

Evaluation: New Beginnings
Greater Manchester – Peer Mentoring Project

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Acknowledgements

I want to thank all those who contributed their views on New Beginnings Greater Manchester's (NBGM) peer mentoring component. This includes the staff of NBGM and of Mosaic Drug and Alcohol Service, as well as the parents and peer mentors. I want to express particular thanks to Dr Jadwiga Leigh, Director and Programme Lead, who supported the evaluation at every stage and went beyond what could have been expected to engage the parents in the work and to make sure that, wherever possible, they connected with the evaluator and had their voices heard.

In addition I want to thank Professor Jill Manthorpe for her helpful comments on an earlier draft and to acknowledge the contribution of Ann Banks, of First Impressions, who transcribed the recordings accurately and returned the transcripts remarkably quickly, and William Baginsky, of In-edit, who applied his editorial skills to this manuscript.

Despite all the input, the content is the responsibility of the author alone.

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Section 1: Background

1.1 New Beginnings Greater Manchester (NBGM)

New Beginnings Greater Manchester (NBGM) is based in Stockport and was inspired by the research and practice of Jadwiga Leigh (2013),¹ and Imogen Tyler's (2013) work on the maternal commons.

NBGM's mission is to:

...work holistically with families who are known to children's social care for concerns relating to neglect; emotional, physical or sexual abuse. Parents who find themselves in this situation have most likely experienced prolonged episodes of trauma, such as physical, sexual and emotional abuse, often within the home, at some point in their lives. These traumatic events can lead to issues with mental ill health as well as drug and alcohol misuse. Our vision is to work closely with parents so that they can develop the strength, knowledge and power to become the parents they want to be and in return, teach other parents how to do the same. (www.newbeginningsgm.com)

NBGM works in partnership with Stockport children's services but is independent of that agency. It is led by Dr Jadwiga Leigh, an academic at the University of Lancaster and an experienced social worker, supported by a team of three key workers – a social worker, a nurse and a family support worker. A counsellor, holistic therapists and an artist also support the programme. In addition to being in contact with children's social care, most of the parents are in the pre-proceedings process.

There are examples of similar programmes, which adopt a peer mentoring element, in the USA, for example the Mendocino County Family Services Center in California (Frame et al., 2006) and the Parent Partner Program in Colorado (Anthony et al., 2009; Leake et al., 2012). However, this seems to be a unique example of peer mentoring within the children's social care sector in England, although a number of parental advocacy programmes that have been reported (e.g. see Featherstone and Fraser, 2012 and Lindley et al., 2001).

The 24-week NBGM course is designed to allow parents to explore who they are, their past life, their family history, their potential futures, their parenting practices, and the ways in which they can

¹<https://translate.google.com/translate?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> (accessed 1/08/22)

reflect upon and improve their parenting. During this time, members of the NBGM core team work empathetically with parents, using a range of strategies and therapeutic approaches to explore these issues in a safe space. At the end of the 24 weeks parents are offered the opportunity to complete a four-week peer mentoring programme, and parents who complete this programme may then become mentors to the new cohort of families entering the programme.

The peer mentoring work with parents is based on a holistic approach to support them to meet the needs of their children. It is also based on a number of assumptions, including the hope that parents will take inspiration and motivation from the fact that the mentors were in similar positions to theirs and now have their children with them and/or are no longer involved with children's services (Cohen and Canan 2006; Young and Gardner, 2002). Peer mentors are paid for their time in shopping vouchers at a rate equivalent to £10 an hour. They are also provided with a work phone and laptop so that they can conduct their work.

1.2 The evaluation

The 24-week NBGM programme was evaluated when run with parents in Cohort 1 (Walsh et al., 2019). The evaluation in this report focuses on the peer-mentoring element attached to the NBGM course that commenced in February 2020 with parents in Cohort 3. The peer mentors – graduates of Cohort 2 – worked with a group of seven parents in Cohort 3. The evaluation was designed to:

- capture the reaction of peer mentors to their training and preparation for the role of peer mentor
- understand how peer mentors felt in their new role near to the start of their interaction with families and at the end of the 24-week course for families
- understand how the NBGM group work sessions were structured so that peer mentors could effectively meet and contribute to the new group of Cohort 3 parents who would themselves be potential peer mentors
- explore how Cohort 3 parents benefited from contact with peer mentors
- review, in group work with core staff from NBGM, the rationale and implementation of the peer mentoring scheme.

