

Hurdle Programme Interim Evaluation Report

June 2024



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1. Introduction

Charity Fundraising Ltd was commissioned by Dudley Lodge to evaluate the impact of the charity's Hurdle programme. This is an interim report, covering the first three years of a five-year programme funded by the National Lottery Community Fund and other funders.

Hurdle has been designed to tackle the issues raised within Professor Karen Broadhurst et al's 2017 report *Vulnerable Birth Mothers and Recurrent Care Proceedings*, which highlights the needs of families who have been subject to cyclical removals of children from their care, with little or no support. The Hurdle programme was inspired by the legacy of Paul Tudor, former NSPCC Inspector, Independent Safeguarding Advisor and Executive Chair of the Board of Directors for Dudley Lodge, who was passionate about breaking the cycle of repeated removals of children into care.

This report summarises the delivery of the programme so far, assesses the impact Hurdle is achieving against anticipated outcomes and makes recommendations for the final two years of the current National Lottery funded programme. Charity Fundraising Ltd will produce a final evaluation report, covering the full five years of the programme, in June 2026.

1. Programme context

1.1. The need

As of 31 March 2023, there were 83,840 looked after children in England, up 2% on the previous year (Department for Education, 2023). Many of these children were born to parents who had already been subject to the removal of a child from their care.

In England and Wales around 1 in 4 women are at risk of returning to court for subsequent care proceedings within 10 years of a first care removal. The risk of returning to court is highest within the first three years after the initial care proceedings. Despite research and the development of new services in some areas, there has been little reduction in the risk of repeat care proceedings across England and Wales over the last decade. Some regions are experiencing much higher rates of repeat care proceedings, with the Midlands being amongst these (Alrouh, B. et al., 2022).

At the conclusion of custody hearings, regardless of whether the child has been taken into care or left with the parents, there is little effective support available to parents. While individual services are available (such as those for mental health or substance addiction), these services are not centrally coordinated and may lack an understanding of the unique set of circumstances and trauma which these parents face. Parents who have experienced the loss of a child by Final Care Order are often left mistrustful of professionals and reluctant to engage with services (Broadhurst, K. and Mason, C., 2020).

Women who have had children removed from their care often experience significant unmet health needs and miss out on accessing services due to their distrust of services and lack of awareness of their own poor health (Grant, C. et al, 2023). Parents involved in child protection

cases have been shown to have high rates of trauma exposure and mental health problems which are frequently left untreated (Suomi, A. et al, 2023).

Without adequate practical and emotional support, parents who have lost custody of their child/ren may seek to address their pain and grief by becoming pregnant again. If the factors which led to the removal of their child from their care are not addressed, they may find themselves subject to repeat care proceedings, with further adverse effects for themselves and their children.

1.2. Background to Dudley Lodge and Hurdle

Hurdle is a programme of support for parents run by Dudley Lodge, a UK registered charity and one of the leading Residential Family Assessment Centres in England and Wales.

Dudley Lodge aims to keep families together when it is safe and in the best interests of the child to do so. The service assesses all types of families including couples, single mothers and single fathers of all ages and abilities. Dudley Lodge has assessment centres in Birmingham, Coventry and Wolverhampton, but works with families from all over the UK.

In 2015, Dudley Lodge was awarded a grant from the National Lottery Community Fund (Reaching Communities) to develop and deliver a community outreach project, designed to extend its support beyond the end of their residential assessment programmes. The success of this initial programme led to the launch of Hurdle as an ongoing element of Dudley Lodge's services. The current Reaching Communities grant was awarded in May 2021. Each year the programme secures additional match funding through grant funders and spot purchases from the local authority.

During the planning stages of the service, Coventry Local Authority confidentially provided Dudley Lodge with local statistics of the number of children who have been removed from their parents and subject to Full Care Orders, as well as the number of pregnant parents at risk of having their child removed. These figures, while not possible to share externally, have informed the five-year plan for Hurdle. Within Coventry there is currently no other service directly targeting parents who have experienced cyclical removals of children from their care.

1.3. Hurdle approach and ethos

Hurdle's focus is on parents with multiple complex needs who have suffered or who are at risk of suffering recurrent removals of their children from their care and into the care system. They are likely to be facing one or more of the following challenges: abuse, neglect or trauma at a young age (often in care); mental health issues; substance abuse; domestic abuse, poor education & employment opportunities; poverty; housing insecurity; and isolation.

Hurdle services are available to mothers and fathers in a 30-mile radius of Coventry who are at risk of, or who have already suffered, the removal of one or more children from their care. This includes:

- Parents who have completed an assessment programme at one of Dudley Lodge's Family Assessment Centres with or without a child in their care, and think they might need

additional support to transition back into the community successfully (known as 'Pathway 1');

- Parents who have suffered a loss of their child or children to the care system by Final Care Order and have no children in their care currently (known as 'Pathway 2').
- Parents who are expecting a baby, but have been identified as 'at risk' of the baby being removed from their care at birth (known as 'Pathway 3');

The team uses a relationship-based, trauma-informed model, which emphasises the importance of the family and Key Worker relationship and treats this as a partnership. Parents are listened to, valued and respected, and all information shared is kept confidential unless consent given by the individual for information to be shared (unless there is a safeguarding concern). The nature of the support varies according to the individual parent or couple's needs, but often includes:

- Allocation of a Key Worker who supports the family to become part of their community, reducing isolation and ensuring 'connection' to peers.
- Practical support in relation to housing, childcare provisions, benefit entitlements etc.
- Social groups and peer support groups.
- Ongoing self-development work and therapy where appropriate.
- Continued child development support and advice.
- Signposting and accompanying to support/health services.
- Support to access therapy/counselling and grief support.
- Lifestyle evaluation, helping the parent to understand the reasons for removal and changes they can make to support a more stable life moving forward or to identify changes required to enable their baby or future children to remain in their care.
- Peer support groups.
- Signposting and accompanying to support/health services including for substance misuse, mental health and domestic abuse.
- Support to access antenatal support.
- Parenting preparation.

Hurdle is free of charge to parents and participation is entirely voluntary. Support is usually offered for 6-12 months but can be extended in certain circumstances. The frequency and type of support is based on needs identified by the parents.

During the first year, Hurdle was inundated with referrals and unable to cope with demand and the team wanted to avoid long waiting lists for families. The referrals process was therefore changed to a closed process and now only accepts (with a couple of exceptions discussed later in the report) direct referrals from social workers in Coventry and Warwickshire for Pathway 2 and 3 and reserves a proportion of spaces to prioritise parent self-referrals. Other professionals such as police and midwives can encourage parents to make a self-referral. Any referral must first be discussed with the parent and their consent gained for the referral to be made.

The team is currently made up of an Operations Manager, Project Lead and four Key Workers.

2. Evaluation methodology

2.1. Evaluation methods and approach

This interim evaluation covers the first three years of a five-year programme of support funded by the National Lottery Community Fund, alongside contribution from other funders. The evaluation findings are based on the following data:

- Interviews with three parents conducted by Charity Fundraising Ltd
- Interviews with four staff members conducted by Charity Fundraising Ltd
- End of support questionnaire data from 44 parents. Of these, 12 parents were from Pathway 1, 25 parents were from Pathway 2 and 7 were from Pathway 3.
- Review of outcome and screening measures provided by Pheonix Psychology for attendees of the Compassion-Focused Therapy group
- Case studies provided by Hurdle staff for four parents

The interviews were all completed in May 2024. The parents all stated a preference for a telephone interview. All staff interviewees took place over Microsoft Teams.

2.2. Programme outcomes and indicators

At the start of the programme, the four anticipated key outcomes and corresponding indicators were identified. This evaluation is structured around these outcomes and indicators. Two unanticipated outcomes were identified and detailed in the Impact section.

Outcomes	Indicators
1: Parents have better physical and mental wellbeing	<ul style="list-style-type: none">- Parents are better at understanding and managing mental health and wellbeing- Parents are more physically active- Parents have improved attitudes towards self and others with greater trust and self-esteem- Parents are better at understanding and processing trauma- Parents are less socially isolated
2: Parents have more resilience and independence	<ul style="list-style-type: none">- Parents are better able to identify and solve problems- Parents have more knowledge about and confidence to access services in their local area
3: Parents move closer to or into work, education and training	<ul style="list-style-type: none">- Parents have developed skills- Parents are more motivated to seek work, training and/or volunteering
4: Children and young people benefit from positive and effective parents able to improve their health, safety, development and wellbeing	<ul style="list-style-type: none">- Parents have more confidence and knowledge to protect their children from harm- Parents have increased confidence and knowledge to support their child's health and development- Parents experiencing domestic abuse are better able to protect themselves- Parents have reduced local authority involvement

3. Programme Delivery

3.1. Levels of engagement

Number of parents supported

Over the past three years, 142 families have been offered support through Hurdle and agreed to join the programme. Of those 126 families (89%) have gone on to engage with the service.

88 families have completed the work they set out to achieve through the Hurdle programme. 38 families are currently receiving support through Hurdle at the time of writing this report.

Where parents have not gone on to engage with the service after accepting a place, only 19% of these have been self-referrals, showing that the level of motivation is particularly high amongst those who have self-referred.

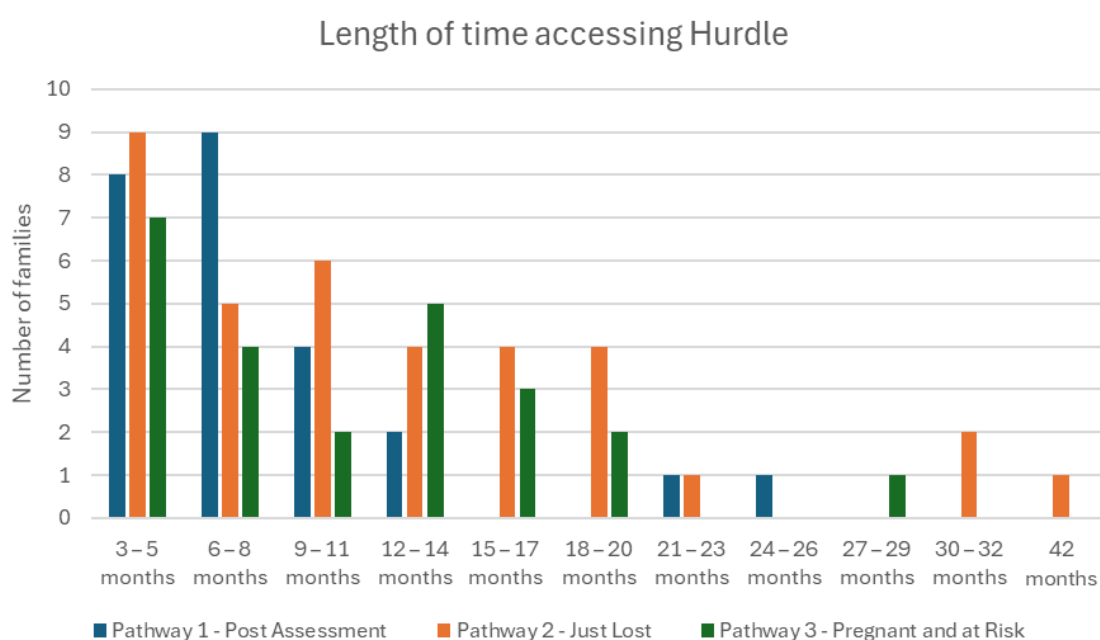
The following number of families have completed support over the past three years:

- Pathway 1 (Post Assessment) – 25 families
- Pathway 2 (Just Lost) – 36 families
- Pathway 3 (Pregnant and At Risk) – 24 families

There were a further three families that received support although they did not meet the specific criteria for Hurdle. One family was a ‘buy in’ service by the local authority. The other two families were still within care proceedings and finding it difficult to find appropriate support but the team had availability to offer a place in an identified group and support from a Key Worker.

