



Flawsome Evaluation Report

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Key findings

About this report

Flawsome is a community-based support programme delivered by Safe Families Home for Good, working with women who have had children removed from their care by the local authority, are at significant risk of removal, or are seeking reunification.

The programme was commissioned in 2020 by the Big Lottery and North East Lincolnshire Council to offer a supportive, relational service to address underlying drivers of risk and with a primary aim of preventing repeat incidents of children entering care.

An independent mixed-methods evaluation of the Flawsome programme was undertaken by Anna Freud between July 2025 and February 2026, funded by an independent grant making body.

The evaluation drew on routine outcome monitoring and detailed case narratives relating to 47 women who were referred to Flawsome, along with interviews and focus groups conducted with women, volunteers and professionals involved in the programme. Data held and analysed by North East Lincolnshire Children's Services were also incorporated in the analysis.

The findings offer insight into the outcomes women achieved, and how Flawsome enabled change for women.

How Flawsome works

Women referred to Flawsome typically present with multiple and intersecting challenges, including histories of trauma, mental health difficulties, social isolation substance misuse, domestic abuse and poverty. Many have experienced repeated negative encounters with statutory services and report high levels of shame, grief and loss following child removal.

The evaluation explored three key components of support offered by the programme:

- **One-to-one support from a Family Support Manager:** the Family Support Manager played a pivotal role in building trust and emotional safety, building women's confidence to engage with other aspects of the programme. Practical and emotional advice also helped women achieve the positive outcomes and goal progression described below.

- **Facilitated peer support groups:** providing emotional validation from others with shared lived experience, and offered safe opportunities for connection and skill-building.
- **Volunteer support:** providing consistent community-based companionship as well as practical help. Volunteer support widened women's social networks and provided valuable practical and emotional assistance.

The evaluation demonstrated that through these components Flawsome provided consistent, non-judgemental relationships and safe spaces where women felt seen and understood. Guidance and support in this context enabled women to recover their identity and strengthen their self-esteem and confidence, and to move forward with their lives.

Outcomes for Flawsome participants

Women reported positive outcomes in a number of different aspects of their lives.

Responses to outcome measurement questionnaires evidenced that overall women saw positive progress in six outcome domains: aspirations, confidence, wellbeing, social networks, family relationships and physical needs. Most progress was seen in relation to social networks and wellbeing, and the least related to physical needs.

Further information about the nature of this progress was available through other evaluation data sources. This indicated a relationship between the extent of programme engagement and the extent of outcomes achieved: women who completed support (37% of 47 cases) demonstrated the most substantial progress, while those who partially engaged (53%) showed more modest but still positive change. Key areas of outcome included:

- **Improved parenting and reduced involvement in the care system:** Children's Services data (2020-2024) indicated that among Flawsome participants who had had children removed from their care, 65% had no further children removed from their care and 6% had children returned to their care.

In addition to women reporting more positive outcomes in their engagements with social care, they described improvements to their parenting strategies, and in their contacts with their children.

- **Improved confidence, wellbeing and mental health:** the majority of women reported improved confidence or self-esteem. Several said they had learned positive strategies for managing their emotional and mental health independently; others reflected that they had developed a more positive outlook.

- **Improved social networks and relationships:** women reported improvements in their relationships with others, as well as making positive choices to engage with helpful rather than unhelpful relationships in their lives. The majority of those who had fully engaged reported gaining the confidence to leave the house more, including to get involved in community groups and activities. The Flawsome Family Support Manager also supported women to engage constructively with other services in their lives.
- **Entry into volunteering or paid work:** many women reported an increase in their confidence about getting a job. A smaller number had also attended job interviews or acquired a job or voluntary position.
- **Improved coping:** individual and group interviews described how the programme had supported women to adopt better coping strategies, for example reducing their substance misuse and working on better management of their mental health. They also described women being signposted to - and better able to engage with - wider supports such as mental health support and recovery groups. Women reported improvements in their management of their homes, and improved ability to seek help when needed.

Evidence of cost-effectiveness and cost avoidance

Flawsome delivers support at a relatively low cost (£2,625 per woman) and targets a high-cost cohort. Evidence suggests substantial potential cost avoidance, including:

- Avoidance of adoption or foster care costs (estimated up to £123,990 per child).
- Avoidance of long-term foster care costs (approximately £31,747 per child per year).
- Wider system savings associated with improved parental mental health and reduced trauma.

These findings suggest Flawsome represents a cost-efficient preventative model for local authorities under sustained pressure.

Wider programme learning

On average, women who engaged in full with Flawsome support had reported less difficulties at the outset than those who engaged more partially - particularly in the areas of social networks, aspirations, and family relationships.

This may reflect some of the barriers to engagement that arose in the evaluation, which included social anxiety, fear of judgement and previous negative experiences with statutory services.

Other barriers included concerns about information sharing, practical obstacles (transport, cost, childcare), and instability caused by deteriorating mental health, abusive relationships, or new safeguarding concerns. Group dynamics could also influence comfort and fit within peer groups.

Conclusion and recommendations

The evaluation demonstrates that Flawsome provides an important, valued and cost-effective service for a group of women facing profound adversity and risk. Flawsome support is associated with positive outcomes across wellbeing, parenting, social connection, and life stability, particularly for women who engage fully. The evidence indicates meaningful progress, reduced likelihood of further child removals, and substantial potential cost benefits, positioning Flawsome as an effective early-intervention approach for a high-need, high-cost population.

The programme's relational, trauma informed approach aligns with evidence on what supports recovery, emotional stability and improved parenting capacity for this population.

To develop the approach in future, the evaluation recommends:

- Tailoring peer support groups to accommodate differing needs stages of life or progress, with consideration to group composition, accessibility and pre-group preparation.
- Front-loading or increasing Family Support Manager capacity to support initial engagement, offering stability during crisis transition and ongoing follow up.
- Supporting flexible and nonlinear engagement pathways by providing routes for re-entry following disengagement.

Overall, Flawsome contributes meaningfully to early help and prevention priorities by addressing trauma, strengthening relationships, and reducing risk factors associated with recurrent care proceedings. It represents a promising strategic investment for local authorities seeking to prevent escalation, reduce long term service costs, and improve outcomes for vulnerable women.

1. Introduction

Flawsome is a community based support programme delivered by Safe Families Home for Good (SFHfG) in North East Lincolnshire, designed for women who have had children removed from their care by the local authority, are at significant risk of removal, or are seeking reunification. Flawsome is commissioned primarily to prevent repeat incidents of children entering care by rebuilding parental identity, relationships and support networks using a relational non-judgemental support-model.

This evaluation was commissioned in July 2025 by SFHfG through funding from an independent grant making body. Both organisations recognised that the type of community-based support provided through Flawsome represents a relatively under-researched area, with limited existing evidence. Capturing insight into both the impact of the programme and its underlying theory of change is therefore critical - not only for strengthening this programme, but also for informing wider practice development and influencing approaches to supporting this cohort across communities in the UK.

The evaluation has been carried out by the Child Outcomes Research Consortium (CORC), a project of Anna Freud. Anna Freud is a pioneering mental health charity, transforming care for children and families through science, collaboration and clinical innovation. The Child Outcomes Research Consortium (CORC) evaluation approach draws on substantial experience of conducting qualitative, quantitative and mixed methods research to support organisations in a wide range of child and family settings to understand need, evaluate interventions, and improve support.

2. Evaluation approach

This evaluation took a mixed methods approach to address three main research questions:

- What outcomes are achieved by Flawsome?
- In what ways do participants engage with the different aspects of the support offered, and how do experiences differ for different groups of women?
- What are the mechanisms, barriers and facilitators of positive outcomes?

