



**Sheffield
Hallam
University**
Knowledge Applied

Project 6 - Fresh Start – Programme Evaluation

Undertaken by Sheffield Hallam University Department of Social Work
Social Care and Community Studies and ARC Research

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Executive summary: Project 6 - Fresh Start Programme Evaluation – a pathway study

Fresh Start work with mothers who have had one or more children recently accommodated by the local authority. The service aims to support women to take time out from parenting to address their loss, build resilience, increase well-being, and develop new skills for future living.

<https://project6.org.uk/fresh-start/>

Pathway Study

A pathway analysis model, utilising interviews, focus group and logic modelling was developed for the evaluation. Fresh Start seeks to address multiple and complex aspects of women's lives, and the pathway analysis aimed to identify how the various support mechanisms work together and how staff aims fit with service user experience.

An interview schedule was developed which was based around the participant's journey through Fresh Start and what the women thought was most important to them. Interviews were undertaken with staff (n 2 + 2 volunteers) and service users (n9) along with a focus group (n6). Data was subject to Framework analysis and mapped to a logic model.

Key themes emerged at each stage of the journey through Fresh Start, for example the initial emotional turmoil, lack of trust and fear experienced by the women created **barriers to engagement**

there's a lot of tricks and stuff done to me through social care, a lot of lies and I didn't trust the fact that this actually was a worker from Fresh Start.

which in turn were met with **facilitators** of perseverance and time to encourage engagement.

I've been given up on so much in my life, because people do find me very hard work to work with as well and I just thought, they'll give up, pardon my French, they'll fuck off, they'll leave me alone and they never did.

What did the women want and not want? They expressed a wish to be listened to, given advice and not be patronised. They valued the practical help - *now I can actually read a book* – along with emotional growth - *helping me find out who I am, what I like, what I want to do*. Above all they valued being given hope for the future:

they've gave me so much hope that I'm not a waste of human like mess, I am somebody, I am capable.

Findings

Data drawn from pathway interviews and focus group clearly shows that on entering the Fresh Start programme women inhabit a world dominated by fear and lack of trust. These emotions colour and shape initial contact with the programme. The logic model identifies the significant manifestation of those emotions in the problems faced. Fresh Start provides input through two methods of one to one work and group work using a variety of methods tailored to meet the needs of individual participants. Evidence from the interviews and focus group indicates these methods are successful in obtaining results and outcomes that meet individual participant goals. Consequently, the evaluation findings indicate Fresh Start is successful in meeting their published aims of supporting

women to take time out from parenting in order to address their loss, build resilience, increase well-being and develop new skills for future living.

Acknowledgements

We would like to acknowledge the women who gave up their time and emotional energy to participate in the evaluation and share their stories.

We would also like to acknowledge the Fresh Start staff and volunteers who participated in and helped facilitate the evaluation.

The service

Fresh Start work with mothers who have had one or more children recently accommodated by the local authority. The service aims to support women to take time out from parenting to address their loss, build resilience, increase well-being, and develop new skills for future living.

The service works collaboratively with women to help them make sustainable changes and address the multiple and complex risks in their lives e.g., substance misuse, mental health, domestic abuse, parenting capacity, adverse childhood experiences and unsafe housing conditions.

The programme aims to work with the women for approximately 9 months and alongside their support Fresh Start will also help the women to access:

Drug and alcohol services

Loss and grief support – inc. childhood experience

Health services – sexual health inc. accessing contraception, GP, dental, etc.

Education and employment services

Housing services

<https://project6.org.uk/fresh-start/>

Numbers of service users during evaluation period

October 23 - September 24

Referrals	16
Women who declined support	3
Women who were refused support	1
Women who dropped out of support	1

Since September 2024

Referrals	6
Support ended due to pregnancy	1
Waiting list	1

Literature

The removal of children from their mother's care is a significant and deeply emotional event. It can have ongoing impacts including mental health effects, social isolation and trauma associated with the removal as well as other pre-existing issues such as substances abuse or domestic abuse.

Alrouh et al. (2022) provide a summary of the UK context:

One in four mothers (25%) is at risk of reappearing in care proceedings, following an initial set of proceedings, within ten years of a first appearance

The likelihood of mothers' experiencing repeat proceedings is greatest within the first three years. Following a first return to court the risk of further return increases

The risk of returning to court is higher for mothers who first gave birth when young

There are regional differences of recurrence with the rate in Yorkshire and Humber being high.

The literature (Alrouh et al 2022, Broadhurst et al 2017, Mason et al 2021) suggests that projects that prioritise the following may have positive impacts in supporting mothers whose children have been removed:

Long-Term Engagement: Programmes that provide long-term support, rather than time-limited interventions, are more effective in sustaining positive outcomes for both mothers and children.

Holistic Approaches: Addressing multiple aspects of a mother's life—such as housing, mental health, substance use, and parenting—through a coordinated and integrated approach increases the chances of success.