Length of time accessing support

In the initial development phase of the programme, it was anticipated that families would access support for 6-12 months. However, across all three pathways the service has seen families access support for considerably longer, in one exceptional case for three and a half years.



Of 25 closed 'Post Assessment' families, only 8 (32%) accessed support for up to 6 months. A further 9 families (36%) accessed support for 6-8 months and the remaining 8 families were between 9-26 months, meaning that 66% of Post Assessment families accessed Hurdle for 6 months or more.

Support was completed with 24 families from the 'Pregnant and at Risk of Removal' pathway. This pathway was expected to access the service for up to 12 months. There were 11 families (46%) who accessed the service for 12 months or more, and in one case up to 29 months.

Of the 36 families completing support on the 'Just Lost' pathway 16 families (46%) accessed the service for 12 months and over, with 22% accessing support for 18 months or more.

3.2. Activities delivered

The Hurdle programme is tailored to parents' individual needs which may include a broad range of issues including domestic abuse, low confidence, low self-esteem, limited life skills, past trauma, mental health issues, substance abuse, poor education and employment opportunities, poverty, housing insecurity and social isolation. The activities delivered over the past three years include:

Key Worker support

For the first 2-3 months of support, the core focus is development of a strong Key Worker and parent relationship. This takes place by telephone, at their home, out in the community or at Hurdle's premises.

Freedom Programme and Forever Freedom Programme

The Freedom Programme is an 11-week domestic abuse course for victims and perpetrators of domestic abuse. It examines the roles of abusive persons and how the lives of victims and children are improved when the abuse is removed.

Forever Freedom is a 10-week follow-up course to embed and consolidate learning from the Freedom Programme.

Parenting Group

Parenting Group is a 6-week course which aims to support parent's knowledge and skills in numerous parenting domains. This includes children's needs, child development, play, stimulation and relationships, guidance and boundaries, safety in the home and looking after yourself as a parent. Delivery is face-face, twice per year.

Protection Group

Protection Group is a 6-week course which aims to increase parent's knowledge, skills and ability to keep themselves and their children safe from harm. It covers themes including vulnerability, trust, recognising abuse, child sexual exploitation, internet safety and protective behaviours. It was originally delivered virtually and is now run face-to-face, twice per year.

Compassion-Focused Therapy Group

Compassion Focused Therapy Group is a 16-week therapeutic course run in partnership with Phoenix Psychology who are trained psychotherapists. It is specifically designed for parents who

have suffered the loss of one or more children to the care system and focuses on increasing parental self-compassion, confidence and self-esteem.

Relate Counselling

Relate work in partnership with Hurdle to provide parents with couple's counselling, and individual counselling for challenges such as anger management, trauma, anxiety and depression.

Trauma-Informed Counselling

An external counselling service was initially going to offer 16 sessions of individual trauma-informed counselling for parents. During year two, the service was unable to continue to provide the service. As a result, most parents who request counselling are now referred to Relate. There is also the option of an independent counsellor in private practice who provides person-centred counselling, with an optional therapy dog in attendance.

Drop-In Service

The Drop-In Service is open to all Hurdle parents, including families who have already completed the programme of support. It is a space for parents to relax, have fun, get advice and build relationships with others. It is also a mechanism for collecting parent feedback and ideas about ways to improve the service.

The service was being held once a month for 2 hours, attracting around 3-5 families per session. It is currently being paused before being re-launched as two separate groups: one for parents with children in their care and one for parents without.

Number of parents accessing each support activity

The number of parents accessing each element of support over the last three years is detailed below. Key Worker support is focused on the whole family, so the numbers listed for this type of support refer to the family unit. Group and one-to-one support is given to individual parents so the numbers for these activities refer to individuals.

Activity	Number of parents accessing/ completing support			
	Year 1	Year 2	Year 3	Total
Key Worker support	37	43	46	126 families
Freedom and Forever Freedom Programme (Group and 1 - 1 delivery)	15	18	17	50 parents
Parenting Group (Group and 1 - 1 delivery)	3	13	15	31 parents
Protection Group (Group and 1-1 delivery)	4	19	15	38 parents
Compassion-Focused Therapy group	6	6	6	18 parents
Trauma-Informed counselling	1	4	N/A	5 parents
Relate/private practice counselling	1	4	11	16 parents

3.3. Client demographics and reach

Location

Hurdle primarily works with families in Coventry and the surrounding area, with small numbers of families from further afield. Over the past three years:

- 68% of families have been from Coventry
- 8% from Birmingham
- 7% from Warwickshire
- 17% families have come from other areas including Walsall, Oxfordshire, Telford, Sandwell, Dudley, Shirley, Leicestershire, Wolverhampton, and Northampton. One family in London and another in Derby have been supported remotely.

Referral pathways

The team accept referrals via several different pathways. As the programme has progressed and parents have shared their experience with others, self-referrals have come to represent the biggest source of engaged referrals. Referrals from social workers represent the largest source across the three years combined.

In year three, two accepted referrals were received from other professionals due to exceptional circumstances. This included a solicitor submitting a referral to avoid further delays by a social worker, and a support worker from another agency submitting a referral at the request of a parent who was anxious about completing this herself.

Source of Engaged Referrals	Year 1	Year 2	Year 3	% (all 3 years)
Social Workers	21	22	15	45%
Parent/s self-referrals	7	6	18	25%
Team Case Managers	6	15	11	26%
Other Agencies (BASWA/CGL)	3		1	3%
Solicitors			1	1%
Total	37	43	46	100%

Parents join the service via three key pathways (which are described earlier in this report under 'Hurdle approach and ethos'). Initially, over half of parents were joining the programme after having recently lost custody of their child. By year three, there is a more even split between the pathways, with parents who are pregnant and at risk now representing the highest number of engaged referrals. One parent accessed the Freedom Programme without additional support.

Referral Pathway	Year 1	Year 2	Year 3
Just lost a child to the care system	21 (56%)	15 (38%)	15 (33%)
Pregnant and at risk of newborn baby being removed	9 (26%)	13 (28%)	18 (39%)
Post assessment	6 (16%)	15 (34%)	13 (28%)
Freedom Programme only	1 (2%)		

Composition of Referred Families

Over the past three years there has been a small increase in the number of fathers accessing the service, either as part of a couple or as a single parent.

Family composition	Year 1	Year 2	Year 3	3 years combined
Mothers	57%	37%	44%	45%
Fathers	5%	7%	9%	7%
Couples	6%	21%	22%	18%
Mother and child/ren	16%	24%	14%	18%
Fathers and child/ren	None	4%	None	2%
Couples and child/ren	16%	7%	11%	10%

Ethnicity

Families are asked to state their ethnicity at the point of registering with the service. Across 149 individuals who have provided this data over the three years, parents self-describe as:

- 131 White British
- 1 White British/ Italian/ Chinese
- 1 White British/ Turkish
- 1 White British/ Jamaican
- 1 British Asian
- 2 British Pakistani
- 1 Pakistani
- 2 Indian
- 2 Indian/ Pakistani
- 1 Black British
- 1 Tigrinya
- 1 Czechoslovakian
- 1 Albanian
- 1 Polish
- 1 Irish
- 1 Irish Traveller

The team have worked with 5 families for whom English is not their first language, but only 1 of these families asked to use an interpreter.

It is interesting to note that 87% parents during this period identified as White British, compared to 66% of people in Coventry and 82% of people in England and Wales at the 2021 Census. Only 2 parents (1%) identified as Black British or African (1 identified as Tigrinya) compared to 9% of Coventry residents identifying their ethnic group within the 'Black, Black British, Black Welsh, Caribbean or African' category in the 2021 Census. Only 8 parents (5%) identified as Asian or British Asian compared to 18.5% of people in Coventry identifying their ethnic group within the 'Asian, Asian British or Asian Welsh' category in the 2021 Census.

There are, however, significant inequalities between ethnic groups in the proportions of children being looked after in care in England (Nuffield Foundation, 2018), and we would not therefore expect the ethnic breakdown of parents to necessarily be in line with the local population. In the UK, children are more likely to be in care if they are 'Black' or of mixed ethnicity (NSPCC, 2021). However, 'Black African' children are less likely to be in care than 'Black Caribbean' children (Nuffield Foundation, 2018). 'Asian' children are also three times less likely to be in care than 'White' Children, with 'Indian' children rarely involved with children's services (Nuffield Foundation, 2018). We would therefore need a detailed demographic breakdown of the local population of parents and children experiencing recurrent removals in order to assess how representative the service is.

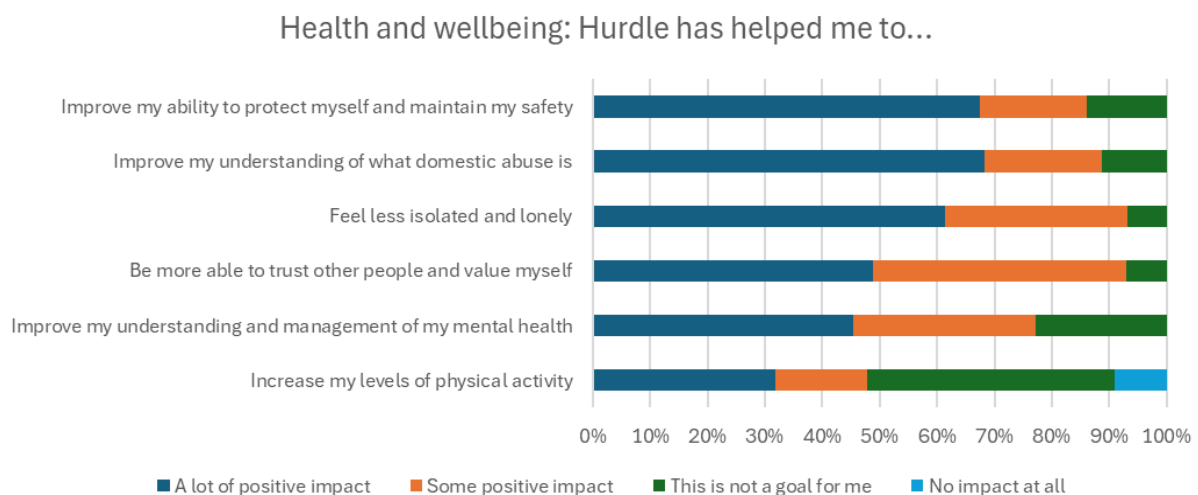
4. Impact

In order to assess the impact achieved by Hurdle over the past three years, we have reviewed monitoring data and the findings from our research against the four key anticipated outcomes and indicators identified at the start of the programme.

For each of the four outcomes in this section, we start by presenting the quantitative data taken from the end of support questionnaires. Each indicator is explored in greater depth using qualitative data from written survey responses, interviews and case studies provided by the Hurdle team. Further quantitative data provided by Phoenix Psychology is also used to provide evidence against some of the indicators.

4.1. Outcome 1: Parents have better physical and mental wellbeing

In the end of support questionnaire, parents were asked to rate the level of impact which they felt the Hurdle programme had on a number of indicators relating to their health and wellbeing:



These statements are further explored against each indicator below.

Parents are better at understanding and managing mental health and wellbeing

- 34 of 44 (77%) parents reported improved understanding and management of their mental health, with 20 parents (45%) reporting a lot of positive impact. The remaining 10 (23%) reported that this was not a goal for them.

This suggests that Hurdle is having a very significant impact on improving understanding and management of mental health amongst parents for whom this is a goal. Some of the support parents receive with managing their mental health comes via their Key Workers. Although they

are not mental health professionals, Key Workers can offer a listening ear as well as tips and strategies for coping with difficult situations:

“

Sonia helped me when I was struggling with my daughter's behaviour. She gave me strategies and checked in on me as my mental health dipped. I didn't feel judged. Sonia has been easy going which helps because I struggle with professional relationships.

- Parent Questionnaire

I was on drugs and my life was a rollercoaster. If it wouldn't be for Hurdle I wouldn't probably be still here. I do have bad anxiety and depression and Kelly was very helpful. Hurdle are always there when I need them, they are on the end of the phone. I never knew where to go so I would run here and Hurdle (Kelly) would open the door for me and help.

