

IN YOUR CORNER

I-BOX: IMPACT REPORT 2025-26

IN PARTNERSHIP WITH

Islington Community CAMHS
For children, young people, parents, carers and families

INTRODUCTION

Delivered in partnership between In Your Corner and Islington CAMHS, I-Box has been supporting young people's physical and emotional wellbeing. Now in its third year of delivery, I-Box groups 5 and 6 ran between September 2025 and July 2026. We offered two psychologically-informed boxing groups to young people who were already known to CAMHS, on waiting lists, or open to partner services (e.g. social care). We focused on young people who were experiencing behavioural and/or emotion regulation difficulties, and who might find it challenging to engage in more traditional settings, such as talking therapies.

The programme aims to support emotional wellbeing by providing an accessible route to developing emotion regulation skills, confidence in being in a group setting, peer relationships, and physical fitness. In Your Corner's clinical model combines evidence-based psychological approaches (including Cognitive Behavioural Therapy (CBT), Dialectical Behavior Therapy (DBT) and attachment-based and trauma-informed models), with non-contact boxing activities such as skipping, shadowboxing, pad and bag work, as well as strength and conditioning work, adapting these approaches to the needs of the group and individual participants.

Each group ran for twelve weeks, with weekly two-hour sessions for young people aged 11-15. Groups were co-delivered by a Clinical Psychologist and an England-accredited boxing coach from In Your Corner, alongside a Senior CAMHS Practitioner from the CAMHS Therapies Outreach Team.

This report presents data collected from the two groups held during the third year of I-Box, reflects on the learning from this and suggests ideas for future implementation.

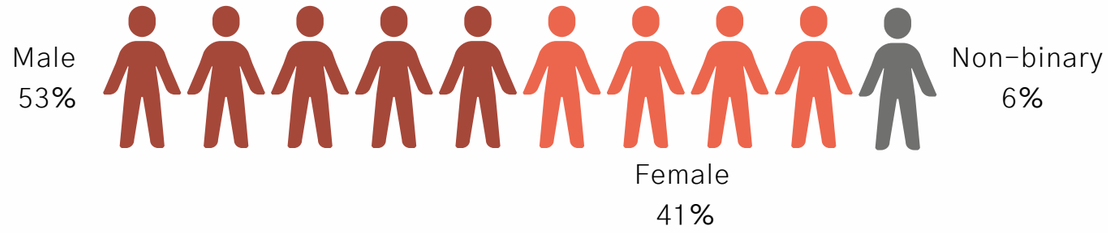


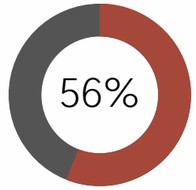
WHO WE REACHED

Over the two cohorts, **17** young people engaged in the programme.

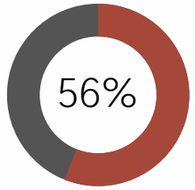
All referrals came through the CAMHS-commissioned pathway. Half of the young people were referred by a CAMHS team, including the Adolescent Assessment and Outreach Team, Family Therapy and the School Wellbeing Service, 44% were referred by a parent, and 6% by a Trainee Children's Wellbeing Practitioner. Up from 21% in the previous year, the growth in parent-initiated referrals suggests the project is increasingly well known to families in the borough.

Their demographic information is shown below.

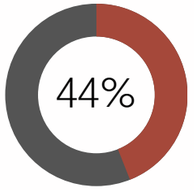




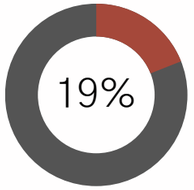
were from Global Majority backgrounds



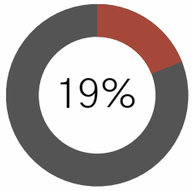
had a diagnosis or traits of ADHD



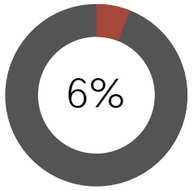
had experienced trauma or adverse childhood experiences



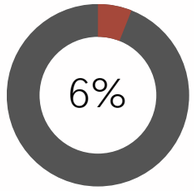
had a diagnosis or traits of ASC



at risk of exclusion or not in mainstream education



had a learning disability or speech and language need



Child in Need

OUR IMPACT

During the year, 13 young people (76%) successfully completed and graduated from I-Box, an increase on the 63% graduation rate from the previous year. We collected pre-and post-intervention data for all graduating participants. Two standardised measures were used to measure our impact: Goal Based Outcomes (GBO) and The Outcome Rating Scale (ORS).

