Violence Reduction Unit - Community Mental Health and Emotional Well-Being Support Pilot Evaluation

November 2024

VRU | MAYOR OF LONDON
VIOLENCE REDUCTION UNIT

Contents

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Executive Summary

The pilot forming the basis of this report emerged from the Violence Reduction Unit's (VRU) public health approach to violence, based on evidence that supporting the whole family should be a part of an integrated approach to reducing violence. The VRU appointed and funded Groundwork and Midaye to deliver the pilot.

Groundwork's Strengthening Families programme aimed to provide support to parents/carers of young people aged 11-24, to understand and manage their young person's well-being and challenging behaviour. The programme included peer support groups, skills-building workshops, and 1:1 support. The Midaye Hope project also aimed to support parents/carers of young people, through 1:1, group and peer-to-peer support.

This was an exploratory evaluation involving a process and impact evaluation across the two services. The evaluation involved qualitative fieldwork (interviews and focus groups) and analysis of quantitative data (surveys and service monitoring data).

Referrals and engagement

We found that both services were accessible and successfully engaged parents/carers. Both services reported levels of demand that stretched their capacity. For both services, it was clear that the communities they served lacked support, and had a range of unmet needs. For Strengthening Families in particular, young people's issues at schools were motivating factors for parents'/carers' engagement. For parents from the Midaye Hope project, their needs often related to being first generation immigrants to the UK and needing support with unfamiliar systems such as housing or the NHS.

The greatest number of referrals to Strengthening Families came from Family Early Help and schools. Parents/carers reported positive experiences of accessing the Strengthening Families service, feeling seen and welcomed by staff, which encouraged parents/carers to continue using the service. Almost all parents/carers in the Midaye Hope project appeared to have joined via word of mouth in the community; parents/carers also mentioned that their positive experience of the service prompted them to tell others about it and to continue engaging themselves. Barriers to accessing both services included a lack of awareness of the services, stigma related to mental health, language, gender, and external stresses. Offering flexibility, childcare, and financial incentives/support had helped to facilitate engagement.

Parents/carers were not expected to engage with every aspect of the programmes, but rather to draw on the support that their situation required. The majority of Strengthening Families' parents/carers attended both 1:1 and group sessions. Attendance for both also increased across the course of the pilot. The number of parents/carers accessing the Midaye Hope project increased over the duration of the pilot. Most parents accessed group sessions only and not 1:1 sessions.

Impact / Perceived effectiveness

Mental health and emotional well-being: Parents/carers consistently reported that their experience of the Midaye Hope project or Strengthening Families had positively impacted their mental and emotional well-being. Across both services, interviewees noted greater confidence and self-esteem, self-compassion, and contentment/happiness, as well as reduced stress, anxiety and isolation.

Parents/carers and staff also spoke about improvements in parents'/carers' ability to recognise and manage mental health issues. This included becoming more confident in using mental health terminology and having a greater awareness of trauma, helping them to identify the support they needed and recognise the benefit of speaking about their feelings.

Parent/carers also reported better understanding and managing the mental health needs of their children. Parents/carers from both services mentioned supporting children better with anxiety and learning to identify where a child's behaviour indicated underlying needs.

Parents/carers told us about a variety of ways in which both services supported their relationships with their children – principally through building upon their parenting strategies. Some of the reported changes to parenting included calmer dispositions when interacting with children, improved communication, dedicating time to check-in with young people, focusing on children's positive behaviours, and better tailoring of parenting to different children's ages. Across Strengthening Families' pre and post-programme surveys, parents/carers reported increased confidence talking to their children about their mental health and well-being.

Whilst not a focus of our research, we also found evidence of improved child outcomes, including improved family relationships and open communication, as well as improved school-related outcomes (particularly for Strengthening Families) such as a reduction in school behavioural sanctions and an increase in attendance.

Improved access and engagement with other services: We found evidence that the services had improved the perception of and access to statutory support services amongst some parents/carers. Both Strengthening Families and the Midaye Hope project raised awareness of other services, signposted and referred, accompanied parents/carers in interactions with other services, and advocated for them.

Peer to peer networks: Both services helped parents/carers to meet other parents/carers and form new connections, although this was a more central focus of the Midaye Hope project.

Parents/carers developed close relationships as a result of the Midaye Hope project, and parents/carers received advice and other forms of support from their peers. The Strengthening Families' group sessions were deliberately focused on delivering content, as opposed to being primarily about parents/carers making connections with each other. Despite this, data from Strengthening Families' pre and post-programme surveys confirmed that parents/carers felt more confident about finding peer-to-peer support after participating in the service. Parents/carers experienced the peer support groups as a helpful space where they could feel less isolated and benefit from exchanging advice.

Best practice and transferable learning

We identified best practice which other providers could learn from. This included services' genuine relationship- and person-centred approaches, their high levels of cultural competency, and the empowering community-led approach adopted by the Midaye Hope project.

Practice and policy recommendations

- **Deliver culturally competent services** – Both the Midaye Hope project and Strengthening Families demonstrated the importance of culturally competent services. They were accessible and engaging to parents/carers from local communities, suggesting that services designed with cultural sensitivity can effectively support mental health and well-being. Services designed in this way can make service users feel more comfortable and balance power inequalities that can exist in statutory services. These services can also serve as a gateway for families to access external support services.

- **Representation and engagement** – Services that are representative of the communities they serve can accurately identify needs and provide culturally relevant support. By involving service users in program implementation and decision-making processes, services can better address the unique mental health challenges faced by individuals from different cultural backgrounds. The Midaye Hope project demonstrates how a **community-led and place-based approach** can identify and support (lower-level) mental health needs – providing referrals and further support where needed.

- **Relationship-based and person-centred approaches** can work well for families who have experienced or are experiencing trauma or adverse challenges. These approaches are characterised by compassion, sensitivity and respect. Relationship-based approaches can facilitate trust, leading to better engagement. Time is needed to for genuine relationship building, as well as flexibility, tailoring to the individual and encouraging autonomy.

- **Schools and whole-family approach** – our findings highlight the benefit of the link between schools and a family well-being service provider (particularly in the case of Strengthening Families). A whole-family approach to support can equip a family to continue supporting the child after service provision ends. Schools can play an important role in early intervention and prevention efforts for mental health challenges. Working alongside schools and adopting a whole-family approach may enhance the effectiveness, accessibility, and sustainability of mental health and well-being support services, ultimately leading to better outcomes for the child and families.

1.1 Background

Good mental health and emotional well-being are key factors in the lives of parents/carers and those with significant caring responsibilities (PCR) and at the heart of parenting and supporting young people. Recognising this, the VRU undertook a wide-ranging consultation to understand the needs of parents/carers in London. This has included:

· Stakeholder engagement
· Parent/carer surveys
· A stock-take of parenting programmes
· Consultation with communities, including parents and carers

Supporting a whole-family approach to reducing violence, the research has also identified a gap in the provision of culturally competent and community-based mental health support services for parents/carers in underserved communities.

Addressing this gap in service provision, the VRU co-designed the Community-Based Mental Health and Emotional Well-Being Support Pilot with parents and carers, young people, and a range of stakeholders across the voluntary, community and statutory sectors. The VRU commissioned two organisations to deliver the programme across separate sites. Groundwork, who ran the Strengthening Families service based in Southwark; and Midaye, who delivered the Midaye Hope project based in Kensington and Chelsea. The pilot was delivered between December 2021 and March 2024.

Coram were commissioned to evaluate the pilot in August 2022, producing a number of interim reports over the course of the programme. This final evaluation report delivered in May 2024 brings together findings across the process of implementation, highlighting key learning.

1.1a Strengthening Families

The Strengthening Families service, delivered by Groundwork, provided support to parents and carers of young people aged 11-24 from African-Caribbean, mixed or other backgrounds, in or around the London Borough of Southwark.

The service offered a programme delivered by a therapist and family practitioner, and included peer support, skills-building workshops, and 1:1 support for parents/carers and young people. The service aimed to support parents/carers to understand their own emotional well-being, their young person's emotional well-being, and access support to: manage their young person's challenging behaviour; understand and feel empowered to deal with a risk of school exclusion; and build links with other parents/carers for peer-to-peer support. A Theory of Change for the service follows below. In this report, we refer to the service as 'Strengthening Families'. Strengthening Families is one of a number of inter-related services available at 'The Nest' - a physical location in Peckham, London.

1.1b The Midaye Hope project

The Midaye Hope project, delivered by Midaye, aimed to provide accessible support to parents and carers of young people from minority communities, predominately those from Somali and Arabic backgrounds. The service offered a programme of peer-to-peer support delivered by trained members of the community via community outreach, group sessions, 1:1 support, and counselling. The service aimed to support parents/carers with their emotional and mental well-being; to access services; to engage and trust in services; and to build links with other parents/carers for peer-to-peer support. Midaye was committed to a parent/carer-led approach to ensure that the Midaye Hope project was based on the needs and interests of the communities it serves. A Theory of Change for the service follows below.

Parents/carers generally referred to 'Midaye' rather than the 'Hope project' when talking to us - this reflected their experience of accessing support from the organisation as a whole, including Midaye's other services. As such, the evaluation was not always able to disentangle parents'/carers' experience of the Midaye Hope project from their experience of Midaye in general. However, we make clear throughout this report where parents/carers or staff mentioned the Midaye Hope project specifically.
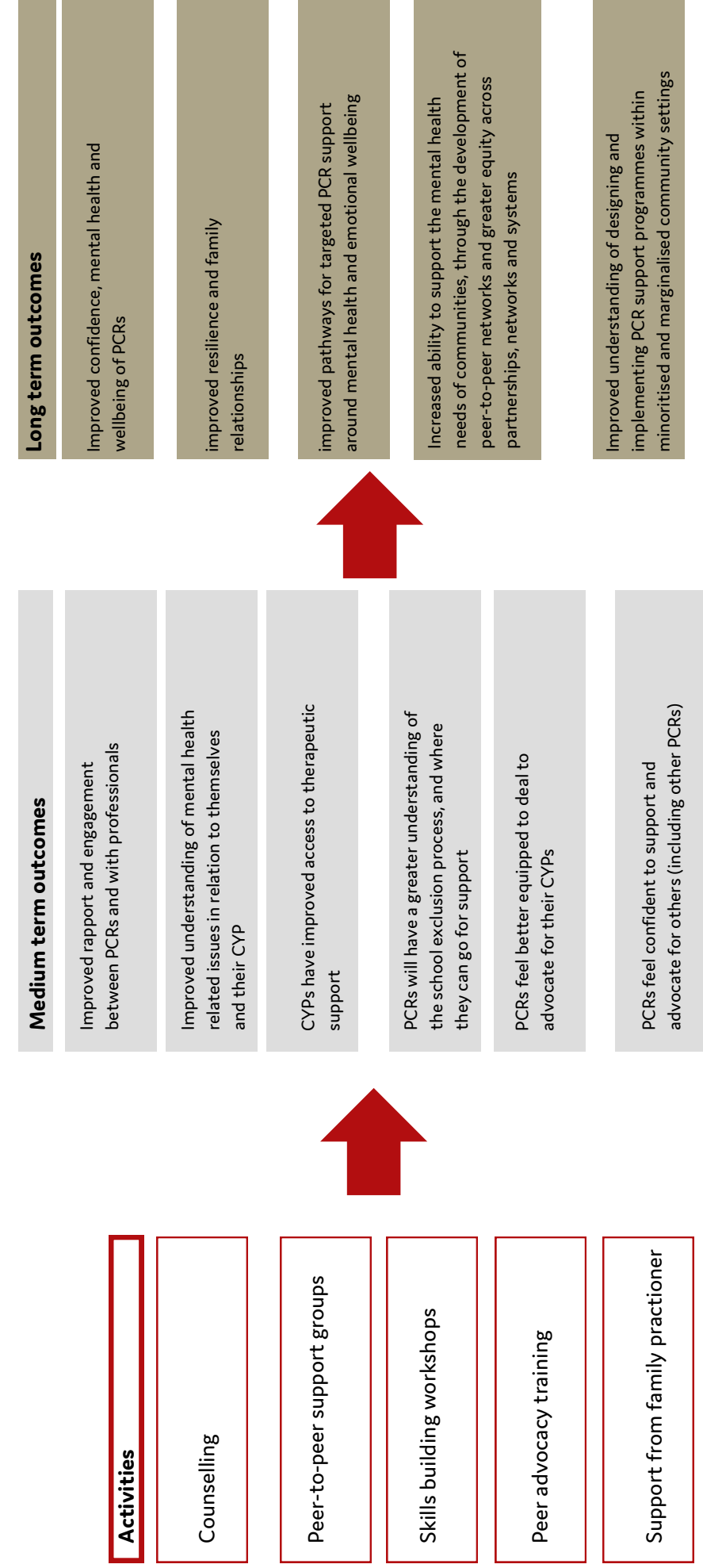

Strengthening Families' Theory of Change

What local need does the Strengthening Families project aim to meet?

VRU's strategy advocates a public health approach to violence reduction through:
- Families and Home - supporting and enabling them to nurture and protect young people.
- Community and Neighbourhoods - enabling and empowering communities to lead from within to build sustainable futures.

The Strengthening Families project's target beneficiaries are parents/carers (PCRs), and their children/young people (CYPs) from minoritised and marginalised communities, as well as the organisations that work with them.

Long term outcomes

- Improved confidence, mental health and wellbeing of PCRs
- improved resilience and family relationships
- improved pathways for targeted PCR support around mental health and emotional wellbeing
- Increased ability to support the mental health needs of communities, through the development of peer-to-peer networks and greater equity across partnerships, networks and systems
- Improved understanding of designing and implementing PCR support programmes within minoritised and marginalised community settings

Medium term outcomes

- Improved rapport and engagement between PCRs and with professionals
- Improved understanding of mental health related issues in relation to themselves and their CYP
- CYPs have improved access to therapeutic support
- PCRs will have a greater understanding of the school exclusion process, and where they can go for support
- PCRs feel better equipped to deal to advocate for their CYPs
- PCRs feel confident to support and advocate for others (including other PCRs)

Activities

- Counselling
- Peer-to-peer support groups
- Skills building workshops
- Peer advocacy training
- Support from family practioner

Midaye Hope Project's Theory of Change

What local need does the Midaye Hope project aim to meet?

VRU's strategy advocates a public health approach to violence reduction through:
- Families and Home – supporting and enabling them to nurture and protect young people.
- Community and Neighbourhoods – enabling and empowering communities to lead from within to build sustainable futures.

