University of Central Lancashire
UCLan

‘Not blaming myself anymore’

Evaluation of Big Manchester Trauma Response Service for Families

Change Grow Live
Adult and Young People’s Drug and Alcohol Service
Manchester

MWA

PANKHURST TRUST

mind Manchester

BARNARDO’S

University of Central Lancashire Acknowledgements

This report has been written with contributions from children and parents working with Big Manchester in 2023- 2024, along with the Big Manchester staff co-learning group, learning partner oversight members and wider stakeholders. We are very grateful for their input and valuable insights. We also thank Eira Winrow, Bangor University, for expertise and guidance with the economic analysis.

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Big Manchester

Enabling families to reflect, connect and be hopeful

Foreword

As the outgoing manager of the Big Manchester Service, it has been a privilege and pleasure to be involved and contribute to the evaluation process with Cath Larkins and Nicola Farrelly from the University of Central Lancashire. It's been such a collaborative approach with analysis and supportive challenge, such care was taken in all aspects of the evaluation, you could say it was conducted in a therapeutic way.

Our biggest thanks go to all the families who have been part of the service and this evaluation, that have let us walk alongside them as they have navigated their pathway to where they want to be. You truly are brave to have trusted us and the process. Your openness and feedback have allowed us to grow and develop a service fit for the future, to support more families.

To all the practitioners that ever worked in the service. Your dedication passion and commitment to the Big Manchester approach has been phenomenal. You have opened yourselves up to exploring your thoughts and beliefs for the benefits of families. To watch you demonstrate such non-judgemental care and compassion to families has been truly remarkable. A special thanks to Lisa Hewitt who was with the service from start to finish. You were the constant beacon of dedication to ensuring fidelity to the model.

For all the Barnardo's managers at every level from Team Manager to Director, that have championed and believed that there was an alternative way to work with families, thank you. Deirdre Lewis who was the Barnardo's Children's Service Manager for the first 9 years of the service who has now retired, this was your creation and what a legacy you have created.

To all the funders of the Service – The National Lottery, Manchester City Council and Barnardo's thank you for the funds, belief and time, to create the Big Manchester service, which led to supporting so many families.

And lastly to all our partners – MIND, Women's Aid (Pankhurst Trust), CGL, Home-Start Manchester, Harriet Williams -Consultant/Trainer/Supervisor/Therapist and all the Steering group members and Chair Dave Packwood - Barnardo's Business Development Manager. We didn't do this alone, thank you for your time, energy, support and vision for going with a unique initiative approach to multi-agency partnership working that has made a difference and proven impact to families across Manchester.

Nikki Somerville, Barnardo's Peripatetic Development Manager

If you would like to discuss this report, the model or future work please contact:
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Executive Summary: Not blaming myself anymore

Big Manchester is a whole family approach, for families with children aged 5 to 11 years where trauma and adverse conditions are affecting parenting, education, wellbeing or behaviour. Big Manchester supports all members of a family who have experienced one or more forms of harm (including domestic abuse, mental ill health and substance misuse), who are now safe from crisis and able to engage with therapeutic support.

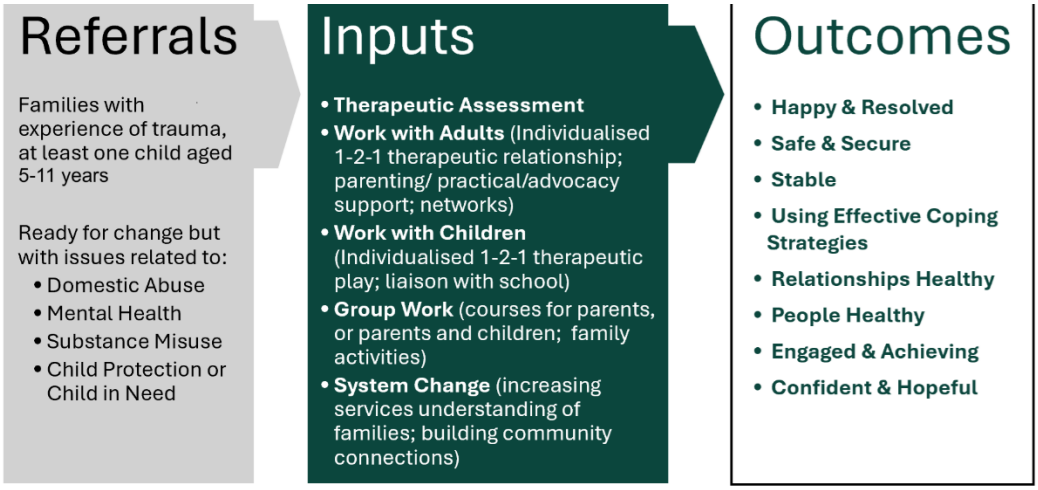
"She spoke to me … not just the kids. … helping me through everything and giving me ideas of … how I can handle the kids' blow outs and things like that." (Parent)

A two-year evaluation was cocreated with staff, stakeholders (including families), and researchers from the University of Central Lancashire. We evaluated the Big Manchester Model and outcomes based on interviews with 21 family members (8 children and 13 parents), 13 stakeholders and financial and monitoring data.

What is the Big Manchester Model of support?

- **Cocreating multi-disciplinary community-embedded stable therapeutic team**
- **Building working relationships with families**
- **Supporting parents/carers and children to understand themselves**
- **Securing resources to meet families' needs**
- **Enabling reflection on relationships and behaviours**
- **Strengthening connections between families and communities**
- **Encouraging understanding within other services**

This community-embedded partnership model delivers a therapeutic assessment and bespoke service. Therapeutic relationships with adults and children, groupwork, advocacy and systems change provide **containment, regulation and psychoeducation**. Staff therapeutic supervision, capacity building, and flexible delivery timescale are essential.



What outcomes does the Big Manchester Model promote?

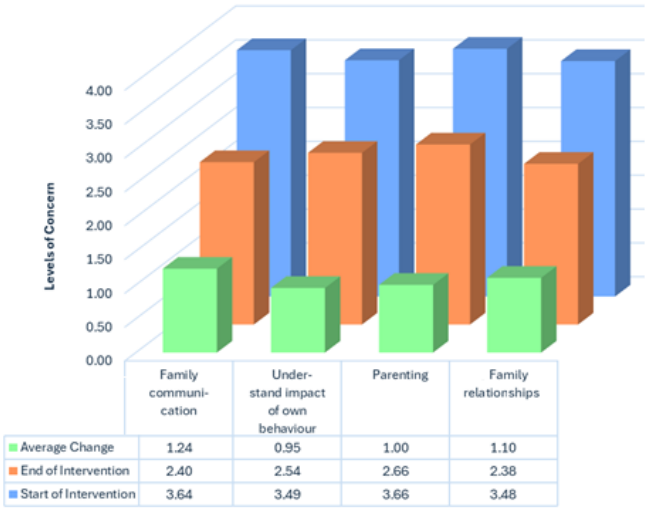
Parents, children and stakeholders valued the committed, attuned, responsive support, describing the services as more approachable than others.

The Evaluation demonstrated positive change achieved across 8 areas:

- **Feeling Happy and Resolved**
- **Feeling Safe and Secure**
- **Living in a Stable Home**
- **Using Effective Coping Strategies**
- **Having Healthy Relationships**
- **Being Healthy**
- **Being Engaged and Achieving**
- **Feeling Confident and Hopeful**

"It's really helped me get an understanding on my behaviours and the way I deal with things.... I wanted to be this perfect parent. And there's no such thing ...I've learned now what my triggers are ...I feel like I understand myself better than I ever have." (Parent)

The greatest change was in relation to **Feeling Safe and Secure** (reduced family conflict related to domestic abuse) and **Healthy Relationships** (family communication, understanding impact of own behaviour, parenting and family relationships). Most families had a range of effective coping strategies. Most children engaged in health promoting activities, but children from families with young siblings, mobility issues or elevated parental stress remained less likely to report engagement with activities. All parents interviewed reported increased confidence and hope.



	Family communi-cation	Under-stand impact of own behaviour	Parenting	Family relationships
Average Change	1.24	0.95	1.00	1.10
End of Intervention	2.40	2.54	2.66	2.38
Start of Intervention	3.64	3.49	3.66	3.48

Who does the model work best for?

- Families experiencing domestic abuse and conflict (safeguarding concerns were no longer present at the end of service provision),
- Parents with disabilities or ongoing mental health challenges,
- Families with all children aged 8 years or under.
- Families who need support for 7-9 months after assessment

Families experiencing racism were supported to progress in line with the average progress made across the programme.

There were variations in the model delivered in three Manchester localities.A £1.98 social return on investment for every £1 spent on the Big Manchester North Model. **The evaluation team recommend fidelity to the North model.**

Contents

1 Introduction

What is in this section?

- *Background on the project evaluated and report contents*

Big Manchester is an approach to working with families where there are children aged 5 to 11 years and where the family has experience of crisis (related to one or more of the following factors - intergenerational trauma, domestic abuse, substance misuse, mental health, physical health or disability, poverty, abuse, neglect or crime); where the impact of these adverse conditions is having an effect on parenting, children's education and wellbeing or children's behaviour; and where the parents are able to make a commitment to a therapeutic journey towards change. The model, which stakeholders describe as 'groundbreaking' was led by Barnardos and developed in partnership with Manchester Mind, The Pankhurst Trust (Women's Aid), Change Live Grow (CGL), Home-Start Manchester, supported by Harriet Williams, a consultant, supervisor, trainer & therapist. The service has been developed over 12 years (since 2012), funded by the Big Lottery, Manchester City Council and Barnardo's. Variations of the model were rolled out across the three localities within the city, North, Central and South. Big Manchester family support workers, with different disciplinary backgrounds and a therapeutic focus, brought specialised expertise to the Big Manchester team.

This is a report of an evaluation conducted from 2022-2024. In the evaluation period, Big Manchester worked with 218 individuals (86 adults and 130 children) from diverse backgrounds (121 White; 97 Ethnic Minorities). Half of them had current or historic child protection plans (see Appendix 3 for details).