Non-Judgmental Support: Programmes that emphasise non-judgmental and compassionate support are more likely to engage mothers in meaningful ways, helping them overcome the stigma associated with child removal.

Evaluation from the PAUSE programme, (a Department of Education funded national non-governmental organisation (NGO) which supports local practices over nine sites to deliver support to women who have experienced removal of at least one child and are judged to be at risk of further removals of children), indicates the importance of trust-building in the programme's success (Boddy et al 2020, McCracken 2017). Trust is seen as essential to helping women engage with the programme and start addressing their underlying issues. This trust is supported and developed through long term engagement, holistic approach and non-judgemental support.

Where challenges have occurred these are often derived from the difficulties in building this trust with women who have experienced significant trauma and have long histories of mistrust toward child welfare services. Many of the mothers involved in PAUSE have experienced trauma not only from the removal of their children but also from prior interactions with social services. Rebuilding trust in these cases requires long-term, consistent, and compassionate support, through a relationship-based approach.

Ethics

Although an evaluation and not research ethical issues were considered from the outset particularly in respect of informed consent for participation, data management and the requirements of data protection and any approvals required for subsequent publication and dissemination of findings. The evaluation also considered the 'ethics of encounter' with the aim that participants felt empowered by their participation in the evaluation. Those women whose stories are the subject of case studies individually and specifically gave their consent to inclusion.

The research was approved by Sheffield Hallam University Ethics Committee Ethic Review ID: ER61158730.

Data management ensured confidentiality by the following process. Qualitative data from interviews was collected using encrypted Dictaphones, fully transcribed (using a trusted supplier with comprehensive data security protocols that SHU use routinely) and anonymised prior to analysis. Any personal information relating to participants e.g. age, no. of children, marital status, employment status, ethnicity, area was stored separately from the audio and transcript. All data was stored on a secure drive accessible only to SHU staff directly involved with the project (Q drive). Audio files and any personal information will be deleted after final project reporting. Interview transcripts and other anonymised quantitative data will be retained for a period of 10 years from the end of the project and after this period it will be destroyed/deleted where appropriate.

Issues of trust and ensuring confidentiality was understandably important to the women and it took some time to build trust with the research team such that the women felt able to engage in the evaluation process. The impact of researchers from a social work background potentially impacted on engagement given the women's previous experience.

A further issue arose with staff changes at the University and consequently in the research team. An experienced researcher from an independent research organisation was recruited to fill the vacancy.

Methods

The evaluation worked within a social constructivist world view with an emphasis on the way individuals socially construct and make meaning of their experience, and which is best discovered through narrative and language. By taking a broad action research approach the evaluation sought to work jointly with Fresh Start staff, to develop methods and evaluation techniques that met the needs of an evolving programme, at a time when staff and some working practices were changing.

To this end a series of meetings were held to identify specific evaluation methods which sought to supplement and add value to rather than replicate existing programme data collection, whilst working within the overall research budget.

Pathway Study

Following discussion with Fresh Start a pathway analysis model was developed, using participatory research methods to ensure the voice of the women are included across the whole project. Fresh Start seeks to address multiple and complex aspects of women's lives, and the pathway analysis

aimed to identify how the various support mechanisms work together and how staff aims fit with service user experience.

An interview schedule was developed which was based around the participant's journey through Fresh Start and what the women thought was most important to them, rather than a series of preconceived semi structured questions. (See Appendix one.) Some interviewees found the notion of a journey and pathway challenging and the interview schedule included a series of prompts if issues did not arise naturally.

Interviews were undertaken with staff (n 2 + 1 volunteer) and service users (n9) with an initially proposed purposive sampling to cover a range of demographics such as age, ethnicity being superseded by the pragmatics of recruiting a sufficient sample. In addition, a focus group of service users (n6) was undertaken to explore issues raised in the interviews in more depth and to accommodate women who felt more able to participate in a group rather than a one-to-one setting.

Logic Model

Figure 1. Photo of Original Logic Modelling (3/10/23)



Logic modelling is a tool that can be useful in the development of monitoring and evaluation plans as they help to identify short, medium, and long-term outcomes that are linked to the key activities of a programme or strategy. (McLaughlin and Jordan, 2015). An initial meeting with the extended Fresh Start staff group cooperatively developed a logic model that sought to map current inputs aims, and outcomes within an overall structure. Problem → Goals → Inputs → Activities → Outputs → Outcome - Short - Medium – Long. (See Figure 1 and 2 and Appendix 2)

The logic model was then used to develop an *if, then, because* hypothesis statement to guide the evaluation.

If women whose children have been recently removed by the local authority can be encouraged to trust professionals through one to one support and a peer group.

And if that support is provided in a non-judgemental way.

And if that support can be tailored to the individual's needs.

And if women can also access peer support with women in similar circumstances.