GOAL BASED OUTCOMES (GBO)

Young people set personalised goals for what they wanted to achieve through I-Box. Each person set Boxing Goals for their boxing skills, and Feeling Better Goals for their emotional wellbeing, and additionally rated their fitness and their confidence.

Participants rated goals on a ten-point rating scale before and after the project, where 10 means the goal was fully achieved. The analysis below tracks the goals set rather than the number of individual young people, as each young person was asked to set up to three goals.

Example Boxing Goals:
“I want to feel fitter and feel better moving around”
“I want to learn to box and improve fitness”

Example Emotional Wellbeing Goals:
“I want to be able to manage and control my anger, when I do feel angry - let it out through boxing”
“I want to feel less stressed, and I want to be able to cope with my different emotions like worrying and anger”

Table 1: Average pre-post change in goal ratings across goal areas

	Average rating pre-group	Average rating post-group	Average pre-post change	Clinically meaningful change (>2.45)*	No. of goals
Boxing Goals	4.5	8.0	+3.5	Yes	12
Feeling Better Goals	3.4	6.0	+2.6	Yes	26
Fitness	6.6	7.8	+1.2	No	13
Confidence	6.1	7.4	+1.3	No	13

*Changes of more than 2.45 indicate clinically meaningful change.

Table 1 shows that average ratings improved in all four goal areas. Boxing Goals and Feeling Better Goals both exceeded the threshold for clinically meaningful change, with Boxing Goals improving by an average of 3.5 and Feeling Better Goals by 2.5. This is a stronger pattern of change than we observed in previous I-Box groups. Fitness and confidence ratings also improved, but by a smaller margin. It is worth noting that young people rated themselves considerably higher on these two domains at the outset (6.6 and 6.1 respectively), leaving less room for measurable change than on the Boxing and Feeling Better Goals. As goal ratings were based on young people’s self-evaluations, scores may reflect individual perceptions of progress as well as factors outside the programme and should therefore be considered alongside other indicators of engagement and progress.

To provide further context, Table 2 presents the distribution of individual goal changes across the four goal areas.

Table 2: Change in goal ratings across four goal areas

Goal Type (n)	Clinically meaningful change (>2.45)*	Improved (below clinical threshold)	Total improved	No change	Deteriorated
Boxing Goals (12)	10 (83%)	2 (17%)	12 (100%)	0 (0%)	0 (0%)
Feeling Better Goals (26)	11 (42%)	10 (38%)	21 (81%)	5 (19%)	0 (0%)
Fitness (13)	1 (8%)	7 (54%)	8 (62%)	3 (23%)	2 (15%)
Confidence (13)	2 (15%)	6 (46%)	8 (62%)	5 (38%)	0 (0%)

Table 2 shows that most goals progressed across all four areas, and that no goal deteriorated other than two fitness ratings. Every Boxing Goal set improved, with 83% improving to a clinically meaningful degree. The Feeling Better Goals improved in 81% of cases, with 42% clinical meaningful change. Fitness and confidence goals more often showed smaller but positive shifts, with 62% improving in each area.

It is also important to consider the context of the groups as several participants were living with complex circumstances: 44% were known to have trauma or adverse childhood experiences, 56% had a diagnosis or traits of ADHD, and almost a fifth were at risk of exclusion or were outside mainstream education. Therefore, progress of this scale for a cohort facing these circumstances is notable.

Overall, the findings suggest that participation in the programme was associated with positive progress across several domains, and with clinically meaningful change in boxing skills and emotional wellbeing.

