



Evaluation:

New Beginnings Greater Manchester

Pilot Project.

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Acknowledgements & Disclaimers

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1. Introduction

This evaluation examines the mid-point outcomes of the Stockport based pilot project, 'New Beginnings Greater Manchester' (NBGM). This innovative project, led by Dr Jadwiga Leigh, aimed to work with two cohorts of eight families (16 families in total) over a period of 48 weeks (24 weeks per cohort). The work with the first cohort was funded by the University of Sheffield Public Engagement Fund, and the second, the Big Lottery Fund. This evaluation was conducted mid-way through the overall project and considers outcomes for the first cohort of families.

At the time of the evaluation, NBGM was a constituted group, working in partnership with The University of Sheffield (TUoS) and Stockport Family¹; an integrated service for children, young people and families. NBGM does, however, operate independently of the local authority.

Purpose of the Project:

The broad aim of the NBGM project was to pilot a project in the UK influenced by the work of 'Stobbe', an organisation based in Belgium². Stobbe works with families holistically by addressing the needs of the parents first so that parents can then meet the needs of their child. NBGM – like Stobbe - also draws on a trauma informed approach to working with families. This approach differs from the traditional parenting programmes offered by Children's Social Care in England because it is: delivered over an extended period of time; it is therapeutically intense; a wider range of opportunities are offered to families; and participants are expected to learn from each other as much as from professionals facilitating the course. By delivering this exploratory project, it was hoped that suggestions for practice development would emerge, whilst also raising questions for future research.

The NBGM pilot worked with parents whose children were known to Children's Social Care (CSC) for concerns relating to abuse and neglect; emotional, physical or sexual abuse. A trauma informed approach to working with parents, is based on the premise that parents who find themselves in this situation have most likely experienced prolonged episodes of trauma, such as physical and emotional abuse, often within the home. By working collaboratively and holistically with these families, New Beginnings aimed to help them address their needs, develop the skills required to become better parents and in return, teach other families how to do the same. By doing so, the project aimed to help parents turn their lives around, reach their goals and fulfill

¹https://assets.ctfassets.net/ii3xdrqc6nfw/1KYmvVLEsaKyAKuwQacqo/1ccfe56b1b8c900d4b505af9d0dd4136/Stockport_Family_Our_Story.pdf

²https://translate.googleusercontent.com/translate_c?depth=1&hl=en&prev=search&rurl=translate.google.co.uk&sl=nl&sp=nmt4&u=https://www.cigvlaanderen.org/&id=17259,15700023,15700043,15700186,15700191,15700248,15700253&usg=ALkJrhghlA1wOOmESZduYyJyvhlfVjYXw

their potential, while keeping their family together. Importantly, the pilot also took an action research approach and worked *with* families to inform and shape the programme. It was hoped that parents that engaged with the programme would experience:

- Reduced anxiety and depression, by learning skills to deal with thoughts and emotions;
- Improved relationships, through developing communication skills, building support networks, and preventing isolation and loneliness;
- Improved parenting skills;
- Improved self-esteem and coping skills, through developing confidence and building resilience;
- Improved aspirations, by learning about who they are and what they want to achieve and by setting goals so that they can lead a full and happy life.

As well as supporting parents to become more resilient and keep their families together, NBGM also aimed to inform practice development, and reduce demand on services, including those related to budgetary pressures.

The Families Referred to NBGM Pilot Project:

The NBGM pilot project planned to work with two cohorts of eight families (16 families in total) over a period of 48 weeks (24 weeks per cohort). As part of the first cohort, eight families were referred to the NBGM programme in Spring 2018 by 'Stockport Family'. Three of these stepped off the programme immediately, a fourth family stepped off the programme after a number of weeks, but planned to (and did) return to the programme in cohort two. Four families therefore completed the first stage of the pilot project and chose to take part in this evaluation.

NBGM core staff worked with Stockport Family to identify families that might benefit from working with the pilot programme. On this occasion, all families referred were women parenting their children without a partner³, and this was due to concerns relating to abuse and/or neglect. These families were all struggling to meet their children's current short-term needs emotionally and practically, and for some of the families the next stage being considered was foster care. Instead of proceeding through the legal process, parents were offered the opportunity to join the New Beginnings programme.

All the families referred also lived in the same neighbourhood and programme sessions took place in a local community centre. This is an intentional feature of the programme, designed so

³ A father from one of the families later joined the programme and key work sessions were carried out with him and his partner. He contributed to the evaluation, although he did not take part in the group work elements of the programme.

that families meet new people that have had similar experiences and, over time, parents can form a group that learns to understand and support each other.

Structure of the Programme:

Families working with NBGM have the opportunity to access a two stage programme (20 weeks + 4 weeks).

The first stage lasts for 20 weeks (5 days a week) of which parents are expected to attend 70% (14 of the 20 weeks). During the 20 weeks, parents are involved in a range of structured activities, which enable them to explore: who they are; their past life; their family history; their potential futures; their parenting practices; and the ways in which they can reflect upon and improve their parenting. In this time, the NBGM core team work with parents to create a safe space in which to explore these issues and a range of strategies and therapeutic approaches are used to work empathically with parents. These include role play, transactional analysis, narrative therapy and holistic approaches. Any sessions that are missed are covered in a one-to-one keyworker session to ensure that parents do not miss engaging with the material discussed in the group. Parents are asked, and expected to, stay drug and alcohol free during the programme sessions.

The structure of stage one of the programme is noted below:

- *Monday*: Two-hour long group session called, 'Beyond Abuse and Violence'.
- *Tuesday*: One hour long, one-to-one counselling session.
- *Wednesday or Friday*: One-to-one sessions between parents and their key worker.
- *Thursdays*: Two-hour long sessions that differ each week but include: holistic therapy; yoga therapy; art therapy; cooking on a budget; employment; housing; benefits and rights; and selfcare and relaxation.
- *During school holidays*: Families go on outings together.

The short-term intended outcomes of stage one are that parents: have improved self- awareness; are able to overcome challenging situations; feel supported and safe within their community network; are able to understand and meet their children's needs; and feel more confident, resilient and independent

The second stage of the programme runs from week 20-24. At the end of stage one, parents that complete the 20-week programme are offered the opportunity to join a four-week long peer-mentoring programme. This stage enables mentors to support future peers and potentially help families to overcome barriers towards employability, training and further education. Parents that

complete this second stage use their learning by becoming peer mentors to the new cohort of families entering the first stage of the programme. This part of the programme aims to help parents: use their knowledge and skills to support other families; come together and build strong relationships in and across communities; feel better equipped to look after their own children; and have developed a positive relationship with family support services

Of the first cohort of parents that completed the first stage of the pilot, two women chose to engage in the peer mentoring training. However, evaluating the second stage (20-24 weeks) is not within the remit of this report.

Staffing:

During cohort one, the team of NBGM consisted of different professionals who delivered different parts of the programme. The Monday, 'Beyond Abuse and Violence' group session, was delivered by Jadwiga Leigh and Leanne Boylan. 1:1 keywork sessions were also delivered by Leanne (3 out of 4 families) and Jadwiga (1 out of 4 families) and counselling was provided by Michelle Castle, a qualified and registered counsellor. Thursday self-care sessions were delivered as follows: yoga was offered by registered yoga practitioner, Susan Rodway-Hall; art workshops were delivered by artist, Rod Kippen; holistic therapy was delivered by qualified therapists Alison Taylor and colleagues; and all other sessions, including the family activities during the holidays, were run by Jadwiga Leigh and Leanne Boylan.