In the rest of this report you will find:

2. The Methodology	How a team at the University of Central Lancashire, worked with Big Manchester to cocreate an evaluation.
3. The Model	An understanding of the Big Manchester Model developed by the research team in discussion with staff, families and stakeholders.
4. The Process	An overview of how families experienced the Big Manchester model in practice, based on interviews with families and stakeholders.
5. The Outcomes	Details of changes families experienced linked to the Big Manchester model, based on interviews with families and monitoring data.
6. The Analysis	Insight into who the model works for, where change is seen, and social return on investment, based on monitoring data and case studies.
7. Recommendations	Suggestions for how the model might be rolled out in the future, base on this evaluation.

2 Methodology

What is in this section?

- The evaluation approach and the methods used
- The participants and how we analysed the data

This was a coproduced mixed method evaluation of the Big Manchester delivery process, outcomes and social return on investment. In the first six months of the evaluation, we created an understanding of the model through a learning partnership with Big Manchester staff. We reviewed key literature on interventions with families and codeveloped a theory of change, interview schedules and questionnaires. We then invited almost all (n. 34) families joining the service to participate in interviews.

Around one third of all families participated (n. 13). Families did not take part if they chose not to, or if they were experiencing significant distress. Parents took part in semi-structured interviews and questionnaires - at the beginning of their work with the service (Interview 1), towards the end (Interview 2, which could be up to a year later) or at the end of the intervention as part of a Case Study. Children took part in narrative interviews with questions to guide the discussion. Key stakeholders (n. 13), identified by the staff team, were interviewed about the service, actual outcomes, and likely negative outcomes for families, had Big Manchester support not been involved. Two stakeholders did not have sufficient knowledge of individual families, so reflected on families in similar situations. Financial data and aggregate monitoring data were analysed anonymously. Learning was fed back to the staff team, stakeholders and parents. Two parents took part in data analysis, developing the service model and refining the theory of change. The data generated were analysed using a framework based on the cocreated theory of change (see 3.2) and a Social Return on Investment methodology (Appendix 1).

Table 1: Research participants and data

Participant Type	Research Methods Used	Total	Gender		Ethnicity			Area	
			Female	Male	White	Black	Asian	North	South
Children (aged 5-11)	Interview 1	8	1	7	6	2	0	4	4
	Interview 2	4	0	4	4	0	0		
Parents	Interview 1	13	12	1	11	1	1	7	6
	Interview 2	8	8		6	1	1	4	4
	Case Study	5	5	0	3	1	1	3	2
Stakeholders (5 Education 3 Local Authority 1 Mental Health 4 Community)	Interview	13	8	5	11	1	1	n/a	n/a
Staff	Colearning Group	9	9	0	5	1	3	5	4
	Case Study	4	4	0	2	1	1	3	2
Monitoring data	03/22 -03/24	52 families							

3 The Model

What is in this section?

- The foundations and approach of the Big Manchester Model
- Information on how Model leads to outcomes

3.1 The Big Manchester Model

Curiosity
Containment
Creativity
Connection

The Big Manchester Model works with and for families that have experience of trauma, and history of domestic abuse, mental health issues, substance misuse or child protection/child in need concerns. Families are referred where there is one or more child aged 5-11 and the family is ready for change.

The team then offer families an individualised and responsive process of therapeutic assessment, 1-2-1 relationship building and support for adults, therapeutic play with children, group activities – including courses and family activities, and a focus on systems change. This service is offered for as long as families require the service, with on average, service contact being weekly and lasting for 9-11 months. See Appendix 4 for examples of how bespoke service provision was created to respond to different family circumstances.

The service aims to improve outcomes for parents/carers and children, related to being:

- **Happy & Resolved**
- **Safe & Secure**
- **Stable**
- **Using Effective Coping Strategies**
- **In Healthy Relationships**
- **Healthy**
- **Engaged & Achieving**
- **Confident & Hopeful**

Essential elements of the model are:

- Cocreating a multi-disciplinary community-connected stable therapeutic team
- Building working relationships with families
- Supporting parents/carers and children to understand themselves
- Securing resources to meet families' needs
- Enabling reflection and action on relationships and behaviours
- Strengthening connections between families and communities
- Encouraging understanding within other services

These are described in subsections 3.2-3.8, followed by £.9 The Theory of Change.

3.2 Cocreating a community-oriented multi-disciplinary stable therapeutic team

♦ Originally Home Start was also part of Big Manchester

Staff are **connected to local communities and services** to draw on interdisciplinary knowledge and ensure staff have knowledge of a broad range of other services and activities. This design aims to ensure that the service is a learning exchange hub (a place to go to network and understand what is happening across the sector), to promote clear understanding of referral criteria, and to support connections between families and diverse services. Community engaged leadership also seeks to ensure codesign of the service through consultation with stakeholders.

A **multidisciplinary, driven and passionate, stable team** is led by Barnardo's trauma informed expertise and enables family circumstances to be **matched** with workers competence and expertise (for example, with workers from Barnardo's and those with specialist domestic abuse, mental health and substance misuse services that are embedded within Big Manchester). Creating a working culture in which staff feel connected, valued, supported and able to do their job well seeks to encourage **workers to stay with the project for years**, to build experience within the team and secure long-term provision of supportive relationships.

The model seeks to develop staff capacity and ability to reflect on their own pasts and to work using therapeutic skills. This requires training in therapeutic techniques, including therapeutic play, and ongoing supervision. Team support also assists working in therapeutic ways. The model requires group supervision sessions every four to six weeks, plus good quality individual clinical supervision to be offered at least monthly and more frequently to those staff with less experience. This level and quality of supervision is necessary, even though it may be unusual in the sector, because it builds staff capacity, enables families' therapeutic journeys and supports risk management.

3.3 Building working relationships with families

Therapeutic relationships between staff and parents/carers and children are the core tool in this model. Relationship building requires that staff are **flexible, responsive, attuned, approachable and validating** but also, **boundaried**. Staff do not present as distant professionals, but rather as a support person coming alongside the family. This approach aims to enable engagement with the services, because many families

have a history of involvement with children's social care and other services that can mean they feel defensive. To ensure that children feel seen, heard, and cared for **connections are established through therapeutic play**.

During this relationship building stage, when staff and families have cocreated sufficient trust through (usually) weekly contact, an **assessment** is undertaken. This formalises understanding of the areas of life in which the family require support and informs delivery of the subsequent bespoke interventions. The therapeutic relationship remains central throughout delivery of the other elements of the service.

3.4 Supporting parents/carers and children to understand themselves

Adults and children are encouraged to reflect on themselves and their pasts through the **core 1-2-1 therapeutic relationship** between adults and workers, or through **1-2-1 therapeutic play** (often in school settings), and through **specific programmes** (this includes Healing Together (children), ACES (parents/carers), and Nurturing Programme (parents/carers). This element of the intervention offers space and support to explore past and present trauma and develop strategies for wellbeing and self-reflection, positive reinforcement and endings. It aims to encourage adults and children's understanding of their own journeys, and to enable different decisions about relationships and behaviours.

3.5 Securing resources to meet family needs

Through 1-2-1 work with adults, matched Big Manchester workers offer **practical support as needed**, to ensure that homes can be as safe and secure as possible. This may involve, for example, accessing grants, resolving benefits disputes. This element of the service may also involve **advocacy**, to improve relationships with other services such, as health and housing and secure necessary changes in provision.

3.6 Enabling reflection and action on relationships and behaviours

Through the courses and 1-2-1 relationships, when adults are ready they are encouraged to start using what they have learned through their reflective journeys to start embedding changed behaviours. This transition is enabled by **open communication** and a therapeutic type relationship, rather than the standard approach of 'teaching parenting'. New behaviours may also be modelled, for

example through participation in group leisure activities for families (including holiday activities or residentials). **Encouraging and enabling parents to engage in activities with children**, including holidays, ~~involves~~ helping the parent who may never have been creative, have some imaginative sessions with the child: going rock climbing, cycling, doing board games together, and broadening understandings of what is possible.

Through **observations** of parents/carers interactions at home and during activities, workers play these behaviours back to parents/carers to positively reinforce what is working, or positively **modelling** alternative behaviours. Parents are encouraged to respond to their children in different ways. This is a **collaborative and individualised approach** which involves highlighting areas of strength where the parent might support better and together identifying how this might be achieved.

Through play children **are also helped to understand their relationships with their families, friends and school staff**. The same worker works with children and adults in one family and **shares what is learned from children to help parents** modify their behaviour, and (being careful to respect confidentiality) to **ensure schools understand the journey** families are undertaking and to **promote school attendance**.

3.7 Strengthening connections between families and communities

In the group leisure activities, and through encouraging adults to expand their social networks and engage with community provision **parents/carers and children are connected to other people and opportunities**. This may include chosen family members, social connections with peers, work, education, leisure and volunteering.