Then they will engage better with services in the future leading to better outcomes for future children and a reduction in professional referrals going forward.

Because they will grow in confidence and skills and their self-esteem will increase leading to better relationships with those around them including professionals.

Analysis

Following interview transcription framework analysis methods were used to generate categories, codes and themes that capture the experiences, views, and perceptions of the interviewees. Framework analysis has emerged from policy research and is a pragmatic and systematic approach to qualitative data analysis, (Gale et al 2013, Ritchie and Lewis 2003). It involves a systematic process of sifting, charting, and sorting the material into key issues and themes and allows the integration of pre-existing themes into the emerging data analysis. (See appendix 2 for an indicative sample). From this analysis the following explanatory account was developed.

Key themes emerged along the pathway followed by the women as they engaged with Fresh Start. Quotations are primarily from two participants but are representative of the whole sample.

Before Fresh Start – Women identified emotional and physical turmoil:

*once the kids had gone, I were just a shell, there was nothing there and I had nothing
I was a very broken soul that was very wary of people.*

But also identified very practical difficulties:

*I'm not very good at reading and writing, paying my bills, I don't understand what
some of them mean.*

The referral process identified a range of different routes to initial contact with the project including a judge in court proceedings, GP, self-referral and social workers.

Initial contact generated several **barriers** to engagement particularly scepticism, fear and a lack of trust.

*I don't like new things, new people and I think it took me probably a good two, three
months before I'd even meet (the worker) and when I did it had to be in the most
public of places because I was just terrified that her intentions weren't good
there's a lot of tricks and stuff done to me through social care, a lot of lies and I
didn't trust the fact that this actually was a worker from Fresh Start.*

Facilitators to engagement were also identified namely perseverance, giving time, lots of time, to encourage participation

*I've been given up on so much in my life, because people do find me very hard work
to work with as well and I just thought, they'll give up, pardon my French, they'll fuck
off, they'll leave me alone and they never did.
because I'm very wary, I withhold numbers as well, I won't answer them, so for
probably about a month of that they were ringing me on withheld and I'm just
watching it ring off.*

As lack of trust was a barrier then building trust was seen as important for engagement

I think the trust that built over that time because I thought she isn't really going to go anywhere, is she?

With the how of initial and early contact important to the women:

the approach with these guys here is very soft, very soothing, very much about you and not what they need... I mean if they were turning up at my door and knocking, I'd have been fuming.

Initial and early contact based on phone calls and texts was welcomed prior to any physical meeting.

What do Fresh Start do? The women separated **individual contact** and support with a worker from **group work**. Consistent one-to-one work was valued as was the practical support this often involved:

I've seen my support worker like once a week for like one-to-one.

I know one of things I was struggling which were making me see things and hear things was sleep. And she instantly got on to the phone to the doctors, ...they was awesome and they worked.

Like they was ringing the Council to get my furniture done, my rent card, because I didn't know, as dumb as this sounds, I didn't know you had to pay rent or how you paid it.

It helped me because if I, I struggle to get my words out or trying to explain what I'm actually trying to say, so Rosa gave me a bit of guidance and she talks to me before I go in to the doctors. While I'm in the doctor's room she'll guide me in there and then when I've left, she'll explain to me again about the tablets and what we do next.

In terms of group work the recurring themes of fear, confidentiality and lack of trust again inhibited initial engagement but once overcome the experience was valued with the how of worker involvement important.

I think what's nice as well is they don't come in and say we're doing this, it's actually a group decision made between all of us

What next – endings Again fear was a common theme along with uncertainty about the future and what they could expect from the project

With these people not here, I would deteriorate again and I know that and what scares me is when I haven't got them

When they close me down, I'll probably keep coming to groups.

What did the women want and not want? They expressed a wish to be listened to, given advice and not be patronised. They valued the practical help - *now I can actually read a book* – along with emotional growth - *helping me find out who I am, what I like, what I want to do*. Above all they valued being given hope for the future:

they've gave me so much hope that I'm not a waste of human like mess, I am somebody, I am capable.

There was an acknowledgement that what Fresh Start offered was support to help them become independent and capable:

They point you in the right path, they don't necessarily do it for you. They're like, this is the list of numbers, this charity or this person, they could help, would you like me to go with you on the appointment, would you like me to support you with it? Basically, they open the door for you, but it's up to you to walk through it.

What do the women see as outcomes? The women saw outcomes from Fresh Start involvement (sometimes described as a course) in two ways, the first relating to self-improvement and often related to further education as the goal.

Yeah, they've given me the motivation again to get out there and try like new things. Like they introduced me to a really good college, it's amazing, which I'm still there now, but I'm doing my Level 3, so the college has been wonderful, yeah.

The second were more directly related to childcare.