2. Evaluation Aims & Objectives:

This mid-point evaluation of the NBGM pilot project was conducted by staff in The University of Sheffield's (TUoS) Department of Sociological Studies. The evaluation aims, objectives and methodology were developed and agreed in partnership with the NBGM Advisory Board and TUoS. Broadly, the overall aims were to:

- Understand if the approach used in the pilot project led to more productive professional responses to complex families and if, in turn, this resulted in better outcomes for families.
- Draw on organisational data and family and professional experiences to, evaluate the impact of the project on families and professionals; to assess lessons learnt, and to examine the cost efficiency of the project.

More specifically the objectives of the evaluation were to:

- Collate operational learning related to programme design and delivery, parental engagement with specific elements of the programme, and the resource requirements of the project.
- Examine changes in families' levels of assessed need and intervention during and after completion of the programme, taking into account the impact on safe care at home and changes in levels of social care involvement with the family.
- Understand parental and professional perceptions of the family's progress, including if parents have an increased understanding of their family's situation, improved access to peer and community support networks, and if they are more confident in their own parenting abilities.
- Explore the impact of the programme on professionals working with families, including if there are changes in the regularity and intensity of their engagement with families, improvements in the ways in which families engage with services, and their willingness to engage with home visits etc.

3. Evaluation Methodology:

The NBGM pilot project was small in scale, working with four (initially five) families over a period of 24 weeks. The families that engaged in the project also had a range of vulnerabilities, and topics discussed in programme activities were highly sensitive in nature. For these reasons, the evaluation was 'light touch' and the methods used were selected to avoid being too intrusive.

The evaluation team, in agreement with the NBGM Advisory Board and TUoS, used the methods noted below to achieve the stated evaluation aims and objectives. Of the parents that started the programme, all were women, and four of these women engaged in the evaluation. One man also joined the programme. He took part in keyworker sessions, but not group activities, and he also took part in the evaluation. At the end of stage one of the programme, the evaluation team completed:

- Analysis of relevant routine data related to the families involved in the evaluation, specifically, the initial assessments, the mid-point report, and the final report.
- Semi-structured interviews with parents engaged in the project (4 women and one man).
- Semi-structured interviews with key practitioners (5 in total) working with the women during the time they were involved in the project, including one woman that stepped-off the programme before completing the first stage.
- Email interviews with the New Beginnings Core Team (2 in total).

As is standard practice, the evaluation team also sought, and were granted, ethical clearance via TUoS's research ethics approval process. In line with this, the NBGM core team initially contacted families and professionals to ask if they were interested in taking part in the evaluation. Those that were then agreed to share their contact details with the evaluation team. After initial contact was made, information sheets were produced and distributed to the parents and professionals noted above. The information explained: the aims and objectives of the evaluation; how any information shared would be used and stored; and how participants' identities would be protected. Participants then gave signed consent to be involved in the evaluation, for their family reports to be shared, and for any interviews to be recorded, transcribed, and/or stored for the duration of the project.

The interviews with the parents accessing the programme were held at the children's centre where programme activities had been held. This meant that they were comfortable in the environment and it was accessible because it was close to where they lived. Childcare that they trusted was available on site. Interviews with professionals were conducted in a range of local authority buildings, selected by the participants so as to minimize disruption to their working day and, thereby, enable their participation. For similar reasons, interviews with the NBGM core team were conducted via email.

Anonymity of participants was maintained in a number of ways. The women engaged in the programme chose pseudonyms to replace their names and these are used in the stored data and throughout the report. Other identifying characteristics have been changed or removed. The names of professionals have also been changed (P1, P2, P3, P4 and P5 are used), and the names of NBGM core team staff are not used, although they were made aware that, given their key role in NBGM, their anonymity could be compromised. All documents analysed, recordings and interview transcripts were stored in electronic password protected files, or in a lockable cabinet.

It should be noted that this evaluation focuses on outcomes at the end of the first stage of the pilot project. Core staff from NBGM have therefore provided an addendum to the report (see pg 29), outlining significant outcomes related to the second stage of the programme.

4. Evaluation Findings:

Once the verbal interviews were conducted, audio recordings were transcribed. These transcripts, along with manuscripts from email interviews with core NBGM staff, were collated and thematic analysis was conducted. Drawing on the agreed aims and objectives of the evaluation, and the aims of the NBGM programme, the evaluation team identified five main areas

that should be the focus of analysis, and the findings are organised according to these themes. The broad areas were⁴:

1. Changes in Children's Social Care involvement with families;
2. Changes in parents' understanding of risks to, and the safety of, their children;
3. Changes in parents' relationships with their children, other family members, peers and professionals;
4. Changes in how parents' felt about themselves and their vision for the future;
5. Parents and professionals' overall views of the programme, how it ran and what needs to be in place for this to happen effectively.

With these themes in mind, the transcripts were read and re-read several times by the three members of the evaluation team and codes were identified, agreed and data checked by the researchers. These codes were then systematically applied to the data set and, from this, related themes emerged.

It should be noted that the quotations provided here are representative of comments made by all involved.

4.1: Changes in Children's Social Care involvement in families

Document analysis of each families' initial assessment, mid-point review, and final report show clear changes in the level of Children's Social Care (CSC) involvement in the families engaged in the programme. At the time of starting the New Beginnings Programme, all families were involved with CSC due to concerns relating to abuse and/or neglect, and many of the families had historic involvement; one of the families was on a Child Protection Plan; one was identified as a family with a Child in Need; another had a Supervision Order for her youngest children and a child on a Special Guardianship Order; and one family was going through the TAC (level 3) process.

By the mid-point review, it was noted that all of the families had made significant changes. Whilst change was still in process, professionals report that parents were making 'commendable' and 'amazing' progress. This is supported by the fact that: one family had been stepped down from a child protection plan to TAC Level 3; for one, the TAC process had come to an end; and, for another, supervision orders for two of her children were discharged and she had resumed contact with her older child. Overall, social workers and core NBGM staff agreed that families had made impressive progress in a short amount of time.

⁴ These areas also reflect the issues that were explored in the interviews with women and professionals.

By the end of the programme, all of the families involved in the programme had met their initial objectives. The final reports state that one parent now felt 'equipped to manage her children's behaviour' and, for another parent, 'professionals have noted a visible improvement in the children's physical, emotional and social development: the family are thriving'. Overall, CSC involvement with all of the families that completed the pilot had been stepped down; CSC involvement and concerns were reduced. The supervision orders that one family were subject to lapsed during the programme and social care also stepped down their involvement to TAC Level 1. For others, their case was either closed or a further short period of support under TAC Level 1 had been agreed.

4.2: Changes in parent's understanding of risks to, and the safety of, their children

Child and Family Social Workers define risk in a number of ways and this can include immediate risk of significant physical and/or sexual harm. This was not the type of risk that led to families being involved in the pilot project. Children were, instead, assessed to be at risk of future emotional harm, not reaching their academic potential, and the risk of their mother not protecting them from domestic abuse. Children were also at risk of neglect, which may include parents not sufficiently attending to their children's health, educational, and emotional needs. The evaluation aimed to understand if:

- There had been any changes in parental understanding of what is risky and unsafe?
- Parents had a better understanding of their situation and why they had been referred to the project and what changes they needed to make?
- There had been any changes in the home environment?