It was a limited exercise that took place between March and July 2020. The original plan was to:

- conduct group interviews with NBGM staff in March and June
- interview a representative of the organisation (Mosaic) providing peer mentoring training
- conduct interviews with the peer mentors in March and June
- conduct group interviews with the parents engaged in the project
- interview a matched pair (family and peer mentor) to understand in more detail the dynamics of the relationship.

In March the COVID-19 lockdown started when the course was at week five. This meant that the staff of NBGM had to move the course, the mentoring and the supervision of the mentors online.² The evaluation was reshaped to take account of the situation. The week before lockdown the evaluator had intended to visit NBGM to conduct the initial interviews. The government strongly recommended that only essential travel should take place. For this reason and because the evaluator would have been travelling from the south-east where the infection rate was higher than in the north-west, it was agreed with the Director of NBGM that initial interviews with peer mentors via a video link would go ahead on the day when the visit would have taken place and other interviews would be arranged as soon as possible afterwards. In the event all the interviews were conducted remotely – in March/April, Time 1 (T1) and July, Time 2 (T2).

The following elements of the evaluation contributed the data upon which this report is based:

- Joint interview with the two peer mentors at T1 (video link) and separate interviews with both at T2 (one by video link and one by telephone)³
- Group interviews with three members of the NBGM team at T1 (telephone) and T2 (video link)
- An interview with a representative from Mosaic, the organisation providing peer mentoring training (telephone)

² To understand more about the transition of NBGM onto an online platform, see a short video by Dr Amanda Taylor Beswick (<https://www.newbeginningsgm.com/moving-groupwork-online-during-covi>) and a blog by Dr Jadwiga Leigh and colleagues (www.newbeginningsgm.com/post/ordinary-magic-and-the-new-beginnings-maternal-commons).

³ There was a third graduate of NBGM who undertook the training and supported some training sessions but did not act as a peer mentor and so was not interviewed.

- Separate interviews with five parents in April (T1) and July (T2) and with one parent only in April
- interview with the director of NBGM at T2 (video link).

All the interviews were digitally recorded with the permission of interviewees and then transcribed. They provided extremely valuable information. However, it is worth noting that the parents had not met the evaluator previously and although they engaged well, given the sensitive nature of the subjects that were covered, it is likely that engagement would have been stronger if the interviews had taken place face to face. In addition, as a result of some of the interviews taking place with parents on the phone they were often at home and busy with their everyday lives which made it difficult to explore the relationships they had developed.

A realist approach was adopted towards this evaluation. The intention was to capture the mentors' and parents' accounts of their experiences, as well as the accounts of those providing the NBGM course and mentoring training. This determined the interview questions and discussion guides and, in turn, how the analysis was conducted. The six-steps described by Braun and Clarke (2006) provided the framework for the analysis of the data: familiarisation with the data, generation of initial codes, searching for themes, reviewing themes, defining themes and writing up.

It is important to acknowledge the limitations of the evaluation. The most significant is the scale of the project, which involved only two peer mentors. The third peer mentor had unfortunately fallen ill during the pandemic and was unavailable for the majority of the programme. The two peer mentors who had trained previously had not remained in practice, but it would have been interesting to have examined their experiences. It did not seem appropriate to engage with them virtually; in normal conditions face to face interviews may have been feasible. Similarly, and with permission, it would have been interesting to observe some NBGM sessions to see how the mentors and parents interacted and how the mentors contributed to these sessions. It would also have been informative to have collected the views of staff in children's social care on peer mentoring, including from social workers working with the mothers (Cohen and Canan, 2006). Although this was not planned it would have been possible to have done so if the restrictions necessitated by COVID-19 had not been in place and when researchers and evaluators were asked by the Department for Education not to place additional or unnecessary burdens on children's social care.

1.3 Identifying the peer mentors

The staff of NBGM described the process by which peer mentors were identified. They gave a hypothetical example of someone whose case had moved on from public law care proceedings and was now a Team Around the Child (TAC) case.⁴ They would explore with them what had been effective in terms of their own transformation and how that might be able to be used to help others:

...so I think that's what we'd be looking for, is that positive progress in terms of the family being in a better place and the parent having developed insights about themselves. (NBGM staff member 2)

1.4 Matching the mentors and mentees

The peer mentors and parents were matched at around week 3 by the NBGM team members based on their observations of both groups during the early weeks of the course.