I've got a baby, no social care, social care closed the case when I was pregnant. So my next step is, I've got a little boy who lives with his dad under a Child Arrangement Order. I've got to wait until my baby's one and then I am going for custody back.

The fact that child reunification had not occurred did not preclude an identified positive outcome

and I feel I've moved forward, and I realise that yes, I haven't got my kids, but I still need to carry on and not give up.

In summary the women we interviewed for this evaluation clearly identified trust of professionals as a difficulty, this a result of the often-difficult relationship with social workers leading up to their child/ren being accommodated by the local authority. This trust is developed by the workers through their one to one engagement. These meetings are built around the women's needs looking at both practical and other needs which in turn develop trust and build skills through role modelling and offering support. Once confidence is sufficient the women can join the support groups where they will be supported by other women with similar experiences as well as the professionals. This offers an opportunity to develop more skills and build self-efficacy in a mutually supportive environment, which in turn lead to outcomes related to increased social capital and a changed relationship with parenting.

Case Studies

Individual journeys through Fresh Start and the thematic pathway are illustrated by the following case studies developed with specific permission from the participants whose journey is described. All names have been changed.

Lexi's Story

I have got everything back that I lost and it's thanks to Fresh Start persevering with me in the first place.

Summary

Lexi is a 42-year-old White British woman.

Following a traumatic experience, Lexi found her drinking was spiralling out of control and impacting on the care of her children. When Social Workers took the case to court, Lexi was referred to Fresh Start by her solicitor. Fresh Start helped Lexi get to the point where she could spend over 6 months in a residential rehabilitation programme working through her trauma to get sober. She then worked with Fresh Start through both one-to-one sessions with an allocated worker, and through the weekly group meetings. Getting sober and attending the group helped to build up her self-esteem and she currently volunteers with Fresh Start.

Pathway

Lexi was referred to Fresh Start by her solicitor when Social Workers initiated care proceedings to remove her children from her care. She describes how she was on *self-destruct* and *had hit rock bottom* at this point. Whilst she initially wasn't in the right headspace to address her problems, she worked through rehab and Fresh Start as she was willing to take on any support that was offered. She found working with the Fresh Start workers was

just so easy. I could tell them anything, to be fair, and there was never no judgement. Fresh Start also offered practical help *anything we needed help with, with housing, rent debts, they would help support us.*

Lexi joined the *small* and *relaxed* group sessions with other women who had also had their children removed, taking part in activities such as canoeing, walking, and cooking which pushed her out of her *comfort zone*. The people and the conversations during these groups were also important to Lexi,

I think the best thing is we can all talk openly and honest and you're not judged. And we're all here for the same reason, we've all lost our kids. She says, *I've met some great friends through here, that I'm still good friends with.*

Lexi is currently volunteering with Fresh Start and still attends the group because she doesn't want old behaviours to start happening. She now has the care of one of her children and says:

I did a lot of work to get to it and Fresh Start was a part of that, but only to a certain extent, the rest of it I took myself. Lexi describes Fresh Start as

a good way to be able to be open and honest in a safe place without being judged and get help and support.

Emily's story

I'd hate to think had Fresh Start not stepped in where I'd be and even if I'd be if I'm honest with you, because I was broken

Summary

Emily is a thirty-two-year-old White British woman.

Emily had a difficult childhood, missed out on school, spent some time growing up in care, and experienced several controlling relationships as an adult. Emily described herself as *a very broken soul* and it took her some months to build up the trust to initially meet with the Fresh Start worker. After some months working individually with them on both practical and emotional issues, she overcame her fears about joining the group. She feels that without the support offered by Fresh Start, that she would *fall back into the same ditch* that she was in when they first got in contact with her.

Pathway

Emily was referred to Fresh Start by the Judge who recognised that she needed support. She describes feeling like *a shell* after her children had gone. Whilst she had concerns about meeting the Fresh Start worker initially, she responded to their persistence and positivity, and felt it was a revelation to find that somebody cared. After a couple of months Emily felt she had built up enough trust to be able to meet one to one with the Fresh Start worker stating

She were really patient, very encouraging, she moulded to my issues and she wasn't pushing me. She describes agreeing to meet with them as *the best decision*.

Emily found the practical help offered by Fresh Start was important, stating *I'm not very good at reading and writing, paying my bills*. The Fresh Start worker helped her to find a structure in her life, would remind her about appointments, gave practical help about furnishing her flat, and budgeting advice. The emotional support offered was also important, especially feeling like she wasn't the only one going through this experience

"I'm not the only person hurting and in some which way mourning children because you've lost them, there are so many people out there."

Whilst Emily had some reservations about joining the Fresh Start group she found *it really is a positive place, even though it's coming from so much pain and hurt and loss*. Emily refers to the group as *a course* and likes the way that everyone in the group has a say in how it is run. Making candles was her favourite group activity. She feels that attending the group helped her to focus on her own needs for the first time *my children are safe and are happy, I've really got to start putting myself first*.