The Midaye Hope project's target beneficiaries are parents/carers (PCRs), and their children/young people (CYPs) from minoritised and marginalised communities, as well as the organisations that work with them.
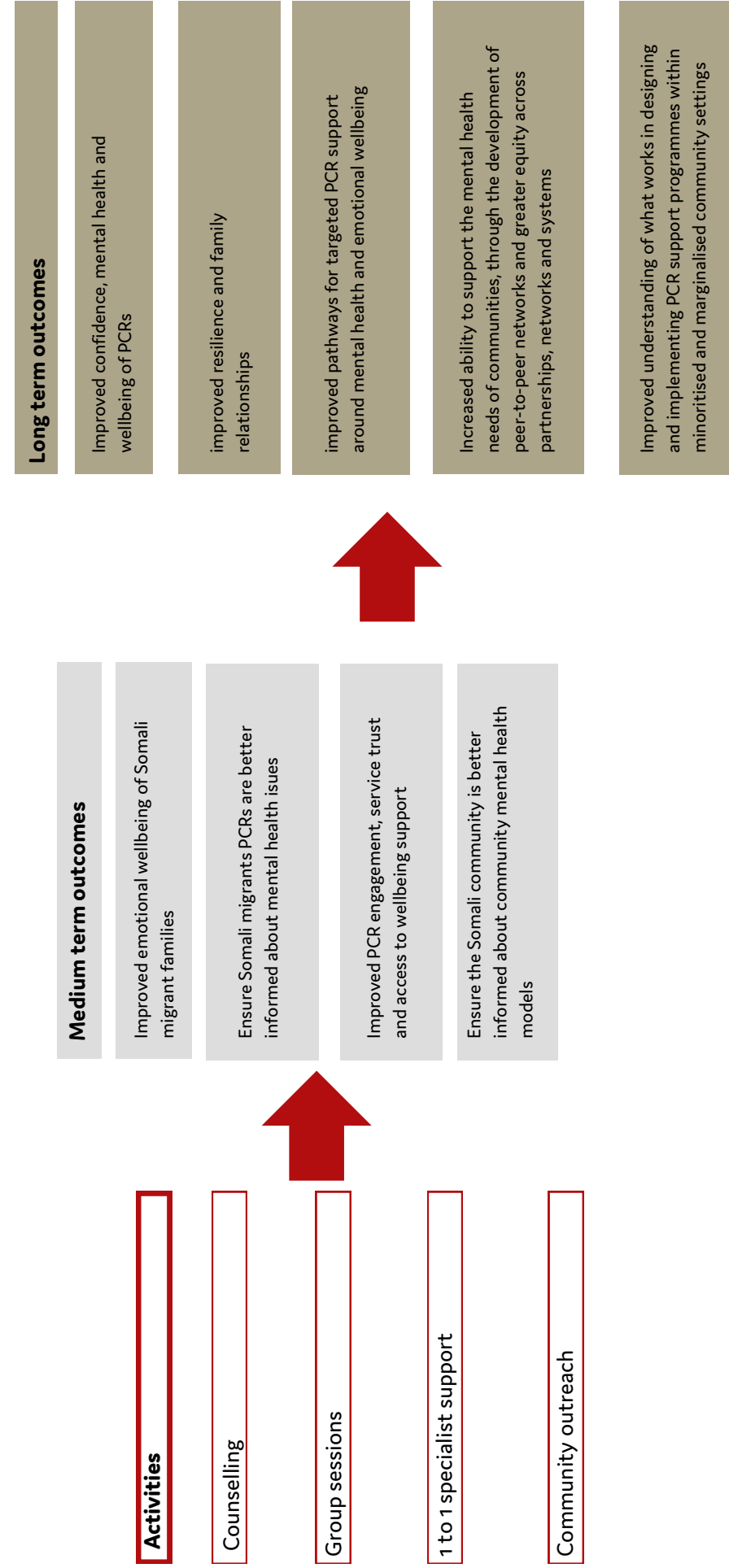
Long term outcomes

- Improved confidence, mental health and wellbeing of PCRs
- improved resilience and family relationships
- improved pathways for targeted PCR support around mental health and emotional wellbeing
- Increased ability to support the mental health needs of communities, through the development of peer-to-peer networks and greater equity across partnerships, networks and systems
- Improved understanding of what works in designing and implementing PCR support programmes within minoritised and marginalised community settings

Medium term outcomes

- Improved emotional wellbeing of Somali migrant families
- Ensure Somali migrants PCRs are better informed about mental health issues
- Improved PCR engagement, service trust and access to wellbeing support
- Ensure the Somali community is better informed about community mental health models

Activities

- Counselling
- Group sessions
- 1 to 1 specialist support
- Community outreach

1.2 Methodology

The evaluation of the pilot ran from August 2022 to March 2024. This was an exploratory investigation of an innovative pilot intervention. It explores the process of implementation, outcomes and perceived impact across the two separately designed and delivered services (Strengthening Families and the Midaye Hope project). The evaluation applied a mixed methods approach, involving qualitative fieldwork within each service as well as an analysis of quantitative data collected by each.

Fieldwork, consisting of semi-structured focus groups and interviews, was carried out between December 2022 and January 2024. These were conducted by Coram researchers – in most cases alongside co-researchers who were previous beneficiaries of each service. For Strengthening Families, we spoke to 19 parents/carers (including 15 interviews and one focus group), and eight professionals from the service and from other services working with Strengthening Families. For the Midaye Hope project, we spoke to 39 parents/carers (including seven interviews and four focus groups), and five staff from Midaye. In general, parents/carers from Strengthening Families were more likely to prefer 1:1 interviews than focus groups – which explains why we spoke to a larger number of parents/carers at the Midaye Hope project. For the Midaye Hope project, when required translation was facilitated by either staff members or, for focus groups, other parents/carers taking part. Consent forms and information sheets were made available in Somali, English and Arabic. Qualitative analysis was carried out on NVivo, using a combination of framework and reflexive thematic analysis.

We also analysed quantitative data provided by the services. This included service monitoring data for both services, and outcome data for Strengthening Families. Strengthening Families' service was delivered to time-limited 'cohorts' of parents/carers, and so the service monitoring data is presented in this format. Strengthening Families also conducted parent/carer outcome surveys at the start and end of parents'/carers' engagement with the service - we analysed only those surveys

where both such 'pre' and 'post' data were available. The Midaye Hope project's service monitoring data was provided on a quarterly basis, and is presented in that format. In some cases, Midaye noted that their systems did not allow them to distinguish attendance at Midaye Hope project sessions from attendance at other Midaye projects – we note this where relevant below. Midaye did conduct two parent/carer outcome surveys during the course of the evaluation, however as the two surveys asked different questions (and changed the answer options), we were not able to analyse changes over time.

This points to a key challenge for the evaluation - as delivery of the pilot began in December 2021, and the evaluation only began in August 2022, services' data collection was not designed around the requirements of the evaluation. Another key challenge, as already noted, was that parents/carers at the Midaye Hope project did not distinguish their experience with the Midaye Hope project from their broader experience with Midaye – making it harder to disentangle the specific impacts of the Midaye Hope project.

Research questions
The evaluation explored the following key research question:

Implementation: Is the pilot intervention accessible and acceptable to parents/carers?

Impact / Perceived effectiveness:
(i) Does the pilot help to improve the mental and emotional well-being of parents/carers?
(ii) Does the pilot increase parent/carer trust in and acceptability of emotional and mental well-being support services?
(iii) How does the pilot affect the attitudes and behaviours of parents/carers around identifying and accessing appropriate services?
(iv) How does the pilot affect the creation of peer-to-peer networks?

We also sought examples of best practice and transferable learning for other providers to learn from.

2. Programme implementation

This section explores the process of implementation, beginning with an overview of the available performance data. Considering the delivery of the programme, it includes insight into service user demographics, needs and experiences, as well as those of key practitioners. We found that both services were accessible and successfully engaged parents/carers. Both services engaged parents/carers with a range of needs, including multiple and complex needs. The families engaged seemed to be largely appropriate cases for the services. For Strengthening Families, the service gradually identified, in the early months of the pilot, which cases were appropriate; they also worked with local partners to establish effective referral pathways. For Midaye, almost all referrals came from the community by word of mouth. Both services reported demand from parents/carers that stretched their capacity.

2.1 About the participating parents/carers

Over the course of the evaluation, service monitoring data was provided by the two services. Strengthening Families provided data covering May 2022 to December 2023, during which 127 parents/carers engaged with the service. Midaye provided data for the Midaye Hope project covering January 2022 to December 2023 – according to the data, 247 parents/carers engaged with the project in this period. The following charts provide background data on these service users, based on the service monitoring data.
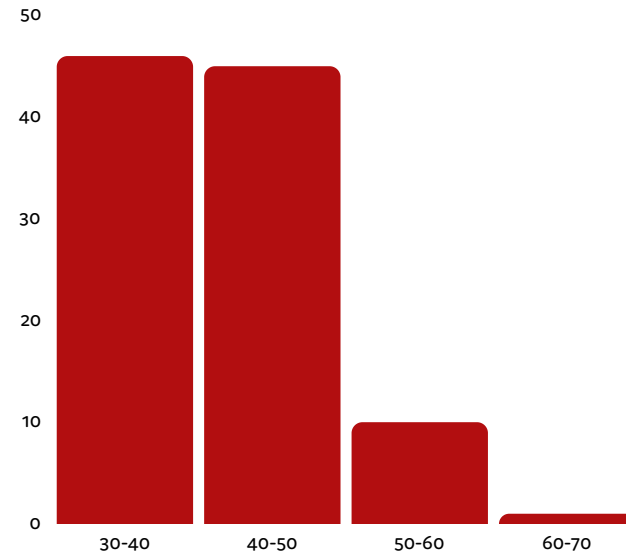
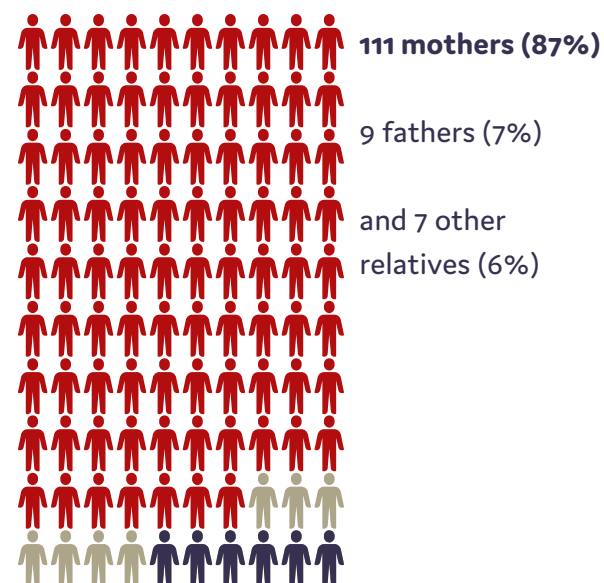## 2.1a Strengthening Families
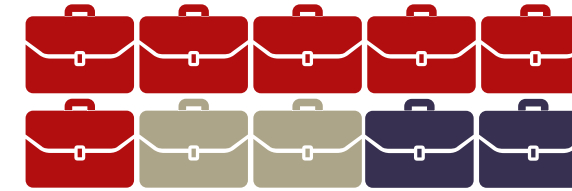
Most were single parent families

80% single parent families

20% lived with a partner

Most families had two children

22% had one child

55% had two children

22% had three or more
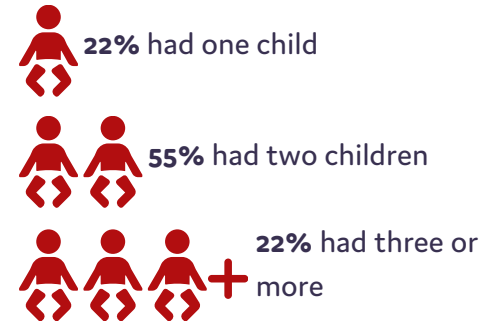
Most attendees were between 30-50 years old

Most attendees were mothers

111 mothers (87%)

9 fathers (7%)

and 7 other relatives (6%)

Most families had a single income

62% of families had a **single income**
20% had no job and 19% had two incomes

Most attendees were Black or Black British

Other 2%
White or White British 27%
Black or Black British - African 35%
Black or Black British - Caribbean 28%
Mixed Heritage 5%
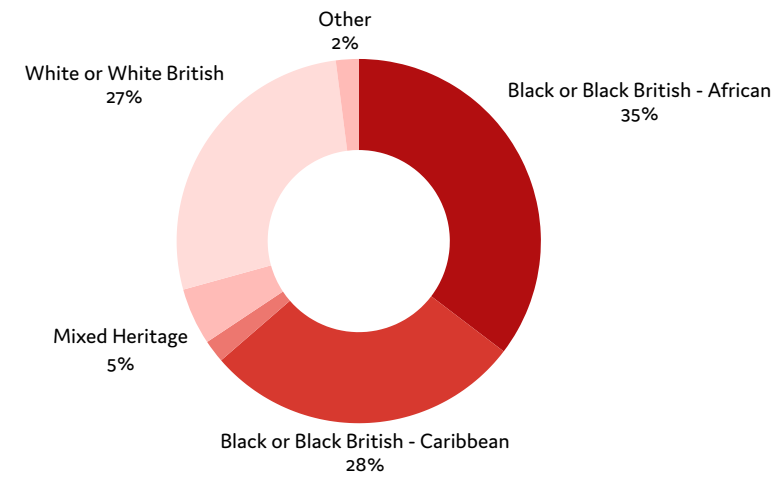
English as a first language

Yes 63% (64 people)

No 37% (38 people)

Domestic abuse

Domestic abuse experience 44%
No experience 56%
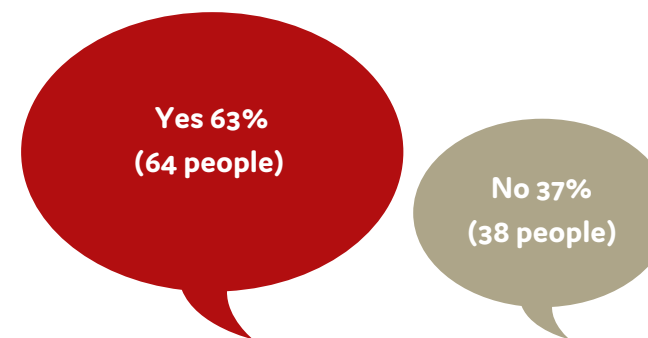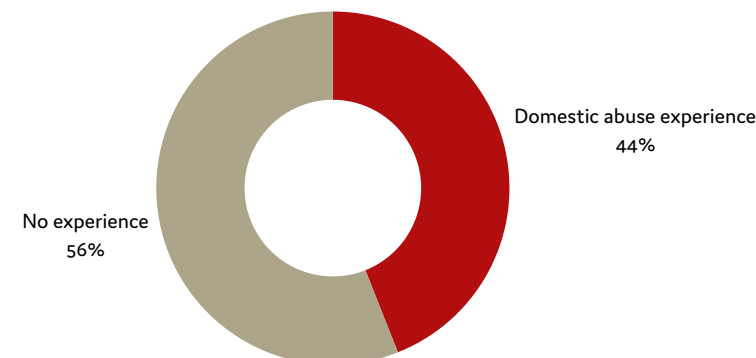
32% of families had housing issues

48% had mental health challenges, 15% had physical health challenges

Current   None reported

Mental health challenges   Physical health challenges
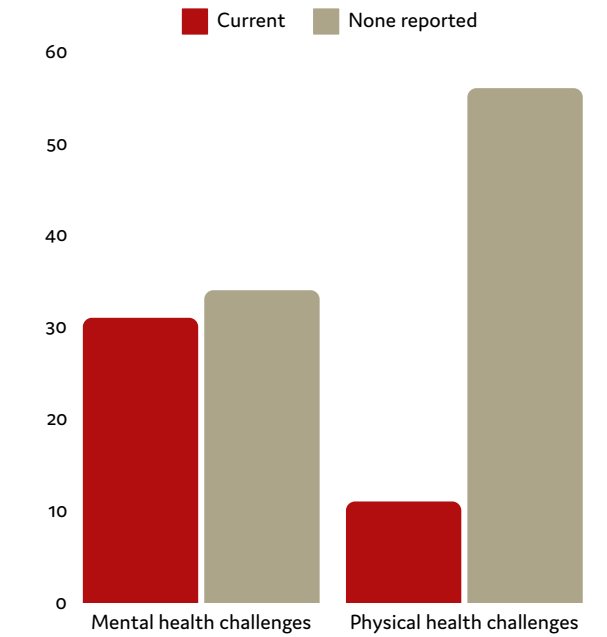
Social services involvement