⁴ The TAC is a group of people, including family members and professionals, who will work together to support the child and family. One situation where a TAC is used is a case is stepped down from a statutory intervention.

Section 2: The peer mentoring course

The training for the peer mentors is provided by Mosaic Drug and Alcohol Services which is based in Stockport children's social care. Mosaic provides support for young people under 26 who have problems with drug or alcohol use, as well as for families and young people affected by those who are misusing. The service is unusual in that many drug and alcohol services designed for young people are for those who are 18 and under, with those over 18 moving into adult services. As a result, Mosaic is or has worked with some of the families involved with NBGM.

The service has provided peer mentoring within the drug service since 2011. Its accredited training is well established and those working in Mosaic have considerable experience in managing and working with peer mentors in relation to recovery. The peer mentoring training is supported by the Skills Funding Agency (SFA) and, as a result, the organisers are able to extend its training to those over the age of 26.

The first peer mentors were two Cohort 1 graduates of NBGM.⁵ Mosaic offered a separate training course for them although the content of course was identical to that offered to their own peer mentors because this was requested by the parents. The level one course consists of three modules over a four-week period covering, amongst other things, definition of mentoring, listening skills, interventions and boundaries. The decision was then taken that three graduates of NBGM's Cohort 2 who wished to become peer mentors should train alongside Mosaic peer mentors so that they could share learning. It was felt by Mosaic that as there was no hierarchy to what 'experience' is, all experience should be considered as valid for each person.:

We felt that everybody's there with lived experiences of different things, but... they all want to be a peer mentor, they've all been traumatised in some way or another, and mixing the groups worked really, really well. (Trainer)

This also allowed Mosaic to meet the target number on a course to access SFA funding.

Although three NBGM Cohort 2 graduates were trained, only two acted as peer mentors to Cohort 3 mothers because the third peer mentor fell ill; the third supported work in the sessions however,

⁵ For reasons not explored in this work they did not assume full mentoring roles with Cohort 2 NBGM participants.

which the other two also did. Only the two who were operating as peer mentors contributed to the evaluation. Their feedback on the training was more positive when they were interviewed in the initial stages of supporting mothers than towards the end of the NBGM programme when it had been put into practice. When asked if there was any area in which the training could have better prepared them, two were mentioned at T1:

1. *Drawing and maintaining the line between mentor and friend:* While how to manage this was covered in the training, as well as by NBGM staff, the mentors spent time during the training, as well as in the mentoring role, with people whom, in other circumstances, they could be friends. This line was a difficult one to maintain and one to which they returned on several occasions during the interviews.
2. *Hearing about difficult situations:* Although the training had covered different situations and groups it had not prepared them for what they heard in the NBGM group:

...they give us situations but it's nowhere near as complex as the situations for mums on child protection, you know...it's deep stuff that they're going through with their kids and, obviously, it's like you don't really know whether you've just got to take things at face value... They could be absolutely lying about what's happened, but all you've got to do is have a smiley face and support them, because we're not allowed to judge them – which we don't anyway. But that wasn't covered on the training. (PM 2, T2)⁶

By T2 this mentor was able to be more definite both about the sufficiency of the training and about the areas where she believed she needed further training. These related to the complexity of the lives of those she mentored; her experiences as a peer mentor led her to understand that she would benefit from a deeper understanding of mental health, domestic violence and sexual abuse.

Furthermore, she thought that the assessment of the training could have been more challenging:

You went through the questions with the answers on the board and then you wrote them in the booklet. I think you should do the session, go home and then do your booklet. (PM2, T2)

The other mentor continued to think that the training had been enough, although she admitted to feeling out of her depth because issues she was encountering were outside her experience and expertise. She did not link this with a lack of training but with her own inadequacy:

⁶ Basic child protection was included in the training but this peer mentor considered the situations which she encountered required knowledge and skills beyond those covered on the course.