Emily still has difficult days now and sometimes struggles to leave the house. She remains in contact with Fresh Start and is currently having some contact with her daughter. She would like to be a volunteer in the future.

Lucy's Story

My mental health is much better, my relationship with both children is much better. I understand my responsibilities for the SGO and Rosa's still there for me if I have any questions or if I just need a chat.

Summary

Lucy is a twenty-five-year-old White British woman.

Lucy has been receiving Fresh Start support for 6 months after being referred into the project by her Social Worker. The one-to-one support she has received has helped her to understand the legal situation with her children and to access the support needed for her mental health. Lucy has not accessed the peer group as she lives a distance from the project building.

Pathway

After a child died and her other children were taken into care Lucy was referred to Fresh Start by her social worker. They were introduced to Fresh Start as an organisation that could help families both with the grief of children going into care and their mental health.

I met Rosa at Fresh Start, told her my situation with my kids and my day-to-day routine, my life basically and then from then I've seen Rosa on a regular basis once a week or once every two weeks, regular texts and phone calls. And she has really helped me with like the doctors and mental health and answering questions about my kids that I've not been answered, supporting me in meetings to do with my children. Just yeah things like that.

Rosa has helped with knowledge and information about the children and the legal processes.

I needed help with understanding why he was on an SGO, what it means, what my responsibilities are and just helping me with the relationship with obviously my son and that's what she's done for me. And the same with my eldest as he's been adopted, she's helped me with the meetings, to meet his adoptive parents, she's answered, been able to answer questions that I've had relating to both children, and she's just been really helpful in getting everything answered that I've had questions for.

Lucy does not attend the group sessions as she lives some distance away from the Project 6 centre.

it's just the one-to-one support, because that's what I prefer for me to understand more, and I feel more better just one to one.

However, that one to one support has impacted on her as an individual and her relationships with her children.

Rosa's managed to get me where I need to be like with the mental health and about my children and I'm pretty happy with myself now after seeing Rosa and getting everything sorted that I weren't able to do before.

Subsequent to the interview Lucy has had a further child who remains in her care.

Staff interviews

Interviews were conducted with the two staff working on the programme and the two volunteers, one of whom had been on the programme previously. The researchers looked in detail at the outcomes identified by the women and the staff. A detailed list of these is available in Appendix 2, here we will consider some notable differences and their consequences for the hypothesis above.

The staff were very clear on the overall aim of the project as it related to the women and any children:

Generally, our focus is the children and the progress that the women can make with their new circumstances without their child, whether that's through adoption or whether there are still contact arrangements that might need support with.

This clarity on the overall aim of the project was less clear in the interviews with the women, however the stepping stones to this aim were clear in both sets of interviews with the staff interviews mirroring the importance of trust, non-judgemental support and peer support to developing confidence and building positive relationships.

building the relationships and building the trust with myself and my colleague as to what they want to share and what they are comfortable sharing and if the timing's right. So, we won't pressurise someone into doing anything, it's very much on their terms.

You just see a massive growth and it helps them realise how to make good relationships, good friendships, because we do see that within the group forming.

Other aspects of the role include referring onto other agencies as needed and supporting longer term development through volunteering.

The aim is one of facilitating and empowering women to do things for themselves:

At Fresh Start they don't do things for the women, they don't ring up the council and sort out all their problems, but they will sit with them and guide them through it.

Although in the women's interviews the practical help provided in sorting problems, particularly in the early stages was highly valued

Like they was ringing the Council to get my furniture done, my rent card, because I didn't know, as dumb as this sounds, I didn't know you had to pay rent or how you paid it.

Evaluation Process

Logic model revisited

Following thematic analysis interview data was mapped onto a logic model which identifies how identified initial problems are linked to specific inputs, the methods used to address the problem, what results from the inputs and what outcome is identified as it relates to the original goal of the project. Indications are then given of how outcome measurement can be obtained and verified. (See Figure 2). Appendix 2 provides further detail of expected outcomes linked to staff activity.

Figure 2 Women's interview logic model

Problem	Goals	Inputs	Methods	Results	Outcome	How measured
<i>I was a very broken soul that was very wary of people.</i>	Increased self confidence Increased trust in people	One to one contact	Perseverance Talking/listening Consistency Regularity	Trust in professionals developed	Increased self confidence	Self-reporting Volunteering
		Groupwork	Group discussion Walking	Engagement in social activity	Place at college	Active participation in group
<i>once the kids had gone, I were just a shell, there was nothing there and I had nothing</i>	Improved mental health	One to one contact	Active support Worker contacting medical professionals re sleep deprivation and medication	No drug overdose	<i>Mental state turned round</i> No involvement with crisis MH services	Self-reporting Liaison with MH services
<i>I was trying to kill myself left, right and centre, being in mental health hospital, I had no vision of anything positive.</i>	Improved mental health	Group work	Talking to other women. I found that really like calming	Hope for the future	Confidence and comfortable in self and being alone	Self-reporting Contact with other professionals