THE OUTCOME RATING SCALE (ORS)

Young people also rated how they felt about different areas of their lives using the ORS. Total scores were recorded pre-and post-intervention to assess change and higher ORS scores indicate improvement. The clinical cut-off total score on ORS is 28, which means total scores between 0 and 28 are considered to be in the clinical range. Paired data was available for thirteen young people.

Table 3: ORS Outcomes

	Rating pre-group	Rating post-group	Pre-post change
Average Total Score	26.2	27.9	+1.7
Young people in Clinical Range	7	5	2 young people moved from Clinical to Non-Clinical Range
Young people in Non-Clinical Range	6	8	6 young people started in Non-Clinical Range and maintained this

Table 3 shows that the average ORS scores improved between the start and end of the programme, rising from 26.2 to 27.9. At the outset, more than half of the young people (seven out of thirteen) scored within the clinical range, indicating significant difficulties across their personal wellbeing, relationships, academic and systemic adjustment. By the end of the group, two of these young people had moved into the non-clinical range, reducing the number within the clinical range from seven to five.

Equally important, all six young people who began in the non-clinical range maintained this by the end of the group, and no young person moved from the non-clinical into the clinical range. For a cohort experiencing complex circumstances, including trauma, neurodevelopmental needs and the risk of school exclusion, maintaining stability represents a meaningful outcome in itself, suggesting that I-Box may have helped protect wellbeing during a period when many of these young people were facing ongoing pressures at home and at school.

As Table 3 shows, the average change of 1.7 points is modest, and the group average at the end of the programme (27.9) sits just below the clinical cut-off of 28. This is best understood alongside the pattern we see in Goal Based Outcomes, where Boxing Goals consistently show the largest improvements, which is a pattern we observe across all In Your Corner projects. This may be because boxing progress is more tangible: young people can see and measure it for themselves more easily through observing the skills that they learned (for example, learning specific punches or combinations).

In contrast, changes to emotional wellbeing may be more difficult to measure due to these being less easily accessible in self-assessments. A central part of I-Box is helping young people learn to notice and name their feelings, which is aided through regular self-check-ins as well as the emotion-focused tasks of the programme. While we estimate that this leads to an improved emotional literacy in participants, observed through the way that young people engage and express themselves by the end of the programme, it needs to be taken into consideration that the impact of the programme on overall emotional wellbeing may be limited; which is thus reflected in the scores. Overall, the improvement in ORS scores, alongside the clinically meaningful gains on Feeling Better Goals, is encouraging.

The ORS also measures global wellbeing across all areas of a young person's life, many of which, such as family circumstances, school environment and relationships outside the group, lie beyond the direct reach of a twelve-week intervention. Taken together, the measures suggest that young people improved in the areas I-Box directly addresses, alongside a smaller but positive shift in their overall sense of wellbeing. Qualitative feedback adds further depth, with young people and families describing changes in emotion regulation, family relationships and confidence that a single total score may not fully capture.

WHAT DO YOUNG PEOPLE SAY ABOUT I-BOX?

We conducted post-intervention interviews with young people, and parents/carers, asking about their experience of the group and also any improvements they would suggest to the programme. Eight young people and their parents/carers provided qualitative feedback.

75% said that since coming to the group, their problems are “a bit better.”

62% said that coming to the group helped “quite a lot.”

Themes in qualitative feedback reflected positive change in:

- Developing emotion regulation skills
- Family relationships
- Confidence and self-belief
- Friendships and social connection
- Motivation to be active

A selection of qualitative comments is shown here.

“Practising phantom boxing... helped me destress on a normal school day. [I] struggle being there as a neurodivergent person... boxing is very therapeutic,[I] imagine [the] bag is my school.”

“Able to ground myself more; notice when I need some time; learn how to defend in boxing, new moves.”

“It is really fun, you get to make friends there and you can learn boxing.”

“Learnt how to express my feelings better; how to share opinions; how to control different emotions.”

“(I learned) To speak up more, I’m my own person, no one else can make decisions for me. If you fail, just keep pushing until you get things right.”

“Would recommend (this programme), I loved coming, the people there, the actual boxing, the zones of regulation.”

