

Working with recurrent care-experienced birth mothers Resource Pack



Working with recurrent care-experienced birth mothers Resource Pack

Acknowledgements

Resource Pack lead author:

Mary Ryan

Editor:

Steve Flood

Resource Pack materials (film content, presentations, evaluation guide etc) developed by the project team and expert contributors:

Mary Ryan, Claire Mason, Pam Cox, Danny Taggart, Sheena Webb, Wendy Marsh, Denise Marshall and Susannah Bowyer

Change Project participants:

Velma Kenny, Sandra Jackson, Julie Dreher, Michelle Evans, Valerie Cannon, Jane Atherton, Emma Ross, Ann Woollard, Helen Delamare, Maura Appleby, Diane Benjamin, Suzanne Sims, Joanne Harris, Manjeet Rai, Joanne Stewart, Cas Short, Gillian Luckock, Clare Mayne, Kath Drescher, Richard Hadley, Karen Kirby, Cornelia Andreut, Julie Daniels, Jo Daly, Georgette McKenzie-Parchment and Ruth Brewin.

With thanks to:

The birth mothers who have worked with the practice experts in our group and those who shared their experiences in Lancaster University's 'turning points' documentary and the research of our expert contributors. To the colleagues from Marsh's research.

Cover photo:

Graham Morgan

Contents

Introduction 6

Exercises, presentations and learning modules – Overview of learning activity 9

Section 1: Setting up a service. Messages from research, understanding local need and getting going 15

Exercise 1: Setting the scene: A journey through current provision, using a case study.....15

Presentations: Introduction to the research findings from Lancaster University.....16

- ‘Birth mothers and recurrent care proceedings’16

Film 1: ‘Turning Points: Birth mothers and journeys to change’16

Key points from the Vulnerable Birth Mothers and Recurrent Care Proceedings study16

Identifying local need17

Exercise 2: Identifying local need18

Tips from Practice: Collecting evidence of local need.....18

Tips from Practice: Collecting baseline data.....19

Exercise 3: Mapping of services.....20

What might a local service look like?20

Exercise 4: Developing your service20

Tips from Practice: Developing your service21

Tips from Practice: Getting going - taking the next steps22

Section 2: Setting up a service. Evaluation and cost benefits 23

Why evaluation is important: Key points to consider23

Presentation: ‘Key points about evaluation’23

Learning from recent evaluations24

Presentation: ‘Evaluating local services to reduce recurrent care – Examples of two approaches’24

Key learning from the ‘Evaluating local services’ presentation24

Learning from published evaluations.....25

Identifying desired outcomes and developing a theory of change25

Presentation: ‘Outcomes and how to measure them’25

Exercise 5: Outcomes and how they might be measured28

Outcomes: Prompts for discussion28

Value for money, cost-effectiveness and cost benefits28

Exercise 6: Costs, cost-effectiveness and cost benefits28

Exercise 7: Review your service model30

Key points from this section30

Section 3: Workforce development. Understanding ‘non-engagement’, attachment and complex trauma 31

Learning Module 1: Reconceptualising non-engagement (attachment)31

Film 2: ‘Reconceptualising non-engagement in the context of recurrent care proceedings’31

Film 3: ‘Attachment and social work practice: Part One’31

Film 4: ‘Attachment and social work practice: Part Two, The Strange Situation test’31

Film 5: ‘Attachment and social work practice: Part 3, Applying attachment theory to understanding “non-engagement”’31

Exercise 8: Understanding non-engagement and attachment through a case study.....31



Learning Module 2: Reconceptualising non-engagement (complex trauma).....32

Film 6: ‘Explaining complex trauma and its impact on families’32

Exercise 9: Understanding non-engagement and complex trauma through a case study ...32

Learning Module 3: Trauma-informed approaches in recurrent care32

Film 7: ‘Trauma-informed approaches in recurrent care services’32

Exercise 10: Thinking about trauma-informed approaches in your work.....32

Tips from Practice: Key lessons for setting up and/or developing your service34

Section 4: Workforce development. Understanding complex grief and the impact on mothers of removal at birth36

Learning Module 4: An overview of research, policy and law in relation to removal at birth36

Film 8: ‘Removal at birth: Women’s perspectives from the *Vulnerable Birth Mothers and Recurrent Care Proceedings* study’36

Film 9: ‘Removal of infants at birth’36

Film 10: ‘Understanding loss and grief in the context of recurrent care proceedings’36

Exercise 11: Removal at birth – reviewing local practice37

Learning module 5: The experiences of birth mothers whose babies are removed at birth37

Film 11: ‘What can midwives learn from “women like me”? Stories from mothers whose babies have been removed at birth’ ..37

Exercise 12: Understanding the impact of removal at birth.....37

Learning module 6: Supporting isolated women in the perinatal period.....38

Film 12: ‘Supporting mothers having babies removed at birth’38

Exercise 13: Consolidating your learning to optimise your service38

Tips from Practice: Key messages for developing your service – Training and practice issues39

Section 5: Setting up a service. Learning from other recurrent care services – 13 case studies 40

Tips from Practice: Learning from other recurrent care services40

Brighton and Hove: Looking Forward41

Cambridge: SPACE42

Coventry: Early FDAC.....42

Kensington and Chelsea, and Westminster: Action for Change43

Leeds: Futures44

Midlands: Breaking the Cycle, After Adoption45

Salford: Strengthening Families45

South London: Securing Change.....46

Stockport: COMMA46

Suffolk: Positive Choices and Mpower.....47

Wales: Barnardo’s Reflect47

National: Family Drug and Alcohol Court (FDAC)48

National: Pause.....49

References50

Acknowledgements51

.....

All of the resource content – which includes films, presentations, exercises and an evaluation guide - is available on an open access area of the Research in Practice website - www.rip.org.uk/recurrent-care

.....

Introduction

Background

Social workers, lawyers and judges have long been aware that some women return to court as respondents in care proceedings after having already experienced the removal of one or more children in previous proceedings. It is also recognised that a proportion of these women return to court on many occasions and lose multiple children to public care and adoption.

A concern about recurrent care proceedings involving women with substance misuse problems was a key factor in the setting up of the Family Drug and Alcohol Court (FDAC) in 2008.¹ In 2012, the London FDAC specialist team brought together a group of academics and practitioners to discuss the issue of recurrent proceedings, share examples of good practice and highlight services being set up specifically to address the problem. A second meeting of this 'community of interest' took place in 2014. Also in 2014, a series of papers on the subject of 'repeat removals' appeared in *Family Law*, placing the issue firmly on the policy agenda (Shaw et al, 2014; Harwin et al, 2014; Broadhurst and Mason, 2014).