Understanding of risk and safety:

NBGM staff, and other professionals, report an increased understanding of safety and risk for all families involved with NBGM. Whilst this is most notably evidenced by the change in assessed interventions required, a member of the NBGM core team also provides a specific example of this change. For one parent, at the start of New Beginnings, contact with her child had broken down. New Beginnings facilitated supervised contact whilst the relationships were repaired and mediated. They also supported the woman to reflect on and acknowledge the part she played in the breakdown of the contact agreement, and also the potential harmful impact this had on her son. In addition to this, at the start of the programme, NBGM staff asked families why they were involved with the programme and if they agreed with CSC's concerns. At this point, they did not, but when they were asked again after the summer break, this had changed. The women in the group said that this was because the work they had done at NBGM had allowed them to accept

their past, but also, because the way concerns were discussed with them during NBGM was not hurtful and shaming.

In their interviews, families also express an increased understanding of why they were referred to the programme, and how aspects of their life and parenting might have impacted on the children. Whilst two of the women initially felt that they *had* to attend the programme because they were 'under social care' (Annie), by the end of the programme, all understood that aspects of their lives were seen (by CSC) to present a risk to their children. One woman, for example, spoke about the fact that she had been living with 'domestic violence and they thought it could cause emotional abuse to my children' (Mila). Another explained that 'I just used to let my anger get the better of me. I was aggressive with the kids because I just wasn't like that but, like, even my mouth, the way I spoke and that were just not right' (Cookie). For one practitioner, the families' changes in understandings of safety and risk, and why they had been referred to the programme, were crucial in the process of change, because women 'needed to know really what the issues were to change them' (P1).

Understanding the impact of past abusive relationships:

All of the women engaged in the NBGM project had previously been in abusive relationships. Professionals interviewed felt that by the end of the first stage of the pilot, all of the women understood that these relationships had presented a risk to their children. For core NBGM staff, women had been able to reflect on their situation, speak openly about their abusive relationship, recognise the impact on their children, and identify strategies to avoid a similar situation occurring in the future. They note, for example, one parent that did not feel safe in the home where the abuse had taken place and she felt that she wanted to move to a new home where she and her children would feel safe, with a garden for her children to play in. She showed insight and courage and worked with professionals to move her family to a new home.

Families were able to draw on their learning from the programme and make changes to their parenting that meant they had become a 'protective factor', rather than a risk, to their children. One woman explained that 'When they (CSC) first came out, I was still with [ex-partner] and I was saying "nothing happened", but that she now knows that the abuse made her stressed and 'snap at everybody' (Cookie), including her children, and by engaging with the programme, she is now much calmer. Another woman reflects on how her childhood affected her in the abusive relationship and, subsequently, her children's lives, and she says 'I thought I deserved it. It's what she [her mother] had around me, so that's what I've had around my kids'. She goes on to state that because of what she has learnt on NBGM, 'That won't happen now' (Annie). Another woman also explains how she feels that strategies she had used in the past when experiencing violence, meant that her daughter spent a lot of time alone in another room, and this has led to her

experiencing developmental delays (Mila). She then explains how the programme enabled her to see that 'I don't deserve that [abuse]' and that 'I was trying in my own way to keep them safe, but obviously went the wrong way about it'.

Improved awareness of how parenting practices affect safety:

All professionals interviewed provide examples of ways in which the women's improved awareness of parenting practices and safety has impacted positively on their children. NBGM staff explain that 'at the start of the programme, all the parents clearly loved their children but were not always able to relate to them appropriately'. They provide an example of how, at the start of the programme, one parent felt that her mental health issues made her feel short tempered, and unable to cope with her children's behaviour. Over time, she talked about the worries she had about her mental health and how she felt this impacted on her children. By exploring her past, particularly her relationship with her family, she was enabled to parent her children differently, because she was much calmer and less panicked that she would do something wrong.

Professionals beyond the core NBGM team also describe positive change in the parenting practices of the women with whom they work. P2 reflects on the changes in a woman she works with and states that NBGM has enabled her to communicate with other people more effectively and less aggressively, 'and I think that has filtered to her children and herself as well'. P3 explains that one parent has started to do 'much more' with her children, and she feels that this has led to the children being 'much more sociable, smiling, want to tell you about their day' and P4 notes that another woman is now able to get her children to school at the right time.

As a result of their engagement with the programme, women have an improved understanding of how their parenting practices affect their children and they have worked hard to make positive change. One woman explains how the programme has helped her reflect on the way in which she was parented and how this has affected her parenting: 'I was over explaining the situation to my children and they were knowing what they didn't need to know, but [I] didn't see a problem in that, because that's how I was raised' (Cookie). Other women explain that prior to NBGM, they often felt angry and upset (Cookie and Mila) and Mila says that she 'got to realise that they [the children] went through this as well'. By completing the programme, all of the women have developed strategies to help them change the way they communicate with their children, and to recognise triggers for anxiety and stress, and they feel that they are now calmer and more patient with their children.

Changes in safe care at home:

Throughout the NBGM programme, all of the parents took time to specifically consider the impact of the home environment on their families. Many of the changes already noted contribute to positive changes in the home and the women interviewed also offer specific examples. Donna, for example, explains that one of her children has a behavioural disorder and that, in the past, she would regularly 'smash my house up'. Since attending NBGM, she has grown in confidence and been supported to develop new ways to manage her daughter's behavior. Since these changes occurred 'she has not once since smashed my house up'. Annie provides a further example of how NBGM has enabled her to create a safer home environment. After leaving an abusive relationship, she feels that her anxiety contributed to a 'chaotic' home environment. She says that she previously overcompensated for this and did not implement rules with her children, but that NBGM have empowered her to 'want more for my kids' and develop coping strategies which have improved their 'safeness'. For her, she has learnt that 'rules and routine' can help her achieve this.

Professionals also offer examples of the ways in which NBGM has changed safe care in the home. One notes that there has definitely 'been a change in the home conditions' (P1) for one of the women with whom she works. P4 notes, however, that whilst she has seen significant changes in the woman with whom she works, she has not yet seen this improve the home environment, but she is confident that these changes will lead to women being able to 'safeguard their children'.

The importance of advocacy and practical support:

Improvements in safety are grounded in the therapeutic aspects of the NBGM programme, but NBGM staff also acted as advocates for families and the structural issues that impact on a family's ability to make change should be acknowledged. NBGM core staff provide an example and explain that three of the four families on the programme were still living in homes where abuse had occurred and, by considering the perspectives of their children, they were able to recognise the need to move. However, moving house is not easy when you live in a supported tenancy as it requires gaining a certain amount of housing points. NBGM staff were able to write supporting letters to enable housing associations to consider a family for move. As such, an LA worker notes that the women with whom she worked had been supported to move to a better area, and this had significantly improved her home environment and parenting (P3). NBGM has also supported people with material and practical help. One woman, for example, was able to manage meal times better, and improve safety in her home, because the team had helped her source a dining table and stair gates.

4.3: Changes in parents' relationships with their children, other family members, peers and professionals

By engaging families in a range of therapeutic approaches and activities, in an empathetic and non-judgemental environment, the NBGM programme hoped to develop parent's communication skills and build their support networks. The evaluation team therefore aimed to examine if:

- Families' relationships have changed with professionals.
- Families' relationships have changed with family members, especially children.
- Families have benefitted from engaging in group work.

Changes in families' relationships with professionals:

NBGM staff explain that, at the start of the programme, families said that they found it difficult to 'trust' professionals because of past experiences with Children's Social Care. Some families also felt that previous involvement with services had complicated their lives and had not felt supportive. Annie, for example, explains that she 'didn't know what instructions or rules to listen to, because I had two social workers.' However, professionals working with families sometimes found communicating with them challenging and P4 describes the family with whom she worked as being 'difficult' in the past (P4). By engaging with the NBGM programme, families were enabled to examine the impact of their past experiences on their relationships, how they might express themselves more effectively, and practise how to communicate with professionals. NBGM staff report that, after this, they started to see professionals change towards the families, and take them more seriously.