In terms of what I went through with the social workers, I never had CAFCASS, I never went to court, they (children) went into foster care and I got them home within ten weeks, so it was quite fast...I don't think I've experienced as much as some of them have at the hands of social services. I've obviously had my own experience with them, but some of them have got really deep stuff going on. (PM1, T2)

Section 3: Peer mentoring from the perspectives of NBGM staff

Peer mentors were valued very highly by all the staff working on NBGM. In the short time they had been in place they were considered to have made a substantial contribution to the course and to the parents. As part of the role, they had mediated aspects of the course to help with parents' understanding of what was being asked of them. So, for example, on the course there were sessions on how the use of language and communication styles are pivotal to the relationship with their social worker, including the importance of maintaining eye contact, listening to what is being said and calmly presenting their point of view. According to the NBGM staff the peer mentors have been extremely helpful in supporting these messages and giving their accounts of how changes in their own behaviours had improved the relationships they had with professionals. However, probably the more significant role which peer mentors played was to maintain contact with parents throughout the programme, to offer support and advice. Feedback from parents to NBGM indicated that this had worked very well.

All staff were aware of the risks of running a peer mentoring scheme but believed the proper safeguards were in place and the advantages were becoming obvious. The peer mentors had passed on concerns they had and, in the view of NBGM staff, because they have had similar experiences to the parents, they sometimes picked up on things that professionals had missed:

I had a case recently where Mum is struggling and has been for a while with alcohol use, and the peer mentor had been talking to her about addiction, physical dependency, and concluded that the reduction plan was pointless because it was not a matter of harm reduction, but rather a matter of rehab or escalation to a more intensive service, and I hadn't seen it that way. But she was absolutely right and I pressed into this with the parent and sure enough, it's all come out: the secret drinking, the hiding of the rum bottles, the going out to the shops for half an hour and having whisky or vodka and coke cans and not telling anyone. So we are now providing a more intensive service for her. Although it's still in child protection, the social worker has told me that, if it were not for this insight from the peer mentor and the ongoing support, including her daily calls to Mum to see how she's doing, how she's getting on with her reduction to abstinence plan, her cravings, her coping strategies, how she's planned her day to keep busy, it would be in court proceedings.
(NBGM staff member, T2)

In the course of the discussions with staff members one recalled having driven the peer mentors to an event where they were going to describe their work. He said that it was only on that drive when listening to their conversation that they had realised how little they knew about their lives, which they described as the 'unknown unknowns'. This account came from a very experienced professional facing the fact that he did not understand the lived experience of people who, in different circumstances, could have been his clients:

...it was like I was in another universe, and I thought that I knew parents, I thought that I understood their subjective experiences, I thought I had a good handle on social work, and I realised, oh, my goodness, I didn't know all that much...Listening to their experiences, their understanding, their intelligence, their education, their wisdom and also their insight.
(NBGM staff member, T2)

It had brought home to this member of staff the dimension of contextual understanding which peer mentors brought to the NBGM programme. Similar experiences, including their input on the course, reinforced the belief that the peer mentors were partners in, rather than a supplement to, NBGM.

When asked about the timing of the peer mentoring training, following as it did straight on from the NBGM course, staff members said they had been giving this some thought. On balance they thought it was the right model, arguing that the peer mentors were still on 'a journey of recovery'. Whilst they were supporting parents, they were still part of NBGM which meant they had ongoing support and were not left to manage alone. Similarly, the peer mentoring training was viewed as a way of maintaining contact with each cohort. However, this led one staff member to question whether the community resilience they were hoping to create in the women was too connected to NBGM. It was suggested that this was the result of fewer opportunities being available for informal support in the community as some children's centres had closed and a number of voluntary organisations had stopped operating in the area.

Section 4: Peer mentoring from the perspective of the peer mentors

It is important to appreciate how different the situation in which the peer mentors were operating during the evaluation was compared with what they had expected. From the fifth week the programme had moved online. The staff of NBGM made a significant effort to enable parents to connect with sessions, making sure they had smartphones and data. One mentor reflected on what a very different experience this was for the women in Cohort 3 compared with the course she had experienced. Instead of all being in a room together they had only been able to see the person delivering the course and just one participant could come on to the screen at any one time. As a result, they spent a great deal of the time on the end of a telephone and using the chat bar to communicate. Even though considerable effort had been put into engaging them in the project, one mentor thought it could not compare with the usual model and she wondered if this group would need more post-programme support than previous cohorts.