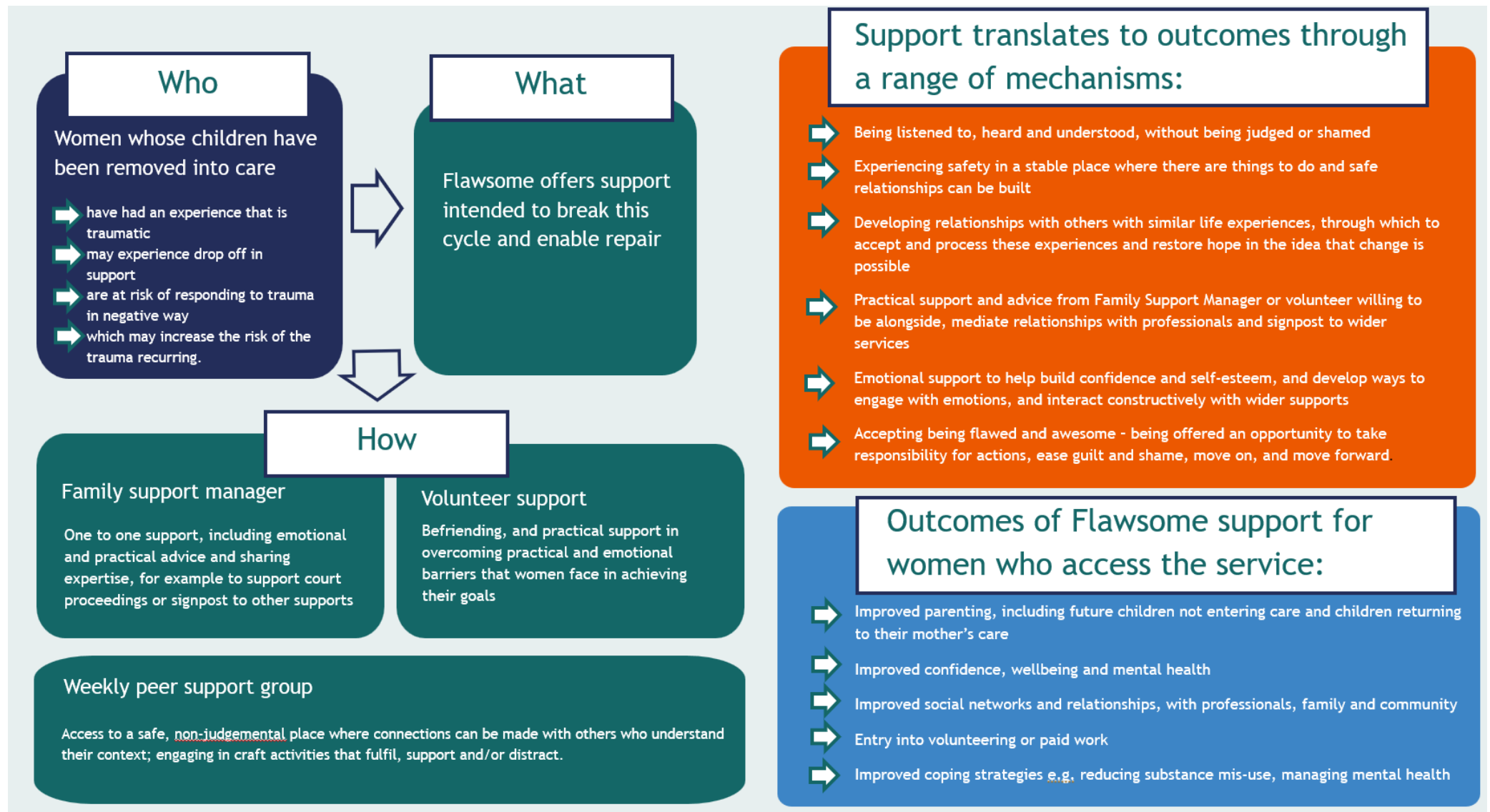
The evaluation draws on:

- anonymous historical case notes for 47 women, collected by the service as part of routine case monitoring and feedback systems
- data reflecting distance-travelled by women in six key domains - social networks, happiness and mental wellbeing, confidence and self-esteem, physical needs, family relationships and aspirations - captured using an internally developed outcome measure
- qualitative data collected through focus groups and interviews involving 7 women accessing Flawsome support; 3 volunteers; and 3 professionals (two employees of SFHfG and one working in Children's Services in the local authority)

A narrative inquiry approach was taken, exploring the way women participating in Flawsome have engaged with the programme, and their outcomes. Principles of “ideal-type analysis” were drawn upon to group participants with key similarities in their experiences. This report combines insight from the qualitative analysis with quantitative analysis of changes seen in outcome measure scores, together with an exploration of costs saved by the programme. Further detail about the methodology is provided in Appendix A.

This report is structured to explore components of programme's theory of change, displayed in summary in Figure 1 below. A hypothesised theory of change was set out at the evaluation outset, through a workshop with members of the Flawsome team. This was explored through the evaluation, which generated evidence to deepen knowledge about each component: the need that Flawsome seeks to address, the intervention that is offered, the outcomes achieved, and the mechanisms through which the intervention supports these outcomes.

FIGURE 1: THEORY OF CHANGE



3. Why is the programme needed?

As of March 2025, there were approximately 81,770 children looked after by local authorities in England¹ [1], reflecting a substantial increase in children in care over the past decade [2]. Data from England and Wales shows that around one in four mothers involved in initial care proceedings return to court for further proceedings within ten years. The likelihood of recurrence is greatest within the first three years, and women who return once are increasingly likely to experience additional proceedings. Rates of recurrent care involvement are notably higher in the North East, the Midlands, Yorkshire and the Humber, and the North West [3].

The Flawsome programme responds to the increasing numbers of children entering care - and the resultant pressure on social care systems and costs - by offering a targeted, preventive model for women whose children have been removed or are at risk of being removed, to avoid the occurrence or reoccurrence of care involvement.

Evidence indicates that mothers who have a child removed from their care are vulnerable owing to complex and intersecting needs, including mental ill-health, substance misuse, poverty, domestic violence and being care experienced themselves [4], [5], [6]. Research also suggests that mothers frequently experience disenfranchised grief, persistent guilt, loss of maternal identity, stigma and shame following their child being placed in care by the local authority [7], [8], [9].

Children being placed in care has been linked to worsened life outcomes and inequalities for the child [10], as well as worsened mental health outcomes of mothers [11], [12] with research [9] showing that mothers often lack formal, systematic support and ‘fall between the gaps’ in services [10]. A lack of such support can heighten isolation and mental health

¹ defined as children provided with accommodation for more than 24 hours or subject to a care or The service user groupings provide context to the analysis below in exploring where, why and how the outcomes of support have varied, for example allowing comparison of what was achieved for those highly engaged with support, compared to those accessing a lower ‘dosage’ of Flawsome support.

difficulties, and the need for ongoing, multidisciplinary and compassionate support has been highlighted [13],[8].

In particular, the need for early intervention has been highlighted, in order to prevent the number of children placed in care from rising, at a significant cost to the system [10]. Offering such support at this critical time is key to mitigate the immediate negative impact at the point that a child is taken into care, to improve mental health outcomes and to aim to subsequently reduce the chance of further children being placed in care.

UK based programmes offering support to mothers have shown improvements in emotional wellbeing, self-esteem, housing and financial security, engagement in education, employment and specialist services and key relationships in women's lives, as well as reductions in psychological distress [14], [15]. Peer support in facilitated settings at this very challenging time, may offer several benefits, including reducing mothers' isolation and increasing their sense of agency [16], [17]. Similar programmes of support include the national programme Pause [18], the Believe programme in Motherwell [19], Hurdle in the West Midlands [20], COMMA and Cameo in Stockport [21], and the Venus Step Together project in Merseyside [22].

Flawsome aligns closely with the UK Labour Government's mission to "break down barriers to opportunity" by providing early, relational support to families facing the greatest disadvantage. Its focus on strengthening parenting, rebuilding social networks and preventing children entering care directly supports Labour priorities to give every child the best start in life, reduce child poverty impacts, and keep families safely together wherever possible. It also reflects Labour's emphasis on harnessing local networks to deliver sustainable, preventative support and reduce pressure on statutory services.

Commissioners participating in this evaluation confirmed Flawsome was commissioned in North East Lincolnshire as a response to this evidence that where a woman has had one child removed into care, there is heightened risk of subsequent children being removed: the primary aim was to prevent these repeat incidents by supporting women not to sustain or repeat patterns, choices or events which had contributed to a child being removed.

Flawsome staff participating in this evaluation also highlighted secondary outcomes intended to flow from the support, including positive impacts on health and mental health, reduced engagement with criminal justice and substance misuse, and entry into employment.

4. Who is the programme intended to help?

Flawsome is a bespoke community-based support service in North East Lincolnshire delivered through Safe Families Home for Good (SFHfG). It provides practical, emotional, and specialist help to women who:

- have had children removed from their care recently
- are at significant risk of having children removed from their care
- are pursuing reunification with a child who has previously been removed from their care.

Although a provision for fathers was developed in 2025, due to the timing of the evaluation, a sufficiently large number of fathers had not yet been recruited to enable their inclusion in the evaluation.

As highlighted above, the mothers supported by Flawsome typically have complex and overlapping needs, including mental health difficulties, substance misuse, experience of domestic abuse, limited financial resources and social isolation. Among the 47 women whose case data is analysed in this evaluation, the majority had experienced abuse, including child abuse, sexual abuse, and domestic violence. The majority had mental health difficulties and some struggled with self-harming behaviour and thoughts of suicide. Several were engaging in substance misuse, and some were being supported by other services to help with this.

Among the 47 women whose case data was analysed, all (for whom ethnicity data was provided) were from White backgrounds. Women were of a range of ages, with the majority aged between 20 and 40. All had had children removed from their care, historically or presently, with some remaining in contact with their children. Of those who participated in interviews and focus group, all (N=7) were from White backgrounds, which broadly reflects the demographics of the LA, with the majority aged between 25-34.

The goals set by women on engaging with Flawsome analysis indicate that their needs and priorities related to:

- **Aspirations.** Goals to be a better parent related to both parenting strategies and contact with children

- most had aims to have children returned to their care full time, or to have more contact with children (including independent contact without supervision)
 - improving parenting strategies was also a goal for many - to manage their child's behaviour and meet their needs - to avoid any future removal of their children.
 - other goals included improving relationships with children not in their care, or getting to a place where the involvement of external services (such as social services) was no longer required.
- **Mental health and wellbeing.** Nearly all women had goals in this area, including
 - building confidence and self-esteem, learning how to express their feelings, making decisions, regulating emotions, reducing anxiety and managing stress
 - coming to terms with their situation
 - for a few, reducing anxiety in order to go on to access support from mental health services and to work with wider professionals in a more positive manner
 - a few had goals relating to hobbies, such as studying art and exercising.
- **Wider engagement in community and social networks**
 - most women wanted to engage in the community around them, to expand their social networks and to be supported with leaving the house more often
 - some wanted to meet new people, to connect with women in similar situations as them, or to feel empowered to speak up about their experiences with services such as children's social care
- **Employment and housing**
 - some women had goals related to finding a job.
 - some women had goals related to home, such as wanting support to move home.