One young person reported no changes and said that they would not recommend the group. They additionally shared that they did not get along well with other groups members, which may have been linked to being the oldest participant within the group. This was also reflected in their feedback, where they said that the group experience would have improved by having more and older attendees.

Their family fed back:
“No change – home still the same, arguments with brother and he doesn’t listen to parents. Feel [young person] needs more activities.”

This feedback provides important insights as it points to the potential limitations of a twelve-week group on aiding young people with pervasive difficulties outside of the group . It may furthermore highlight the importance of group dynamics and the value of planning onward support after graduation.





WHAT DO PARENTS / CARERS SAY ABOUT I-BOX?

Parents and carers described changes at home, at school and in their child's energy and activity levels:

"He liked it, he was focusing, calmness, not fighting with his brother as much and more friendly with his sister."

"She's happy that she met new people... only one exclusion since I-Box, would have had more before. She is more active."

"Would recommend the group - definitely if the child has anxiety or anything, or trouble at school. Would recommend to other families."

"No change at school, achieved a good report, good attendance and went on a residential trip for participation in sports. Getting herself ready independently for school."

"More energy; sleep seemed good on session nights because physically tired. Still a little dysregulated, but this school term much better, more in balance."

"Great combination, really like the concept of doing something sporty and having time and space to address some of the core issues, plus a new skill."

"Improvement in his confidence, spilled over into his school life··· Better sense of inclusion, wanted to join the group with brother. Something they can do together."

"When she's in a mood or had an outburst, she tends to take herself away, she will apologise. She is doing this quickly and independently."

CASE STUDY 1

TAYLOR'S STORY

BACKGROUND

Taylor (pseudonym) is a 15-year-old who has been out of school for five years. He was referred to I-Box by the CAMHS family therapist. The family therapist hoped that having a therapeutic intervention which incorporated movement would help Taylor to take in information about feelings and coping strategies, as moving around appeared to help him focus.

Both Taylor and his family wanted him to have a space to connect with others to help him to feel less lonely. Taylor wanted to feel more confident in communicating with peers and in being in a group. His family also wanted him to have a place to express himself outside of the family context.

GROUP ENGAGEMENT

Taylor attended consistently and told us that he looked forward to the group each week. To start with Taylor appeared quite anxious. It seemed that he often felt he had done something wrong and would apologise unnecessarily, and say what he thought coaches wanted to hear, rather than express himself fully.

Over time, Taylor appeared to feel calmer, more confident, and more at ease in the group. He started to express his thoughts and feelings to both coaches and his peers. Taylor also benefited from teamwork exercises, such as drawing in 'talking and thinking' sections whilst another young person supported him by providing ideas. Taylor expressed that he enjoyed being around other young people and making connections.

At the start, Taylor found the boxing element quite challenging as he did no regular exercise. He also had a medical condition that required him to manage his physical exertion carefully. The coaches talked to him and his family about this for the first few weeks. He was encouraged to use his medication when needed, and not to 'push on' when he felt out of breath (as he was tempted to do, due to his desire to please). This helped Taylor to take good care of his physical health, and allowed him to better access the physical parts of the group. By taking his medication, he was able to consistently engage and improve his fitness.

*Photo does not show the young person described

GRADUATION

Taylor sat with the rest of the young people during graduation and appeared at ease with them. Belonging to a group and feeling confident with other young people was hugely important for Taylor's wellbeing. Taylor commented that he will miss the group. His family expressed how much Taylor had enjoyed it and that it had improved his confidence and wellbeing, and helped him to feel less lonely and more connected to others.

POST-GROUP ENGAGEMENT

Taylor showed keen interest in joining the grads group and started this the next day after I-Box finished.



CASE STUDY 2

ZAHRA'S STORY

BACKGROUND

Zahra (pseudonym) is a 12-year-old girl who was offered a place in I-Box after it was felt that neither one-to-one therapy nor parent intervention had been a good fit. Zahra was regularly getting into trouble for 'low-level' behaviours at school and was frequently being suspended.

