



Side by Side:

An Evaluation of the Restorative Practice Family Model & Impact at CUBE

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Art by a young person who engages with Side-by-Side capturing what the project has done for them – helped them rise from the flames, like a phoenix

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Introduction

A series of engagements facilitated by Higher Plain Research and Education Ltd was carried out with the whole community of CUBE, supported by CUBE team members where appropriate to ensure the discussion space felt safe and known to those taking part. The facilitation took place over a two-day period on the 12th and 13th of July, 2023. The agreed idea behind this process was that depending on the themes found within these discussions and narratives CUBE would then develop a project proposal to meet the needs (if any) of these community members.

A report was written for CUBE by Higher Plain Research and Education Ltd providing an overview of the engagement process and an analysis of the themes from the 18 different focus groups and informal interviews over the two days. This analysis provided some clear insights for potential new projects and needs going forward for CUBE and following a discussion with the Chief Executive of CUBE, who had also had

discussions with the two directors of CUBE it was suggested that there were three projects / needs that should be developed. One of the suggested projects for commissioning was an in-depth evaluation of the Side-by-Side Family model that CUBE developed and use. The Side-by-Side model used at CUBE is a whole-family restorative practice approach.

The CUBE team felt that there was a need to support greater understanding of the impact of their restorative approach to practice and if high positive impact was captured then the team believed that there was an ethical and professional obligation to share this with the wider Social Work, Youth Justice, and wider Criminal Justice Service. The team at CUBE were confident that the model worked well and had high impact and could see how this model could be used more widely, both within the Barry locality and further afield within a Welsh and UK context. This report is an independent review which offers the objectivity in evaluating the Side-by-Side model of restorative practice and the level of impact it has on families that engage with it.

The evaluation of the impact of the Side-by-Side model

The evaluation of the Side-by-Side provision and model of practice started in September 2023 and was completed in April 2024. This report captures the findings and analysis and discussion from the evaluation and research process. The methodology of analysis used both qualitative and quantitative approaches utilising a myriad of mixed methods including; historical data available from CUBE, data from another project evaluation by CASCADE, personal well-being measurements, and a blend of informal interviews, whole family focus groups, and mixed family focus groups. The approach engaged with families who have engaged with CUBE and Side by Side previously and those that are currently engaging and being supported by the project. The evaluation ensured that within a family context the lived experiences of children and both parents will be captured where ever possible.

The outcomes of this research is this in-depth report and has three main purposes:

- 1) To have the Side-by-Side model of practice and impact on families who engage with it independently evaluated;
- 2) To disseminate the findings and model of practice widely across networks and professional / academic organisations / institutions to support the development of knowledge, practice, and skills in restorative family focused practice;
- 3) To support the future development of the Side-by-Side model of practice in other localities and support organisational growth of CUBE.

This evaluation and impact report also contains definition and discussion of the Side-by-Side model of practice using both focus group data with CUBE practitioners and a section of writing from the CEO of CUBE and creator of the Side-by-Side mode of practice.

To date CUBE has worked with 30 families over the last 2 years. This report captures the experiences and outcomes of 20 families and the experiences of CUBE practitioners over the last 12 to 18 months.

Executive Summary

Overview

This report offers an in-depth evaluation and analysis of the Side-by-Side whole family restorative practice model that CUBE uses to support families in the Barry community in south Wales.

The evaluation of the Side-by-Side provision and model of practice started in September 2023 and was completed in April 2024. This report captures the findings and analysis and discussion from the evaluation and research process.

The methodology of analysis used both qualitative and quantitative approaches utilising a myriad of mixed methods including; historical data available from CUBE, data from another project evaluation by CASCADE, personal well-being measurements, and a blend of informal interviews, whole family focus groups, and mixed family focus groups. The approach engaged with families who have engaged with CUBE and Side by Side previously and those that are currently engaging and being supported by the project. The evaluation ensured that within a family context the lived experiences of children and both parents will be captured where ever possible.

This evaluation and impact report also contains definition and discussion of

the Side-by-Side model of practice using both focus group data with CUBE practitioners and a section of writing from the CEO of CUBE and creator of the Side-by-Side mode of practice.

To date CUBE has worked with 30 families over the last 2 years. This report captures the experiences and outcomes of 20 families and the experiences of CUBE practitioners over the last 12 to 18 months.

Summary of Findings

The Side-by-Side model is an approach that focuses on the whole family using restorative practice to support all individuals within a family and understands the value and importance of keeping families together, whenever possible and appropriate.

The model of practice supports complex needs and it is an early intervention and prevention support service based within the community. CUBE as an organisation is community serving and community led and the Side-by-Side project also uses co-production. The Side-by-Side model has been created on the understanding that inclusive and empowering services use shared decision-making as a process so that individual and family needs are met appropriately and inclusively.

It is not over-stating the findings of the evaluation that it has literally saved lives and protected families from greater risk and harm. The work of the practitioners at CUBE have stopped, not simply the breakdown of families, but empowered children and adults within families, and as a whole family unit, to feel more connected and empowered and much better able to support themselves and their family.

It is also the case that the work of CUBE has meant that families also feel greater connection to their community and are more confident in their wider social worlds such as school, work, and when dealing with the day to day of life.

The Side-by-Side model of practice is complex and takes practitioners with high expertise to be able to facilitate it. CUBE practitioners also have lived experiences that are similar to the families they are supporting and this has been captured as another powerful element in the way they offer their restorative practice.

Applicability of Side-by-Side to Policy and Practice

In relation to how the Side-by-Side model of practice could be used in the future then it is obvious it has powerful applicability to the wider policy and best practice contexts in England and Wales.

Indeed, the Side-by-Side model offers high resonance to the family focus within Social Care and Social Services (Social Services and Well-being, Act 2014) and the focus of early intervention and prevention within a VAWDASV strategy (2022) context. There is also high alignment to the objectives and themes set out in the Well-being of Future Generations Act (2015). The way that Side-by-Side supports children and young people means that it also offers high potential for use within the Youth Justice Service because it uses a 'child first' approach as outlined as core good practice by the Youth Justice Board (2024). This report also has illustrated how Side-by-Side supports the vision and approach of the Wales specific Youth Justice Blueprint (2019).

Across all of the discussed policy and practice contexts in this section there is a 'golden thread' and that is the need for Trauma-Informed Practice as identified by ACE Hub Wales and Traumatic Stress Wales in their framework (2022) and the Side-by-Side approach also powerfully embodies this as a bedrock of their practice.



Recommendations for Future

Following this evaluation report the following recommendations are suggested:

1. To disseminate the findings of this report to appropriate professional and academic networks and forums
2. Explore partnership and or a new project within the Youth Justice Service where the Side-by-Side model could be piloted
3. Increased funding for CUBE in Barry to increase and develop workforce to offer more family support using the Side-by-Side model of practice
4. Development of other locations for the Side-by-Side model of practice
5. Larger scale research project using a comparative analysis with a locality that does not use the Side-by-Side model
6. Development of an anti-racist action plan and strategy for CUBE to meet this unknown need within the Barry community

Review of the Literature

The main aim of this review of the literature is to provide a brief and concise understanding of restorative approaches to supporting families within social work, criminal justice, and community practice contexts. The review will also discuss and outline what is currently viewed to be the core principles and processes of a restorative approach within the available evidence base, which is still emerging and quite limited in both breadth and depth.

To achieve this the review will include discussion relating to predominantly restorative practice, restorative justice, and restorative approach but will also include closely aligned practices and terminology including; strength-based approaches, and whole-family intervention.



Defining Restorative Practice and Approaches in Social Work and Community Practice

Restorative Practice (RP) is an area of interest that is included under the umbrella of social sciences (International Institute for Restorative Practices, 2023). The literature relating to RP has grown steadily in the last 20 years (Zernova, 2009). Restorative practices studies explore how to build positive relationships between people and enhance community connectedness. (International Institute for Restorative Practices, 2023). The core principles of RP are to support connection, dialogue, address conflict and repair harm and support empathy and people taken responsibility for their actions. Restorative practices have been used in a wide range of settings including; education, social work, criminal justice and family therapy. (Abrams, 2023). Williams and Segrott (2018) also highlight how RP has been used commonly within community settings with Māori, Native American, and aboriginal people for hundreds of years and that this acknowledgement is important.

RP has strong links to Restorative Justice (RJ) and they are terminologies that, by some, are used inter-changeably and it is fair to state that they certainly encompass similar principles, values, and process. It could be argued that the difference between the two is that RP can be used outside the context of the criminal justice system, whilst RJ is used within criminal justice contexts and settings. Indeed, RJ has been widely used within the criminal justice service since the 1970's (Rossner, 2017). In 2014 the Ministry of Justice in their action plan defined RJ as:

'the process that brings those harmed by crime, and those responsible for the harm, into communication, enabling everyone affected by a particular incident to play a part in repairing the harm and finding a positive way forward (2014: 3).'

Ultimately, both RJ and RP aims to support forgiveness and reintegration into the community and towards rehabilitation for those that have caused harm. Van Wormer (2003) highlights how RP is a useful approach within social work practice because it aligns to the important value and ethical need to have social justice and meaningful participation and decision-making for all people involved within social work. The All-Party Parliamentary Group (APPG) (2022) agree and add that RP can only be termed as such if it aligns to social work values and principles and has inclusive and strength-based practice at its core.

In relation to RP within a social work context van Wormer (2003: p442) proposes that the aim of practice should be how to best repair any harm caused for all, so there is: "justice for the individual offender, the victim, and the community." Van Wormer concludes that the primary aim of social work is to support human well-being especially for those that are vulnerable, oppressed and in need of the opportunity for empowerment. Dodzro (2023) also offers a powerful notion (albeit in relation to Black gang members) that a more humanistic approach to Restorative Practice (RP) is needed in criminal justice settings where it is the consensus to accept that a person can be both a perpetrator and a victim; and that trauma informed practice is needed to support both identities.



The APPG (2022) add to this discussion and propose that RP should be the new way of practice and in doing so

practice needs to move away from the blaming and shaming of more traditional social work practice.

The APPG (2022) conclude that such a development would offer a practice that gives a voice to all stakeholders in an inclusive, transparent, and open way. Such a RP would be focused on developing healthy relationships with children and families where there is a culture of empowerment, shared power, and ownership over decision making with children and families. The APPG (2022) that investigated the present practice and impact of RP in education, health, and social care settings found that there were significant benefits, not least placing the people inclusively and humanistically at the centre of the process. APPG (2022) found that current practice within a UK context seems to focus on Family Group Conferences (FGC) where children and the wider family are supported in a solution focused way to be central to decision making in supporting the care, protection, well-being, and future of the child and the element of choice and control is the significant factor in its success.

Fay-Ramirez (2016), within a criminal justice setting, albeit in an American context, found that the stigma created within family treatment courts with the use of labelling including: 'bad parent', 'addict', and 'offender' caused damage to parents and did not support ongoing rehabilitation and recovery. Indeed, when RJ was used focusing on positives at both the beginning and the end of a review hearing it 'uncoupled' the parent from the 'deviant act' and in doing so reduces stigma and offers positive praise and reinforcement to the parent in court and is part of the restorative process and supports personal growth (Fay-Ramirez, 2016).

Fay-Ramirez (2016) also found that reconceptualising a mistake or relapse not as a 'violation' but an opportunity for learning and education is a more positive and powerful tool for change. In this RJ approach if a parent relapses and takes substances again they accept responsibility for their actions whilst

also engaging with a process where the parent tries to understand why they relapsed and work alongside the support practitioners to also understand this so support can be further developed to meet their needs. There is also the owning of responsibility and accountability for own actions and behaviour, as well as understanding that the consequences are not about 'deviant' behaviour but more importantly about impact on children in the family; one of the examples was how a parent was asked to write to their children apologising and explaining why they had taken substances again. Within the need for taking responsibility and understanding the consequences of behaviour there was also a strong emphasis on shared and joint decision making where the parent takes ownership over their own recovery and rehabilitation and importantly the ongoing care and support of their children. It was found that when there was this inclusive approach to decision making it supported parents to believe and commit in the course of action and still feel like they are parenting (even if not in custody of their children) and an active part of their family supporting more effective outcomes if and when social work support was withdrawn.

Williams and Segrott (2018) use the term 'Restorative Approach (RA)' which they argue is part of the wider RP and RJ terminology and theory often used within criminal justice settings, but is also distinct. A Restorative Approach has the same aim and purpose of repairing harm (as RP and RJ) through

a focus on building better relationships between those involved as opposed to more punitive measures (Williams, 2019).

Williams (2019: p556) states that a RA seeks to resolve harms and follows a defined 'set of core principles: collaboration, fairness, voluntary participation, respect, honesty, trust, safety, and non-discrimination; accessibility values which determine the nature of restorative work regardless of the settings it is used in.' Williams (2019) also acknowledges how a RA does adhere to the Restorative Justice Council's (2015) six core principles that must be present for practice to be considered Restorative Practice, and these are:

- 1. Restoration** - the primary aim of restorative practice is to address and repair harm..
- 2. Voluntarism** - participation in restorative processes is voluntary and based on informed choice.
- 3. Neutrality** - restorative processes are fair and unbiased towards either participant.
- 4. Safety** - processes and practice aim to ensure the safety of all participants and create a safe space for the expression of feelings and views about harm that has been caused.
- 5. Accessibility** - restorative processes are non-discriminatory and available to all those affected by conflict and harm.
- 6. Respect** - restorative processes are respectful to the dignity of all participants and those affected by the harm caused.

Williams (2019) proposes that a RA can be used within community and organisational contexts and can operate on two levels. The first level is using a RA as the standard model of practice for improvement and the second is to use RA to respond to issues and challenges as they arise; however, both explore solutions to a problem or set of problems and does not focus on or label a person as the problem. Williams and Segrott (2018) pulling from the work of Hopkins (2009) found that RA when implemented in the community produced useful practice outcomes across a variety of settings including; schools (Lloyd et al., 2007; McCluskey, 2018; and McCluskey et al., 2008); children's residential homes (Willmott, 2007); and in community practice (Fives et al., 2013). Williams (2019: p556) explains how RA utilises a reflective approach where 'restorative questions' are asked such as 'What happened? What were you thinking/feeling? Who has been affected & how? What do you need for harm to be repaired? What needs to happen now to make changes?' The aim of such questions are to explore multiple experiences, increase understanding and increase empathy and develop solutions to unwanted experiences and situations. RA have been found across the research to increase positive communication, improved learning, support people taking greater



responsibility, increasing empathy, support increased cohesion and reduce conflict, and diverted people away from the criminal justice system (Williams and Segrott, 2018).

Important within the context of this review and for this report is the work of Williams et al (2022) who researched CUBE and explored the development of CUBE's service model with subsequent interest in how the model was then implemented and received.

Williams et al (2022: p4) describe CUBE's underlying vision and aim that 'the community should feel empowered by the organisation's activities, support and attitude.' CUBE's model of RP, like those discussed previously in this review, place an emphasis and belief that individuals and families are experts of their own lives and so services are developed and delivered in respect of this. CUBE seeks to build relationships with respect, where people are listened to and 'can identify, provide and access support that meets individual and family needs.' Indeed, Williams et al (2022) highlights how CUBE even involves their community in the management of the organisation to further embed community ownership and decision making. The report by Williams et al (2022: p30) concludes that CUBE embraces and embodies a restorative practice approach in their work and therefore focus on 'communication; participation; understanding; empathy; collaboration; and solution focused goal setting' whilst using a co-production model of practice so there is 'understanding the community, identifying and prioritising local needs and designing the CUBE centre and the services it provides.'



A Rose by another name: Differing terminology and models of practice

Although the term 'restorative' is not used within Gatsou et al's (2017) research on the potential of using a whole-family intervention to improve outcomes for families where a parent has 'Parental Mental Illness' (PMI), the core approach and values certainly align to restorative practice. Gatsou et al (2017: p388) highlight a strong focus on 'structured tools' for use by social workers and support services with families where there are positive impacts on all members of the family. The research found that by improving 'family communication, understanding, and relationships' and removing the stigma and un-needed feelings of shame over experiencing negative mental health it supported mediation of the 'symptoms for the ill parent, the burden on children and (increased) overall family well-being.' Gatsou et al (2017) argue these findings are important because the incidence of families in the UK where a parent has a PMI is high at 10% and up to 28% for single parent families. Nicholas et al (2024) further add context and highlight how PMI and family poverty are an increasing public health challenge in the UK. They highlight that adult mental health is worsening whilst child poverty is increasing with one in three children in the UK now living in poverty (Sinha et al, 2020) and over 50% of children experience a parent with a PMI by the time they are 16 (Abel et al, 2019). Nicholas et al (2024) conclude, whilst using their research and wider supporting evidence, that children in families that experience a parent with PMI and live in poverty are significantly more likely (up to four to six times) to develop socioemotional issues. Gatsou et al (2017: p396) conclude their paper by proposing that a whole family approach that reduces the stigma of mental illness, develops 'trusting open relationships and facilitating communication, confidence and self-esteem' is essential and that 'services need to be grounded in the wishes of family members themselves, and lend support to the voluntary and family-led nature of the programme.' Therefore, with the evident

mental health and poverty crisis in daily family life in the UK it suggests that a whole family approach to supporting children and parents is needed and that the approach advocated by Gatsou et al (2017) is a useful and effective one that seems to be grounded in the key elements of restorative practice as defined within this review.

Another useful study is by Devaney et al (2023: p481) regarding the use of Strength-Based-Practice (SBA) with children and their families. Devaney et al (2023) synthesise the literature and define SBA as a process that assesses 'the strengths and resources that are present in an individual, family and community and to build on these strengths and resources in order to prevent or resolve problems or difficulties.' Like restorative approaches (RA, RJ, RP) SBA works on the premise that people are experts in their own lives, and that through appropriate support and reflection a problem-solving approach can be developed for each person, family, or community to support growth and development. There is a notable emphasis on sharing power in the professional relationship and developing positive relationships are key to personal development. Indeed, Devaney et al (2023: p482) states 'there is a growing acceptance of the importance of positive relationships on well-being, ability to cope, social connections and experiences of belonging.' Devaney et al (2023) concludes that using an SBA builds strong professional relationships with young people and their families by ensuring the relationships are built on respect, choice, and honesty where decision making is shared and support builds on the strengths of people and supports the development of skills, aspiration for the future, and the belief that they are taking responsibility for their own lives. Again, although not labelled as restorative, the parallels of values and professional practice process is clear and worthy of noting in this review and the APPG (2022) argue that without the use of 'strength-based practice' then an approach cannot be called RP.

