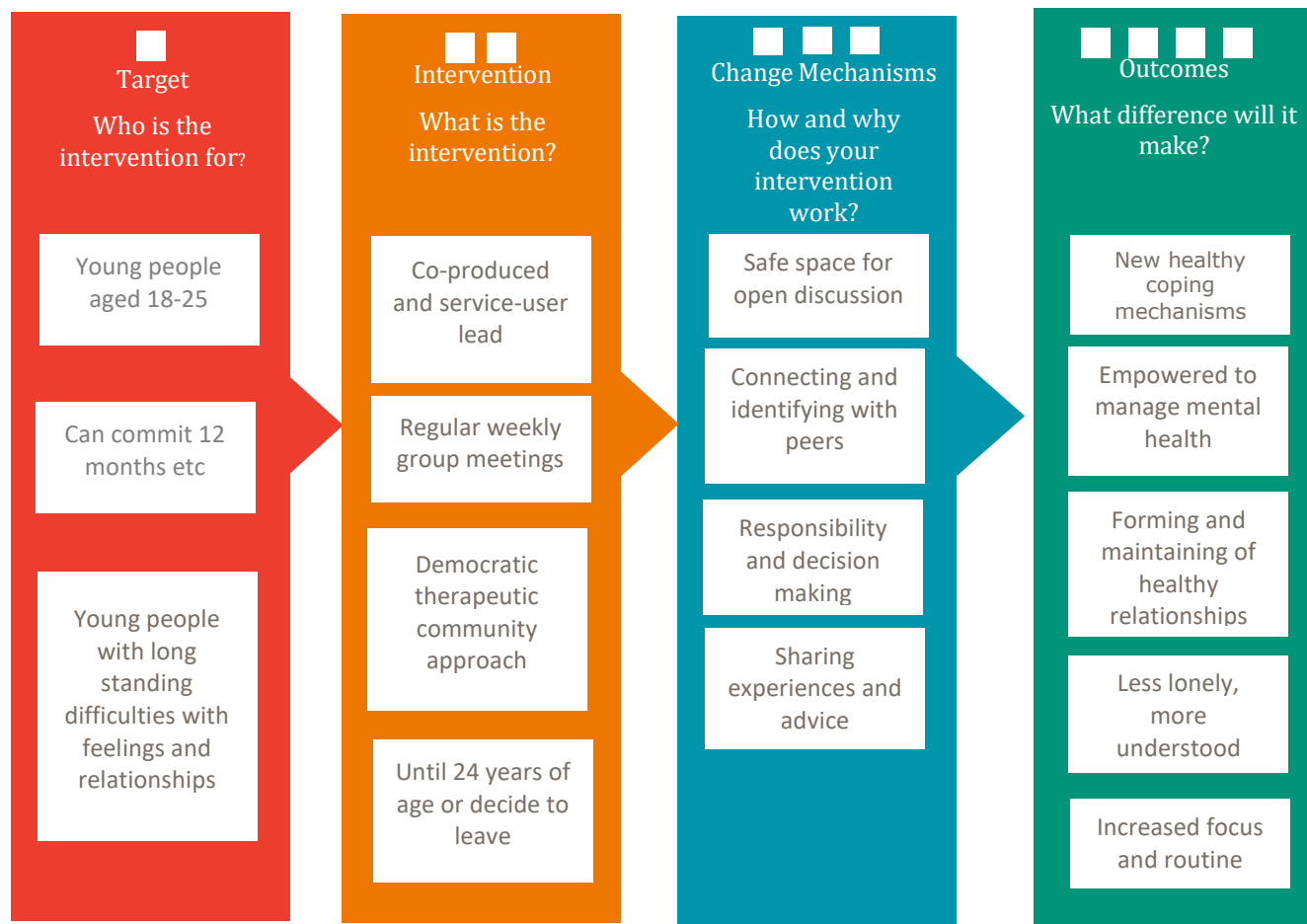
Interviews were conducted with 4 staff members of the delivery team for TC42 (two male and two female), with one being a service user consultant who had lived experience.

The interviews/focus groups with service users and staff were mostly conducted face-to-face by the evaluation team at the 42nd street premises in Manchester in September 2019. Two interviews with staff were conducted over the telephone. Online qualitative surveys were completed independently by young people through an online link. All participants were asked to read a study information sheet and sign a consent form prior to taking part.

Interviews were semi-structured in format, allowing the researcher to guide the conversation in terms of research questions, whilst giving space for the participant in terms of the issues around these topics that were most pertinent to them to discuss. All interviews were audio-recorded and transcribed verbatim. All transcripts were anonymised to protect confidentiality, with any identifying details (e.g. names of people and places) removed. The interview transcripts were analysed using thematic analysis³ to examine similarities and differences in themes across participants' experiences, perspectives and opinions.

³ Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative research in psychology*, 3(2), 77-101.

Theory of change



Qualitative Evaluation of TC42 results

There were four main themes which emerged from the qualitative data. The first being referral routes and barriers to accessing TC42, the second focusing on barriers users experience when accessing the service, including feeling heard in session, changing group dynamic and managing negative emotions. The third theme covers views and experiences of the democratic therapeutic community approach used within the service, with comparison to other therapies, experience of the democratic nature of the group and sharing experiences. The fourth theme focuses on the impact of TC42 on young people, in particular to their mental health and relationships.

Theme 1: What are the referral routes and possible barriers to accessing TC42?

Routes

Service users reported accessing TC42 through a variety of routes including university counsellors, hospital duty mental health workers, GP surgery, psychologist, community mental health teams and self-referral. They reported finding it an easy straightforward process, with shorter waiting times than other services.

"I was referred by a counsellor at the Uni.... because I was struggling with BPD like symptoms. I was on the waiting list for a short time and I was very happy with the referral process." EX service user 1

Expectations and informational barriers

Staff felt that a lack of understanding of what TCs were from referring services may impact the referral numbers and young people's expectations. They described concerns that if what the service could offer and the methodology of a TC was not properly understood then referrals could be missed as it may not be viewed as a viable option. This was reflected in what some young people said in terms of receiving limited information or not fully understanding the purpose and mechanisms of the service. However, both staff and service users acknowledged it can be difficult to describe accurately what a TC group is like without observing or joining it.

Some respondents also described their initial concerns around the nature of working in a group therapy setting. This resulted in feelings of anxiety and negative expectations. However, most young people felt these concerns were relieved after starting the group.

"My expectations were pretty... they were like negative to think, but I kind of thought because I'm not a very social person....So I had quite like a pessimistic entrance into it. I was like, I came to the information thing, I was like, yeah, I ain't doing this. But kind of thought to myself, well if I don't do it, I'll never know what it could be like, but in my head, I was just kind of fearful about stuff I say, kind of the way I act. It was more to do with not wanting to make other people feel worse because I'd only been into like one to ones, with a therapist you can just kind of speak about anything, you know, they can handle it." Current service user focus group 1, participant 2

Practical barriers

Staff discussed work commitments as a potential barrier to engagement with the group. A regular time and day is set based on when most students in the area do not have lectures at university. However, this is still within work hours and therefore some users have had to stop their involvement due to starting full time work which does not allow for the time off each week. Staff also acknowledged that this could possibly prevent some young people from starting or accessing the service at all.

"..recently we had a group member who had to quite suddenly leave because he'd found full-time employment after leaving university. So his exit from the group, although it was really positive, it wasn't done in a slow structured way" Staff member 2

Theme 2: What barriers do young people experience when using TC42 and what could help to overcome them?

All voices feeling heard

Some young people and staff felt that it could be difficult to ensure all voices of the group were heard and that all group members had an opportunity to speak about the problems they were facing that week. Each attendee would always be given a few minutes to recap on their week and any issues they had faced at the start and end. The group would then usually focus on one or two individuals in particular to explore how they had been feeling in depth. Service users and staff described how this does result in individuals not always being able to speak about their problems when they feel the need to and *"you can go three, four, five weeks with being missed and not being able to speak"*. The decision for who has the opportunity to speak is described by young people to sometimes feel like a competition of who has had the worst week out of everyone.

Another issue that could impact young people feeling heard is the group size (decreasing the opportunities to speak) and *"when there's a lot of interruptions"*. This can happen when other group members are challenging or asking questions of the person speaking. However, staff highlighted that the underlying principles of a therapeutic community approach is to have a shared discussion to help each other and learn from each other and not just having an allocated time, each week, uninterrupted, to talk about your own difficulties. Some staff felt successfully explaining this to group members could sometimes be a challenge.