Zahra experienced bullying at school. She often seemed withdrawn and as if she was feeling angry but appeared to find it hard to articulate her emotions. Zahra sometimes showed aggression towards her family, including her younger siblings.

GROUP ENGAGEMENT

Zahra seemed unsure of the group environment at first. The coaching team noticed that she responded well to brief, warm one-to-one contact. These moments seemed to help her to feel safe and settled in the group.



Zahra did not always box to instruction, and pushed the bags when asked not to. Coaches were keen to avoid repeating the pattern from school, where Zahra got into trouble for 'low-level' behaviours. Therefore, they largely did not comment on this, instead used humour and warmth to help Zahra refocus on the task, and provided praise and encouragement when she remembered combinations of punches, which she did very well. This was balanced with giving Zahra plenty of space in the session.

During boxing, Zahra often appeared tired and lacking in energy, and sometimes sat out of the activity. When coaches enquired about this, Zahra shared that she was often not eating during the day at school, which left her feeling light-headed. Zahra was offered water and a cereal bar and time out until she felt better. She was also encouraged to eat regular meals throughout the day. Conversations about Zahra's relationship with food were discussed between the coaches and her parents. Over time, Zahra appeared more energetic in sessions and she told us that had started eating at school.

In the talking and thinking spaces, Zahra often shared insightful reflections about her thoughts and feelings. She was able to consider how she felt and behaved when in the 'red' zone, and to think of strategies to help her come back to the 'yellow' or 'green' zones. She was particularly thoughtful and expressive in the 'pros and cons of anger' session.

Zahra made friends in the group and seemed to help others who were feeling anxious to feel more settled and at ease in the space; these relationships helped Zahra to have fun and appeared to boost her mood and confidence.

GRADUATION

Zahra demonstrated a combination of punches during graduation and was animated in her interactions with others in the group. As the group had progressed, teachers had commented to Zahra's parents that her behaviour at school had been improving. During follow-up, her mum shared that she had been suspended only once during the twelve weeks, when this would have usually happened more frequently. Zahra shared that she had liked coming to the group, meeting new people, and that she felt more self-confident.

POST-GROUP ENGAGEMENT

Zahra has started attending a local youth group where physical activities are on offer, and has been training with her dad. She hopes to continue boxing and re-try a one-to-one therapy space to think more about issues with school.

*Photo does not show the young person described

REFLECTIONS FROM CAMHS ON I-BOX

Each of the young people set goals related to boxing, feelings and relationships and across the three goals, there were improvements across all goal areas. There was also a noticeable improvement in ratings of fitness and confidence. The young people and families reported the positive impact of the intervention related to improvements in managing feelings, particularly young people being able to return to a sense of calm. Young people and families shared positive feedback about the group and stated they would recommend the group to other families. I-Box is a unique intervention that differs from traditional CAMHS interventions, providing a combination of physical activity alongside emotion regulation strategies. Families and clinicians have shared examples of the positive impact and their hope for the intervention to continue in the future.

HOLLY TRICKER, SENIOR CAMHS PRACTITIONER:

> “It has been a great experience to form the I-Box team with Kim (Clinical Psychologist) and Aleks (Boxing Coach). They are both experts in their fields and lovely to work alongside. In Your Corner brings creative resources and ideas to support young people’s engagement. I-Box is a key part of the CAMHS offer for young people that struggle to access traditional interventions. It is an active space where young people develop their emotional understanding and regulation skills. The young people engage well with all aspects of the group and are often sad when the group comes to an end.”



REFLECTIONS, LEARNING AND THE FUTURE

I-Box 5 and 6 reached 17 young people aged 11 to 15 across Islington who were facing significant challenges in their lives, and supported them to access a CAMHS-supported intervention and improve their emotional wellbeing, as evidenced by clinically meaningful change on Goal Based Outcomes and improvement on the ORS.