In addition to the FDAC, at this time initiatives were being set up in Suffolk, Brighton, Reading, Salford, Nottingham and Hackney. Both community of interest events in 2012 and 2014 were an opportunity for discussion of the different models and approaches being used. Among these early initiatives, FDAC and Pause² (which began with a pilot in Hackney in 2013) have the highest profile, but many of the others are still going strong and a good number of other services have been developed since. More details about them are provided in this resource.

In 2017, a team at Lancaster University published the final report of a Nuffield-funded research study into *Vulnerable Birth Mothers and Recurrent Care Proceedings* (Broadhurst et al, 2017) - www.nuffieldfoundation.org/sites/default/files/files/rc-final-summary-report-v1_6.pdf. The study analysed data held by Cafcass on all care proceedings in England, enabling the researchers to demonstrate the scale of the issue – that one in four birth mothers will reappear in care proceedings, within seven years, following an initial set of proceedings. Qualitative elements of the research included in-depth interviews with mothers and information from a review of case files, improving our understanding about the factors related to women reappearing in care proceedings.

How this resource pack was developed

The Lancaster team and Research in Practice wanted to collaborate to support the use of the research findings to inform more effective ways of working with this population. A Change Project, which commenced soon after the research was published, provided an opportunity to work with a group of practice leaders working to set up or improve support to parents (with a primary focus on mothers) in this situation. Pam Cox and Danny Taggart of the University of Essex joined the project team, bringing their expertise in evaluating this type of service and in applying theory and research from clinical psychology to working with women who have experienced repeat removal of their children. Mary Ryan, a Research in Practice Senior Associate, project managed the six change project events and developed this resource pack.

Change Projects give Research in Practice Partners the opportunity to:

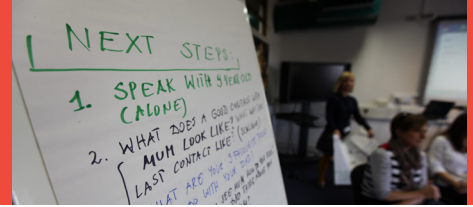
- > Explore the evidence around a particular problem or topic.
- > Bring together professional knowledge and research evidence.
- > Improve practice through the application of evidence-informed approaches.
- > Share new knowledge and resources with the wider network.

For the Recurrent Care Change Project, a Development Group of practice experts was recruited from 12 organisations from across the Research in Practice network. The group met six times between November 2017 and June 2018. The 12 participating organisations were:

Birmingham, Blackburn with Darwen, Brighton and Hove, Cafcass, Devon, Hampshire, Leeds, Lincolnshire, Rochdale, Stockport, Waltham Forest and Worcestershire.

1 The FDAC was launched in 2008 as a new way of dealing with care proceedings where parental substance misuse is causing harm to a child. It aims to support parents to stop using alcohol or drugs and, if possible, to keep families together by coordinating a range of services to meet the family's needs. The court uses its authority to provide a comprehensive response to the problems that led to care proceedings. Its work is underpinned by the belief that parents can change and that the court has a role as an agent of change. The Centre for Justice Innovation hosts the FDAC Partnership supporting the work of local FDACs: <http://justiceinnovation.org> (see also the National FDAC case study in Section 5).

2 Pause works with women who have experienced, or are at risk of, repeated pregnancies that result in children needing to be removed from their care. Through an intense, relationship-based programme, Pause aims to give women the chance to pause and take control of their lives. It works with women in a way that addresses everybody in their lives – fathers of their children, partners, family members and friends – as well as professional agencies such as social services, housing, the NHS and the justice system. www.pause.org.uk (see also the Pause case study in Section 5).



The overall aims of this Change Project were to:

1. Share with the participating organisations the messages from:
 - a. The Lancaster research (the Vulnerable Birth Mothers and Recurrent Care Proceedings study – Broadhurst et al, 2017).
 - b. Essex University’s work on evaluation and workforce development (gained in working with services for recurrent care-experienced parents in Suffolk, Norfolk, Merseyside and Southend).
2. Support participating organisations to use theory, research evidence and data to inform the development of new provision, or further develop existing provision, for women who have experienced more than one set of care proceedings.
3. Identify essential components for meaningful engagement with women and workforce development components for practitioners working in this field.
4. Develop proportionate, meaningful evaluation approaches.

The 2017 Lancaster research focused on women because mothers were easier to identify in the Cafcass data and case files. In 2018-19, Nuffield funded further research focused on fathers who experience recurrent care proceedings.³ Some services work with both mothers and fathers who have been involved in recurrent proceedings, and much of the content of this resource is applicable to working with fathers.

This resource brings together material presented at the Change Project sessions with information, reflections and practice examples provided by those participating. Its purpose is to provide evidence-informed learning materials for use by others working in this area of practice.

Who is the resource for?

Managers and commissioners in children’s social care, NHS Trusts and third sector organisations who:

- > Are interested in setting up a local service to meet the needs of parents who have had one or more children removed through care proceedings.
- > Want to develop an existing service further.
- > Want to evaluate an existing service.

Practitioners in Children’s Services, third sector organisations, or health services who are interested in understanding more about:

- > The research evidence on the extent of the problem.
- > Research evidence on the impact of trauma and of removal at birth.
- > Effective ways of working with vulnerable parents in this position.
- > The different services currently available to support parents in this position.

3 For more information on this study see: www.nuffieldfoundation.org/birth-fathers-recurrent-appearance-care-proceedings

How to use the resource

The content and structure of this resource is set out below. Sections include summary research findings, PowerPoint slide presentations, case studies, exercises, short film clips, tools, materials provided by participants and links to other resources or sources of information.

For those interested in setting up or further developing a service, we would suggest working through the resource from start to finish. For those more interested in practice or staff development, sections 1, 3 and 4 may be the most useful. However you plan to use the resource, we suggest you check through in advance in order to have a note of what you will need such as: screen and speakers to view films or slides, printouts of case studies and exercises, flipcharts, whiteboards, pens, etc.

The impetus for developing a recurrent care service may well come from local authority Children's Services. Nevertheless, the main focus of the work will be vulnerable parents, so it is vital that local partners who provide services to adults are engaged. Think about how you can bring local partners together to make use of these resources in order to share practice knowledge and plan for new provision.

What's in the resource?

This resource is divided into five sections, as described below. Learning materials include research or practice information in the form of:

- > Slide presentations, including animated slides.
- > Short films.
- > Tips for Practice – practice points and tips that emerged during the Change Project session discussions.
- > Exercises (sometimes supported by case studies and action planning templates).
- > Six learning modules for workforce development.
- > Links to background reading.