<i>I'm not very good at reading and writing, paying my bills, I don't understand what some of them mean</i>	Improved skills enabling independent living		Paying bills Developing reading skills Development of routine	Independent management of household finance Able to read a book	Security of tenure	Secure accommodation sustained over time
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Assumptions

Engagement in groupwork increases self-confidence and overcomes social isolation

One to one support develops trust and overcomes fear

Taken together interventions improve mental health

Encouraging development of strong independent women will reduce risk of further child removal

External factors

Lack of trust and fear of social services

Children living independently

Poverty

Requirements for referral to Fresh Start programme

Funding restraints and staffing level

Findings

Data drawn from pathway interviews and focus group clearly shows that on entering the Fresh Start programme women inhabit a world dominated by fear and lack of trust. These emotions colour and shape initial contact with the programme. The logic model in figure 2 identifies the significant manifestation of those emotions in the problems faced.

Fresh Start provides input through two methods of one to one work and group work using a variety of methods tailored to meet the needs of individual participants. Evidence from the interviews indicates these methods are successful in obtaining results and outcomes that meet individual participant goals.

Consequently, the evaluation findings indicate Fresh Start is successful in meeting their published aims of supporting *women to take time out from parenting in order to address their loss, build resilience, increase well-being and develop new skills for future living.*

1. Overall aim

The unique selling point of the project is to support women who have had children removed from their care.

Women can be suicidal when they have children removed – evidence indicates the project supports the women in bespoke ways to enable them to function again. It provides help with what the women need help with. This can range from practical help to support to build the women up from the low point of losing their child. For some women this can be lifesaving. It can also have a wider impact by keeping the women out of mental health services with associated cost saving.

The project works on the assumption that developing strong independent women will stop children being removed in the future or potentially allow birth family rehabilitation. The evaluation did not test this assumption. Ideally data on participants who received a service needs to be compared with those who did not, within a defined geographical region and timescale, in order to draw conclusions.

2. Referrals

Women talked about being referred into the project from a range of organisations or individuals such as solicitors, judges, GPs and self-referral. There was little talk of social workers as referral agencies despite staff indicating this was a source of referrals. Referrals were seen as something that was done to them as almost a consequence of care proceedings rather than something they were actively involved with or seeking out.

The often-conflictual social work relationship during care proceedings may contribute to the lack of trust and assumption of malicious intent in relation to social work referrals with other routes being more acceptable. Fear of engagement certainly shaped the initial contact with Fresh Start for the women we talked to. It may be that increased publicity for the project amongst all participants in care proceedings, parents and professionals, could improve the participatory nature of the referral process.

It is noticeable that referrals relate primarily to service users who define themselves as White British. During the period covered by the current workforce referrals from wider ethnic groups consist of:

1 Slovak - who did engage in support

1 British Pakistani - who chose not to engage in support - she did ask if there was anyone like her accessing the service.

2 British Caribbean – One who is currently active (2nd referral) and one who attended once and did not engage.

It is not known how referral numbers for BAME groups relate to overall statistics for children taken into care in Sheffield, but it seems likely they are underrepresented in referrals to Fresh Start.

3. One to one work

Staff engage on a one to one basis to develop trust. This trust is foundational to the work of the project. The staff are described by the women as *non-judgemental, persistent* and *consistent*. They role model positive relationships. The development of the relationship between the worker and the women is something that is facilitated by the time the project dedicates to it and the importance placed upon it by staff. Confidence is encouraged through work with the individual to encourage engagement with other agencies and to be independent of them. This bespoke approach for each participant is fundamental to helping women overcome the fear of engagement with a growing confidence and trust allowing participation in the peer group and onto other opportunities both within Project 6 and beyond.

4. Practical help

The project works to support and facilitate the women to engage with other services and to become independent. Practical help talked about by the women included, budgeting, housing, advocating with health professionals, food provision and cooking and help with rent arrears. The staff emphasised that their role is to support the women rather than to do this work for them. This was seen as a partial change from previous ways of working with those women involved for longer talking about the more interventionist support, they had received. Several women, however, valued work done for them in the initial stages of Fresh Start's work where flexibility of approach proved effective.

The project works to address the underlying disadvantages experienced by the women such as homelessness, housing precariousness, lack of access to healthcare, literacy and educational disadvantage. One of the women recounted how the worker came with her to the GP which led to better sleep enabling her to then do other things. By empowering women doing things with and for them they provide useful help that people want.

5. Education

There were references from both the women and the volunteers to the support given to access education opportunities. One of the volunteers listed the large number of courses she had attended and her new role of an ambassador. Engaging in education increased the social capital of the women helping to create the strength to offset the wider range of external factors – poverty, lack of trust, gender and ethnicity, faced by the women.