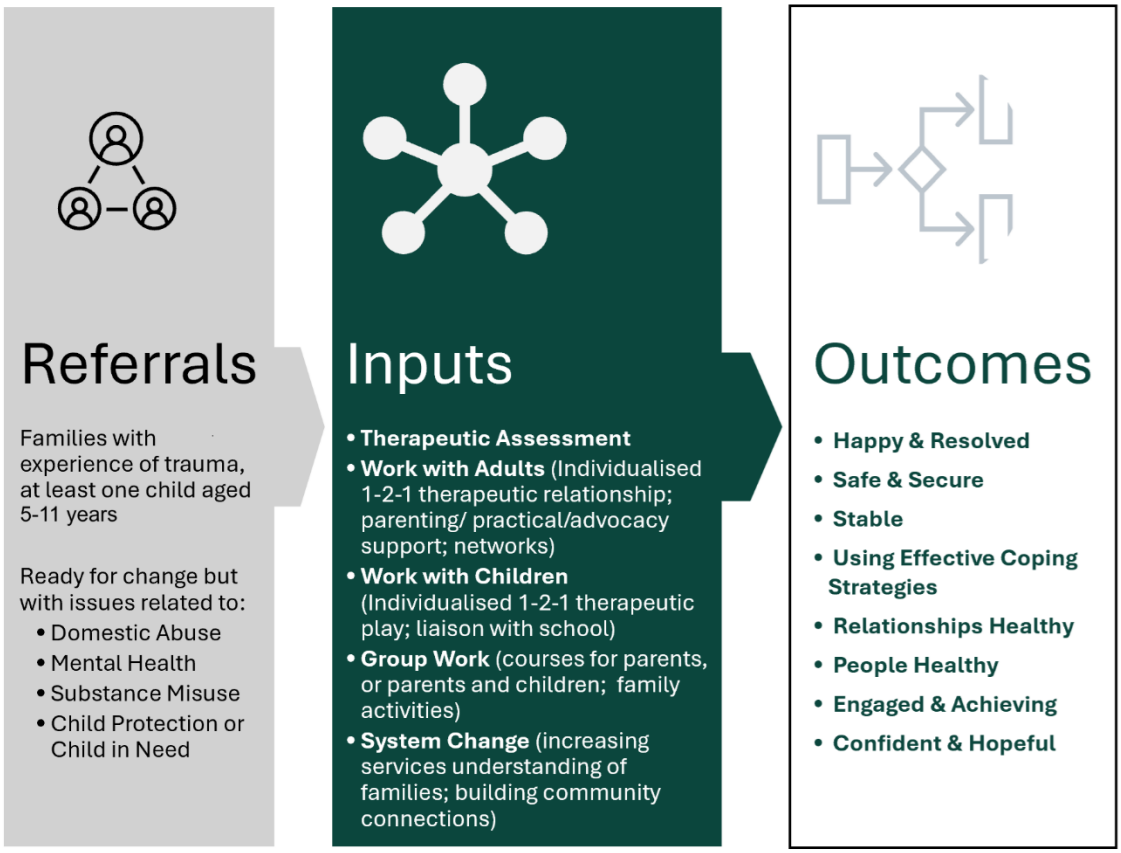
Attending a residential with other families, or attending local community based activities, was also a way of bringing a support group together and building a route into other fulfilling activities such as volunteering or employment and to develop confidence in entering group settings, so that future social networks can be built in other areas.

3.8 Encouraging understanding within other services

The model also involves work to **make or repair connections to other services**. This includes educating other community services about how to engage effectively with families experiencing distress. It also means encouraging community provisions of opportunities and services that families can access. Essentially the model is **outward looking at the community environment** as well as inward looking at family dynamics.

3.9 Theory of Change

These complex, interwoven elements of the individualised Big Manchester Model, are summarised in the theory of change below.



Further details of this theory of change are provided in Appendix 2.

A graphic representation of the different ways in which the bespoke model is delivered over varying timescales is given in Appendix 4.

4 The Process

What is in this section?

- How the journey towards change is experienced
- How key features of the model were described and valued
-

4.1 Feeling Understood

Establishing 1-2-1 understanding relationships can be challenging, as stakeholders noted "*because lots of them will come with a history of having involvement with children's social care"* (Stakeholder).

Parents described the positive feeling of staff being flexible, relatable and consistent. For children, the relationship experienced with workers were described by one parent as pivotal to recovery and engagement.

Stakeholders, including from the local authority, noted **this form of '*holding the family and really building those relationships, … doesn't happen very often across the system'*.**

"BM Worker can relate. It was like, she's not judging me for what I've been through and stuff. Because at first it was quite awkward. And I'm really anxious. And I didn't want to speak to her. But then she just made me feel. Yeah, that I could open up and stuff like that!" (Parent)

4.2 Understanding self

Parents appreciated the process of being supported to look at their own pasts and to develop coping strategies through 1-2-1s, observations and groups.

Opportunities to talk, reflect and receive reassurance from workers were appreciated by both parents and children and was described as an important mechanism for their recovery. This was achieved through workers making parents feel brave, comfortable and valued.

Children valued participating in support group activities which gave them opportunities to speak openly about their feelings with children who were going through similar experiences (as described further below).

"BM Worker got me involved in a trauma course … I was a bit reluctant … I would never have gone into a room with a group … she just made me feel like that it would help. So, I just did it…. it was me and two other girls and we shared similar stories. Once I knew that they was in the same boat, I kind of relaxed …and then I finished the eight weeks. Didn't miss any." (Parent)

4.3 Addressing Needs

Parents and stakeholders valued how workers supported families to be better housed, manage conflicts and controlled substance use, feel safe, and secure income.

"My BM worker found the number and called … after that the Advisor helped me… for gas and the bill… BM worker gave me the number and…I called them… and…next week they bring washing machine". (Parent)

4.4 Understanding Family Relationships

Parents and stakeholders appreciated how families were supported to develop greater understanding of their relationships, the effect that past trauma may be having, their roles as parents or children, the impact of their behaviours and how to develop positive parenting strategies. **Parents particularly valued workers talking to them and to their children, and of learning new ideas about how to handle situations.** Many stakeholders emphasised the contrast between the Big Manchester approach and 'the standard approach of 'teaching parenting', which was considered to not work with a lot of the parents. This **Psychoeducation** approach encouraged families to develop coping skills and understand when they are effective to use, and why.

"BM Worker spoke to me…not just the kids… helping me through everything and giving me ideas of…how I can handle the kids blow outs and things like that." (Parent)

4.5 Using positive behaviours

Parents and stakeholders described how with time and support they became more used to employing effective parenting strategies, reflecting on their emotions before sharing them, and resolving conflicts. Parents and stakeholders also described how workers supported children to enable them to consistently express their emotions in appropriate ways and to change their responses. Offering such opportunities for **Containment** and **Regulation** encouraged more positive reactions.

"And it was like, whoa…And that's sort of changed my thinking and my yelling…instead of getting yourself to that point of making you feel bad afterwards, let's try and stop it before it happens." (Parent)

4.6 Linking with Community

Stakeholders and parents describe how links were made between families and school communities, so that better communication channels were established. Some parents also describe how they were supported to develop relationships with the wider community, peers, volunteering and work.

"BM Worker is making me realise, like all these people that were there for me, that were not actually there for me. That's making me feel a bit more confident, saying, No!" (Parent)

5 The Outcomes

What is in this section?

- What improved for families
- What negative outcomes were avoided

The Big Manchester model aims to achieve improved outcomes for children and parents/carers in eight key areas - see Box 1.

Parents, children and stakeholders were interviewed to explore what improvements were achieved in all eights of these outcome areas. In relation to six of the eight areas (not health and confidence). To understand progress, direct reports from the interviews with families and stakeholders was compared with monitoring data.

Workers used an outcome score scale in conversation with adults and children, to assess challenges and strengths and to review progress towards positive outcomes - see Box 2. This was used in relation to six of the eight outcome areas (not health and confidence). On the scale, level 1 records no concerns whereas level 5 records highest concerns.

The combined data confirms that through the lifespan of the intervention, children and parents/carers experienced improvements in all areas.

On average, for all individuals, the monitoring data showed that concerns reduced (from 3.4 to 2.55). The greatest reduction was in relation to **Feeling Safe** (reduced family conflict related to DA) and **Healthy Relationships** (improved family communication, ability to understand the impact of own behaviour, parenting and family relationships). Change was substantial in relation to parental stress and social networks. Improvements were achieved in relation to school attendance (although not all families had concerns about this) and mental health and wellbeing. Change was less marked in relation to **Stable housing and homes**, and partly this was due to substance use (which was not a factor in every home). **Sections 5.1-5.9 provide details of outcomes.**

BOX 1 - Outcome Areas

- **Feeling Happy and Resolved**
- **Feeling Safe and Secure**
- **Living in a Stable Home**
- **Using Effective Coping Strategies**
- **Having Healthy Relationships**
- Being Healthy
- **Being Engaged and Achieving**
- Feeling Confident and Hopeful

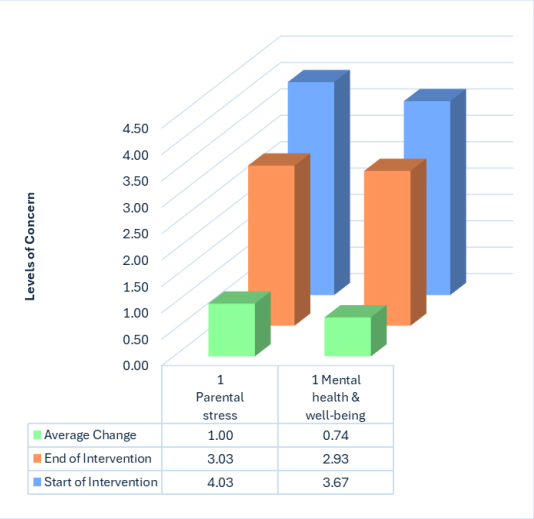
BOX 2 - Outcome Score Scale

1. Consistently applying strategies and responding to needs
2. Being able to implement strategies and respond to need most of the time
3. Work underway actively trying to implement strategies and respond to need
4. Gained understanding of what needs to happen
5. No awareness/Conflict/Unsafe

5.1 Happy and Resolved

Monitoring data revealed that, on average, parental stress reduced and mental health and wellbeing improved.

This was confirmed by every family participating in the follow up interviews who described themselves as happier and more resolved than they had prior to receiving Big Manchester support.



	1 Parental stress	1 Mental health & well-being
Average Change	1.00	0.74
End of Intervention	3.03	2.93
Start of Intervention	4.03	3.67

Note, however, that the families interviewed may have been those who felt more resolved at that point in time.

Children shared stories about happiness related to activities they had been enjoying with their families and friends, including swimming, visiting parks, attending cubs, playing football in school or at local clubs, playing video games, and spending time with other children outside school. One child described his football achievements having won a trophy for '*making the best improvement and skilling everyone out*'.

Parents reported evidence of resolution in changes in children's behaviour. One boy's mum noted *'he didn't even speak to the family, and like now you can't shut him up....he's out of that little shell that he was completely in'*. Another reported change achieved within the first two weeks of her son receiving support from his worker: '*from being violent, angry towards me, family members, himself, to none of that. That's completely gone*'.

Finally, parents described feeling validated and resolved as a consequence of the support received. Having initially understood that the support would mostly focus on their children, parents changed to understand that they too could change.