Professionals, beyond NBGM core staff, consistently report that involvement with the NBGM programme has enabled parents to be more confident and assertive in meetings with professionals, such as, TAC and core group meetings. NBGM staff explain, for example, that one woman had previously struggled to articulate herself in meetings due to the fear she had about Children's Services involvement. During NBGM, she worked hard to develop her confidence and communication skills and this enabled her to take part in, and lead, her meetings. Professionals beyond the NBGM team also report similar changes. P3 explains that the woman with whom she works 'never used to talk in core groups because she felt like she wasn't being listened to' and she is now 'much more positive and confident in meetings'. Similarly, P1 reports that the women with whom she worked had chaired their family's meeting and challenged social workers. She feels that this would not have happened 'if it hadn't been for the programme' and, for P3, NBGM had worked with women to enable them to 'talk about their lives and problems, rather than just accept what is being said to them' (P3).

Families describe the relationships they have made with NBGM core staff in very positive terms. They say this is because the relationships are 'different' to those they have experienced with other professionals and they describe them as non-judgmental and affirmative, but also challenging. Donna and Christian explain that, 'you can tell [NBGM staff] absolutely anything and they'll never judge you' and over time, they give you 'a pat on the back. Well done!'. Families express that working with NBGM core staff has provided them with the skills and confidence to improve their relationships with professionals, whilst feeling supported by one, trusted point of contact. Cookie explains this by describing a recent meeting: 'It's like a couple of weeks ago, we went for a meeting with school and all of the agencies and everything and [NBGM staff] had come [...] It all went really well. I presented myself in the manner that I would have always wanted to be' (Cookie). The impact of this 'trust' can be seen in the fact that one parent told a member of the NBGM core staff, that she 'encourages her child to be open and honest with me so that the right support can be put in place'. For P5 the changes in relationships with professionals has come about because programme staff have 'obviously made them feel safe [...] I think that's vital, to have that relationship building'.

Professionals beyond the NBGM team report that their involvement with NBGM has had a positive impact on their practice and their relationships with families. They go on to describe learning that has resulted in them having more understanding of the issues faced by, and empathy towards, the parents with whom they work. P3 explains, for example, that as a result of observing the NB approach, she now recognises how difficult it can be for women to leave abusive relationships. She also reflects on the fact that CSC involved with families can put 'blame onto women's shoulders, when they are in these relationships', rather than working 'with' them in a way that recognises the complexities of abusive relationships. Similarly, P3 explains that she has learnt from the programme that, although she has worked with a particular family for what might be seen as 'a long term in social care', she now feels that 'you can't rush, you can't place those expectations, expecting change and so on. It's not gonna happen overnight [...] I think you've got to be realistic in your expectations of families'.

Changes in Relationships Between Parents and Children:

NBGM core staff explain that, at the start of the programme, all the parents described difficult experiences in their lives and how this had impacted on their ability to parent in the way they would have liked to. All initial assessments also describe concerns about the relationship between the parents and their children. During the programme, parents reflected on how their past lives affected these relationships, including the way they were with their children, and spent time with their children in group activities. NBGM staff describe, for example, how one parent was particularly worried about her parenting skills, and how she was able to identify that she was

experiencing intense grief as a result of events in her life. By revisiting her past she was able to bring about a level of acceptance and make changes to her relationship with her children.

Parents involved in NBGM describe a significant change in their relationships with their children and how they feel about being a parent since starting the programme. As noted by NBGM core staff, women were initially concerned about how their life situation impacted on their ability to parent and this compounded their stress and anxiety, with women explaining that this made them feel 'shit as a mum' and another saying 'I felt like I had failed, I felt like a massive failure. I felt like my kids resented me. I used to just put my head down with shame' (Donna). Since engaging with the content of the NBGM programme, all of the parents describe shifts in their confidence in their parenting and welcome the change in their relationships with their children. For one woman, understanding the impact of her abusive relationship and gaining confidence means that 'I can do what I want now' (Mila) and another describes her relationship with her children as 'totally different. We do more together and that, now. We have a laugh. It's great. From getting up, to going to sleep. It's just changed' (Cookie) and she goes on to say, 'my kids tell me more now that they love me [...] the fact that my kids sit there and tell me they love me, and write me notes and that, yeah, it's good'. Most tangibly, Annie, prior to engaging with the programme was unable to have contact with her son. As a result of being on the programme, she was able to re-establish contact on the phone and in person and she says, 'I wouldn't have contact, I don't think, if it wasn't for New Beginnings'.

Professionals interviewed also describe significant improvements in the relationships between children and their parents. P2 explains how one woman is 'a lot more empathetic towards them (the children) and listens to them [...] Not as snappy around the children, so she can see the impact' (P2). Another goes on to explain how she feels the attachment between one parent and her children is significantly improved and she is 'really interested in what the children have been doing. Asking lots more questions' (P5). Whilst one professional outside of the NBGM core team feels that the changes she has seen in the woman with whom she works are yet to 'filter' through to her relationship with her children (P4), she does say that she thinks this will happen in the future.

Changes in relationships with the broader family:

NBGM core staff explain that a common theme in group work was the relationship parents had with their own mothers and this was something that they chose to talk about in group. Using narrative theory and transactional analysis, parents were able to work through this aspect of their story. Women engaged in a range of activities, including writing letters to family members to express and reflect on how these relationships had affected them, and the way in which they parented their children. One woman was able to identify that her own mother's parenting was

affected by issues linked to her mental health, which meant 'she just weren't there as a mum'. For another, she now understands that the way she was with her children was influenced by the way in which she was parented, but as a result of the work she completed on the programme, she now knows that she can parent differently. For a third woman, these therapeutic activities, combined with improved self-confidence, and the practical support offered by NBGM, enabled her to make choices that are better for her family. At Christmas, for example, she would usually feel obliged to spend the day at her mother's home, although this was often difficult. With the help of NBGM accessing a dining table for Christmas dinner, she was able to choose to 'have Christmas, just as a family at home, not having to rely on my mum. Not having to get the horrible earful'.

Relationships with family members were also affected in other ways. Donna initially started the NBGM programme alone and, later, her ex-partner Christian joined the one-to-one sessions with NBGM core staff. Donna had previously decided to step out of group activities and focus on the one-to-one sessions. As a result of the work they completed in these sessions, Donna and Christian have been able to improve their communication and 'express emotions and feelings'. For both, this has changed their relationships with each other and their children and Christian says, 'It just shows whether you're with your ex-partner or you've got a partner, or whatever, the situation is, you can still co-parent your children, whether you're in a relationship or not. It works, don't it?'.

Changes in Relationships within Peer Group

Group work and developing supportive peer networks is a central element of the NBGM approach. NBGM core staff explain that developing good connections within the group is vital to its success because participants need to feel secure in order to share their experiences and build relationships with people that have been through similar experiences. Initially, all parents were dubious about being part of a group, particularly because they lived in the same area, but three of the four women engaged in and benefitted from the group dynamic. NBGM staff note that, by providing a safe space for women to 'connect and share their experiences', as the programme progressed, women began relating to one another differently and started to support and encourage one another. When, for example, NBGM staff posted work completed by the women to the New Beginnings webpage, the group complimented each other's work and celebrated the positive reaction they had from the public.