”

- Parent Questionnaire

Parents also have access to more structured mental health support, through referrals to external counselling and to the 16-week Compassion-Focused Therapy (CFT) for Pathway 2 delivered by Phoenix Psychology. 18 completed the course and 23 dropped out during the course.

The majority of parents had genuine reasons which impacted their ability to start/continue with the course, including giving birth, finding employment, ill health, unstable housing conditions, moving out of area and some missed too many sessions to continue.

Participants were asked to complete a number of clinically validated scales, most of which relate to mental health and wellbeing, before and after completing the 16 week course. Phoenix Psychology have supplied data for those who completed the 16-week course as well as pre and post intervention outcomes measures:

PHQ-9 – used to diagnose depressive disorders

9 of 11 parents (82%) reported a decrease in depressive symptoms according to the PHQ-9, with 7 parents (64%) experiencing a clinically significant reduction in depression (there was at least a 5-point change in their pre and post scores).

Prior to attending the group, 8 parents self-reported to be above the clinical cut off point for depression (scoring above 10 on the scale). After the 16-week course the number of parents meeting the clinical cut off for depression had dropped to 5.

GAD-7 – used as a screening tool and measure for generalised anxiety disorder

7 of 11 parents (64%) had lower GAD-7 scores after completing the 16-week CFT group, with 4 parents (36%) experiencing a clinically significant difference. Before attending the group, 6 parents had self-reported anxiety above the clinical cut off, indicating moderate or severe anxiety. After the CFT group the number of parents with clinically significant anxiety had reduced to 4.

Although parents can be referred to counselling, this was not mentioned by any of the interviewees or parents completing the questionnaire as something they had accessed or found useful. One member of the staff team did note that there had issues with providing counselling for parents with ongoing criminal proceedings, with organisations being concerned about the potential for court attendance and the breaking of confidentiality. However, this can now be offered through a private practice.

Parents are more physically active

- 21 of 44 parents (48%) reported some or a lot of positive impact on their physical activity levels. 19 parents (43%) reported that this was not a goal for them. 4 parents (9%) reported that there had been no impact in this area.

Physical activity was one of the areas parents were most likely to say was not a goal for them, which is perhaps unsurprising given this is not a key focus of Hurdle. The team have noted that very few parents highlight this as being a goal in their support plans. It is therefore surprising and encouraging that 32% of parents felt that Hurdle had had a lot of positive impact on their activity levels, especially given the programme does not have specific elements focused on exercise or fitness. It may be that as parents become more confident and their mental wellbeing improves, they are more likely to take part in physical activity, including regularly going out for walks or for a coffee with their Key Worker and attending face-to-face group meetings on site. In one of the case studies provided, a Key Worker describes how meeting one parent for regular walks helped to build her confidence so that she could do this independently.

The 4 parents who reported no impact in this area, all of whom were from Pathway 2, had not originally identified increasing physical activity as a goal. This suggests that parents may sometimes misremember which goals they have selected to work on with their Key Worker, and Key Workers may need to more explicitly confirm with parents whether there are new goals they wish to work on.

Parents have improved attitudes towards self and others with greater trust and self-esteem

- 40 of 43 (93%) parents reported being more able to trust other people and have a sense of value in themselves. Only 3 parents (7%) said this was not a goal for them.

This shows that Hurdle is having a very positive impact in increasing trust and self-esteem amongst a group who have previously had a lot of negative experiences in their personal relationships and with professionals. The strength of the relationship which Key Workers develop with parents through their compassionate and non-judgemental approach appears to play a role in supporting parents to build trust in others:

“

I'm very wary and I don't trust anybody but within a couple of sessions of meeting with Sam I really trusted her and felt I could really open up to her... All we needed was someone to listen to us.

”

- Parent Interview

“

I love how easy it's been to build a trusting relationship. I needed guidance in my life and the only guidance that I've truly had has been Sonia. I felt safe to say what I was feeling without being judged.

”

- Parent Questionnaire

Hurdle offers parents the opportunity to share their experiences with other parents, receive peer support, and learn from one another. This can enable parents to see themselves and others in a different light:

“

It helped me enormously in the situation I am in, bringing my confidence and fight back to me! All the girls sharing their experiences opened my eyes a lot.

”

- Parent feedback from CFT group

Parents completing the Compassion-Focused Therapy course were also asked to complete screening measures including The Fears of Compassion Scale (FCS) and the Forms of Self-Criticising/ Attacking & Self-Reassuring Scale (FSCRS) which each use a number of sub-scales. These indicate an overall increase in compassion towards themselves and others amongst the 15 parents who completed them before and after accessing the group. However, not all parents showed progress according to these scales, and without additional qualitative information it is not possible to infer possible reasons for this.

Parents are better at understanding and processing trauma

Parents were not directly asked in the end of support questionnaire whether Hurdle had an impact on their ability to understand and process trauma. This was also not directly asked about in the parent interviews.

However, parents who completed the 16-week Compassion Focused Therapy group were asked to complete the PCL-5 scale before and after completing the group. This clinically validated scale is used to measure the severity of post-traumatic stress disorder (PTSD). 10 of 15 parents (67%) had a lower score on the PCL-5 after attending CFT group, showing a reduction in symptoms of PTSD. 7 of 15 parents (47%) had post attendance scores which remained above the clinical cut off for PTSD, although 4 of these did have lower scores indicating some reduction in symptoms.

Parents are less socially isolated

- 41 of 44 parents (93%) felt that Hurdle had had some or a lot of positive impact on their feelings of isolation and loneliness. 3 parents (7%) felt that this had not been a goal for them.

This shows that Hurdle is having a very significant impact on reducing isolation amongst parents. Parents' social isolation has often resulted from a lack of confidence and low self-esteem, as

well as a mistrust of others which has grown through their negative experiences with abusive partners as well as with professionals. The support from Hurdle is enabling parents to take steps to become more active in their communities and engage with other services:

“

I can work better with professionals, with social workers. I can book an appointment with GP and go independently. My confidence [grows]. I volunteer. I am going out of the house. Before I used to lock myself in the house and I wouldn't go anywhere.

”

- Parent Questionnaire

The safe spaces provided by the groups Hurdle offers also enables parents to meet others who have been through similar experiences and open up in a way that allows positive relationships to grow between parents:

“

It was good, the support given from the group to be able to safely express your feelings. I have also made a good friend here.

”

- Parent feedback from CFT group

Parents experiencing domestic abuse are better able to protect themselves

- 30 of 44 parents (68%) felt that the Hurdle programme had had a lot of positive impact in increasing their understanding of what domestic abuse is and 9 parents (21%) felt there had been some impact. 5 parents (11%) said that improving their understanding of domestic abuse was not a goal for them.
- 29 of 43 parents (67%) felt that there had been a lot of positive impact on their ability to protect themselves and maintain their safety. 8 parents (19%) felt there was some positive impact. This was not a goal for 6 parents (14%).

Parents have often been trapped in abusive relationships for years and need a high level of support to escape these relationships and stay safe, as one parent described:

“

If it wouldn't be for Kelly and Hurdle I would probably be dead by now. If I would not have Hurdle I don't know where I would be by now, probably killed – the way my ex partner treated me. It took me six, nearly seven years, to get free from him and make any changes.

”

- Parent Questionnaire

Domestic abuse was mentioned by all three interviewees as an area they had discussed with Hurdle. One interviewee had three children who had previously been taken into care due to their

fathers having been violent towards her. She described how Hurdle enabled her to identify the pattern of relationships she had been in and grow her self-esteem:

“ They just helped me value my life basically, whereas before I didn't. Now I do and I see myself as a person, not this object. I see myself as a confident young woman whereas before there was no confidence in me, there was nothing. ”

- Parent Interview

The Freedom Programme was mentioned by several parents as being one of the most important aspects of their support from Hurdle:

“ I have done the Freedom programme and it has helped me a lot. I am really glad that I did it. If I didn't do that I wouldn't be where I am now... I used to talk to people who were risky and now after doing the Freedom Programme I know how to keep myself safe. ”

- Parent Questionnaire

Although Hurdle is able to increase parents' understanding of domestic abuse, the risks to themselves and their children and how to protect themselves, it should be noted that this does not always result in them leaving abusive relationships. This can be very challenging for staff to observe. Staff explained that this can be due to the complexity of parents' needs and their relationship histories which means they find it too difficult to leave these relationships, at least in the short-term.

Case Study – Andrew and Jade

Background and Initial Challenges

Andrew was referred to Hurdle in September 2020 by his child's Social Worker. He has a daughter (Jade) who is now nine years old. At the point of referral, Jade had been living with chaos and uncertainty for several years, with her mother who struggled with her mental health which significantly impacted on her parenting capacity. Jade also witnessed domestic abuse between her mother and mother's partner.

Jade went to live with her father Andrew as a private family arrangement because of the concerns. However, Andrew had a significant psychotic episode due to substance misuse and Jade was placed in foster care when she was six years old.

It is thought that Jade had 7-8 placement moves whilst in care, adding to the challenges she had already experienced and no doubt reinforcing to her that life was scary, and she couldn't trust anyone. Sadly, she was described by one social worker as a highly intelligent child with significant emotional needs due to severe trauma. Placements frequently broke down because of Jade's behaviour and the lasting impact of her experiences. The future looked bleak for such a young child who had barely had opportunity to start living her life.

As well as his addiction, Andrew had additional health challenges, he has a chronic medical condition, for which he has had multiple appointments and treatments. Further, he has suspected ADHD and suffers with anxiety and depression.

Initial Engagement and Challenges

Andrew was referred to Hurdle to receive support including counselling, practical parenting support, introduction to community resources and child development work - particularly around meeting the emotional needs of a child who has experienced significant trauma. Positively, he was keen to do any work that would help him to get his daughter back into his care and help her deal with the detrimental impact of her experiences.

He engaged well with his Hurdle keyworker and trusted that she would support and guide him. He also engaged positively with CGL (Change, Grow, Live) in respect of his drug use and stopped using substances, as identified through regular urine drug tests.

Andrew was making progress and it seemed likely that he would have his daughter returned to his care, when he had a positive hair strand test for high level cocaine use. The Local Authority understandably took the view that reunification could not happen.

Andrew was devastated, but also frustrated - he was adamant he had not used substances, and started a process which lasted for many months, including numerous medical appointments, and consultations with medical professionals until it was identified that the toxins in his kidneys from his chronic health condition were most likely producing the positive result for his hair strand test.

Throughout this challenging time, Andrew received a high level of support from his keyworker and Hurdle. His keyworker attended meetings with Andrew and was able to share his high level of engagement and information about work he was completing to improve his parenting and make him a viable option to care for his daughter.

It took a considerable amount of time for the Local Authority to accept that Andrew had made changes and that his medical condition was responsible for the positive hair strand test results,

whilst he was continuing to provide negative urine samples. However, they eventually agreed to give him a further opportunity, not least because options of positive care were running out for his daughter.

Over several months, Andrew completed a Reunification Assessment and achieved a positive outcome. The Local Authority put together an extended plan for Jade to transition into her father's care, due to her significant emotional needs. He began with unsupervised contact in January 2023. Contact gradually increased, including overnight stays, this went well and school reports in respect of Jade were also positive, which was significant, as school had previously expressed concerns that Jade wasn't doing well. Jade moved back into her dad's fulltime care April 2023 and the reunification has progressed positively since.

Sustained Progress and Community Contribution

The school continues to report Jade's positive progress— saying she is a 'totally different child' since returning to her dad, is confident, happy and making friends and is also achieving school awards which she hadn't done previously. The Final Court Hearing is due to take place in July, Andrew has been advised that this should see the local authority finally closing their involvement with them, as all reports are positive. Both Andrew and his daughter are overjoyed at what they have achieved.