5. What does the support involve?

The programme offers positive, practical and supportive solutions to change women's mindsets and improve their lives. The various aspects of the programme help women to heal from trauma and provide opportunities for them to view themselves and the world through a different lens, as a basis for more positive life choices. More information about how the support leads to positive outcomes is outline in section Y. The support incorporates three main elements

1. **Direct support work from a Family Support Manager:** the SFHfG Family Support Manager offers direct work with parents, support and advice on the phone, via text and/or face-to-face:
 - **emotional support and advice.** Topics of advice raised by evaluation participants included how to engage (or disengage) from unhelpful friendships and partners, and how to build positive social networks as well as practical areas such as budgeting
 - **enabling access to other Flawsome support,** including encouragement or practical help to support attendance at the peer support group, or connection with a volunteer
 - **practical support, facilitation and advice to engage with resources or support.** For example to access resources for housing; access to support for mental health or substance mis-use; signposting to other support groups and job or volunteer opportunities.
 - **acting as an advisor or advocate** to support parents in their interactions, including with other services (e.g. attending child protection meetings) or engaging in legal issues or court proceedings.
2. **Peer support groups:** for each cohort of women, a peer support group is established, creating a space where women whose children have been placed permanently outside of their care are able to meet.
 - **a non-judgemental, safe space** where women can share and connect with other women in similar situations. The group offers opportunities to process anger, shame and guilt, and find empathy, hope and connection.
 - **opportunities to engage in crafts activities** that fulfil, support and/or distract women. Many of the activities are designed to support self-reflection and self-development.

- **access to a specialised workshop programme** as appropriate, based on the Kintsugi Hope approach. This addresses areas including honesty, anxiety, depression, shame, disappointment, grief and loss, dealing with procrastination, anger, dealing with overthinking, forgiveness, self-acceptance, resilience, and offer a safe stepping stone for women to have confidence in seeking further support for their mental health.

Where there are barriers to women attending - for example relating to social anxieties or transportation - support such as transport or the help of a volunteer - can be offered.

3. Volunteer support: Flawsome parents can be connected to skilled Family Friend volunteers able to offer ongoing friendship and community-based support. Volunteers can offer consistent support without the time constraints typical of interventions with paid staff. The intention of this is to support women in overcoming practical and emotional barriers they may face in achieving their goals through:

- **support centred on clear goals**, which are determined by the women. Progress towards these goals is monitored by the Family Support Manager and may include activities around self-care, getting out together into the community, support to access appointments / mental health care, practical support in the home.
- **befriending and a supportive relationship**, which may also be a model for a different kind of relationship for some Flawsome women where their existing social networks are unhelpful for them in pursuing their goals.

6. What are the outcomes of the support?

Analysis of the 47 case narratives of Flawsome service users identified three different groupings of service-users, distinct in the level and nature of their engagement with Flawsome support, and in the extent of outcome and goal progression.

Qualitative and quantitative data indicated that progress was more extensive for those who engaged more extensively with Flawsome support.

The three service-user groupings were:

TABLE 2: WOMEN'S ENGAGEMENT WITH SUPPORT

Description of service-user grouping	No. of women in the sample
Fully engaged and completed support	
Showed promising engagement throughout their period of contact with Flawsome support. Meaningful progress had largely been made with goals by the point that support ended, and support was brought to a mutually agreed close.	18 (38%)
Partially engaged in support	
The majority showed a limited level of engagement overall; a proportion showed some engagement (such as answering the phone, attending meetings with volunteers) for a period but then eventually disengaged. Exited Flawsome before support was judged to be complete for a variety of reasons (see 'moderators' section below)	25 (53%)
Disengaged from support	
A small proportion who did not engage with Flawsome supported at all. In three instances support was offered but not begun because the women did not respond to the Flawsome team (despite several attempts to establish contact); in the fourth, the circumstances were deemed too high risk for Flawsome support to be appropriate.	7 (15%)
Total	47

The majority of women who completed or partially engaged with the Flawsome support programme received one-on-one support from the Family Support Manager and were also supported by a volunteer. A few referrals in both groups were deemed too high risk to be matched with a volunteer. While half the women who completed the programme had

attended the peer support group, most women who partially engaged with the programme had not. For these women, a focus of their one-on-one support was encouraging them to come to the peer support group. Moreover, most women in the ‘support completed’ grouping had been provided with, or supported to access, other resources (such as a washing machine sourced via volunteers); fewer women who had partially engaged with the support accessed such resources.

Outcomes recorded by the Hexagon outcome measure

The Hexagon tool is an internally developed outcome measure used by SFHfG to assess and track participant progress over time. It is used within structured conversations between practitioners and participants, focusing on 6 key areas: Social Networks, Happiness and Mental Wellbeing, Confidence and Self Esteem, Physical Needs, Family Relationships and Aspirations.

The tool is completed at key stages of the intervention: initial meeting, three monthly review points and completion of support, which allows for comparison over time and provides a participant endorsed indication of change. While not a diagnostic or predictive measure, it offers a consistent framework for understanding participant progress and identifying areas of improvement across the cohort.

Outcomes for the ‘fully engaged and completed’ group

Figure 2 below shows changes in Hexagon Outcome Measure scores reported by the eighteen women who fully engaged and completed support.

- On average, women reported positive progress across all six outcome domains: social networks, wellbeing, confidence, physical needs, family relationships and aspirations.
- On average, their scores progressed in a positive direction by 2.32 points, with the most change seen in relation to social networks and wellbeing, and the least in relation to family relationship and physical needs.

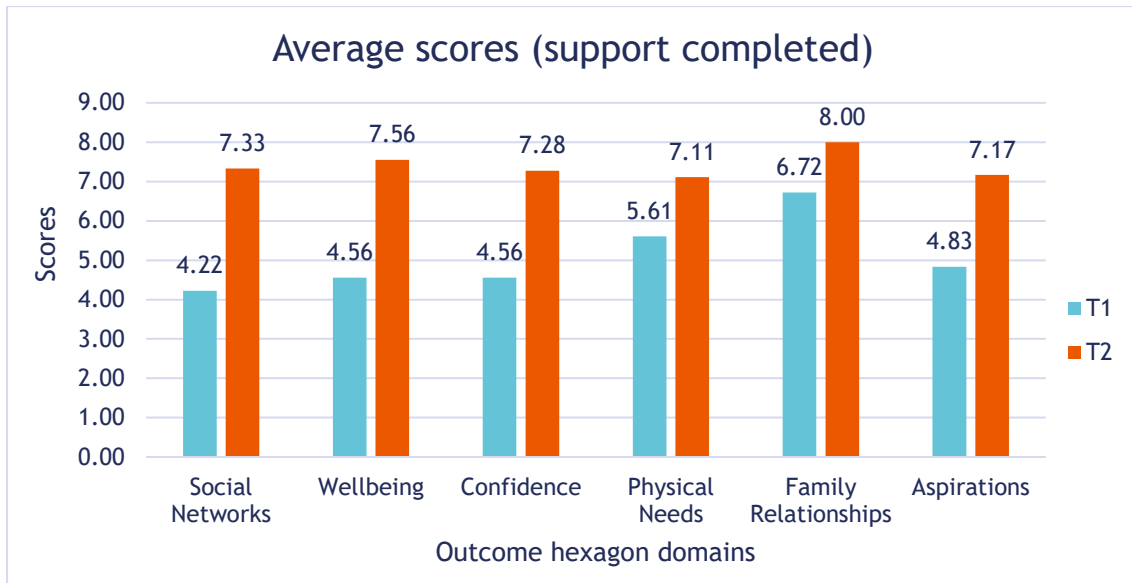


FIGURE 2: AVERAGE SCORES (SUPPORT COMPLETED) NOTE. N=18

Outcomes for the ‘partially engaged’ group

Figure 3 below shows changes in on Hexagon Outcome Measure scores reported by the twenty five women who partially engaged with Flawsome support. Despite the varied level of engagement:

- On average women reported positive progress across all six outcome domains: social networks, wellbeing, confidence, physical needs, family relationships and aspirations.
- On average, their scores progressed in a positive direction by 0.8 points, with most progress seen in relation to social networks and wellbeing, and the least change seen in relation to aspirations and physical needs.