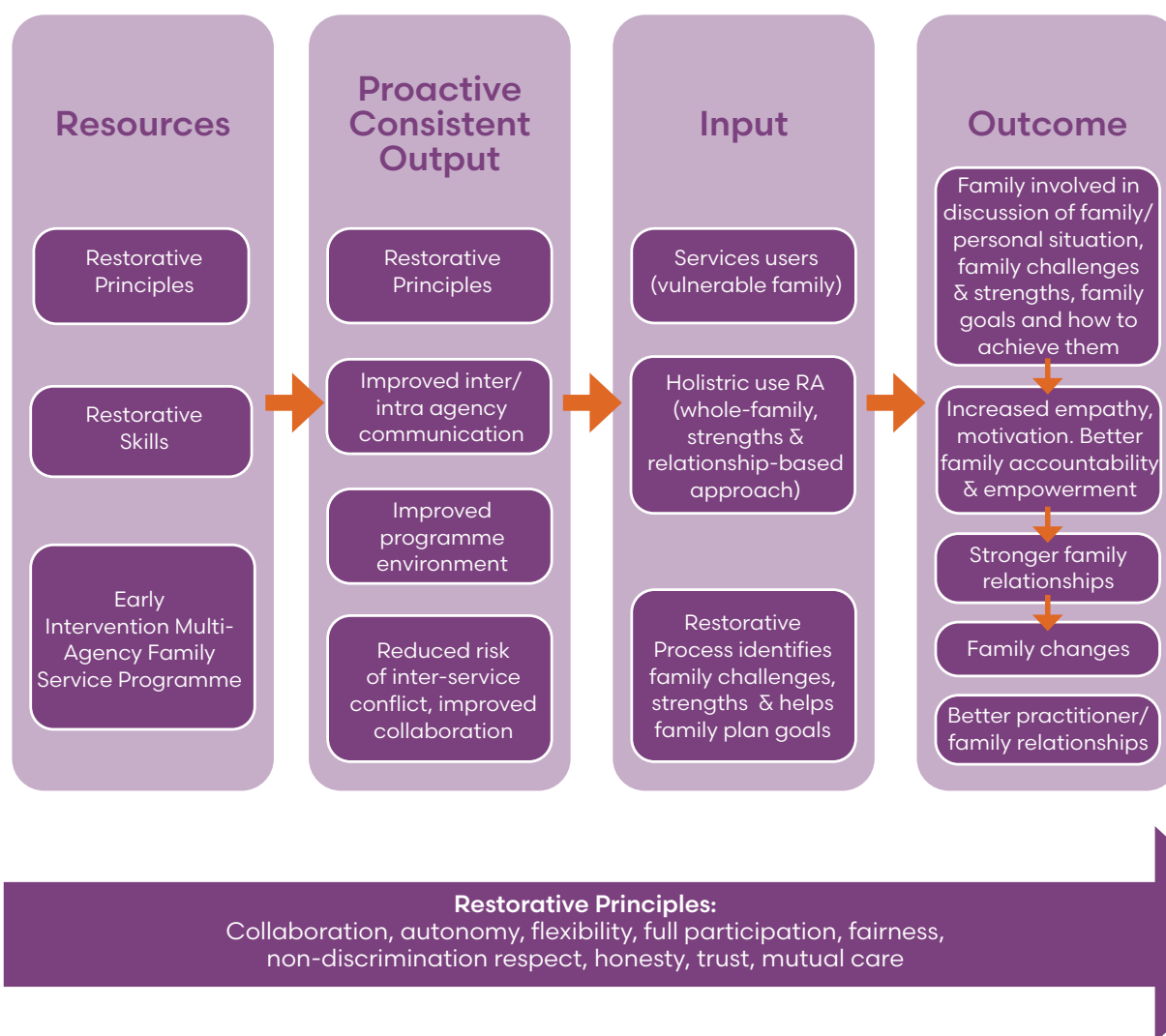
These two examples from the literature are not exhaustive and the remit and focus of this report is not to offer a systematic review but rather to give context to the research of Side-by-Side and their model of RP. However, the inclusion of these two studies does illustrate that there are a number of different labels and models of practice that approach family work

in restorative ways. It is therefore worth noting that there needs to be more work in this area to better understand the variety of such models that align to RP so a more complete knowledge and practice base is obtained to support the ongoing development of RP.

Developing a clearer understanding of Restorative Practice

The APPG (2022: p6) highlight a concern that greater understanding is needed on what RP actually is and what good practice should look like, because if not 'there is a risk that 'restorative' just becomes a buzz word for anything that is positive and a greater risk that it becomes so watered down it is meaningless. A similar diagnosis has been offered from Williams and Segrott (2018) who acknowledge that within early intervention family focused contexts RA is still a fairly emerging approach with limited understanding of practice and impact and a lack of a clear theoretical framework. In respect of the work of Gatsou et al (2017) and Devaney et al (2023) above it is also clear that there is practice going on that does not use the 'restorative' terminology when perhaps it should.

This review agrees with both the APPG (2022) and Williams and Segrott (2018) and found that earlier research and literature tends to focus on RA/RP that uses offender mediation and family group conferencing (FGC) with a youth focus within a family approach (Pennell and Burford, 2000; van Worker, 2003). Williams and Segrott (2018) also found the literature on RA within family approaches scarce with poor empirical research used to evaluate projects and practice. Poor quality evaluation has meant it is difficult to effectively assess and evaluate whether RA interventions in family support services and wider social care and work have previously been effective (Barlow et al., 2012; and APPG, 2022) and or how to develop and learn from practice (APPG, 2022). Williams



(2019: p557) has adapted the work of Williams and Segrott (2018) and offers a visual model of what RA should look like within family service provision and this is captured above.

Williams and Segrott (2018) highlight how Save the Children (2010) have called for governments to mostly fund and support evidenced based practice where interventions are effectively and scientifically evaluated so that trustworthy and reliable learning is gained. Clarke et al., (2019) agree more scientific rigour is needed when evaluating interventions within health contexts, as does the APPG (2022).

However, Williams and Segrott (2018) highlight a duality to this argument where on one hand there is a need for more quality research to support knowledge and application of effective RA within family service contexts but to start to achieve this you then have to use previous interventions and approaches that are based on poor quality research and have a limited understanding of what and how an approach

might work (also highlighted by Merkel-Holguin and Marcynyszyn, 2015). This 'catch 22' has obvious moral and ethical considerations when working within sensitive real-world contexts with people and families in need of effective support.

APPG (2022) also discuss that for the positive and successful implementation of RP it will need strong leaders with a vision that can lead whole system change and develop a new culture throughout an organisation. The report also highlights how RP needs dedicated project leaders to support operational and practice implementation and support of practitioners.

Williams and Segrott (2018) propose that what is needed due to a lack of research and effective evaluation of RA is an analysis of the theoretical foundations of RA and how they might 'map onto' existing theory and practice for early intervention work with families. They (sic) argue that this would provide a useful lens to consider RA's potential to improve multi-agency work in early family intervention services. APPG (2022)

offer similar analysis in respect of RP and found that there is little formal research and that what is available lacks conclusiveness on whether RP was the central agent of change due to being used in conjunction with other practices and approaches. They (sic) also highlight how measuring RP is currently problematic as there are no clear guidelines or criteria on how to measure impact or what impact measurements could or should be used.

Certainly, understanding RA more clearly is important, especially when reflecting on the powerful impact it can have as captured by the APPG (2022: p6):

“When fully embedded, restorative practice is transformative.

Restorative practice has the potential to influence a change in culture and practice in Children’s social care and more widely to one that consistently works with children and families, places emphasis on building and maintaining positive relationships, and sees that family networks themselves are a valuable resource in helping children remain safely at home and avoiding a need for them to enter the care system.”

APPG (2022: p14) found that in their research social workers and service users proposed a number of ways and possible criteria for measuring the impact of RP and these include data relating to:

- Children requiring statutory intervention from children’s social care and therefore social work caseloads
- Children entering and leaving care
- Children on Child Protection or Child in Need plans
- The number of looked after children reported to the police for incidents within care homes
- Adherence to plans
- Re-referrals for safeguarding or domestic violence
- Missing incidents
- Staff retention, sickness and absence
- Complaints from service users and grievances from staff received

- Qualitative understandings from social workers including; their assessments, case notes and formal reports
- Case studies and children and family feedback
- Whether a meeting or plan is collaborative/ owned by the service user/ includes the service user’s voice/ places emphasis on the service users’ wishes
- Hearing the service user voice, including in focus groups
- Better emotional literacy, greater problem-solving abilities for service users
- Social worker confidence
- Listening skills of staff
- Improved relationships
- Better future life opportunities for service users

The decision-making to develop an appropriate evaluation of the Side-by-Side model of practice was mindful of this research by the APPG (2022) and ensured that a number of these approaches were incorporated into the evaluation design including:

- Qualitative understandings from social workers including; their assessments, case notes and formal reports
- Case studies and children and family feedback
- Whether a meeting or plan is collaborative/ owned by the service user/ includes the service user’s voice/ places emphasis on the service users’ wishes
- Hearing the service user voice, including in focus groups
- Social worker confidence
- Listening skills of staff
- Improved relationships
- Better future life opportunities for service users

Approach to Evaluation & Research

The methodology of analysis used both qualitative and quantitative approaches utilising a myriad of mixed methods including; historical data available from CUBE, data sets developed by Williams et al (2022) from the CASCADE research team at Cardiff University, ONS4 personal well-being measurements, and data relating to referral entry and family needs. The qualitative approach utilised was a blend of informal interviews, whole family focus groups, and mixed family focus groups. The Side-by-Side model of practice has also been included in this section of the report and was written by the creator of the model and CEO of CUBE. Family case studies have also been included and these have been written by the Side-by-Side CUBE practitioners and then minimally edited by the report author to align to the style of the overall report.

The evaluation approach engaged with previous families who have engaged with Side-by-Side and those that are currently engaging and being supported by the project. The evaluation will ensure that within a family context the lived experiences of children and both parents will be captured where ever possible. The evaluation will also gain understandings from the CUBE practitioners on their lived experiences of the project within a focus group setting.

To date CUBE has worked with 30 families over the last 2 years. This report captures the experiences and outcomes of 20 families and the experiences of CUBE practitioners over the last 12 to 18 months

Real-World and Value Based Evaluation

A hybridity of methods was used for this evaluation to offer a realness and trustworthy understanding of CUBE and their Side-by-Side approach and the impact it has on the families and individual family members. This was no linear task and indeed, as with a lot of real-world research it can be 'messy.' However, as Sakata (2023) emphasises, the

need to embrace such 'messiness' in mixed methods research is needed to effectively share the full depth and understandings of real-world research. Indeed, Sanscartier (2020: p53) describes the ability and need for social researchers using mixed methods to develop a comfortableness with such messiness and non-linearity and has coined the approach as utilising a 'craft attitude' where the researcher embraces all of this and views the research as storytelling. The power of supporting a storytelling approach with social work and criminology has long been accepted as a liberating and empowering process where people feel included not researched on (Sandberg & Ugelvik, 2016) and particularly needed when conducting research with vulnerable communities (Gordon, 2020) who deserve and need for their voices to be heard, as they are so often neglected and unheard (Sim & Waterfield, 2019).

The outcome of this research was to have an in-depth report that will be used for three main purposes:

1. To have the Side-by-Side model of practice and impact on families who engage with it independently evaluated
2. To disseminate the findings and model of practice widely across networks and professional / academic organisations / institutions to support the development of knowledge, practice, and skills in restorative family focused practice
3. To support the future development of the Side-by-Side model of practice in other localities and support organisational growth of CUBE.

This research utilised a methodology and approach that was aligned and illustrative of some of the core values of the project itself, namely to be inclusive and empowering, and really listen to the lived experiences and narratives of the families who engage with it, as well as the CUBE practitioners who are such an integral part of the Side-by-Side model of practice.

To have not achieved such a design would have been unethical and at odds with this whole-family support service and ineffective in supporting the remit and aims of CUBE. The ethical guidelines used to inform this research were from the British Society of Criminology (2015) which are respected and used within criminology research in the UK.

Essentially, the methodology used in this research ensured that there was little to no risk of causing harm to any person involved. The researcher for this project made sure that there was clear informed consent and that all participants remained anonymous and were aware of the right to withdraw from being a participant in the research at any time. All participants where possible will be engaged with, following the publication of this report, and the impact, findings, and recommendations for future practice will be shared both verbally with the families and in writing with printed copies of this report being available to them.

Social Science and Criminology research rightly has a growing commitment to more ethical and inclusive research approaches and this project embodies this by ensuring the research was 'with' people not simply 'to' them. To achieve this a supportive and open environment was created that supported the time for 'storytelling' by all those who discussed their experiences so they felt listened to and really heard (Sandberg & Ugelvik, 2016). The space to have such open discussions and not control the dynamic offered a strong element of 'sharedness' in the process and supported needed feelings of comfortableness (Knott et al, 2022), deeper reflection on experiences and a fuller understanding of lived experiences, challenges, and personal growth (Farell et al, 2021). Using a storytelling approach not only supports deep layered understandings of experience it is also agreed to be a particularly powerful tool for supporting vulnerable groups to feel comfortable and confident to speak when facilitated effectively (Gordon, 2020).

The methodology of supporting deep conversations therefore also supports the aims and objectives of the CUBE because deep discussion and reflection offers the opportunity for deep and transformational learning. Zimmerman (2013) defines transformational learning as when someone, through their storytelling identifies their own learning, new identities, future directions, and even reimagines previous experiences in new positive ways. Indeed, such approaches clearly offer the opportunity to build strength in a person and Dybicz (2011) labelled such approaches as a 'strength-based approach' to research.

Indeed, when focus groups are facilitated effectively, those who engage feel heard, respected and valued but they can also provide

valuable opportunity for such vulnerable and disempowered voices and experiences to be heard more widely to those in power and those who make decisions on provision, policy, and practice (Hall et al, 2023). In this way the use of storytelling and group discussion in this research will support the process of empowerment at a personal level with increased self-agency for those involved (as explained above) and at a structural level when this research is disseminated to those in power positions and the wider Social Work, Youth Justice, and allied criminal justice services by using this report as a basis for this work.

Informal semi-structured focus groups or interviews were the main two methods chosen for listening to the experiences of those supported by the Side-by-Side Project and these were facilitated with families, parents, and CUBE practitioners. The 'main' focus of the project was the lived experiences of the families because as emphasised above, such vulnerable groups do not often have appropriate opportunity or support in having their voices to be heard (Sim & Waterfield, 2019).

This research used a Grounded Theory Framework which is an approach often used, in what can be described as 'real-world' research, where the desire and need is to develop and or test current / new theory, knowledge and practice (Denscombe, 2014; Harris, 2014). A grounded approach uses ongoing comparative analysis between the research data and the wider literature to ensure an evidence-based process that also listens to those who are part of the research and in this way is both inductive and deductive in its approach (Moretti et al, 2011) Busetto et al (2020) captures this well and describes a process where the literature is used deductively to shape and guide the main themes already known within the literature but by ensuring there is informality and flexibility to support inductive direction of focus group discussion where members have the freedom to express themselves as they are the experts in their experiences. This approach was also chosen as it supports the development of knowledge regarding the Side-by-Side model of practice whilst aligning well to the values and ethos of the CUBE project of supporting members of the project to have their voices heard and to direct and shape the learning and recommendations from the evaluation. In this way this research utilised a flexible grounded theory approach with 'theoretical sensitivity'

as we were aware of the literature and past research but we supported all family members to speak for themselves so we could create new credible and trustworthy understandings and applications to future practice (Denscombe, 2014).

During this research a mixture of focus groups and informal interviews were facilitated with the people and families who were or are supported by the Side-by-Side model of practice. In total nine families engaged with a focus group or informal interview with a total 22 people engaging during this process including parents and children.

Well-Being Capture and Measurement

The quantitative method for this evaluation is a personal well-being measurement approach used by the Office for National Statistics (ONS, 2018). The ONS measures personal well-being using four measures (often referred to as the ONS4), which capture three types of well-being: evaluative, eudemonic and affective experience. This measurement is useful for comparative purposes because it keeps up to date data on the UK population as a whole and for specific regional areas, including Wales. What works Wellbeing (2020;2021) also found the ONS4 a useful and accurate measurement tool for capturing personal well-being for both children and for adults and has been used successfully within social care settings. Therefore, the ONS4 has useful applicability to analysing the well-being of families that access the Side-by-Side provision.

The ONS4 measures ask people to evaluate how satisfied they are with their life overall, asking whether they feel they have meaning and purpose in their life, and asks about their emotions during a particular period. These measures of personal well-being asked people to assess each of these aspects of their lives and so CUBE also did this. These measurements were taken at the start of engagement with the Side-by-Side project and after 10-12 weeks of engagement, with some variance due to engagement times with the project.

Please see below for an overview of the personal well-being measures that the ONS use in their research.

| Measure | Question |
|-------------------|---|
| Life Satisfaction | Overall, how satisfied are you with your life nowadays? |
| Worthwhile | Overall, to what extent do you feel that the things you do in life are worthwhile? |
| Happiness | Overall, how happy did you feel yesterday? |
| Anxiety | On a scale where 0 is "not at all anxious" and 10 is "completely anxious", overall, how anxious did you feel yesterday? |

Source: Office for National Statistics

Table 2: Personal well-being thresholds

| Life satisfaction, worthwhile and happiness scores | | Anxiety scores | |
|--|-----------|-------------------------------|----------|
| Response on an 11 point scale | Label | Response on an 11 point scale | Label |
| 0 to 4 | Low | 0 to 1 | Very Low |
| 5 to 6 | Medium | 2 to 3 | Low |
| 7 to 8 | High | 4 to 5 | Medium |
| 9 to 10 | Very High | 6 to 10 | High |

Source: Office for National Statistic

Within the focus groups and informal interviews, the project also used the CHIME framework as a thematic tool to guide discussion as well as other key themes found within the wider restorative practice literature. The CHIME elements discussed within the focus groups and informal interviews will explore how members experience and feel about the: Connections in their life, their Hope and optimism, their Identities, the Meaning they have in social roles and mental health, and also their experiences of choice, control, and Empowerment (Please see below image of the CHIME framework).

This mixed approach will support an understanding of the well-being of the families in relation to the wider UK and regional population and support the families to engage with, discuss, and be heard about how they feel and experience their well-being. In this way the

focus groups and informal interviews also act as a reflective tool hopefully illustrating personal and community growth due to engagement with the project; and this support the projects overall values and aims of increasing self-agency.

The CHIME framework for personal recovery



Leamy et al. 2011

Analysis and Discussion

This analysis and discussion section of the report will firstly outline how CUBE defines its own Restorative Practice approach, called Side-by-Side. To achieve this, it will share a written overview by the creator and owner of the model and CEO of CUBE, Tammi Owen. To further support and add context and experience of delivering a restorative approach using the model, the main themes discussed from across the practitioner team during a focus group will also be captured and presented. How families refer and gain access to the Side-by-Side service will also be covered to illustrate some of the complexity and challenges that families experience upon entry to this support.

The second part of this analysis and discussion section will contextualise the findings and powerful narratives that families shared during focus groups and informal interviews. Firstly, this will be achieved by using the CHIME framework as a lens to contextualise the discussions on individual and family well-being with support from some of data that the CASCADE project captures for CUBE. This section will also use the ONS4 data captured with parents that accessed the parenting group and those that received Tier 1 to Tier 3 support, both of which are part of the Side-by-Side model of practice. This offers a measurement of 'distance travelled' for well-being for those that engage with Side-by-Side and this will also be discussed in relation to well-being of the general population in Wales using the Office for National Statistics publicly available data. This section will then turn its focus to 'pulling out' and highlighting what families believe and feel Side-by-Side does for them to support individual and family growth and recovery and how they achieve this 'with them.'