An important feature of the peer mentors' experience that cannot be divorced from the role they played was the respect which they said they received from all those involved in NBGM. Not only were they involved in delivering the sessions within the NBGM programme and mentoring the mothers, they had also been involved in appointing staff. While not all their encounters with social workers had been negative, many had been. Now to be working alongside professionals whom they knew recognised their struggles and achievements gave them the confidence to believe they could succeed in this role and that they had the potential to re-enter formal education, gain qualifications and seek employment.

In normal times the peer mentors would see the mothers at sessions and have the chance to catch up in the breaks. The reality of the virtual programme meant that the downtime disappeared and probably meant that more demands were made on the mentors' time. One said that her telephone was on Monday to Friday from 8am to 7pm:

I don't find it bothers me. I've arranged appointments, like they want me to ring later on a meeting or something like that, and then support on the phone, if they want a phone call. I've had a meeting with one of my girls and one of their key workers to go through a reduction plan because that person needed that help. They know my phone's on that time, but if they want a set time, then we'll make an appointment. Some girls want me to remind them of appointments as well, so I put all that into my work phone on the calendar, so it automatically comes up, so I text them and say, you've got this appointment, or ring them.
(PM2, T2)

Both mentors admitted to not having had a clear idea of what would be involved when it was “suggested they might go onto the course:

At the end of the New Beginnings course, there was Mosaic workers that come and asked us whether we – it was obviously optional – whether we wanted to do it, and I didn’t really understand the importance of what we was doing, I just thought it was something to keep busy and a little qualification... (PM1, T2)

Both recognised that there had to be a divide between the support they would provide to a friend and that provided by a peer mentor. At T1 one mentor said:

I found that I struggled with the identity change of being the parent on child protection to becoming a peer mentor. I struggled with separating myself as the parent. (PM2, T2)

But by the end she was much clearer about the role and how to handle potential overlaps:

...they tried adding me on Facebook, I tell them, I'm not being nasty, but I tell them, I make it clear, I don't want them having my personal number, I don't want to be on social media, I'm not here as your friend, I'm here to support them. (PM2, T2)

At T2 Peer Mentor 1 was not as confident in the role as her counterpart. She put this down to a recent personal event with which she had had to deal as well as considering herself less well organised than the other mentor. However, the impact of peer mentoring happening during COVID-19 must not be underestimated. This mentor realised that under normal circumstances she would have been able to spend more time with the staff of NBGM; even though the staff were described as being available and very supportive it was not the same quality of relationship and natural progression that would have occurred if the lockdown had not been in place.

Peer Mentor 2 had also had a period away from the project following a bereavement and it had given her a chance to reflect on what it meant to be a peer mentor. She had received texts from mothers on the course to offer her support, which she appreciated. The time away had made her realise the responsibilities that went with the role. She reflected on the current cohorts on NBGM and concluded that not everyone should be approached to be a peer mentor. At the same time the responsibility was brought home to her still further when, on her return, she realised how her mentees had not received the support they needed and which she believed they would receive. Peer Mentor 1 had also had family problems to deal with during this time and recognised that she had not been as available as she would have wished. While the situation had been aggravated by the COVID-19 lockdown, Peer Mentor 2 thought that it went beyond that and that not everyone was suited for the role, or at least not at this early post-NBGM stage. It underlined for her why it was important to have a range of activities to allow graduates of NBGM to contribute to the programme.

At the present time peer mentoring training was the only a way of staying involved with NBGM when the programme ended. In the long term she feared this not only raised expectations that everyone who wanted to could be a peer mentor, it also risked offering inadequate, and potentially risky, support to parents in NBGM. She suggested that in the absence of alternative ways of staying in touch with NBGM an alternative could be to offer peer mentoring training without the expectation that being an NBGM peer mentor would follow.