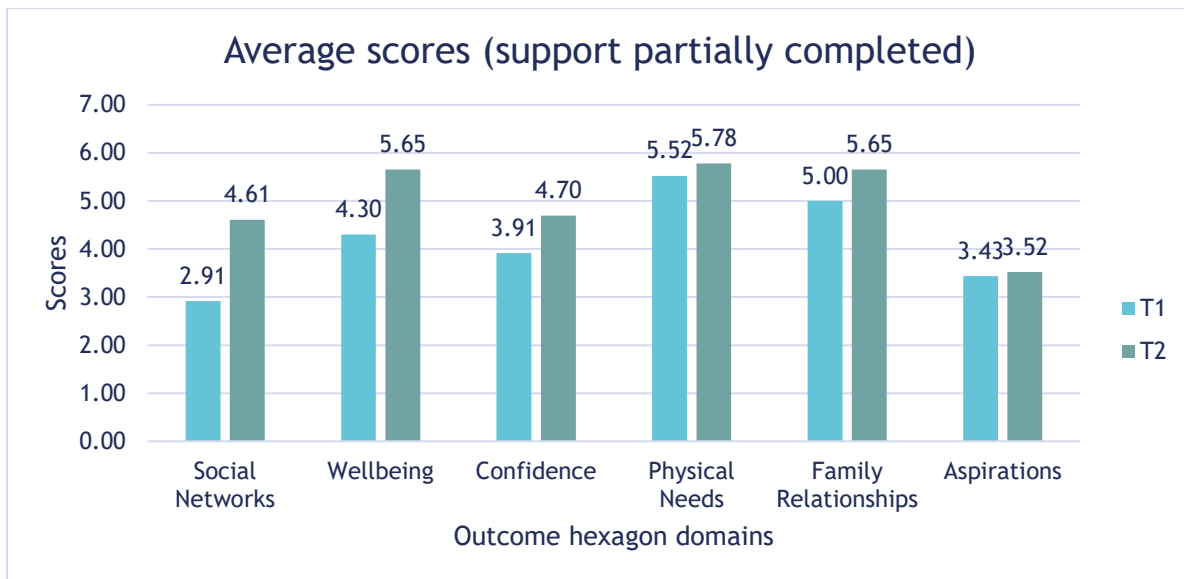


FIGURE 4: AVERAGE SCORES (PARTIALLY ENGAGED WITH THE SUPPORT). N=23

Outcomes for the ‘disengaged’ group

Data captured about women in the ‘disengaged’ group was more limited than the data for the other service user groupings, and given the small number of cases Hexagon Outcome Measure scores are not reported here. The section on “barriers and moderators” discusses some factors that may have contributed to women not engaging with the support offered.

Relationships between outcome and presenting difficulties

Data captured using the Hexagon Outcome Measure indicated differences between the service user groupings at the time that they presented to Flawsome. Figure 2 below shows the average scores at time one for the three service-user groupings: the average score at time one (the start of support) was higher (indicating less difficulty), for women who would go on to complete the support, compared to scores for women who would go on to partially engage or disengage from the support. Women in the partial support group had similar average scores to women in the completed support group in terms of wellbeing, confidence and physical needs; the gap between their average scores related largely to lower ratings for social networks, aspirations, and family relationships. Women in the disengaged group had similar average social networks and aspirations scores to women in the partially engaged group. However, women who disengaged from the support had a much lower average confidence score at time one, compared to all other women.

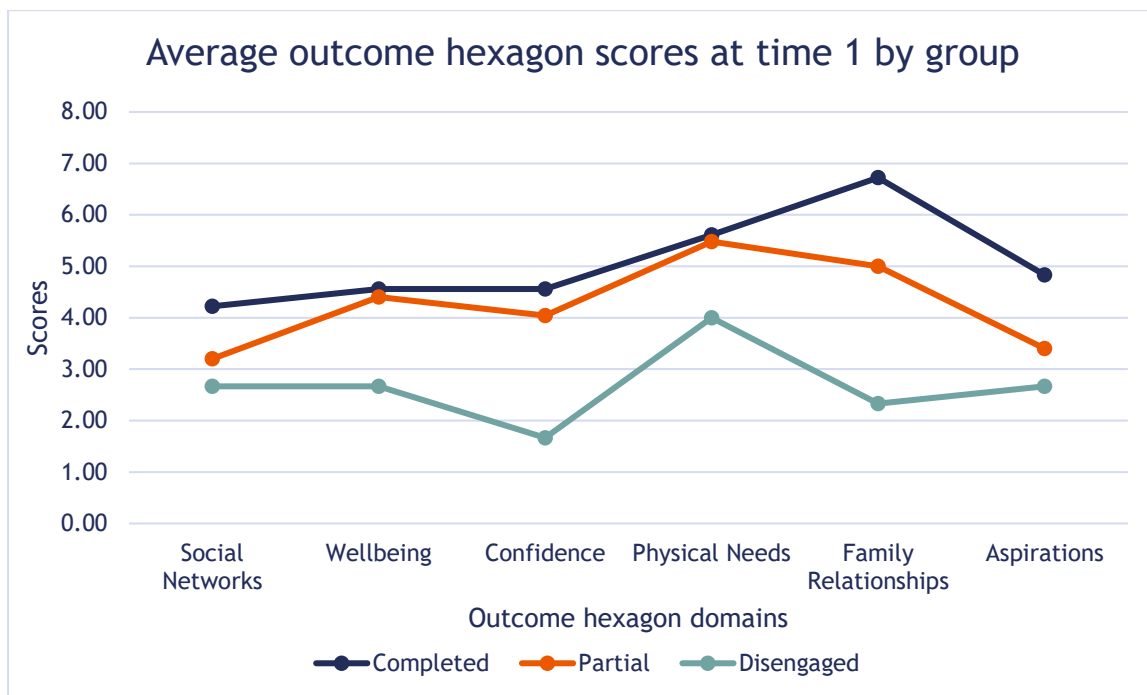


FIGURE 2: AVERAGE OUTCOME HEXAGON SCORE AT TIME 1. NOTE. A HIGHER SCORE INDICATES A MORE POSITIVE ASSESSMENT OF IN EACH DOMAIN.

Outcomes reflected in North East Lincolnshire Children’s Services’ data

North East Lincolnshire Children’s Services carried out analysis of data they had recorded about 51 women referred to Flawsome between 2020 and 2024 [27].

This data reports that among women who had had children removed from their care:

- In 2 of 35 cases children were able to return to their parent’s care
- In 18 of 29 cases where parents had had children removed from their care (where children did not return to their care), subsequent children were not removed.

Disregarding those cases where work had recently begun, and it was too soon to measure impact, the Children’s Service analysis concluded that for 65% of participants there were no identified further children removed from their care, and for 6% their children had been able to return to their care (reference). The report notes the difficulty in directly attributing outcomes to the impact of Flawsome, given parents may have been receiving other support from services such as Housing Support, employability support or drug and alcohol support.

Among cases where parents were either looking after, or expecting children that were either under a Child Protection or Child in Need plan.

- In 5 cases where parents were looking after, or expecting children that were either under Child Protection or Children in Need, their child was not able to remain in their care.

Outcomes through goal progression

Analysis of case data demonstrated progression for women engaging with Flawsome in a number of outcome areas.

For women in the ‘fully engaged group’, case notes data reflected positive progress toward achieving the goals and conveyed a sense of independence of women and feeling able to carry on using positive strategies learned during the Flawsome support.

For women in the ‘partially engaged group’ limited information was available relating to goal progress: many of these cases fell out of contact or disengaged towards the end of support, and less case completion information was captured. Where information was available in the case notes, women discussed positive changes to their homes, lifestyles and engagement with community, improved mental wellbeing due to the Flawsome support, and starting new jobs and volunteering positions.

Improved parenting

Additional to the parenting outcomes reflected in the North East Lincolnshire Children’s Service’s data (above), case notes indicated improvements to parenting for approximately half of the twenty-five women in the ‘fully engaged’ group.

- At the point of ending their time with Flawsome, two women had had children returned to their care, while one was awaiting a decision on this.
- In another case a woman had been informed by social care that the baby she was expecting would not be removed from her care at birth.
- For one woman, progress was reflected in her working towards getting more contact with her child.
- For other women, improvements included being more confident in their abilities as a parent and being aware of more positive parenting strategies.

Improved wellbeing and mental health

In the 'fully engaged group', most women reported improved confidence or self-esteem.

- women reported managing their emotions more positively, using positive strategies to manage their emotional and mental health independently.
- a few women reported on closing support that they were able to look forward to the future and had a positive outlook on life.

Improved engagement with social networks

In the 'fully engaged group' over half of the women reported leaving the house and accessing community groups (such as church groups) without extra support.

- women reported that Flawsome had improved their confidence and relationships with others - including reconnecting with old friends and making new friends - and cutting ties with unhelpful people in their lives.
- women also described becoming involved in community activities and finding time for their hobbies.

Employment and volunteering opportunities

In the 'fully engaged group', progress relating to employment or volunteering was reported for around half of cases.

- many women described increased confidence about getting a job
- a smaller number of women had attended job interviews or had acquired a job or a voluntary position
- in another situation a woman was signposted to a community centre to help her to get a volunteering job and to complete her necessary qualifications.

Improved coping

Individual and group interviews described how Flawsome had supported women to adopt better coping strategies, for example working to reduce substance mis-use or on better management of their mental health. They also described women engaging in a more constructive way with wider supports such as mental health support and recovery groups.

In addition, in case note records

- over half of women who engaged fully with support reported improvements in their living arrangements, such as having a clean and tidy home
- some women reflected that they had improved their ability to seek help when they needed.

7. Cost benefits of Flawsome

Flawsome is designed to interrupt cycles of child removal. The approach presents opportunities for local authority commissioning in shifting the focus from reactive, high-cost statutory interventions to earlier, preventative support.

By targeting parents who are at risk of having children removed, or who have previously experienced removal, it enables commissioners to concentrate resources on a small but high-cost cohort where the potential for cost avoidance is greatest.

The model offers comparatively low-cost complement to specialist services, and results in wider outcomes such as parental confidence, reduced isolation, and strengthened relationships alongside traditional metrics like care entry and re-referral rates. SFHG report the cost of the Flawsome intervention to be (£2,625) per woman.

Set against this are cost savings which can be extrapolated based on the likely avoidance of costs:

- Preventing a single child from entering local authority care avoids high ongoing expenditure associated with foster care, residential placements, and adoptions, which can exceed tens of thousands, or hundreds of thousands of pounds per child annually, respectively [23].
- Longer-term fiscal benefits arise through reducing childhood trauma, which in turn may see reduced use of health and welfare systems (estimated lifetime cost savings of over £89,000 per child [24]).
- The evidence in this report supports an indication of cost savings through the support provided to women's mental health and wellbeing, which has a substantial economic, human and health and social care costs that outweigh NHS resource [25], the cost of which may be in the region of £7,600 per person, per year [26].