NBGM core staff and other professionals also describe ways in which group work benefitted women individually. For one practitioner, the realisation that others have 'been through similar experiences' (P3) had been a good learning experience for parents with whom she worked and, as a result, they have 'made really good friendships'. For another, the challenge of group work

also contributed to change; the woman with whom she worked had been challenged by other women in the group because of how she spoke to them. Although 'she didn't like it', on reflection, she realised how this had impacted on people around her and she had changed how she communicated with others (P2).

Although the three women that continued with the group work were initially dubious, they describe their experience in positive terms. For Cookie, she was 'dreading it' because she felt cautious of sharing her personal stories with people in her community. However, NBGM staff were able to reassure the women by establishing ground rules and explaining that their confidentiality would be protected. Mila says, this 'made us feel really safe after the first one'. Women go on to describe feeling empowered and supported by spending time with others that have had a similar experience and Annie says that 'it was good, because you listen. People's stories are different but everyone's got a story and that. Sometimes I've been sat there and that and I get upset or I've cried, it's for, like, their hurt'. For Cookie, this shared experience then contributed to the development of strong supportive relationships, that helped her with her parenting: 'We'd go bowling or something outside, and everybody would be helping everybody, like grabbing the babies, or going on toilet runs and stuff. It was good'. Overall, despite initial concerns the women are excited and about their future relationships.

4.4: Changes in how parents feel about themselves and their future

The evaluation broadly aimed to understand whether and in what ways engaging with New Beginnings has led to changes in parents' self-perception and confidence. More specifically the evaluation aimed to consider:

- Changes in how parents felt about themselves and their ability to parent.
- How parents and practitioners felt about their family's future.

Improved confidence and self-worth:

As noted in previous sections, at the start of the programme one woman explained that she felt 'shit' as a parent, another felt that they had 'failed' and a third woman says, 'I didn't like myself, I didn't like myself at all'. All four women now report feeling more confident about their ability to parent, as well as in other realms of their lives. Annie, for example, says that she is able to make appropriate decisions for her family, and feels 'In control of my own life, where I'm not waiting for a social worker to tell me what to do, or what I need to do next. At one point I woke up in the morning and thought, 'what would a social worker do?' [...] I'm a strong and independent thinker for myself now'. As a result of engaging in the programme, women have learnt self-care

strategies to support the development of good self-esteem. For one woman, the programme has supported her to recall 'my qualities in me and stuff, that, that are in me, for me, that I've missed' (Annie). For another, engaging with the NBGM programme has helped one woman 'make eye contact for longer now, speak to people' (Mila) and for Cookie, she feels positive about the fact that, in meetings, she is able to act 'in the manner that I would have always wanted to'.

Professionals involved with the families universally report an improvement in parent's confidence. They report that for three women, this has also led to increased confidence in parenting and, whilst P4 feels that this has not yet 'filtered' through to the parenting practices of the woman with whom she works, she feels that this will happen with time. However, P2 explains that the woman she referred to NBGM is 'a lot more confident, calmer, and more able to cope with difficulties effectively than she was a year ago'. Other practitioners make direct links between parents' improved self-esteem levels, better relationships with professionals and, in turn, the women's confidence in parenting. P1, for example, explains that one woman, 'I think her confidence as a person in herself, talking to us and her relationships with us, has really grown which has helped her with her relationship with her child. The change seen in the women's confidence in their parenting is summarised well in P3's observation of the woman with whom she works; after having CSC involved in her life for many years, the parent has learnt to trust her own parenting skills, and P3 explains, 'she's realised that she's getting her confidence levels up really. That she can do it and she doesn't need a social worker. She doesn't need to go back and always check things out with them. She can make good decisions, erm, so in terms of her parenting [...] her day-to-day parenting of the children. She can do it'.

Changes in outlook for the future:

The changes in confidence noted above have also impacted on, and are reflected in, the women's outlook for their families' futures. Two parents specify new aspirations that link with changes they have achieved in terms of their children's development and safety. One woman, for example, states that, 'I want them [children] to do well in school. To get good jobs, because they're all very brainy' (Mila) and another explains that 'I don't want to be another family there, living a basic life and that. I want more for my kids and I want them [...] to have a fulfilled life, like normal, - I don't like normal – safeness' (Annie). Parents also identify what they would like their own futures to look like. Mila reflects on her learning from the programme and says that it has made her confident enough to want 'to do a Health & Social Care course [...] I'm not going to just sit at home now I have got used to going out so much'. Similarly, Cookie has also grown in self-confidence and enjoyed the routine and structure that NBGM provided. This has helped her think about what she wants for the future and she says, 'I am thinking of other things to get involved with, even just doing some voluntary work [...] I am just going to go with it. If it works, it works and if it doesn't, it's doesn't. But it's worth giving it a go'. For Donna, the focus of her

new found aspirations is grounded in her self-awareness and the desire to use what she has learnt to maintain her improved mental health, 'I want to put all of my experiences throughout the whole of my life, from being a baby to now - I don't want them to get me down any more - I want to be a survivor of all that'. As a result of making meaningful change, in a structured, nurturing environment, parents have gained self-belief and are driven to continue and maintain the changes they have initiated.

Both professionals and parents identify that the peer mentoring aspect of New Beginnings is an important aspect of the immediate future for the two women that have decided to complete the related training. This is discussed in the following section.

4.5: Overall view of, and learning from, the programme.

The evaluation also aimed to review the ways in which the programme was delivered and identify lessons learnt for future delivery. Within this, the evaluation team aimed to:

- Understand what went well and not so well from the perspective of professionals and families.
- What needs to be in place for the programme to run effectively.

The relationships between New Beginnings staff and families:

Working *with* families is key to the NBGM approach. Previous sections show that parents accessing the programme feel that the 'different' relationship they describe with NBGM staff has enabled them to explore difficult and sensitive aspects of their lives. In interviews all professionals working with families agree that the changes women have achieved have been enabled by this 'close support' (P1). They feel that, because NBGM staff have been able to 'hold' families and have 'given them that safe environment' (P2) to explore their past, in a range of one-to-one and group activities, they have had support they 'don't get from me as a social worker' (P3). Professionals are, on the whole, supportive of this approach and feel that this has led to NBGM being 'quite transformative for my parents' (P3) and P2 states that the diversity and supportive nature of the programme has 'been really beneficial for [woman's name] because there was nowhere for her to go [...] They allowed her to understand and look at that [her trauma] and make changes in her life'.

The development of trusting, affirmative and challenging relationships between NBGM staff is therefore intended to help families to build similar relationships with others in the future. Professionals do, however, raise some concerns about this relational aspect of the programme, and the intense nature of the relationship between NBGM staff and families: P4 states twice, for

example, that she feels a balance needs to be found between this approach and 'saving' and 'rescuing' people. Similarly, P3 expresses concern that the NBGM approach can clash with the approach of other professionals, including herself, and that she would like to see the programme promoting more independence in families so that they can 'try and move them on'.

After the programme:

At the time of the interviews, professionals that were not part of the NBGM team all highlight the end of the programme as being a vulnerable time for families, and families do express some concern that they are moving into a period when they will not have the same level of support and therapeutic activities as they have had whilst attending the programme. Professionals, therefore, make suggestions that are helpful for future delivery. P4, for example, says that 'I hope that there will be some support put in place for them so, if maybe three months down the line they are lapsing back to bad practices and they're not using what they've learnt on NBGM, that somebody from NB will be able to keep in touch with them and say, actually, remember what you have learned'. New Beginnings aims to enable families to develop a close peer support network within their community and, for those that want to, they can go on and train to be peer mentors for future cohorts of NBGM parents. Whilst women do indicate that they will continue to 'see them again' and 'probably stay in touch' – with the other women from the programme - only two of the women that completed phase one of the programme were going on to complete the peer mentor training. The ending of the programme is therefore raised as a particular concern for families that do not go on to be peer mentors, and professionals suggest that there could perhaps be a more gradual end to the programme or 'a buddying system'.