29 families had current or previous social services involvement, 26 had none

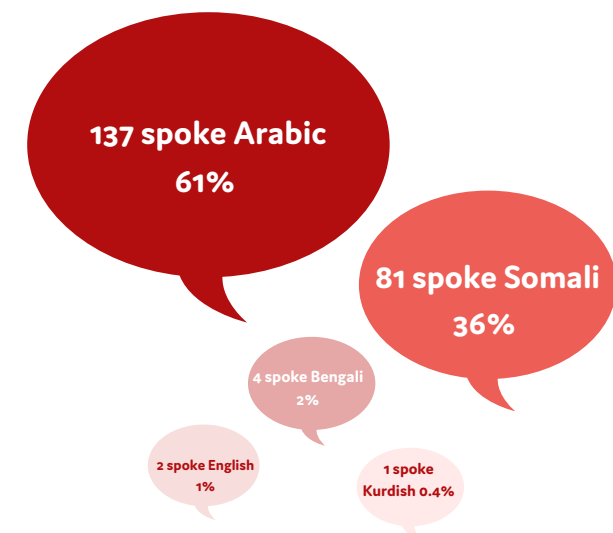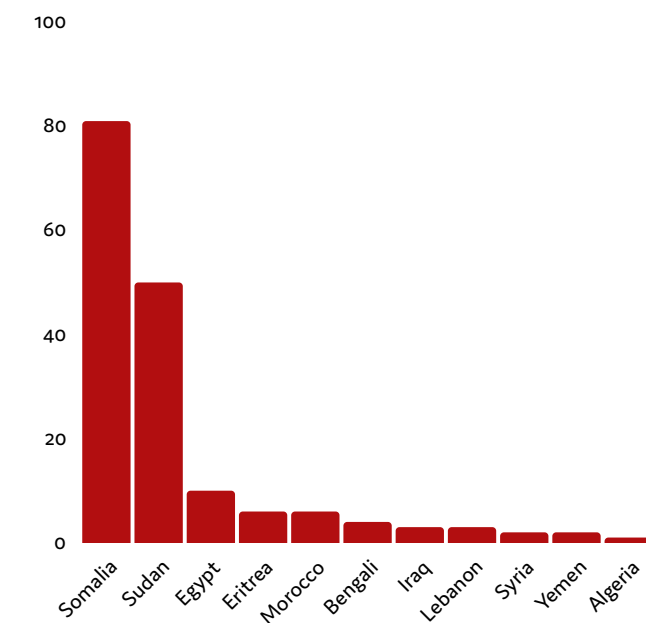## 2.1b Midaye Hope project

79% of families had children under 16

57 families had children under 16

All attendees were women

100% attendees were women

10% of attendees had a disability

18 attendees had a disability

Most parents'/carers' main language was Arabic or Somali

137 spoke Arabic 61%

81 spoke Somali 36%

4 spoke Bengali 2%

2 spoke English 1%

1 spoke Kurdish 0.4%

Most families were from Somalia or Sudan

Most families were from Kensington & Chelsea, or Westminster

8% Brent

32% were from Kensington and Chelsea

30% Westminster

18% Hammersmith and Fulham

5% Wandsworth

8% other boroughs
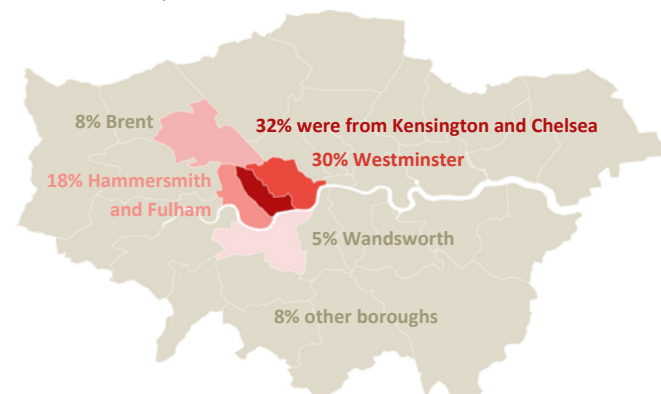
2.2 Parent/carer and child needs

Neither service routinely collated data on what brought parents/carers to the service – however, we asked parents/carers about this in our fieldwork. Some parents/carers had specific issues with which they needed support, whilst others presented with multiple, complex and overlapping needs. For both services, it was clear that the communities they served lacked support. Strengthening Families was marketed as a service supporting with school issues and with parent-child relationships, but the service supported some parents/carers with broader needs. For the Midaye Hope project, the service was part of Midaye's wider package of support, and so the range of reasons given for initially engaging were broader.

2.2a Strengthening Families

For most parents, the reason for connecting with the Strengthening Families service was their child's issues at school – including avoidance, low/non-attendance, behaviour problems, and/or risk of exclusion. The service initially dealt with more cases of total school avoidance – but they found it difficult to engage and support these families within the limited time available; instead, they aimed for earlier intervention.

'I didn't know what my son was going through. I don't know nothing about anxiety... I was really struggling to be honest with you... he was hiding in the bathroom [at home] stamping his feet, crying, screaming that he doesn't want to go to school...' Strengthening Families parent/carer

In some cases, children's behaviours were linked by parents/carers to experiences of violent assaults, racist abuse, difficult peer relationships or other bullying experiences at school; some of these issues were not adequately dealt with by the schools. Parents/carers also mentioned children's social and emotional needs, and special educational needs and disabilities. A few parents/carers noted needing support to communicate with the school, so that the school could better meet their children's needs.

For some parents/carers, children's behaviour at home was why they connected with the service – including conflict, defiance, difficult relationships, and child-to-parent violence. A few parents/carers noted needing more support for themselves.

'I think life has just caught up with me eventually of being that quote-unquote "Superman mode".' Strengthening Families parent/carer

Strengthening Families was sometimes able to provide support when the threshold for accessing other support services (e.g. Child and Adolescent Mental Health Services - CAMHS) was not met. In other cases, Strengthening Families was filling gaps that other services (especially CAMHS) might have been expected to fill.

'There is this young person who is very long time on CAMHS waiting list... He's refusing to go to school now... And so... the young person could receive emotional support [from Strengthening Families] while he waited for CAMHS to start.' Stakeholder

Several parents noted that their needs had escalated before they were able to access help from a service, and that it would have been good to receive help earlier.

2.2b Midaye Hope project

Many of the parents/carers that the Midaye Hope project supported were first generation immigrants in the UK, and some of the challenges that initially brought parents/carers to the service related to leaving their country of origin. This included parents'/carers' lack of familiarity with systems, including the NHS:

'Because of my background. Because we are not from here and we don't know the system, we come [to Midaye] to learn how this country system [works].' Midaye Hope project parent/carer

Parents/carers especially noted the language barriers they faced in accessing services:

'You know all of them not knows English well so they need somebody support them.' Midaye Hope project parent/carer translating for other parents/carers

Although not as central a part of the service offer as for Strengthening Families, issues with schools were a reason some parents/carers engaged with Midaye, for example when their children were at risk of school exclusion and when they were unsure how to access more support for their child, or how to advocate for them.

'When I came to the school [after their child came home with an injury] they didn't listen – in this country, when they see you [are] from [my] background, you don't understand the system, they say "No we didn't see her" and stuff like this.' Midaye Hope project parent/carer

Parents/carers also came to the service because of other challenges experienced by their children, including bullying, or difficulty managing bicultural identity. Parents/carers highlighted the violence in the local area which led to a lack of safety and potential exposure to crime and trauma.

'They [Midaye] always you know, supporting us if we have concern about anything… the children being affected because you know they saw crimes… and then we ask [Midaye] and then they bring the psychiatrist – you know how to deal with it and how we speak to our children about it.' Midaye Hope project parent/carer

Parents/carers also came to Midaye for other reasons, such as problems with housing or financial issues:

'We tend to be a stop shop for almost everything that people need… [for example] if they've run out of money.' Midaye staff member

In some cases, parents/carers did not report looking for support on a specific issue, but they had found the support from Midaye helpful and had continued coming.

2.3 Source and experience of referral
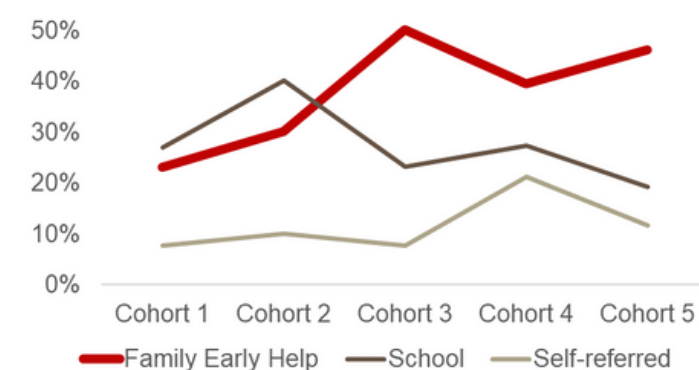
2.3a Strengthening Families

Over the course of the evaluation, the greatest number of referrals to Strengthening Families were from Family Early Help services (four in ten parents/carers), and from schools (a quarter of parents/carers). A little over one in ten parents/carers sought out the service themselves (see figure 1). Some were referred from other services at The Nest. A few parents/carers we interviewed were referred by GPs. The physical community presence of The Nest was also mentioned by interviewees as a factor leading to self-referral, with a few parents/carers walking in off the street.

Figure 1 – Source of referral for the Strengthening Families service

n=127 parents/carers, May 22 – Dec 23
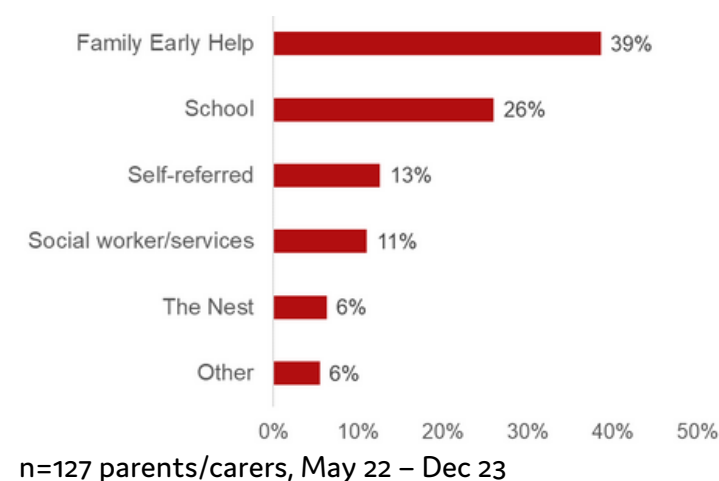
The patterns of referral in figure 1 were largely stable throughout the project – although it took a little time to develop the partnership with Family Early Help, which became an increasing source of referrals from cohorts 1-3 (See figure 2). Referrals from schools declined slightly over the two years.

Figure 2 – Source of referral (trends) for the Strengthening Families service: top three sources

n=151 parents/carers (Cohorts 1-5), May 22 – Dec 23

Staff at Strengthening Families noted that connections with Family Early Help were developed through the service's presence at weekly local area 11-18 year old and under-11s panels. A stakeholder at Family Early Help noted close collaboration, including forwarding referrals directly to Strengthening Families and liaising regularly with Strengthening Families about families.

It took some collaborative working initially to ensure appropriate referrals from Family Early Help, but thereafter the relationship was considered to be effective.

Although Strengthening Families did work closely with some schools, coordination was not always possible. Additionally, the fact the school was both the referrer and the site of challenges could cause difficulties:

'…the school's part of the issue as far as the parent's concerned – many times it's like "You're part of the issue and now you're saying that I should do this – I don't trust you."' Strengthening Families staff member

Strengthening Families worked with partners to improve the appropriateness of referrals – acknowledging that there was a lot of complexity in some cases and a high demand for services, which meant that cases that were referred were 'not always 100% appropriate':

'[We're getting] better at perhaps saying "no" to certain things, you know, and being a bit firmer around like "We work within this context and capacity and this is what we can offer."' Strengthening Families staff member

Staff at both Strengthening Families and at Family Early Help mentioned a highly effective video the service had made which improved the referral process:

'…that video was a bit of a game changer for us because it allowed us to show the space.. [and] what the work looks like, what kind of topics we discuss. It allowed us to be able to share this with parents and it allowed that initial introduction to our service to be a lot clearer.' Strengthening Families staff member

Parents/carers noted that they or others might have sought help from Strengthening Families earlier if they had known about the service sooner.

'…for me it got to the point where it got dangerous – I was in danger. So, if they were singing from the roof-tops about their service… more people would know about it.' Strengthening Families parent/carer

Once referred to the service, parents/carers noted that the service was quick and responsive, in contrast with their experience of mainstream statutory services. Parents/carers reported positive experiences of accessing the Strengthening Families service, feeling seen and welcomed by staff.

'[Strengthening Families staff member] was very easy to speak to. And she made me feel quite comfortable and safe… I felt "Oh they really care."… that kind of enticed me more to wanna be a part of it.' Strengthening Families parent/carer

Strengthening Families noted the attention they gave to creating rapport in their initial contact with parents/carers. For example, they insisted on getting background information about a parent/carer from Family Early Help, so they had the details needed to quickly establish rapport.

2.3b Midaye Hope project

Midaye does not record data on parent/carer routes into the Midaye Hope project, but in interviews and focus groups, the vast majority of parents/carers and staff members referenced coming into the service through word of mouth. Many parents/carers mentioned that their positive experience of the service had prompted them to tell others about it. In one case, a parent/carer whose child was being bullied referred the parent/carer of the perpetrating child to the service for support. Midaye staff noted that word of mouth is crucial within the communities Midaye works with.

'Word of mouth is something that is really strong within the community. So somebody will come to the programme and then will bring two other friends, and the two other friends will bring two other friends… So reaching community has never been a difficulty for us.' Midaye staff member

There were only two other ways mentioned by which parents/carers found out about the service: (i) through a local volunteer service; and (ii) through workshops in a local school hosted by a Midaye parent champion.

As none of the beneficiaries we spoke to had been formally referred into the service, we did not hear about parents'/carers' experience of referral. Nonetheless, we heard from parents/carers that their initial experience of the Midaye Hope project had encouraged them to continue engaging with the service:

'This friend told her about the service… and she love it… Since that time, she has attended consistently.' Midaye Hope project parent/carer via a translator

2.4 Barriers and facilitators to accessing the services

Parents/carers and staff from both services spoke about several barriers to access. Barriers were largely common to Midaye and Strengthening Families. The services were able to overcome some barriers to engagement, for example by offering flexibility, and through relationship building.

Awareness of the service – Some parents/carers wished that they had found the services earlier and several proposed that Strengthening Families could better promote the service. A Midaye staff member noted that Midaye does not have a website or leaflet summarising its services in Arabic or Somali. Parents/carers pointed out that other services might not know about Strengthening Families as well:

'I think signposting is so important… social workers should know about it and I had social workers in my life as well, they never said anything about this.' Strengthening Families parent/carer

However, as staff highlighted, both services had limited capacity, which discouraged wider promotion.

Social barriers: Privacy, avoiding asking for help, and a fear of being judged – Parents/carers and staff noted that discomfort with opening up can lead to not engaging in services. A Midaye Hope project parent/carer noted that group sessions may inhibit some people from opening up. Parents/carers in the Strengthening Families programme also talked about a fear of being judged.

A Midaye service user noted that staff's insistence that matters raised would remain confidential helped to contribute to a safe and secure space.