Throughout this time, Andrew had demonstrated a high level of commitment and motivation to work with Hurdle. He has completed all the courses that Hurdle offers including Freedom, Protection Group, Parenting Group and Compassion Focused Therapy group. Andrew and Jade attended several counselling sessions with Relate (funded by Hurdle), to support Jade's attachment behaviours and promoting their newly forming relationship.

In addition, his Key Worker sourced various courses related to supporting the social, emotional and physical needs of a child which Andrew completed, including: adverse childhood experiences; supporting children's mental health and well-being; mindfulness; and art therapy.

With his Key Worker's support, Andrew has also been able to improve his communication with Social Services, which was very poor initially and contributed to the concerns the social worker had about his ability to safely and appropriately care for his daughter. At times, Hurdle has been the only support available to Andrew. He enthuses regularly about the support, believing firmly that without Hurdle's support he would not have achieved his goal.

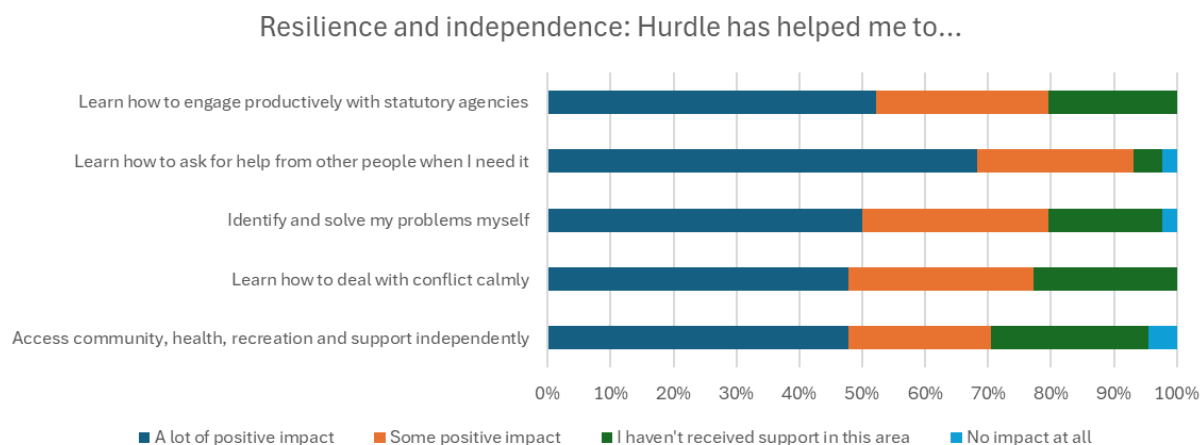
Lasting Impact

Andrew was asked to meet with Social Workers, ahead of International Men's Day, to talk to Social Workers about his experiences as a male accessing Social Care support. He was told that the video made of his meeting will be used as part of Social Work training.

Andrew has previously been a 'volunteer with experience' at CGL, running a men's group and providing peer support. He often mentioned his gratitude to Hurdle and wanting to be able to 'give back' and is now due to start his induction to become a Hurdle Champion.

4.2. Outcome 2: Parents have more resilience and independence

In the end of support questionnaire, parents were asked to rate the level of impact which the Hurdle programme had on a number of indicators relating to their resilience and independence:



These indicators are further explored below:

Parents are better able to identify and solve problems

- 35 of 44 parents (80%) felt that Hurdle had some or a lot of positive impact on their ability to identify and solve problems themselves. 1 parent (2%) felt that there had been no impact, and 8 parents (18%) said that they had not received support in this area.
- 34 of 44 parents (77%) felt that Hurdle had at least some positive impact in helping them to deal with conflict calmly. The remaining 10 parents (23%) said they had not received support with this.

Parents described receiving a very high level of support from their Key Workers in terms of practical support with completing benefits and other applications, as well as emotional support and being available to call when parents are struggling. There is perhaps a risk of parents becoming reliant on this support, and one parent interviewed for a case study expressed nervousness about moving on from Hurdle because: *“If you have a connection with Hurdle, you have someone there for you that can help with everything.”*

Parents also reported how Key Workers may offer to step in and support if a parent is struggling, including visiting them at home:

“When the children first came back, I sent messages to my key worker and social services as the children were fighting and I didn't know how to cope. My Key Worker supported me with advice, like going outside for a few minutes and she offered to come round to my home and support me.”

- Parent Questionnaire

However, some parents did express reduced reliance on the service over time which came from the confidence they had developed through their Key Worker's support:

“

I'm more confident knowing what I can do and what I can't. If there is something then I do phone them, but the majority of the time I figure it out for myself.

- Parent Interview

Hurdle has helped me to communicate more clearly with other agencies such as social care. I was encouraged to write things down, to remain calm so I could get my views across.

”

- Parent Questionnaire

Given that jointly identifying challenges and working out how best to resolve them is a key aspect of the support work, it is possible that the 8 parents who reported not having received support in this area did not realise that this is what they were being supported with.

Parents have more knowledge about and confidence to access services in their local area

Parents reported that Hurdle had increased their ability to access other services locally and ask for help when they needed it:

- 31 of 44 parents (70%) felt that Hurdle had some or a lot of positive impact in helping them to access community, health, recreation and support services they need independently. 2 (5%) parents felt that the support had not had an impact and 11 parents (25%) said that they had not received support in this area.
- 30 parents (68%) felt Hurdle had a lot of positive impact in helping them learn how to ask for help from other people when they needed it and a further 11 parents (25%) felt there had been some positive impact in this area. 1 parent (2%) had not felt an impact and only 2 parents (5%) felt they had not received help in this area.
- 35 parents (80%) also report at least some positive impact in learning how to engage productively with statutory agencies. The remaining 9 parents (20%) had not received support in this area.

One parent commented:

“

I had no confidence in myself and I was very anxious so I could not talk really. Now I can deal with doctors and appointments on my own and I can talk on the phone as well.

”

- Parent Questionnaire

Case Study – Linda

Background and Initial Challenges

After being recommended Hurdle by a peer, Linda self-referred during one of the most difficult periods of her life. At the time she reached out to Hurdle, she was suffering from severe emotional distress due to separation from her daughter. Linda had struggled being a single parent and used alcohol as a coping mechanism. This had sadly resulted in the removal of her daughter from her care and she was placed into long-term foster care. Linda's contact with her daughter was limited to virtual contact only due to the foster carer being identified as being vulnerable to COVID-19, which only deepened her sense of isolation and pain.

When Linda first engaged with her Hurdle Keyworker, she was battling low self-esteem and severe anxiety, which made it difficult for her to leave her home. Despite attending some online wellbeing sessions, her fear of judgement prevented her from turning on her camera. She said that she wanted Hurdle to help provide her emotional support, completing the Freedom Programme, and work towards improving her confidence and self-esteem; but due to her anxiety; she was initially only comfortable with telephone/virtual communication.

Initial Engagement and Progress

Hurdle's approach was tailored to Linda's needs, offering bespoke virtual sessions that focused on reducing isolation and boosting her confidence. Linda's commitment was evident from the start; she was determined to do all that was on offer to her, demonstrating a strong will to make improvements to her life despite her challenges.

With support from her Hurdle Keyworker, Linda completed the Freedom Programme, Hurdle's Parenting group, and Hurdle's Protection group online. This initial phase of engagement was crucial in building her trust and laying the groundwork for transformation.

The Turning Point: Compassion Focused Therapy

Recognising the need for further support, Hurdle recommended Linda join their Compassion Focused Therapy (CFT) group. Despite her initial reluctance due to the anxiety of leaving her house, Hurdle arranged for a taxi to collect her and drop her off to ensure she could attend without the added stress of navigating public transport.

Attending the CFT group marked a significant turning point. She began to form connections with other mothers who shared similar experiences. This support network was vital in helping her realise that she was not alone and that others were not judging her.

Before joining the CFT group, Linda's life was largely confined to her home, where she relied on her pet dog and telephone/virtual interactions with the outside world. The weekly CFT sessions became a crucial part of her routine as the only time she ventured out of her home.

However, over the course of the 16-week CFT program, Linda's self-esteem and social skills blossomed. She not only completed every session but also took the initiative to create a Whatsapp support group for her peers. This group not only served as a social outlet for Linda but also provided a platform for others to connect and support each other.

Following the completion of the CFT sessions, Linda committed to going on weekly walks with her Keyworker. This gradual exposure to the outside world was instrumental in helping her

manage her anxiety about leaving her home. The routine walks provided a safe and supportive environment for Linda to practice her new coping skills and build her confidence.

A year after she was first referred to Hurdle, Linda reached a significant milestone: she took her first independent walk outside with her dog. This achievement was a special moment for Linda, symbolising her newfound independence and improved mental health and wellbeing following engagement in Hurdle's support.

Sustained Progress and Community Contribution

The positive changes in Linda's life extended well beyond the initial support. Over time, she participated in additional face-to-face groups, including the Forever Freedom program, and even repeated the CFT course again with a new cohort. Unlike her initial experience, she travelled to the group independently by taking public transport; which was a testament to her enhanced self-confidence and personal growth.

Linda's transformation has not only benefited her but also enriched the Hurdle community. She has become an advocate and mentor, sharing her experiences at Hurdle's AGM, creating content for Hurdle's social media, and speaking to the media about the challenges of recurrent care proceedings.

Linda's journey with Hurdle has been transformative, but it also came with its share of challenges and mixed outcomes. Despite her significant personal growth and the positive changes she made through the CFT program, she made the brave decision to pull out of the proceedings, because her daughter had been placed with her father and she had settled with him at this point, and Linda did not want to disrupt her further.

However, the progress Linda achieved did not go unnoticed. As a result of Linda's dedication and the substantial improvements in her life, the Local Authority approved her to have unsupervised face-to-face contact with her daughter and as this was agreed by both parties, it did not have to be taken back into court. This approval signified a crucial step forward, allowing Linda to have more meaningful and direct interactions with her daughter without the presence of supervisors. Additionally, Linda's daughter can now visit her for extended periods over the summer holidays, providing more opportunities for them to bond and spend quality time together.

Lasting Impact

Linda's journey with Hurdle has fundamentally altered her life trajectory. From a place of profound isolation and low self-esteem, she has emerged as a confident, empowered individual who actively contributes to her community. Her enduring friendship with a fellow CFT participant that has spanned over four years, highlights the deep, positive impact of the support networks that engagement in Hurdle can enable people to develop.

While Linda had hoped for full custody of her daughter, she finds solace in the fact that her interactions with her daughter are now unsupervised. Despite the mixed emotions regarding the custody situation, Linda remains optimistic about the future. She has expressed that she would welcome her daughter back into her home if she chooses to live with her when she is older, which reflects Linda's continued commitment to her daughter's well-being.

Linda's ongoing journey of self-improvement and community engagement continues to inspire and uplift others, proving that with the right support, profound and lasting change is possible.

4.3. Outcome 3: Parents move closer to or into work, education and training

In the end of support questionnaire, parents were asked to rate the level of impact which the Hurdle programme had on a number of indicators relating to their skills for employment and potential to move into education, training or work:



These indicators are further explored below:

Parents are more motivated to seek work, training and/or volunteering

- 12 parents (28%) felt Hurdle had a lot of positive impact on starting to consider work, education or training as a realistic option. A further 9 parents (21%) felt there had been some impact.

Work, training and volunteering is the area parents were most likely to have selected as not a priority for them in their support plan. 22 of 43 parents (51%) reported this not having been a goal. This was most likely to be the case for Pathway 3 parents, 100% of whom said this was not a goal, followed by 58% of Pathway 1 parents and 36% of Pathway 2 parents. It is not surprising that it was the parents who were pregnant and at risk of having their child removed from their care at birth who were least likely to have education, training or work identified as a goal. Equally, it is understandable that parents who have recently lost custody of a child might be more likely to want to develop their skills or capacity for work.