"With the group, you can go three, four, five weeks with being missed and not being able to speak. And those times, especially when you're dealing with other stresses in group, that's when you do go home feeling even more upset. Because you're piled... You're overwhelmed with it...just having some sort of system to ensure that that hour and a half isn't like an individual therapy. It's not entirely focused on one person, so that... Inevitably there's going to be weeks where it's more heavily focused on one person's issues if they've had a bad week, but so that hour and a half is more of a combined effort and a group thing rather than just focusing on". Service user focus group 2, participant 1

*" But I guess what some group members at times feel that I'm coming here because I want to talk about my problems for a set amount of time and you're not allowed to interrupt me. This is my opportunity to offload about my week. And there is an element of sharing difficult experiences, but I think people don't understand that the idea is to have a shared discussion. They can feel interrupted or feel invalidated, when the model is to help each other and to get involved with each other and not to wait to be asked what's been going on, but to bring it, saying, "I want to talk."
Staff member 4*

There were methods discussed that had been put in place to attempt to mitigate the above issues. This included an extension of the time given at the start for all attendees to briefly recap on their week, allowing for the recent increase in group size and the introduction of one-minute feedback for all to participate in at the end of the session. This can also be used to discuss and note down any users who feel they have not been given enough time to talk in recent weeks. However, due to the one-minute nature of this feedback, users described sometimes feeling like they had been rejected or upset when they were told their time was up. Users suggested an alternative "nicer word than "time"" being said, suggesting possibly a clock with a buzz, some gentle music starting to play or a sand timer.

Group dynamic

The increase in number of users joining and the variety in underlying mental health conditions of the group was raised by a few service users to sometimes negatively effect the group dynamic. The increase in numbers was viewed to impact the opportunity individuals had to discuss their individual problems. While users joining with more of a variety of underlying issues was viewed to impact the direction of discussion and also the ability to successfully identify with everyone.

"However, as the group was continuously changing in terms of dynamics due to people leaving and joining, and people with a wider range of issues were allowed to join, it became harder to identify with people as time went on.....Also i disliked the constant changing in dynamics of the group as people left and joined especially during times where individuals would not attend regularly. It made it difficult to form a proper group which could be relied on as a form of support." Ex service user 2

A few ex-service users discussed feeling worried that they did not "fit in" to the group and if conflict could not be resolved or it happened outside of the group meeting time, it could result in people leaving the group.

"I found it challenging to form friendships outside of the group as I was there for myself and sometimes I felt like it was a bit of a popularity contest, as people would talk about how much they had spoken outside of the group which would subsequently make me feel like I wasn't fitting in because nobody was talking to me." Ex service user 3

Managing emotions

Service users and staff reported sometimes negative feelings and emotions straight after the group session were an issue, such as "feeling quite low" or "not good". However, these feelings were often only for a short time period, viewed as part of the therapeutic process and make way for positive feelings "like a weight had been lifted" and change.

To try and manage these negative emotions, service users would often socialise after a session. They would aim to keep this event light in topic and with a relaxed environment and activity such as going for coffee.

"I tend to disassociate from a lot of groups because when you leave, you don't want to be in a worse mood. You want to try and be in a bit of a better mood. You have to learn to switch off at certain points...Terrible but that's because you're letting out all of your raw emotions. You don't go around on a day-to-day basis like that, your raw emotions for like three to four hours. It's very difficult to actually do so and then when you leave, try and feel good straight after. That's why a lot of us will go out for a coffee and do something after group to have a bit of down time to relax from the intensity of group." Service user 1

Staff described advising young people that negative emotions after a session were likely due to the intense nature of the group and exploring deep emotions they may not regularly open up about. These feelings would likely pass and that this was to some extent a normal and expected part of the therapeutic process.

"We do tell people, "You're not always going to go home feeling better. You may go home and find yourself quite emotionally drained because it can be quite intense at times for people. It can be upsetting." Staff member 1

Theme 3: What are young people's views and experience of using a therapeutic community approach?

Comparison to other therapies

Generally, service users and staff viewed TC42 positively and an effective service for their mental health. It was viewed as a viable and often preferred method by users to one to one therapy.

"The group was by far the most useful resource I have ever accessed for my mental health." Ex service user 4

Users felt this was due to a number of reasons including shorter waiting times compared to other therapies.

They found receiving advice and discussing their feelings and emotions with other people of similar age and mental health problems felt less judgemental and that they were less likely to be misunderstood. They described that the advice and support given by their peers, felt more personal and therefore that they were more receptive to taking it on board. Some service users also felt they had an increased sense of control over their therapy in terms of the direction and what they learnt, such as more "functional skills".

That's alright. I was going to say it's definitely better than one to one therapy, because you're not just getting the opinion of like one....person... Who has been trained like from the book, you're getting the opinions of other people who have been through it. And you'll get people who challenge you, whereas your therapist is not going to necessarily always turn around and challenge you" Current service user focus group 2, participant 2

Staff felt it was good to offer young people a variety of treatment options, as one standard treatment type was not always suitable for all. They felt TC42 offered a longer-term option, directed by young people for young people.

"it's an intervention that's kind of really led by young people themselves..." Staff member 2

Democratic methodology of the group

Service users and staff generally viewed the democratic methodology of the group such as group voting on decisions as a positive thing. Service users felt it was empowering, making them feel more in control and an equal partner in their treatment.