Finally, case studies written by the CUBE practitioner team will also be included here to reflect and share the complexity of the whole-family approach at all tiers; tier one, two, and three respectively. The case studies have been slightly edited by the author of this report to support overall style and read of the report.

CUBE & Defining their Side-by-Side Model of Practice

To ensure that CUBE's restorative approach is accurately defined the CEO of CUBE was asked for their summary and overview of their Side-by-Side model ©. This is how Tammi Owen defines and describes Side-by-Side:

Side by side is an early intervention programme that's been created by a psychotherapist and restorative approaches complex case practitioner Tammi Owen, using a blend of restorative approaches ethos, questions and language with mentoring training for families programme called family by family which was developed by TACSI (2024).

CUBE received mentoring training by TACSI and afterwards took elements of their mentoring programme and CUBE's restorative approaches services for families. By bringing people together to focus on their own outcomes by developing CUBE's whole family service called Side by Side.

What is a restorative approach and CUBE ethos?

Restorative approaches are a way of being / how we work together and more importantly how the solution is found within the person.

CUBE has expertise in what we deliver but the true experts are the families themselves. Positive and embedding learning has been found to last when individuals and families find their own solutions with tools and techniques to manage their own thoughts, behaviours and developing their own outcomes. Side by side module of support is to enable and empowering future change and look to equip the whole family by building resilience, bringing the whole family to achieve change together and help identify what works for them for any future problems.

CUBE believes that people, families, and communities are at the heart of everything we do.

The ethos of CUBE and our whole family service Side by Side is that people are the experts in their own lives and CUBE is here to facilitate meaningful changes that the family wish to make.

When families or individuals access support what does that mean as a restorative whole family support.

Here at CUBE each conversation is based on a restorative approach language and framework an example of questions used by our mentors and facilitators can be found in Appendix I.

To refer to our programme Side by Side all we ask is that there are 2 or more individuals that want to come together to resolve a problem or issue. A family doesn't have to live together if people are willing to work together to either move on after harm or feel ready to make changes that's needed to benefit each other. There needs to be a willingness to work together for possible 6 months with options for families to receive training to become side by side mentors for other future families. Families will be supported at different times by a community mentor and a CUBE support worker depending on which tier intervention is needed.



Side by side

Criteria

- Can self-refer or be referred by person/ agency.
- 2 or more people in a 'family' that want to resolve a 'problem'
- 2 or more people in the 'family' want to come together and move on after 'harm'.
- All family member must agree to participate.
- 2 or more things family want to resolve.
- Willing to be supported for 6 to 12 months (depending on pathway of support).

Restorative Meeting and assessment - SIDE BY SIDE INITIAL MEETING

- Initial 1 to 1 meeting with all involved using the Restorative Questions *)
- Bring family together to discuss plan.
- Decide which pathway (intensive support 6 months or 3 months side by side

Tier 1

Low level to medium level of support or to address early struggles.

3 months Side by Side project without additional CUBE support.

Key worker supports mentor (person with lived experience that works with the whole family and supervised by the key worker) works with the whole family to identify 3 outcomes (1 per month) which the whole family agrees and a reward after each outcome completed.

Final meeting as a group with mentor and keyworker with the family to celebrate achievements.

Tier 2

Medium to High Level of support

6 months side by side project with additional CUBE support.

Key worker works with the family in developing bespoke package of support. Firstly 1 to 1 support with each individual (with additional wrap around services for whole family, e.g. parenting groups, children's groups, men's groups, women's groups or 1 to 1 coaching within CUBE offer.

When ready bringing the whole family together and develop family outcomes plan agreed by the whole family.

When therapeutic work has been completed family moves on to part 2 (3 months Side by side mentoring support and key worker based on 3 agreed outcomes with family reward.

After 6 months whole family, mentor and key worker review using family circles with celebrations and/or any further additional CUBE support. Possible family mentoring Side by Side training if suitable.

Tier 3

High Level intense support

12 months side by side project with additional CUBE support.

Key worker meets with referrer and or family to work on issues that they are currenting facing and addressing any current harm. Either to work with the family to stay together safely or break apart amicably. This could be working with any professional concerns such as probation, courts or social services. After addressing professional concerns or current crisis. Whole family meeting to look at what they would like to work on as a family, what lessons have been learnt and how as a family they are going to support each other.

When safe to do so and family is ready an action and safely plan is agreed by the whole family.

Key worker works with the family in developing bespoke package of support. Firstly 1 to 1 support with each individual (with additional wrap around services for whole family, e.g. parenting groups, children's groups, men's groups, women's groups or 1 to 1 coaching within CUBE offer.

When ready bringing the whole family together and develop family outcomes plan agreed by the whole family.

When therapeutic work has been completed family moves on to part 2 (3 months Side by side mentoring support and key worker based on 3 agreed outcomes with family reward.

After 6 months whole family, mentor and key worker review using family circles with celebrations and/or any further additional CUBE support. Possible family mentoring Side by Side training if suitable.



Tier 1

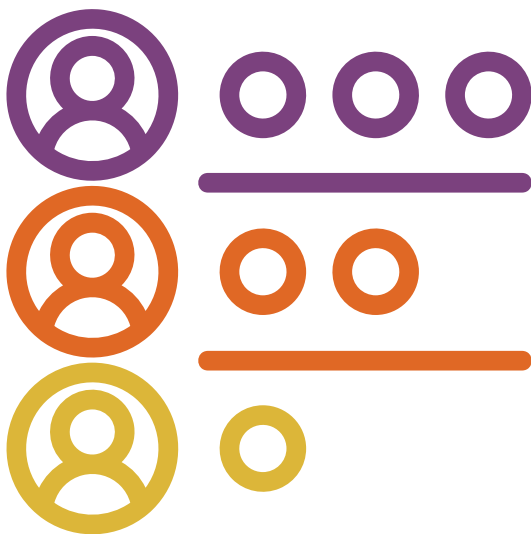
Low level support that is needed to address early harm or issues that one or more family members wish to address – family works with community trained mentor who has previously benefited from side-by-side support. Peer mentor supported by a CUBE key worker to work with the family for up to 3 months on their own chosen outcomes and rewards.

Tier 2

Low to medium or high support – family and individual access CUBE services when each member is ready to come together will work with a mentor to develop their own outcome plan. 3 months CUBE support services and 3 months Side by Side programme. Often self-referral and family are aware of current struggles and wish to work together to address what's happening and find a way forward together.

Tier 3

Medium to high support – often professional referral or intense support needed to address current high family needs. 3 – 6 months address current high need or what is needed to address by professionals. After addressing high support needs family have options of additional intense CUBE support. Last 3 months working with the family to address their own outcomes with rewards.



CUBE's Practitioner Experiences of Defining and Delivering Side-by-Side

The practitioners from CUBE who are involved with the delivery of the Side-by-Side project all took part in a focus group. The focus group offered time to reflect and explore what the practitioners experiences were and thoughts are on: what restorative practice is; how the Side-by-Side model used restorative practice and the main features and strengths of the approach; challenges of delivering restorative practice and Side-by-Side; family experiences and challenges and needs of families; and the outcomes and impact of Side-by-Side.

The team highlighted that central to restorative practice was developing a culture and a relationship that was non-judgemental and where there was the removal of blame. Practitioners explained that many of the families they worked with has been blamed in some way all of their lives and they didn't need any more shame, blame, and labels. It was explained that although

there is no blame there is the focus on personal growth and development and accepting the past and the future and a need to take personal responsibility and accountability going forward.

There were also conversations on how individuals within families and whole families needed to be able to learn to forgive themselves and others and move forward with their lives both individually and as a family.

The team also spoke of how none of this was possible without creating safe and consistent spaces where families felt secure, respected, cared for, and that they were really listened to and heard. There was discussion on how families will not open up and be honest without

such an environment and that honest reflection was needed for restorative practice to work. The idea of opening up being needed for restorative practice also brought the need to develop reflective practice and critical curiosity with individuals and families and that this supported greater understanding, awareness, and then an ability to problem-solve and explore solutions to their own lives and challenges they were facing. There was also an added notion here of restorative practice being embedded within the community and bringing families back in to the community and feeling connected to it.

There was also agreement that the individual and the family needed to be in control of their own development. There was an emphasis that everyone is unique and has a valued perspective and so Side-by-Side worked with people from their starting point and supported personal and family journeys of growth through a process of guiding and reframing challenges and areas of development, as well as ensuring that this was agreed and achieved with joint decision making. The team acknowledged that such a person and family led process is the only way to really achieve empowerment because there is direct choice, responsibility and accountability to and for action, growth, and change.

As highlighted above the team discussed how restorative practice seeks to support personal growth but there was an element to this that meant restorative practice needed to focus on

building knowledge, skills, and tools for life with the people it supported. The building of knowledge, skills, and tools for life included common themes relating to emotional regulation (especially anger and anxiety), setting boundaries, communication skills, parenting skills, relationship skills, self-care, and supporting overall well-being.

It was agreed that a lot of these development needs were caused by previous negative experiences. The common experiences and challenges that families had included; domestic violence, other abuse including sexual and

neglect, substance use, bereavement and loss, unmet needs, bullying, educational difficulties, poor mental health, self-harm and suicidal ideation, low confidence and self-esteem, contact with the criminal justice system, and a range of Adverse Childhood Experiences (ACEs).

The consensus was that many of the families that accessed Side-by-Side had complex needs but there was a high variability in need across the families that accessed support. It was highlighted that the intention when developing Side-by-Side was to be able to meet the variability of needs across families and act largely as a preventative and early intervention model of whole-family restorative practice. It was discussed that this is why a tiered model was created where tier one meant fewer complex needs up to tier two which dealt with complex needs of a family and required more time for support due to the greater challenges.

A main strength of the Side-by-Side model that all practitioners discussed was the way the model worked with each member of the family (where appropriate and possible) and when appropriate the family as a whole using one lead practitioner who knew all of the histories, stories, challenges, and needs. The use of one support person meant a professionally challenging experience but it created a holistic full understanding of what was going on for each member of the family and how that impacted on and within the family as a whole. It was explained that the lead practitioner works with each member of the family on their needs and then as it is appropriate brings the family together to work together to meet their whole family needs and challenges. It was agreed that this was a complex professional skill but one that worked well and meant that families felt they had consistency and could really build trust in the professional relationship.

It was at this time in the discussion that

the power of employing practitioners with lived experience or who are experts through experience

within the Side-by-Side model of practice was acknowledged. The two main Side-by-Side practitioners have both had lived experiences of individual and family challenges as outlined



above. They have also been supported through a restorative approach and are now qualified in a restorative approach and so could also be called experts through experience and practice. Everyone in the team spoke of the power of this and how it gave them extra legitimacy and credibility when supporting families and supported them in better understanding individuals and families and having empathy with those journeys of development and personal growth.

The team also spoke of a positive and strong team culture where they all supported each other in what was openly accepted to be highly emotionally and psychologically challenging and heavy work with high complexity and high risk to cause harm if done inappropriately. The use of team reflective practice and reflective supervision was discussed and how this supported team well-being and professional development. Much like the Side-by-Side model of practice the CUBE team created safe, secure, and honest spaces where all members could be listened to and heard and supported in the ways they needed. The fact that there is lived experience within the team of some of the experiences and challenges that the families who access support of Side-by-Side face it was noted that they were all aware that they too were still on their own journeys of personal growth. The team highlighted the need for high self-awareness and possible 'triggers,' especially where families had particularly traumatic experiences and ones that related to their own histories.

The team shared the power and need for humour when supporting families and the

trauma and experiences that they have been through. There was an acknowledgement that being able to have fun and laugh despite the serious backdrop and context of the work they did kept everyone healthy as it was a great way to let off steam and tension. It was evident that the team were close and trusted one another and felt mutual respect and support.

Another challenge that the practitioner team faced was how other agencies and the wider system interacted with the Side-by-Side project when it was advocating for the families they supported and or working alongside other agencies. The team explained that many of the families they supported felt disillusioned with 'the system' and how they felt let down, unheard, and were often labelled and stigmatised. The team again explained that a restorative approach does not seek blame or punitive measures but rather to build and support the development in and of people. It was the consensus that most other services did not work in such a way and that social services, education, and the criminal justice system still largely operate in stigmatising and blaming ways that disempower people rather than support personal and family growth and development.

The final discussion within this focus group was the challenge when the work didn't go well or a parent won't engage with the work or support needs to be withdrawn due to safety concerns and risk. The acceptance that 'we can't fix the world' was discussed and that sometimes people are not ready for change but we can still be sure we tried and maybe even have planted that first seed for growth and change.

Referral to and accessing CUBE and Side-by-Side

To provide context to the analysis and discussion of the data it is first useful to provide understandings relating to the referral process and the reasons for referral and initial engagement with CUBE and Side-by-Side.

Interestingly, referrals to CUBE mostly came through self-referral (65%) and only 35% from Social Services. This is quite unusual when comparing to other services and suggests that a high proportion of the 65% who self-referred were unknown to social services and or were not happy with the support they were receiving. The reality of other services in the Barry locality not being good quality or meeting the needs of families that have engaged with Side-by-Side is clearly captured in the focus groups and informal interviews. It is important to note here that most people spoken to felt that social services and other support services treated them in negative ways with a lack of respect and talked 'down to people' rather than working with people and supporting them in making decisions. The initial analysis also suggests that such other services in Barry area do not offer a consistent and safe service largely due to the feeling that the relationships developed are not trusted and people always felt let down by the services provided and those who were meant to be supporting them through their development and needs.

Those that have engaged with CUBE and the Side-by-Side project also have clear needs and challenges in their lives. Indeed, it was common across the families spoken to that although there were many different narratives and stories to be told, what was common to all peoples lived experiences were that they had a complex range of support needs.

The most common experience across the families or parents spoken to (Women in this case although obviously this could have been men also) was the experience of domestic violence.

Domestic violence had caused for many significant trauma and the effects of dealing with ongoing and or past domestic violence was common, causing challenges with mental health and illness, particularly anxiety and depression. There were also those that had experienced domestic violence and or abuse in childhood who also used substances to 'block out the pain' or 'numb it all and try to forget' and so there were support needs for recovery from substance use.

Another common experience was how parents and the whole family dealt with communication in an angry, reactive, and emotion-led way which often resulted in conflict, shouting, ongoing feelings of anger and verbal abuse, resulting in destructive communication and unhealthy relationships between partners and or their children. This in turn often meant that children within education environments were 'disruptive' in school and typical home and family behaviour was re-modelled in school and was often therefore reactive, angry, and even violent.

The combined experiences of witnessing or experiencing domestic violence, angry and emotional communication, and the use of substances meant that children within families who engaged with CUBE also experienced trauma, had mental health challenges including self-harm, anxiety, and depression. It was also the case that some of the children and young people spoken to or who had been discussed with parents had other neurodivergent conditions, such as ADHD or Autism. Neurodivergent behaviours presented other challenges for both positive parenting and for the child experiencing it in relation to education, social networks, and within the family environment.

Although, not a main focus of conversation for the people who have engaged in discussion during this evaluation it was also clear that many of the adults within the families supported have struggled to find or keep employment or engage with education and or training. This also often meant that families were living with low economic resources and even living 'in poverty.'

Some of the people spoken to were at the end of or nearing the end of their support with CUBE and these people spoke how they now had greater self-worth, confidence, and aspirations of a positive future and a healthy family life, which also included work, education, or training. All of the people who were at this stage

of their journey stated they would not be where they were today if it were not for the support they have received from CUBE. One woman captures the impact CUBE has had on her after talking about her journey and being ready for life quite visually when she stated 'I would be in the gutter still if it wasn't for CUBE and Lisa.'

As can be seen, there are significant and layered complexities relating to and resulting from the past and present experiences of the families who engage with CUBE's Side-by-Side restorative practice. These experiences create significant challenges and a range of needs in effectively supporting a reality where there is personal and family growth towards positive well-being and self-agency. However, despite this complexity and significant trauma that many have experienced, CUBE's Side-by-Side model of practice and the expertise of the practitioner team have, as can be seen powerfully below, created a restorative practice that works with families and empowers them to make positive changes in their and their families lives.

The length of support for accessing Side-by-Side was varied with 55% needing up to 6 months support, 25% from 6 to 12 months, and 20% of families needing over 12 months support.

Well-Being and Recovery

As highlighted within the evaluation approach section the CHIME framework was the thematic tool to guide discussion during focus groups and informal interviews as well as other key themes found within the wider restorative practice literature. The CHIME elements discussed within the focus groups and informal interviews therefore explored family experiences of how they feel in relation to: *Connections* in their life, their *Hope and optimism*, their *Identities*, the *Meaning* they have in social roles and mental health, and also their experiences of choice, control, and *Empowerment*.

This sections of the Analysis and discussion will use the CHIME Framework to illuminate the lived experiences of those who engage with Side-by-Side as well as use the supporting data from the measurement using the ONS4 Personal Well-being 'Distance Travelled' and

the CASCADE data where appropriate. The ONS4 as highlighted previously ask people to evaluate how satisfied they are with their life overall, asking whether they feel they have meaning and purpose in their life, and asks about their emotions during a particular period. The four well-being themes of the ONS4 are; life satisfaction, worthwhileness, happiness, and anxiety.

Feeling Connected

It was clear that the approach provided by Side-by-Side supported the development of greater connection to own family members, the wider CUBE community, and the local Barry community. Indeed, CUBE manages to create authentic relationships based on mutual trust and respect and all of the people who engaged spoke of how they feel this and therefore the CUBE community is a safe and secure space where there is a real solidarity amongst those that engage.

One father concluded that "I feel more connected to my two kids. We can talk more and we are definitely closer. I can see him opening up and he is actually talking to us now. We can chat, have a cuppa, and engage."

Another mother explained how difficulty she had found her children and how their family life consisted of many arguments and that her children were "acting out at school, you know, just really angry and not behaving." The mother said that "CUBE's changed all of that and working with them to understand and control their emotions" and now

"my kids have changed so much, it's amazing, and yeah at school they are flying, they have friends and are really engaging with it all. I thought that might never happen."

A father explained how their social life was non-existent and that they used to feel very isolated and anxious about being in social situations and that it was "just easier to not bother because it was just too nerve racking and overwhelming."

However, through working with CUBE they stated that "I can actually see myself having a social life now, I'm not ready just yet but I want one. I never thought I'd feel that, want that for me."

One couple exclaimed that they didn't want to be around other people because they were too anxious and that as they don't currently have their children with them "we have been pretty down and sad" but they explained how since they have been working with Lisa that they realise having a social life for themselves is important and so "We are starting to do the social thing a bit with CUBE over the summer. We want a social life too now and even as a couple we do more things and activities together. We have been growing in confidence. It's been really tough. Sounds silly but I can talk to people in the shops and just have a chat, you know, I feel ok about it all."

The element and power of the CUBE community also shone through and all of the parents and some of the children used narratives similar to,

"It feels like it's for the people by the people and nothing has ever felt so personal and safe, you don't feel judged, and you feel everyone is there for you and won't let you down."

The notion of the need for safety within a community setting was really strong and one mother captured this well when she stated that, "Everyone's so nice here, very welcoming, you just feel right at home and safe, I'm part of CUBE and we are all in this together. They've got our back and our interests at heart and so yeah, I feel part of a community here."