"I realised ... some of the stuff that's happened to me. I'm never going to get closure on... I'll never get an apology... and I'm OK with that now, where I wasn't before." (Parent)

Improved mental health and well-being, and increased self-esteem, was linked to families feeling empowered, autonomous and in control. For example, one parent reported having 'bad mental health', feeling lonely and lost, and with nobody to help her. This parent described feeling that her children were 'really bad' because of her, and 'I'm no good'. However, these attitudes were counterbalanced through

"It's really helped me get an understanding on my behaviours and the way I deal with things.... I wanted to be this perfect parent. And there's no such thing as a perfect parent...I've learned now what my triggers are...I feel like I understand myself better than I ever have". (Parent)

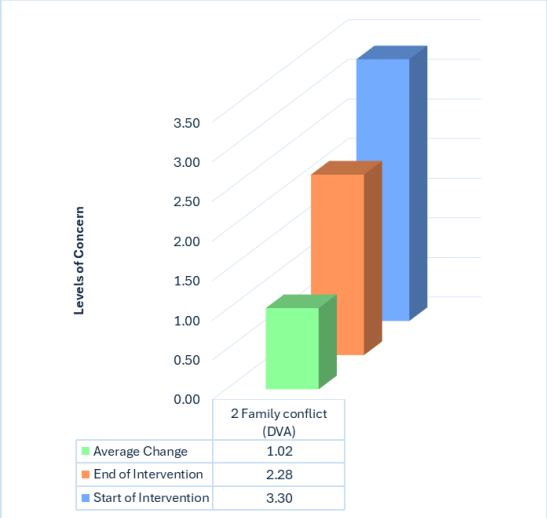
therapeutic type discussions with the worker who helped her to 'relax, feel better and believe in myself'.

Children's mental health was improved through opportunities to engage in therapeutic play, to talk in confidence and express their feelings, as one boy described '*play therapy just helped me get everything off my mind. When I had a bad day, I'd just go out and talk'*. This boy's mum described her son as 'reserved' but that his confidence had improved as a result of having a safe space, someone to talk to and being heard.

5.2 Safe and Secure

Monitoring data revealed that, on average, family conflict related to domestic abuse reduced.

Interviewed families generally reported feeling safe and secure, enhanced by having the supportive, non-judgemental relationships parents described with workers.



For example, two parents recalled feeling **safe to engage in activities** with their children outside their home without feeling they were being scrutinised by social services as they had in the past. Another parent described previously living under the threat of 'losing her son to the system', and being constantly assessed by social workers, rather than being given the **safety and support** needed - in contrast to her Big Manchester worker - **to recover from previous experiences**.

"Chill out, play games and have some alone time." (Child).

Security and refuge was acquired by one child through his engagement with support groups, organised both within school and outside school through charity groups, offering the **opportunity relax, connect with other people or have time out**.

However, safety and security could still be undermined for some children when the protected relationships children have with one parent is counteracted by the behaviour of the other parent. *"[Child] has still got this thing with his dad. Sadly, I don't think that's going to go away because of how the dad is. His dad has supposedly done this programme that I've done, but I don't think he's learned much from it. (Parent)*

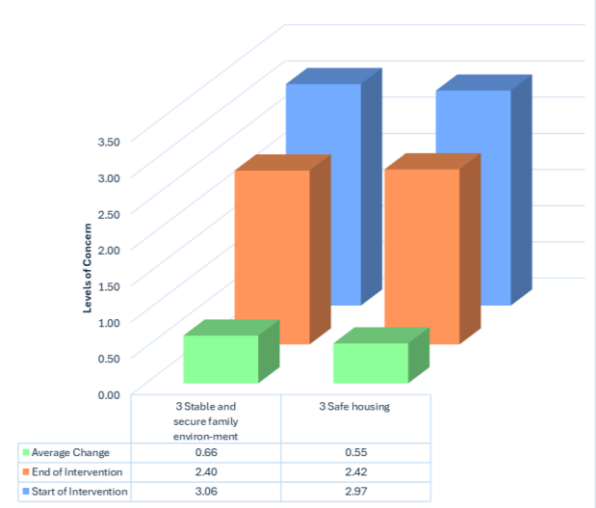
Another boy described how his right to see less of his abusive father was supported by his mother: '[I see him] *not as much as I used to. Yeah, I'm happy'* (Child). Children's rights to have a say in matters that affect them, includes whether and how much time they spend with abusive parents. Children relied on parental or worker support in order to express their views on such matters.

The process of all adults empowering children to recognise and assert their rights to decide, particularly when they may still be at risk of harm from abusive parents, was more fully achieved for some children than others.

5.3 Stable

Monitoring data revealed that, on average, families experienced some improvements in relation to stable home and housing environment.

Housing and home stability was not a concern for everyone, but interviews showed that stability improved for a number of families who needed this.



This included help to access **housing grants, long-term housing in safer neighbourhoods, securing residency and citizenship, and obtaining essential items (**such as bedding, food vouchers, washing machine/dryer, fridge/freezer, microwave oven and additional Christmas gifts including books, blankets and toys).

As well as offering a safety net for families who do not have the means to acquire essential household items, additional gifts and gestures left families feeling valued and respected.

> "It was Christmas and they brought bags and bags of presents. And it was amazing. Fantastic. My fridge was broken and they got me a new fridge freezer, which … I couldn't afford it. And at Christmas, they brought a little goody bag for me, **just that little thing and it put a smile on my face, definitely.**" (Parent)

Empowerment, autonomy and control, achieved through flexible support and advocacy, were key to achieving stability**.** Some families spoke about past feelings of 'struggling mentally', being at 'breaking point', feeling 'scared for myself', 'battling with everybody' and some parents re-counting that they 'didn't want to be here'. Through commitment, availability and flexibility, workers had offered a 'safety net', 'a lifeline' and practical support and advocacy. This included, when a parent had not felt supported by medical professionals, a worker who had '*gone out of her way'* to advocate, ensure access to needed medication, and arrange direct delivery. Consequently, the parent felt '**more mentally stable'**. Another family described how they had achieved a **calmer home environment** due to acquiring ADHD medication for one child and therapeutic support for the whole family. For others, learning to **embed routines** (regular and designated spaces for mealtimes, and a consistent bedtime routine), enabled a sense of order and control.

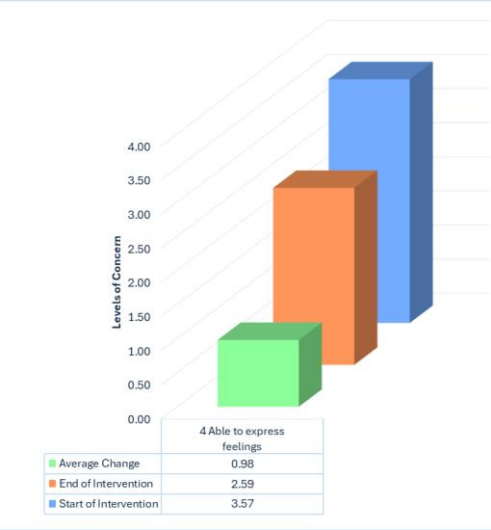
However, one stakeholder cautioned **in relation to one parent** that **stability was variable** - '*still no routines, despite the amazing support that they're getting from Big Manchester, the routines are seriously lacking. In fact, …his teacher told me he told her this morning he went to bed at midnight*'.

Parents with serious health issues may need additional time and support to implement family routines. Stability for children can also be compromised when the secure relationships they have with one parent is counteracted by the behaviour of the other parent, as described in the section above.

5.4 Using effective coping strategies

Monitoring data revealed that, on average, adults and children developed greater capacity to express emotions.

Families participating in the follow up interviews described various strategies to help them to cope.



For some, this stemmed from the process of learning to understand emotions and feeling permitted to speak about their feelings either during individual sessions with their workers, or during group sessions.

"At the beginning he wasn't able to tell us his feelings, his emotions, anything. He didn't understand them.... It was never. I'm feeling frustrated. I'm feeling this...he was just angry all the time. Angry at life. Angry at his dad. Angry his brother. Angry at me. He's just an angry kid. ***Oh God. What a change!****" (Parent)*

Children and parents felt authorised to share their feelings in these spaces, particularly when sessions were done together. Understanding that they could speak out about their emotions and be respected for doing so was an effective coping strategy for some families. For example, one education stakeholder described how she had seen the longer-term impact in terms of embedding the reflex to feel respected and to talk about difficult things when needed

"Especially for our older children, they're able to acknowledge that they've been through a lot of trauma and they may not even understand what that is. .... ***And now they're able to express their feelings and know their feelings****. And you know, they are respected by all, and ... what they've been through... doesn't need to be hidden." (Education Stakeholder)*

Attending programmes in parallel enabled children and parents to learn simultaneously and to begin to apply coping strategies together at home. One parent described this as a 'massive help because then you're both learning at the same time'. Parents described how they and their children were applying those 'tools' at home. For example, one parent described how her child was sharing and applying new coping techniques at home: '*She'd [say] 'I've learnt this today. This is what I have to do if I don't feel the right way' [and] if she can't remember it, she'll just go and get the booklet*'. Parents described how they and their children were thinking more carefully about the impact of their behaviour on one another, taking a calmer and more cautious approach in communicating together. Examples included asking 'how can we fix this?' rather

than chastising children for causing accidents; 'approaching it calmly'; 'breathe for a minute'; 'learning to understand'; 'greet him with "how's your day been?" and using specific strategies to help her child to regulate her own behaviour.

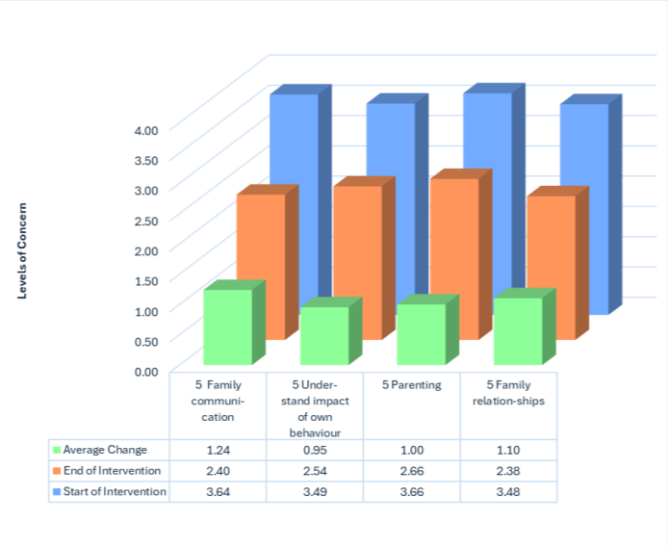
Equipping parents with strategies to support themselves in the future once the service ends was comforting for some. For example, workers developing safety plans for vulnerable parents and empowering parents to reach out to GPs or other services for support when it is needed.