This year saw stronger outcomes than in the previous year across both measures, alongside a higher graduation rate (76% compared with 63%). This appears to be linked to improvements made to the intake and referrals process and small changes to delivery based on prior feedback from young people. Every Boxing Goal improved, and both Boxing Goals and Feeling Better Goals exceeded the threshold for clinically meaningful change on average, which was not achieved in previous groups. Of the Feeling Better Goals, 81% improved, and on the Outcome Rating Scale average scores rose from 26.2 to 27.9, with two young people moving out of the clinical range and all six who started in the non-clinical range maintaining their well-being.

Overall, the outcome measures show positive improvements, while only capturing part of the changes we observed. Post-intervention feedback from participants suggested progress in a number of functional areas, including emotion regulation, family relationships and social connection. Feedback from parents/carers' points to shifts in everyday functioning, including emotion regulation, confidence, peer relationships and motivation to be active, which standardised scores are less sensitive to. Given the complexity of this cohort, we consider these changes meaningful, and we read them alongside the quantitative data rather than separately from it.

Many of the graduates continue their involvement post-graduation as ambassadors supporting recruitment and speaking with young people about In Your Corner as well as participating in other In Your Corner group activities. This is a strong indicator of sustained engagement and the development of positive relationships within their local communities.

Feedback from participants, parents/carers, and reflections from the delivery team have led to a number of considerations for refining project implementation next year. These are summarised here:

- Referrals and entry: All referrals came through the CAMHS-commissioned pathway, with 44% initiated by parents (up from 21%) and half by CAMHS teams. This spread suggests the referral route is working and is increasingly visible to families. One young person's record was largely incomplete, and date of birth and ethnicity were missing in individual cases; tightening data capture at the point of referral would strengthen future reporting.
- Group Size, age and gender mix: Views on group size were mixed, with some young people wanting a larger group of twelve to fifteen and others preferring fewer participants. Most felt the gender mix was appropriate, though one participant suggested separating boys and girls for comfort during some activities. As in previous years, several young people asked for an older age range, up to seventeen.
- Format of the group: The clearest and most consistent message was a preference for more boxing time and less talking and thinking time; several young people felt the talking sessions ran too long. Two-hour sessions were experienced as appropriate, with a minority wanting three hours, and several young people saying they would like the twelve-week programme to run for longer. The 4.30pm start time worked well overall. Some young people reported their hands hurting during pad work, which we will address through hand wrapping, glove checks and managing the power applied during drills.
- Most valued elements: Circuit activities, one-to-one boxing on the pads and the chill skills (mindfulness and breathing techniques) were consistently named as the most useful and satisfying parts of the group. Young people particularly valued one-to-one time with the coaching team, and asked for more of it where possible.
- Venue and access: Feedback on the venue was generally positive, but practical barriers were raised: parking is difficult without a Blue Badge, and bus journeys were felt to be long and unreliable for some families. One incident involving a nearby crime scene at Finsbury Park caused concern and will be considered in our arrival and departure procedures.
- Outcome data collection: Post-group qualitative data was not recorded for a number of young people in I-Box 5. Building the feedback interview into the final sessions, rather than after graduation, would improve completeness in Year 4.

We recognise the limitations of a short-term intervention, and we continue to draw on feedback and the coaching team's experiences to improve the content and delivery of the groups.

THANK YOU

Partnership is at the heart of everything we do at In Your Corner, and I-Box shows what is possible when organisations come together around a shared commitment to young people. We are grateful to Islington CAMHS for their continued partnership and support. The dedication of the CAMHS team, and the clinical expertise they bring to co-delivery, is central to what makes I-Box work. We look forward to delivering further I-Box groups in Islington and to extending this partnership model across North London, so that more young people can benefit from the approach.

Islington Community

CAMHS

Yo!

For children, young people, parents, carers and families

IN YOUR CORNER

Report By:
January Jones, Chief Executive Officer (IYC)
Dr Fiona Kau, Clinical Lead (IYC)
Dr Kim Guest, Clinical Psychologist (IYC)
Ziman Wu, Assistant Psychologist (IYC)
Emma Bruning, Assistant Psychologist (IYC)
Holly Tricker, Senior CAMHS Practitioner (Islington CAMHS)

Registered Charity Number 1208856

info@inyourcorner.uk
www.inyourcorner.uk