Section 1: Setting up a service. Messages from research, understanding local need and getting going

Section 2: Setting up a service. Evaluation and cost benefits

Section 3: Workforce development. Understanding 'non-engagement', attachment and complex trauma

Section 4: Workforce development. Understanding complex grief and the impact on mothers of removal at birth

Section 5: Learning from other recurrent care services – 13 case studies



Exercises, presentations and learning modules – Overview of learning activity

Section 1: Setting up a service: Messages from research, understanding the local picture and getting going

Time	Learning activity	Purpose	Resources
50 minutes	Exercise 1: Setting the scene: A journey through current provision, using a case study	By thinking about current provision and access to services that women may encounter, this will help build understanding of what the local requirements might be in relation to effective provision for vulnerable parents experiencing recurrent proceedings. The instructions for the exercise are in the resource.	> Copies of the Amy and Chantelle case studies. > Instructions for the exercise. > Flipchart paper. > Pens or Post-its.
70 minutes (45 minutes presentation) (10 minutes film) (15 minutes reflection/discussion)	Animated PowerPoint presentation: <i>Birth Mothers and Recurrent Care Proceedings</i> Film 1: <i>Turning Points: Birth mothers and journeys to change</i>	Presentation introducing research findings from Lancaster University's research into Vulnerable Birth Mothers and Recurrent Proceedings, presented by Claire Mason. This is followed by a short film of some of the mothers talking about their experiences. (The key points or messages from the study are set out in the resource.)	> Computer and projector, or large screen. > Animated PowerPoint presentation. > Film 1: <i>Turning Points: Birth mothers and journeys to change</i>. > Key points from the Lancaster study (printed out or on screen).
45 minutes	Exercise 2: Identifying local need	This is to ensure current knowledge about local need is shared and that gaps in information are identified, together with ways of filling those gaps. (During the exercise, or as part of feedback, refer to the Tips from Practice in the resource.)	> Flipchart paper. > Pens or Post-its. > The 4 questions to be answered: - What do you know already? - What do you suspect? - What do you need to find out? - How can you find out? > Tips from Practice (these are set out alongside Exercise 2 in the resource).

45 minutes	Exercise 3: Mapping of services (using case studies and a template)	To develop your thinking about how the response to vulnerable parents in your area experiencing recurrent proceedings can be improved. This involves revisiting the journey map(s) and case studies from Exercise 1 and using a template to record relevant local services that should be retained, services or processes that should be introduced, and services or processes that should be stopped.	> The visual journey map(s) through services (from Exercise 1). > Case studies of Amy and Chantelle (from Exercise 1). > Copies of the template 'Sustain, Start, Stop'. > Instructions for the exercise.
50 minutes	Exercise 4: Developing your service	By referring back to the research messages about the different needs of parents caught up in recurrent care and the potential points of intervention, this is an opportunity to think about: > Where you might best focus your efforts. > What your service would do, and how. > Who (ie, professional partners) needs to be engaged. > What steps you might take to start the process of service development. Using a template to prompt thinking, start to record some details about what an effective service response might look like.	> Two slides (one about need, one about points of intervention) either displayed on a screen or printed off. > Copies of the template 'Designing Your Service'. > Pens. > Copies of the Tips from Practice on 'Developing your service', including 'Getting going' (printed out or displayed on a screen).



Section 2: Setting up a service: Evaluation and cost benefits

Time	Learning activity	Purpose	Resources
40 minutes	Presentation: Key points about evaluation	A presentation to help you think about the importance of evaluation at the earliest opportunity (ie, from the start of developing a service), some of the challenges in evaluation, and methods of evaluation.	> 5 slides: <i>Key points about evaluation</i>. > Notes to the slides (these are in the resource).
60 minutes	Presentation: Evaluating local services to reduce recurrent care – examples of two approaches to evaluation	This presentation gives details of two evaluations carried out by Essex University. It covers methods, findings and the ways in which the messages from an evaluation can be used.	> Slides: <i>Evaluating local services to reduce current care</i> (Positive Choices and PIMHAP). > Key learning points from the <i>Evaluating local services</i> presentation (these are in the resource) printed out or displayed on screen.
45 minutes (15 minutes presentation) (30 minutes exercise)	Presentation: Outcomes and how to measure them Exercise 5: Outcomes and how they might be measured	A presentation and exercise to help identify desired outcomes. It covers: > Distinguishing between outputs and outcomes. > Outcomes for individuals. > Outcomes for services. > Making use of logic models or theories of change to help with your thinking. > Ways of measuring outcomes.	> 5 Slides: <i>Outcomes and how to measure them</i>. > Notes to the slides. > Flipchart paper, pens or Post-its. > Copies (printed out or displayed on screen) of the list of potential outcomes ('prompts for discussion' in the resource).
30 minutes	Exercise 6: Costs, cost effectiveness and cost benefits	This looks at different ways to identify costs and the difference between cost-effectiveness and cost benefits. It includes suggestions of sources of information about costs.	> 1 slide (<i>Costs, cost effectiveness and cost benefits</i>). > Copy of the notes to go with the slide (these are in the resource). > Flipchart, pens or Post-its.
25 minutes	Exercise 7: Review your service model	An exercise to review your service model in the light of thinking about outcomes and how to measure them. It will help you think about what a logic model or theory of change for your service would look like, and to consider data collection and resources and capacity needed for evaluation.	> The template(s) ('Designing Your Service') completed in Exercise 4. > Logic model outline. > Pens. > 'Key points from this section' (these follow Exercise 7 in the resource) to prompt discussion and reflection.

Section 3: Workforce development: Reconceptualising ‘non-engagement’ – attachment and complex trauma and its impact; trauma-informed approaches to service design and direct practice