Analysis of records by North East Lincolnshire Children's Services [27] demonstrates that significant and wide-ranging costs were avoided by supporting women who had had children removed from their care: in 2 cases children were returned to their mothers' care; in 18, subsequent children were not removed from women's care.

- Where a child is adopted, costs are likely to be in the region of £661 per child per week for foster care. Over the 2.5 year average between entering foster care and adoption in the UK [28] this amounts to approximately £85,930 per child. Adoption

fees present a further cost estimated at £40,658 per child, not including staffing or court costs [28], [29].

Considered alongside the costs of providing Flawsome support (£2,625), this translates to a cost avoidance of approximately £123,990 per child.

- Where adoption is not achievable or placement stability cannot be maintained, other significant ongoing costs may arise. These include expenditure relating to long-term foster care and wider support for looked after children, up to age 18. The current estimated annual cost per child placed in foster care is £34,372.

Considered alongside the costs of providing Flawsome support (£2,625), this equates to a cost avoidance in one year alone of £31,747 per child who would otherwise have been in long-term foster care.

These estimates are likely to be an underestimation as they do not take into account the number of children per woman. In addition, conservative estimates have been included in the calculations, for example in relation to differing placement costs. What is evident with these calculations, is that support programmes such as Flawsome involve significantly lower costs than adoption and foster care. Therefore, they represent a cost-efficient strategy for local authorities facing sustained pressure on children's services budgets.

8. How has Flawsome supported change? Case illustrations

Case story one (fully engaged with Flawsome support)

Woman B was referred to Flawsome from a charity that was supporting her with the removal of her children from her care. There were some concerns that B was in an abusive relationship. Her partner had reportedly been known to be hostile towards professionals.

Through Flawsome, B was provided with volunteer support and resources, such as utilities for her home. B was supported by a volunteer once a week to improve her confidence and self-esteem. The support began over the phone due to COVID-19 restrictions, however, moved to face-to-face as this felt more confidential. The volunteer provided B with emotional support with her worries, as well as advice on managing her financial debt, health concerns, and looking for volunteering opportunities.

B demonstrated a shift in her future life goals, as a direct result of discussing opportunities to engage in voluntary work with the volunteer. For instance, B had completed a course that would lead to employment. Moreover, B had improved her confidence and was talking to her neighbours and making friends on her course; B stated that her increased confidence stemmed from talking to her volunteer, who was initially a stranger to her, but who did not judge her, and was kind to her. This had helped B realise that not all people think negatively of her, which made her feel better when she was speaking to new people. As a result, B had expanded her social network. She also described feeling confident and happy, while looking forward to the future and thinking of herself in a more positive light. B's goals were met, hence the support came to a close.

Case story two (fully engaged with Flawsome support)

When Woman A was referred to the Flawsome service her children were in the care of the local authority and A had contact with them every other week. There were concerns about accidental injuries to the children and A's former partner, who had been physically aggressive towards the children. A had historically struggled with self-harming behaviour.

Through Flawsome, received support from the family support manager and was supported by a volunteer who she met every two weeks for a walk or a coffee. A attended the peer support group and was an active participant. Flawsome also provided A with some resources that she needed, including several key household items. A was supported for just over two years.

A felt the support had had a significant impact on her life and had helped her in making the positive changes needed to get her child back in her care. She had focussed on having more positive people in her life and was managing her life stresses and emotions without self-harming. A credited this to the fact that she had improved her confidence through Flawsome, starting with the one-on-one support from the family support manager, and continuing to build on this in the peer support group. This empowered her to seek a voluntary position, in which she was surrounded by more positive people. A described feeling like she now had value and aspirations and thought of herself as a good mother. Moreover, A had even been able to support her friends with the strategies she learned in the peer support group.

By the end of the support, A felt confident going through the process of receiving her children back in her care with the support networks that she had built around her: and hence the support was brought to an end. At this point A had improved relationships with her family, was described as having more positive influences in her life. A was described as having taken substantive steps to follow Local Authority recommendations and had accessed mental health services as well as Women's Aid services. She had her house to a standard she was happy with, ready for her children's return. A had started a voluntary position and had an upcoming job interview for a paid role. A was using the positive strategies to manage her mental health that she had learned through the Flawsome support, in particular the peer support group.

Case story three (fully engaged with Flawsome support)

Woman F stated that when she first started receiving some support from Flawsome, she was highly anxious, had no confidence in herself, and was dealing with a negative and low mood. F shared that she had a lot of negative coping strategies related to eating and harming herself. F's daughter had been removed from her care at birth and had since been adopted. Professionals were concerned about violence in F's relationship with her partner. F was also involved in some unhelpful friendship that were negatively impacting her life.

F accessed the Flawsome peer support group on a weekly basis, playing an active role within the group, and offering advice to the other women. On one occasion, she volunteered to lead a craft session. F also took part in the virtual Flawsome Kintsugi hope workshop and F received monthly one-on-one support with the Family Support Manager. The Family Support Manager supported F by discussing healthy relationships, managing her emotions more positively, and healthy eating behaviours. Although F was matched with a Flawsome volunteer whom she met a few times, it was felt that this was not the right match, and the volunteer support was put on hold. F was also provided with some resources via Flawsome, such as personal hygiene products.

F shared that receiving this support from Flawsome had turned her life around: she had ended friendships with unhelpful people and was choosing more positive ways to cope with low moods and arguments with her partner. F appreciated the Flawsome peer support group for giving her a sense of belonging and making her feel valued. F described this space as non-judgemental and reassuring, where she felt listened to by the other group members, and where she could discuss her problems with people who were going through similar situations. F was looking to build her confidence and manage her mental health so that she could enjoy her life. F felt that she had achieved this, hence her support with Flawsome came to an end due to her goals being met. F described being able to give back to her community and living a happier life. F could see her value in society and was planning on joining the army.

Case story four (partially engaged with Flawsome support)

When she was referred to the Flawsome service Woman M had unsupervised contact with one child, who did not live in her care. M was no longer misusing substances, however her two older adult children had been negatively impacted by her substance misuse in the past. Social care was supporting her with having unsupervised contact with her child.

M was supported for nearly 11 months by Flawsome. Regular support was provided by a volunteer who helped her to sort out issues related to her house and garden and provided her with emotional support and a listening ear. M was provided with resources through Flawsome, such as a carpet for her home. The Flawsome volunteer also helped M to access other support services and join the gym. M joined the local church with the volunteer's help, and they met up over coffee regularly. The volunteer and M seemed to have common interests, and were getting on well with each other. M was doing well and starting to make positive choices with the volunteer's support. M had aspirations to join the peer support group, explore her hobbies, and leave her house more, with the volunteer's support.

However, she experienced a dip in her mental health and wellbeing due to ill health and a break in the relationship with her children. As a result, she eventually stopped answering phone calls and text messages. Flawsome had to close the referral due to disengagement. Due to no contact, no further information regarding her goals being met was available.

Case story 5 (disengaged from Flawsome support)

At the time that Woman E was referred to the Flawsome service, her children were living with their grandparents. E's partner was in prison, and there had been a prior domestic violence incident. E struggled with anxiety and in her relationship with alcohol. Other services had previously engaged with E, with the aim of repairing her relationship with her children. E wanted to gain more confidence and access positive social networks.

E did not respond to contact attempts from the Flawsome team, and this was related both to her not having access to a mobile phone and to COVID-19 restrictions. Although an initial phone call did take place, E could not be reached again through this or other contact strategies (including letters being sent and contact with a family member).

9. How has Flawsome supported change? Themes from individual and group interviews

Overall programme design

This section describes how the various elements of the programme acted to support women and improve outcomes. However, a key factor in the programme's success was also the coherence and consistency across these elements, with all components serving to support women to feel understood, to address feelings of shame, and to recover the confidence to make positive choices and changes in their lives.

One staff member described the importance of the space being designed specifically for this cohort of women, where they are “not add-ons”: this enables Flawsome to offer a non-judgemental space where women can be open about what has happened to them. Service users described Flawsome as “feeling like a family” at a time when women can feel very alone.

Over a period of time women, Flawsome can support women to improve their relationships with themselves, with others, and with widening spheres of support - where women extended their engagement from the Family Support Manager to a relationship with peer group and a volunteer, and gradually engaging with wider community. An interviewee described the perfect path as offering “lots of relational connection and pulling around the person. to then lead them through into like - more universal supports”.

Support to engage from the family support manager

Building a relationship of trust with the Family Support Manager was considered by participants to be a key element in supporting women to make positive changes in their lives. Some observed this to be a building block in engaging with wider elements of support, for example attending supporting or motivating them to intend a group or meet a volunteer - in particular where social anxieties were a barrier.

The Family Support Manager was described as a positive, calm, caring and supportive person who was easy to talk to. One said, “you can talk about your problems with her, even if you're feeling very emotional, she's very encouraging, she just knew what to do”, and another said “it's like you're sat chatting to a mate you've had all your life”.

Developing relationships with peers

The peer group served to support to recovery and positive change through a range of mechanisms.

Feeling understood: the group was considered to play a particular role through allowing women to engage with “somebody else who sees things the same as you... who’s been through the same experience... that feeling of not being on your own” (staff interviewee). Service users said “when someone’s been through similar experiences - they really understand you”, and that the group was a place they didn’t feel judged: one said that being with people in the same position had lifted a weight from their shoulders.