One parent who selected ‘this is not a goal for me’ for all of the indicators relating to ‘Employment and skills’ did however suggest that while this might not be a goal at present due to maternity leave, they still had strong intentions to volunteer and gain employment in the future:

“ I would like to volunteer with Hurdle, I think having been through this process I would like to help others. I will definitely [be] working towards getting a job more focused on supporting people in a similar situation to mine. ”

- Parent Questionnaire

The number of parents reporting Hurdle having had a positive impact on their aspirations to succeed was much higher:

- 30 parents (68%) reported that Hurdle had had some or a lot of positive impact on their aspirations to succeed. The remaining 14 parents (32%) felt this was not a goal for them.

This suggests that parents' definition of success is much broader than training or employment. This was reflected by the 3 interviewees, all of whom were asked about their plans or hopes for the future, with none mentioning further education or work. Their responses illustrated how their priorities, at least in the short-term, may be more focused on (re)gaining some sense of normality, including reducing the involvement of social services, settling into new homes and taking their child out to local activities.

The parent who had recently lost custody of a child simply commented, *"At the minute we're just taking it one day at a time"* indicating that parents in this situation who are grieving the loss of the child may struggle to look very far in the future and may have other factors (such as ill health in this parent's case) which prevent them from working.

Amongst the parents completing the end of support questionnaire:

- 2 parents reported having started work since joining Hurdle
- 4 had started a training or college course
- 5 had started a volunteer role

Pathway 2 parents were most likely to have started work, training or volunteering (9 of 25 parents or 36%), followed by Pathway 1 parents (2 of 12 or 17%) and Pathway 3 parents were least likely (0 of 7 parents).

One staff member explained why work, training or volunteering may not be a priority for parents while they are with Hurdle: *"Going back into work and training is not necessarily a goal for all my families I've worked with... They're so busy with the local authority, you know attending meetings, they're probably having assessments undertaken, undertaking pieces of work, they're attending meetings. Their days are quite full... And when things are a bit more settled, that's when they start to look."* (Staff Interview)

It is therefore encouraging that despite the external pressures they are under, nearly half of parents felt that Hurdle had at least some positive impact on their ability to start considering work, education or training as a realistic option.

Parents have developed skills

Against this outcome, parents were also asked about the skills they had developed through Hurdle which might help to move closer to education training and work. These additional skills include general life skills, communication and confidence.

- 28 of 42 parents (67%) felt that Hurdle had some or a lot of positive impact in improving their life skills. Life skills may include interpersonal skills, the ability to deal with challenges and decision-making. Of the remaining parents, 13 (31%) felt this was not a goal for them and 1 parent did not feel there had been an impact on them in this area.

- In terms of skills in communication and social interaction specifically, 26 of 43 parents (60%) saw some or a lot of positive impact. 1 parent did not feel there had been an impact in this area, and the remaining 16 parents (37%) had not identified this as a goal.
- 32 of 43 parents (74%) felt Hurdle had a positive impact on their confidence and self-esteem. 1 parent did not feel their had been an impact. The remaining 10 parents (23%) had not identified this as a goal.

Parents who attended the 16-week Compassion Focused Therapy group were also asked to complete the Work and Social Adjustment Scale which measures 'functional impairment' and the impact of a mental health difficulties on a person's ability to work, manage their home and engage with relationships and leisure activities. 8 of 13 parents (62%) had lower scores on the WSAS after completion of the course. 3 parents had dropped to 0 on the scale indicating no 'functional impairments'. While these scores are encouraging, there were two parents who did not meet the clinical cut off for 'functional impairment' before the course but did afterwards, suggesting that they had moved further from employment being an option for them. Given the nature of the challenges this group is facing it is likely that factors beyond the influence of the CFT group have affected these scores, but more information regarding personal circumstances would be needed in order to understand the reason for this reduction in capacity to engage with work and relationships.

Nevertheless, we can see that Hurdle is supporting a considerable number of parents to develop the skills, aspirations and experience to enable them to move towards education, training and work now and in the future.

Case Study – Tariku

Background and Initial Challenges

Tariku's journey to a stable life in the UK was filled with immense challenges and cultural adjustments. Originally from a war-torn country in East Africa, he married his childhood friend, who had migrated to the UK as a refugee and had residency status. After moving to the UK, his wife became unwell with a mental health condition, which later escalated to involving the police and the Local Authority due to abusive and violent behaviour.

During her pregnancy, a midwife raised concerns about the family's situation, leading to a referral for a parenting assessment. It was revealed that Tariku's wife had an older child previously removed from her care due to similar issues, prompting the Local Authority to recommend separate assessments for the parents.

Facing immense pressure from his friends and family to stay with his wife, Tariku made the difficult decision to undertake the assessment alone, believing it was his best chance to secure custody of his newborn son. This decision proved pivotal, leading to a successful residential parenting assessment and a recommendation for him to move into the community with his child as a sole carer. However, the road ahead was daunting, marked by the need to navigate complex social systems in an unfamiliar country.

Initial Engagement and Progress

Tariku was referred to Hurdle upon successful completion of his residential parenting assessment, to help support his transition to the community with his son. Upon returning to the community, Tariku found himself in temporary housing, struggling with limited resources and overwhelmed by the complexities of the UK's social care and benefits systems. He faced significant cultural and linguistic barriers, making it difficult to access the necessary support for himself and his son. Tariku's situation was precarious; he lacked the right to remain in the UK, faced financial hardship, and had no immediate community or familial support to rely on.

Recognising the complexity of his challenges, his Hurdle Keyworker approached Tariku's situation with a culturally sensitive and holistic mindset. They took the time to understand Tariku's cultural background, his immediate needs, and his long-term aspirations. They worked together to create a comprehensive support plan that addressed every aspect of his life, from daily basic needs to legal issues.

Support and Empowerment

One of the first actions the Keyworker took was to connect Tariku with a local temple that provided weekly food parcels, ensuring his son had nutritious meals while the complexities of his benefits were sorted. The Keyworker helped Tariku navigate through the maze of paperwork, assisting with identification and residency documents, driving test bookings, and home finder applications.

The Turning Point: Establishing Stability and Independence

With support from Hurdle, Tariku achieved significant milestones that fundamentally transformed his life. He successfully obtained the right to remain in the UK, secured a fully furnished home for himself and his son, and gained access to the benefits he was entitled to. These achievements represented a newfound stability and hope for a better future.

Without the guidance from his Keyworker, Tariku would have faced incredible challenges in accessing housing, benefits, and essential services. His limited English skills and lack of familiarity with UK administrative systems would have made it nearly impossible for him to navigate these challenges independently while also being a sole carer for his young son.

Tariku expressed profound gratitude for the support he received, stating, “If you have a connection with Hurdle, you have someone there for you that can help with everything. Hurdle gives you the right information, you have choices and you have the freedom to make them, without being criticised.”

Building a New Future

Tariku’s journey with Hurdle not only helped him establish a stable life but also significantly boosted his confidence and self-sufficiency. His son, who was initially on a Child Protection plan, is now healthy, thriving, and no longer open to the Local Authority.

Tariku has enrolled his son in nursery and has started attending college to train as an electrician, with future aspirations to work in mental health, inspired by his own experiences.

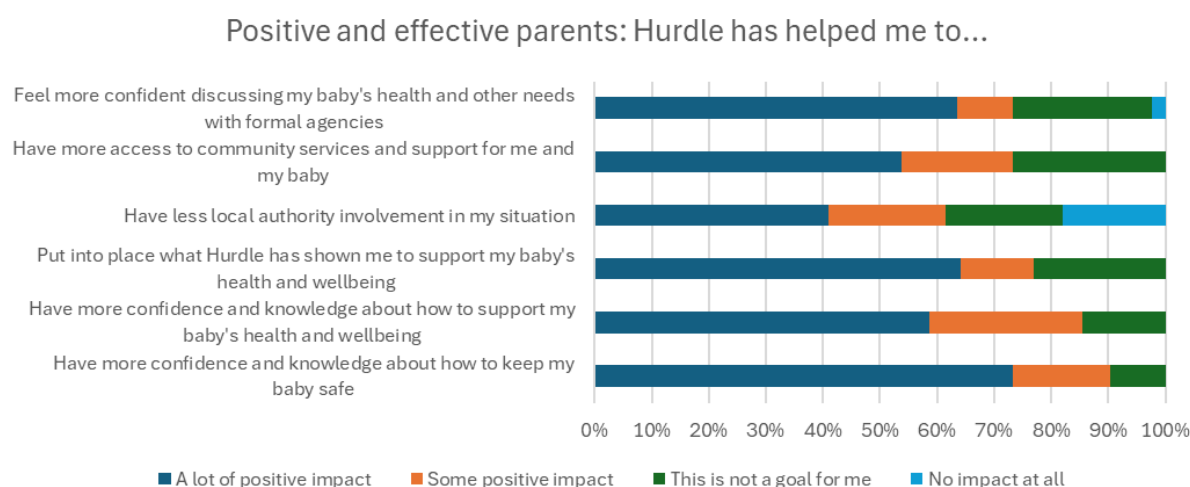
Tariku has also taken on the role of supervising contact between his son and his son’s mother, ensuring his child maintains a relationship with both parents—a possibility that seemed out of reach when his son was born.

Lasting Impact

The support from Hurdle enabled Tariku to achieve a level of stability and independence that seemed unattainable when he first arrived in the UK. His journey from a struggling single father in a foreign country to a confident, capable parent is a heartwarming example of how compassionate, targeted, culturally sensitive support can create positive, sustainable futures for vulnerable families.

4.4. Outcome 4: Children and young people benefit from positive and effective parents who can meet their health, safety, developmental and wellbeing needs

At the end of the support questionnaire, parents were asked to rate the level of impact which the Hurdle programme had on a number of indicators relating to their ability to be positive and effective parents:



These indicators are further explored below.

Parents have more confidence and knowledge to protect their children from harm

- 37 of 41 parents (90%) felt Hurdle had some or a lot of positive impact on their confidence and knowledge of how to keep their baby safe from harm. The remaining 4 parents (10%) felt this was not a goal for them, perhaps suggesting they already felt they had sufficient knowledge and confidence in this area.

This knowledge and confidence may relate to the indirect impact of domestic abuse on children, which parents may not have previously acknowledged:

“

Now I have a lot of knowledge on the different effects of abuse, the different reasons why I was in the relationship... I didn't think abuse affected my children, now I do know that it affects them. Even though it's not happening to them, it's happening to me, they are still affected by hearing it and seeing it... I had very little knowledge of what was going on around me.

”

- Parent Interview

Parents have increased confidence and knowledge to support their child's health, development and wellbeing

Parents were asked about various ways in which they had improved their confidence and knowledge relating to their child's health and wellbeing:

- 35 of 41 parents (86%) felt they had more confidence and knowledge of their child's health and wellbeing and how to support it. 6 parents (14%) felt this was not a goal for them.
- 30 of 39 parents (77%) felt they had been able to put into place what Hurdle had shown them to ensure that their child's health and wellbeing was supported. This was not a goal for the remaining 9 parents.
- 30 of 41 parents (73%) felt they had more access to community services such as mother and toddlers groups and children's centres and felt more confident about accessing them. This was not a goal for the remaining 27%.
- 30 of 41 parents (73%) felt more confident about discussing their child's health and other needs with formal agencies such as health services, schools and the council. 1 parent felt there had been no impact in this area, and this was not a goal for the remaining 10 parents (24%) who answered.

Parents described how the work they completed through the parenting groups and with their Key Workers had built their confidence and enabled them to engage more with services supporting their child's development, including attending nurse groups and Hurdle drop-in sessions.

One parent described the impact she had seen on her daughter:

“

It's amazing, it's weird because I've got all this confidence and I can see it in my daughter now. Before she was really shy and withdrawn, now she runs off and plays with her friends at toddler group...she's grown in herself which is good and that's to do with Hurdle because the confidence they've given me, I've passed on to her.