"We've got like zones or regulations around our house…things that we can do with [my child] to calm her down and don't put her on a naughty step that's going to make her worse. But now we've got a sensory box where when we can see her getting angry and I say, 'let's sit down with the sensory box'. And ***that has changed [things] massively, absolutely, massively****." (Parent)*

5.5 Healthy Relationships

Monitoring data revealed that, on average, there were improvements in all healthy relationship measures (family communication, parenting understanding of the impact of own behaviour and relationships.

Parents reflected on timeliness of 1-2-1 and group sessions, which helped them manage in their day to day lives and relationships.



	5 Family communi-cation	5 Under-stand impact of own behaviour	5 Parenting	5 Family relation-ships
Average Change	1.24	0.95	1.00	1.10
End of Intervention	2.40	2.54	2.66	2.38
Start of Intervention	3.64	3.49	3.66	3.48

They valued workers encouraging them to sustain progress through referring back to their own learning journal.

"To see where I was when I first joined to now is a massive difference*…I think maybe this was what was needed to begin to start the healing journey…whereas I felt forced and pressured a couple of years ago to be like … I'm dealing with all these emotions… I'm trying to manage daily living, fight or flight constantly. I still do, but it's not as bad…If I'm ever struggling with the children, she just reflects and goes look at your parenting book, see if there's anything in there. The whole thing is just a lot nicer and more comfortable." (Parent)*

Relationships improved when parents and children spent time together doing things. Parents were encouraged to spend more time together to improve family dynamics and improve well-being and mental health. Children felt positive about family relationships because *'they do stuff with me'*; and '*they make me feel safe'*. Reduced parental stress in one family meant that family dynamics had improved considerably. For example, the child described how he had been able to pick up his relationship with his dad who had previously spent most of his time focussing on his challenging sibling. This child also described feeling more connected to his mum as a

consequence of improved family dynamics and spending more quality time together. Improved parenting enhanced relationships between another mother and her son who described taking a more proactive role in engaging her son in activities such as arts and crafts, whereas '*normally I would just stand in the kitchen'*. This boy felt similarly positive about their relationships describing how they '*laugh together and have fun*'.

There are several examples of parents describing how **improved understanding of their children's needs, parenting behaviour and better communication transformed family dynamics.**

One parent described how she had learnt to communicate with her chid about his physical illness; another parent had learnt to be more lenient with her child '*rather than going straight in on her, get her to explain why she's done it*'. Consistency was key in other instances, for example where parents had been supported to implement good daily routines, or suitable methods to regulate their child's behaviour. Other parents described how they had been supported to regulate their own behaviour and communicate better with their children:
#

***"Mine and [my child's] relationship is so much better now**. We were struggling a lot with his anger and just me as a parent, not feeling good enough. We didn't get on. We were fighting. He didn't want to go to school … when [worker] joined to help, seen a massive difference in the first two weeks." (Parent)*

***"He knows that he can open up and speak and I won't judge him** and I won't respond with the shouting response, because that's what it used to be 'cause. I was always so frustrated. And he was always frustrated." (Parent)*

5.6 People Healthy

Most children in this study had started to engage more in health promoting activities either at school or within their local communities.

As outlined above, these included swimming, cubs, sports clubs, support groups, and other activities such as family outings or spending time with other children outside school. Only two children reported that they didn't engage with activities outside school. Participation in most of these activities was facilitated by family members who would transport them to their activities or arrange outings.

Parents valued opportunities provided by the service to engage in family activities and improve their social networks.

Engagement with activities for children from families with young siblings, with mobility challenges or where parental stress was still present.

***"We went canoeing … I didn't think I'd ever do it, but I did it**. It was lovely having me and him time and for him to meet other families with similar backgrounds … who understood each other … And the families, the children all got on … It was lovely… And we still see one of them now."*

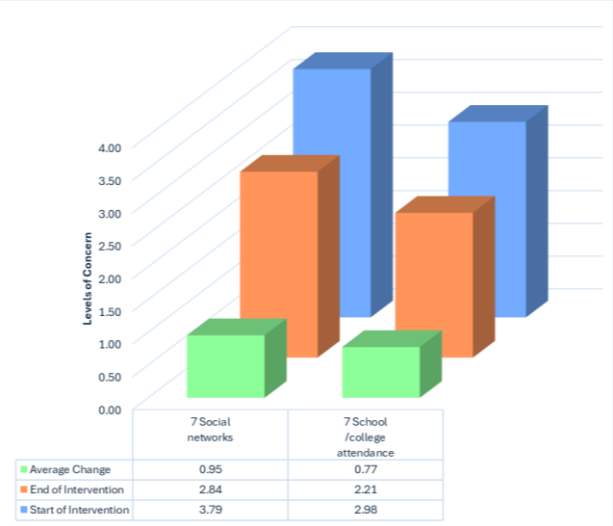
(Parent)

5.7 Engaged and Achieving

Monitoring data revealed that, on average, adults' social networks and children's school attendance improved.

Some parents described feeling more engaged with local communities (including with a child's school), **or feeling steady progress and achieving.**

All children participating in the follow up interviews felt they were achieving in school and in their lives outside school, such as with friendships and sports activities.



Some parents reported **feeling happy and hopeful at work**, had begun **working in new jobs**, or were **planning a return to education**. For others, increased confidence enabled them to **engage in community activities** for the first time or begin new and healthy relationships. One stakeholder confirmed how, despite her fears that it would not be not possible, Big Manchester had supported a parent to reflect on her past and to move forward to engage in educational activities.

"I'm in cubs...we get to do stuff". *(Child)*

"When I first met her... I suppose you get a little bit cynical ... And you can be like "what more do we do?" ... she's quite a needy person ... ***there's definitely been improvement*** *and [worker] has done a lot of work with Mum.... trying to work on her on her past and how she can move forward.... And so she's managed to get her on different courses. She's managed to persuade her to believe that that's what she needs to do... Mum doesn't want to engage with us, so having them has been really positive. So yeah, definitely seen a difference."* *(Education Stakeholder)*

Children's engagement at school was enabled through parental encouragement, and support and advocacy. For example, one boy recounted: '*My mum tells me to do something, I don't do it, I say I forget, to get out of trouble*'. But, this boy knew he was being encouraged to come into line with the routines his parent was trying to implement. Another child recalled being moved to a 'lower' ability table for a significant length of time by his class teacher for 'talking too much' despite feeling he was achieving well. A parent described school staff as 'dismissive' and critical of her son but that since working together with her worker and her school her son's confidence has improved and '**overall experience with school now is a lot better'**. Parents and stakeholders described that situations were improved when workers became involved in ensuring that class teachers are informed about family circumstances and how children can be supported at school.

Family trips offered opportunities for parents and children to enjoy time together and for some 'to be a child again' and to generate a positive focus. Overnight trips with other families **helped parents and children to make connections, establish friendships and make memories**. Children enjoyed seeing parents relaxing and being with other people, whilst parents valued opportunities to widen their social networks.

"It helps reinforce the staying safe, staying happy, getting out, doing stuff, encouraging families to get out and spend more time together as a family, promote good well-being and mental health."

(Education Stakeholder)

Being engaged in leisure together therefore reinforced outcomes related to happiness and family relationships.

5.8 Confident and Hopeful

Increased confidence and hope was described for most parents and children.

All parents participating in the interviews felt increased confidence and hope for the future as a consequence of the support received. Understanding emotions and behaviours, reduced stress, increased resilience, implementing boundaries and routines, and developing friendships and support networks, were referred to as having improved confidence and hope. Many stakeholders also described parents as more 'able to cope' and 'having confidence in what they are doing'.

*"Child's self-esteem was low because he doesn't wanna get things wrong and I think he'd heard that message. He is still very reluctant to get things on paper. But again, **he's self-confident now."***
(Education Stakeholder)

Children were described as 'definitely more confident'. 'They're able to act, acknowledge and probably act on how they're feeling' (Stakeholder). One boy who had been particularly reticent towards the start of their involvement, demonstrated his **increased confidence** during the second interview when he eagerly recalled an incident with a friend.

"I remember when my friend was riding a scooter, and he told me to race him, but I had to run to race him. And we had to run around a whole park. And he had the scooter, and I was just running. And I beat him!" (Child)

*"I think **I'm more confident**, than when I first started, I was on a rocky start... but towards the end everything seems to be OK" (Parent)*

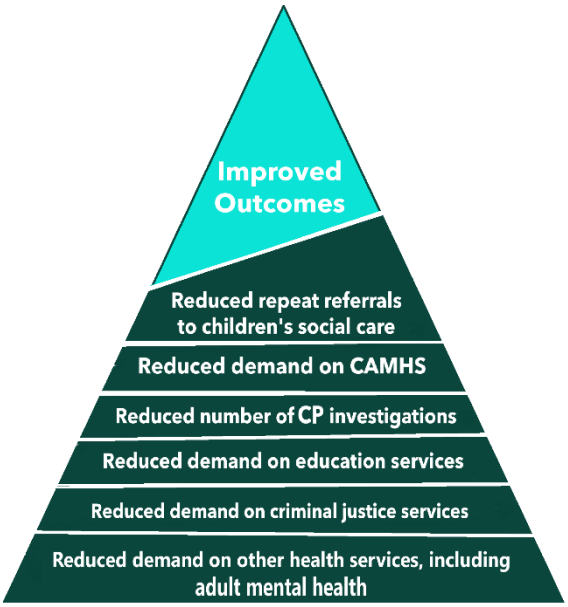
*"**I found myself**. Before, all the time, I blame myself, but now, I [feel] better, **not blaming myself anymore**". (Parent)*

"I feel positive about my future...I've learnt a lot of self-control, I can express my emotions, my thoughts". (Parent)

*"We really worked through a lot...now ...I'm so confident in myself. **I have created boundaries...I've learnt the importance of what's right for me and I trust my body**". (Parent)*

5.9 Poor Outcomes Avoided

As well as improving outcomes, stakeholders described the wide range of challenges that Big Manchester helped families steer away from. This had positive consequences for other services, that are sometime harder to see.