The peer mentorship programme following stage 1 does, however, allow parents to contribute to supporting future cohorts, which also adds to their own support network. Professionals working with the two women that are going on to be peer mentors feel that this element of the programme will be effective in and hopefully 'keep them safe' (P1). P3 also feels that this will offer women the structure and confidence to maintain what they have learnt, whilst helping them to look to the future: 'actually it's making her feel so worthy. At the end of it, that you know she's grown from it to such an extent, and then she's able to take a leading role in it' (P3). Families are also positive about the future at the end of the programme and, although Annie and Cookie both feel upset that the programme has come to an end, they are excited to be starting 'peer mentoring tomorrow'. Donna, in particular is pleased that she will be able to take a role in the programme that will help towards her future career plans: 'It's something I want to do. I've got a level 1 in H&SC [...] I want to be a domestic violence support worker when Little Man's a bit older'.

One of the NBGM staff explains, however, that the 'ending' of stage 1 of the programme has been a learning experience for her. She explains that NBGM did not anticipate that anyone would complete the programme, not want to become a peer mentor, but still want to remain in contact with the team and this is the case for two of the women that completed the course. The NBGM team, therefore, recognise that core staff and parents attending the programme 'should grow together in a way that meets the needs of the families. This will evolve over time'. Consequently, since the interviews were completed, NBGM staff have continued to work with both families that did not become peer mentors and have moved into 'befriender' roles. Staff meet with the families once a month, attend meetings when families feel that they want this support, and help families access any specialist support, such as legal advice. All the professionals that raised the 'ending' of the project as a concern have been made aware of this continued support.

Families that should be able to access the programme

The cohort of families involved in the NBGM pilot project were referred because they were identified as having children on a CPP. A further family was referred because they had a TAC level 3, although this did not initially meet the referral threshold. While families did not discuss which families would benefit from NBGM in the future, all professionals interviewed, including New Beginnings core staff, felt that the programme should be available to a broader range of families; it should be offered as part of an early intervention programme, before people 'hit real crises points' (P5), rather than just to those 'on the higher end of CP side'. One NBGM core worker also felt that a 'self-referral' pathway could be developed for families.

More generally, one professional felt that the programme should not focus on families from one area because they felt that families might know each other, 'not for good reasons' (P1), and this could affect the outcomes of the programme. P4 also felt that it would be beneficial for members of families, such as grandparents, aunts etc., to engage with aspects of the programme so that they could understand their impact on the family and/or the ways in which they might support changes.

NBGM core staff also continued to work with one parent that had requested to stay in touch, although she had 'stepped off' the NBGM pilot. She had stepped off because of several factors in her life that meant it was not the right time for her to commit to the NBGM programme. By seeing her informally, NBGM staff were able to talk with her about aspects of her life that she was struggling with, and support her to prepare to join the next cohort of families engaging with the programme. As a result, NBGM staff feel that work with families that are preparing to join NBGM should be built into the programme.

Programme structure and resource:

As noted, professionals involved with families accessing the programme are supportive of the intensity of the programme and the range of activities available to families in order to provide holistic support. Three parents express preferences for specific activities, but enjoyed them all, whilst Donna did not enjoy the group sessions and chose to 'opt out'. NBGM staff were able to adapt their approach and worked with Donna and Christian on a one-to-one basis.

All professionals, including NBGM staff, felt that the programme had been a success and should continue and grow in the future. They also, universally, felt that the programme should expand, but in order to meet the demand they anticipate, the programme would need adequate funding. P1 says, for example, that the programme needs a 'proper team' and whilst P3 feels that NBGM should expand, they note that the project must have 'the staff and facilities to cope with this, you know, those levels of - however many there are - delivering that real close support that the woman have benefitted from, in the future' (P3). This is reinforced by one member of the NBGM core team who explains that the pilot project was delivered using limited staffing and resource and 'further funding would enable us to work more flexibly with families when we see a need'.

In terms of resources required beyond the immediate budgetary requirements of the NBGM programme, two professionals noted that, although they supported NBGM, being involved with the programme had increased their workload. This was because they had to attend NBGM review meetings and complete related paperwork, in addition to Child Protection meetings. P2 says, for example, 'They have the TAC meeting, and then they had to attend another review with [NBGM staff member] and the related paperwork 'It took up a lot of time what I've got limited time [...]'. This again involves resource allocation and workload management.

NBGM staff also suggest changes in the programme, which have resourcing implications. Core staff explain that at the start of the programme, parents were asked to not take drugs or drink alcohol during the group sessions. They all respected this and those who were 'occasional' users came to realise they were seeking support from these substances to ease the pain they were avoiding healing. The parent that stepped off the programme, but received informal support from NBGM staff, was a regular cannabis user, and staff came to realise that this was affecting her life and her children. As such, the NBGM team feel that the programme would benefit from having a specialist drugs/ alcohol worker to support parents with addictions and to help the team navigate related issue sensitively and appropriately.

In addition to this, families also make some suggestions for minor changes to the programme. Annie, for example, felt that the counselling was positive, but she would have liked to have time afterwards to 'just go and have a coffee for half an hour and reflect on what you've been speaking

about', before collecting the children from the creche provided. All parents also say that the summer break, when NBGM paused, was challenging. Mila, for example, says that she 'didn't like the break' and Cookie says the holidays, 'could've been a bit better by putting a couple more things in'. Linked to this, NBGM core staff feel that of all the group activities, the women enjoyed doing art therapy the most, but that the children did not experience this as they were at school. The team therefore feel that the programme should incorporate group art sessions with the children of New Beginnings families.

5. Cost/Benefit Analysis:

Accountants at Stockport Council have taken responsibility for the Cost Benefit Analysis (CBA) of the NBGM pilot project. At the time of writing this report they felt that to understand the longer-term cost/benefit outcomes of NBGM, they should conduct their full analysis at a point when changes within families from the first cohort have been sustained in the longer term.

Accountants at Stockport Council are, however, clear that the NBGM programme makes financial savings for the local authority. Taking the first cohort of the NBGM pilot project as an example, five children who were deemed at significant risk of harm were prevented from entering the care system. At the end of the first cohort's engagement with the programme the related families have been taken off child protection plans, two supervision orders that were in place have lapsed and children's social care have also ended involvement with all the families in the cohort. Subsequently, using Manchester Combined Authority's CBA analysis spreadsheet, the saving made to Stockport Council, if they had funded this phase of NBGM pilot, would be approximately £219,000 (see table below).

Cost of the 24 week programme	
Counselling and therapies	£4000
NBGM Programme staff	£28,000
Creche costs	£3,500
TOTAL Cost: £35,500	
Cost of Child Being placed in foster care	
£51,000 pa x 5 children	£255,000
Saving to the LA: £219,500	

As noted by the accountants at Stockport Council, this analysis does not take into account a number of additional factors. These figures are, for example, based on a child being in foster care for just 12 months when, in reality, children are likely to stay in foster care for longer. The accountants also note that, to calculate a more accurate figure, they need to consider costs saved elsewhere; two of the women from cohort one, for example, are now peer mentors and it should be considered how this impacts on cohort two, and two women have also progressed to vocational and HE education opportunities, one of whom has now gained employment. Such factors are important when considering how NBGM has saved the local authority.