Rules agreed and implemented by the group, for example strict timekeeping for sections within the session and declaring outside contact were described by users and staff as providing structure, stability and routine. Staff also felt it gave users a sense of responsibility and boundaries, particularly when assigned a specific role such as timekeeper or chair person.

"The group democracy made it easier for me to engage with the group as I did not feel condescended/patronised or judged as much. It felt as though I had some say in what was happening to me.." Ex service user 4

Challenges were discussed by a few service users related to the finding the optimal balance of the role of staff, which for most was just right but for a minority was either *"almost like you just want a teacher to like sort it out and be like, "Let's move on. Let's just get over this."* or *"times where decisions which should have been group decisions were more staff decisions"*.

Sharing experiences

Service users found the process of sharing experiences with peers and those with similar background and experiences a strong factor in what makes the group beneficial to them. They felt they could connect and identify with other group members because they had experienced the same feelings and situations.

"Where their advice is not meaningless, because I have so many people who will advise me, and I'm like you have no idea what you're talking about. But like to meet someone through therapy, who's also like actively engaging in recovery – because so many people around me who I've met haven't been actually engaging in recovery – is literally priceless."
Service user focus group 2, participant 3

Discussing their issues and listening to advice from others they could relate to, increased the service users sense that they were understood, less alone and that the advice they were receiving was valuable and could be put into practice. They described positively challenging each other's negative views and behaviours. The process of sharing experiences in the group enabled service users to see things from a different perspective and how others in similar situations had progressed, gaining further insight into their own mental health and individual journey. They discussed consequently adapting their own behaviour positively, including an increase in self-help behaviours.

"That I can see myself a lot in certain other people and it's very strange for me because I don't really see myself in a lot of people anyway. Being able to see my own mental health issues inside of someone else, it kind of hits home because then it shows what they're dealing with this way, maybe I can try this way." Service user 1

However, there were some challenges discussed related to sharing and discussing experiences within a group setting. Some service users found hearing other people's negative experiences difficult at times. It could be upsetting and caused some to compare others experiences to their own which could make them feel their own problems were less important or could make them feel guilty about their progress to some extent.

"I find it hard to feel justified in being there when I think they're always comparing my experiences to other peoples and thinking that they've all had it a lot worse than me. And I feel bad about being there and I don't want to bring anything up that upsets people because it's just a minor thing." Current service user focus group 1, participant 3

Safe space

Staff often discussed how they viewed the group as a safe and open space for service users to work through their problems and develop new skills. The members served as experts by experience to one another as they often "find they're trying to help other people but they're in fact helping themselves at the same time". They are given a safe "live space" to test out and learn new strategies to understand and manage relationships and coping strategies related to their emotions and mental health.

"I think very quickly they'd realise that the expertise is already there in the group members, it's about supporting each to learn strategies, to test out different ways of relating to each other and to understand relationships and human behaviour in a very safe environment." Staff member 4

Theme 4: What is the impact of TC42 on young people?

Relationships

The most significant impact from staff and service users point of view appeared to be to service users ability to form and maintain healthy and meaningful relationships. This related to new relationships but also existing support networks and relationships. This included an increase in trusting, more secure and deeper relationships, as well as relationships which encouraged healthy behaviours rather than negative ones such as drug use.

"I've got the bestest friends, literally. Oh I'm going to cry. No like literally you actually meet proper friends. So like so many people – well for me, from my life before, weren't actual friends, who just wanted things from me, or needed something from me. Whereas here, the only thing we actually really need from each other is just love and to just be there.....For me that's the biggest thing, is to see that I can actually have proper friends that I feel are actually going to actually be here long term, rather than just for the fun time. Because therapy isn't fun – so these people are here for the long run, for good." Focus group service users 2, participant 1

Service users felt that the group had helped them become more self-aware and understanding of others feeling and emotions. It also increased their consideration of how their actions and words could impact other people and how other people could be feeling in a situation.

"TC42 allowed me to sit with my feelings and think more about other people in the room and how they feel." Ex service user 3

Staff particularly felt that for users the group at times could "smash all their judgements" of other people, for example "that just because someone hasn't gone through the exact same thing as you, doesn't mean they don't feel the same way that you do and they're not, it doesn't mean they're not validated to feel a certain way, just because they've got money or equally the other way around".

Service users also felt the service had helped them with communication and interpersonal skills. Describing increased confidence and ability to interact with people in everyday life and situations such as when shopping. This helped users "with feeling more connected to people in general as well as society in general".