Half of the stakeholders interviewed described how families in similar circumstances had experienced **repeat referrals to children's social care**, and how some children in similar situations would eventually be subject to further child protection (CP) investigations and eventually taken into care. Three stakeholders described how other families got **trapped in the edge of care 'revolving door'**, receiving repeat short term interventions but never moving forward to resolutions and sustained change. The suggestion from a local authority stakeholder was that '*They would probably come back to the service at a higher level'*.

Concern was also expressed about children who do not reach child protection criteria, and for those who might be investigated and only receive a short-term service which is removed as soon as possible. Half of the stakeholders described how, as there was no other equivalent accessible therapeutic service, children and families in similar circumstance, who did not receive a service from Big Manchester would **fall through the gaps** or **place demands on already over-stretched education and mental health systems.**

There was concern that without Big Manchester, some children would drop out of education, and need social services involvement. As one stakeholder described:

This also had positive consequences for the amount of teacher time that is saved, as the children supported by Big Manchester are '*often the ones that would take a lot more support within the school. ... **a few members of staff for an hour or more each day**"*. (Education Stakeholder)

"These families are hard to reach, slip through the nets, we hear about them later, as in the adolescent services I work for, where suddenly some crime happens or some harmful sexual behaviour, or some addiction, or some working on the streets." (Local Authority Stakeholder)

"If we wouldn't have services like Big Manchester ... we really would be at a loss ... thresholds of risen and criteria have changed to get social care to work with some families. Play therapy art therapy, it's very hard to get. It's extremely expensive to schools and it's a wait." (Education Stakeholder)

*"[Without BM] he would have struggled to access any form of education ... **you'd be looking more like a specialist school**. ... A child that vulnerable, who's not in an education setting, the concerns double. That child would **stay on the CP for some time**." (Education Stakeholder)*

Big Manchester helped **reduce demand on mental health services in many ways**. Families were described as '*not going to the GP and asking for a referral for mental health services*' because they have support from their Big Manchester worker. So, they were '*not placing a demand on CAMHS'* or adult therapeutic provision or '*Accident and Emergency'* services. A mental health professional noted this is because Big Manchester workers were able to offer.

Some stakeholders noted that support from Big Manchester reduced the need for criminal justice interventions, reduced risk of sexual harm and improved health outcomes.

6 The Analysis

What is in this section?

- How improvements varied between families and locations
- What costs were saved

6.1 What changed for who?

The analysis uses the monitoring data to identify patterns of experience between different family profiles. This is compared with interview data in order to verify findings.

The Outcome Scale in Box 2 is a reminder of how outcomes were scored in monitoring data.

BOX 2 - Outcome Score Scale

1. Consistently applying strategies and responding to needs
2. Being able to implement strategies and respond to need most of the time
3. Work underway actively trying to implement strategies and respond to need
4. Gained understanding of what needs to happen
5. No awareness/Conflict/Unsafe

Domestic Abuse and Safeguarding

For the 22/52 families where the levels of family conflict were so great that there were safeguarding concerns, the change achieved through Big Manchester were significant. By the end of the intervention, conflict related safeguarding concerns were only present in relation to three families.

The 22 families were experiencing heightened levels of concern across all indicators when they started receiving support (3.8 outcome score on average) and by the end of their time with Big Manchester, concerns were on average outcome score of 2.5. Substantially greater change than the average across the programme was seen in relation to:

- ✓ Reduced parental stress
- ✓ Improved mental health & well-being
- ✓ Reduction in family conflict
- ✓ Stable and secure family environment
- ✓ Improved family communication
- ✓ Improved parenting
- ✓ Positive/improved family relationships
- ✓ School/college attendance

Prior to receiving support, half of these families were struggling with school attendance, with absence rates of over 30%, and in most cases over 50%. For 7/11 families, attendance improved to more than 70%.

Mental Health and Disability

In families where children or adults were disabled, including where one or more parent had an ongoing mental health condition, change across all indicators was

broadly in line with the average across the programme. However, where one or more adults in the family were disabled (12 families), there were greater gains in relation to ability to express feelings and in relation to school attendance by the end of the support from Big Manchester. Resolution could sometimes mean becoming prepared to access further specialist support, as this case study demonstrates.

Case study 1

For this family - a mother and daughter – Big Manchester supported the mother with her relationship with her daughter, reducing parental stress and enabling her to regulate behaviour. Before receiving Big Manchester support, the mother was on the pathway for receiving a diagnosis for autism.

The mother felt that her daughter masked her behaviour and that school staff and her own family did not see any issues with her behaviour. This prevented her from getting a referral to CAMHS. Although the mother took up an offer of attending a parenting course, she was sceptical because she did not think it would help with the root of the issue.

The family were referred to Big Manchester by the school. At that time the mother was facing multiple challenges including two bereavements and a decline in her physical health. She had difficulties being in crowded places which limited the activities she could do with her daughter.

Once she started to receive support from Big Manchester "*things seemed to get better for a while…I knew I'd mentally changed. It was working"*. The mother also saw improvements in her daughter's behaviour who enjoyed doing play sessions with her worker.

However, once support from Big Manchester stopped, the family continued to face difficulties including tension in their relationship and parental stress. The mother believed the child's transition to high school had been a factor in this, as she explained:

"*When I'm overwhelmed, I need to step away. She takes that as a negative. So, I'm struggling to tell her. 'Don't take it as negative. It's not your fault when I'm this'. I don't know what I need today… while [the worker] was there, I talked to [worker] and then [worker] could get my point across. [Worker] could help make it work. And then when it was taken away, it was going along nicely because it was working, but now 'cause she's changed environments, she's under pressure now."*

Although this mother felt better supported under the supervision of her Big Manchester worker, she was aware that longer term her and her daughter would need input from a specialist in autism, but that such services were difficult to find:

"That's one area I think the government seriously lets down adults and children. I'm not convinced they exist. I get counselling, but they've asked their mental health team and they're offering group [sessions]. Well, I'm autistic. You can't do

it in a group. Which is really difficult... I'm dealing with something that's not normal."

Although Big Manchester support had a positive impact while in place, the worker agreed that the service was not able to meet all the needs of this family and that specialist support would be required.

Substance Use

The least change was seen in relation to families where there were concerns about drug and alcohol use. But this is because there was only one family where concerns about Consumption of controlled substances were at level 5 (No awareness/ Conflict/ Unsafe) at the initial assessment. Over the time families were receiving support, consumption of controlled substances fell in two families and rose in one. Closer examination of the families where there were concerns about impact of substance use on children of level 3 or above show that that the negative impact on children was reduced for five of the 12 families. The impact of substance use was particularly reduced for families where there were current or historic child protection plans in place.

Racism

For families where one or more family member was of Black, Ethnic Minority or Dual heritage, change across all indicators was in line with average change across the programme. This suggests that the Big Manchester model of support works as well for people who are ethnic minorities or dual heritage despite the contexts of racism which they are dealing with. Parents for whom English was not a first language, and who had experience of migration, were also well supported as shown in this case study. (See Appendix 3 for data on numbers of families from different ethnic backgrounds supported.)

Case study 2

This family - a mother originating from Africa and her three children - had experienced various trauma and adversity. Having had her children removed by social services, the courts referred the mother to Women's Aid, and from there to Big Manchester.

The children had been returned, however as well as suffering from depression and anxiety, the mother was given notice to leave their rented home. Having been offered temporary accommodation in a hotel, considered to be unsuitable and unsafe, the family stayed with a friend. During this time the Big Manchester worker advocated for the family with the local council until a council home became available. Although initially the mother was resistant, the Big Manchester worker encouraged her to accept the property:

When we came down here she spoke to the neighbours and they came out to see me. They said 'you're a new tenant…oh, we would love to have you.' They were so happy to see me. [Worker] said 'I advise you to mandate this place for now'. I said OK, I said I'm going to listen to you. So we started.

Having been told by Social Services that to keep her children she would need to give up her job, the family had very little money or resources. However, giving up employment impacted on her rights to receive benefits all of which impacted on her mental health, including experiencing suicidal thoughts. The Big Manchester worker continued to offer emotional and practical support during this challenging time, including providing furnishings, flooring, beds, and a washing machine. At the same time, the mother was experiencing issues with her immigration status. Her Big Manchester worker '*took it upon herself and followed me to immigration aid to speak with them"* assisting the mother with completion of required forms, documents and references, whilst liaising with the immigration office for advice on how the mother could achieve citizenship - which was finally approved.

Since that time, the family remained settled and stable in their home. The family were very close; the mother had a job she enjoyed, the children were achieving well at school, doing well in exams and going on to college; the mother spoke proudly of her children and their achievements. This was achieved because of the support the family had received as the mother recalled:

"They contributed to where I am today because they really helped me to discover myself, to find myself and to be able to stand on my feet, to be able to look after my children and to be mother to my children. Sometimes it's not about money, but it's about someone supporting you standing by. That's what helped me. Look at me today. I have a permanent job. I'm happy. I'm so happy. I'm able to look after my children. If not for them, I don't think I would be able to do that."

Family size and composition

Family size appears to make a difference, with families where there is only one child experiencing greater than average reductions in levels of Parental Stress, Family conflict, Ability to express feelings.

Families where there are three or more children (n=7) seem to experience less change, with lower than average change in relation to Parental Stress, Family conflict, Ability to express feelings, and Healthy Relationships (Parenting, Positive family relationships) and Social Networks.

In families where all children were aged 8 years old or under (n=8), greater than average improvements were seen in relation to Safe home/housing environment, Ability to express feelings and School/college attendance.

But these are small numbers of families, so further investigation of these differences would be useful.

6.2 Variations within the model

Analysis of the monitoring data shows that the length of intervention had a big impact on how much change was seen in levels of concern and progress as did the area in which the model was delivered.