The second cohort of parents - 12 women - have now started the NBGM pilot project. All of these families have children that are in the child protection process and/ or have care orders at home. Accountants therefore feel that it would be more beneficial to collate the findings from the first and second cohort and conduct a combined CBA, taking into account the impact that the peer mentors from cohort one have on the new cohort's learning.

For the reasons noted here, it has been agreed by the evaluation team that, rather than complete the CBA at this point, the figure is collated at the end of cohort two.

6. Conclusion

NBGM worked with 4 families to address the needs of the parents first so that they could then meet the needs of their children. By working collaboratively and holistically with families, this exploratory programme aimed to help them to keep their families together by addressing their needs and developing the skills required to:

- become better parents;
- turn their lives around;
- to reach their goals and fulfill their potential;

This evaluation broadly also aimed to:

- Understand if the approach used in the pilot project led to more productive professional responses to complex families and if, in turn, this resulted in better outcomes for families.
- Draw on organisational data and family, and professional experiences, to evaluate the impact of the project on families and professionals; to assess lessons learnt, and to examine the cost efficiency of the project.

Although it should be recognised that the pilot project was small in scale, working with just four families for the full 20 weeks of the first stage of the programme, the evaluation found that at this 20 week point, NBGM had supported families to take significant steps towards achieving the programme aims. The following section provides a summary of outcomes that indicate this, as well as lessons learnt and/or considerations for future programme delivery:

- As a result of completing the programme, parents were able to process past experiences, and reflect on how this impacted on their lives and parenting, and make significant changes to their relationships, including with their children.
- As a result, CSC involvement with all of the families that completed the pilot had been stepped down; CSC involvement and concerns were reduced, and families have been able to stay together and, in some cases, they have been reunified.
- Preliminary cost/benefit analysis also indicates that the NBGM has the potential to make significant savings for the local authority.
- Professionals and families report that families have a better understanding of safety and risk, including an improved awareness of the impact of their past abusive relationships on their children, and why they were referred to the programme. They have made significant changes to the way in which they parent and recognise that previous approaches impacted on their children's well-being. This, in turn, has resulted in the home being a safer environment.
- Relationships between parents, their children, professionals, their wider families and their peers have also changed. Parents and professionals report that parents are more present and better able to communicate with their children, and the quality of relationships between parents and children is much improved. The relationships between NBGM staff and parents is significantly better than those previously described with other professionals and understood to be central to the therapeutic process. Although there is little discussion of change in one-to-one relationships with social workers etc., and professionals, families universally report that parents are more assertive and engaged in discussions in meetings that affect them and their children. By working in group settings, parents have also gained immediate peer support and it is hoped that these relationships will continue into the future.
- Professionals and parents report changes in confidence in parenting and, more broadly, women describe improved self-worth and articulate positive ambitions for their families in

the future. This is so much so, that two are looking to complete a HE course leading to a vocational qualification and another is seeking employment.

- Professionals, including NBGM core staff, feel that peer mentor training is an important aspect of ensuring that families are supported to maintain change after the end of the first stage of the programme. Professionals beyond the core team do, however, note that a robust process should be established to ensure that all parents, including those that do not move on to the peer mentoring scheme, are supported appropriately. As noted previously, since the time of the interview, NBGM staff have moved into the role of 'befriender' and have continued to support the families from cohort one that did not become peer mentors. In addition to this, the NBGM team plan to hold regular celebratory and reunion events for families that have graduated from the programme. Between April and July, for example, families' work will be exhibited at the 'Face the Feeling Exhibition' at People's History Museum, Manchester. As part of this, there will be a launch event and a celebration party for families from cohorts one and two, and all professionals and stakeholders involved. For more information, see <https://www.newbeginningsgm.com/face-the-feeling-exhibition>
- Professionals that are not NBGM core staff raise some questions about the ways in which NBGM and CSC work together. The experience is reported to be mostly positive, and some suggestions are made about streamlining some processes, for example, combining meetings. There were also some questions relating to the fact that NBGM worked differently to professionals within broader CSC and that these approaches could be more integrated.
- All professionals and families felt that NBGM should continue into the future and should also be 'opened-up' to a broader range of families, and should be introduced as part of early intervention services. It is worth noting here that the intensity and content of the programme may need to be adjusted according to the needs of families in each group.
- A number of issues were highlighted relating to resourcing and staffing of the programme. All professionals felt that the programme required sufficient resources to support a team big enough to meet the anticipated demand for the programme. More specifically, NBGM staff felt that the programme should provide services to those families that were *preparing* to engage with the programme and that families would also benefit from NBGM having a dedicated drug and alcohol worker. Families also said that the programme could offer more activities during school holiday periods, and, linked to this, NBGM staff felt that the programme should access additional funding to support art therapy sessions with children in families.

Addendum May 2019 by Jadwiga Leigh

The evaluation reports on the findings of interviews conducted with parents and professionals from Cohort 1 which ended in December 2018. At that time, we did not know what the future would look like for those parents who became peer mentors and those who decided they did not want to do the peer mentoring training. In addition, in February 2019, Cohort 2 began. This time 22 referrals were received and 14 women were accepted onto the programme. All had children either on child protection plans or were in public law outline (PLO) or had children on either supervision orders or a full care order at home. This addendum has been added to the evaluation to update the report in terms of what happened to the parents from Cohort 1 and at week 13, what has happened (so far) with the women on Cohort 2.

Cohort 1

Of the four women who completed New Beginnings, two (Cookie and Mila) completed the peer mentoring training. Their role as peer mentors has been threefold. They attend group sessions with Cohort 2; they lead family day activities and they informally support and monitor the Facebook group. They are also due to become parent advisors for the New Beginnings advisory board that takes place every 6 weeks. They are currently be trained for this role by Surviving Safeguarding Annie.

During group session with the Cohort 2 parents, the peer mentors' contributions have been important as they have provided parents who are struggling with insight and support. For example, in a recent group session when discussing the impact of anger on children, both Cookie and Mila empathised with a parent who had difficulty seeing how her anger was affecting her son. Using their own experiences, they were able to provide examples of what they had felt in similar situations and how they had learnt to rethink their parenting methods by visualising their child whenever they were angry and, in turn, reconnecting with their children's needs rather than their own.

Similarly, on a family day activity, Cookie was able to show the other parents how to stay calm with their children; how to have fun and play with them whilst still making sure they were safe. Cookie did not say to the Cohort 2 parents, "this is what you need to do"; she showed how to parent by doing it naturally and because she did it well, the other parents started to mirror her behaviour. Cookie is going to now lead the next two, family day activities which will take place at the allotment.

Both peer mentors are able to support parents informally on the Facebook group. When issues emerge they offer advice and if something comes to light that is of concern, they support that parent to talk to the NBGM core staff team for further support. They have also organised a surprise baby shower for one of the parents on Cohort 2 who is soon to have a child. These activities take place without NBGM staff being present.

When asked what they thought of New Beginnings, now they were in the role of peer mentor, Cookie said: “New Beginnings has changed me so much, as a mum and a friend, and I can truly say that I am in a good place now because of it. I’m so glad I said yes to doing this because it has given me something greater- a family outside of my own. I love where this is all taking me in life”.