The CASCADE data also showed that 100% of families feel safe with CUBE support and staff and 90% feel they know where to go if they don't feel safe in their everyday lives. 94% also felt confident in asking for help and what they needed. 100% of people who engaged felt that CUBE cares about people in the community and works with people rather than telling them what to do. Therefore 100% of people who used Side-by-Side felt that CUBE listened to them and that their opinion mattered within the professional relationship. All of these factors meant that 86% of people felt connected to

the people around them following engagement with CUBE as captured below.

Hope and Optimism



Through engagement with the practitioners at CUBE and through the Side-by-Side provision, such as the parenting programmes and the one-to-one support everyone who discussed their experiences had increased their hope in life and optimism for the present and the future and could identify this within their partner and or children.

A Mother explained that "I can reflect on me now, and discuss my past, present, and future, and I am learning to control and understand my emotions and triggers. So yeah, I have hope now, I can see I'm changing and better able to deal with situations that before, well, you wouldn't want to see me before."

A father further adds weight to this theme when he said that,

"I can be vulnerable and honest and I'm not judged and so I can really open up and understand myself and it makes me feel different, like I'm getting somewhere. I've some way to go but I think I can get there. I will have a positive future"

Another mother who had accessed the service for over a year and had significant and complex needs said that, "I can see her, I'm almost back to me. If I didn't have CUBE I'd be on a very different journey. I was afraid to be a parent and take on the role, now, well now I can take on the world" and added "I look forward to getting up, being a mum, having time for me, I've got the tools now and life is enjoyable again."

One of the children who have support through Side-by-Side spoke positively of a member of the team and explained, "I love Charlotte. She treats me good and it's fun. I can speak to her. I look forward to seeing her. I can see I'm changing with stuff. I tidy up after myself and

my room is tidier, to help mum.” Whilst another child explained that, “We argue less and home feels a little bit more safe week by week. I feel better about everything, I can see the change.”

One mother who had disclosed that she felt very negative and lacked any hope before she and her family had engaged with CUBE shared that,

“there is light now at the end of the tunnel. I never thought I’d say that.”

For some of the parents that engage with Side-by-Side there is lasting effects of past trauma and suicidal ideation is not uncommon for some individuals. One father shared some of his past trauma and how he for many years thought about suicide and didn’t think his life was worth living or trying to live a life really. This is reflected clearly when he said, that he knew Side-by-Side was working because, “Erm, mmm (big sigh), I want to live now, I want to get out of bed.”

It can also be seen, using the ONS4 measurement for life satisfaction that life satisfaction has dramatically increased for those that engage with Side-by-Side. The starting average life satisfaction score was 5.2 for the parenting group (n=17) and 5.3 overall for the 20 families (n=54) that engage with Side-by-Side. This illustrates a medium life satisfaction for both of these groups. Following engagement and support by Side-by-Side the parenting group (n=16) increased their well-being to an average of 7.13 and the 20 families (n=51) to an average of 8.17, both of these scores indicate a high level of life satisfaction and clear growth is life satisfaction. When comparing these average scores to the Welsh national average from July to September 2023 (the most recent scores available) it shows a positive picture. The Welsh average score is 7.4 for life satisfaction and the families that access Side-by-Side have similar scores for the parenting group at 7.13 which is positive to note, and the overall average family score of 8.17 is higher than the national Welsh average. When comparing this to the UK wide average for October 2022 to September 2023 of 7.48, the average scores for life satisfaction of those that access support from Side-by-Side for 10-12 weeks are similar to or higher than the national UK average. This is a significant distance travelled in life satisfaction when the starting average score indicated a

medium life satisfaction for both groups.

When analysing life happiness using the ONS4 measurement there is an equally impressive distance travelled for those that are supported by Side-by-Side. The parenting group (n=17) had a starting average score of happiness of 5.41 and the 20 families (n=54) of 5.2, both of these scores illustrate that there was a medium level of happiness in life for those people at the start of their support with CUBE. The increase of happiness in life after support from the Side-by-Side project after 10-12 weeks shows an increase to an average score of 7 for the parenting group (n=16) and 7.59 for the families (n=54). This is an increase from medium happiness with life to a high happiness in life and close to the Welsh national average (July to September 2023) and the UK average of happiness (October 2022 to September 2023) in life of 7.8. It is also notable that families evaluation of their happiness increased following support from the project with only 16% of individuals having high or very high happiness at the start of the project to 88% by the end of the project.

Rebuilding of Positive Identities

It was also powerfully clear that people engaged with CUBE at the start of their journey felt at best fairly negative but commonly significantly negative about themselves and their identities and roles. Through their support with the Side-by-Side model of practice all people highlighted how much they had changed and had much higher levels of self-esteem and self-worth. There were strong narratives of personal growth and reconnecting with and or reinventing their parental, partner, individual, and child identities.

One father who had spoken openly about making ‘poor life choices’ following significant abuse as a child reflected, “I understand that I’m not a bad person now, I just lost my way, and all the bad stuff that’s happened to me, that I’m still dealing with, meant I made some bad choices. But these don’t define me and I can change, and I am changing. I am a good person and a good dad.”

Another father explained how he was learning new “tools for life and parenting” and that “I

have faith in my abilities and I believe in the CUBE process and I can see I'm being positive, I'm learning, and trying to make things right. I'm being a better dad, and partner. I'm just a better person now."

One of the mothers who had, like many of those that are supported by Side-by-Side, experienced significant domestic violence and dealt with her trauma with substance use commented, "I couldn't grow as a parent or as myself until I understood myself, my past, and I reflect now, Be the bird, I listen and watch more and I'm less reactive. I'm a stronger person and mum and I can see my daughter watching and learning off me, she says I'm her rock." She added

"I've grown so much, I've shed my old skin, I'm new, they helped me save me. I have the tools now.

"I'm a mum, ha, and a much better one now too because of Lisa and her support, but I'm so much more than that too.

I like myself and I know my worth."

Although discussed within the feeling connect section above it is important to further highlight how many of those that are supported by Side-by-Side have struggled to want or feel comfortable in social situations and describe, like has been captured in this section, a loss of self and individual identity. Many of the parents and some of the children within the families spoken to reflected that they had felt so low, with some still feeling low, that they lacked any confidence in social situations and for many were even scared to be in public spaces let alone with friends in social contexts. One parent stated "I was barely living really, just surviving off drugs and booze and shit food, just lost, scared to go out, scared to try, scared to change, scared of thinking too much as it all got so dark, or I got really angry, so I'd just numb it all. I enjoy going out now and like just chatting with people. I'm more confident and I'm starting to find out who I am. I want to have friends and do social stuff. I was in a hole for so long I need to find out who I am again."

A child within a family explained how they have always felt detached from their friends and didn't feel like they were liked, "I dunno, I just

always felt different and I never used to feel part of the group and I just acted like I think I should have, and that felt weird and made me feel down and a fake. I've learnt to be myself now and it's ok to be me, I used to hate myself but I'm starting to like me and enjoy my life."

Meaning to self, social, mental health & Well-Being



The restorative approach of the Side-by-Side project also has significant impact on all of the families in relation to how they experienced and gained greater insight into themselves, their social contexts, and in their own mental health and well-being. Everyone who participated in the focus group and or informal interviews believed that they had developed and changed positively during their support from CUBE. Daily mental health challenges as well as challenges with appropriate emotional regulation are common with families that access the Side-by-Side.

One of the fathers being supported explained,

"I feel calmer. I can talk to my sons. I can feel my emotions and I'm aware of them so I can slow myself down and not react and I can manage them more."

Another father found that, "I'm not so self-deprecating and I don't beat myself up as much. I'm only human and I just need to keep being proactive and working on me and supporting my partner and my sons." In this focus group the mother agreed and stated that she too was, "developing myself. I've new skills and I'm less defensive and I listen more. I'm able to be calmer and be in the right mode for parenting. I shout a lot less."

Another mother commented on her own mental health and concluded that,

"I'm less anxious and down. I didn't want to live really. I do now. I want it all. I enjoy life again."

In another focus group within a single parent family, a mother reflected that, "I am still quite neurotic and anxious and I catastrophise situations quite a lot but I'm more aware of it and I'm working on it. Charlotte helps me to see all of this and gives me the tools to challenge myself and my thinking. I'm working on more logical thinking and breathe work and I also do yoga. The parenting skills work is also so important and I know and can see I'm being a better mum to my son and more in parent mode not adult mode with him."

It was also evident that the way that the CUBE practitioners supported families was different to their previous experiences of social support and that empathy and consistency of support, where those that supported you really believed in you was important. A mother captured this well when she said, "I had no support and I was not getting the help I needed. The other services are just crap, none of them are like CUBE. I had no self-worth I didn't respect myself and I was not protecting my child. It all changed with CUBE they were direct and honest and respected me and true to their word, they stuck with me. They listened and I was heard. Through that I learnt to live again, to like myself and believe in me and develop my skills as a parent."

I believe in myself now and my mental health, my well-being is all great."

All of the parents also felt that the way they were supported to explore and reflect on themselves, their feelings, beliefs, and behaviours. This process of supported reflection gave parents "the time and space to challenge some of my assumptions and world views and realise that my rigid thinking was holding me back in my own personal growth and how I parent, it was so liberating."

When analysing and discussing families growth and development in meaning to self and positive mental health it is useful to also focus on how families rated their personal well-being as measured with the ONS4 in relation to how worthwhile they believed their lives were at the start of their engagement and after 10-12 weeks

with Side-by-Side. At the start of support from Side-by-Side the parenting group (n=17) had an average score of 5.76 and the 20 families (n=54) an average score of 5.63 both therefore having only a medium score of believing that the things they do in their lives were worthwhile. Following support from Side-by-Side the parenting group (n=16) average increased to 8.38 and the 20 families (n=54) increased to 8.46 both capturing positive distance travelled and high belief that the things they did on their lives were worthwhile and less than .75 off a score of very high worthwhileness. When comparing to the Welsh national average for July to September 2023 of 7.8 and the UK national average for October 2022 to September 2023 of 7.74 it is significant to see that both the parenting group and the families who are supported by CUBE are above both national averages, especially when considering that both cohorts were well below the national averages before they engaged with Side-by-Side at CUBE.

It was also the case that anxiety experiences significantly decreased following engagement with Side-by-Side. The average anxiety score for the parenting group (n=17) at the start of measurement using the ONS4 was 6.29 and for the 20 families (n=54) it was 6.38 both of which are deemed to indicate high anxiety. Following 10-12 weeks of support from Side-by-Side the anxiety felt by parents and families had greatly reduced. The parenting group (n=16) average for anxiety was 3.62 and for the 20 families (n=54) it was even lower at 2.30, both of these scores are considered low anxiety on the scale but it is worth noting that the parenting group was close to being an average of 4 which would be medium anxiety. When comparing these averages with the Welsh national average from July to September 2023 at 3 and the UK national average from October 2022 to September 2023 at 3.2 it is really positive to see a comparable score from the parenting group but remarkably a lower average score from across the 20 families that engaged with Side-by-Side.

Feeling Choice, Control, & Empowerment



Although the CHIME framework is not a stage model it can feel logical that it is in a way because as people become more socially connected, increase their hope and optimism, develop more positive identities, and gain greater and deeper meaning of self and mental health and well-being it stands to reason they are better able to make informed choices, feel more in control of their decisions making and gain empowerment. It is certainly the case that the members spoken to during the informal interviews and focus groups explained how they do indeed feel greater choice and control over their lives and were now better able to make decisions confidently and knowing they were the right ones for themselves and their family.

One father stated that, "Lisa is like my spirit guide and she has helped be more in control and I am supported to explore and decide on my journey and we jointly agree a life plan and on my behaviour development" adding that, "I face challenges now and I'm honest with myself." Another father who has difficulty controlling his anger found that, "I can be more honest with myself and choose to do what I need to so I am challenging my anger and angry behaviours."

One of the fathers being supported has found that his "son was a very angry and destructive teenager and now he is starting to soften and I even get the odd 'I love you.' We don't argue like we used to and we are both calmer and we talk and when we can't talk we give each other space and we don't react. I'm in parent mode more, I'm calmer, I listen, my skills are better and I am a better parent because of it. That's all down to CUBE."

One couple who had faced a myriad of challenging contexts including substance use, addiction, domestic violence, self-harm, and mental health issues both told a similar story: "I wanted to be dead before. Yeah me too. We both did. Now I can go to the shops on my own. I enjoy social stuff. I know we'll get our kids back. We are making the best of me and I am working on myself. I know I'll be a good dad and you'll

be a good mum. I can't wait. We've got choices now and options, we are in the driving seat. I used to be closed off, anxious, angry and an emotional wreck and I'm not anymore. I can't live in the past anymore so we don't we are looking to getting the kids back and you know just being a normal family."

One of the mothers who was nearing the end of her support with Side-by-Side reflected that,

"I'm more in control of me and my skills for parenting are so much better. The kids are happier. I'm happier. The kids don't worry about me anymore and I can see it, they are starting to be just kids."

Another mother who was new to the service commented that, "I've started to put my needs in context and not just being a people pleaser and I'm feeling so much better already and better able to understand myself and my emotions and therefore I'm better able to deal with life and the challenges it brings." This mother added, "I'm able to slow myself down, feel more in control, and I'm being more patient and I listen more, family life is feeling easier and I'm so much calmer." The daughter in this focus group added that "dad actually is and he is not so pushy and it's nicer, he needs to keep doing mindfulness (laughs)."

All of the people that gained support from Side-by-Side stated how "We are really heard, they're normal here, it sounds silly, but they are just so good at being human and building trust and you know many of them have been where I am, they have experience and it's not just from a book, this means so much. When you're seen and heard you feel you can change and their role models. They say if I can then you can. I believe that I can now." It was clear that because the practitioners at CUBE have lived experience of challenging family dynamics it added something powerful and different to the usual support received elsewhere.

The CASCADE data also showed that all of the families who completed a CASCADE evaluation identified that they had learnt a new skill and almost all had been able to use new skills to support their own and their families development, as shown below. The new skills and coping mechanism that Side-by-Side

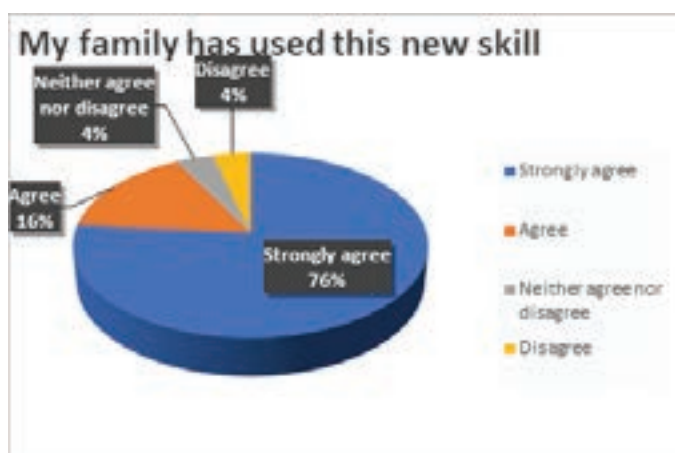
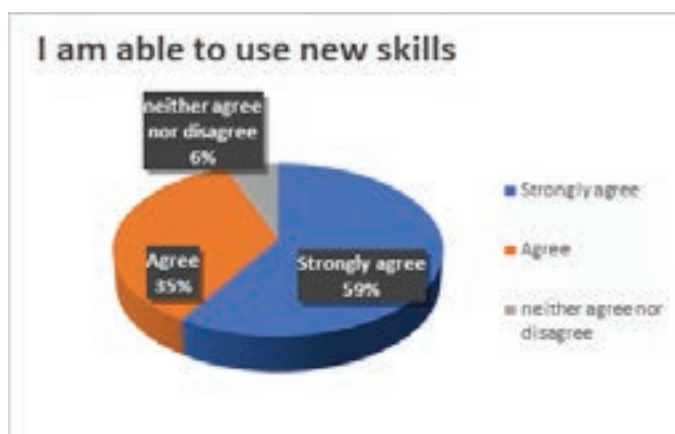
had supported development of included; mindfulness, emotional regulation, taking time away, talking to friends, family, partners, going for a walk, taking a breath, reflecting, a relaxing including the uptake of hobbies and leisure activities. Overall, 88% of people who engaged with CUBE now feel confident in themselves and 94% in their behaviours and actions with other people.

How and Why the Side-by-Side Model of Practice Works for Families

The focus groups and informal interviews also explored what the side-by-side model of practice felt like, the process of it, and how it supported families and individuals within families. There was not one negative construct of the support provided and indeed the overwhelming experiences from all people that have been supported by CUBE using their side-by-side restorative practice model was positive and for almost all,

“It’s changed my life, it really has. If it wasn’t for CUBE I’d be in the gutter or dead.”

There were a number of key elements to why and how the model worked so effectively that reoccurred throughout the conversations with the people who engaged in this research and these will now be analysed and discussed.



Building trust, respect, and honesty

A mother explained how, "I don't feel like a problem and I know they care and respect me and they are honest to me and I am to them. It can be hard but it is real and that's what I need." Whilst a father in another focus group explained how he had been judged and labelled negatively by other services and always felt "like a second-class person, not good enough, you know 'cause I was using drugs and you know they just didn't understand and so you can't trust people like that and it just doesn't work."

One of the children being supported said that, "I can just be myself and that's good enough and I am listened to and I feel, mmm, I can just say what I'm really feeling." The mother in this focus group agreed and said, "you don't have to pretend or cover up that everything really isn't alright because you know they'll listen, that they care, and they'll give you honest feedback, even if I may not want to hear it. I've been lied to too much in my life so I just want, no, need the honesty, the truth."

Another couple found that through being given respect that they were able to develop respect for themselves,

"I was lost, well we both were, but Lisa changed all that, she listened, she was honest, and I felt respected by her and that allowed me to believe in myself again and I was able to respect myself again. I was lost before I met Lisa. Just in a really bad place, a dark hole."

No judgement with a focus on learning and growth

Families explained that due to the multiple challenges they are facing and the challenges they had faced in the past, including past trauma from abuse, being judged was something they have always experienced in school, college, and with other support services. One father explained that at CUBE, "I never feel measured or judged in any way and I can't say that about other services I've been too." Another child who had been diagnosed with autism said, "I don't have to mask, I don't always like eye contact and I don't feel judged here if I don't." The father in this family added that, "It's going really well and they are really opening up because they feel so comfortable."

A mother being supported said that,

"When I started I was overwhelmed and worried what they'd think of me, then everything just started to make sense and we set realistic goals and they felt achievable, they make it feel like you can do it."

Another father explained that, "my behaviours have always just been labelled as inappropriate and not acceptable but here we explore why I react to certain triggers and why I feel the way I do and then by understanding this we work on ways I can develop and modify my behaviour and regulate my emotional responses. I'm not judged and we work towards positive change."

Another couple who were currently not allowed access to their children and had experienced significant trauma, substance use, self-harm and due to all of this had ongoing mental health challenges and poor well-being openly talked how they judged themselves negatively. The mother said "I hated myself" and the father agreed and said, "well not just that but I thought everyone just looks at me like I'm a druggie loser and I'm no good." They explained how despite accessing multiple services, none

of them worked for them like CUBE does and that they always felt judged by other services and that “they just don’t get it, and they get you at CUBE, Lisa gets us, and we feel comfortable. Lisa has helped us to help ourselves and we are putting the work in.”