See appendix 4 for detail of variation in service length.

Length of service offered

For the families that received Big Manchester support for **1 to 3 months** after the initial assessment (just under a third of all families) **average levels of concern fell from outcome score 3 to 2.5**. Seven families had level 5 concerns at the start of the intervention and only two families still had level 5 risks at the end of the intervention[1]. Reduction in Parental stress changed in line with the average, as did Stable and secure family environment. However, there was less than average change in relation to Ability to express feelings, Mental health and wellbeing, Family conflict, Healthy Relationships (Family communication, Parenting) and School attendance.

For families that received Big Manchester support for **4-6 months** after the initial assessment (just over one quarter of all families) **average levels of concern fell from outcome score 3.4 to 2.8**. As with families receiving a shorter amount of support, the was reduction in Parental stress, but improvements were also marked in Healthy Relationships (Family communication and family relationships). However, concerns about Stable and secure family environment remained relatively unchanged. In four families there were safeguarding concerns related to family conflict, and in three these were resolved.

For families that received Big Manchester support for **7-9 months** after the initial assessment (one quarter of all families) **average levels of concern fell from outcome score 3.6 to 2.3**. That is, they fell to lower levels on average than the rates that were achieved by the families receiving the 3-6 month intervention, despite the fact that they started at higher levels. These families had elevated concerns (3 and above in relation to all indicators apart from substance use), so the reason for longer working longer appears clear. The change they experience is against all indicators. There was an improvement of 1 to 2 points. This means, for example, that in 10/11 families where there were safeguarding concerns in relation to family conflict, these concerns had reduced, and in 8/10 families there were no longer safeguarding concerns. In 6/7 families experienced improvements where mental health concerns had been so great that parents could not perform day to day tasks and they had unhealthy coping strategies. In relation to school attendance, there were improvements for 5/6 families where there had been concerns about less than 70% attendance through mostly unauthorised absences. Attendance rose to more than 70-80% (with fewer or no unauthorised absences).

For families that received Big Manchester support for **10-13 months,** after the initial assessment (one tenth of all families) **average levels of concern fell from outcome score 4.1 to 2.4**. So again, concerns fell to lower levels on average than the rates that were achieved by the families receiving 3-6 months of support, despite the fact that concerns started at higher levels. At the start of receiving support, these families had very elevated concerns (3.75 or above on everything apart from attendance). Average concerns dipped to below 3 on all but parental stress which was a 3. For three out of

[1] One family had a short intervention due to the service ending, so this family has been discounted from the analysis

four families there were no longer safeguarding concerns related to family conflict. The family which experienced no change here was the only one of the six families where level four or five concerns continued to exist at the end of the support period.

Location

Big Manchester was delivered in different ways across the three localities within the city of Manchester over a 12 year period. The model was developed in the North locality, then rolled out through different commissioning arrangements to Central locality and then the South locality. As explained below, the model differed in relation to timing and referral criteria and this may have affected outcomes.

In the North, at the time of the evaluation, the model was well established and working truest to its full intended form with families clearly at a point where they were ready for change. Monitoring data is available for all 22 families who supported by the service in the evaluation period. Families here experienced greater change in relation to these indicators than the average across the three localities

- ✓ Parental stress
- ✓ Mental health & well-being
- ✓ Family conflict
- ✓ Ability to express feelings
- ✓ Improved family communication
- ✓ Positive/improved family relationships
- ✓ Improved social networks

In the areas where there was less change, this could sometimes be explained by the fact there were shorter interventions (the one family experiencing elevated concerns about housing safety at the time of the last assessment had only been receiving the service for two months). For just one family, who had received ongoing support, there were elevated level 5 concerns at the end, but the interim assessment at 6 months shows that these concerned had dipped to level 3 for a while.

In 11 families, safeguarding concerns related to family conflict were resolved. In all of these families, attendance rates also rose to 70% or more.

In 8 of the 22 families, mental health concerns were at level 5 at the time of the first assessment and at the final assessment, all families were at level 3 or below.

Compared to the average of all sites, shorter term interventions in the North appeared to enable twice the amount of change in Family conflict and Stable and secure family environments. However, this difference is based on a very small number of families (n=4 of 15).

In the Central site, the model rolled out was different in ways that affected referrals and outcomes. The central funded model by Manchester City Council was targeted at those families already at Child Protection and the model didn't fit with the Child Protection timescales. So, there was a tendency for all scores to be higher at the outset. This might indicate that concern levels were higher at start (or a different use of indicators). Importantly, the change in relation to *Ability to express feeling* and

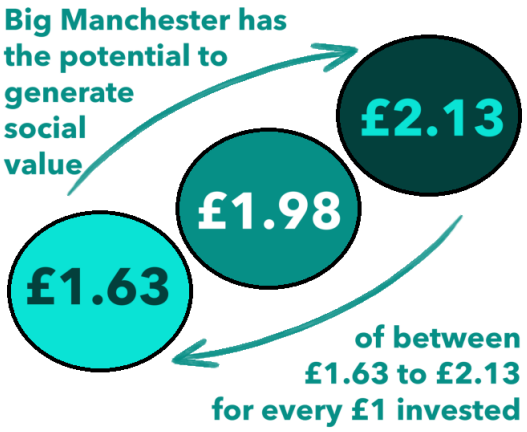
Social networks was markedly less than the average across all sites, and improvements in Mental Health were considerably less than were experienced by families in the North. There was also less change in relation to ability to understand impact of own behaviour and family conflict. The model would have needed to be more flexible to support this cohort of families and so the service was ended after 12 months.

In the South, the progress achieved by families was comparable to that in the NORTH in relation to Ability to express feeling and Improved social networks, but there was much less progress in relation to Family conflict; Healthy Relationships (Family communication, Parenting, Family relationships) and School attendance. Nonetheless there was some progress in all of these areas. The fact that the change is less may be explained by the fact that the starting risk scores to be lower for families in the South, and perhaps change was less easily achieved. There are no families with 3 or more children in this cohort. The difference in roll out of the model may also be a factor as, although Big Manchester South mirrored Big Manchester North in that it supported those families at early help, at the time the evaluation began, the team was newly formed (it started in August 2022).

6.3 Social Return on Investment

Costs - Big Manchester North

In Big Manchester North, where the BM model followed its truest form, the service worked with 91 people (41 families) in the two-year evaluation period. For the 37 adults and 54 children, the cost of service delivery was £673,971. Therefore, average costs per family was £16,438, and cost per person for the multiple elements of the programme was £,7406.27. Some stakeholders acknowledged that investment in this form of service can seem costly, but they stressed the value:



> "It really is essential work... I know people probably see it as a bit of a luxury because it's much more therapeutic and difficult. So, you don't see immediate effect or immediate result... But for me, that's about families not re-presenting to our service."
>
> (Local Authority Stakeholder)

Negative outcomes and costs avoided

Of the children supported by Big Manchester North in the evaluation period half had current or historic **involvement with child protection** (these families are recorded as being either subject to a child protection plan, they have recently been discharged from one but conflict in the home or mental health challenges are still present, or a child protection investigation is anticipated if intensive support is not given).

Stakeholders described how, without support from Big Manchester, children were at risk of coming into care or needing significant social services support; families were at risk of exposure to further domestic violence; children were in need of significant and costly mental health provision, requiring significant time from educationalist and at risk of school exclusion or being sent to specialist provision; parents would require parenting support (which was often insufficient) and mental health programmes; and there would be significant associated cost implications for health, housing, and police services. Based on the evidence in the anonymised monitoring data, family interviews and stakeholder interviews, we estimate the extent that these negative outcomes were avoided is as follows:

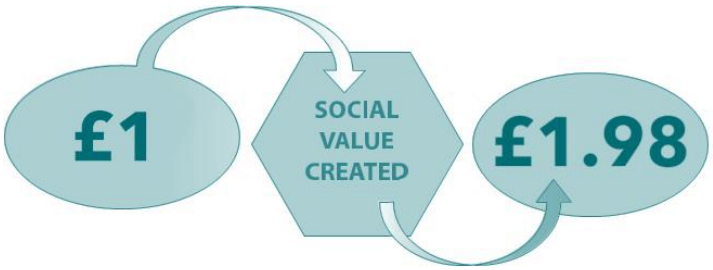
1 in 14 children	**Avoided children being taken into care** (for a 5-year period).
1 in 8 children	**Avoided child protection assessments and children in need plans** (for a 2 -year period).
1 in 5 children	**Reduced specialist mental health interventions** (for a 1 -year period)
1 in 4 children	**Reduced need for educationalist time to manage non-attendance** (for a 3 -year period)
1 in 50 children	**Avoided specialist education placement** (for a 4 year period)
3 in 4 families	**Avoided parenting programme**
1 in 20 families	**Reduced housing disruption** (for a 3-year period)
1 in 10 families	**Reduced incidence of domestic abuse** (for a 2-year period)
1 in 15 adults	**Increased engagement with employment**
1 in 3 adults	**Reduced mental health programme** (for a 3-year period)

The Social Return on Investment (SROI) value is expressed as a ratio, and is calculated by dividing the value of the impact by the value of the investment over a five year period.

The total value of the impacts per year = £390,722.26
The Total Present Value (discounted up to 5 years) = £1,331,158.52
The Net Present Value = £ 657,187.52
Total Input = £ 673,971.00

$$\text{SROI ratio} = \frac{£1{,}331{,}158.52}{£\ 673{,}971.00} = 1.98$$

Based on these assumptions, we suggest there is a social return on investment of 1: 1.98 (with a sensitivity range of 1:1.63 to 1:2.13)



7 Recommendations

What is in this section?

- A summary of key insights to inform future service delivery

This evaluation demonstrates that the Big Manchester therapeutic whole family approach is a model which:

- Offers families **opportunities for containment, regulation and psychoeducation**.
- Enables parents/carers and children who are ready for change to **work through their experiences of trauma and progress towards feeling happy and resolved.**
- Strengthens family relationships by providing **emotional space and practical skills that enhance parental and child capacity** for engagement with play and other activities, and communication.
- Generates **significant reductions in harm** for children and families be increasing safety and stability.
- Promotes positive outcomes in terms of **healthy relationships, wellbeing and education**.
- **Relieves the pressure and costs for other services**, by reducing the revolving door or escalation of need, particularly in relation to reduced demand on child protection, child and adult mental health services, early help services, domestic abuse services, accident and emergency services, and education services.