”

- Parent Interview

Parents from Pathway 1 (who are Post Assessment and have left Dudley Lodge with a child in their care) were asked in the end of support questionnaire to what extent they felt their child was benefitting from changes they had made with Hurdle's support. Of 12 parents who responded:

- 5 (42%) agreed or strongly agreed that their child was eating a healthier or more balanced diet
- 5 (42%) agreed or strongly agreed that their child was happier or more settled
- 6 (50%) agreed or strongly agreed that their child is playing or socialising more with other children
- 5 (42%) agreed or strongly agreed that their child's language and speech had improved
- 7 (58%) agreed or strongly agreed that their child had more access to outdoor activities or community groups
- 5 (42%) agreed or strongly agreed that their child had improved behaviours
- 6 (50%) agreed or strongly agreed that their child has an improved daily routine

The parents who did not agree were either neutral or felt that the statements were not applicable, suggesting this had not been a focus of the support. Given that all these families had previously completed child development work at Dudley Lodge during their residential assessment, the need for further input from Hurdle would have been reduced, explaining the lower numbers reporting an improvement.

Parents have reduced local authority involvement

- 24 of 39 parents (62%) felt there had been some or a lot of positive impact in reducing the local authority's involvement in their situation. This was not a goal for 8 parents (20%) and 7 parents (18%) felt there had not been an impact.

Some parents had continued involvement with social services, but this was expected to reduce over time. One interviewee described moving from a Child in Need plan for her son to a Supervision Order and having 10 months to go before she would no longer need to work with social services. Other parents described having gone from a high level of local authority involvement, with their children on child protection plans, to having cases completely closed:

“ I was on child protection and then child in need and I was only on child in need for a week and then the case closed. So from the day that I was pregnant until now it's amazing because I've learnt so much in my journey and I've grown as a parent. I've learnt so much as a mum. ”

- Parent Interview

To effectively reduce local authority involvement in parents' lives, the Hurdle team needs to build strong relationships with social workers and local authority staff. The quality of the service provided means that Hurdle appears to be held in high regard by the local authority:

“ The service provided support that met the needs of the family. The parents were included in the plan throughout and the local authority's concerns were also taken into consideration. The worker has attended all meetings and given feedback on the work completed... It is positive that the same worker has remained with the family. The family has built a good and trusting relationship with the worker and this has helped improve engagement and outcomes. ”

- Local authority feedback

Seven parents reported that Hurdle had no impact on the level of local authority involvement in their situation. This should not however be interpreted as a negative outcome, given that Hurdle works with a range of families and in some cases it will not be in the child's best interests to return to their parents' care or for cases to be closed completely. Five of these seven parents were from Pathway 2 and had therefore recently lost custody of a child. The remaining two parents were from Pathway 3, having joined Hurdle while pregnant and at risk. Of the 24 Pathway 3 families, nine babies were removed from their parents' care following birth and 14 babies stayed in their parents' care (up to the last point of contact), some following a period of assessment.

Case Study – Anna and Neil

Background and Initial Challenges

The loss of Anna's mother to a drug overdose and her father's offending behaviour led to a turbulent childhood and traumatic early experiences. There were frequent changes in her care arrangements, living with various family members, foster carers, and in supported accommodation. This chaotic environment made it incredibly difficult for Anna to develop any sense of stability or security.

At the age of 18, Anna became a mother herself. Her own experiences of being parented, her young age and suffering from an abusive relationship meant she was unsurprisingly unprepared for the responsibilities of parenthood. She struggled with postnatal depression and self-harm, which tragically led to her first child being placed for adoption after a brief period in a mother and baby foster placement.

Following the loss of her child, Anna continued to gravitate towards abusive relationships, a pattern that reflected her own traumatic experiences and the loss she had suffered. Her difficult childhood and the experience of having her own baby removed by the Local Authority exacerbated her fear, anxiety, and mistrust towards professionals, making it incredibly challenging for her to engage with services.

A year later, aged 19, Anna found herself pregnant again. Although she had a new partner, Neil, there were continuing concerns about the stability and safety of their relationship. The Local Authority, wary of potential risks to the unborn baby, initiated Public Law Outline (PLO) Proceedings and placed the unborn child on a Child Protection (CP) Plan.

Initial Engagement with Hurdle

Anna and Neil were referred to Hurdle when Anna was 5 months pregnant. Both found it hard to trust professionals and were anxious about the possibility of their baby being taken into care at birth. They were desperate for a chance to demonstrate their ability to care for their child and were keen to access any support that could help them keep their baby.

Their Hurdle Keyworker played a crucial role in alleviating their fears and building a foundation of trust. She spent time understanding their goals and anxieties, preparing them for interactions with other professionals, and helping them navigate the system. This significantly reduced their anxiety and helped them feel more empowered.

Building Trust and Making Progress

Anna and Neil's initial engagement with Hurdle focused on practical parenting skills through one-on-one sessions. They learned essential skills such as feeding, bathing, and changing their baby safely. Despite their initial hesitation, they began to attend group parenting sessions and Anna also participated in the Freedom Group, to help increase her knowledge and ability to recognise and protect herself from domestic abuse.

The consistent support and encouragement from their Keyworker helped Anna and Neil build the confidence to speak up in meetings, express their views, and engage positively with other

professionals. This newfound assertiveness and the visible improvements in their attitudes and understanding led to positive feedback from the Local Authority.

Significant Milestones and Positive Outcomes

A Child Protection Conference was held prior to their baby's birth, to determine Care Planning for when their baby was born. During the meeting, both parents were praised for their progress and commitment. The decision was made that their baby could return home with them from the hospital, and they would undergo a community-based assessment to help determine whether they were able to safely parent their child long-term.

This decision was a turning point for the couple, and significantly boosted their motivation and confidence as they gained hope of achieving a successful outcome with their baby. They continued to actively engage with Hurdle after their baby was born, attending additional sessions on topics such as budgeting, meal planning, and first aid. They also began to attend community baby groups independently, which marked a significant step towards their integration and confidence in parenting and accessing wider services in the community.

The community-based assessment determined that Anna and Neil could meet their baby's needs. Due to the risks being considered reduced due to the couple's evidenced progress, their child was stepped down from a Child Protection Plan (CP) to a Child in Need (CIN) plan.

Lasting Impact and Continued Success

Anna and Neil's journey with Hurdle did not end with the birth of their baby. They continued to seek emotional support and reassurance from their Keyworker while becoming more confident in their parenting abilities. At the time of writing, the CIN plan concluded and children's services closed their case with no further actions, indicating that their baby was no longer considered at risk.

Neil's newfound confidence led him to seek employment, and with Anna's support and the continued encouragement from their Keyworker, he was successful in getting a new job.

Anna and Neil transformed from a couple struggling with trust and anxiety to confident, capable parents. The support from their Hurdle Keyworker was instrumental in helping them build trust with professionals, acquire essential parenting skills, and ultimately, avoid separation from their newborn baby and help to improve their parenting capacity and ability to keep their child safe in their care.

4.5. Unanticipated outcomes

Family reunification

When Hurdle was launched, the key focus of the service was to reduce the number of children taken into the care system by focusing on prevention work, as well as providing ongoing holistic support to parents regardless of the outcome of care proceedings.

What the team did not anticipate was that some children would be returned to their parents' care after care proceedings had closed. So far, by completing the Hurdle programme, 6 families have been able to demonstrate sufficient evidence of their ability to adequately care for their children to the courts. As a result, nine children who had been in long-term foster care, looked after by local authority foster carers for a minimum of 12 months, have returned to their parents following reassessments. To date, these children have remained with their parents and half are now closed to the local authority.

Hurdle enabled these families to complete work which was mandated in previous care proceedings and provided sufficient evidence to their solicitors to return to court and request an updated parenting assessment. This work with Hurdle included:

- parenting group programmes covering child development and health
- protection groups designed to help parents identify and respond to risk
- undertaking counselling and therapy to support their mental health including Compassion-Focused Therapy
- domestic abuse programmes (specifically the Freedom and Freedom Forever programmes)
- working one-on-one with their Key Workers to address the issues which had previously led to them losing custody including unstable accommodation and substance misuse

It may not have been possible for parents to complete the amount of work required within the 26-week court timescale due to the complexity of issues they were facing at the time, and this work was therefore stopped once final care orders were made. Hurdle has offered parents the opportunity to complete this work on a voluntary basis over a longer period of time.

It is extremely rare for children to return to their parents' care after care proceedings have closed. Given that these children were all in stable fostering placements (in one child's case for over three years) this represents an enormously positive outcome for both the children and the families, as well as being a cost saving to the local authority.

Whilst Hurdle anticipated being able to work successfully with parents from the 'pregnant and at risk pathway' and hoped to achieve positive outcomes with parents being able to keep their babies in their care, we underestimated the extent of the success, taking into account that all babies pre-birth were subject to child protection plans and with many of them being subject to PLO.

Hurdle have completed work with 24 families from this pathway where babies have been born. A noteworthy 58% (14) babies have stayed in the care of their parents (up to the last point of contact), some following a period of assessment. It is primarily these families that engage with Hurdle for longer periods, requesting ongoing support and teaching, as they demonstrate to the

local authority, they can successfully parent. Of these families, 8 of the 14 babies now closed to the Local Authority, with families accessing universal services and several others have reduced local authority input with the high likelihood of some of them being closed to the local authority in the near future.

Early potential for wider systems change

Hurdle is a relatively young and small service but is already beginning to have an impact beyond the families the service works with.

The team has joined the Community of Practice Forum led by researchers at Lancaster University to have “community conversations” with other organisations working in the area of social work practice and cyclical care removals. Staff described how Hurdle is beginning to “shine a light” on social work practice more broadly, and there are increasing opportunities to share their insights with health services and the police.

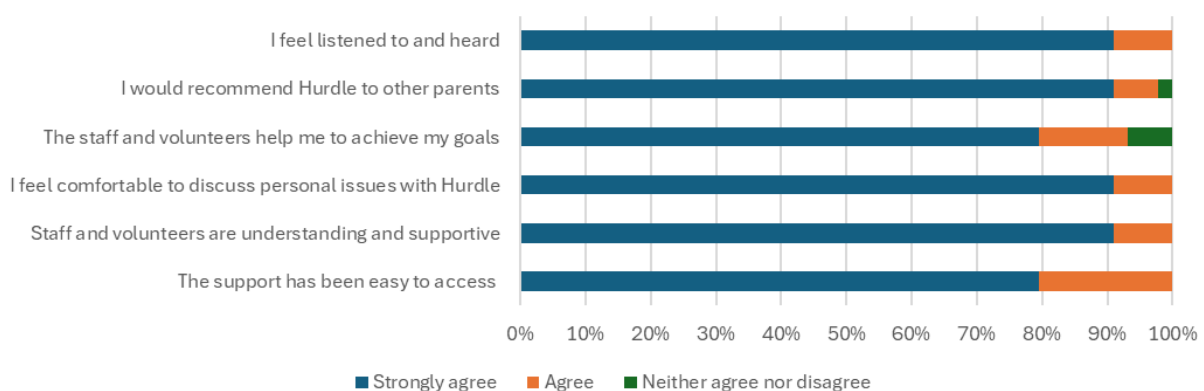
One parent (for whom a case study was provided) has spoken to social workers for International Men’s Day about his experience of accessing social work as a male. He has been told that the recording of the meeting is to be used as part of Social Work training.

As the service grows, the team has ambitions to campaign nationally to Local Authorities to invest in early prevention work and provide support to those who have lost custody of a child to the care system. It can therefore be seen that even at this early point Hurdle is showing the potential to affect wider systems change and reduce rates of cyclical removals.

4.6. Parent satisfaction

In the end of support questionnaire, parents were asked to report the extent to which they agreed with six statements regarding their satisfaction with Hurdle:

How satisfied are you with the support provided by Hurdle?



This section is based on 44 responses to that questionnaire as well as interview and case study data.