'Midaye made us feel like this session where we are going there is everything confidential so people felt like to let out everything and once they leave everybody just left it there, nobody's gonna talk behind your back, nobody's gonna say anything because we all know each other it's like this is a safe secure space.' Midaye Hope project parent/carer

For the Midaye Hope project, staff members told us about the stigma around mental health within Midaye's core communities.

'Some of the cultural taboos around mental health, where mental health is associated with being crazy… sometimes has religious implications or spiritual implications… it's something that is considered quite shameful. It's something that you don't really talk about.' Midaye staff member

Midaye noted that parents'/carers' engagement in other Midaye programmes laid the foundation for service users to be receptive to content within the Midaye Hope project.

Language barriers –Strengthening Families staff recognised that language could be a barrier. However, the service was able to support some families without English fluency, e.g. by finding translators.

Language was not raised as a barrier for parents/carers on the Midaye Hope project. Staff members speaking the languages of the service users increased the range of communities that were reached.

Gender – The great majority of parents/carers accessing the services were female, including 100% of parents/carers at the Midaye Hope project for whom data were available. It is common for parenting programmes to mainly involve female caregivers. A high proportion of Strengthening Families service users were single parents, much more likely to be female. Both services noted feedback from parents/carers suggesting barriers to engaging males in mental health interventions, including the absence of time outside of work and traditional gender roles around parenting.

'I was the only male there… plus you've also got the stigma of I'm a man and [specific challenges with daughter]… So I had that stigma within myself and decided that I can't really open up about it.' Strengthening Families parent/carer

Additionally, both services noted that the gender of staff could affect parent/carer engagement:

'The only [systemic] practitioner we had at the time… was a male. That's something again that we hadn't fully considered might be a barrier… [a] family might not feel comfortable in saying things like domestic violence in front of a male..' Strengthening Families staff member

Parent/carer finances (economic accessibility) – Both programmes directly addressed economic barriers to engagement. Midaye offered food during meetings and delivered services in a variety of locations.

Strengthening Families provided refreshments, reimbursements for travel to sessions if parents/carers were struggling (as well as offering sessions online) and vouchers to parents/carers attending group sessions.

Mental and physical health, other challenges - Parent/carer mental and physical health challenges were barriers to engagement, as were other challenges such as housing, domestic abuse, legal or immigration issues.

Practical and logistic barriers – Ongoing engagement with Strengthening Families was a challenge for some parents/carers due to responsibilities – such as work or childcare – although the Strengthening Families service did sometimes provide childcare to allow parents/carers to attend group sessions. Parents/carers also had internet connection issues, or little time to attend the services.

Both services made sessions available both face-to-face and online. Midaye noted its use of online sessions as helping to deliver an accessible service for parents/carers with disabilities unable to attend sessions in person. From cohort 4, Strengthening Families' offered group sessions both face-to-face one evening (6-7:30pm), and during the following day online – this may have helped to increase engagement (see figure 5). The Midaye Hope project also provided sessions during the daytime.

Flexibility – Both services were flexible to overcome practical and logistical barriers. Parents/carers could access the Midaye Hope project in various locations.

'We go where the service is needed… Midaye is at hospitals, Midaye is at mosque, Midaye is at children activity centres.' Midaye staff member

Parents/carers could engage in the ways they preferred, they could engage as little or as much as they wished.

Distinction from other services – For some parents/carers, a facilitator to engagement was the positioning of the service outside of statutory services which parents/carers may have had negative experiences of.

Some parents and carers had ongoing engagement with these other agencies – which could in itself be a barrier to engagement:

'Families where there's lots of... working with lots of different services, that can mean it's quite difficult to get real meaningful engagement because people are exhausted by going to meetings and different things and so that can be quite difficult.' Strengthening Families staff member

In summary, and in overcoming the barriers noted above, both services noted the need for relationship-centred practice. Strengthening Families staff discussed the amount of work that was required to support some parents/carers to engage. A Midaye staff member noted that they created a welcoming energy which made people feel that they belonged in the space. Staff in both services shared cultural backgrounds with service users which was an important facilitator for engagement.

2.5 Types of services received

2.5a Strengthening Families

Parents and carers received an initial assessment once referred to Strengthening Families. The delivery of the service varied to suit parents/carers, but parents/carers were able to access 12 weeks (initially, 6-8 weeks were offered) of 1:1 sessions with a therapist and family practitioner – including tactics and tools to deescalate situations, support to help their child through challenges, and exploring family dynamics. Their child or young person was able to access up to three sessions with a practitioner – although they could also be referred to other support services within The Nest.

Parents/carers were also able to access weekly group sessions. Whilst there were initially six such sessions per cohort, after the third cohort 10 group sessions were available, delivered by a fully-trained mental health team, and covering: Cognitive behavioural therapy (CBT) for low mood and depression; CBT for anxiety; Introduction to trauma; Attachment; Talking to teens part 1; Talking to teens part 2; Well-being; Transitions; Self Esteem; Managing Stress. Later on, an Online Safety session was offered.

Families additionally received 1:1 support from a project worker – who communicated or attended meetings with a child's school. Parents/carers also received support with a wide range of issues from a project Link Worker, helping them to access other services. Parents/carers received regular check-ins from the service.

Although the project was designed around 4-month cohort cycles, there was flexibility, with parents and carers able to join at any point, and with support offered to some families beyond the 4-month period.

2.5b Midaye Hope project

The Midaye Hope project group activities included peer support groups and workshops delivered by a range of specialists. Group sessions included physical activity; information dissemination; upskilling; and sessions with external specialists. Additional activities took place such as a book groups and group trips to restaurants, cafés and gardens.1:1 support consultations were available with Midaye staff (e.g. for housing issues, claiming benefits, or translating forms), and 1:1 counselling was available in Arabic and Somali. Midaye staff described the service as being a one-stop shop for a range of issues..

Midaye also gave service users the opportunity to be trained as 'parent/carer champions' – offering a more active position in the Midaye Hope project, organising sessions or acting as an ambassador.

2.6 Service engagement
2.6a Strengthening Families

Strengthening Families' service monitoring data allows us to analyse how parents/carers engaged with the service offer. A similar number of parents/carers engaged in each cohort (ranging from 26 to 40 parents/carers). Some engaged across more than one cohort – with 127 individual parents/carers engaged in some form in total.

Parents/carers were not expected to engage with every aspect of the programme, but to draw on the support that they required. Some cases could be resolved with fewer (or no) 1:1 sessions, whilst others required more support. Nonetheless, the great majority (85%) attended at least one 1:1 support session. (See figure 3).

Figure 3 – Number of 1:1 sessions attended in the Strengthening Families service

n=127 parents/carers (Cohorts 1-5), May 22 – Dec 23
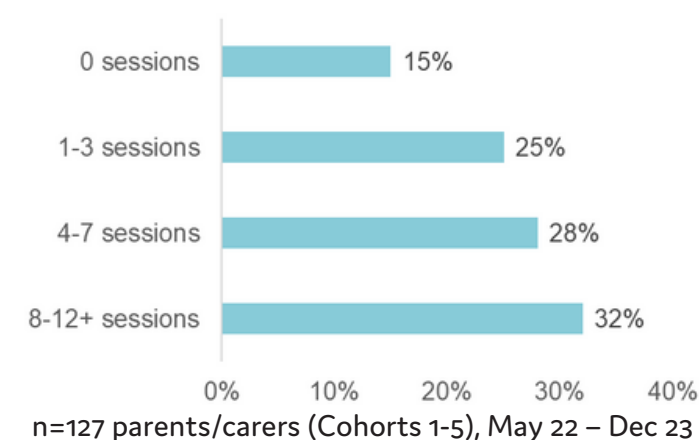
Two-thirds (66%) of parents/carers attended at least one group session. Almost all of those that attended group sessions also attended 1:1 sessions (See figure 4).

Figure 4 – Overlap of 1:1 and group session attendance in the Strengthening Families service

n=127 parents/carers (Cohorts 1-5), May 22 – Dec 23
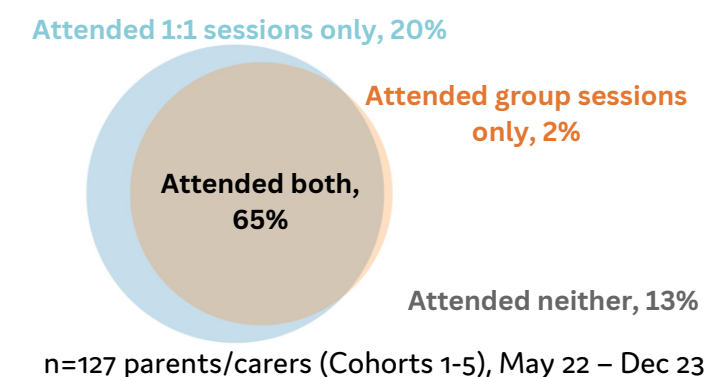
Almost all of the parents/carers who attended neither 1:1 nor group sessions were in cohort 1 or 2. These early cohorts included some inappropriate cases with complex, multi-agency involvement. Dynamic changes were made to improve the appropriateness of referrals. Only six group sessions were available for cohorts 1-2, and ten in cohorts 3-5; additionally, from cohort 4, the service began offering two group sessions a week: an evening face-to-face session, and an online session the next daytime.

As a result of the above changes, attendance increased. In the first cohort, parents/carers attended an average of 3.7 1:1 sessions – by the final cohort, parents/carers attended an average of 6.5 1:1 sessions. In the first cohort, parents/carers attended an average of 2.8 group sessions – by the final cohort parents/carers attended an average of 7.2 group sessions.

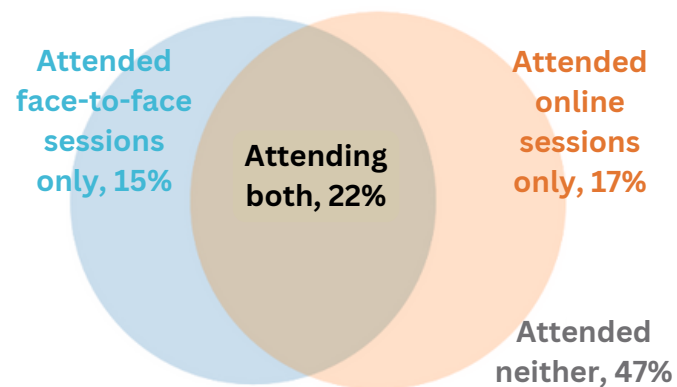**Figure 5 – Percentage of Strengthening Families in cohort 3 & 4 attending each group session**
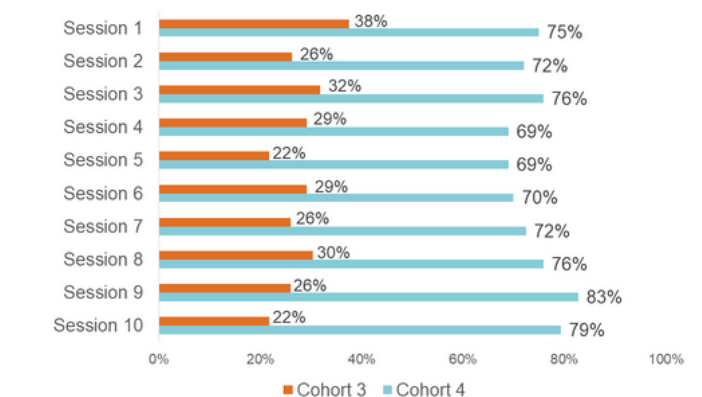
n=26 parents/carers (Cohort 3), Jan 23 – Apr 23; 33 parents/carers (Cohort 4), May 23 – Aug 23

Service monitoring data provided for cohorts 3 and 4 recorded the point at which parents/carers joined the cohort, as well as the attendance at individual group sessions.

This allowed us to calculate an attendance rate at each group session for the parents/carers in the cohort at the time (see figure 5). As well as a significant increase in attendance from cohort 3 to 4 – for reasons already discussed – we can see that the proportion attending each session was fairly stable within cohorts.

The most common reasons given for non-attendance were work commitments and lack of access to childcare. In cohorts 2 and 4, data was collected about whether parents/carers attended group sessions in person or online (or both) - see figure 6.
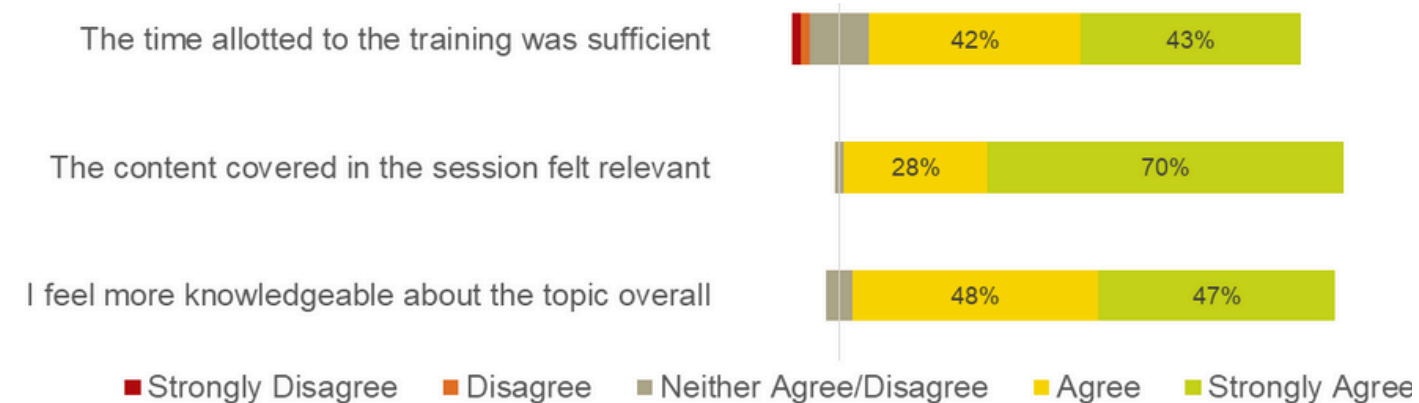
Figure 6 – Overlap of face-to-face and online group attendance at Strengthening Families

Attended face-to-face sessions only, 15%

Attending both, 22%

Attended online sessions only, 17%

Attended neither, 47%

n=60 parents/carers (Cohorts 2 and 4), Sep 22 – Aug 23

In cohort 3 only, data was collected on parent/carer satisfaction with the group sessions. As figure 7 shows, parents/carers were highly satisfied with the group sessions.