The two parents who chose not to complete peer mentoring training, did however ask to remain involved with/ connected to New Beginnings. Although Annie now facilitates her own contact with her son, she still remains in regular contact with Leanne (keyworker), the peer mentors and the rest of the NBGM team as she embarks on the next challenge in her life: moving house. Donna and Christian ask to see their keyworker (Jadwiga) every few weeks for a coffee and general chat. Recently, Donna and Christian rekindled their relationship and as a result, Donna contacted Stockport social care team to ask for a risk assessment to be carried out as she was aware, given previous historical issues, there would be concerns. Jadwiga has been able to support Donna and Christian by contributing to professionals’ meetings and representing their views. She has also supported the family to change schools so that their children can attend a school that is much closer to the family home. When asked what Donna thought of Jadwiga still being part of her family’s life, she said: “Me and Christian think her support is amazing as she is lovely and joyful to be around. We have been in some dark places over the last year but with her support we are now able to see the rainbows”.

Cohort 2

Although Cohort 2 began with 14 women, 5 left within the first few weeks. 4 felt it was not the right project for them primarily because of its intensity and the group work (getting to know new people). 1 parent moved to receiving support in a befriender capacity. Despite the 5 women leaving, they were not left alone. Continuous support was offered (and in 3 cases accepted) either through a befriender role or through our counselling service.

For the past 13 weeks therefore, the NBGM core team (Leanne, Jadwiga, Michelle, and Kat) have been supporting 9 women. Of the 9 women, 5 have children on child protection plans (1

of which is in PLO); 2 have children on supervision orders; 1 has a child on an interim care order and 1 on a full care order.

This time around, we also accepted a self-referral from a parent who'd had two children removed from her care and was pregnant expecting her third child. This was new territory for NBGM, where our primary aim is to work with parents who have children 'in their care'. However, we are pleased to announce that this change in our approach was a good to decision to make as the parent has completed the pre-birth assessment and her baby is coming home.

The support required by this group has been more intense due to the higher number of families being involved as well as there being more complex needs to support, due to the children being on child protection plans or care orders. We have, however, learned a great deal during these past few weeks because of a number of factors.

We have learned that in comparison to Cohort 1, social care professionals rely on NBGM core team more heavily. This may be because of ongoing or previous court proceedings; decisions being made by a professional which significantly affect the parent and their children, pre-birth assessments taking place and there being more meetings to attend for each family due to their status in the child protection process. Although many of the families are moving forwards towards their goal of ending involvement with children's social care, there are some families who have needed more intensive support from both the core team and its support team, which has included: the Mosaic service (drugs worker), our counsellor and our peer mentors.

In addition, early on in the programme, two of the families' situations changed significantly as their children became looked after. As mentioned previously, this is new territory for NBGM which works with parents who have children in their care. Nonetheless, it is an area in which we now operate and are learning to develop in partnership with the parents we support. As has been mentioned earlier on in this report, the ethos behind New Beginnings is to learn from the parents as much as we (the team) support parents to learn, and it is this practice of co-production that we believe will lead the way forwards for all involved: the team, the families and the professionals.

Summary

As we near the end of Cohort 2, we have started to think about the future and what is required if the project is to be sustainable. We recognise that we have a high success rate because of the way we work **with** families **and** professionals. We have learned that success can be defined as

supporting parents to end their involvement with social care professionals and providing continuous support even when their children are no longer in their care. Despite the level of support we provide being intense and requiring in depth involvement from the NBGM team, the cost of our service is incredibly low in comparison to what it would cost to finance alternative support services for children in foster care and parents who then have to live without their children.

Due to the way in which we work, we have demonstrated that although we operate in an area of high risk, the service we provide lowers risk. Even though the group (and 1:1) content of our sessions covers subjects that relate to trauma parents on the project have experienced, the high level of support provided during and after discussions enables and facilitates conversations and activities that promote self-care and safe parenting.

NBGM consists of a team which is highly skilled and, more critically, experienced. We recognise that our project supports a wide range of families with an array of extremely complex issues that not every practitioner has the skill set to manage. However, because of our honest, participatory and inclusive way of practice with parents and also professionals, positive change has been evidenced by all of our families. These transformative outcomes are therefore not only beneficial for the parent but also their children, the professionals involved and wider society as a whole.

Useful Resources:

Brown, A. (2018) *Two Backpacks: Learning their Story and Building Relationships with a Trauma Informed Perspective*, USA: CreateSpace Books.

Dubi, M., Powell, P. and Gentry, E. (2017) *Trauma, PTSD, Grief and Loss: The 10 Core Competencies in Evidence-Based Treatment*, USA: PESI Publishing and Media.

Family Rights Group <https://www.frg.org.uk/>

Fischer, J. (2017) *Healing the Fragmented Selves of Trauma Survivors*, USA: Routledge

New Beginnings Website <https://www.newbeginningsgm.com/>

NSPCC – Children and Families at Risk:

<https://learning.nspcc.org.uk/children-and-families-at-risk/looked-after-children/>

Public Engagement Fund (TUoS)

<https://www.sheffield.ac.uk/pre/public-engagement/resources/funding>

Stockport Family: Our Story

https://assets.ctfassets.net/ii3xdrqc6nfw/1KYmvVLEEsAKuwQacqo/1ccfe56b1b8c900d4b505af9d0dd4136/Stockport_Family_Our_Story.pdf

Stockport Multi-Agency Guidance on Levels of Need:

<http://www.safeguardingchildreninstockport.org.uk/wp-content/uploads/2017/04/Stockport-Multi-Agency-Guidance-on-Levels-of-Need.pdf>

The Stobbe Organisation:

https://translate.googleusercontent.com/translate_c?depth=1&hl=en&prev=search&rurl=translate.google.co.uk&sl=nl&sp=nmt4&u=https://www.cigvlaanderen.org/&xid=17259,15700023,15700043,15700186,15700191,15700248,15700253&usg=ALkJrhghlA1wOOmESZduYyJyvhlqfVjYXw

Walker, P. (2013) *Complex PTSD: From Surviving to Thriving*, USA: Azure Coyote

Working Together to Safeguard Children:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/779401/Working_Together_to_Safeguard-Children.pdf

Glossary of terms.

CP – Child Protection: This refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm. If a child is deemed to be at risk of significant harm an initial child protection conference may be required. The initial child protection conference may conclude that a child is at risk of significant harm and therefore a protection plan is required.

CPP - Child Protection Plan: The aim of a CPP is: to ensure a child is safe from harm; to prevent them suffering further harm; to promote the child’s health and development; to support the family and wider family to safeguard and promote the welfare of their child, provided it is in the best interests of the child.

TAC - Team Around the Child: This refers to the family members and professionals that surround and support a child. In Stockport, children who have been assessed as ‘in need’ under section 17 of the Children Act 1989 are defined as requiring a Team Around the Child (TAC) tier 3; this is managed by a social worker. TAC Tier 1 and Tier 2 are early help levels and families require an Early Help Assessment (EHA) and plan; these can be managed by a professional from any agency. At every level the lead professionals will bring together the relevant family members and professionals to develop a plan of action that is frequently reviewed.

CIN – Child in Need: A child in need is defined under the Children Act 1989 as a child who is unlikely to achieve or maintain a reasonable level of health or development, or whose health and development is likely to be significantly or further impaired, without the provision of services; or a child who is disabled. A child in need may require a child in need plan after being assessed by a social worker under S17 of the Children Act 1989. Children in need may be assessed under section 17 of the Children Act 1989 by a social worker

SGO - Special Guardianship Order: A Special Guardianship Order is a legal order which states that a child will live with someone who is not their parent on a long-term basis. The court awards a special guardianship order and the person who holds the special guardianship shares parental responsibility with the parents but holds a higher percentage weighting.

SO – Supervision Order: A court can ask Children’s Services to “supervise” how the parent cares for their child under a supervision order. A social worker will agree a contract or supervision plan with the parent, which will set out what is expected of the parent and the help the social worker will give.