

Evaluating local services to reduce recurrent care

- › Pamela Cox and Susan McPherson, University of Essex
- › RiP Change Project – Evaluation Session – 6 Dec 2017



Background: Recurrent Care Proceedings

- A 'national problem with no name' (Cox, 2012)
- Study of 43,500 birth mothers in s.31 proceedings, 2007-14, using Cafcass data (Broadhurst et al, 2014)
- 1 in 4 re-appeared in subsequent proceedings within the 7yr window (ibid)
- 1-2 yrs following initial removal = high risk period for future pregnancy (ibid)
- no services for birth mothers/fathers post-removal



New interventions since 2011

- › **Pause** – Hackney Learning Trust/DfE pilots
- › **Positive Choices** – Suffolk County Council
- › **Space** – Cambridgeshire County Council
- › **Mpower** – Ormiston Trust, Ipswich and Norfolk
- › **Rise** – Southend Borough Council
- › **Step Together** – Venus, Merseyside
- › many other local initiatives...

Positive Choices service design

- › Tailored, client-led approach
- › Key worker, one-to-one, bespoke engagement
- › Support, self-reflection, self-care, motivation
- › Forward referrals to other agencies, including sexual health

Positive Choices pathway

- › Referral from range of agencies
- › Preliminary screening
- › Signed consent
- › Willingness and capacity
- › initial assessment
- › Support plan
- › Progress tracker
- › Exit pathway



Phase 1 Positive Choices evaluation 2014-15

- › 102 participants (89 women, 13 men)
- › 84 Positive Choices (across Suffolk)
- › 18 Mpower (Ipswich)
- › 74 received a service (+2 wks)

- › Click here for UoE [Full evaluation report](#)



Phase 1 Outcomes: unplanned pregnancies

- › 8 of 74 mothers were pregnant on referral
- › 65 of remaining 66 mothers had no unplanned pregnancy
- › 1 mother had a planned pregnancy and has – to date – kept the child



Phase 1 Outcomes: avoided care proceedings

- › National recurrent proceedings rate (Broadhurst et al)
 - › = 23.7% within 7 yrs
 - › = 13.2% within 1-2 yrs
- › Without intervention, we would therefore expect 9 (13.2%) of the 66 mothers to have had a pregnancy likely to lead to removal
- › None did.



Phase 1 Outcomes: avoided costs

Assuming...

- › proceedings per case cost £50k-£90k
- › supporting LAC costs £50k per yr to age 18
- › 9 avoided pregnancies **had** become LAC

min avoided costs for SCC over 1yr = £450k

max avoided costs for SCC over 18yrs = £8.1m



Phase 1 Outcomes: life-skills & relationships

44% established 'average', 'good' or 'excellent' relationships with family & friends

24% accessed work, volunteering or training

67% accessed other services



Challenges in evaluating recurrent care services

- › No control group for comparison
- › Bespoke services
- › Differences between academic & service priorities
- › Social desirability effect
- › Administration and data challenges



Phase 2 refining evaluation tool

In 2016, UoE worked with Positive Choices to refine our evaluation tool based on:

- › Consultations with the service
- › Consultations with national experts including Pause, FDAC, Broadhurst team
- › Review of reliability and validity issues
- › Phase 1 evaluation
- › ESRC Impact Acceleration Funding

Phase 2 digital/qualtrics evaluation tool

Combines baseline data, personal psychometric measures & service outcome measures

Baseline: client tracker

Baseline: client report measures

6 months: client tracker

6 months: client report measures

*Tool may be accessed with acknowledgement - contact
pamcox@essex.ac.uk*



Phase 2 psychometric measures

- *Rosenberg Self - Esteem Scale* (Gray-Little, Williams & Hancock, 1997)
- *CORE - OM* (Evans, 2000)
- *Adult Attitude to Grief Scale* (Machin, 2001)
- *Persons Relating to Others Questionnaire – 3* (Birtchnell, 1993 / 1996)
- *Quality of Life Enjoyment and Satisfaction Short Form* (Endicott, Harrison & Blumenthal, 1993)



Positive Choices – 2016 snapshot - 47 referrals

Age

17% aged 17-20
46% aged 21-30
30% aged 31-40
6% aged 41+

Profile

40% care leavers
40% mental health/emotional well-being
20% domestic abuse
17% substance/alcohol misuse
6% learning disability

Gender

98% female

Repeat pregnancy?

only 1 known



Phase 1 and Phase 2 Outcomes: Relationships

'It is not interventions themselves which 'work' but the reasoning and opportunities of the people delivering and experiencing the programmes which makes them work.'

(Pawson and Tilley, 1994; 1997).

'Positive Choices [has] been able to *foster relationships* that 'worked' in reducing recurrent care proceedings.'

(Cox et al, 2017)



Positive Choices client voices

On relationship with worker(s)

"It takes time, it takes me a lot of time to bond with people, a lot of time. I finally opened up to her (worker) – a couple of weeks ago telling her how low and depressed I was feeling, that I keep locking it all away."

"It does take me a long time. I used to work with someone before this and it took me a long time to open up to her, but once I finally did we used to talk about everything and stuff and it is nice to have someone around to talk to. I don't have a lot of family and friends around, so it is nice to have a bit of support, someone to actually talk to that you actually know that is not going to go around spreading it around everywhere".