Figure 7 – Strengthening Families cohort 3 post-session feedback

	The time allotted to the training was sufficient	The content covered in the session felt relevant	I feel more knowledgeable about the topic overall
Agree	42%	28%	48%
Strongly Agree	43%	70%	47%

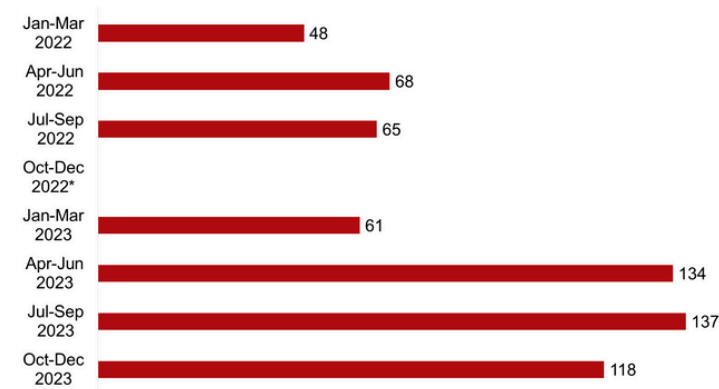■ Strongly Disagree ■ Disagree ■ Neither Agree/Disagree ■ Agree ■ Strongly Agree

n=60 parent/carer feedback forms (Cohort 3), Jan 23 – Apr 23

2.6b Midaye Hope project

Service monitoring data provided by Midaye indicates that the number of parents/carers accessing the Midaye Hope project increased over the duration of the pilot (see figure 8).
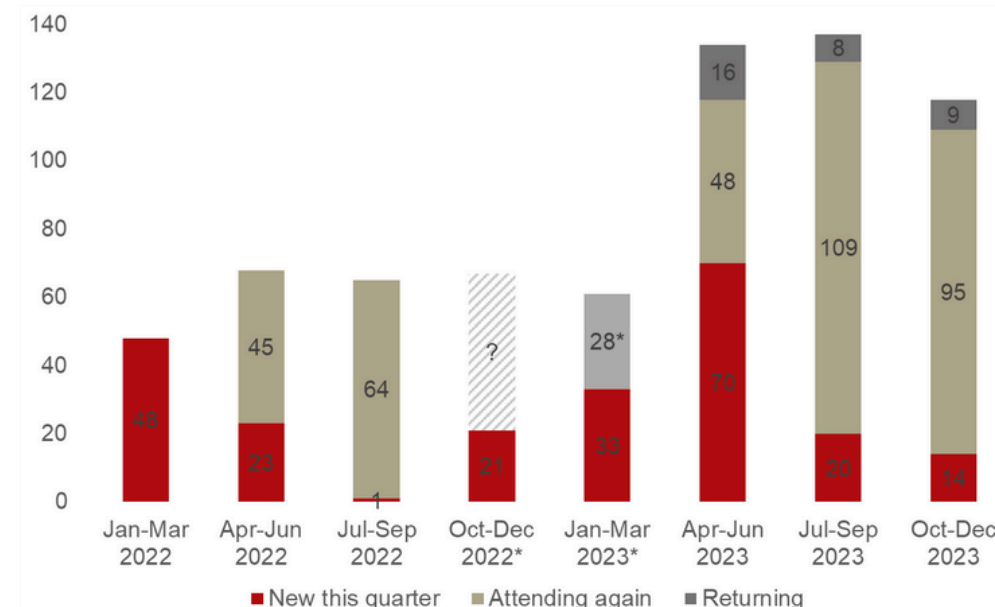
Figure 8 – Parents/carers attending Midaye Hope project sessions each quarter

Quarter	Value
Jan-Mar 2022	48
Apr-Jun 2022	68
Jul-Sep 2022	65
Oct-Dec 2022*	
Jan-Mar 2023	61
Apr-Jun 2023	134
Jul-Sep 2023	137
Oct-Dec 2023	118

n=247 parents/carers, Jan 22 – Dec 23

*data was not available for Oct-Dec 2022

247 parent/carers accessed the Midaye Hope project overall. Many parents/carers accessed the Midaye Hope project repeatedly across different quarters. We have split the quarterly data to highlight the number of parents/carers: (i) attending again from the previous quarter; (ii) returning to the service after a break of a quarter or more; (iii) new to the service in the quarter. Figure 9 thus highlights the inflow of parents/carers into the service – most notably the


Figure 9 – numbers of Midaye Hope project parents/carers 'attending again', 'returning', and new each quarter

n=247 parents/carers, Jan 22 – Dec 23

*Complete data is not available for Oct-Dec 2022 – and so 'Attending again' and 'Returning' can also not be distinguished for the following quarter, Jan-Mar 2023

70 parents/carers who engaged with the service for the first time in Apr-Jun 2023. Figure 9 also highlights the retention of parents/carers in the service, with the largest group in most quarters being parents/carers continuing to engage from the previous quarter. For the period of January to September 2022, data was available on the attendance at 1:1 sessions and group sessions separately, which allowed us to look at attendance at each for the period (see figure 10a and 10b). To note, Midaye were not able to distinguish attendance at Midaye Hope project sessions from other Midaye sessions, and so some other sessions may be included in the data presented here.

As figure 10a shows, most parents did not access 1:1 sessions, and those who did were primarily attending one session of fewer; as noted elsewhere, group work was central to Midaye's approach, and organisational capacity to deliver 1:1 sessions may have been limited. As figure 10b shows, most parents attended a number of group sessions (with an average attendance of 4.5 Midaye group sessions a quarter*). More than a third (36%) attended group sessions more often than twice a month (on average), and almost a fifth (18%) attended group sessions at a rate approaching once a week (10+ sessions per quarter).
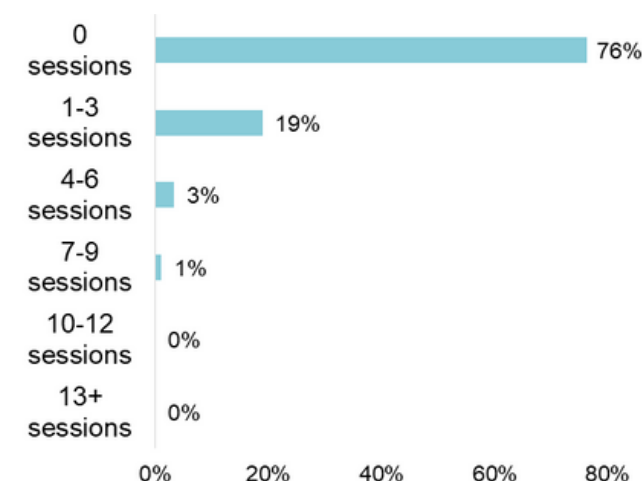
Figure 10a – average attendance at Midaye 1:1 sessions per quarter*

n=72 parents/carers, Jan 22 – Sep 22

0 sessions	76%
1-3 sessions	19%
4-6 sessions	3%
7-9 sessions	1%
10-12 sessions	0%
13+ sessions	0%
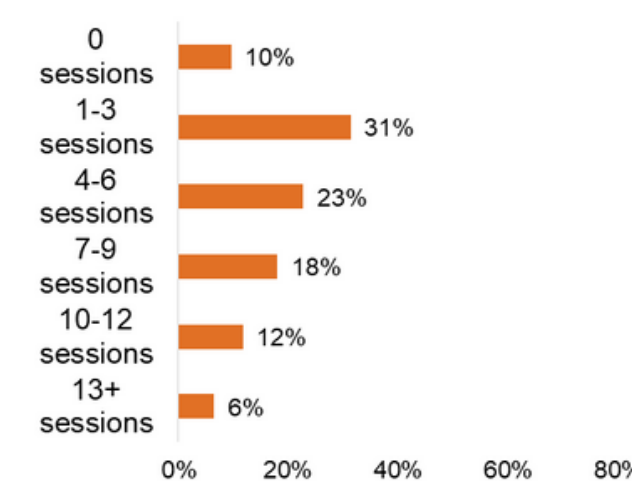
Figure 10b – average attendance at Midaye group sessions per quarter*

n=72 parents/carers, Jan 22 – Sep 22

0 sessions	10%
1-3 sessions	31%
4-6 sessions	23%
7-9 sessions	18%
10-12 sessions	12%
13+ sessions	6%

2.7 Challenges, dynamic learning and adaptation

2.7a Strengthening Families

Strengthening Families' relatively limited caseload (of approximately 30 new cases per cohort) allowed them to fine-tune their approach over time. The service worked extensively to improve the appropriateness of referrals received, particularly over the first two cohorts. Initially, the service dealt with several cases where children were not attending school at all, but given the time-limited nature of the service, there was not enough time to do the work required with these families; instead the service began aiming for cases involving earlier intervention.

Initially the cohort structure was intended to involve a group of parents/carers all starting at the same time. However, Strengthening Families soon recognised that parents/carers preferred a programme that they could join at any time; this often meant they started in the middle of one cohort and finished in the middle of the next cohort. Parents/carers were invited back to attend any group sessions they may have previously missed.

The service's mental health professionals sought feedback from parents/carers to develop the content of group sessions. Initially, six sessions were offered, but this was extended to 10. The service also adapted its offer to increase engagement with group sessions. From cohort 4 the service offered both face-to-face and online group sessions, on consecutive days. It also offered 1:1 sessions both online and face-to-face. Initially, the service offered 6-8 weeks of 1:1 sessions, increasing to 12 weeks for later cohorts.

The service initially delivered sessions on a weekly basis, but later offered them fortnightly to give parents/carers more space to try strategies at home (they continued to offer more frequent sessions for parents/carers who needed them).

Initially, the focus of the service was working with parents/carers with African and Caribbean heritages, however, they made a decision relatively early to offer the programme to a wider demographic, in order to better serve the diverse local community. Nonetheless, the largest group of service users came from these backgrounds, reflecting the characteristics of the local community.

The service recognised the need for holistic support for their parents/carers who were dealing with a wide range of challenges such as housing, financial, legal and immigration, and domestic abuse issues. At one point, support for these issues (signposting and referrals) was provided by two student support workers; later, a dedicated link worker was employed.

2.7b Midaye Hope project

Staff described Midaye as an organisation that was progressing from parents/carers approaching it as a last resort, to a more preventative, early intervention approach where parents/carers came and found support before as well as during a crisis.

The demographics of Midaye's service users changed from being predominately East African (with most parents and carers coming from Somali backgrounds) to representing a wider spread of African and Middle Eastern countries including Habesha (Ethiopian and Eritrean), Bengali, Yemeni and Sudanese. This was a result of the service recognising the need to broaden its offer to include the diverse local community.

During the course of the pilot, Midaye also adopted some working practices to better care for their staff, including well-being support sessions for the team and reflective sessions with a psychiatrist.
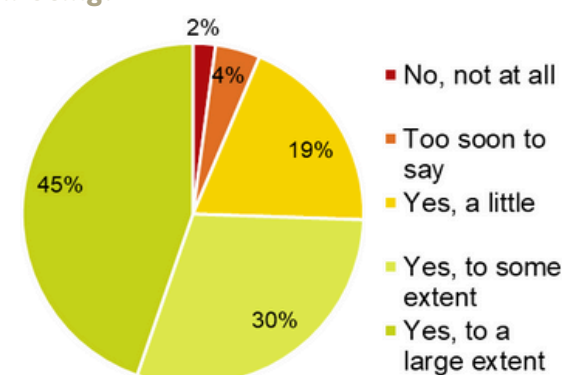
This section explores outcomes and perceived effectiveness of the services, as evidenced in the qualitative fieldwork and quantitative data collected. A key shared outcome across both services was parents'/carers' mental health and emotional well-being. Services also aimed to increase families' access to external support, and to build their peer support networks. We found evidence that for some parents/carers all these outcomes were achieved. As this was an exploratory investigation, the evaluation was not able to prove that services were the reason for changes. Nonetheless service users were overwhelmingly positive about the benefits of the services, and attributed the improvements in their own and their children's outcomes to services' support.

3.1 Mental health and well-being

3.1a Improved parent/carer emotional well-being and mental health

Parents/carers consistently reported that their experience of the Midaye Hope project or Strengthening Families had positively impacted their mental and emotional well-being. Data from Strengthening Families' post-programme survey suggested that 94% of parents/carers felt that the programme had improved their mental health and well-being at least 'a little' – and 45% 'to a large extent' (see figure 11).

Figure 11 - Has the Strengthening Families programme improved your mental health and well-being?

- No, not at all — 2%
- Too soon to say — 4%
- Yes, a little — 19%
- Yes, to some extent — 30%
- Yes, to a large extent — 45%

n=47 parents/carers, May 22 – Dec 23

'As a mother I was crying at night, not sleeping, it was impacting my mood, behaviour, work attitude... with [Strengthening Families staff member] I could say "I feel rubbish, I feel useless". You don't blame yourself; you get some strength and you get on.' Strengthening Families parent/carer

Across both services, interviewees noted that several different aspects of well-being had improved, including the following:

(i) Improved confidence and self-esteem

Parents/carers and staff told us about feelings of a lack of control and disempowerment. Both sets of parents/carers described the support from services as motivating, uplifting and encouraging. By getting them to reflect on their coping mechanisms and their strengths, staff members described a growth in empowerment and self-efficacy of parents:

'[We're] making them aware about their own feelings, their own strength, and building their confidence, making them more empowered to make change, to take their control back' Midaye staff member

'My child refused to go to school... I didn't know what to do... it helped me to take control of this frustration... gave me control over that situation' Strengthening Families parent/carer

(ii) Greater self-compassion

Parents/carers spoke about how the Midaye Hope project and Strengthening Families gave them the opportunity to practice self-care, and to recognise that to best support their family they also needed to look after themselves. Parents used their time at the Midaye Hope project as their 'special time' away from their homemaking and childcare responsibilities.

'You can help other people when you can help yourself.' Midaye Hope project parent/carer

Within Strengthening Families, parents/carers described feeling a sense of validation of their existing parenting. A parent/carer from the Strengthening Families programme spoke about how they had been advised by a staff member to employ breathing techniques and go on walks when feeling overwhelmed. Both services provided a space in which parents/carers were listened to and supported with compassion, allowing them to develop self-compassion. Reflection with staff was a method employed by both services:

'[Strengthening Families staff member] was able to listen to everything... and you know just ask some questions really to help me think about how that can impact me, how that can impact the children... I learnt to kind of just be patient with myself as well because we don't have all the answers sometimes' Strengthening Families parent/carer

(iii) Greater contentment/happiness

Parents/carers told us how the various outcomes of the projects, from improved relationships with their children to the opportunity to create new friendships and peer networks, had benefitted their well-being. It is likely that improved family relationships would also have contributed to children's well-being.
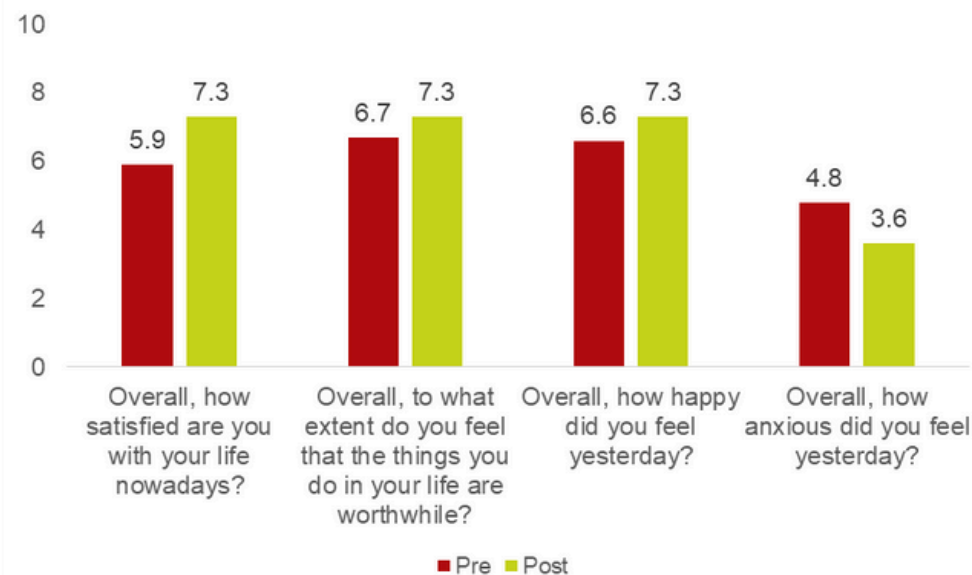
Figure 12 – Changes in Strengthening Families parents/carers feelings, pre to post (average scores out of 10)
n=47 Strengthening Families parents/carers with matched pre and post responses, May 22 – Dec 23

'Sometimes I have a depression, and when I get the Midaye programme really, I'm OK.' Midaye Hope project parent/carer

Improved well-being of parents/carers was evident for those around them with some saying their children had noticed differences in them; for example, a Midaye staff member reported that a child had said to their mother 'You're happier when you do those groups.'