Expert practitioners who are also experts through experience

One of the most powerful factors in why the Side-by-Side model of practice works, from the perspective of parents is that many of the practitioners at CUBE are experts through experience of the same challenges and previously needing family and personal support. Some of the practitioners at CUBE have been through similar journeys and therefore speak from lived experience as well as being highly trained and expert practitioners.

One of the mothers said that, “Lisa is really switched on, really cares, and speaks from experience, she just gets it as she’s been there.” Another mother found that,

“Charlotte just gets me, understands what I’m going through. She’s been there, it’s important as I believe I can do it.”

Another common perception was that because the practitioners had lived experience of similar challenges and life experiences that they, “didn’t just support you using the text book” and that, “it’s real and not just from a text book.” This is interesting because the model of Side-by-Side has been developed using the appropriate evidence base of both academic research and professional experience and in this way is indeed ‘from the text book’ but it seemed that the element of lived experience that the CUBE practitioners had added a realness and legitimacy to the support being given. Essentially, it added something else to

families that meant they were treated and supported in more effective ways that they could relate to and the element of practitioner lived experience was clearly a significant part of why Side-by-Side worked so powerfully with families.

There is certainly the notion of positive role modelling too where some of the parents said ‘Lisa said if she can do it then I can do it and I believe her and I look up to her as she’s been there and, well, now look at her.’ A similar phrase and experience was captured for Charlotte too when one of the mothers said

“I know she’s been there so her words, her guidance and support just carries more weight”

and it was clear that they are both very well respected and looked up to as positive role models that got themselves and their lives back.

All of the families spoke of how both Charlotte and Lisa are far more than their lived experiences of needing family support and that they are, “just so skilled, they support us as a family but also individually, so they see all of our lives through each of our eyes, and without judgement they help us all and as a family bringing us back together, it’s so clever, is that the right word, I dunno, it must take a lot of thought to do that.” It was obvious that all of the families felt that Charlotte, Lisa, and Tammi were experts in their roles of supporting a whole family approach.



Professional caring, consistency and commitment

All of the parents said words to the effect of one of the mothers who said,

“The biggest thing is you trust them, you trust they’ll be there, that they’ll do what they say, you trust that they won’t let you down and they are just consistent and it’s not like, well you’ve had your time now, so I can’t see you anymore. I know I can always come back. That’s real support.”

Another couple echoed this when they explained, “You feel that they care and there is none of that, well your times up now and then you never see them again. I hate that as you just feel like pass the parcel and you don’t feel they care. I know I can always go back to CUBE and they will never let me down. It’s so important.”

Although the Side-by-Side model is not one that offers ‘24/7’ support there was also a strong narrative that if support was needed then, “well they won’t let you down, I try not to call, like after hours but sometimes when it’s been bad, at the beginning, then I have to or I’ll slip up and start my spiral. If they don’t answer they always call back and there’s something in that, it’s real caring.”

Sharing power and working together

The process that Side-by-Side implements, where individuals and families work with the CUBE practitioners and develop their own support and for parents their parenting plans and share power in decision making was also seen by everyone who discussed their experiences as a powerful and needed approach. One of the fathers who is supported explained,

“I’ve said there’s no judgement but it’s more than that, it’s also they don’t tell you what to do, they support me to explore myself, my life, my past, and ask me what I want. We do it together or maybe even they guide me and then I lead the way. It’s a shared thing but I direct my own learning for sure.”

Another father joked, “Lisa is like my spirit guide” but then added, “seriously though, she has helped be more in control and I am supported to explore and decide on my journey and we jointly agree a life plan and on my behaviour development.”

A mother who had particularly significant challenges and past trauma emphasised the need for joint decision-making, “I was just so fed up with professionals telling me what to do and it didn’t feel like I was respected or cared for and was kind of belittling. It’s not like that here, we decide together and I feel in control of my destiny if you get me. We do the work together.”

Reflection and critical discussion

Some of the families who discussed their experiences used the word 'reflection' but none used the term 'critical discussion.' However, what was clear is that all families spoke of how the Side-by-Side process supported individuals and whole families to reflect on their past (including trauma), their current lives, dominant feelings and behaviours (especially during stress or conflict or when feelings loss of control or sadness, anxiety, fear), and the contexts or emotions that 'trigger' them. There was a clear understanding from families that they needed to understand themselves better and each other and that they had a responsibility to self and to family to commit to this process. There are many quotes above that have captured how mothers, fathers, and children have 'looked back at my past' or 'reflected on my life' and so there is no need to repeat these quotes again.

Perhaps using one quote that captures the 'flavour' and general experience of all families that engaged with the focus groups or informal interviews is from one of the mothers who was supported by the project.

"I've gained the ability to reflect on all of the things that happened to me and how and why I reacted the way I did.

I understand why I was always reactive, angry, defensive; I hate to say it but even with my kid. I know my triggers, I know my old habits of being unkind to myself, self-destructive behaviours, patterns you know, how I used to escalate everything or bury everything. It's been really fucking hard, lots of talking, thinking, being honest with myself, doing the work. The relief to know that I am not my thoughts or my experiences and that I can change. I am in control. I can use the skills I've learnt here. I'm in so much of a better place. I'm living a real life now. I'm me again and I'm a good mum."

Creating tools for life and parenting

So many of the parents in particular that took part in the discussions spoke of using 'my toolkit' or 'using the skills I've learnt' and having an approach to parenting where 'I have to put the work in.' Families all spoke of learning ways to feel better, understand themselves and each other, ways of calming down and regulating their emotions.

The focus group and informal interviewer asked if Side-by-Side gave or helped develop a 'Swiss army knife for life' and many agreed that it did with one replying, "ha, I like that, a Swiss army knife, I had one of those as a kid, and it does, it gives you specific tools for you, for being a parent and partner."

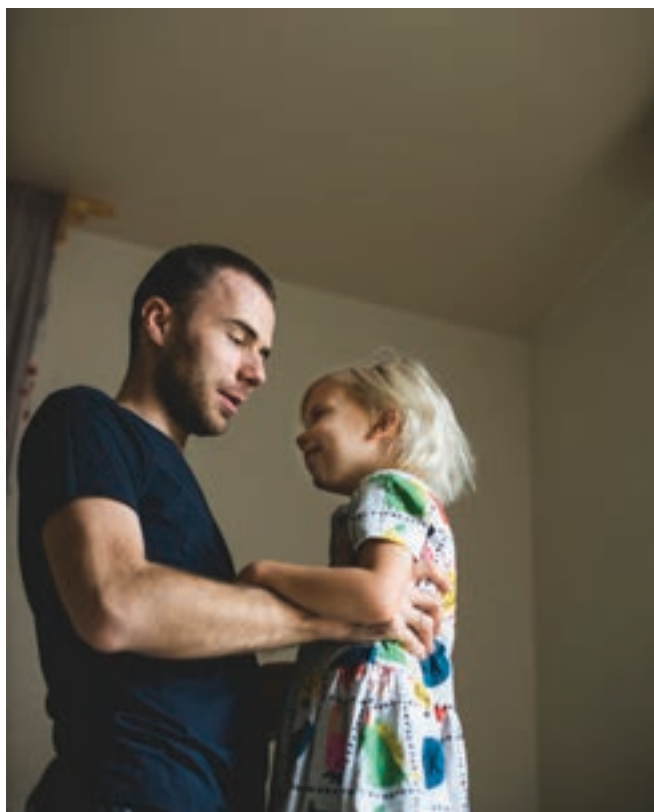
The need to nurture and give time and space for a person's individual identity was one theme that came up, especially for mothers, with one mother stating that, "I'm learning that I have to look after myself and that I can't pour from an empty cup and so I by doing things for me I'm also better able to be a better parent and partner." Another mother explained that they used to, "feel like I can't stop and there's always something to do, clean that, fix this, make dinner, wash-up, and I was just in a cycle of doing and never thinking, stopping, doing anything for myself, I was a mess, exhausted. I'm starting to do little bits for me now and it makes me happy and my partner has noticed and he says he is seeing the old me again and I should do more of it. I did think he'd not like it but he does and I've realised a lot of being so bust and not stopping was to do with me and I'm understanding that more and more and working on it."

The Side-by-Side approach also supports families to understand their emotions and reflect, explore, and resolve negative patterns and responses. One mother explained that, "I was always so anxious and felt sick most of the time, I now know this is my fight or flight response and I was always on high alert due to my past trauma. I hated myself and my life and didn't want to be here but they've helped me change that.

I'm working through it all now and learning about mindfulness and relearning more appropriate responses to when I feel anxiety, or shame and guilt. It's hard but it's working and they have given me the tools."

All of the families including children spoke of learning the skill of 'really listening' and acknowledging that they used to often not really listen and focused more on trying to say what they wanted to say. Many families, like this quote from a child, reflected that, "I used to just say what I wanted and not think about it really or really listen to mum, I thought, why should I? She's my mum her job is to listen. I'm learning I need to be responsible for my actions too and I need to listen, it's about respecting each other."

Ultimately, the process for families that they identified as developing and changing whilst being supported by Side-by-Side was 'effective communication' that involved active listening, thinking carefully before just speaking, being honest about thoughts and feelings, having mutual respect, and discussing life and it's challenges as a family and where appropriate as parents.



Humour and humanity

The evidence of a need for supporting families with humour and humanity was clear and significant, especially for those families with more complex needs. One of the mothers who had been supported for over a year and had complex needs and significant trauma said, "Fuck

without a few laughs I'd be dead (laughs) honestly it seems weird perhaps but I've been through so much and it's all so dark that being able to laugh about it all with Lisa is a way of getting over it.

Everything is so serious isn't it, you know, dragging yourself out of the gutter that there has to be time for a laugh. It's kept me sane."

Another mother found that, "sometimes we've laughed then I've cried and then laughed again. It is strange but laughing about the journey really helps." The father agreed and said,

"I've been supported through such dark times and there has always been humour there it's helped so much as a little spark or light in the darkness."

Another mother with significant trauma and complex needs said, "they've seen me at my worst and still treated me proper and with dignity and made me laugh and it just feels so real, so grounded. I can't explain it other than say they've saved my life."

Many of the parents who shared their narratives also explained how CUBE makes you "feel human again" or "they treat you right like you're human and not something to fix." One of the fathers accessing support said that Side-by-Side has "given me back my life, my identity, I've been treated like nowhere else, there is such humanity here and it fills you up with belief and hope you can do it."

Individual and whole family support

Families all appreciated and felt the value of being supported as an individual and as a whole family. One mother reflected on her experience and said, “you have one main support person and they know all the stories and experiences of the family and you trust them and they support us individually and then slowly bring us back together. It’s amazing, Lisa is amazing.” Another joked that “they’re like a puppet master moving us all along until we can all be together and it just works.”

One of the fathers really appreciated both the individual time and the whole family time and said, “I needed a lot of support, on me and my stuff, lots of dark past things, and I’m getting there and I feel they have time for just me, but then they are doing the same for my partner and our kids and we are all just so much a happier and then we have support altogether too. We are all so much happier.” A child in the family added,

“we definitely argue less, there’s less shouting, I feel safe and I’m better now than I was before. It’s working.”

Ultimately, many of the people who shared their lives during this evaluation offered similar powerful experiences using similar phrases. At one point within the discussion towards the end of a focus group with one family, the mother spoke about the uniqueness of CUBE and all the elements discussed so far meant that

“there is nothing else like this where we all feel supported as individuals and as a whole family. Where we have time, respect, are listened too, have choice over our lives,

and grow as individuals and as a whole family. It’s incredible. It saves lives I’m sure of it.”

Side-by-Side Case Studies from Tiers 1 to 3

Following the analysis and discussion of the focus groups and informal interviews there is an opportunity to share detailed case studies of some of the families that have accessed or are accessing the Side-by-Side project. These cases studies have been written by Side-by-Side practitioners and the author of this report has edited these in a minimal way to support style and reading but otherwise no changes have been made.

The case studies offer a blended understanding of how the project works across the three-tiered model from low needs to highly complex cases needing longer term support.

Tier 1 Case study: low needs and support 3-6 months

“We still have a long way to go as a family but honestly feel that as parents we are so much more prepared and knowledgeable now and the future doesn’t feel so scary.”

Family Experiences

Current difficulties around the family presented initially as a breakdown in communication, and the need for parenting support. Mum and Dad had different views on how to parent, and this often resulted in conflict, they lacked communication skills, and they would often blame each other and shy away from responsibility. The children often had violent outbursts, more so from child 1 (9), whereby it was evident that child 2 (7) would copy.

Mum became emotional during the initial meeting; it was evident that she lacked confidence and had low self-esteem. She had reached a point where she felt she wasn't a good Mum, and she lacked the ability to regulate herself and co regulate her children. During the initial meeting, she was unable to regulate the children's behaviour.

Dad was supportive, but it was also evident that he lacked the ability to parent in therapeutic way, he was keen to engage, but didn't communicate effectively during discussion. During the initial meeting, he was unable to regulate the children's behaviour.

Child 1 was adopted at 9.5 months, they had difficulty controlling their anger, and will often become violent towards Mum and child 2. Mum believes he may have foetal alcohol syndrome; their birth mother was an alcoholic and is believed to have been a substance abuser. They found it difficult to engage in the group conversation, and left the area on a few occasions.

Child 2 was adopted at 8 months, they had difficulty regulating their emotions, and will often have bouts of being hyperactive, and would tell her parents they cannot stop. Mum believes she may have foetal alcohol syndrome; their birth mother was an alcoholic and a substance abuser. They often questioned their identity in the family, and would ask questions about their birth mother. They were dysregulated during the group session, and often left the area.

It was agreed that Mum and Dad would have some 1:1 parenting support, child 1 would attend our "Understanding Anger" group, and child 2 would attend our "Understanding Identity" group (slightly adapted to suit child 2's need around their adoption).

Outcomes the family wanted:

1. For the family to reconnect to gain better relationships in the home.
2. To be able to control their children's behaviour in a therapeutic way.
3. For the parents to be able to work together at the same level to support their children's needs.

Family process and support

Mum and Dad received 4x 1:1 sessions as a couple whereby we concentrated on a Therapeutic Parenting approach. We particularly concentrated on how they could communicate effectively with their children, and how being emotionally connected would evidently help support their children to communicate effectively themselves. Mum is a very emotional person, and would often get upset during sessions, although she was very engaged and communicated her concerns. Dad was supportive of Mum, and was also engaged and gave approval of things suggested. The Therapeutic Parenting approach gave insight to our core values and beliefs, unmet needs, acceptance and connection, assumptions and PACE (Playfulness, Acceptance, Curiosity, Empathy) PACE is a way of thinking, feeling, communicating, and behaving that helps a child feel safe. This helped Mum and Dad understand that for us to expect our children to be able to manage themselves then firstly we must show them that we as parents are also setting an example for them to follow. They both agreed that they needed to embed responsibility, choices and consequences in an appropriate and therapeutic way.

Child 1 attended 6x sessions of our "understanding anger" group, throughout the sessions they were engaged, and was eager to use the strategies learnt during the group sessions in school and at home. It was evident that they had unmet emotional needs, and that their violent outbursts were often triggered by frustration and the need for attention, they were often in a space where they couldn't control their anger, and would hurt his mum and sibling. By the end of the 6 weeks, they were able to control their anger in a more positive way, and used the strategies learnt to help manage their emotions.

Child 2 attended 6x sessions of our "understanding identity" group, they had difficulty understanding their past of being adopted, they would often question Mum about their adoption, and always asked questions about their birth mother. After session 1, it was clear that the workbook designed for the group, wasn't entirely suitable for them surrounding their adoption, so I adapted the sessions

slightly so that topics around adoption were discussed (family tree etc). They were engaged throughout, and it became clear that they becoming more comfortable with questioning their identity. By the end of the 6 sessions, Mum had said that child 2 had stopped questioning their adoption.

At weeks 6 of engagement, Mum joined our parenting group and the whole family came for a whole family meeting, and we discussed restorative approaches, each member chose a different word that they felt they needed more support with within the family, and from this we devised a contract, from this, the family decided their rewards would be a movie night, camping, and a games night.

At week 7 of engagement, child 2 joined our "Understanding anger" group, Mum felt that they had learnt behaviour from child 1, and thought it would be beneficial for them to learn some strategies.

At week 8 of engagement, Dad began 1:1 sessions based on therapeutic parenting.

At week 12 of engagement, I met with the whole family to discuss how they were implementing the contract devised by them at CUBE, parents agreed that the improvements in the home were evident, and they would continue to embed the strategies learnt as a family.

At week 13 of engagement, it was decided that the children would attend some sessions together so that we could work on their sibling relationship, we looked at what being a good sibling looked like, this gave both children an insight into how they could improve on their relationship, and start to build a better bond with each other. They had the opportunity to speak to each other in a calm environment, where they were listened to and acknowledged.

At week 14 of engagement, child 1 attended our "Criw CUBE Crew" group, this group focused on the transitions related to school life, school anxiety, friendships, relationships, belonging and identity. At the end of the 8 sessions, child 1 was in a better mindset about school, they were able to communicate their thoughts and feelings in a positive way.

Conclusion and impact

By week 14 of support, the family were in a space where the home was much happier, they were able to communicate more effectively, Mum was able to self-regulate, the children being able to self-regulate also. Parents were parenting together and had the same beliefs and values around raising their children, by co-parenting effectively, there had been a positive shift in the family environment. I observed that the family had a more meaningful relationship, there was less conflict, and they would continue to embed their new way of family life.

The whole family attended their last session together, they completed their CASCADE forms, and we had a discussion about what strategies they had learnt as a family, and how they could continue to implement them.

Feedback from the family

I started seeing Charlotte in around April 23. We were struggling as a family and did a referral for my child. The following day I had a phone call from Lisa who completely related with our family situation and offered instant reassurance that she understood. I started having 1:1 sessions with Charlotte and she was providing support for me which was so helpful. I then saw that CUBE wanted families for the side-by-side project and I decided to apply knowing as a family we really needed help. We were accepted and started working as a family. Thankfully my husband got on board and he started attending CUBE.

My children were very quickly enrolled onto group sessions. My children attended the understanding your anger course and the identity course. My child found the understanding anger course really helpful. At first I wasn't sure of the impact it had had on them; however, it was great to know that they been able to work through their anger with someone. My other child did the identity course. They often questioned their identity every day being adopted; they went from questioning her identity every day to barely mentioning it at all. We are so grateful as a family that they were able to help her understand who they are.

My one child had started copying my other child's violent behaviour so they began the understanding anger course. They got on really well with this and their extreme behaviour's quickly stopped which was amazing.

My children have used all of the skills that they have learned from Charlotte and Sarah to really work on their emotions and anger and things are much less violent at home which is wonderful.

Charlotte has spent a lot of time working with my husband and I going over therapeutic parenting techniques. We had covered these before in an Adoption UK support group but that was online and far more impersonal. Charlotte was able to link all of the techniques to our life and our family which was amazing.

Both my husband and I are far calmer at home and we've noticed that it makes such a difference with how our children react. I really wish we had the tools that we've been given years ago in the hope that maybe things wouldn't have got so bad.