"And kind of being able to walk into a room full of new people and at least be able to say like, "Hello," and I don't have to even continue the conversation. It just feels a bit more like an achievement, being able to go out in public and not feel like I have to have my earphones in all the time and just block out people, kind of embrace it and be part of the flowing life. Because for a long, long time all that was just taken away from me, didn't feel like I was able to get back into the flow or be able to go up to a new person if they're like a cashier or something and just ask them how their day's been...." Focus group service user 1, Participant 2

Mental health

Overall service users and staff felt the service helped their mental health. Staff and service users felt the group provided structure and focus, which some users felt they previously lacked but were in need of. The weekly group sessions provided service users with a routine, encouraging them to interact with others and think about their feelings on a regular basis.

"And definitely the routine as well because it kind of forces you to have that one day a week to really think about yourself and think about what you're going through, and think about what you're feeling and having to put those things into words, rather than just feeling them yourself and feeling them by yourself." Focus group service user 2, Participant 1

It was also felt by both staff and service users that the service facilitated action regarding their own mental health and form new healthy coping mechanisms, rather than deferring to older negative ones such as self-harm and drugs. This includes a decrease in self-harm behaviours and negative thoughts and an increase in healthy ways to discuss emotions and stop negative thoughts. The group appeared to empower users to feel able to positively manage life outside the group, with increased accountability for their own behaviour and ability to regulate their emotions

"Yes, very. Group helped me to identify how I was feeling and take appropriate action when my mood was tending to an extreme..... Coping mechanisms learned in group are mainly those of talking about emotions in a healthy way. Group also helped me a lot in stopping relying on the use of drugs to ease emotions." Ex service user 4

Some users and staff also felt attendance had enabled users to feel less alone and more understood regarding their mental health. Users reported feeling like no one ever truly

understood how they were feeling and the reasons behind their behaviour. The group appeared to enable users to finally be honest and “finally okay to like be who I was”.

“I had that sense of, once I’d actually found my place, I was like, oh my god, I’m at home. I’m at a place where I don’t have to wear my mask – like I say about you don’t have to try.” Focus group service user 1, Participant 3

Conclusion

Strengths and limitations

The strengths of the evaluation of TC42 lie in the rich in-depth data collected from face to face and online interviews, focus groups and surveys. The evaluation gathered the views of all current service members, the majority of staff and invited ex-service members, with the aim of representing a variety of views on the impact of the service.

However, the findings of the evaluation should also be considered within the context of the following limitations. Although the evaluation managed to gather 100% (8/8) current service user views, it was not possible to gather all ex-service user views and there is the possibility that this resulted in some young people who were more engaged being more likely to respond. The findings also do not represent all services with a TC approach as only one service, that supported a specific age range and also those experiencing similar mental health issues, was evaluated.

Conclusions

This evaluation using qualitative methodology, aimed to develop a theory of change in how TC42 can impact young people. The results allowed for this to be achieved, along with an depth discussion and analysis on the experience, barriers, facilitators and perceived impact to service users mental health and relationships.

Overall service users and staff felt that the TC42 service was extremely valuable and effective. The service offers an alternative to traditional one to one therapies, with it potentially being more suitable for some young people and potentially helping to ease the burden of long waiting lists for some other therapies.

However, the TC approach does not come without challenges which should be carefully considered and monitored. This includes managing changing group size and dynamics, balancing staff and service user responsibility, ensuring all voices feel heard, managing negative emotions particularly around group conflict and the sharing of sensitive topics and further work on the portrayal of the benefits and methodology of the service is portrayed to referrers and potential service users. Promotional material and wording could be revisited with key stakeholders such as referrers and potential and current service users to try and address to risk of the service benefits being minimised or methodology being misunderstood and appear daunting. There could also be signposting for support at the end of sessions. Further still, flexibility around the group agenda and timings, should be considered to respond to changing group numbers and dynamics. . To help address the issue of ensuring all respondents feel heard, it is recommended that a more gentle method is considered to let members know their time for speaking has finished.

TC42 offers young people with mental health difficulties a safe space to work through their concerns with peers via open discussion and connecting and identifying with others who may

be experiencing similar feelings and emotions. Giving young people the opportunity to be equal partners in their treatment, having the responsibility and ability to make decisions about their own care.

The service can help young people's mental health by providing structure, focus and routine, the formation of new healthy coping mechanisms, increasing empowerment to manage their own mental health and decrease feelings of loneliness and being misunderstood. The service also appears to help communication and interpersonal skills, self-awareness and the forming and maintaining of healthy relationships.

Thank you

We would like to take this opportunity to thank the current and ex-service users, along with staff at TC42 for taking part and being so open with their experiences, making this evaluation possible.