Overall satisfaction

Across the six statements, there is an extremely positive picture of parents' overall satisfaction:

- 100% agreed or strongly agreed that they felt listened to and heard
- 98% agreed or strongly agreed that they would recommend Hurdle to other parents in a similar situation
- 93% agreed or strongly agreed that staff and volunteers helped them to achieve their goals
- 100% agreed or strongly agreed that they felt comfortable discussing personal issues with Hurdle staff
- 100% agreed or strongly agreed that Hurdle staff and volunteers are understanding and supportive
- 100% agreed or strongly agreed that support was easy to access e.g. at convenient times or venues.

None of the parents selected 'disagree' or 'strongly disagree' for any of these statements. The very limited number of parents who did not agree with a statement (four in total) selected 'neither agree nor disagree'.

The level of parent satisfaction is further seen in the number of parents who are self-referring to the service following a recommendation from another parent.

What parents value most about the service

Common themes when parents were asked what they valued most about Hurdle related to the qualities of the staff and the nature of the relationship they develop with parents including:

- Lack of judgement from staff
- Feeling listened to
- Staff having the qualities of a 'friend' as well as being professional and capable
- Confidence-building from staff which enabled parents to later take action on their own
- Staff following through on what they said they would do
- Staff attending meetings or court with parents

Some of the comments provided by parents about what they valued most include:



You've supported me, you've been calm and understanding which has helped me to talk to you easily. There was no judgement which helped me be honest about my past. Although you are a professional you have treated me with respect, which is something other professionals have not done. I am grateful that you have come in on a bank holiday to support me to finish, something that another professional would not do. I feel helped by you. Thank you for caring.

- Parent Questionnaire

With the help and support from Kirsty, I have [felt] less alone, with Kirsty being a great support, I felt like I could communicate my real problems without being judged.

- Parent Questionnaire

I like how chilled out it is. They are not on your case and you have the right to make free choices, something that we don't get offered much by professionals.



- Parent Questionnaire

Areas for improvement

When asked about anything they would like to change about Hurdle, the vast majority of parents could not think of anything at all which they would like to see changed. Across 44 exit questionnaires, there were only a few comments regarding areas for improvement, one of which relates to the role of social services rather than the Hurdle programme. Only one interviewee could think of an area for potential improvement when asked:

- *“Wish they worked with people far away so I can still talk to my Keyworker.”* (Parent Questionnaire)
- *“The gaps between courses as some I feel I could do alongside others.”* (Parent Questionnaire)
- *“Please allow group meetings and support even after the hurdle support is ended.”* (Parent Questionnaire)
- *“Social services should refer mothers (particularly mothers with a past similar to mine) to hurdle faster. I was very let down by SS.”* (Parent Questionnaire)
- *“The only thing that would be good is if they had a little nurse so the parents could leave their kids in the nurse and then go in for Hurdle. But I can't think of anything else they can improve.”* (Parent Interview)

One parent for whom a case study was provided (and for whom English is a second language) shared his thoughts more generally about access to interpreters during his involvement with social services, saying that it would be good to have greater availability of interpreters and consideration given to whether the interpreter's ability or fluency in the language was appropriate to the parent's needs. This is due to the potential for misunderstandings if the interpreter does not have experience of the specific dialect. He was offered interpreting services whilst working with Hurdle, however, he felt confident in his own use and understanding of English, so didn't want one. His comments were in relation to his previous experience of interpreters during work completed with the Local Authority as part of Care Proceedings.

Each of these suggested areas for improvement were only mentioned by one parent so it is not possible to identify any common themes. The limited number of suggestions for improvements from parents adds to the picture of a service which is held in very high regard by those accessing it.

5. Learning

5.1. Critical success factors

Through this evaluation we have identified a number of factors which appear to be critical to the success which Hurdle is having in supporting parents to achieve positive outcomes:

Skills and qualities of Key Workers

All of the four existing Key Workers are highly skilled, each with a minimum of five years' previous experience working with families in high-risk child protection roles. Although all roles have been advertised externally, all current staff have previously worked for Dudley Lodge which means they have an in-depth understanding of the client group. (One external applicant was recruited but didn't turn up for their induction).

A consistent theme across all feedback from parents is how much parents valued their relationships with their Key Worker, seeing this as transformative and sometime even life-saving. Words and phrases which came up repeatedly in relation to the Key Workers were 'a friend', 'down to earth' and 'no judgement'. Parents suggested that the relationship they had with their Key Worker was entirely different to what they'd experienced with other professionals and that this had allowed them to open up, feel more confident about their abilities and reimagine their future:

“ She was like a friend to call but also a professional at the same time... I had a problem with engaging with professionals before, but her approach to me didn't feel like a professional so it helped me to feel comfortable and think 'this woman isn't here to put me down and act better than me' because really, she made me feel like we were both the same. ”

- Parent Interview

“ I've not heard of another service like Hurdle. But if they could have other people like our [Key] Worker Sam then it would be a very nice world to be in... She's so friendly, very welcoming... I can't fault them in any way. ”

- Parent Interview

“ They don't judge you, that's the good thing about it. They know that you had problems in the past, or if you've got social services involved now, they never judge. They're like your friends really, they're your confidant, if you need to talk and they've got five minutes they'll speak to you. They're just lovely ladies. They need a medal or two. ”

- Parent Interview

It was also clear from the staff interviews that they hold parents in very high regard and are highly motivated to do all they can to support parents. It can be assumed that these qualities are noticed by parents who choose to continue engaging with the service:

“

I can't overemphasise how privileged I am to work with the families we do and to be part of their lives and for them to be able to share with us as Key Workers what they've experienced and what they've been through. You know that is painful for them, and I think being part of that is just a huge privilege.

”

- Staff Interview

Length of time working with parents

The initial intention of the service was that support would be offered to parents for around six months. It quickly became apparent that this was not a sufficient amount of time to make significant progress with parents who had more challenging issues requiring support. It may take a few months for parents to build a relationship with their Key Worker and begin to trust them enough to open up and fully consider the type of support they need. One staff member explained this more fully:

“We very quickly realised that [six months] was not a sufficient enough time frame to build relationships with families and to be able to support the parent to complete pieces of work or to have a change in outcome for their circumstances... All of the parents working with us have had at least one child removed from their care. Lots of them have got very entrenched challenges with their mental health, potentially substance misuse, domestic abuse, many are living in poverty. Those aren't the types of issues that you can address within a six-month time frame... So we increased the duration that we work with families up to 12 months. But actually, what we found is we've actually had a high proportion of other families that have needed support for beyond 12 months. We've got a few that we've worked with for three years in very exceptional circumstances, where children have been rehabilitated back to their parents' care. Where it's felt actually it's in the best interest of this family for us to continue to work with them because their circumstances have changed... It's been really eye opening for us as well to see how long care procedures can go on, for how the court deadlines can be spread over a year. And these families still need support. So we wouldn't just end our support abruptly because [their] six months is up.”
(Staff Interview)

Working with parents for 12 months or more has allowed staff to develop more trusting relationships and address a broader range of challenges than might have been possible in a shorter time period. The team do however have to balance this against a growing waiting list as the reputation for the service grows.

Giving parents autonomy to direct their own support

Hurdle offers a very broad range of support services, not all of which are relevant to every parent. Pathway 1 parents who have completed an assessment at Dudley Lodge will already have completed some work and therefore will not need to complete many of the courses Hurdle offers. By not forcing particular work on parents, parents feel respected by staff and more willing to engage:

“

I knew what my problems are. I told Kelly about them and Hurdle always supported me. They have never pushed me to do something I don't like. It was always my choice. If I wasn't ready I didn't have to do it. Now I am stronger and more confident in myself.

- Parent Questionnaire

They are [different] to other professionals that work with families. They work alongside you and listen to what [your] needs are.

”

- Parent Questionnaire

Allowing self-referrals from motivated parents

There has been a significant increase in self-referrals over the past three years, with self-referrals making up 40% of year three referrals (and 25% of self-referrals to date). This may be due to parents recommending the service to other parents they know. The team are keen that if a parent has the motivation to self-refer then they should be given the opportunity to work with Hurdle whenever possible. Self-referrals are therefore prioritised over referrals made by a professional on a parent's behalf.

By allowing for self-referrals, Hurdle benefits from having a high number of parents who are highly motivated and want to engage with all of the support available to them. They are more likely to make the most of all of the support on offer and achieve positive outcomes. As one interviewee who self-referred commented: *“We wanted all the help we could get”*.

This does need to be balanced against allowing for referrals of parents who may lack the confidence to self-refer. However, at present, with referrals from social workers, Team Case Managers, solicitors and other agencies still accounting for 57% of engaged referrals, this does not appear to be an issue.

Providing a single point of access to other services

Parents join Hurdle via three different ‘pathways’: following an assessment by Dudley Lodge with their child in their care; after recently losing a child to the care system; and while pregnant and at risk of their new-born baby being removed. Although they all have in common having experienced a care removal in the past, their present needs differ. They also tend to lack trust in statutory services and professionals due to their previous experiences and have complex needs including substance misuse, domestic abuse, mental health conditions and learning needs.

Nevertheless, Hurdle has developed a model whereby the service can provide a single point of access and signposting to numerous other services and organisations to support with specific needs. Staff explained that since parents have multiple complex needs, it is extremely difficult for them to engage with various specialist services at the same time, and most would be unlikely to do so.

Without first having developed a relationship with a trusted Key Worker, these parents would be much less likely to engage with multiple services which may show less understanding or compassion towards their circumstances.

5.2. Challenges and areas for development

The Hurdle team have developed a model which is already achieving considerable impact, both in terms of anticipated and unanticipated outcomes. Interviews with staff and parents as well as analysis of questionnaire and monitoring data has enabled us to identify some areas for further development over the next two years of the programme:

Developing ways of working with parents across different 'pathways'

Although Hurdle is achieving positive outcomes for parents across three different referral pathways, this does present some challenges in terms of organising activities. In some cases, parents are able to engage well with others from a different referral pathway, but the nature of their individual situations mean that there is potential for parents to feel triggered by interactions with others from different pathways. For example, if a parent has recently lost custody of their child then they may not want to be exposed to parents with children in their care. Equally, if a parent is pregnant and at risk of losing custody then they may not want to be exposed to the grief of a parent who has recently lost custody.

As a result, services such as the drop-in which was open to all parents have had to be paused and staff are considering ways of running multiple sessions in order to keep different parent groups separate. This means some sessions will need to be duplicated, leading to additional administrative burden.

Improving engagement in group work

Staff have identified that getting families to consistently attend group work can be challenging. Group work needs to be structured and organised in advance and while some parents do attend consistently, others dip in and out of sessions and therefore do not get the full benefits of a well-designed course which develops knowledge incrementally. They may also miss out on the benefits of peer support.

Although the 16-week Compassion Focused Therapy group has received strong qualitative feedback and positive outcomes from those who did complete it, 23 of 41 parents (56%) dropped out of the group before completing the course. Phoenix Psychology reported that reasons for dropping out included "ill-health, unstable housing situation, attending a session under the

influence of alcohol, giving birth, finding employment and missing a significant number of sessions.”

One interviewee noted that he had been unable to complete the Compassion-Focused Therapy group due to health problems but had found the sessions he had attended useful and would have liked to continue. When asked if there was anything the team could have done to enable him to keep attending, he said it was outside of their and his control due to his health. One staff member explained that they have a better success rate one-to-one because Key Workers may go directly to parents, but they do see that parents find the peer support experience valuable when they do attend groups. The team is therefore exploring solutions to this issue, looking at how the groups are delivered and the experience of the groups for parents.

A new virtual Compassion Focused Skills based group is being piloted with a rolling rota for attendance, providing perinatal mental health support for pregnant mothers. This will allow parents to access learning in a more flexible way, in recognition that pregnancy can result in increased medical appointments, which could improve engagement. This is currently being piloted therefore it is too early for evaluation of this.

Developing the use of volunteers to support service delivery

In the first year of launching the service, a few volunteers were recruited to support with delivery. However, despite receiving training and staff supervision, they were found to be unreliable which was disruptive to parents who struggle to trust new individuals. The volunteers also lacked the lived experience of the parents as well as the knowledge of the work in order to be of value to the service. Hurdle is therefore reliant on highly skilled staff to deliver an expanding programme of work, which inevitably places more pressure on the team.