Data from Strengthening Families pre and post-programme surveys demonstrated that parents'/carers' reported feelings of happiness, life satisfaction, and life being worthwhile all increased from the start to the end of the programme (see Figure 12 below). Average feelings of 'life satisfaction' increased by almost 25%, and feelings of happiness and life being worthwhile increased by 10%.

(iv) Reduced stress and anxiety

As figure 12 also records, Strengthening Families' parents/carers reported a fall (of 25%) in average levels of anxiety. This matched with experiences shared with us in interviews. Parents/carers in both services spoke about feeling more relaxed.

Reduced parental stress and anxiety is likely to have knock-on effects on child well-being.

'[Before] I'd get frustrated... and I'd be manic and I'd be shouting and I'd be annoyed and then I would leave the house in a bad mood...That just doesn't happen [any more].' Strengthening Families parent/carer

'She likes the group as there is no negative energy, she comes from home and she release her stress' Midaye Hope project parent/carer in a focus group via a translator

(v) Responding to trauma

Parents/carers from both services acknowledged a greater awareness of trauma. A parent/carer from the Midaye Hope project highlighted how her experience of trauma had prevented her from continuing her career from her country of origin. As a result of the support received from Midaye, and the improvement in her well-being and confidence, she noted that she was considering restarting her career:

'Before I try to continue with [my career] here [in the UK] but because trauma affect me I stay in the home, but they help me a lot... when I get the Midaye programme really, I'm OK. I am now thinking to start the [former career up again].' - Midaye Hope project parent/carer

Midaye's and Strengthening Families' staff noted that the services gave space to parents/carers to process how trauma may have impacted their lives:

'A lot of the work that we've actually done through the Hope Project is just creating conversation around these issues... helping them to understand the implications, the impact of trauma.' Midaye staff member

'We discussed their experience, for example, of racism and generational traumas... that's been something that's been... maybe a release to be able to talk about and to evaluate the impact on their lives and the choices that they've been able to make.' Strengthening Families staff member

(vi) Reduced isolation

Beneficiaries and staff from both services told us that feelings of isolation and loneliness were common, but that engagement with services had helped. In the Midaye Hope project, it was common for parents/carers to have previously spent a lot of time at home alone; parents/carers described how they went from feeling lost to feeling part of a community. Staff at Strengthening Families also noted how connection was an important part of that service.

(vii) Improved physical well-being (Midaye Hope project)

For the Midaye Hope project, parents/carers were also encouraged to adopt healthier lifestyles, with the inclusion of group exercise and sessions on various health-related topics. Parents/carers told us how this supported their well-being by making them more mindful about their choices.

'For me, even for one stop I used to take a bus, now no, I walk a lot.' Midaye Hope project parent/carer

3.1b Improved awareness and understanding of mental health

The pilot programme aimed to improve parents'/carers' awareness and understanding of mental health issues and we found evidence that this was achieved across both delivery partners.

Improved awareness of mental health issues

Parents/carers and staff spoke about a change in parents'/carers' ability to recognise mental health issues and when things were becoming challenging, giving them the opportunity to better manage situations and identify the support they needed.

'Don't keep your feelings inside, you have to talk about [them].' Midaye Hope project parent/carer

'A lot of the things in mental health, surrounding mental health I didn't understand, I didn't know I was sort of like struggling with them... so it [the programme] did gave me a lot of information' Strengthening Families parent/carer

Beneficiaries from both programmes spoke about recognising how mental health issues could manifest physiologically:

'For myself I can say… being more aware… how mental health, anxiety reflect on our body ' Midaye Hope project parent/carer

Parents and carers also became more confident in using mental health terminology to describe their experiences:

'They'll be like… "I have panic attacks", but they don't know the word… so they just say, "I feel like I have heart attacks"… we just give a description and explain more… then the more comfortable the women get, they ask for those labels… they'll be like, 'Oh can you describe depression or bipolar, can you give me a description?'" Midaye staff member

Improved awareness of children's mental health needs

Parent/carers also reported better understanding of the mental health needs of their young people. Parents/carers from both services mentioned how the services had helped them support their children with anxiety.

'Not knowing much about anxiety that my son was diagnosed with, by learning all important aspects of how [I] as a parent can help, I'm lost for words – it feels amazing that my health and my son's well-being has improved dramatically.' Strengthening Families parent/carer

Parents/carers also learnt to identify where a child's behaviour may indicate underlying needs:

'I think one of the sessions was like recognising low mood in your child. And it's like a thing like the signs were all there because she's being angry and rude and disrespectful, I'm not recognising the fact that she's sad, I'm just seeing a rude child.' Strengthening Families parent/carer

3.1c Improved parent-child communication and relationships

Parents/carers told us about a variety of ways in which both services supported their relationships with their children – principally through building upon and improving their parenting strategies. Parents/carers spoke about feeling like better parents and better equipped to problem-solve within the home.

'I'm having the best relationship [with eldest child] I'm enjoying the company with him now, we became very close because what I learned from Midaye and then I brought it home' - Midaye Hope project parent/carer

Some of the reported changes to parenting included:

- ·Adopting calmer dispositions when interacting with their children

Some parents/carers spoke about taking time for them or their child to calm down before having conversations with them.

'So, I tried to withdraw myself for certain situation and I say, "you're upset today", then just give [their child] 10, 15 minutes to calm down and "I will get back and see in few minutes and see how you're feeling."' Strengthening Families parent/carer

Another parent/carer made the most of walks outside to have more productive conversations:

'We'll [parent/carer and child] both go for a walk and she won't want to scream and shout surrounded by people, and by that time we've walked 5 minutes and she's like "What was I shouting and screaming about?" [laughs], and by that point we can then have a conversation.' Strengthening Families parent/carer

- ·Improved communication around children's feelings and behaviour

'[The parent] was like, now that she sits down and talk to her [daughter] like friendly… she explain to her mum, "OK, mum, because now you're speaking to me in a different way…now you understand my mind."' Midaye Hope project parent/carer via a translator

- Dedicating time to check-in with young people:

'I never ever use my telephone when my children are inside after 3:00 pm. I used it as special time. And then I sit with them, the special time helps me to communicate… Now… they are talking with me: what happened in their day, I know what is [bothering] them.' Midaye Hope project parent/carer

- Focusing on children's positive behaviours rather than giving attention to negative behaviours

- Tailoring parenting to children of different ages

Across both services, many parents/carers reported their relationships with their children had improved.

Improvements in communication between parents/carers and children were also evident in the data collected by Strengthening Families. Across Strengthening Families' pre and post-programme surveys, parents/carers reported increased confidence talking to their children about their mental health and well-being (see figure 13). The proportion who were 'Somewhat' or 'Very' confident doing so increased from 67% before the programme to 89% afterwards – an increase of 22 percentage points. Asked directly 'Did the Strengthening Families programme increase your confidence [about this]?', 94% (44/47) agreed that it had – with 68% (32/47) saying 'Yes' and 26% (12/47) saying 'Somewhat'.
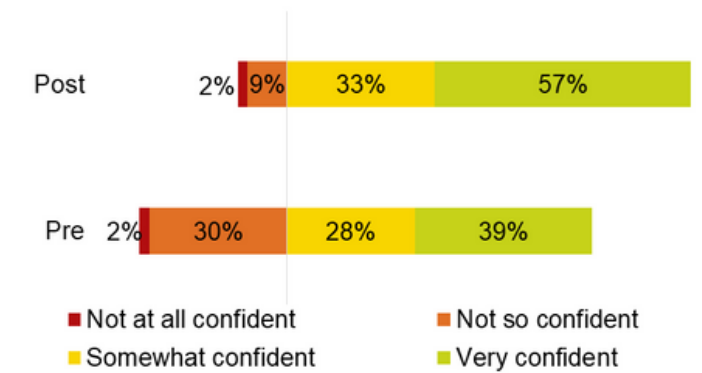
Parents/carers in Strengthening Families also reported having more 1:1 conversations with their children about their mood. Pre and post-programme surveys showed that those having such conversations most days/every day increased from 47% (22/47) to 57% (27/47) - and, more notably, the proportion having such conversations less than weekly fell from 26% (12/47) to 11% (5/47).

3.1d Improved child outcomes

An assumption in the pilot programme was that supporting parents/carers would improve longer-term outcomes for their children. Assessing child outcomes was not part of this evaluation, which focused on demonstrating the impact initially for parents/carers. However, parents/carers shared examples where they felt the programme had benefited their children. These findings suggest that benefits of the programme were feeding through, in line with the assumptions behind the pilot.

We have already seen how parents/carers felt like their relationships with their children had improved, and that children were more open with them. They also reported other benefits – for example, a Midaye Hope project parent/carer who had attended sessions on anxiety felt they had been better able to support their child with their exam anxiety.

Given that a big part of Strengthening Families' work was supporting with young people's issues in schools, parents/carers mentioned examples of improvements related to schooling including reductions in school detentions, increases in school attendance and a greater sense of responsibility to others (including remorse for antisocial behaviour towards school peers):

'And before I will get phone calls from the school almost every day... I've stopped getting those calls.' Strengthening Families parent/carer

'When he returned to school, he never had a detention, not even once. And so I'm really proud of him... He just tried to do the same thing what [Strengthening Families staff member] told him to do... he's trying to say to the teachers, "I'm really sorry about my bad behaviour, I'm trying to work on it, please give me a chance"... For [parent's/carer's child] to go to school from 50% to 87% [attendance] is a massive achievement.' Strengthening Families parent/carer

'She was going to school, when she had the therapy at Nest she was going to school. As soon as the therapy stopped, she stopped going to school.' Strengthening Families parent/carer

The next section goes on to explore how the pilot improved access to and engagement with other services. This included supporting parents/carers with issues their children were facing (e.g. issues at school, risk of school exclusion, special educational needs, mental health).

3.2 Improved access and engagement with other services

Another key aim of the overall pilot programme was to increase access to external support services. We found evidence that the services had improved the perception of statutory support services amongst some parent/carers. Parents/carers were also connected to external services in a variety of ways.

Existing mistrust of mainstream statutory services

Some parents/carers, particularly from Strengthening Families, noted having no great resistance to engaging with external professionals.

However, many parents/carers across both services had high levels of mistrust and suspicion of statutory services, low levels of awareness, and a lack of confidence navigating the system. Many told us about negative (and sometimes traumatic) experiences they had had with mainstream statutory services.

'Without Midaye, I would have struggled. If you don't have support from a service like Midaye in this country, in my experience, they don't listen to you.' Midaye Hope project parent/carer

The cultures of communication and interaction in statutory organisations were not always experienced as caring or parent/carer-centred, and could be highly alienating to parents/carers. Parents/carers also pointed to negative experiences with schools (particularly Strengthening Families' parents/carers, where this was a common reason for engaging with the service). Staff at Strengthening Families highlighted that some parents/carers were nervous about interacting with schools as a result of their own past experiences of education.

'The issue in school was never resolved because the Principal never justified what he did. I never got a meeting, they never replied to my complaint. I don't trust these people anymore.' Strengthening Families parent/carer

'There was an incident for my child, she [suffered an injury] and the school neglect my child, they didn't tell me or give me a report about what was going on.' Midaye Hope project parent/carer

Parents/carers frequently shared that the Midaye Hope project and Strengthening Families were better than mainstream statutory services.

'I trust them [Strengthening Families], but not every other professional.' Strengthening Families parent/carer

'[Other professionals] might say "Well we only deal with [specific issue], you'll have to talk to this person about this particular situation" so I was never able to get off my chest you know, what was actually going on in entirety... [Strengthening Families staff member] was able to listen to everything just impartially...' Strengthening Families parent/carer

Strengthening Families were viewed by parents/carers as being distinct from mainstream statutory services – and this helped in building trust with parents/carers. Several parents/carers described Strengthening Families as a safe and trusted space; in some cases, the service was seen as being on their side as compared to the statutory services they felt they were battling against.

'We made some very effective relationships because we didn't have a reputation of coming in and there being any mistrust.' Strengthening Families staff member

For the Midaye Hope project, the trust with the community had been built up over many years, and was a product of the organisation having emerged from the community that staff members shared the same background as parents/carers, as well as the organisation's community-led approach.

How the services connected parents/carers to other services

A key aim for both services was connecting parents/carers and families to other support services. This included awareness-raising, signposting and referral, 'hand-holding'

accompaniment, advocacy, and helping parents/carers to navigate the system better themselves.

- •Support from within the service

Firstly, some parents/carers were satisfied to exclusively access services within Midaye/The Nest. This may have been due to lower levels of need, but in some cases it was a reflection of the relationship parents/carers had with these services, and the level of support provided internally.

'I don't use any other services, I'm just for Midaye.' Midaye Hope project parent/carer

'Groundwork yeah, I would ring them up if I felt like I was stuck on something, I really needed help... But as for other services, no. Not unless I've looked into them.' Strengthening Families parent/carer

Both of the services benefited from being able to refer families into other services within the wider Midaye/The Nest service. Parents'/carers' experience with the Midaye Hope project/Strengthening Families could often be a route into engaging with other (internal) support services.

'[Midaye staff member] clocked that I needed the help and support because I never showed [my feelings] to anybody, I used to hide it and then she offered me this support group as well as you know 1:1 group which is the 'Tree of Life' and yeah I went to few courses... they're really amazing.' Midaye Hope project parent/carer

Parents/carers mentioned being a part of other Midaye programmes alongside the Midaye Hope project; Midaye staff noted that these programmes often worked in synergy – for example, opening up parents/carers to addressing emotional well-being, alongside parenting support.

'Connecting this programme to join [another Midaye] programme, I think we set the scene in a way, now it's very smoothly run in terms of connecting with existing programmes... increasing the capacity of change and development within the community' Midaye staff member

Staff at Strengthening Families noted the range of support available through The Nest, such as yoga, and Mental Health school teams for children. Another reason for holding cases internally was a lack of capacity in external services, such as CAMHS.

In these cases, Midaye/Strengthening Families provided support when things were going wrong for families and they could not access help.

'[The Nest staff], bless her she's been staying on with [child] longer than she should really. But due to the fact of that, we're still waiting for an assessment... and [child] goes on a downward spiral... at least in the meantime we've got back up and, you know, Groundwork...' Strengthening Families parent/carer

However, an obvious drawback of meeting parent/carer needs internally is the impact on the services' own capacity – for example, parents/carers and staff at Midaye informed us that counselling at Midaye was oversubscribed.

- **Raising awareness of other services**

Staff at Midaye highlighted that awareness was a particular issue for parents/carers in the communities they support – 'Most of our people are not aware, they don't know about local... services.'

'If you don't know about it then it's very difficult to know where to start looking... it's just there's so much information and it all takes time to kind of go through and see whether it's right for you, whether you are eligible for it.' Strengthening Families parent/carer

Both services brought external professionals into sessions to explain local support. Parents/carers noted their subsequent engagement with these services.

'She said before she didn't know that she have a right to ask GP about how to check for the diabetes. Now she know, and now she talk to the GP to do the check every six months.' Midaye Hope project parent/carer with a translator

Staff also told us that parents/carers identified areas they would like more support. For the Midaye Hope project's parents/carers this included English literacy, finding a job, driving lessons, and swimming. For their young people, parents/carers wanted specialists to come in to speak about drugs, vaping, guns, and educational choices.