6. Peer group

The women and staff talked all about the value of the peer group. The women could begin by being afraid of joining the group, with the recurring themes of fear, confidentiality and lack of trust inhibiting initial engagement, but after a time it came to be regarded as a place of safety. The group works to develop the self-esteem of the women attending as the empathy between them grows. There were accounts of women supporting each other in the group and friendships developing through shared experiences. Women described themselves as being the ‘elders’ of the group when they had been there for some time. This mutual support and empathy based on shared experiences was seen as a reason for the women to keep attending the group beyond their engagement in the project. A unique aspect of the group is the creation of a community of women who are both experts by experience as well as knowledgeable through attending courses and education.

7. Activities

At the peer group the women take part in activities, undertake self-esteem building tasks, go on walks or learn practical skills with qualifications such as food tech. The activities work to develop the skills and confidence of the group in several different ways.

The food tech course and wider cooking lessons enable the women to develop skills for themselves and their family. They also link to the food pantry that supports the project. One of the volunteers described how the women would not always know what to do with the food given. The cooking lessons help with this knowledge.

Craft activities are a way of women sharing their own skills with the rest of the group. This helps to build self-esteem and brings co-production to the group as the women develop and deliver their own sessions.

Whilst not a mental health project some of the low-level self-esteem building activities are supported by the volunteers who have prior experience of delivering these activities. This not only builds the self-esteem of the women but also increases the confidence of the volunteers as they lead the sessions.

8. Endings

Fear that was present at the beginning of the project can resurface again at the end of the intervention as fear of what comes next. Perhaps as a consequence there is some uncertainty expressed about endings, and it is not always obvious to the women when support from the project will cease. There is a flexibility of endings with women staying in touch after the nine months of

support has ended, of being able to contact a staff member and continuing to attend the group. For some women the change anticipated by the project is more difficult due to learning difficulties or other problems such as mental health, this can result in these women attending the project for longer with less tangible outcomes.

One consequences of this longevity and the deep support offered over the year is the existence of a waiting list. There is also the risk of staff burnout as they continue to support women who are no longer counted as attendees along with the challenge of staff time not accounted for within budgetary restrictions.

9. Outcomes

Logic modelling as illustrated in Figure 2 and Appendix 2 indicates the short, medium and long-term outcomes that can with some reliability be linked to the inputs and methods employed by Fresh Start in working towards agreed goals. Those outcomes can be the achievement of self-improvement and increased social capital often evidenced by accessing education opportunities, alongside renewed parenting opportunity. Even where the latter was not achieved successful outcomes were identified.

10. Wider outcomes

Linked to the earlier comment on the potential for wider publicity for the project it was felt by the evaluation team that the project could be better at demonstrating outcomes. The lack of paperwork and bespoke approach for each woman can lead to failure to show what the project does and its impact. There is a danger that this could affect future funding bids. Conversely the project has built up a good relationship with the SHU Social work department where direct work with social work students promotes both the project and also the value of relationship-based social work.

Recommendations

For the project

Publicity: we are unsure as to the level of wider knowledge about the project. For example, do the Social Workers who work with children and families know about the project? Are families involved in care proceedings aware? What awareness is present in BAME communities? What publicity is undertaken and how is it targeted?

The women enter the project from a variety of different routes, some of these are based on personal connections or experience. It is suggested that wider and systematic publicity, especially with Social Workers would increase wider knowledge of the project.

There is however a conundrum here linked to wider publicity and consequent greater number of referrals. Whilst there is a desire to be a bigger project there is already a waiting list. This may be useful in showing the value and demand for the project for future funding applications, however this also needs to be balanced with being able to meet the expectations of potential users and not becoming part of the cycle of organisations that have failed to deliver on promises and not met need.

Beginnings: Evidence from other evaluations in the UK (Mason et al 2021) indicates that for projects that are seen as successful there is pressure from funders to stretch service criteria and take other women who are seen as *high risk* regarding their parenting or who are in proceedings. Fresh Start works within a time frame of 24 months from care proceedings and there is a question as to the whether this misses the opportunity of earlier intervention. For example, if support was offered during proceedings could different outcomes for the family be achieved. Is there a complementary service which could be developed working on the learning from Fresh Start, or would the statutory and adversarial nature of care proceedings preclude such an approach? There is a danger of diluting the service through increased numbers of service users or losing the specialist nature of the work undertaken. Women may need to hit rock bottom and engage at a point where all is lost in order to make a *Fresh start*.

Activities: There was a mention from some women that better, more diverse activities in the peer group sessions would improve them. Others talked about not attending the sessions because they didn't like craft activities or walking.

Whilst these are relatively minor details, that the activities themselves may be perceived as a barrier suggests that more could be done to develop these in the light of group feedback. It was acknowledged that the options maybe limited by funding.