Time	Learning activity	Purpose	Resources
40 minutes (+ an optional extra 10 minutes)	Learning Module 1: Reconceptualising non-engagement (attachment) (4 short films, with optional additional time for reflection and discussion)	The films cover how non-engagement is viewed by professionals, where the reluctance to engage may come from, and how an understanding of attachment theory can help with understanding non-engagement.	> Films 2, 3, 4, 5. > Computer and projector or large screen.
30 minutes	(Learning Module 1) Exercise 8: Understanding non-engagement and attachment through a case study	This exercise uses a case study to explore how an attachment perspective might help in responding to the mother. It will help put into practice learning from the messages given in the four short films.	> Copies of case study of Tina. > Flipchart, Post-its or white board for noting down any key points. > Instructions for the exercise.
25 minutes (+ an optional extra 10 minutes)	Learning Module 2: Reconceptualising non-engagement (complex trauma) (1 film, with optional additional time for reflection and discussion)	The presentation explains complex trauma and its impact. It discusses the potential problems arising from a failure to take account of complex trauma, and how its impact can lead to non-engagement or hostile behaviour from parents. It concludes with the basic principles underpinning a trauma-informed approach.	> Film 6. > Computer and projector or large screen.
30 minutes	(Learning Module 2) Exercise 9: Understanding non-engagement and complex trauma through a case study	A case study for you to consider how the information about complex trauma helps you understand this mother’s interaction with services. Does it help you to think about a different approach?	> Copies of the case study of Amy. > Flipchart or white board to record key points from discussion. > Pens.
32 minutes (or 55 minutes if two films being watched)	Learning Module 3: Trauma-informed approaches in recurrent care (1 film – or 2 films if being done on a different day to Learning Module 2, in which case re-watching Film 6 is recommended)	This film presentation gives information about trauma-informed approaches and discusses how they can be applied in services and interventions for vulnerable parents experiencing recurrent care proceedings.	> Film 7 (and possibly Film 6). > Computer and projector or large screen.



30 minutes	(Learning Module 3) Exercise 10: Thinking about trauma-informed approaches in your work	This is an exercise to help you think about how to put learning about trauma-informed approaches into your practice. Thinking about the presentations on complex trauma and trauma-informed approaches, and taking account of the Tips from Practice (on how the messages from the presentations above can inform practice and service development) discuss how this information might inform your practice and the development of your service.	> Flipchart paper. > Pens and Post-its. > Access to, or copies of, the additional resources and links in Background reading. > Display or print off 'Tips from Practice'.
------------	--	--	--

Section 4: Workforce development: Understanding complex grief and the impact on mothers of removal at birth

Time	Learning activity	Purpose	Resources
35 minutes	Learning Module 4: An overview of research, policy, law in relation to removal at birth (3 films)	These films will enhance your understanding of mothers' perspectives on removal at birth, the legal framework governing removal at birth, and of loss and grief in the context of recurrent care.	> Films 8, 9 and 10. > Computer and projector or large screen.
45 minutes	(Learning Module 4) Exercise 11: Removal at birth – reviewing local practice	An exercise to discuss and review current practice – in particular, to consider the need for a protocol for pre-birth assessment, think about links between midwives and children's social care, and discuss availability of placements for mothers and babies locally.	> Flipchart paper. > Pens or Post-its. > Prompt questions (printed out or displayed on a screen).
30 minutes	Learning Module 5: The experiences of birth mothers whose babies are removed at birth (1 film)	A presentation giving the experiences of mothers through photographs and their own words.	> Film 11. > Computer and projector or large screen.
30 minutes	(Learning Module 5) Exercise 12: Understanding the impact of removal at birth	An exercise to reflect on the mothers' experiences (Film 11) and reflect on your own experiences and those of others in the group. It will also help you reflect more generally on the impact on professionals as a whole.	> Notes from the resource on prompts. > Post-its, flipchart, pens.

25 minutes	Learning Module 6: Supporting isolated women in the perinatal period (1 Film)	A film presentation from Birth Companions about their work (by volunteers) supporting women in prison and vulnerable women in the community to prepare for birth and removal at birth. The film draws on feedback from the women and the volunteers.	> Film 12. > Computer and projector or big screen.
45 minutes	(Learning Module 6) Exercise 13: Consolidating your learning to optimise your service	A consolidation exercise to help you reflect on and discuss all the film presentations about removal at birth. > What is the learning from the presentations? > How will it inform service development and practice? (Take account of the Tips from Practice.)	> Flipchart paper. > Pens or Post-its. > Tips from Practice (either hard copies or displayed on screen).

Section 5: Setting up a service: Learning from other recurrent care services – 13 case studies

Time	Learning activity	Purpose	Resources
45 minutes	Reading about recurrent care services	To get a sense of the different approaches currently being taken to the issue of recurrent care.	> All the information in Section 5 of the resource.
1 hour	Reviewing progress on developing a service	This is an opportunity to review and discuss what you have learnt so far and the progress you have made in developing your service.	> Information from the completed exercises. > Information in the resource (particularly Tips from Practice). > Theory of change or logic models developed by you. > Service outlines developed.



SECTION 1: Setting up a service. Messages from research, understanding local need and getting going

This section covers:

- > Key messages from the Vulnerable Birth Mothers and Recurrent Care Proceedings study.
- > Understanding local need and existing local provision.
- > What a local recurrent care service might look like.
- > Identifying key local partners.
- > Getting going – progressing the development of a service.

BACKGROUND READING

The background reading for this section is the Vulnerable Birth Mothers and Recurrent Care Proceedings study (Broadhurst et al, 2017) from Lancaster University. You can find the full report at: <http://wp.lancs.ac.uk/recurrent-care/publications>



EXERCISE 1: Setting the scene: A journey through current provision, using a case study

In order to understand your local requirements, it is helpful to think about current likely pathways through services for parents experiencing recurrent care proceedings. This exercise uses two case studies to encourage reflection about the local services and sources of support that women are likely to encounter.

Time: Allow 35 minutes for the exercise, plus 15 minutes for discussion.

What you'll need: Flipchart paper and marker pens or Post-its.

What to do: Work in small groups or in pairs, before coming back together for a whole-group discussion. If yours is a multi-disciplinary and/or multi-agency group, then it's helpful to ensure a mix of professionals/agencies within the discussion groups.

Here are links to the two case studies based on the biographies of women who took part in the Vulnerable Birth Mothers and Recurrent Care Proceedings research. Choose one (or use both if you prefer).

www.rip.org.uk/recurrent-care-case-study-one

www.rip.org.uk/recurrent-care-case-study-two

Read the case study and imagine that this young woman lived in your area. Starting with her childhood, use a flipchart (and marker pens or Post-its) to create a visual 'map' of her journey through services in your area as her story progresses. Include on the map:

- > Any services she is likely to have been in contact with.
- > Detail about what those services would have provided or offered. Make sure you include services provided by partner agencies.
- > Any services currently available in your area that may have been able to provide support, but which she might not have accessed.

When creating your map, think about the different points at which services and support might have been most helpful, and identify what those services or support might be.

After 35 minutes, come back together for feedback and reflection. Keep the maps developed from this exercise.



FILM AND SLIDE PRESENTATIONS: Introduction to the research findings from Lancaster – Animated PowerPoint presentations and film

These presentations and film provide an introduction to the Vulnerable Birth Mothers and Recurrent Care Proceedings study (Broadhurst et al, 2017) from Lancaster University. Allow around 45 minutes for the animated PowerPoint presentations, 10 minutes for the documentary film, and a further 15 minutes for reflection and discussion.