Addressing guilt and shame: the group context was felt to have a specific contribution to make in supporting women to process feelings of guilt and shame, seeing that “actually this happens to other people... they’re not the only one that makes choices in life that have consequences, that are quite, you know, negatively impacting them”.

Building confidence: spending time with peers with similar challenges, who wanted to make changes that allowed them to recover and grow, was said to be confidence-building. One interviewee illustrated how this happened through women supporting and advising one another: “they may be regurgitating something we’ve said, but actually them being able to do that will boost their confidence and their own self esteem because they feel like it’s their words”. Another said that the opportunity to meet new people at Flawsome had made them less shy.

Providing a stable anchor: the peer group was considered to offer a steadying and positive anchor in the week, providing a consistent, comfortable and safe place to go. One participant (staff) said “it’s the one thing in the week where they can come and just be themselves, where it’s a safe space and that’s not happened in any other part of their life”. Participants (focus group) also described the peer support group as giving them the opportunity to leave their homes and go out into the community - and it was noted this could be particularly important for those women who felt depressed (service user).

The Family Support Manager role was a key facilitator and model supporting relationships in the peer group environment. Staff reflected on the importance of this facilitation in helping service users to navigate group relationships such that they feel supported, listened to and heard within the group and that this occurred in a safe and appropriate way (for example the level of sharing, or the soundness of advice).

Offering arts and crafts activities was also considered to be beneficial by staff and service users, in being relaxing and enjoyable; easing social interaction and conversations; and offering a sense of achievement. These could also support participants to see themselves in a more positive way (for example a focus on “what do you like about yourself”). Some specifically referenced the benefits of engaging with the Kintsugi Hope approach.

Practical and volunteer support

Volunteers were considered to bring value both as capacity for direct support and in providing reach to a wider network that could help with practical resources and needs that women might have. In some circumstances, practical support was key in enabling women to engage with Flawsome (for example providing transport or volunteer support to enable attendance at the group).

The volunteers were described by Flawsome service users as being helpful and friendly. Their role in support included emotional support; assisting in building self-confidence; helping women to expand their social networks; and providing an attentive presence encouraging engagement in positive activities.

A staff member noted that many of the women accessing Flawsome lack positive social influences in their lives, and that in this context establishing a connection with a volunteer who regularly engaged with them could be very meaningful.

Opening up engagement with wider public and community supports

By building women's confidence to engage in a social spaces, Flawsome support addressed a significant barrier in women engaging with other potential supports, and achieving wider outcomes such as improvements in social networks, and the ability to engage in the world of work or volunteering.

The Family Support Manager also supported this directly in taking on an advocacy role, for example accompanying Flawsome women to appointments with mental health and social work professionals. Staff reflected that re-engaging with public services could feel daunting, and in particular that "when you have felt very judged by them - and you have been judged by them ... having somebody ... to actually get you through the door can be a benefit". In this setting the Family Support Manager was also said to be a support for Flawsome women in modelling how to engage in a constructive way: "a way that enables you to engage with that service rather than creates a reaction from the service that then feeds the, you know, the confrontation" (staff participant).

Making more positive choices

Flawsome was considered to support women in making more positive choices by changing the way they viewed their own lives and their future.

One staff member outlined how this worked, describing how in "giving them that space to reinvent themselves and look after themselves and start to love themselves ... they get to that place where they start liking themselves, they start then making slightly different decisions". By addressing feelings of guilt, shame or self-hatred and building their sense

of their own value and confidence, Flawsome enabled women to break from previous patterns and to make different choices, for example in relation to decisions about alcohol, drugs, self-harm, mental health, social contacts or domestic violence. Service users said that through Flawsome they had “built strength and confidence”, and that being part of Flawsome “helps you think straight, and cope with the situation you’re in”.

The right support at the right time

Interviewees highlighted that in some instances the loss and impact of losing a child could create circumstances that might open women up to engaging with support, and improve the chances of the programme having traction in women’s lives. This could be a factor that facilitates the programme’s having a positive impact. One interviewee commented that post-removal programmes like Flawsome, can be “very successful because actually that grief of losing your child by them having been removed opens up a willingness to change that may not have been there before”.

10. Moderators of change

Trust and readiness for change

Several research participants highlighted that women's willingness to engage was influenced by:

Their personal history: for some, their backgrounds and experiences had led women to be cautious in extending trust to professionals, with some having a long history of being disengaged from services broadly (including school, jobs, social services) or "life has taught them not to trust anyone". Initial engagement in this context was considered to be a challenge.

The context of their referral: a factor suggested as playing into a woman's willingness to engage was who they had been referred by, and why they believed they had been referred. For example, staff said that for those at risk of having a child removed, engaging with Flawsome might be perceived as an issue of compliance that might be factored into decision-making about their situation; in other situations, distrust about the motivations and aims of the service might impede a positive engagement. Service users said that concern about information being shared with other services, such as social services, was a barrier to engaging with Flawsome (and one woman withdrew from support on this basis).

The ability to be brave about social situations: even where a positive relationship was formed with the Family Support Manager, interviewees relayed that women might find that the motivation and discipline involved in stepping out of their comfort zone for wider engagement - with the peer group or volunteer for example - a challenge. Service users spoke of the anxiety involved in meeting new people, and one staff participant said: "that can be quite a scary place for some people who don't make relationships very easily or have had lots of bad experiences in relationship with other people, or have been to groups in the past where it's been quite judgy".

The hexagon outcome measure scores also reflect this picture, in that the women who fully engaged with support had higher social network scores at the outset of support. One interviewee (professional) reflected that barriers to engagement might be more surmountable for those who already have some social networks and "believe in friendship", in contrast to those who are very socially isolated or negatively oriented toward interactions with any service.

In the qualitative feedback there were other illustrations of the way in which some women were attending Flawsome were able to progress further, with the support on offer, than

others. For example, a service user with experience of the Kintsugi Hope workshop emphasised its value, however the majority of Flawsome participants do not get to a point of engagement where they were able to participate in this. In addition, a Flawsome staff member described the fact that many women were not really comfortable with the level of therapy and intervention offered by NHS services and did not engage with mental health support even where a fast track was made available to them: a very low level emotional mental health support (as provided by Flawsome) was better suited to their needs prior to graduating to this.

Group dynamics and risk

Interviewees reflected that the characteristics of the women attending the peer group at a given time influenced the nature of the group, and whether the group was a good fit for an incoming woman. For example, where a woman differed from the existing group in terms of her age or her learning needs, this could impede her developing or sustaining a connection with the group. One participant (staff) said that at times the group “becomes quite niche, depending on who’s engaging with the group”. It was suggested that running more groups, with different memberships, could address this.

While no participants raised any issues that had arisen through negative relationships or disputes between peer group members, participants (service-user focus group) said that fears of judgement or stigma could lead to new group members feeling hesitant to open up. Group dynamics also led one woman to stop attending the peer support group after her children were returned into her care: she felt sharing this positive development could be distressing for other group members.

Staff relayed that on occasions a woman might be excluded from engaging in a peer support group where they might be judged a risk to other people in the group. However they also considered that some kind of support offer could always be possible, with the aim of getting a woman to a point where she was able to engage in a peer support group safely.

Accessibility

Accessibility issues identified by staff and service-users included:

Venue location: the peer group venue was selected as being central, accessible, not exposing or stigmatising to enter, and providing a comfortable and pleasant environment. Nonetheless for some participants there were barriers to travelling there, due for example to the cost of buses or aversion to taking public transport, related to levels of felt safety or anxiety.

Mental health and wellbeing: interviewees stressed that low levels of mental health and wellbeing could make leaving the house difficult for Flawsome women. Some in the ‘partially engaged’ group experienced a worsening in mental health during their period of support, which prevented them continuing to engage, for example one woman said that she wanted to attend the peer support group but was prevented by anxiety about doing so.

A professional interviewee reflected that practical issues can be raised in lieu of addressing an underlying factor: “in my experience, that’s often an excuse for something that’s much deeper rooted” relating to “a much bigger life history” including for example their own experiences of childhood trauma.

Changing life circumstances

Case notes and interviews illustrated how life changes could prevent women maintaining engagement or fully engaging. Some of the changes described included: women expecting another child; re-engaging in abusive or violent relationships with former partners; being implicated in criminal or safeguarding allegations; and it becoming imminent that a child was to be removed from their care.

Competing priorities could also bring engagement to an end, for example requirements to attend supervised contact at the time of the peer group, or to engage with a number of other services (where attending Flawsome was voluntary).

For several of the ‘partially engaged’ a specific life change was less clear in case notes, but women stopped responding to the team due to no longer having the time required to commit to the support, or a change in contact details. In cases where contact was lost the team made multiple attempts to reach using various methods, including letters and phone calls, but some referrals were closed due to cessation of contact.

Perceptions of Flawsome support

In a few instances, women in the ‘partially engaged’ group chose to end their engagement because they felt that the support was not what they required or not beneficial. For example, in one ending that had not been collaboratively agreed between the service-user and Flawsome staff, the service-user explained that she had become independent and more confident and therefore did not require support from Flawsome anymore. Another woman felt the support to be overly persistent in encouraging her to leave her house (as was her goal) before she was ready. It is interesting to note that another woman (service-user focus group) also reflected that Flawsome support had felt persistent and overly persuasive in the first instance, but in this case the woman felt, in retrospect, that this persistence has been appropriate and positive.