Parents/carers at the Midaye Hope project described receiving talks from the police, and one parent/carer noted learning when to use the 999 and 111 helplines. A staff member told us about a roundtable discussion that they organised between parents/carers and the youth offending team in Kensington, which increased parents/carers familiarity with the service.

Strengthening Families group sessions included signposting, and slides from the sessions were shared. Several parents/carers were grateful for information shared with them about activities for young people over the school holidays.

Staff at Strengthening Families noted that a resource/starter pack had been made up and sent to all parents/carers with information on local services (including legal, medical, housing and financial services.). When the service had capacity in the team, they dedicated capacity to call all parents/carers to ensure they could engage with the information provided.

'We also did also call parents and then let them know that obviously that resources are available, but show them how to use it.' Strengthening Families staff member
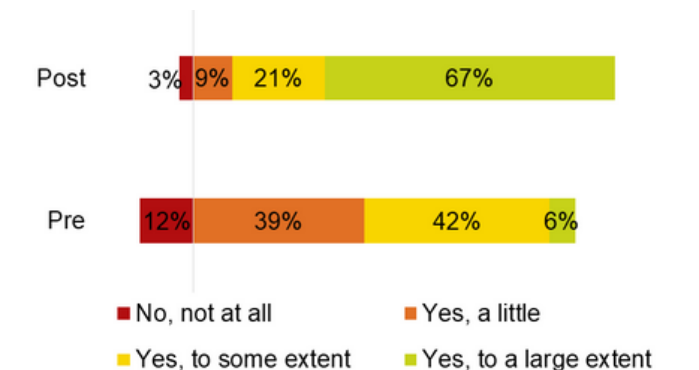
Data from Strengthening Families' pre and post-programme surveys confirmed that parents/carers were more knowledgeable of where to go for support, for both themselves and their children's well-being (see figure 14a and 14b). Notably, the proportion who knew 'to a large extent' where to access services for themselves increased from 26% (9/34) to 65% (22/34), and the equivalent proportion knowing how to access services for their child increased from 6% (2/33) to 67% (22/33). Asked directly 'Did the Strengthening Families programme enable this [knowing where to access local services to support your child]?', 98% (46/47) agreed that it had – with 74% (35/47) saying 'Yes' and 23% (11/47) saying 'Somewhat'.

Figure 14a – Strengthening Families parent/carer responses to 'Do you know where to access local services to support your mental health and well-being?'
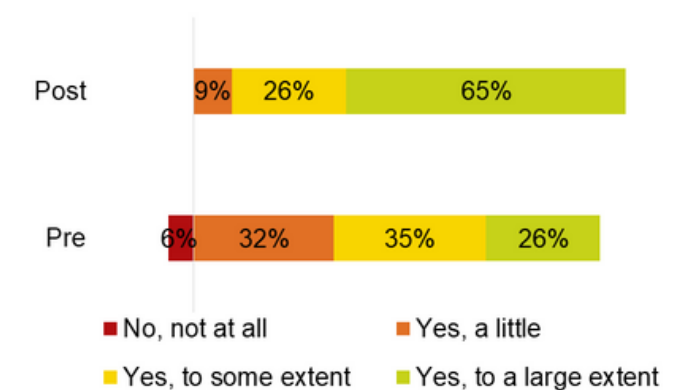
n=34 Strengthening Families parents/carers with matched pre and post responses, May 22 – Dec 23

Figure 14b – Strengthening Families parent/carer responses to 'Do you know how to access local services to support your child's mental health and well-being?

n=33 Strengthening Families parents/carers with matched pre and post responses, May 22 – Dec 23

Parents/carers were also asked if their experience of the Strengthening Families programme had given them more confidence to attend other courses/programmes for parents/carers. 98% (46/47) said that it had – 57% (27/47) 'to a large extent'.

- **Signposting, referral, and 'hand-holding' accompaniment**

Parents/carers from both services were referred to a wide range of external support services when their needs could not be met internally.

'I mentioned my son... then this therapist was like "You know you can get support from this organisation"... every time I've mentioned something about what I may need, I've received relevant information.' Strengthening Families parent/carer

Strengthening Families recruited a Link Worker, who worked with each parent/carer and directed them to external support on a wide variety of issues, including debt, domestic abuse, child Education, Health and Care Plans (EHCPs), immigration, and work. The Link Worker built connections with other local organisations and provided support to parents/carers to access them, including helping them to make calls and write letters. The Link Worker worked with the therapeutic practitioner to identify and address needs.

'It was the [Link worker] she sort of like sent me like information... and she gave me all of those contact details just to phone them and find out about [support] in regards to school when it comes to special needs and EHCP application.' Strengthening Families parent/carer

Strengthening Families also noted contacting external services to improve the referral experience of their parents/carers.

'Sometimes we would call up the services ourselves... get a little background to see how it goes. And then if it's OK, we would give the parents the green light, you know, maybe call them.' Strengthening Families staff member

There were occasional limitations to referrals – one parent/carer was frustrated that The Nest were unable to refer their child directly to CAMHS.

A Midaye staff member spoke about how referrals to other services often required a Midaye staff member going to initial appointments with parents/carers. Some parents/carers felt that needs would be unmet if they did not have a Midaye staff member accompanying them.

'If they want to go to an appointment and they need a translator, somebody to be with them… they benefit a lot from Midaye' Midaye Hope project parent/carer

Midaye staff noted that the value of this was recognised by external services:

'They [a service] are completely gobsmacked at how we are able to bring parents to appointments on time with what they need, able to support with the translation, resolve issues far quicker.'

- **Advocacy**

Midaye provided advocacy in some cases. For example, a parent/carer told us how Midaye acted as an advocate for them when their family was at risk of being relocated:

'I had a problem, like a housing problem… [Midaye] sorted the problem for me…Midaye at that time speak to council.' Midaye Hope project parent/carer

'There was an incident for my child, she broke her finger and the school neglect my child, they didn't tell me… At that time I came to Midaye as a client… They write letter for the school and for governor and to the head teacher. After [the school] sent me an apology letter' Midaye Hope project parent/carer

Strengthening Families' advocacy work with schools: Strengthening Families staff contacted school staff and attended meetings with parents/carers, or on their behalf; they helped both school and parents/carers to support the child better, they coordinated, and in some cases mediated the relationship.

The school offered… for her to come at 10. So I was quite resistant to this… but [Strengthening Families] say to me like, "OK well at least if you say 10, it might be more achievable for her and then you can kind of work backwards."' Strengthening Families parent/carer

Parents/carers spoke about the support helping them to navigate a system that they found disempowering.

'Sometimes when I come to the [school] meeting, I don't know how to talk… I'm not saying the right thing to… get support for my child… So I wished I had found them earlier because when I then found them, they were like… "we could represent you, we could go with you in a meeting."' Strengthening Families parent/carer

Interventions from Strengthening Families staff members were key in helping schools to shift into a more supportive mindset for children and families, and better recognising children's needs.

'I think the school sent a letter just like "It's your responsibility" and you know, like kind of saying like if her attendance is below a certain amount and they could take me to court. But I think after [Strengthening Families got] in touch with them they did change their approach to like actually "What have we done to help?"'
Strengthening Families parent/carer

Parents/carers felt that the presence of the service signalled to schools both the legitimacy of children's needs, and that the family was engaged in addressing challenges. Staff felt that it could also reassure schools to know that families were

accessing support. Staff members told us that they had been successful in convincing schools to 'put the brakes on' managed moves or exclusions of some children.

They were thinking about moving my son to different school. They were very persistent with that idea… So when [Strengthening Families staff member] was explaining how my son is behaving… how he's struggling with certain things I think the school started understanding that.' Strengthening Families parent/carer

Key facilitators for this work were the connections of Strengthening Families staff with schools, as well as their experience of the sector.

'[Strengthening Families] were… able to make use of the networks… [the school] wanted to chuck her out because she wasn't attending… But the fact that [Strengthening Families staff member] knew the person and said that "Look, they're trying, can you just extend it a bit?"' Strengthening Families parent/carer

Parents/carers were asked about their relationships with schools before and after their involvement with the programme, in Strengthening Families' pre and post-programme surveys. Reported knowledge of school behaviour policies and exclusion processes showed clear increases. The proportion 'Very familiar' with behaviour policies increased from 23% (14/61) to 56% (34/61); and the proportion saying they understood the school exclusion process 'Very well' increased from 11% (4/35) to 49% (17/35).

There was also a clear improvement in the number of parents/carers feeling that their child's school was trying to meet their child's needs; the proportion (including 'Yes' and 'Somewhat') increased from 63% (29/46) to 85% (39/46). Parents'/carers' confidence to make suggestions to schools about meeting their child's needs also increased; The proportion 'Somewhat' or 'Very' confident about making such suggestions increased from 66% (31/47) before the programme to 89% (42/47) afterwards.

Because what they wanted to do… was to send her to a behavioural unit, and I said, "You can't do that [and explained how the school has failed to meet her child's needs]". So it did definitely give me the confidence to say that to them.' Strengthening Families parent/carer

- **Parents/carers learning to navigate the system**

An aim of both services was to build the capacity parents/carers to navigate support services independently. It was especially important to Strengthening Families that this be an aspect of their model – and that parents/carers did not 'become… reliant on us' – given that their cohort structure meant that time with parents/carers was limited. Strengthening Families built parents'/carers' capacity to engage with other services (and schools) themselves, as this would continue to benefit the family after Strengthening Families' support stopped.

'It became more of a thing of can we show parents how to find these services for themselves… if they need something it's not that I now have to go back to Groundwork and say, "Hey, I now need support around this". They know where to find that information.' Strengthening Families staff member

'We did a lot of capacity building in terms of basically just getting the parent to… build a stronger relationship and almost co-parent with the school.' Strengthening Families staff member

For both services, one aspect of their work was seeking to improve perceptions of external services, and we found evidence that parents'/carers' attitudes to accessing support had changed. Parents/carers noted how a Midaye Hope project session hosted with social services had challenged the view that any interaction with social services would threaten the custody of their children. A parent/carer described how they had subsequently accessed support through Early Help/Children's Services.

Positive experiences of engagement with staff at both services gave parents/carers confidence to engage with other professionals:

'I do [feel more confident engaging with other services] because I think obviously I've built that trusting relationship with the worker, well the workers there [at Strengthening Families].' Strengthening Families parent/carer

The experience of accessing support also normalised help-seeking for a family.

'It's kind of made it very normal to go to therapy, and to have support and also they know that mum is not always strong as well.' Strengthening Families parent/carer

Both services sought to help families understand how services worked. Many parents/carers, who arrived in the UK as adults, had limited experience of UK services.

'Because we are not from here and we don't know the system, we come to learn how this country system [works]. Here you have a system, and a waiting list and it's a big difference. When you go to GP, you have a lot of rights but we don't know about it.' Midaye Hope project parent/carer

Strengthening Families informed parents/carers about the limitations of services, while emphasising the benefits of engaging, and empowered parents/carers to take agency over their interactions with services. Parents/carers noted that they had become more proactive in their interactions with other services as a result of support from both services.

And also like normally... when the school doesn't call, I won't bother... but because [Strengthening Families] told me, "Contact the school contact", I contacted the school and the school were so happy they gave [child] a lot of things like to help him.' Strengthening Families parent/carer

Parents/carers also noted how the change in their own behaviour had improved the engagement from schools.

'And when the school feels that you are involved, they will look at it [issues] quickly because you are chasing... Yes they feel that mum is on top of things.' Strengthening Families parent/carer

The Midaye Hope project's parents/carers learnt about their rights through 1:1s and group sessions with specialists. Increased awareness strengthened parent/carers' confidence to challenge professionals when they felt they were not behaving appropriately.

'And I was OK to speak to police, to the police face to face, and tell them I am angry because you are not responding and I feel like I'm not safe.' Midaye Hope project parent/carer

Staff at Strengthening Families also noted helping parents/carers to assert their rights:

'If you go to the GP for therapeutic sessions... this is how you would express it to say, "Actually, I don't want to see a male, I want to see a female. I don't want to see a female from that cultural background, I want to see a different one."' Strengthening Families staff member

Staff at both services felt that they were encouraging parents/carers to support each other to navigate the system:

'We started to have a bit of a culture with the number of parents who would then say, "Well send something to me"... They would then share that with the group.' Strengthening Families staff member

3.3 Peer-to-peer networks

Both services helped parents/carers to meet other parents/carers and form new and supportive connections. This was a more central focus of the Midaye Hope project's work compared to Strengthening Families.

3.3a Strengthening Families

Strengthening Families' approach to creating peer networks was based around bringing parents/carers together in group sessions around their common experiences. Many parents/carers noted receiving support from other parents/carers during group sessions, and felt that sharing stories and experiences was an important part of the programme. Seeing the same people regularly led to – in some cases – friendships, and parents/carers supporting each other outside of the sessions.

I see the same parents in the group and I've made friends with one parent so it's been quite helpful. Whatever issues she might be going through... I'll try and advise her and if anything I'm going through, she'll advise me.' Strengthening Families parent/carer

Data from Strengthening Families' pre and post-programme surveys confirmed that parents/carers felt more confident about finding peer-to-peer support after the programme. The proportion saying they 'probably' or 'definitely' knew where to find peer-to-peer support increased from 53% (25/47) to 85% (40/47) after the programme - a 32 percentage point increase.

Group sessions helped parents/carers feel less isolated. Parents/carers opened up about their own experiences, which also helped others to feel reassured and validated. This form of emotional support was highly valued.

'Being in a group of people... actually listening to them was a really good way of not feeling isolated, of feeling that some of these things are completely normal.' Strengthening Families parent/carer

Parents/carers described how the group helped them to manage problems. Some described how the peer support made them feel calmer or more objective about situations, by having people to talk through things with.

'You don't feel alone, like you're the only parent going through this, which can be daunting... there's other people that have the same experience as you and it's nice to get together with the group and talk things through' Strengthening Families parent/carer

Parents/carers also benefitted by exchanging advice and strategies.

'There are other children who've got SEN needs and how did [other parents/carers] find it? How do they find ways to cope?... yeah we share information, advice.' Strengthening Families parent/carer

Nonetheless, a significant proportion of parents/carers we spoke to did not contact the other parents/carers outside of group sessions. Staff at Strengthening Families noted that the relationships between parents/carers varied between groups. For some cohorts, parents/carers became comfortable and close. In other cohorts, parents/carers mainly focussed on the course content and their individual challenges.

There were a few barriers to the formation of stronger peer networks. The Strengthening Families' group sessions were deliberately focused on delivering specific content, as opposed to being primarily about parents/carers making connections with each other.

'[At another service] everything's about "What do you think?" in terms of the parents, whereas [Strengthening Families] is more we'll share information and then we'll have a conversation' Strengthening Families staff member

Some parents/carers would drop into specific sessions that interested them, meaning that the same parents/carers were not always present in sessions. Online sessions helped more parents/carers to access the groups – but may have been a barrier to parents/carers building relationships.

'I'm probably [the] only one with my camera on chatting away... People are usually a little quiet, so when there's no face showing, it's really hard to connect...' Strengthening Families parent/carer

Parents/carers commented that the time-limited nature of Strengthening Families – a key difference to the Midaye Hope project – was a barrier:

'I think you know it needed to be longer for that that kind of bond to build up between other parents and all that sort of stuff.' Strengthening Families parent/carer

Some felt that Strengthening Families should allow more time in group sessions specifically for building relationships, or that the programme should have introductory sessions for people to meet each other, outside of content-specific sessions.

Parents/carers frequently lived on different sides of the borough and may have had no common community connections (through faith, or schools, for example). In some instances parents/carers did not feel they shared experiences with others in the group.