- > **Animated PowerPoint presentations – ‘Birth Mothers and Recurrent Care Proceedings’.** Speaker: Claire Mason, Senior Research Associate, Centre for Child and Family Justice Research, Lancaster University.
 - Part One: Claire introduces the key messages from the research (24 minutes and 36 seconds)
www.rip.org.uk/recurrent-care-part-one
 - Part Two: How can we better intervene to prevent recurrent care proceedings? (17 minutes and 6 seconds)
www.rip.org.uk/recurrent-care-part-two
- > **Film 1: ‘Turning Points: Birth mothers and journeys to change’.** Speakers: Six birth mothers involved in the study each tell their own story. They talk about the impact of having a child removed and their subsequent journeys to change. Go to:
<http://wp.lancs.ac.uk/recurrent-care/turning-points-documentary> (9 minutes and 14 seconds)

Having listened to the research findings and watched the film, allow some time for feedback and reflections. Think about the issues you need to bear in mind for developing your own service and record them on a flipchart (or electronically).

Key points from the Vulnerable Birth Mothers and Recurrent Care Proceedings study

- > The research confirms what has been known anecdotally for some time (ie, that some mothers experience repeat care proceedings), but shows that the incidence of mothers coming back into proceedings is greater than previously suspected. One in four women will come back into care proceedings within seven years.
- > Mothers experiencing recurrent proceedings have significant and multiple adverse experiences in their own childhoods. There needs to be greater understanding about how these contribute to the persistence of their difficulties in adult life.
- > Women experiencing recurrent proceedings are not a homogenous group. They experience different combinations of difficulties and different pathways through Children’s Services and the family justice system.
- > 40 per cent of the mothers in the study had themselves been in care as children. Most had entered care aged ten or older and had experienced multiple placement moves. There needs to be greater understanding of how a parent’s experiences of being in care impact on their interaction with the family justice system.
- > Mothers are often young at the start of their experiences with care proceedings, and their pregnancies are often unplanned.
- > The removal of a child is in itself a traumatic event, which exacerbates a mother’s existing difficulties.
- > Women identify positive ‘turning points’ that are linked to change – change in relationships with partners, with relatives or friends, with professionals – and to a desire to do better for their children (Broadhurst et al, 2017).



Identifying local need

Carrying out a needs assessment is always helpful. It will help you to identify the likely demand for a service and gain a picture of presenting issues so you can shape your service to local need.

A detailed needs assessment that captures the challenges experienced by the intended recipients of your service, and the circumstances in which they are living, will also provide you with some of the **baseline data** you will need to capture and collect in order to begin the process of measuring outcomes once your service is up and running.

Exercise 2 will help you identify what you know in relation to the population of women in your area who are caught up in recurrent care proceedings and what sources of information you can use to fill the gaps in your knowledge. For example, do you know what the prevalence of recurrent care cases are in your area? Do you know what the needs of these parents are?



EXERCISE 2: Identifying local need

Having reflected on the research messages from the Vulnerable Birth Mothers and Recurrent Care Proceedings study, this exercise is an opportunity to think about what is known about the prevalence of parents experiencing recurrent care in your local area.

Time: Allow 30 minutes for this exercise plus 15 minutes for discussion afterwards

What you'll need: Flipchart paper or whiteboard, and marker pens or Post-its

What to do: Write the following questions as four headings on flipchart paper or a whiteboard. Then, working in pairs or small groups, answer each of the questions:

- > What do you know already?
- > What do you suspect?
- > What do you need to find out?
- > How can you find out?

Come together as a group and review your answers. You may want to use the following Tips from Practice to prompt the whole-group discussion. Pull the information together, grouped under these headings, and keep as a note to inform future activity.

TIPS FROM PRACTICE: Collecting evidence of local need

Here are some tips from Change Project's practice experts on their experience of collecting evidence of local need in relation to recurrent care cases, and the circumstances and needs of the parents involved:

- > Collecting evidence is not straightforward and can take a lot of time.
- > The most reliable data will usually be found by conducting a manual trawl through files. (Children's Services data systems are designed primarily as management systems for recording information about individual children and often lack basic information about parents. They rarely include easily accessible information about whether a child's parent has been involved in previous proceedings, for example. This means the collection of more detailed data will usually require a manual trawl through files to collect information.)
- > In some areas, practice leads have worked with their legal departments to look back at care proceedings issued over a period of years and identify cases where parents had previous experience of proceedings. In one local area, the legal department also provided information on the cost of legal representation and expert evidence in recurrent cases.
- > In other areas, court staff have been able to identify cases over the period of a year where a mother was coming back into proceedings with a different child.
- > Other potential sources of information are post-adoption services or parenting assessment services.
- > You might decide to check through all cases going into care proceedings over a period of 12 or 24 months, or the cases of all children who are looked after at a particular point in time, or all children who became looked after during a specific period. An alternative approach would be to select a percentage of these cases for a more in-depth look to build up a picture of need.



- > You could start tracking all current cases in pre-proceedings to see whether the parents have been involved in proceedings before. Another approach would be to look at all care leavers over a defined period of time and identify those cases where they lost a child through proceedings, either while still in care or shortly after leaving care.
- > Make use of focus groups with mothers (or fathers) who have lost a child through care proceedings to talk about their experiences.
- > You could commission an outside body to assist with a needs assessment. For example, Pause will carry out a needs assessment and prepare a business case for areas wishing to set up a Pause Practice (see www.pause.org.uk/contact - there is a charge for this service). Pause may also be able to carry out assessments for areas that decide to develop a response to recurrent care that is not a Pause Practice.
- > Large data sets, such as the Cafcass data, can be analysed by local authority area to give an indication of the proportion of women in care proceedings each year who are mothers experiencing recurrent proceedings. Accessing, and then analysing, this data is not straightforward, however; it is unlikely to be something a local area will do without support from an academic institution.

TIPS FROM PRACTICE: Collecting baseline data

When carrying out a needs assessment, it is helpful to start identifying the baseline data that you will be able to use to measure progress of your service later on, and which will help you develop a business case.

Some relevant baseline characteristics include:

- > In relation to the mother/father, the number of children who have been removed from their care in the past.
- > The reasons why the children were removed.
- > The ages of the parents in the sample.
- > The age of the mother at first pregnancy.
- > Whether the mother/father had themselves been in care.
- > The presence of mental health problems in either parent.
- > Evidence of existing or past domestic abuse.
- > Parental drug or alcohol problems.
- > Whether the parents have a learning disability.