Progress as indirect, long-term, multi-faceted and complex to attribute

In reflecting on the outcomes of the programme, professional interviewees noted that the progress of change could be slow. For example, one staff member described situations where service-users were “continuing to choose people that are not good for them, but each time if you work long enough with them, you can see they make slightly better choices”. Progress was considered to be non-linear, but iterative: “there is definitely times when there’ll be a bit of a loop back, but never as bad” with less intensive support being needed over time.

Interviewees highlighted that some change supported by Flawsome would be long-term, and many of the positive impacts of the support might not be visible within the period of engagement itself. An illustration given was the impact of having a different and more positive experience of social exchange through a relationship with a volunteer: even a small number of such contacts might, over the long-term, “pivot that person to a totally different place that they would have been” (staff interview).

In some cases, the change described was also indirect: while some Flawsome women saw progress through making better choices, for others change was more about more positive coping mechanisms or better managing the impacts of poor choices. One staff interviewee said “now, when they make bad choices, they have the confidence to do the right things when they recognise them”.

It was observed by one professional that the holistic nature of Flawsome support meant that progress might materialise in better outcomes relating to a range of areas of life, including for example housing, mental health and criminal justice as well as Children’s Social Care: but that the nature of commissioning made some of these positive impacts harder to discern. They further reflected that a number of families (with improved outcomes) working with Flawsome were also receiving interventions from several services, and as such it is hard to separate out the impact of Flawsome from the impact of other interventions

11. Strengths and limitations of this research

The incredibly rich qualitative data provided by the case notes, supplemented by views gathered from interviews and focus groups, gives the evaluation important insight into the programme and the support provided at a crucial time in women's lives, which has enabled a full picture of the programme to be developed, along with considerations of barriers, facilitators and mechanisms of change and subsequent recommendations for future delivery.

We note that the lack of research studies at the current time about the performance of the Hexagon Outcome Measure limits our knowledge about the reliability and validity of this as an outcome measurement tool. Other more qualitative data recorded about the outcomes of the support may not be as comprehensively or systematically recorded, which may mean they offer a partial picture of the impact of the programme. This is particularly the case for women who disengaged from support. Further to this, only those who were in the engaged and partially engaged groups were accessible for the focus groups and interviews, so the voices of those who disengaged are less represented overall.

12. Discussion

The evaluation findings indicate that Flawsome provides a valued support offer at a critical point in women's lives. The women referred to the programme are a highly vulnerable group, often facing overlapping challenges including trauma, mental health difficulties, substance misuse, and limited resources and social networks. These intersecting needs and the impact of them going unmet, are mirrored and well documented in wider literature about their experiences and outcomes [4], [5],[6]. In this context, this evaluation highlights various domains in which Flawsome offers an important service, helping women to navigate extremely challenging circumstances, and offering the potential to reduce pressure on other services. Where Flawsome was described as supporting women's outcomes in relation to feeling understood, more confident and providing practical support align with the positive outcomes shown by similar programmes of support, for example [14], [30].

Engagement with the programme varied, and differences in experiences of support have been detailed for three broad groupings of service users: those who completed, those who partially completed, and those who disengaged from the support. This variation itself may reflect the instability, trauma experiences, and practical challenges that are

present in the women's lives. Crucially, even among women who partially engaged, small but positive improvements across the outcome domains were reported. However, the high rate of partial engagement and disengagement suggests barriers to engagement are a key consideration for the ongoing delivery of the programme. Many women who disengaged did so despite persistent and flexible outreach from the Flawsome team. The Family Support Manager was described as a key facilitator of success of the programme, a model which aligns with the Believe programme, where the women's relationships with the project coordinator was considered a significant driver of positive experiences and outcomes [14]. Staff members emphasised that additional Family Support Manager capacity could improve follow up during the early phase of engagement, which may be a key point of engagement drop off.

Women who completed support had on average higher baseline Hexagon outcome scores than women in the other groups. This may reflect greater initial stability or readiness to engage. However, the largest improvements shown by this group, compared to the other groups, also suggests that when engagement is sustained, the programme may facilitate positive change across a range of outcome areas, including wellbeing, confidence, social networks, aspirations and relationships.

Women who partially engaged nonetheless showed improvements, indicating that the programme's approach may provide benefit even through interrupted or disrupted periods of support. This highlights that the complex needs of the women supported by Flawsome mean that linear engagement should not be assumed, and programme delivery should allow for flexible, nonlinear pathways. Women who disengaged had lower starting confidence scores on average, suggesting that confidence may be a useful early indicator of engagement risk.

The qualitative findings suggest several mechanisms through which the programme supports change:

- **Consistent, relational support** from the family support manager and volunteers was described as non-judgemental, emotionally containing, and confidence building. Often this was supplementing support networks that were missing in the women's lives and provided different models of social relating.
- **Peer support groups** created a space for connection, validation, and reduced isolation, a key facilitator in healing from trauma and recovering confidence to engage with others and the world

- **Practical assistance** to attend meetings, navigate systems, access housing resources, and household items supported women in engaging in the programme and in making wider changes in their lives.
- **Individual and group support** facilitated reflection, the development of parenting strategies, and emotional regulation.

Providing non-judgemental and supportive relationships are mechanisms of change that align strongly with evidence on trauma informed practice [31] and may be well suited to the needs of the women supported by Flawsome. This aligns with the findings from evaluations of similar programmes of support, where the non-judgmental nature of those providing support was a significant facilitative factor [14], [15], [30]. Crucially, the peer support offer appears to act not only as a source of emotional support but also as a means to reduce feelings of isolation, which also aligns with the findings from another similar programme of support [21].

The value for money presented by the service is set against the significant financial pressures that local authorities continue to face relating to children’s social care. The evaluation findings indicate that the Flawsome programme, which costs substantially less per woman than the financial and social costs of a child entering the care system, represent a cost effective investment due to the significant associated costs avoided both per woman and per child.

Although a positive impact of Flawsome can be seen in the women who engaged with it, it is difficult to separate the impact of Flawsome from the impact of other services. Several of the women being supported by Flawsome were being supported by a number of services simultaneously, hence the positive impact cannot be linked to the Flawsome support for certain. Yet, there are two key points of note:

1. Staff and service users suggested that Flawsome is able to focus on relationships (with the self and others) and to play a stabilising role not offered elsewhere.
2. Improvements in mental health, parenting confidence, and the building of positive social networks may be protective factors that reduce the likelihood of recurrent care proceedings.

Therefore, at a strategic level, providing consistent, relationship based support of this nature may help reduce longer-term demand on children’s social care, housing, mental health services, and crisis response services.

13. Recommendations

Three **recommendations** have been developed based on the findings:

- **Maintain the elements of the programme this evaluation suggests are effective, for example, the core relational and trauma informed approach**

The evaluation findings suggest that consistency, emotional containment, and non-judgemental support were central facilitators.

- **Tailor peer support groups to women’s differing needs and stages**

Peer support was highly valued, and the evidence makes a case for having more than one group to reflect group members being at different points in their lives, or having different needs (such as learning needs, social anxiety).

Further, transport difficulties, anxiety about group settings, and competing priorities were recurring barriers to attendance, which could be mitigated through flexible scheduling and pre group engagement for anxious or isolated women.

In addition, different activities for the women to engage in (additional to arts and crafts) were suggested as something that would enhance engagement and facilitate relationship building.

- **Front-loading or increasing Family Support Manager capacity to support initial relationship-building and engagement**

Many of the women who disengaged having not completed support had lower baseline confidence scores. Confidence could therefore serve as an early indicator of risk of disengagement. An enhanced engagement pathway for women presenting with very low confidence could be considered, involving increased Family Support Manager capacity to focus on initial relationship-building and engagement - for example supplementary confidence building support - prior to inviting wider engagement in (for example in group activities). The evaluation indicates the Family Support Manager can play a key role to support early engagement and stability during crisis transitions.

- **Considering earlier intervention options and ensuring referrals are well-timed and appropriate**

While Flawsome is currently offered at the point of crisis and trauma, it was suggested that an earlier offer of this type of positive relationship support, to women identified as struggling or at risk for example, could be preventive and effective. The evaluation suggests some barriers to engaging may be less prevalent at this point, enabling a higher proportion of women to fully realise the benefits of all elements in the support model.

Ongoing communication with referrers about the role of Flawsome support and the appropriate point at which to refer to it is also recommended: the evaluation suggested referral at a time when women are engaging with multiple services - many non-discretionary - may be less likely to result in an effective engagement.

- **Supporting flexible and nonlinear engagement pathways**

In addition to offering enhanced engagement for women with low confidence, it is recommended to consider routes for re-entry following disengagement. Disengagement may not necessarily indicate lack of benefit, and women may re-engage when their circumstances stabilise. Therefore, embedding flexible re-entry pathways and low-engagement support during crises may enable more consistent progress over time.

14. Conclusion

Overall, the findings suggest that the Flawsome programme provides an impactful service for a group of women who face high-level and complex adversities, and who may otherwise 'fall through the gaps'. Programme delivery aligns well with governmental early help and prevention priorities, offering a community based alternative to more intensive statutory involvement where appropriate. The core relational model appears to drive the programme's impact. However, barriers to engagement suggest that more capacity could further support women to ensure that a breadth of need is responded to. The evaluation findings indicate that Flawsome may reduce risk factors associated with recurrent care proceedings by improving confidence, stability, mental health, and parenting capacity. Local authorities should consider this programme as part of a wider preventative strategy to reduce pressure on children's social care, improve outcomes for vulnerable women, and reduce longer term costs relating to mental health, safeguarding, and placement activity.