'The only person I was able to speak to, one lady... she's been experiencing similar issues... but the other families, not so much, no.' Strengthening Families parent/carer

Finally, for many parents/carers connecting with other parents/carers was simply not a priority. Parents/carers noted having had opportunities to engage, with other parents if they had wanted, or had the mental space for this.

Parents/carers were often focused on their own immediate challenges:

'Most parents were already victims, fighting their own battles, issues not resolved, it was hard. Like on the airplane, you have to cover yourself [with the oxygen mask] before you cover [others].' Strengthening Families parent/carer

3.3b Midaye Hope project

Supporting the development of peer connections was central to the Midaye Hope project. Indeed this was central to Midaye's model in general, and the work overlapped different projects. Midaye also ran a Parent and Carer Champion Network, and they often used this space to engage in conversations about mental well-being, to scope who needed additional support and to reduce the taboos around the subject, encouraging parents/carers to access additional support.

The service sometimes brought parents/carers together with a sole focus on providing space to develop relationships, and Midaye staff told us how they actively developed peer networks by, for example, paying for meals so parents/carers could eat together. Midaye staff also encouraged parents/carers to look out for each other – recognising and reinforcing the community that they were part of.

You don't just say "Oh there's your homework"... you kinda get them to encourage each other in the process, text each other, go and visit their neighbour and [ask] "how are you looking after yourself today?"' Midaye staff member

Parents/carers and staff described the peer activity taking place in and outside of Midaye Hope project sessions, which included picnics and exercising. Parents/carers spoke about valuing meeting people from similar cultural backgrounds that would understand them – they shared culturally specific advice they could take back home to support their families. At the same time, there was some diversity of country/cultural heritages and some parents/carers were grateful for the chance to learn about other cultures. Parents/carers told us that they felt comfortable opening up to each other in the safe space created in peer groups. Parents/carers formed strong relationships with one another.

'Most of us we don't have family here; these are like family.' Midaye Hope project parent/carer

Parents/carers told us that they would check in on, advise and support each other. Parents/carers felt comfortable reaching out for help when needed. Examples of support they provided each other included childcare (including so that parents/carers could attend appointments) and visits during significant life events (e.g. a bereavement, wedding or new child).

'If anybody is going through a problem at that time, I feel like there's some sort of a network, a group that forms to help that individual.' Midaye staff member

Parents/carers described how their positive experience and improved mental health from the Midaye Hope project had inspired them to support the well-being of other parents/carers in the community.

'I joined them, before I come to volunteer with them, and I liked it. I applied to volunteer too 'cause it helped me a lot and I need to help others through Midaye' Midaye Hope project parent/carer

This included parents/carers promoting the Midaye Hope project to others as well as volunteering to run Midaye Hope project sessions themselves. A group of parents/carers arranged sessions with a local employability and IT training organisation; a group was set up to support parents/carers of children with Special Educational Needs (SEN); and a parent/carer developed an Arabic-language mother and baby group at a local Family Hub Centre.

'We have a group for special needs. We have new mums and we advise them. We give them a lot of well-being advice... we support when you hear the diagnosis. You are not alone. We are here to help you.' Midaye Hope project parent/carer

4. Best practice

This section summarises best practice and transferable learning from both programmes and offers recommendations for future practice.

Parents and carers reported that the services offered a unique provision of support, unlike services they had encountered previously. Staff described the key aspects of their approaches that contributed to their perceived success, both perspectives can be characterised by three main themes:

1. **A genuinely relationship- and person-centred approach**
2. **A high level of cultural competence, demonstrated practically**
3. **A community-led, empowering and holistic approach.**

A genuinely relationship- and person-centred approach

The services were exemplary in their application of **relationship-centred practice,** often characterised by the kindness and care given to parents/carers. This was particularly important as many parents/carers had had little or negative experiences of mainstream services.

Parents/carers commented on the **tailored, sensitive and responsive approach to communication.** Interactions with the services were marked by **genuine respect, warmth and empathy,** helping parents/carers to feel seen and safe. Professionals from referring organisations also noted Strengthening Families' excellent communication style and approach.

This included being explicit about **not wanting their interactions with parents/carers to feel transactional.** Staff noted that having **a compassionate approach** in their practice was key to meeting the emotional and mental health needs

of parents and carers. Strengthening Families staff emphasised **tailoring communication methods** to suit parents'/carers' preferences. Strengthening Families were also **highly responsive and proactive** in contacting families, and checked in regularly with them.

Both services acknowledged the benefits of a **more informal, less bureaucratic communication style** with the communities they worked with, facilitated by the practical availability of staff to parents and carers. These open, informal and available approaches and principles contrasted with parents'/carers' experiences of mainstream services. This way of working helped to create a **more equitable power dynamic** between the service and the parent/carer.

Both services recognised how important **maintaining trust** was to the therapeutic relationship. This meant recognising their responsibilities to parents/carers and following through with their commitments, including **going above and beyond** in their roles. For example, ensuring attention to detail in the referral process, or providing childcare to facilitate attendance.

Both services understood the importance of offering a flexible service – helping the services to be led by parents'/carers' needs. Being flexible meant l**etting parents/carers know what the services could offer, and then allowing parents/carers to decide** about their participation. The services understood that **parent/carer autonomy was crucial for the development of a trusting relationship.**

Both services also tried to **accommodate different schedules.** Sessions were offered in the daytime and the evening, online and in-person. Strengthening Families was mindful of the pressures on flexibility that could arise as an organisation grew, but continued to prioritise this.

The services recognised that **it took time to build trusting relationships** with parents/carers. A parent/carer might initially engage with limited aspects of the service before later deepening their involvement.

Recommendation: relationship-based and person-centred approaches can work well for families with experience of trauma or adversity. Relationship-based approaches can facilitate trust, which leads to better engagement.

A high level of cultural competence, demonstrated practically

Staff across both services were from **similar backgrounds to the communities** they served. This helped them to develop trusting relationships with parents/carers by enabling a deeper **understanding of families' lives.** Professionals at other services recognised the **cultural competence** of both services' provision.

Staff members had **direct experience of some of the challenges parents and carers were experiencing.** This strengthened their determination to provide the right information and empower parents/carers to be heard. Services had particular insight into how the parents/carers they worked with viewed mental health.

The closeness of services to the community reduced the likelihood of parents/carers feeling they were being judged by an outsider. The services' **understanding of their community** – and a **respect for families' values** – was essential to constructive work with parents/carers, and an advantage over other services. The understanding of the cultures Midaye works with also informed the way in which Midaye worked to **identify the needs of the community.** Midaye staff also emphasised the importance of not just being culturally sensitive but actively honouring the cultures that people come from. Language was also a hugely important factor for many parents/carers, being fundamental to engaging parents/carers and supporting them to access other services.

Recommendation: Culturally competent services, representative of the communities they serve, can help to accurately identify and respond to a community's needs.

A community led, empowering and holistic approach

A central and exemplary element of Midaye's work is its **community-led practice**. Midaye's staff told us about the importance of a **bottom-up approach, staying in tune with parent's/carer's needs and tailoring the service accordingly.** This reflects the understanding that the community understand best about what it needs. In practice this meant **giving space to parents/carers to share their experiences,** the use of **group consultations/focus groups to learn about what parents/carers want** from the service, **parent champion initiatives** and **giving parents/carers opportunities to volunteer** within the project. These latter activities demonstrate the active commitment that Midaye has to encouraging **parents/carers to take a role in running the project**. Practitioners told us how they **support parents/carers to develop their own ideas** to improve the well-being of the community. (More generally, by supporting parents/carers to **focus on their strengths,** the service aimed to build the confidence and self-efficacy of parents/carers). Drawing on parents/carers in this way also increased the capacity of Midaye to support more parents/carers, by creating new initiatives for the community to access.

A community-led approach cannot work without meaningful peer connections. We have outlined above how Midaye saw the formation of peer networks as fundamental to the programme, and dedicated space and resources to allowing these connections to develop.

Other considerations

Staff well-being and support

Working in a person-centred way in the area of mental health support, meant that **staff themselves needed a good level of support.** This was particularly important given the experiences of trauma in the communities the services worked with. Staff in both services indicated that they had internal systems which allowed space to **support practitioners** and offer **time for continuing professional development,** which some contrasted to a lower level of support at previous workplaces. Where specific needs were identified, training was provided to support practitioners – for example in dealing with parents'/carers' experiences of domestic abuse.

Sufficient organisational capacity

Working in the person-centred ways outlined above, and properly supporting staff, also requires an organisation to have **sufficient capacity** to do so. Compared to mainstream statutory services, Strengthening Families staff members noted the advantage of a limited caseload allowing them to ensure the quality of their work. And whilst parents/carers suggested that it would be of great benefit for the services to be more widely publicised to meet the need in the community, staff felt it was not possible to do this without resources to take on additional cases.

Transferring learning

It should be noted that there are limitations to transferring Midaye's and Strengthening Families' approaches in other contexts.

The reason that we have success is because we were started by people within the community. Our whole organisational culture… feels familiar for the people that live in our communities, so that's not something that you can easily transpose onto another organisation.' Midaye staff member

Sensitivity to the specifics of the communities they work with appeared to be part of what made these interventions successful – they have been developed in and for these contexts. To take a simple example, Midaye staff suggested that their successful use of word of mouth to engage parents/carers was related to the oral traditions with the communities they work with. Additionally, Midaye have been working with the community for many years – strong relationships and community trust in a service is something that takes time to build.

Recommendation: Genuine relationship-based, community-led projects take time, and need to be specific to local communities. This means that those wanting to work with other marginalised communities may need to connect with and build the capacity of existing community organisations, or develop the capacity of the community over a sustained period.

This was an evaluation of the Community-Based Mental Health and Emotional Well-Being pilot programme. As an initial evaluation of a pilot programme, the confidence in our findings is limited; nonetheless the evidence we have collected is very promising. We found that both services were accessible to and highly valued by parents/carers. Both services engaged parents/carers who had appropriate needs and demand from parents/carers stretched services' capacities.

Parents/carers and staff frequently spoke about how working with the Midaye Hope project and Strengthening Families had positively impacted their mental health and emotional well-being, and in some cases changed lives. Parents/carers and staff spoke about improved confidence and self-esteem, greater self-compassion, greater happiness, reduced stress and anxiety, recovery from trauma, and reduced isolation – as well as improved physical well-being and improved communication and relationships with their children. We heard about various benefits of the services for young people beyond improved relationships and better communication with their parents, including school-related outcomes such as reduced behavioural sanctions and improved attendance (particularly as a result of Strengthening Families' work with schools).

We found extensive evidence that both services were improving parents'/carers' awareness and understanding of mental health issues, both their own and their children's – and that some parents/carers felt better able to manage challenges. We found evidence that services had improved the perception of external support services amongst parents/carers, and connected parents/carers to services in a variety of ways, increasing access and engagement.

Although there were some commonalities, the services had different emphases when it came to peer networks. The Midaye Hope project could be described as a community first and a service second – parents/carers, joining through word of mouth, came together in community to identify common needs.

Strengthening Families could be described as a service first and a community second – with the clearly defined needs of their parents'/carers' cases, the focus was on addressing these specific challenges, although parents/carers also came together in communities facing common issues. The time-limited nature of the service was a barrier for peer networks forming in Strengthening Families as compared to the Midaye Hope project. Within these boundaries, both services provided a space for parents/carers to form relationships and support each other. This was highly valued by parents/carers and a key contributor to both services' impact.

We found many aspects of best practice in the services from which other providers could learn. Our findings underscore the importance of culturally competent, community-led, and relationship-based approaches in supporting mental health and well-being in communities with diverse cultural backgrounds.

Limitations

- With the exception of one father, all of our qualitative research is based on the perspective of female caregivers. As a result, it is possible that the findings and recommendations are limited in their applicability to improving the access of male caregivers to mental health services.

- In some Midaye Hope project focus groups, parents/carers – rather than qualified translators – facilitated the conversations with non-English speaking participants. This may have meant some insight was lost.
- Staff members were also present for some of the interviews and focus groups conducted with parents/carers from the Midaye Hope Project. This could have influenced interviewees' responses.

- Parents/carers we spoke to at the Midaye Hope project were not generally able to distinguish their experience of the Midaye Hope project from the other support they accessed through Midaye, as this was provided as a joined-up service.

- As the evaluation started after the services had begun delivery, their data collection was not aligned with the needs of the evaluation. This limited some of the conclusions we were able to draw from the quantitative data.

Research recommendations

- **Continuing to work with service users in research** – We greatly benefitted from the input and support of our parent/carer co-researchers who were recruited from the communities the services aimed to serve. This was especially the case as our team were primarily White. We have highlighted in the report many parents'/carers' distrust of external agencies, and that may well carry over to researchers; the co-researchers were instrumental in engaging parents/carers as well as contributing invaluable insights about data collection and analysis. We recommend that any research project which aims to evaluate and understand services that are culturally sensitive and competent should adopt such approaches in their research design.

- **Being sensitive to the gender of researchers –** Given the cultural background of some participants, they asked not to take part in interviews with male researchers. We were able to accommodate such requests.
- **Expanding methodology to include the views of young people** – As this evaluation was focused on outcomes for parents/carers, it did not focus on the experiences of young people. This would have been an improvement to the research.

- **Research with non-engaged parents/carers** – towards the end of the evaluation we tried to speak to a few parents/carers who had disengaged or engaged less with services, but were not able to. However, this could offer a valuable additional perspective on services.

- **An earlier start to evaluation, alongside programme design and implementation** – Wherever possible, evaluations should be commissioned at the start of service delivery so that evaluators can contribute to the design of services' data collection processes.

- **Expanding quantitative data collection** – Parent/carers outcomes data could be collected for the Midaye Hope project and used to demonstrate change in parents'/carers' outcomes over time. Future research could also consider control groups for both services to bolster the reliability of conclusions around observed changes. This could have been achieved by e.g. working with parents/carers who were on the waiting list for each service. Such research could also use validated measures of outcomes.

- **Centring on a single service** – Future evaluations for interventions such as these may benefit from a focus on one service as opposed to summarising both under the same report. Whilst the two had similar aims and target groups, internally the needs of service users and the activities engaged in were different enough to warrant being evaluated in their own right.

Practice & policy recommendations

- **Culturally competent services** – Both the Midaye Hope project and Strengthening Families demonstrated the importance of culturally competent services. Services designed in this way can make service users feel more comfortable and balance power inequalities that can exist in statutory services. These services can also serve as a gateway for families to access external support services.

- **Representation and engagement** – Services that are representative of the communities they serve can accurately identify needs and provide culturally relevant support. By involving service users in programme implementation and decision-making processes, services can better address the unique mental health challenges faced by individuals from different cultural backgrounds. The Midaye Hope project demonstrates how a **community-led and place-based approach** can identify and support (lower-level) mental health needs – providing referrals and further support where needed.

- **Relationship-based and person-centred approaches** can work well for families who have experienced or are experiencing trauma or adverse challenges. These approaches are characterised by compassion, sensitivity and respect. Relationship-based approaches can facilitate trust, leading to better engagement. Time is needed for genuine relationship building, as well as flexibility – tailoring to the individual and encouraging autonomy.

- **Schools and whole-family approach** – our findings highlight the benefit of the link between schools and a family well-being service provider (particularly in the case of Strengthening Families). A whole-family approach to support can equip a family to continue supporting the child after service provision ends.

Schools can play an important role in early intervention and prevention efforts for mental health challenges – working alongside schools and adopting a whole-family approach may enhance the effectiveness, accessibility, and sustainability of mental health and well-being support services, ultimately leading to better outcomes for children and families.

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