The differences in approach to mentoring between the peer mentors was significant. One peer mentor was concerned that those she mentored would think she was prying into their lives:

...towards the end I just stopped ringing and texting as much because I felt I was a bit of a pest; I felt they felt like, oh, she's only messaging us to get information out of us. (PM1, T2)

She also felt that she was a 'fraud', as she came from the same place as the mothers she mentored and thought they might think, 'Who is she to be helping us?'. The other peer mentor believed she could negotiate that line and had a responsibility to do so and not let up. As noted above, her mobile phone was on all day and into the evening. She regarded herself as a professional but within the constraints of her role:

I continue with the ones that still want that help...because that's what a lot of them do need, I think. If you don't see them, and you only see them coming to group, that's why I think the phone is a good idea because I can tell that they've got no structure and routine in their life because of the way they speak to me. (PM2, T2)

At T2 Peer Mentor 2 saw her future within NBGM. The experience of being on the programme had changed her life and peer mentoring had convinced her that the future professional development she wanted to follow would be attached to this agency. Both peer mentors had recently experienced personal traumas and while it only made Peer Mentor 2 more committed to her path, the other mentor thought she needed to step away for a while:

I take that role very seriously and I feel like where I'm at right now, I'm not in a place to do the peer mentoring how I want to do it. I want to do it properly; I don't want to half-heartedly be doing it and at the minute I'm half-heartedly doing it because I'm so stressed with my own stuff which I'm trying to work on...as much as New Beginnings has helped me recognise and be more aware of my behaviour and be more aware that the way I used to be is not the right way to go around things...I'm still angry at the world. (PM1, T2)

She did not want to abandon the idea of being a peer mentor for NBGM in the future, but she was also considering mentoring in different settings as well as exploring university access courses:

That would not have been something I would ever have thought about, but New Beginnings has helped to change me. (PM1, T2)

Despite their differences in the paths that they were taking at T2, both peer mentors agreed that the NBGM course and the opportunity to be a peer mentor had been life changing. Both spoke about the professionals in NBGM with immense gratitude and respect.

Section 4: Peer mentoring from the parents' perspective

At T1 many of the parents found it difficult to distinguish their feelings about NBGM and their key workers from those about the peer mentors. Nevertheless, with encouragement they did focus on their peer mentors and were overwhelmingly positive about them, not least for the way they stayed in regular touch by phone and text throughout the COVID-19 lockdown:

They're both amazing women, both of them; they're very strong, they're all there for each of us. The little emojis that we send to each other on the chats, love hearts and blowing kisses and telling each other how amazing we all are, it really keeps us going because some of us are obviously having a rubbish time at the moment with all our difficulties and things, but we're just keeping all of our spirits up and it's lovely to see everybody, you know, egging each other on and making each other feel good and, like, welcome, and loved and...it's amazing. (Parent 3, T1)

In addition to this regular contact it was the element of 'availability' which stood out; all parents said they would contact their mentors if they had a problem or a setback and some had done so:

...it was a little while ago my son was playing up and I got a bit upset so she was telling me, I'm here if you want to rant and rave or scream and shout, I'm here for you to do that. So she's really good, she's amazing. (Parent 2, T1)

By T2 parents had no difficulty in focusing their responses on peer mentors rather than on the staff of NBGM; similarly, they were all able to distinguish what could be expected of a peer mentor as opposed to a friend. The distinction could have been difficult given the number of contacts that passed between them and their peer mentors and the fact that they turned to them in a time of crisis or stress or to tell them good news. However, parents were clear that there could not be secrets between the peer mentors and NBGM and if they were told something that concerned them it would have to be shared with the professional staff.

Most of the parents referred to taking inspiration from the mentors, especially as they had experienced many of the challenges they were currently facing. Parents who faced court proceedings found it very reassuring to be able to discuss this with the peer mentor who had also been through the same process. Some also spoke of being inspired by the fact that the peer mentors had managed to put their lives back on course:

(Look) how far she's come; she's got all her kids back, she's on the straight and narrow, so that makes me see that there is a light at the end of the tunnel...we've all gone through the same problems and that helps an awful lot as well, knowing that there's other people out there that...you're not alone, basically, so I value her a hell of a lot. (Parent 4, T2)

Several parents referred to how their peer mentors had helped them to communicate more effectively with their social workers and as a result the relationship had improved:

I have learnt that instead of getting angry at them, don't get angry, show them that you can hold your temper and stuff like that. And then presenting yourself, obviously you've got to be clean and dressed well and keeping on top of the flat and stuff like that. (Parent 1, T2)

I've not had a good experience with my social worker, and obviously I struggle to talk to her and stuff like that; I get dead defensive and obviously when I phoned (name) she said, don't get defensive, you have to co-operate with them, and stuff like that, and I've done that and it's helped me out. (Parent 5, T2)

At T2 parents assumed they would progress to the peer mentoring course. All the parents who were seen wanted to become peer mentors and were looking forward to embarking on the training later in the year (2020).