One solution to this is to grow the Champion programme which draws on the lived experience and motivation of parents who have been through the Hurdle programme to support others. Two parents have been identified for this role and there is an induction and training programme which has been developed. The staff team are keen to build this programme and feel that it is the most effective way to use volunteers to support the service in the future.

Improving outcomes amongst parents who are pregnant and at risk

Hurdle staff have acknowledged that one area where they could improve is in outcomes for parents who are pregnant and at risk. This is, however, to some extent outside of the team’s control as the issue stems from parents being referred too late in their pregnancy to complete a significant amount of work with the team.

In her exit questionnaire one parent wrote:

“ My big disappointment (not a fault of Hurdle’s) is that I think an early referral could have helped me so so much. I was referred (myself) I believe in September, this all started in May.... So I believe my social worker’s inability to signpost me to proper support, really cost me a lot. I could have been getting support much longer. ”

- Parent Questionnaire

In light of this, the team are currently exploring trialling a referral pathway directly from health services which would target pregnant parents who have had a baby removed within the last two years. This would enable them to start working with parents much earlier in the pregnancy, thereby hopefully improving outcomes for both the parents and the child. A networking workshop with midwives, GPs and health visitors has already shown great interest in this approach.

Ensuring adequate support for staff working with parents with complex mental health needs

Mental health has been identified as a factor prompting a referral for 82% of parents and many of these parents have complex mental health needs due to the trauma of losing custody of one or more of their children. Since Hurdle launched there have been four parents who have been hospitalised due to suicide attempts, usually following loss of custody. While this should in no way be attributed to the Hurdle programme (see Broadhurst, K. and Mason, C., 2020 on the “immediate psychosocial crisis of child removal”), it is indicative of the vulnerability of this group and the demands placed on Key Workers who may have become the centre of a parent’s support network.

Key Workers are often working with parents who have had suicide risk assessments completed and are being monitored because they have mentioned planning to end their lives. Staff visit parents in hospital following removals of their babies at birth and may support parents practically with things like doing laundry and preparing care packages while they are in hospital, delivering medical supplies to parents’ homes and taking phone calls from parents in crisis out-of-hours. One parent mentioned a Key Worker having taken photos of her bruises as evidence of domestic abuse to show the police. The emotional demands of this kind of support increase the risk of staff burnout and vicarious trauma.

Although none of the staff members interviewed said that they were personally concerned about burnout, it must be acknowledged that these are highly demanding roles. Staff described a number of measures which are in place already to support them in their roles including:

- Annual training on suicide awareness and prevention
- Weekly team meetings to review risk and safeguarding issues
- Regular supervision and performance reviews with the Project Lead
- Enforcing boundaries and making sure staff have protected time so they can rest
- Access to free counselling through an Employee Assistance Programme
- Additional support to staff from Phoenix Psychology as needed

Nevertheless, there is a need to continue monitoring the demands being placed on staff due to the nature of their roles and ensuring that sufficient support remains in place to protect them and ensure the sustainability of the service.

5.3. Recommendations

Taking into account both the critical success factors and the challenges the service has experienced, we have identified a number of recommendations for years four and five of service delivery:

Continue to develop opportunities for peer support

It is clear from individual feedback that parents value and benefit from the ability to interact with others who have been through similar experiences. There have also been suggestions from parents to develop separate peer support groups for mothers and fathers and two potential parent Champions have been identified who have shown the qualities needed to support others. Given the challenges around supporting service delivery with volunteers, developing more avenues for peer support is one option for broadening parents' support networks and reducing some of their reliance on Key Workers.

Continue to review the format of group learning sessions

There have been some challenges with securing attendances of parents at group learning sessions with the result that some sessions are under-attended. Offering some sessions online with a rolling rota has been identified as a way of addressing this. Continued consultation with parents might also help to identify and address reasons behind some parents' low attendance and ensure parents are getting the benefits of group interaction alongside individual work.

Continue to monitor the number of self-referrals

The rate of self-referrals has increased from 19% of all engaged referrals in year one to 39% of all engaged referrals in year three. While it is very positive that motivated parents can refer themselves into the service, there is a risk that parents who lack the confidence or awareness to make their own referral will have less opportunity to access the transformative support which Hurdle offers. The rate of self-referrals should therefore continue to be monitored to ensure parents can access the service via other referral pathways.

Ensure the service is accessible to parents from diverse backgrounds

The ethnic breakdown of parents accessing Hurdle support is skewed towards a higher proportion of White British parents than the local population. This may be at least in part explained by White British children being more likely to be in care than some ethnic groups which have a higher representation in the local area, including Indian families (Office for National Statistics, 2021), (Nuffield Foundation, 2018). Nevertheless, the team should ensure that the service remains accessible to parents of all ethnicities and is sensitive to differences in their experiences. Over the past three years, Hurdle has worked with a small number of parents from outside of the UK and for whom English is a second language. Although interpreters are provided, the appropriateness of this needs to be monitored, taking into account the comment made previously by a parent about his experience of interpreters whilst working with the Local Authority.

The team are currently looking at having leaflets printed in other languages and targeting parents who are not White British in their promotion. They could also consider monitoring the demographics of those who stop engaging with the programme prematurely, in order to identify any potential patterns in demographics or support needs amongst those who opt not to continue with the available support.

Ensure all staff have access to adequate support

A considerable part of Hurdle's success appears to be attributable to the strong relationships which Key Workers and managerial staff build with parents. Parents describe this relationship as being unlike any other professional relationship they have experienced. Staff are clearly committed to offering parents the best possible service they can and going above and beyond in their work. This commitment, combined with parents' complex needs, means that staff may be at risk of burnout in their roles. There are a number of measures already in place to protect staff, but it may be worth the team further considering what more can be done to protect staff's wellbeing. Regular clinical supervision has been a consideration, and plans are in place to introduce this during year four, to further reduce the risk of adverse effects on their wellbeing and support the overall sustainability of the service.

In terms of delivery of the evaluation, we have identified some additional recommendations ahead of the final evaluation report:

Increase rates of completion for the end of support questionnaire

During the period of this interim evaluation, 88 families completed the work they set out to complete with Hurdle but only 44 end of support questionnaires have been received. Given the high level of support received by families during their time with Hurdle, it would not be unreasonable to expect most or even all of the families to complete the questionnaire. This would give us a fuller picture of parents' experiences.

Review phrasing of the end of support questionnaire

In the end of support questionnaire, parents are asked whether they have experienced any impact against a number of different statements relating to Hurdle's key anticipated outcomes. Parents can also indicate that a particular goal was not part of their support plan. However, staff feel that some parents may misunderstand some of the statements or may misremember exactly what they set out to achieve with their Key Worker. There is therefore a risk that the questionnaire responses do not accurately capture parents' experiences with Hurdle.

The format and phrasing of the end of support questionnaire should therefore be reviewed at the start of year four of the programme. Parents could be asked to list the goals that they worked on with their Key Worker at the start of the questionnaire, so these can be reviewed against any areas where they feel that they did not see an impact. Key Workers should also continue to check in with parents to see whether there have been any changes in the goals they wish to work on and if there are any areas where they are not seeing as much impact as they would like.

Parents' responses in the end of support questionnaire also lacked reference to any counselling or therapy groups they had participated in. The questionnaire could therefore be amended to specifically ask parents about their experiences in this area, so we can better assess the impact of any groups or therapy they have attended.

Review number and appropriateness of scales being completed for CFT group

Phoenix Psychology ask parents to complete numerous scales and outcomes measures for the Compassion-Focused Therapy course. While some use of validated clinical measures offers

insights into the effectiveness of the intervention, a more streamlined approach would be less onerous for parents and perhaps open up space for more qualitative insights into the CFT and other group work.

Consider further research and cost benefit analysis to quantify Hurdle's social benefits

The Department for Education's 2020 evaluation of the Pause programme (aimed at reducing pregnancies amongst women who are at risk of having children removed from their care) found significant financial savings due to the intervention. Although use of contraception is a condition of participation in the Pause programme (which it is not for Hurdle), the findings from the evaluation indicated that Pause "reduced rates of infant care entry in a local authority even if a significant proportion of women may already be using contraception pre-intervention. The implication is that other features of the Pause approach make a key contribution to the effects shown in the difference in difference analysis."

A local authority suggested the cost of one child being taken into care is approximately £57,000 per year, so by supporting families to keep children in their care Hurdle is likely to make a considerable cost saving to local authorities. The Hurdle programme is also likely to generate additional local and national cost savings in terms of, for example, reduced health service costs. For the final evaluation we therefore aim to quantify the potential return on investment of Hurdle by assessing the cost per family of delivery and estimate the value of the additional social benefits.

6. Impact Summary

Hurdle's main objective is to reduce the number of children being taken into care each year by breaking the cycle of repeat removals. Our evaluation has shown that, even in cases where parents are not able to retain custody of their child, Hurdle is helping them to achieve positive outcomes in other areas of their lives. At the point of this interim evaluation, Hurdle is already achieving significant positive results across four key anticipated outcomes:

Parents have better physical and mental health

- 93% parents felt more able to trust others and have a sense of value in themselves.
- 93% parents felt less isolated and lonely.
- 86% parents felt better able to protect themselves and maintain their safety.
- 77% parents reported improved understanding and management of their mental health.
- 68% parents felt they had greater understanding of domestic abuse.
- 48% parents reported a positive impact on their physical activity levels.

Parents have more resilience and independence

- 93% parents felt more able to ask for help from others.
- 80% parents felt better able to identify and solve problems themselves.
- 80% parents felt they had learned how to engage productively with statutory agencies.

- 77% parents felt they had learned to deal with conflict calmly.
- 70% parents felt more able to access community services independently.

Parents move closer to or into work, education or training

- 74% parents felt there had been a positive impact on their confidence and self-esteem.
- 68% parents felt there had been a positive impact on their aspirations to succeed.
- 67% parents felt they had improved life skills.
- 60% parents reported improved communication skills and social interaction.
- 49% parents had started to consider work, education or training as a realistic option.

Children and young people benefit from positive and effective parents able to improve their health, safety, development and wellbeing

- 90% parents reported greater confidence and knowledge of how to keep their child safe.
- 86% parents felt they had more confidence and knowledge of their child's health and wellbeing and how to support it.
- 77% parents felt they had been able to put into place what Hurdle had shown them to ensure that their child's health and wellbeing was supported.
- 73% parents felt they had more access to community services and felt confident about accessing them.
- 73% parents felt more confident discussing their child's health and other needs with formal agencies such as health services, schools and the council.
- 62% parents felt they had reduced local authority involvement in their situation.

The nature of parents' individual situations means that not every outcome will be a goal for their time spent with Hurdle. However, where a parent has identified a particular support need as a goal, we are able to see that they feel that the Hurdle programme has almost always had at least some positive impact. Very few parents reported no impact having been achieved against a specific indicator and no parents reported any negative impact as a result of the support.

Hurdle is unique in affording parents the opportunity to slowly build trust with professionals. Once a trusting relationship has been built, it is then easier to engage parents in accessing other kinds of support services. Although outcomes relating to wellbeing, employment and life skills might arguably be achieved through other services, Hurdle is able to provide a 'one stop shop' for individuals who are reluctant to engage with professionals due to negative experiences in the past.

Despite being a relatively young and small service, Hurdle appears to already be drawing attention to issues within social work practice and has the potential to influence wider systems change within the area of recurrent care proceedings and cyclical removals. There has also been the unanticipated outcome of seeing children return to their parents' care after care proceedings have closed, as a result of the additional work they have undertaken through Hurdle.

Parents report a very high level of satisfaction with the service, seeing it as entirely different from the experiences they have had with other professionals in the past. Our recommendations have therefore focused on building on the excellent work already being done by the team and ensuring that we are able to capture this through our final evaluation.

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