Exercise 3: Mapping of services

Time: Allow 30 minutes for the first part of the exercise, plus 15 minutes for discussion.

What you'll need: The two case studies from Exercise 1 and the visual maps of Amy and/or Chantelle's progress through local services (these were created during Exercise 1). You will also need the 'Sustain, Start, Stop' template -

www.rip.org.uk/recurrent-care-sustain-start-stop

What to do: Having had an opportunity to hear and reflect on the research findings (in the earlier film and slide presentations), revisit the case studies and the map of the journey through services that you created in Exercise 1. Then, working in pairs or small groups, identify:

- > The services or processes (eg, referral pathways or protocols, links between agencies/services, thresholds for support) that are working well in your area for parents who experience recurrent care proceedings. (Record these under 'Sustain' on the template provided.)
- > The gaps in provision or processes, and ways those gaps could be addressed. (Record these under 'Start' on the template.)
- > Services, processes or policies that are hampering your ability to respond well to parents experiencing recurrent care proceedings. Record these under 'Stop' on the template.

Then come back together as a whole group for 15 minutes or so to discuss your conclusions. Collect up or take photos/copies of the templates, and/or record the whole-group discussion at the end, and use this information to inform your planning.

What might a local service look like?

You may know already that there are gaps in service provision – for example, in relation to post-proceedings support for parents, or the processes around pre-birth assessment and support. Or parents may face barriers in accessing services because of overly rigid processes and procedures – for example, difficulties in accessing specialist services for domestic abuse, mental health or substance misuse.



Exercise 4: Developing your service

Time: Allow 50 minutes for this exercise (30 minutes working in pairs or small groups and 20 minutes for a whole-group discussion)

What you'll need: The two slides that show the different need groups from the research and the different points of possible intervention -

www.rip.org.uk/recurrent-care-developing-service-slides

Copies of the 'Designing Your Service' template

www.rip.org.uk/recurrent-care-designing-your-service-template

What to do: Think about the different types of need and the different points of intervention identified in the Vulnerable Birth Mothers and Recurrent Care Proceedings study (Broadhurst et al, 2017). Bearing in mind the work you have done in relation to identifying local need and mapping local services (Exercises 2 and 3), divide into pairs or small groups and consider:

- > Where might you focus your efforts (given what you know about need)?
- > What are the key details of the service you plan to provide?
- > Who do you need to engage?

Each pair or group should fill in a template as they develop their answers to these questions. They can use the Tips from Practice (set out below) to prompt their discussions.

Finish the exercise by thinking about the steps you need to take to get going on developing services, using the 'Getting going' Tips from Practice.

At the end of the exercise, collect together and/or keep copies of the templates, or pull the information together onto one template. Use this information to inform your planning. This initial service outline will be developed further in subsequent sections of this resource.



TIPS FROM PRACTICE: Developing your service

You can use the Tips from Practice below to help your thinking and discussions when doing Exercise 4. All these pointers are drawn from the experiences of Change Project participants.

Where might you focus your efforts?

- > Care leavers: Given the proportion of mothers caught up in recurrent care proceedings who were themselves in care, some Change Project participants decided to focus their activity on young care leavers who have lost one child through care proceedings.
- > Pre-birth assessment and support for women who have already had one or more children removed.
- > Post-proceedings support for women in the immediate aftermath of a child's removal or shortly afterwards.
- > Some participants were interested in working with mothers both pre and post proceedings and some worked with both parents pre, during and post proceedings.
- > Some projects are working with fathers as well as mothers.

What are the key details of your service?

Other factors to consider when developing a service will be:

- > What will be the model of delivery – key work, group work, outreach, or a mixture of all of these?
- > Will there be therapeutic input and, if so, how and what?
- > What skill-set and experience do you need within the team?
- > How many mothers or fathers or both will you offer a service to? For how long?
- > What will be the eligibility criteria for the service?
- > If you're not planning to work with women who are pregnant, what will you do if they become pregnant? What links or pathways are in place for pre-birth assessment and support?

- > What will the referral system be? Will you use referral forms? Can parents self-refer?
- > What sort of caseloads are you considering?
- > Will your service be independent of Children's Services, located within it, or jointly commissioned with adult services or health?
- > Will the service be part of early help and targeted provision, family support, or an intensive family intervention project?

Identifying local partners – who do you need to engage?

It is crucial to engage a wide range of local partners in your service development discussions and to obtain their support for the proposal, ideally with a commitment also to provide funding, staff or other support. Change Project participants identified a range of potential key partners:

- > Health services (midwifery, perinatal mental services).
- > Public health (health visitors, sexual health, substance misuse services).
- > Domestic abuse services.
- > Learning disabled services.
- > Family support and early help.
- > Third sector organisations.
- > Housing.

Participants also identified practical ways to engage relevant partners. These include:

- > Improving the pre-birth assessment and support offer to mothers who have had a previous child removed, through earlier intervention and closer working between family support and midwifery.
- > Developing a multi-agency protocol for pre-birth assessment.
- > Developing a multi-agency protocol for working with parents who are learning disabled.
- > Being informed about the strategic and policy priorities of partner agencies that you might link the development of a service to.

TIPS FROM PRACTICE: Getting going – taking the next steps

A clear message from the Change Project was the importance of getting going, even if that means starting without all the necessary information on needs, or the answers to all the questions set out above.

Here are some tips about how to get going with the development of your service. They can be used to inform your discussions and help you think about your next steps. All these tips are drawn from discussions within the Change Project group and what the participants learnt from setting up new projects:

- > Don't be daunted by difficulties in accessing data – if necessary, think small.
- > Identify local champions among managers of key services.
- > Set up a steering group and make sure it includes senior management representatives from key partners.
- > Set up an operational group – this should include members drawn from a similar range of key partners, but make sure you include operational staff who can help problem solve along the way.
- > Start a project plan with a timeline.
- > Consider finding funding (via contributions from all services or a funding application) for a project manager (possibly part-time) to manage the process of needs assessment, engaging partners, developing a service specification, finding a venue or location, supporting recruitment or secondments, publicising the service.
- > Visit similar projects in other areas (see some of the examples in Section 5).
- > Communication and publicity locally is important – with children's social care, with health services, with adult treatment services, adult social care, adult mental health services, with third sector organisations working with families, with the police, and with domestic abuse services. This is not just to raise interest locally and develop support, but also to ensure that once your service is up and running, referrals come from a wide range of agencies.
- > Take account of the local geography and how it might impact your service. For example, in a large rural county area there are likely to be transport issues (for both parents and staff), so would it be better to start with a small pilot in one area of your county only?
- > Is a regional approach being considered – for example, in a large area like Greater Manchester or West Yorkshire, or in an area with a mix of unitary and a county local authority? If so, what are the likely obstacles to progress? Will there be difficulties accessing each other's services? How could these be overcome?
- > Start thinking about IT systems, data protection and data sharing from the start. Once again, this is because the focus of your work will be with adults rather than children.
- > Start thinking about how you will incorporate parents' experiences to inform the development of your service.