My husband has always struggled with anxiety and occasionally depression. It took a lot for him to come and get support but it's been brilliant seeing him get support as well as us working as a family getting the support we need.

Over the past year I feel like the side-by-side programme with the CUBE has offered our family hope and guidance which has been amazing. We still have a long way to go as a family but honestly feel that as parents we are so much more prepared and knowledgeable now and the future doesn't feel so scary. To know that we have had someone 'hold our hand' through some really difficult times has just felt wonderful. We feel so lucky that the service exists and that we've been given this invaluable support.

Charlotte has also worked with both my children and their relationship.

I'm so grateful that somewhere like the CUBE exists and offers such amazing support to families.

Case study (tier 2) medium level needs and support 6-12 months

"We are both in a much happier space."

Family Experiences

Referral received from children services regarding a parent and child. The child had reported to school that their mother had pushed her over during an altercation at home. The child was removed from parent and placed with a family member whilst children services investigated further.

Presenting issues from the perspective of the referrer were a breakdown in parent and child relationship and the parent finding it difficult to appropriately parent their child.

During the initial assessment with the mother, it became apparent that the referrer's concerns were in fact only surface level challenges. The mother had a long-standing history of mental health conditions which included an historic eating disorder, which was resurfacing, severe bouts of depression and anxiety, a previous domestic abuse relationship which was unprocessed and they were also currently in a toxic controlling relationship. The child presented with multiple adverse childhood experiences. The child felt rejection from birth parent at an early age which promoted a sense of not "belonging" as well as unprocessed grief and a lack of understanding around bereavement. The child also portrayed signs of neurodevelopment delay and a lack of age-appropriate communication skills. It was apparent that the relationship between parent and child had broken down. It was agreed with the family and the referrer that the mother and child would initially receive three months of support on a weekly basis and that this to be reviewed at the end of the three months.

Outcomes the family wanted:

1. Client 2 to be returned home
2. client 1 to disengage from current relationship
3. Both clients to rebuild their relationship

Family Process and Support

It was agreed that the mother needed 1:1 sessions in the hope that with time they would gain confidence to join the parenting group that was due to start in September 2023. At that present time the mother appeared overly passive and extremely fearful which was contributing to her heightened anxiety. During the 8 weeks (1 hour p/w) we specifically focused on the underlying causes that may have contributed to how and why the family are facing their present difficulties.

It was uncovered that the mother had been raised in an environment where the adults around them tended to act in a controlling manner. The mother had also suffered from an eating disorder from a young age and this had resulted from childhood anxiety that was never addressed during childhood or adolescence.

We began addressing lack of self-esteem and lack of "control" that the mother felt so deeply. By uncovering the root of cause which was ultimately the effect of how the mother as a child had been parented we were able to bring the mother into the present moment. The mother gained understanding of how to implement strategies that would enable them to start making changes for not only for themselves but for their child.

After four sessions the mother had gained an awareness and had begun implementing suggested strategies to be able to self-regulate at difficult times. We covered topics on how to assert ourselves appropriately and acceptance of things we cannot change. The mother was now presenting less "frantic" and "anxious" and was able to identify their feelings and thoughts and to start separating themselves from their thoughts and feelings. At this point children services returned the child to their

mother so my focus was now to work with both mother and child to resolve the breakdown in their relationship and to minimise the risk of future harm and conflict reoccurring in the future. I continued to have four more weekly sessions with the mother where we looked at healthy relationships (family, intimate) and understanding unhealthy patterns and our rights as human beings. Responsibility and accountability played a major part of the mothers shift in awareness which resulted in her feeling in a "stronger" space mentally and physically. This work empowered the mother to reflect on their current relationship and make a logical choice to end the relationship based on her realisation that it was not only unhealthy but also contributing to her inability to make rational choices and which ultimately played a role in the breakdown in the relationship between parent and child.

During this time, I also had 1:1 session with the child who was of primary school age. The child appeared apprehensive at first to engage so two sessions were taken to gain a rapport and a sense of security with the child. I had been informed that the mother had never been able to get much from previous therapeutic interventions because their child never "opened" up. This turned my initial focus to gaining trust and a connection with the child before any therapeutic input could take place. During sessions three to eight we began reflecting on, who we are, how we feel, and what we think, this covered "identity" and we explored at what families can look like and gained an understanding that all families are different. This gave the child the reassurance that being "rejected" by a birth parent is more about the adult and their lack of responsibility rather than any blame to or on the child. It was evident in the way the child responded that this brought them a sense of relief and minimised self-blame and reduced the sense of shame they had been feeling. We also reflected and explored in depth our emotions and what they mean to us. There was a focus on how we can make friends with our feelings and use them to help us understand what they are trying to tell us. This helped the child make sense of the overwhelming feelings that they were experiencing and starting to open up about.

The child had also experienced a bereavement at the age of five and this was still mostly unprocessed. We explored grief, what it means, how it feels, and how it's ok to feel this way. This

lifted a weight from the child and they seemed more accepting of the bereavement. Once the child was more able to identify their feelings this began helping with the child's and mother's relationship. The idea of rights, responsibility and consequences were covered and the child began implementing this at home and in school which was reported to have made an improvement in the child's overall well-being. Following this it was clear that anxiety had reduced for both mother and child and that communication skills between the two had improved considerably.

Between the eighth and sixteenth week it was clear that the mother was growing in their self-esteem and confidence and joined the therapeutic parenting group. During this time period we explored emotional intelligence, PACE parenting (playfulness acceptance curiosity and empathy), assumptions, unmet needs and core values and beliefs. The mother has excelled in her personal development and engaged fully with enthusiasm and at week 10 children's services closed the case due to positive progress.

Conclusion and Impact

The 1:1 sessions were ongoing to maintain progress for a further eight weeks. The mother and the child reported that their relationship has improved and it's apparent in observation that both clients are more connected and overall, in a "happier" space. The family now feel content that they can maintain the progress without any additional support and so support has now ended.



Case study (tier 3) high level needs and support 12-18 months

"If it wasn't for Lisa I'd still be in the gutter or dead. She and CUBE have helped me get my life back, they've saved me and my daughter"

Family Experiences

The mother was signposted via social services with complex needs including; high levels of anxiety and had been stuck in a cycle of a domestic abusive relationship that had been ongoing for 12 years. The mother's child was placed on the child protection register, due to the client's inability to be able to move past the abuse and to make rational decisions to best support themselves and their child. The mother due to previous trauma had emotional dysregulation and both mother and child had several Adverse Childhood Experiences (ACEs) which was a contributing factor to the required support. The mother was wishing to establish a new relationship but wanted to ensure that they could recognise unhealthy relationships and that this would contribute positively to the family, ensuring historic patterns were not repeated. We made a plan that the mother would receive ongoing support to firstly maintain themselves before introducing the "new partner" and children to the support offered by cube.

The outcomes the family wanted:

1. Mother to regulate themselves.
2. Child to be removed from child protection register.
3. To recognise healthy relationships and to move on after harm.

Family Process & Support

The mother received 12 weekly sessions that specifically focused on how to manage themselves more effectively. Anxiety and irrational thoughts were consuming the client causing confusion and poor decision making. We specifically looked at reframing thoughts and using Cognitive Behaviour Therapy (CBT) to stabilise the client in the present moment. Due to the extended length of time that the client had been “stuck” in an ongoing cycle of domestic abuse she was in a constant state of high anxiety which led to their current challenges. We agreed that the mother would receive a high level of support until they began to stabilise.

The mother engaged with 1:1 session for one and half hours per week and also participated in our eight-week course that specialises in domestic abuse, and eight weeks attending our weekly support group which gave a secure space to enhance self-awareness and coping mechanisms.

We began by looking at the immediate challenges which ultimately led to the client being unable to regulate their emotions and thought processes. The first 12 weeks of coaching gave the client tools and techniques to be “aware” and seeking to changing their behaviour patterns and breaking old habits that were detrimental to them. At this stage in the support there was a need for a great deal of reassurance and encouragement to ensure the client could establish a sense of trust and rapport which ultimately leads to better outcomes.

Exploring the need for taking responsibility and personal choices were the basis of focus and progress. The client was in a mindset of blame, guilt, and fear, and therefore the development of emotional regulation and emotional intelligence played a big part in their shift of awareness. After 12 sessions a great improvement was observed in the mothers ability and strength to act in a more rational way and to be able to break their thoughts down to better process them and begin to make more resourceful choices.

The mother following this work was now in a more logical frame of mind and able to regulate more effectively and so we were able to move forward with our 1:1 sessions. The focus then changed at reflecting on how they fell into this

cycle in the beginning and dealing with the deep-rooted trauma they experienced as a child and later as a young adult. This reflective process explored and gave an understanding to the mother as to why and how this contributed to the choices she made as an adult.

During this time social services had noticed a great improvement in the mothers ability to respond and to be able to be consistent in how they managed their anxieties. Due to this positive development in the mother, social services decided to remove the child from the child protection register and the de-escalation of intervention to a care and support plan.

The mother at this time was also going through a family court proceeding and criminal proceedings to gain a stalking protection order for their safety.

Many of the 1:1 sessions focused on the superficial issues faced each week, giving the mother a space to off-load, process, and understand how to accept things as they are in this moment of time.

By month three the mother had stabilised and was now in the position to gain support for the wider family including pursuing the new relationship and coaching the partner along with introduction to the child.

The mother and her new partner engaged with eight weeks of couples coaching which amounted to a total of 12 hours support. The themes of focus for this support included; healthy relationships, communication skills, needs within relationships, and how to recognise and change unhealthy patterns.

The new partner also received 1:1 support which supported greater understanding of the impact of past trauma and how it affects the people around us. It gave the new partner an insight of how best to support the people in our lives and to show empathy and understanding but also how to apply self-care to themselves to manage their own “triggers” whilst facing challenges. The new partner fully engaged and implemented the suggested learning and strategies to support themselves and the mother / partner.

The mother was now ten months into “no contact ” with the previous domestic abusive relationship which was the longest period to date that they were able to maintain. At this point there were still ongoing police call outs

due to harassment and stalking. Despite this situation the mother was able to manage her day-to-day life with resilience and the “this is what it is” attitude. This gave the mother a sense of self-control and freedom, which was apparent in the way they presented themselves.

The mother and the new partner both continued weekly support where we built resilience around triggers and self-esteem. We reflected on core values and beliefs which improved both clients’ awareness in regards of how we view the world and act accordingly based on the information we were given and chose to believe. This made a great shift with the mother and new partner which enhanced progress in moving from anger, blame, and guilt to acceptance, understanding, and forgiveness. This is key to being able to let go and move on from harm. Due to this personal development of both the clients we started to support the child of the mother who was of primary school age.

The child had been subjected to abuse from an adult and witnessed seven years of domestic violence which resulted in the child having severe Adverse Childhood Experiences (ACEs) and delayed emotional regulation for a child their age. I held eight weekly sessions with the child where we explored gaining trust and security. It was apparent that the child had neurodevelopmental delay and showed signs of Autism traits but this could have been symptoms from the impact of trauma. The child was referred to a paediatrician for a full assessment. In the meantime, the child gained continued support with emotional regulation and age-appropriate communication skills.

In month nine of engagement with Side-by-Side the mother was facing family court proceedings so weekly sessions were held in supporting the mother for the hearing. The focus during this time was breaking information down so it was easier to understand to support preparation for the mother to have the mental space to be able to attend court and give evidence without it having a detrimental effect on their well-being.

At this point children services had closed the case for the child due to the significant improvement of the mother. The mother then attended our eight-week therapeutic parenting course to best support the child whilst still waiting for them to be assessed. During these eight weeks the topics explored were PACE parenting (playfulness acceptance curiosity and empathy), unmet needs, natural

consequences, connection before correction, and co-regulation techniques.

Conclusion and Impact

The mother has now obtained a stalking protection order and family court has ordered a no contact order regarding the child and her father. This outcome will provide the highest form of protection for the family going forward.

The mother and new partner are now expecting a new baby and the family are enjoying life and are finally able to live a life they deserve with healthy relationships and high well-being. 18 months after initial support from Side-by-Side started the family have now finalised their journey with CUBE.

Feedback from the Family

I’ve noticed a significant improvement in myself since attending the CUBE and working with Lisa 2-3 times a week. Lisa have put so much time and hard work in to helping me find my confidence and learning new skills to have more confidence in myself and helping me get my anxiety and insecurity under control. Lisa tailors every situation or problem I go to her with and helps break it down to a point where it’s understandable and manageable to be able to process and manage to the best of my ability and most effectively.

The pattern change course have changed my life tremendously, I was at rock bottom August 2022 and didn’t know where to start to get help or try and better my future and Lisa literally saved my life, Lisa is very approachable and understanding and does everything in a non-judgmental way, the way Lisa works I find is very productive and everything is relatable, Lisa always gives examples of anything she teaches and I wouldn’t be where I am today without all of Lisa help.

All aspects of my life was falling apart last year in 2022, my anxiety was at its worst, I felt trapped in a domestic relationship that I had been stuck in for 12 years, my daughter was on child protection register due to my anxiety and with the help of Lisa. I was able to get my daughter signed off the register in 3 months to witch everyone told me I wouldn’t be able to do as its very hard to get signed off in such short time but I did it as social services could see the tremendous improvement in myself and anxiety. Through all the hard work that Lisa dedicated

to me I've got my anxiety under control to the point where it's almost non-existent, I have a new home, my daughter is off the register and I feel the best I have felt in over 12 years.

If I could give anyone any advice if they are struggling it would be to attend the classes with Lisa as it's completely helped me get over and past the things I've only dreamt of for so many years.

Case study (tier 3) high level needs and support 12-24months

"Lisa has saved our lives; she has helped us to get on track and be good parents. We're ready for our children to come home. I know they will because of how we've both changed."

Family Experiences

Mother self-referred to Side-by-Side following a road traffic accident where she was driving under the influence of a substance with her children in the car. Due to this, social services were involved and the four children were removed and placed into the mainstream care system.

The mother presented with high anxiety and was scared and frustrated. I could see how the panic and shame had influenced the mother to be acting illogically and frantically. There was lack of accountability around events and an inability to have an acceptance to what was happening. This had led to the mother developing a strained relationship with the children's social worker which was ultimately having a detrimental impact on the chances of the children being returned in the near future. The mother emphasised how she sat outside the social workers office day and night demanding answers and explanations. As you can imagine this gave the impression to professionals that

the mother was unstable and appeared hostile with an inability to self-regulate and rationalise.

There was a history of domestic disputes between mother and family and also disputes within the mothers and fathers relationship. The mother and father had been in a relationship since they were young and the father had been previously convicted and served a custodial sentence for having underage intercourse and had been placed on the sex offenders list. Both parents have had early life trauma and were in and out of the care system with a chaotic upbringing. Both clients appeared to be neuro diverse. It was evident that these early life challenges played a major role as to why the mother and father lacked appropriate communication skills, emotional regulation, and the ability to recognise the importance that choices, responsibilities and consequences impact us as individuals parents, partners and members of society

The outcomes the family wanted:

1. Communication skills with professionals and each other
2. Manage their emotions to feel better understand how they ended up here.
3. The children to be returned to the family home.

Family Process & Support

Side-by-Side support started with working with the mother initially and then the father also then began accessing support 3 months later.

It was agreed with the mother that we would need to urgently address how her emotions were taking hold of her and causing major anxiety and lack of control over her behaviours. The first three months we worked with the mother using a range of different mechanisms dependent on how they presented during the session, meaning there was a variety of themes that we focused on. We explored and learnt about emotional intelligence in great depth, and we also reflected into our childhood experiences and how these influence who we become as adults. We also explored personal

responsibility and choice and how to develop acceptance of what the current situation and reality was. Sessions within the first 12 weeks were two to three times per week due to the level of need and the importance of consistency which would attribute to the clients progress. Within this time the mother also attended our eight-week course around domestic abuse and moving on from harm.

Month 3-6

We continued working with the mother on a 1:1 basis once a week and we looked at maintaining the progress she has already achieved and to strengthen her communication skills to support the mother during court proceedings and assessments. Due to the breakdown in communication between the mother and the social worker it was apparent that this was an immediate need. We looked at how we communicate and at how we perceive the world which influences how we communicate.

During this time the father began accessing support and he was very reserved and appeared extremely sad and anxious. The father found it difficult to give eye contact and at times couldn't vocalise what he wanted to say. We decided we would have weekly sessions to work on his emotional wellbeing and to gain skills to communicate and be able to express himself appropriately.

Month 6-9

Mother and father both completed our parenting group twice, this is an eight-week course so they engaged a total of 16 weeks. During this time, we focused on our own upbringing and how our beliefs and values influence our parenting style which really guided the clients to reflect and understand how and why they were facing these current challenges. We also reflected on the impact of how our unmet needs are projected onto our children. We explored reward vs punishment and this gave space for both parents to be conscious of how we have the responsibility to nurture and use empathy in caring for our children.

We also carried out joint sessions as a couple to look at healthy relationships and appropriate attachment styles within relationships. This shifted the awareness to what may have caused previous conflict in the relationship. They both have implemented the suggested strategies

to use logic, response, and self-awareness to positively impact their relationship to be more connected and understanding of themselves and each other.

During this timeframe support was also given in preparation for assessments and court hearings. This support entailed gaining the ability to assert oneself, along with accepting accountability, with the intention to move forward to change positively and learn through previous unhelpful choices. This approach was implemented in a non-judgemental way to reduce the sense of shame which would only prevent them moving forward and could hold a risk of regression. Both clients engaged and implemented learnt strategies which was apparent in how they began presenting themselves.

9-12 months

The next phase of support included weekly sessions with the father where we focused on past life trauma. This was a complex stage which explored Adverse Childhood Experiences (ACEs) and understanding that these past traumas contributed to the development of adulthood behaviours and challenges. These sessions also explored bereavement, confidence, and establishing a positive sense of self.

The mother continued to work on sustaining her emotional and mental wellbeing. It was also apparent that they were both able to accept accountability and understand how to move forward. They had to accept the fact that the choices they have made consciously or unconsciously had led them to being in a position with limited choices and control over the outcomes that court proceedings may provide. Preparation here was key and there was a focus of equipping both parents with the tools and techniques to see past things personally and to look at every mistake as a lesson learnt.

12-18 months

A care order was granted, following this outcome appropriate support was given regarding managing unhelpful thoughts of guilt, regret, and blame towards themselves and others.