Positive Choices client voices

On long haul emotional support

"...but I didn't go into that room [son's bedroom] for a year, didn't touch anything in it, left everything how it was when he was in there. I used to think how it was when he was in there. Eventually, a couple months ago, I had all his toys sat there, in the whole corner down there full, and literally me and (worker) did it all."



Positive Choices client voices

on practical support offered

"I find it hard to read and write and stuff and I give (worker) my important letters to read and that and she helps me out by sorting them and stuff.. She also helps me phoning them up (other services) and stuff - I was in debt for so much money and (worker) phoned them up and sat on the phone for a good old hour and sorted it out, haggling with them."



8 recommendations for service design & delivery

- › Quality of relationships is key: trust, reliability, confidence
- › Practitioners support clients & managers support practitioners
- › Service knows local client profile & local assets/challenges
- › Service tailored to clients: no predetermined goals
- › Service makes sensitive use of prior information: court report recommendations, social work reports
- › Service integrates social care, mental health & other services
- › Contraception is not required but encouraged
- › Evaluation is built into the service: baseline outcomes and experiences of clients and practitioners; takes a long view where possible



Suffolk & Norfolk NHS Trust Parent Infant Mental Health Service

- › Evaluation of PIMHS – an edge of care service
- › Operational from 2015
- › Package/interdisciplinary service
 - Specialist mental health
 - Children's services
 - Collaboration with other agencies
- › Referrals – where a CPP or 'child in need' plan in place an risk of deterioration
- › Two thirds (63%) – recurrent
- › Half (47.3%) –pregnant at referral



Suffolk & Norfolk NHS Trust Parent Infant Mental Health Service

- › Methods
- › Quantitative
 - Descriptive data
 - Service level data
 - Psychological measures (Reliable and clinically significant change)
 - CORE
 - Difficulties in Emotional Regulation (DER)
 - Mothers Object Relations Scale (MORS)
- › Qualitative
 - 7 interviews – social care staff
 - Focus groups – 24 multiagency staff groups
 - Thematic analysis (Braun & Clarke 2006)



Suffolk & Norfolk NHS Trust Parent Infant Mental Health Service

Safeguarding status at referral and discharge (all cases)

Safeguarding status	N at referral	% at referral	N at discharge	% at discharge
Section 47	35	63.6%	10	18.5%
Section 17	16	29.1%	11	20.4%
Interim care order	2	3.6%	6	11.1%
LAC	1	1.8%	2	3.7%
Foster/kinship care/FSP/supported accommodation	1	1.8%	9	16.8%
No longer on safeguarding	NA	NA	16	29.6%

Child outcome (all cases)

Child outcome	N	%
Remained with parents	41	74.5%
Extended family	6	10.9%
Foster placement	5	9.1%
Adoption plan	2	3.6%
Reunification plan	1	1.8%



Suffolk & Norfolk NHS Trust Parent Infant Mental Health Service

- › 'Success' rate (85.4%) remained with parents or reunified
- › Much higher than those on a regular CPP (50%)
- › Under usual CPPs, 50% of PIMHAP families (28/56) might have stayed together; whereas 47/56 families actually stayed together, giving an added benefit to 19 families
- › Care proceedings cost a minimum of £50,000 per case (Cox et al, 2017)
- › PIMHAP has helped to save £950,000
- › Offsetting this against £600,000 service running costs means an overall saving of around £350,000

Contacts

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Evaluation forms

- › Please complete your evaluation form
 - on both sides!





Academic references

Broadhurst, K. et al (2014). Capturing the scale and pattern of recurrent care proceedings: initial observations from a feasibility study. *Family Law*

Broadhurst, K. et al (2015): Vulnerable birth mothers and repeat losses of infants to public care: is targeted reproductive health care ethically defensible?, *Journal of Social Welfare and Family Law*, 37:1, 84-98

Cox, P. et al (2017) Reducing recurrent care proceedings: initial evidence from new interventions. *Journal of Social Welfare and Family Law*.

Cox, P. et al (2015) Reducing Recurrent Care Proceedings: Service Evaluation – Positive Choices and MPower [Full evaluation report](#)

Cox, P. (2012) Marginal mothers, reproductive autonomy and repeat losses to care. *Journal of Law and Society*, 39:4, 541-561

Pause evaluation (2017) [Full evaluation report](#)

Practitioner references

<http://www.communitycare.co.uk/2017/03/20/breath-fresh-air-social-work-suffolk/>

'And [Suffolk County Council] are now helping other councils adopt the approach of our Positive Choices team, which supports women who have had more than one child removed from their care to change.'

<https://www.socialworksuffolk.com/cyp/why-social-work-suffolk/innovation-in-practice/>

'Innovation in Practice' feature on Positive Choices

<http://www.ccinform.co.uk/practice-guidance/good-practice-positive-choices-suffolk-council/>

Case study of Positive Choices

<http://thejusticegap.com/2014/06/maternal-outcasts-vulnerable-mothers-repeat-care-proceedings/>

'When parents no longer have custody of their children, they are not a priority for children's services, so tend to fall off professionals' radar, abandoned to their own fate...[I]nnovative projects are bucking this trend such as Suffolk County Council's 'Positive Choices'