SECTION 2: Setting up a service. Evaluation and cost benefits

This section covers:

- > Why evaluation is important.
- > Key issues to consider when planning an evaluation.
- > Learning from recent evaluations.
- > Developing a theory of change, identifying desired outcomes.
- > Value for money, cost-effectiveness and cost-benefits.

Why evaluation is important: Key issues to consider



SLIDE PRESENTATION: 'Key points about evaluation'

Time: Allow 40 minutes for this overall (30 minutes for the presentation and 10 minutes for discussion)

What to do: Use the five slides -

www.rip.org.uk/recurrent-care-key-points-slides and the accompanying notes. Encourage comment and discussion during the presentation. Keep a note of ideas and suggestions for your approach to evaluation.

Notes to accompany the 5 Key points about evaluation slides:

Slide 1: Evaluation provides a framework within which to do what is outlined on this slide.

- > It helps you demonstrate that your service is making a difference.
- > It gives you the 'charismatic' fact or facts about your service – the information from an evaluation that helps you *sell* your service, to commissioners, partner agencies, local politicians.

Slide 2: It's important to think about evaluation at the earliest opportunity because it encourages you to think clearly about:

- > What you are trying to achieve?
- > How you are going to record what you are doing?
- > How you are going to measure whether or not you have been successful?

Change Project participants spoke from experience about the risks of not thinking about evaluation at an early stage, and then finding later on that they had not collected crucial data.

Slide 3: Time: Even when staff understand the importance of evaluation, it can sometimes be difficult to encourage them to collect the data you need and to input it onto your system. This means you'll need to think about not overloading people with information to collect, making sure staff can readily combine data collection activity with their direct work, and having easy-to-manage data systems. Making sure data is being collected is a key task for team managers.

Capturing flexible approaches: It is important to record what work is done with each person, rather than just what might have been offered. This helps provide a picture of the range of activities with parents.

Data systems:

- > You may need to develop one specifically for the service. You will be working primarily with adults, so children's services IT systems may not be the best for collecting the data you will need.
- > An interdisciplinary team at the University of Essex, working closely with service providers and specialists over several years, has developed an evaluation tool designed to support practice teams to assess the impact of their work. It has been used to complete evaluations for the following services: Positive Choices (Suffolk County Council), Mpower (Ormiston Families, East of England Region) and the Parent Infant Mental Health Attachment Project (Norfolk and Suffolk) www.rip.org.uk/recurrent-care-evaluation-tool-user-guide
- > Some services use data systems developed specifically for their project. For example, all FDAC teams use a specially designed database and Family Nurse Partnership teams feed their data into a centrally held system. The advantage here is that services using a particular model are collecting data in the same way, so the information from different services can be analysed together or compared.
- > Analysing data is not a simple task. You should consider in advance whether you will need to employ someone with skills in data analysis, or whether you might be able to make use of external expertise from a local university, for example.

Managing expectations: It may take time some time to build up the numbers of parents you are working with and for outcomes to begin to emerge. Think about what early indicators you will use to demonstrate that you are on track to meet your outcomes, so you can keep senior managers and commissioners on board.

Slide 4: Both quantitative and qualitative data are needed for an evaluation. Think about ways in which you can capture feedback from parents and from other professionals. The voices and stories of parents using the service are always a very powerful way of getting the messages about the benefits of your service across.

Slide 5: Ideally, an evaluation will include some form of comparison. However, this can be hard to achieve if the evaluation is being done by service staff themselves and/or resources for the evaluation are limited.

- > The best type of comparison study is a randomised control trial (RCT), which are frequently used in the area of health to test medicines and occasionally used within children's social care interventions.
- > Comparative evaluations are more commonly used in the field of children's social care. These evaluations use a matched group of parents, with similar backgrounds and problems to those receiving the service that is being evaluated. The comparison group either receive no service (possibly because they're on a waiting list) or a different service (commonly, 'service as usual').

Learning from recent evaluations



SLIDE PRESENTATION: 'Evaluating local services to reduce recurrent care' Examples of two approaches to evaluation: (1) Positive Choices and (2) PIMHAP (Norfolk Parent Infant Mental Health Attachment Project)

Time: Allow 60 minutes (45 minutes for the presentation and 15 minutes for discussion)

This slide presentation - www.rip.org.uk/recurrent-care-evaluating-local-services - has been compiled by Professor Pamela Cox and Dr Susan McPherson from the University of Essex. They offer an overview of their evaluations of two local services, one aiming to reduce recurrent care proceedings (Positive Choices run by Suffolk County Council) and another to improve edge-of-care family interventions (Parent Infant Mental Health Attachment Project, PIMHAP, run by Suffolk and Norfolk NHS Foundation Trust).

The slides describe the evaluation approach taken in each evaluation, the activities of the two services and outcomes achieved by both. Both evaluations combined qualitative interviews to capture the voices of parents and practitioners, and quantitative measures to capture changes in parents' self-esteem and decision-making, using validated, clinically reliable tools. The researchers have now designed a tool to support evaluation based on their experiences of carrying out these evaluations. You can access the Essex evaluation tool and a guide on how to use it here:

www.rip.org.uk/recurrent-care-evaluation-tool

Key learning from the 'Evaluating local services' presentation

Learning gained from the Positive Choices and PIMHAP evaluations suggest the following factors should be considered by those developing services in these fields:

- > The quality of relationships is key – this means trust, reliability, and confidence.
- > Practitioners support clients, and managers support practitioners.
- > The service knows the local client profile and local assets and challenges.
- > The service is tailored to clients: there are no predetermined goals.
- > The service makes sensitive use of prior information: court report, social work reports.
- > The service integrates social care, mental health and other services.
- > Contraception is not required, but is encouraged.
- > Evaluation is built into the service: baseline outcomes and experiences of clients and practitioners. Evaluation takes a long view wherever possible.

The evaluations indicate how services like these can generate substantial savings through 'avoided costs'. For example, the evaluation suggests that the work of the Positive Choices team is likely to have led to the avoidance of nine repeat pregnancies among their engaging mothers which would likely have led to nine sets of removal proceedings. Given that a single set of proceedings can cost at least £50,000, Positive Choices activity generated potential savings on care proceedings alone of £450,000 in a single year.