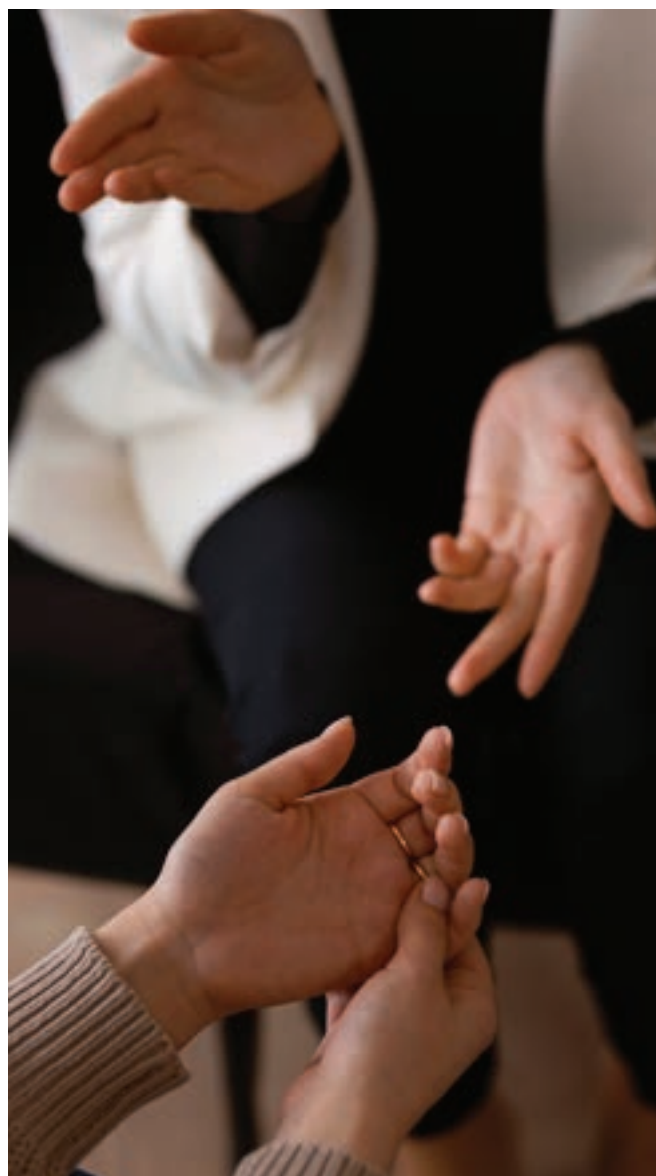
A "looking forward with a plan" was established to support both parents to achieve expected

outcomes from the judgement to be re-assessed in the future with the potential of the children being reunited with parents.

Guidance around implementing all they have learnt and maintaining this was the main intention during this period along with supporting the parents to implement a therapeutic approach during contact with the children which supports their current placements of residence.

Conclusion & Impact

The parents have now proceeded to apply for a revoke of the care order and to be assessed to move forward to reuniting the family. Both parents have shown huge personal growth as individuals and as partners within their relationship. CUBE will continue to support the family for as long as required.



Side-by-Side and the Policy Context

It is useful to consider how CUBE's Side-by-Side model of whole-family restorative practice relates to the policy context in Wales and the wider UK. It is fair to state that the whole-family restorative approach captured in this report, as well as the significant positive outcomes and impact on families does have high resonance with several key policies and practice in the UK and Welsh context. Indeed, the model, approach and outcomes that Side-by-Side achieves should be noted and of interest to many within social work / care and social services and the criminal justice system including more specifically youth justice.

Social Care & Social Services

MacAlister (2022), the chair of the independent review of children's social care explains that deprivation is now accepted as having a major causal relationship between family maltreatment and state intervention. MacAlister (2022) states that the government's main focus should be on supporting the resources of families and the wider community and maintaining a family nucleus by supporting families to raise their children not through statutory intervention. The review discusses the need to support family members with their wider needs including general parenting support but also safe accommodation, mental health support, and substance use. CUBE offers this model of practice and works in a way that illustrates MacAlister's (2022) family approach and arguably offers more.

It has been clearly captured that CUBE embodies a strong restorative approach to the families it supports through the Side-by-Side project. The practises of a restorative approach, participation, collaboration and inclusion are central to how CUBE operates. The work, ethos, and practice of CUBE therefore align clearly and well to the principles of the Social Services and Well-being Act 2014 in Wales. The Act is founded on five underlying principles that practice should focus on: voice and control, prevention and early intervention, well-being, co-production, and a multi-agency approach. It is clear that CUBE and the Side-by-Side model of practice support these principles and

the powerful narratives shared by both families and practitioners of CUBE have explained how they are listened to and heard, take control and active-decision-making of their own development and growth, that the model is aimed at early intervention and prevention, focuses on overall well-being of individuals and families, and uses co-production to develop and manage CUBE. CUBE also works within a multi-agency context and often advocates for families with a whole range of other statutory services including social services, the criminal justice service, and education.

Violence against Women and Girls

The Welsh Government recently published its, Violence Against Women, Domestic Abuse and Sexual Violence (VAWDASV) Strategy (2022) which has been further supported by the more recent Violence against women, domestic abuse and sexual violence: blueprint high level action plan (2023). This strategy, has built upon the Violence against Women Domestic Abuse and Sexual Violence (Wales) Act 2015. The Welsh Government and Policing in Wales have agreed to adopt a Blueprint approach to support delivery against the Strategy, meaning a whole-system approach involving devolved, non-devolved agencies, non-governmental organisations, specialist services and survivors could all work together to achieve the vision.

Like many of the more recent policy in Wales this Blueprint embodies a Public Health approach and the main principles and objectives of this strategy include the need for a whole society approach which:

- tackles male violence and creates increased accountability for those who perpetrate violence and abuse
- tackles public attitudes and increases awareness to children
- focuses on prevention and early intervention and provides inclusive, accessible, needs-led, and trauma-informed services that promote survivor voice
- develops services using co-production wherever possible building on the strengths of both survivors and perpetrators
- Develops greater understanding and evidence base practice on VAWDASV

The parallels with the VAWDASV strategy and the work of CUBE and their Side-by-Side whole family restorative practice model are clear. CUBE's Side-by-Side model of practice focuses on prevention and early intervention which lies at the core of the strategy and acknowledges the need to challenge the route and cause of VAWDASV. It has been clearly captured and discussed in the analysis of the focus groups and case studies that where there were women who had experienced or were experiencing domestic violence and sexual violence their needs were supported holistically offering a needs-led approach whilst ensuring survivor voice was really heard and supported. There has also been ample capture and discussion in this report of how the whole family approach of Side-by-Side works with all of the family, where appropriate, and works to develop personal responsibility and accountability and raise personal awareness. This means that all members of a family are supported to develop greater emotional and behavioural regulation, understand their triggers and trauma, and build knowledge, understanding, and skills to form and maintain healthy personal relationships. Some of the work that Side-by-Side do is of course with boys and young men who are part of the family and so the wider societal focus to challenge and reduce ongoing problematic toxic masculine cultures, norms and behaviours outlined in the VAWDASV strategy is also fulfilled by CUBE.



A focus on well-being and community strength

The Well-being of Future Generations Act (2015) also is of interest and how Side-by-Side supports the focus of this ambitious legislation. The Act outlines seven connected well-being goals for Wales and these include a: prosperous Wales, resilient Wales, healthier Wales, more equal Wales, Wales of more cohesive communities, Wales of vibrant culture and thriving Welsh language, and a globally responsible Wales. The work of CUBE does not support all of these goals but it does align well and support a number of them. The work and model of practice of Side-by-Side certainly works alongside individuals and families to develop themselves and raise their confidence, self-esteem and self-worth and in doing so they are better able to successfully commit to employment, education, and or training supporting a more prosperous Wales. The self-development focus of Side-by-Side and being better able to manage emotions, mental health, family and other social relationships also aligns well with the goal of a resilient Wales which includes 'social resilience.' The restorative approach that Side-by-Side delivers also, as has been clearly captured, focuses on developing overall health and well-being and so supports the goal of a healthier Wales too. Side-by-Side work with families in the Barry community, which is an area of high deprivation and low-socioeconomic levels. CUBE work with families to support their personal growth and development so that they can increase their self-agency and make more informed life choices and access appropriate opportunities and reach their full potential, and so also support the more equal Wales goal within the Act. Finally, Side-by-Side and CUBE have a strong co-production community focus and so this resonates strongly with the cohesive communities goal of the act and particularly the elements of creating safe and connected communities.

Youth justice

In relation to the youth justice context within the UK the Side-by-Side whole family approach at CUBE also has strong resonance and relevance for future work. The Youth Justice Board for England and Wales (YJB) is the government body that oversees the youth justice system and provision of youth justice services and their new vision (Youth Justice Board, 2024: p7) is for: 'A youth justice system that sees children as children first, treats them fairly and helps them to build on their strengths so they can make a constructive contribution to society. This will prevent offending and create safer communities with fewer victims.' A child first approach follows four tenants and the YJB (2024) have captured these using 'ABCD' as a way to promote these, they are:

As children Prioritise the best interests of children and recognising their particular needs, capacities, rights and potential. All work is child-focused, developmentally informed, acknowledges structural barriers and meets responsibilities towards children.

Building pro-social identity Promote children's individual strengths and capacities to develop their pro-social identity for sustainable desistance, leading to safer communities and fewer victims. All work is constructive and future-focused, built on supportive relationships that empower children to fulfil their potential and make positive contributions to society.

Collaborating with children Encourage children's active participation, engagement and wider social inclusion. All work is a meaningful collaboration with children and their carers.

Diverting from stigma Promote a childhood removed from the justice system, using pre-emptive prevention, diversion and minimal intervention. All work minimises criminogenic stigma from contact with the system.

The Government (Gov.UK, 2024) have also recently highlighted how Local Authority Partnerships now have a statutory duty to submit a youth justice plan relating to their

provision of youth justice services. The plan needs to address how services will support the vision of best practice which is a youth justice service that focuses on early prevention and within-community practice using: restorative approaches and a child first and strengths-based approach, so that a child-first justice system is created within England and Wales.

When analysing the themes outlined above from both the YJB (2024) and the Government (2024) on what effective youth justice service practice is and should embody, the main themes relate to a child first approach that treats children as children, empowers children, builds on their strengths, and supports pro-social identity development, a process that is collaborative and inclusive, that focuses on prevention, early intervention and diversion away from the formal systems in the criminal justice system to restorative and community based support and intervention. This directly relates to CUBE's side-by-side whole-family restorative model of practice and this model could easily be viewed as fulfilling the vision and model of practice outlined as needed for YJS's from 2024 in England and Wales.

The Local Government Association (2022) add further support where they have found there is a strong evidence base for building a youth justice service that uses family systems approaches for children that work with the whole family in therapeutic ways. Their research proposes that such work has positive impact on reducing aggressive, disruptive and antisocial behaviour within social and educational settings and also supports reduction in substance use. They add that restorative approaches are effective for older children and that children should be diverted away from formal youth justice services to more appropriate activities and support. The report adds that focus should always be on the earliest intervention so harm from engagement with the criminal justice system is avoided. They do highlight that there is a need more research in using restorative approaches with younger children but also state that therapeutic interventions that use cognitive and behavioural therapies (CBT) should be more available for younger children. This evaluation and report of Side-by-Side has clearly captured how the approach supports children and the whole family by using both a restorative whole family approach and therapeutic support using CBT approaches to support family members including younger and older

children. The Local Government Association (2023) also highlight work in Coventry where a whole-family approach to youth justice has been modelled. The impact and success of this has been positive and supports the need for whole-family models for effective youth justice services 'in recognition of the fact that families and wider networks are a key factor in reducing reoffending and meeting young people's underlying needs.'

Indeed, within a Welsh context the Welsh Government and Ministry of Justice (2019) published the Youth Justice Blueprint for Wales which has a strong focus on prevention and early intervention, pre-court diversion and supports interventions that are within community settings. The Blueprint also takes a 'children first' approach to youth justice and so as outlined above works to ensure that it is child-centred rather than service focused, and ensures support and services meets the individual needs of children and responds to their best interests.

Trauma-Informed Practice

The Youth Justice Blueprint for Wales (2019) directs that youth justice needs to embody a trauma-informed approach throughout the youth justice system ensuring there is effective recognition and support for ACE's and complexity of needs including within-community approaches.

ACE Hub Wales and Traumatic Stress Wales published a framework for a Trauma-Informed Wales in 2022 offering a societal approach to understanding, preventing and supporting the impacts of trauma and adversity. The Framework offers a vision of practice that is strengths-based and outcomes focused and highlights what support individuals, families, and communities should expect across Wales in terms of their trauma-informed support. The framework proposes that trauma-informed practice should work with people based on their individual, family, and community needs and support healing and personal growth whilst using processes that mean people feel safe, valued, and connected and are personalised, co-produced, and specialist where needed. This brief summary mirrors strongly what the Side-by-Side model of restorative practice achieves and this has been powerfully supported across all focus group data, well-being data, and the case studies.



The framework and definition of trauma-informed practice embodies both an evidence-informed approach and a culturally specific one that is relevant to Wales and how certain Welsh communities are disproportionately affected by adversity and trauma and that this has strong links to socio-economic and social factors. In Wales a trauma-informed approach has been defined as (ACE Hub Wales and Traumatic Stress Wales, 2022: p10):

“A trauma-informed approach recognises that everyone has a role in sensitively facilitating opportunities and life chances for people affected by trauma and adversity.

It is an approach where a person, family, community, organisation, service or system takes account of the widespread impact of adversity and trauma and understands potential ways of preventing, healing and overcoming this as an individual or with the support of others, including communities and services.

It is where people recognise the multiple presentations of being affected by trauma in individuals, families, communities, staff, and others in organisations and systems across all Welsh society.

In this approach knowledge about trauma and its effects are integrated into policies, procedures, and practices. It seeks to actively resist traumatising people again and prevent and mitigate adverse consequences, prioritising physical and emotional safety and commits to ‘do no harm’ in practice and to proactively support and help affected people make their own informed decisions.”

The CUBE model of practice meets this definition well and when referring to the all of the analysis in this report it is clear that the practitioner team embody a trauma-informed approach and that one of the underlying understandings of the Side-by-Side model of practice is that trauma can cause deep rooted emotional and behavioural issues that need to be effectively supported for appropriate healing and personal growth. Indeed, the CUBE approach is one that is embedded within the community, uses co-creation and sensitive holistic approaches to increase individual and family well-being.

The trauma-informed framework also includes five practice principles and these are captured below (ACE Hub Wales and Traumatic Stress Wales, 2022: p11)

THE 5 PRACTICE PRINCIPLES

A universal approach that does no harm, proactively supports and encompasses community-led approaches, prevention initiatives and specialist therapies to enable transformation within systems.



Person centred: the person is always at the centre of a trauma-informed approach. It takes a co-productive, collaborative cross-sector approach to identifying understanding and supporting the person's needs. It promotes psychological and physical safety by promoting choice, collaboration and transparency.



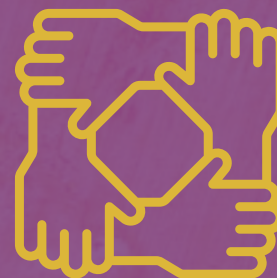
Relationship-focused: safe, supportive, empathic, compassionate and trusting relationships are central to a trauma-informed approach.



Resilience and strengths-focused: a trauma-informed approach builds on the natural resilience of individuals, families and communities.



Inclusive: a trauma-informed approach recognises the impact of diversity, discrimination and racism. It understands the impact of cultural, historic and gender inequalities and is inclusive of everyone in society.



When using these five practice principles as a lens to evaluate the practice of CUBE and their Side-by-Side whole-family restorative approach it is quick process to know that they represent excellent trauma-informed practice. The CUBE uses a community-led approach which is known to all who access its services and this was evident from the focus group with families as well as families understanding that the 'work' as some called it was to ensure that their families worked on their challenges so that it would prevent further family breakdown and risks to (further) engagement with other services such as the criminal justice service or social services. It has also been shown with any doubt that Side-by-Side offers a service that is relationship focused, inclusive, and supports the development of resilience and focuses on building on people strengths. Therefore, Side by Side does clearly meet the five principles of trauma-informed practice.

The final theme for discussion in relation to the Wales Trauma-Informed Practice Framework (2022) is the four defined practice levels they have identified and these are: Trauma-aware, Trauma-skilled, Trauma-enhanced, and Specialist providers. The levels describe the different roles that people may have within a variety of contexts and represent a spectrum rather than a hierarchy and are all underpinned by the five practice principles. The overarching themes within the levels of practice are that services should be compassionate and empathic, co-created, and support greater self-awareness and self-determination in the individual, family, and community.

CUBE illustrate good practice in relation to being Trauma-aware and meet some of the 'what looks good' examples highlighted within the framework (ACE Hub Wales and Traumatic Stress Wales, 2022: p13-14). Indeed, CUBE have invested in training and resources to develop trauma-informed policies and ways of working and how their practice model is one based in reflective practice. As has been illustrated within this report the Side-by-Side model of practice also uses 'compassion, kindness and supportive and facilitating relationships within the family.' It is also easy to assert that Side-by-Side also 'strengthens existing individual positive coping mechanisms and the development of resilience from childhood adversity and other traumatic events' and ensures the support process is one that is 'inclusive, involved and connected community' and supports

the development of 'control of destiny and management of emotions.' The work that the Side-by-Side achieve also clearly 'helps to foster supportive relationships within families/other support networks and communities' and works with individuals and whole-families to support 'understanding that distressing reactions to trauma are normal but not universal and can be overcome' by promoting positive and empowering ways to respond to trauma that also 'reduces stigma, labelling and victim-blaming.' The Side-by-Side model also has powerfully shown that the process 'provides the individual or family with opportunities for wellbeing and resilience building, prioritising their preferences and needs.' It is fair to state that Side-by-Side operates at a Trauma-aware level of practice.

When analysing whether CUBE fulfils what it means to be 'Trauma-Skilled' it is obvious that it does when referring to the Framework (ACE Hub Wales and Traumatic Stress Wales, 2022: p15-16). The Side-by-Side model and what the families have shared that they feel clearly aligns to focusing 'on providing safety and promoting trust, preventing and mitigating the impacts of adversity and other traumatic experiences, and preventing traumatising people again' as outlined under this level of practice. When asking if CUBE 'provides the individual or family with compassionate, person-centred and individualised support and care in language that they understand' it is clear that such practice is the CUBE way when referring to the focus group data and case study feedback in this report. The focus group with practitioners also shared how CUBE 'practitioners recognise the impact that life experiences and social factors have on individuals, and recognise the prevalence and range of adversity, traumatic experiences and impacts' and that all of the team had clear understanding of 'the central importance of safe relationships and the importance of trust' and having practice that meant 'access to support is needs led and responses informed by an understanding of the experience of the individual' and that 'Individuals receive the support that they need to achieve more positive outcomes for their health, physical and mental wellbeing.'

CUBE and their Side-by-Side whole-family restorative practice service is also 'Trauma-Enhanced' as characterised within the Trauma-Informed Practice Framework (ACE Hub Wales and Traumatic Stress Wales, 2022: p16-17). It is

fair to state that the Side-by-Side team and indeed all the CUBE team 'have regular and intensive interactions with people known to have been affected by adversity/ traumatic experiences, and who provide specific supports or interventions' and that part of their reflective process seeks to support families who are 'experiencing negative coping strategies and behaviour' to 'understand that this may be rooted in their trauma experience(s) even if this is no longer taking place.' The CUBE approach also individuals and families with 'a consistent approach across the range of organisations that they access, to ensure that there is no wrong door to accessing helpful support' and this has been captured in the case studies and focus groups illustrating the advocacy and support provided for families that are engaged with social services, education, and the criminal justice system. Importantly, as this is a main focus for CUBE, is the belief that families should, where appropriate and not risking harm, be kept as a family unit and that this offers the best opportunity for healthy lives.