To deliver these outcomes, any future role out of the service must ensure:

- **Fidelity to the North model and clear referral criteria**, with the Barnardo's therapeutic concept at the heart.
- An **individualised approach** is delivered by highly skilled and supported staff.
- Family members are given **the choice whether, when and how to engage** (which is vital in light of previous experiences with services and abusive relationships)
- **Family members can develop trust in an individual worker** (to support them and their children), through a flexible service offer which ensures that family members feel respected and valued as a person.

- Workers have **quality and regular therapeutic supervision and capacity building**, and the team have competence in multidisciplinary areas. This balance of therapeutic approach with families and therapeutic support for workers enables workers to engage in this novel way which is truly trauma-responsive.

- **Teams have strong links to the diverse services and opportunities** in local areas.

The model could be strengthened even further by consistent attention to understanding and sharing children's views relating to non-contact with an abusive parent. Children's views may be communicated in actions rather than words, and there may be pressures on non-abusive parents to promote contact. Workers could have a role here, ensuring that children's own concerns about contact are heard, and then advocating to alter contact expectations where this is wished (or supporting children to deal with difficult situations, if contact is considered to be in their best interests).

Appendix 1: Detailed Theory of Change

How we understand and measure the process of improving outcomes

Who (why) Referrals	BM Intervention	Outcome Theme	Examples of Interview Evidence	Monitoring Data Measure
Families with experience of trauma, at least one child aged under 12 year, ready for change but with issues related to: • Domestic Abuse • Mental Health • Substance Misuse • Child Protection or • Child in Need	**A cocreated multi-disciplinary community-connected stable team of staff with self-understanding, therapeutic capacity and supervision** **Using** **Therapeutic Assessment** **Work with Adults** (Individualised 1-2-1 therapeutic relationship; parenting/ practical/advocacy support; networks) **Work with Children** (Individualised 1-2-1 therapeutic play; liaison with school) **Group Work** (courses for parents, or parents and children; family activities) **System Change** (increasing services understanding of families; building community connections) **To** • **Build working relationships with families** • **Support parents/ carers and children to understand themselves** • **Secure resources to meet families needs** • **Enabling reflection and action on relationships and behaviours** • **Strengthen connections between families and communities** • **Encourage understanding within other services**	**1 Happy and Resolved**	Emotional wellbeing for adults and children Adult feeling OK with emotional journey, and understanding self Child describing happiness (eg in relation to activities) Adult describing child as 'child-like', 'out of shell', no-longer acting negatively	• Reduced parental stress • Improved MH and Wellbeing
		2 Safe and Secure	-Safe from social service scrutiny (threat of losing child Strong/empowered enough to provide a safety net for children -Child accessing safe space -Child safe to express views	• Reduction in family conflict (when DA is a factor)
		3 Stable	Basics for home secured Stable routines enabling eg school attendance	• Safe home environment • Reduced impact of parental substance abuse on children (where a factor) • Stable and secure family environment
		4 Using Effective Coping Strategies	Learned to express feelings Authorised to express feelings Understanding how to put this into practice Strategies for self-care /support	• Ability to express feelings
		5 Relationships Healthy	Positive interactions within family Greater understanding of needs Competence to self-regulate	• Improved family communication • Positive/improved family relationships • Able to understand the impact of own behaviour • Improved Parenting
		6 People Healthy	Engaged in health promotion/ healthy lifestyle activities	
		7 Engaged and Achieving	Children attending school Parents engaged in community groups, education or work	• Improved social networks • Satisfactory school/college attendance
		8 Confident and Hopeful	Confidence Hopeful about future	NB Survey data on this – but sample too small to include

Appendix 2 – Social Return on Investment Methodology

How we calculated financial benefit….

To generate an estimation of the Social Return on investment, the negative outcomes avoided through two years of Big Manchester service provision in the North were monetised. These outcomes were monetised and then compared with the costs incurred in delivery of the service over the two year period

$$\text{SROI ratio} = \frac{\text{Social Value of Outcomes}}{\text{Cost of Big Manchester North}}$$

The main stages involved in conducting SROI analysis are described in the Cabinet Office 2012 Guide to Social Return on Investment and subsequent principles.

Main stages of SROI analysis	
1.	Identifying stakeholders
2.	Developing a theory of change
3.	Calculating inputs
4.	Evidencing outcomes
5.	Valuing outcomes
6.	Estimating the SROI ratio

Stakeholders were identified by consulting with staff and parents. A theory of change was developed from discussions with staff and the steering group, advice from parents and a review of recent literature. Inputs were calculated by extracting financial data from Big Manchester financial systems and a cost questionnaire. Outcomes were evidenced using interviews with parents and children, stakeholder interviews and monitoring data. Outcomes were also sense checked with parents and staff in a learning group discussion.

Value was placed on outcomes using figures drawn from the Social Impact Bank, Department of Education evaluations and recent academic journals publications[2]. The social return on investment ratio was calculated using the following figures: 0% displacement (as no activity was redirected); 5-50% attribution for different outcomes (there was greater external contribution to housing and parenting outcomes than any other factors; variation in attribution was also used to provide sensitivity to the analysis); 0-20% deadweight (although we believe little of the accrued benefits would occur without a service, this range helped provide a sensitivity element to our analysis); 10% drop off (showing declining significance of the BM contribution over years).

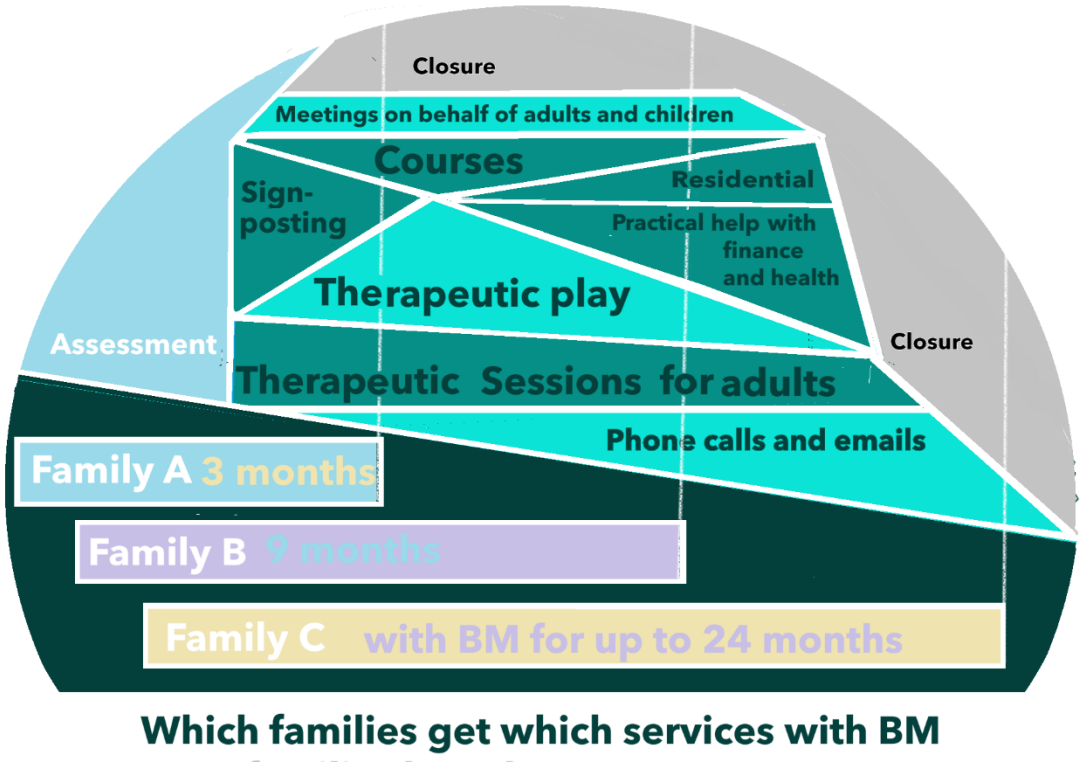
[2] Evaluation of PAUSE (publishing.service.gov.uk); SafeCORE Evaluation Report (publishing.service.gov.uk); High needs funding: 2024 to 2025 operational guide - GOV.UK (www.gov.uk); Services.pdf (pssru.ac.uk); The cost-effectiveness of a proportionate parenting programme for primary caregivers and their child: an economic evaluation using evidence from the E-SEE Trial (BMC Health)

Appendix 3 – Data on Ethnicity, Disability & Gender of families supported

	North	Central	South
Ethnicity			
Arab	0	5	1
Asian - Bangladeshi/Indian/Pakistani/Other	4	17	6
Black - African/Caribbean/British/Scottish/Welsh	6	13	3
Mixed/Multiple – White/Asian/Black African/Caribbean/Other	12	14	11
White - British/Eastern Europe/Other	68	21	32
Other Ethnic Group	1	4	0
Total	**91**	**74**	**53**
Disability			
Behaviourally based disability	6	5	2
Learning Disability/Autism	1	3	3
Mental Ill Health (over 12 months)	6	4	4
Physical/Hearing/Sight impairment	6	7	5
None	62	55	30
Not Known	10	0	9
Total	**91**	**74**	**53**
Gender			
Adult Female	33	23	16
Adult Male	4	5	5
Adult Not Known	0	0	2
Child Female	25	27	11
Child Male	29	19	19
Total	**91**	**74**	**53**

Appendix 4 – Visual Representation of short, medium & long-term support

This infographic summaries data provided by families, staff and stakeholders on the combination of interventions received from 2021 – 2024.



Families received bespoke combinations of services which varied in length from just a few weeks to (very occasionally) over 24 months. The length of service varied in the different localities where the service was offered, in part due to different commissioning models.

Where families were still connected to the service after 24 months, they tended to be families who had needed a lot of practical support as well as the therapeutic support and the service tapered.

Families that received only a short service, received more signposting, and were less likely to take part in the organised leisure activities, such as residentials. Some of these families did not receive the one-to-one therapeutic play sessions for children.