References

- [1] UK Government, “Main findings: children’s social care in England 2025.” 2025. <https://www.gov.uk/government/statistics/childrens-social-care-in-england-2025/main-findings-childrens-social-care-in-england-2025>.
- [2] Local Government Association, “Children in care figures - LGA calls for Budget funding for children’s services”. 2025. <https://www.local.gov.uk/about/news/children-care-figures-lga-calls-budget-funding-childrens-services>.
- [3] Alrouh B, Abouelenin M, Broadhurst K, Cowley L, Doebler S, Farr I, Cusworth L, North L, Hargreaves C, Akbari A, Griffiths L, Ford D. 2022. Mothers in recurrent care proceedings: New evidence for England and Wales.
- [4] Shaw M, Kershaw S, Broadhurst K, Mason C, Alrouh B, Harwin J. Vulnerable birth mothers and recurrent care proceedings: final main report. Lancaster University; 2017 Oct 6.
- [5] Broadhurst K, Alrouh B, Mason C, Ward H, Holmes L, Ryan M, Bowyer S. Born into Care: newborn babies subject to care proceedings in England. The Nuffield Family Justice Observatory: Nuffield Foundation, London. Born into care. 2018;2(3).
- [6] Grant C, Powell C, Philip G, Blackburn R, Lacey R, Woodman J. ‘On paper, you’re normal’: narratives of unseen health needs among women who have had children removed from their care. *Journal of Public Health*. 2023 Dec;45(4):863-9.
- [7] Kenny KS. Mental health harm to mothers when a child is taken by child protective services: Health equity considerations. *The Canadian Journal of Psychiatry*. 2018 May;63(5):304-7.
- [8] Russell L, Turner F, Gajwani R, Minnis H. “Everything is fear based”: Mothers with experience of addiction, child removal and support services. *Children and Youth Services Review*. 2025 Mar 1;170:108161.
- [9] Russell L. The needs of mothers with an addiction who have had children removed from their care (Doctoral dissertation, University of Glasgow). <https://theses.gla.ac.uk/85036/>
- [10] MacAlister J. The independent review of children’s social care. UK: UK Government. 2022 May:29-40.
- [11] Darlington CK, Clark R, Jacoby SF, Terplan M, Alexander K, Compton P. Outcomes and experiences after child custody loss among mothers who use drugs: A mixed studies systematic review. *Drug and alcohol dependence*. 2023 Oct 1;251:110944.
- [12] Wall-Wieler E, Roos LL, Brownell M, Nickel NC, Chateau D, Nixon K. Postpartum depression and anxiety among mothers whose child was placed in care of child protection services at birth: A retrospective cohort study using linkable administrative data. *Maternal and Child Health Journal*. 2018 Oct;22(10):1393-9.

- [13] Burrow S, Wood L, Fisher C, Usher R, Gayde R, O'Donnell M. Parents' experiences of perinatal child protection processes: A systematic review and thematic synthesis informed by a socio-ecological approach. *Children and Youth Services Review*. 2024 Nov 1;166:107960.
- [14] Urquhart MOL. "A summary report of the 'Believe' programme at Motherwell," 2022. <https://believe-motherwell.co.uk/wp-content/uploads/2023/05/BE7.3-CHESTER-UNI-EVALUATION.pdf>
- [15] Boddy J, Bowyer S, Godar R, Hale C, Kearney J, Preston O, Wheeler B, Wilkinson J. "Evaluation of Pause," 2020. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/932816/Pause_-_Sussex.pdf
- [16] Frame L, Conley A, Berrick JD. "The Real Work is What They Do Together": Peer Support and Birth Parent Change. *Families in Society*. 2006 Oct;87(4):509-20.
- [17] Icarus. 'Anywhere else you can't say it' Evaluation of Mothers Living Apart from their Children. North Kirklees pilot service: April 2012-March 2013. 2013. <https://womenscentre.org.uk/wp-content/uploads/2013/09/mothers-apart-final-evaluation-report.pdf>
- [18] Pause. Homepage. n.d. <https://www.pause.org.uk/>
- [19] Believe. Homepage. n.d. <http://believe-in-her.co.uk/>
- [20] Hurdle. Homepage. n.d. <https://hurdle.org.uk/>
- [21] McPherson S, Cox P, Baxter V. Reducing recurrent care proceedings service evaluation: Stockport Comma. Final service report. 2020.
- [22] Venus. Step Together. n.d. <https://venuscharity.org/projects/step-together/>
- [23] Jones KC, Burns A. Unit costs of health and social care 2021. [https://kar.kent.ac.uk/92342/25/Unit%20Costs%20Report%202021%20-%20Final%20version%20for%20publication%20\(AMENDED2\).pdf](https://kar.kent.ac.uk/92342/25/Unit%20Costs%20Report%202021%20-%20Final%20version%20for%20publication%20(AMENDED2).pdf)
- [24] Conti G, Pizzo E, Morris S, Melnychuk M. The economic costs of child maltreatment in UK. *Health economics*. 2021 Dec;30(12):3087-105.
- [25] Cardoso F, McHayle Z. The economic and social costs of mental ill health. Mental Health Network NHS confederation: Center of Mental Health. 2024.
- [26] MeasureUp © 2024 by Impact Reporting, State of Life and PRD is licensed under Attribution-NonCommercial 4.0 International <https://measure-up.org/mu-outcomes/service-provision-for-mental-health>
- [27] North East Lincolnshire Council Children's Services. Safe Families Outcomes Review Analysis. North East Lincolnshire Council. 2025.
- [28] Coram BAAF. Inter-agency adoption fees. 2026. <https://corambaaf.org.uk/practice-areas/adoption/inter-agency-fees>

- [29] Coram BAAF. Statistics: England. Looked after children, adoption and fostering statistics for England. 2024.
<https://corambaaf.org.uk/resources/statistics/statistics-england>
- [30] Hurdle. Hurdle Programme Interim Evaluation Report, June 2024. Hurdle. 2024.
- [31] Sweeney A, Filson B, Kennedy A, Collinson L, Gillard S. A paradigm shift: relationships in trauma-informed mental health services. *BJPsych advances*. 2018 Sep;24(5):319-33.
- [32] Sharp NL, Bye RA, Cusick A. "Narrative Analysis," in *Handbook of Research Methods in Health Social Sciences*, P. Liamputtong, Ed., Springer Singapore, 2018, pp. 1-21.
- [33] Polkinghorne DE, "Narrative configuration in qualitative analysis," *International Journal of Qualitative Studies in Education*, vol. 8, no. 1, pp. 5-23, 1995.
- [34] Stapley E, O'Keeffe S, Midgley N. Developing typologies in qualitative research: The use of ideal-type analysis. *International journal of qualitative methods*. 2022 May 3;21:16094069221100633.
- [35] Stapley E, O'Keeffe S, Midgley N. "Essentials of Ideal-Type Analysis: A Qualitative Approach to Constructing Typologies," American Psychological Association, 2021.

APPENDIX A: Evaluation methodology

A mixed methods evaluation was conducted, which focused on three main research questions:

- In what ways do participants in Flawsome engage with the different aspects of support on offer, and how do experiences differ for different groups of women?
- What types of outcomes are achieved by the programme?
- What are the mechanisms, barriers and facilitators of positive outcomes?

The evaluation drew on existing data collected by the service as part of routine case monitoring and feedback systems, and on primary qualitative data through interviews and focus groups. At initiation, a workshop was held with members of the Flawsome team to articulate a theory of change for the programme.

Anonymous historical case notes for 47 women were securely transferred to the evaluation team in November 2025. These historical case notes comprised demographics, reasons for referral, assessment activity and follow up information about the women. This also included scores on the Hexagon outcome measure.

The Hexagon tool is an internally developed outcome measure used by SFHfG to assess and track participant progress over time. It is used within structured conversations between practitioners and participants, focusing on 6 key areas: Social Networks, Happiness and Mental Wellbeing, Confidence and Self Esteem, Physical Needs, Family Relationships and Aspirations.

The tool is completed at key stages of the intervention: initial meeting, three monthly review points and completion of support, which allows for comparison over time and provides a participant endorsed indication of change. While not a diagnostic or predictive measure, it offers a consistent framework for understanding participant progress and identifying areas of improvement across the cohort.

A narrative inquiry approach was taken, exploring the way women participating in Flawsome have engaged with the programme, and their outcomes. We adopted a ‘storyteller’ method, creating a narrative to represent the case notes and Hexagon outcome measure data collected for each participant and drawing together the different data sources available for each woman to reflect their journey [32], [33].

The principles of ideal-type analysis were drawn upon, where broad patterns or ‘types’ are identified within qualitative datasets to group participants with key similarities in their experiences, feelings or behaviours [34], [35]. ‘Ideal’ refers to ‘idea’ rather than ‘perfect’ in this context. This type of analysis aims to bridge the gap between single case study exploration, which may lead to an overestimation of the individual case material, and cross-case approaches which risk losing person-specific information when cases are aggregated.

This was supplemented with focus groups and interviews involving 7 women accessing Flawsome support; 3 volunteers; and 3 professionals (two employees of SFHfG and one working in Children’s Services in the local authority) to explore key facets of the programme. Researcher notes from the interviews and focus groups were analysed narratively in combination with the case notes analysis.

The insight from the qualitative analysis is combined with quantitative analysis of changes seen in scores for outcome measures used by the programme, and with an exploration of costs saved by the programme.