Staff also talked about the limits of their own skills and experiences in facilitating activities with for example women with learning difficulties or mental health issues. It maybe that there is a training need or opportunity for crossover with other projects to help address this deficit.

Endings: The flexible nature of the endings means that it was not clear to the evaluators when engagement with the project could be called complete. Whilst women may stop having 121 support from the project workers, they are invited to stay on at the peer group, some then become volunteers. This flexible ending can mean that the project workers continue to support, through the group or supportive phone calls, many more women than the 13 registered on the project. This ongoing support was very much appreciated by the women, some of whom were unsure as to their status about the project. Those working on the project need to be mindful of the consequence of this for themselves and for the project. This unseen work could be significant in time and effort and not fully appreciated by funders. Staff did talk about the boundaries that they put in place with the women, endings may be another area in which a boundary may be needed.

There was some mention of referral out to other projects including to a service in Leeds which works with families. It would be good to look at this process and the interrelationship between the projects.

For the commissioners

Third sector workers: for some of the women using the project there was an active dislike of social workers and the professionals involved in the removal of their children. Fresh Start is delivered by third sector workers who are both cheaper to employ and more acceptable to women they are working with. Working outside a statutory organisation provides both flexibility of approach and time that benefits the relationship-based work required to bring about change.

The project workers get people engaged and make them feel listened to by working with a small agenda of incremental changes to improve their lives. When Fresh Start is working with mothers, they don't need to consider child's needs which gives focus to the work that the women involved may not have experienced previously. This work is potentially money saving as it reverses some of the underlying disadvantages experienced by the women, garners hope in their ongoing situation, increases living skills and social capital with the expected consequence of future successful parenting.

More widely

An exemplar: in the current era where system changes and wider networks are key for any agency working in the public sector the Fresh Start project are developing good relationships beyond Project 6 and their immediate referrers. They have a good relationship with Sheffield Hallam University which effectively promotes their relationship-based approach. There may be opportunities to further this by doing similar work with qualified social workers via for example a Masterclass as part of Continuing Professional Development to demonstrate the relationship-based work done within this project in its preventative work with women.

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Further reading

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Appendix 1. Prompt Sheet for Interviews with Fresh Start Users

Following sharing of PI form and signing of consent form.

Thank you for agreeing to be interviewed as part of this evaluation of Fresh Start. The interview will be recorded and transcribed. The recording will be labelled using an identifier such as participant 1, and only the research team will know who this refers to. If at any time you want to finish the interview, or withdraw your consent to be interviewed, please say.

Are there any questions before we begin? (start recording)

1. We are particularly interested in your journey through the Fresh Start programme – what is sometimes called a pathway – what happened when and what you thought about events along the way.
2. To start us off could you take me through your journey into and through Fresh Start, from the time you were thinking of joining the programme to where you are now.
3. If it is OK with you, I could draw the pathway on this paper as you talk, and we can then go back and explore the parts you think are most **important** for you.
4. Could you tell us what worked best and what you didn't find that helpful?
5. Looking back over the journey is there anything you would have liked to change?
6. Is there anything else you would like to tell us that you haven't had the opportunity for so far?

The interview is led by the pathway and what the participant identifies as important for them. If issues don't arrive naturally the following prompts might be useful:

Prompts

How did you first hear about Fresh Start?

Why did you get referred to Fresh Start?

What did you hope to gain by working with the Fresh Start staff?

Can you talk me through what happens when you work with Fresh Start?

What sort of things do you do at Fresh Start?

Do you think working with Fresh Start made a difference? (could prompt - to you, to your children, to the people around you both personal or professional)

If working with Fresh Start made a difference, how do you know this? (Fresh Start mission statement mentions; address loss, build resilience, increase well-being and develop new skills for future living)

How is working with Fresh Start different to working with other professionals/social workers/services?

What are the next steps for you?

Is there anything else you would have liked Fresh Start to have done? **Note** - only mention children or parenting if the participant does.

Appendix 2. Outcomes

	Staff role	Women outcomes
Short term	Support with benefits and housing	House related Housing (crisis) Routine/paying bills Mental health
	Supporting the development of workbooks/other courses	Achievement
	Court process Supporting contact – Special Guardianship Order/adoption	Witness to Social Work treatment
	Refer to others	
Medium term	Developing skills for the women to become more Confident/comfortable	Education Budgeting Accessing services Volunteering Confidence growing
	Trust building	Trust/ Feeling safe
	Hope building	Developing hope
	Friendships/relationship building	Forming positive relationships
	Encourage the women to take personal responsibility	Self determination Revised view of Social Workers
Long term	Develop volunteering in the course and the Ambassadors course	
	Refer to others when needed Develop independence	
	Help to become happy	Life saving

	Staff role	Women outcomes
	Not having more children removed Having contact	Having another child Getting children back
Wider	Social work education	Service promotion and skill development