I definitely want to become a peer mentor because doing this has made me want to be able to help other people like myself because it's hard not having no-one to turn to. When I was in [names city] I had no-one. Moving up here I'm literally on my own, and I felt like I've had so much support it's unreal. So I want to be able to give someone else that. (Parent 4, T2)

While there were others who, like the mother just quoted, said they wanted the opportunity to support other mothers in the way they had been helped, others spoke of their distress at leaving NBGM and how peer mentoring was a way of staying in touch.

Section 5: Reflections on the findings and recommendations

If hope and motivation are powerful drivers toward individual change, then a model that provides regular contact with a parent mentor may be key to better child welfare outcomes for families. (Frame et al., 2010)

Peer mentoring within NBGM is built on the proposition that the mentors will be able to build relationships with families bringing their 'experiential experience' (Borkman, 1976) of children's social care and the child protection system. As well as shared experiences, the mentors live in the same communities as those with whom they work. The intention is that they make strong relationships and inspire parents to see what is possible, which had happened with the NBGM parents who were seen. Not only did the mentors provide practical assistance to help them navigate routes to resources and through children's social care requirements, they also provided emotional support and advocated for them in certain circumstances.

By the time the peer mentoring training begins the potential mentors have only recently completed the NBGM programme. In contrast, many of the programmes in place in the USA require candidates to wait for at least six months, and sometimes 12 months, after their cases have been closed (Lalayants, 2017; Williamson and Gray, 2011). They also usually have rigorous interviewing processes and assessment tools in place (Leake et al., 2012). The Mosaic peer mentor programme insists that someone has been drug free for 3-6 months. This rule was relaxed to work with the NBGM cohort, as it was identified that women still relied on the use of substances (mainly cannabis and tobacco) to cope with life stresses. Once peer mentors graduated, they understood the importance of the role and the importance of role modelling, thus reduced their use of cannabis/tobacco. Even though NBGM team would not allow anyone to work as a peer mentor whom they were not confident could fulfil the role, there is the expectation amongst parents that after the programme they do the peer mentoring training and will be peer mentors.

Compared with the extensive training required of peer mentors in the USA, a four-session training programme designed for peer mentors operating in drug and alcohol services does not appear to be sufficient for working in the child protection arena. The content of the current peer mentor training focuses on relationships and communication, skills which are central to mentoring and which the peer mentors benefit greatly from but knowledge of specific subjects relating to child protection and service provision are not covered even though they are also vital. NBGM did not have any pre-conceived ideas as to how or what they initially wanted the role of the peer mentor to look like when they embarked on a joint venture with Mosaic. However, the peer mentors only have their

own experience to draw on and feel they would benefit from an additional layer of child protection practice insight so that they can better support the parents they work with. Even the excellent channels of communication they have with the NBGM team, and the fact that they are aware when they need to refer a concern or question to the staff, cannot fill this gap. For example, experience of the child protection system equips peer mentors to provide insight and perspective, but it does not give them the depth of knowledge and understanding to go beyond that or to understand, for example, when they should or should not pursue a conversation.

NBGM has been immensely ambitious in introducing peer mentors and the appreciation that it drew from parents is testimony to the fact that they are needed. However, the evaluation has provided the opportunity to assess the model and examine how it may be strengthened. As a first step it is essential that NBGM considers what needs to be put in place to support those who complete the programme. While this may include continuing to work with a peer mentor, training to be a peer mentor should not be an initial part.

Based on the evaluation the following recommendations are suggested for the development of NBGM's peer mentoring programme:

- Introduce an expression of interest process for those completing the training and who wish to become NBGM peer mentors.
- Develop a rigorous application and assessment process where one of the criteria is that applicants must wait at least six months following completion of NBGM.
- Develop a bespoke peer mentoring programme that includes an aspect of supervised mentoring; this programme could be offered to other suitable candidates in addition to NBGM graduates.
- Conduct rigorous monitoring of outcomes for peer mentors and families working with them, alongside collection of feedback from the social workers attached to families working with the peer mentors.

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