Side-by-Side is also an example of a 'Specialist provider' level as defined within the Trauma-Informed Practice Framework (ACE Hub Wales and Traumatic Stress Wales, 2022: p18-19). This is due to CUBE being a service that provides 'low or high intensity, formal evidence-based or evidence-informed interventions for people impacted by traumatic events' and as captured within the practitioners focus groups and within the Side-by-Side model of practice overview, it has been developed using research and an evidence-informed approach. Side-by-Side also focuses on using co-production in their assessment and planning work with individuals and families which is another element of the characteristic of a specialist provider. It is true to also states that all families that have engaged with Side-by-Side felt 'safe when accessing specialist support and supported to make choices through trust and collaboration with practitioners and services' and that Side-by-Side offered support that was 'compassionate, collaborative and person-centred.' Finally, families that have engaged with Side-by-Side are part of their own learning and development and so are part of understanding and evaluating 'their own outcomes using wellbeing measures, goal-based outcomes, and satisfaction measures, to ensure that the therapies are helpful and meaningful to them.'

It is clear from analysing the Side-by-Side model of practice in relation to the wider policy and practice context in England and Wales that there is a great deal of high relevance across many sectors. The applicability of Side-by-Side to social care, social services, and youth justice whilst illustrating a trauma-informed approach that supports the well-being objectives outlined in the Well-being of Future Generations Act (2015) should be of high interest to those leaders and academics that work within those spaces.



Conclusion & Recommendations

This report offers an in-depth evaluation and analysis of the Side-by-Side whole family restorative practice model that CUBE uses to support families in the Barry community in south Wales. The evaluation used a range of methodologies to support a deep and layered understanding of the experiences of families that engage with CUBE as well as an understanding of the model of practice that Side-by-Side uses and how that relates to the wider policy and practice context.

The Side-by-Side model is an approach that focuses on the whole family using restorative practice to support all individuals within a family and understands the value and importance of keeping families together, whenever possible and appropriate. The model of practice supports complex needs and it is an early intervention and prevention support service based within the community. CUBE as an organisation is community serving and community led and the Side-by-Side project also uses co-production. The Side-by-Side model has been created on the understanding that inclusive and empowering services use shared decision-making as a process so that individual and family needs are met appropriately and inclusively.

The evaluation has powerfully and clearly captured the significant impact that Side-by-Side has had on 20 families who have engaged with it over the last two years. It is not overstating the findings of the evaluation that it has literally saved lives and protected families from greater risk and harm. The work of the practitioners at CUBE have stopped not simply the breakdown of families but empowered children and adults within families, and as a whole family unit, to feel more connected and empowered and much better able to support themselves and their family. It is also the case that the work of CUBE has meant that families also feel greater connection to their community and are more confident in their wider social worlds such as school, work, and when dealing with the day to day of life.

The Side-by-Side model of practice is complex and takes practitioners with high expertise to be able to facilitate it. CUBE practitioners also

have lived experiences that are similar to the families they are supporting and this has been captured as another powerful element in the way they offer their restorative practice.

In relation to how the Side-by-Side model of practice could be used in the future then it is obvious it has powerful applicability to the wider policy and best practice contexts in England and Wales. Indeed, the Side-by-Side model offers high resonance to the family focus within Social Care and Social Services (Social Services and Well-being Act, 2014) and the focus of early intervention and prevention within a VAWDASV strategy (2022) context. There is also high alignment to the objectives and themes set out in the Well-being of Future Generations Act (2015). The way that Side-by-Side supports children and young people means that it also offers high potential for use within Youth Justice provision and uses a 'child first' approach as outlined as core good practice by the Youth Justice Board, (2024). This report also has illustrated how Side-by-Side supports the vision and approach of the Wales specific Youth Justice Blueprint (2019). Across all of the discussed policy and practice contexts in this section there is a 'golden thread' and that is the need for Trauma-Informed Practice as identified by ACE Hub Wales and Traumatic Stress Wales in their framework (2022) and the Side-by-Side approach also powerfully embodies this as a bedrock of their practice.

Following this evaluation report the following recommendations are suggested:

1. To disseminate the findings of this report to appropriate professional and academic networks and forums
2. Explore partnership and or a new project within the Youth Justice Service where the Side-by-Side model could be piloted
3. Increased funding for CUBE in Barry to increase and develop workforce to offer more family support using the Side-by-Side model of practice
4. Development of other locations for the Side-by-Side model of practice
5. Larger scale research project using a comparative analysis with a locality that does not use the Side-by-Side model
6. Development of an anti-racist action plan and strategy for CUBE to meet this unknown need within the Barry community

References

- Abel KM, Hope H, Swift E, et al. (2019). Prevalence of maternal mental illness among children and adolescents in the UK between 2005 and 2017: A national retrospective cohort analysis. *Lancet Public Health* 2019;4:e291e300. [https://doi.org/10.1016/S2468-2667\(19\)30059-3](https://doi.org/10.1016/S2468-2667(19)30059-3)
- Abrams, G. (2023). A RESTORATIVE PRACTICES STRATEGY TO ADVANCE COMMUNITY HEALTH. International Institute Restorative Practices Grad School. Available at: https://www.iirp.edu/images/2023/A_Restorative_Practices_Strategy_to_Advance_Community_Health_08282023.pdf
- ACE Hub Wales and Traumatic Stress Wales (2022). Trauma-Informed Wales: A Societal Approach to Understanding, Preventing and Supporting the Impacts of Trauma and Adversity. Available at: [file:///C:/Users/highe/Downloads/Trauma-Informed-Wales-Framework%20\(5\).pdf](file:///C:/Users/highe/Downloads/Trauma-Informed-Wales-Framework%20(5).pdf)
- All Party Parliamentary Group Investigation. (2022). Implementing restorative practices in education, health and social care. Advisory Board Investigation Report. Available online: <https://restorativejustice.org.uk/sites/default/files/resources/files/RJ%20Briefing%20Paper%20WS3%20Briefing%20Paper.pdf>
- Barlow, J., Smailagic, N., Huband, N., Roloff, V. and Bennett, C. (2012) 'Group-based parent training programmes for improving parental psychosocial health (Review)', *Cochrane Database of Systematic Reviews* 2012, 6, CD002020. Available at: https://www2.warwick.ac.uk/fac/med/about/centres/wifwu/research/sr/psychosocial/parental_psychosocial_health.pdf
- Clarke GM, Conti S, Wolters AT, Steventon A. (2019). Evaluating the impact of healthcare interventions using routine data. *BMJ*. 2019 Jun 20;365:l2239. doi: 10.1136/bmj.l2239. PMID: 31221675; PMCID: PMC6584784. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6584784/>
- Criminal Justice in Wales. (2022). Criminal Justice Anti-Racism Action Plan for Wales. Lead author, Mark Jones. Available at: https://assets.publishing.service.gov.uk/media/6399b4cbd3bf7f7b70131368/Criminal_Justice_Anti-Racism_Action_Plan_for_Wales_-_Interactive.pdf
- Devaney, C., Brady, B., Crosse, R., & Jackson, R. (2023). Realizing the potential of a strengths-based approach in family support with young people and their parents. *Child & Family Social Work*, 28(2), 481–490. <https://doi.org/10.1111/cfs.12978>
- Dodzro, R. (2023). The Life of a Top Boy: A qualitative exploration of young, Black men and their stories of experiencing violent activity in the context of gang affiliation and trauma, presented at the Black Men, Trauma and Mental Health, 3rd Annual Conference, By Community Trauma Conference UK, Online, Saturday 28th October 2023.
- Fay-Ramirez, Suzanna. (2016). Therapeutic Practice through Restorative Justice: Managing Stigma in Family Treatment Court. *QUT Law Review*. 16. 50. 10.5204/qutlr.v16i3.669.
- Fives, A., Keenaghan, C., Canavan, J., Moran, L. and Coen, L. (2013) Evaluation of the Restorative Practice Programme of the Childhood Development Initiative, Dublin: Childhood Development Initiative.
- Gatsou, L., Yates, S., Goodrich, N., and Pearson, D. (2017) The challenges presented by parental mental illness and the potential of a whole-family intervention to improve outcomes for families. *Child & Family Social Work*, 22: 388–397. doi: 10.1111/cfs.12254.
- Gordon BG (2020) 'Vulnerability in Research: Basic Ethical Concepts and General Approach to Review' *The Ochsner Journal* 20(1): 34–38 <https://doi.org/10.31486/toj.19.0079>
- Gov.UK (2024). Guidance: Youth justice plans: guidance for youth justice services. Updated 19 March 2024. Available at: <https://www.gov.uk/government/publications/youth-justice-plans-guidance-for-youth-justice-services/youth-justice-plans-guidance-for-youth-justice-services>
- Greene, D. (2013) 'Repeat performance: is restorative justice another good reform gone bad?', *Contemporary Justice Review: Issues in Criminal, Social, and Restorative Justice*, 16, 3, 359–90.
- Hopkins, B. (2009) *Just Care; Restorative Justice Approaches to Working with Children in Public Care*, London: Jessica Kingsley.
- International Institute for Restorative Practices. (2023). Restorative practices explained. <https://www.iirp.edu/restorative-practices/explained#:~:text=Restorative%20>

practices%20is%20a%20field,indigenous%20communities%20throughout%20the%20world.

Leamy M, Bird V, Le Boutillier C, Williams J, Slade M. (2011) Conceptual framework for personal recovery in mental health: systematic review and narrative synthesis. *Br J Psychiatry*. 2011 Dec;199(6):445-52. doi: 10.1192/bjp.bp.110.083733. PMID: 22130746.

Lloyd, G., McCluskey, G., Riddell, S., Stead, J., Weedon, E. and Kane, J. (2007) The Executive Summary of Research into Restorative Practices in Three Scottish Councils. Available at: <http://www.scotland.gov.uk/Publications/2007/08/23161140/0>

Local Government Association (2022). Supporting the youngest children in the youth justice system: what works to reduce offending and improve outcomes? This report was commissioned by the Local Government Association and produced by Dr Patricia J. Lucas and Dr Jo Staines, independent social researchers. Available at: <https://www.local.gov.uk/publications/supporting-youngest-children-youth-justice-system-what-works-reduce-offending-and>

Local Government Association (2023). Coventry: Taking a whole-family approach to youth justice. Available at: <https://www.local.gov.uk/case-studies/coventry-taking-whole-family-approach-youth-justice>

MacAlister, J. (2022). The independent review of children's social care – Final report Research report May 2022. Available at: https://assets.publishing.service.gov.uk/media/640a17f28fa8f5560820da4b/Independent_review_of_children_s_social_care_-_Final_report.pdf

Merkel-Holguin, L. and Marcynyszyn, L. (2015) 'The complexity of fidelity in measuring system change: the case of family group decision making,' *British Journal of Social Work*, 45, 2, 724–36.

McCluskey, G., Lloyd, G., Kane, J., Riddell, S., Stead, J. and Weedon, E. (2008) 'Can restorative practices in schools make a difference?', *Educational Review*, 60, 4, 405–17.

McCluskey, G. (2018). Restorative approaches in schools: Current practices, future directions. in J Deakin, E Taylor & A Kupchik (eds), *The Palgrave International Handbook of School Discipline, Surveillance and Social Control*. Palgrave, Basingstoke, pp. 573–593. <https://doi.org/10.1007/978-3-319-71559-9>

MINISTRY OF JUSTICE (2014). Restorative Justice Action Plan for the Criminal Justice System, London: Ministry of Justice.

Nicholas Kofi Adjei, Daniela K. Schlüter, Gabriella Melis, Viviane S. Straatmann, Kate M. Fleming, Sophie Wickham, Luke Munford, Ruth McGovern, Louise M. Howard, Eileen Kaner, Ingrid Wolfe, David C. Taylor-Robinson. (2024). Impact of Parental Mental Health and Poverty on the Health of the Next Generation: A Multi-Trajectory Analysis Using the UK Millennium Cohort Study, *Journal of Adolescent Health*, Volume 74, Issue 1, 2024, Pages 60-70, ISSN 1054-139X. Available at: <https://doi.org/10.1016/j.jadohealth.2023.07.029>.

Office for National Statistics (2018). Personal well-being user guidance. Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/methodologies/personalwellbeingsurveyuserguide>

Pennell, J. and Burford, G. (2000) 'Family group decision making: Protecting children and women, *Child welfare*', 79, 2, 131–58.

Restorative Justice Council (2015). RJC principles of restorative practice - results of 2015 consultation. Available at: <https://restorativejustice.org.uk/resources/rjc-principles-restorative-practice-results-2015-consultation>

Rossner, M. (2017). Restorative justice in the 21st century: making emotions mainstream. IN Liebling, Alison, Maruna, S. and McAra, Lesley, (eds.) (2017). *The Oxford Handbook of Criminology*. Oxford, UK: Oxford University Press.

Sakata, N. (2023). Embracing the Messiness in Mixed Methods Research: The Craft Attitude. *Journal of Mixed Methods Research*, 17(3), 288–307. <https://doi.org/10.1177/15586898221108545>

Sandberg, S and Ugjelvik, T (2016) 'The Past, Present and Future of Narrative Criminology: A Review and an Invitation' *Crime, Media and Culture* 12(2): 129-136.

Sanscartier M. D. (2020). The craft attitude: Navigating mess in mixed methods research. *Journal of Mixed Methods Research*, 14(1), 47–62. <https://doi.org/10.1177/1558689818816248>

Save the Children (2010) Early Intervention Review. Available at: <https://www.savethechildren.org.uk/sites/default/files/>

- Sim, J., & Waterfield, J. (2019). Focus group methodology: some ethical challenges. *Qual Quant* 53, 3003–3022 (2019). <https://doi.org/10.1007/s11135-019-00914-5>
- Sinha IP, Lee AR, Bennett D, et al. (2020). Child poverty, food insecurity, and respiratory health during the COVID-19 pandemic. *Lancet Respir Med* 2020;8: 762e3. [https://doi.org/10.1016/S2213-2600\(20\)30280-0](https://doi.org/10.1016/S2213-2600(20)30280-0)
- TACSI (2024). Family by Family. Available at: <https://www.tacsi.org.au/our-work/scaling-program/family-by-family>
- van Wormer, K. (2003). Restorative Justice: A Model for Social Work Practice with Families. *Families in Society*, 84(3), 441–448. Available at: <https://doi.org/10.1606/1044-3894.127>
- Welsh Government (2015). VIOLENCE AGAINST WOMEN, DOMESTIC ABUSE AND SEXUAL VIOLENCE (WALES) ACT 2015. Available at: https://www.legislation.gov.uk/anaw/2015/3/pdfs/anawen_20150003_en.pdf
- Welsh Government (2015). The Well-being of Future Generations. Available at: <https://www.gov.wales/well-being-of-future-generations-wales#:~:text=This%20is%20about%20ensuring%20that,problems%20occurring%20or%20getting%20worse>
- Welsh Government and Ministry of Justice (2019). Youth Justice Blueprint for Wales. Available at: https://www.gov.wales/sites/default/files/publications/2019-05/youth-justice-blueprint_0.pdf
- Welsh Government (2022). Anti-racist Wales Action Plan. Available at: https://www.gov.wales/sites/default/files/publications/2022-06/anti-racist-wales-action-plan_0.pdf
- Welsh Government (2022). Violence against women, domestic abuse and sexual violence: strategy 2022 to 2026. Available at: <https://www.gov.wales/violence-against-women-domestic-abuse-and-sexual-violence-strategy-2022-2026>
- Welsh Government (2023). Violence against women, domestic abuse and sexual violence: blueprint high level action plan. How we will work with different organisations to implement our violence against women, domestic abuse and sexual violence strategy. Available at: <https://www.gov.wales/violence-against-women-domestic-abuse-and-sexual-violence-blueprint-high-level-action-plan.html>
- What Works Wellbeing (2020). ONS4 evaluations: what works to improve personal wellbeing? Available at: <https://whatworkswellbeing.org/blog/ons4-evaluations-what-works-to-improve-personal-wellbeing/>
- What Works Wellbeing (2021). Children and Young People's Measures: ONS4 evaluations and beyond. Available at: <https://whatworkswellbeing.org/resources/children-and-young-peoples-measures-ons4-evaluations-and-beyond/>
- Williams A. (2019). Family support services delivered using a restorative approach: A framework for relationship and strengths-based whole-family practice. *Child Fam Soc Work*. 2019 Nov;24(4):555–564. doi: 10.1111/cfs.12636. Epub 2019 Apr 2. PMID: 32194341; PMCID: PMC7067231.
- Williams, A., Bayfield, H., & Lyttleton-Smith, J. (2022). Launching the CUBE: Embedding a restorative approach in a co-produced community centre. March 2022, CASCADE. Available at: <https://cascadewales.org/wp-content/uploads/sites/3/2022/04/Launching-the-CUBE-Report-2022.pdf>
- Williams, A., & Segrott, J. (2018). Development of a Conceptual Model for Restorative Approach in Family Service Provision. *Social Policy and Society*, 17(4), 563–578. doi:10.1017/S1474746417000318
- Willmott, N. (2007) A Review of the Use of Restorative Justice in Children's Residential Care, National Children's Bureau http://www.restorativejusticescotland.org.uk/ncercc_rj_in_rcc_review.pdf
- Youth Justice Board. (2024). The Youth Justice Board strategy for delivering positive outcomes for children by reducing offending and creating safer communities 2024–2027. Available at: https://assets.publishing.service.gov.uk/media/6603e2ecc34a860011be7607/2024_03_26_-_6.8802_YJB_Strategic_Plan_2024_FINAL_v07_WEB.pdf
- Zernova, M. (2009). Integrating the restorative and rehabilitative models: lessons from one family group conferencing project, *Contemporary Justice Review*, 12:1, 59–75, DOI: 10.1080/10282580802681758. Available at: <https://doi.org/10.1080/10282580802681758>

APPENDIX I

RESTORATIVE APPROACHES CONVERSATION FRAME-WORK WITH FAMILIES FOR SIDE BY SIDE

What's happened, what has/is happened or happening?

This can be used as a timeline (what happened previously, then, and now)

What do you think about this or what have you thought about this? (this can be used as a timeline, what did you think before this happened, during and since)

How do you feel about this (this can also be used as a timeline; how did you feel then and now)

**Above in purple is to work with the person to find out their story (the narrative)*

Who has been affected by this and how?

**Above in red is looking at cause and effects (everyone has a unique and valued perspective and by exploring affects is also an opportunity for participants to re-sponsibility and accountability for their own part. By coming together in a meeting or in a family meeting not everyone has to agree but they must be willing to listen to everyone's own view/point/perspective.*

What do you need and how are you going to meet these needs?

- We are looking at unmet needs, as a challenging behaviour is a symptom of an unmet need (this doesn't mean that people with unmet needs should/could/do have unmet needs) we are saying that what we could be seeing is an unmet need presenting itself as a behaviour (it's the behaviours not the person that is challenging)
- When we talk about needs, we are not talking about (deeds or things) 'I need him/her to give me my phone back'? What does the phone represent to the person, do they need safety, communication?

How are you going to move on from this, what would you like to happen next?

- How do the family/individual want to move on after being harmed/caused harm?
- What would moving on look like as a family/individual?
- What would everyone need to see to know that they have moved on?



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