Findings like these can be thought of as ‘charismatic facts’ – a term used by social scientists to refer to the power carried by certain facts or findings. For example, in a commissioning setting, clear evidence of the avoided costs generated by a service carries particular influencing power. The same is true for clear evidence of the emotional benefits of that service for parents and practitioners.

Overall, sound evaluation is essential to sound service design and delivery in the recurrent care field.

Learning from published evaluations

Reading published evaluations of similar services is helpful. An evaluation will indicate what outcomes a service was aiming to achieve and explain how these were measured, as well as describing any problems that arose. Increasingly, evaluations look at issues of cost, cost-effectiveness and cost-benefit, so evaluations can also provide examples of how cost savings have been identified.

Here are some links to published evaluations that you may find helpful:

- > Cox et al (2015) *Reducing recurrent care proceedings: Service evaluation of Positive Choices (Suffolk County Council) and Mpower (Ormiston Families)*. University of Essex:
www.essex.ac.uk/-/media/documents/research/recurrent-care-proceedings.pdf
- > McCracken K et al (2017) *Evaluation of Pause: Research report*. Opcit Research and University of Central Lancashire:
www.gov.uk/government/publications/social-care-pause-programme
- > Harwin J et al (2016) *After FDAC: outcomes 5 years later. Final report*. Lancaster University:
http://wp.lancs.ac.uk/cfj-fdac/files/2016/12/FDAC_FINAL_REPORT_2016.pdf
- > Bellew R and Peeran U (2017) *After Adoption's Breaking the Cycle programme: An evaluation of the two year pilot, September 2014 to August 2016*. Coram:
www.afteradoption.org.uk/wp-content/uploads/2017/01/Breaking-the-Cycle-final-report-Aug-2017.pdf

Identifying desired outcomes and developing a theory of change



SLIDE PRESENTATION: ‘Outcomes and how to measure them’

This slide presentation (www.rip.org.uk/recurrent-care-outcomes-slides), and Exercise 5 which follows, provide an opportunity to think about the outcomes you aim to achieve by developing your service, and the ways in which you can demonstrate that these desired outcomes have been achieved.

Time: Allow 15 minutes for the presentation (and another 30 minutes for Exercise 5)

Notes to accompany slides

Slide 2 (NB: Slide 1 is the title slide)

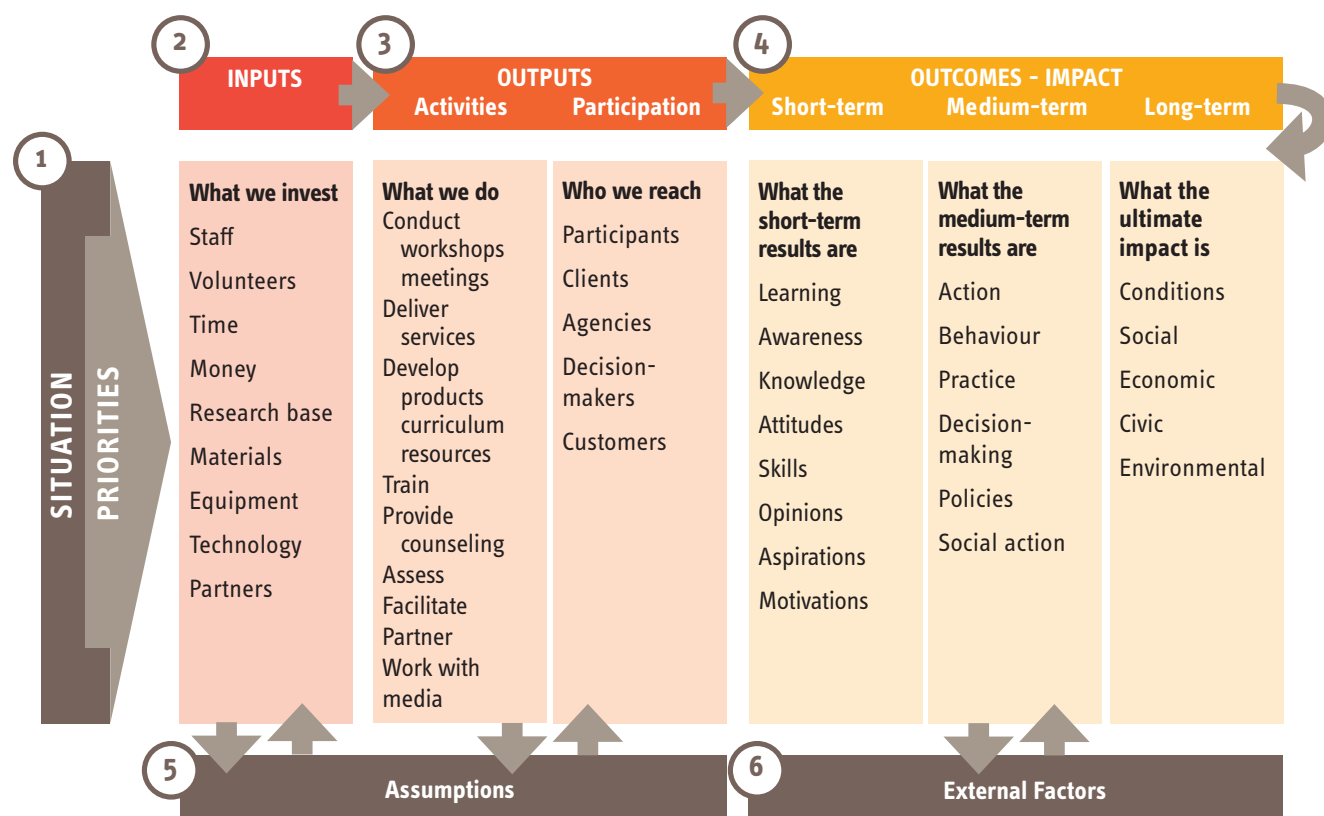
- > Despite all the focus in recent years, there can still be some confusion around identifying outcomes.
- > **Outputs** are the products of your service or intervention – for example, the number of parents worked with, the training delivered, the information produced.
- > **Outcomes** are about the impact of your service – most commonly, the change that has been achieved by the individuals receiving a service or intervention.
- > With services set up to address recurrent care, you are likely to be looking to achieve an impact not only on the parents, but also on their current and future children and on local services. So it can be helpful to think about outcomes under the headings of ‘impact on individuals’ and ‘organisational impact.’
- > When thinking about outcomes for services, it will be important to think about outcomes that are relevant to key partners – for example, in health and adult social care, and not just Children’s Services.

Examples of potential outcomes:

- > Outcome for parents – parents are less isolated, have a supportive social network, are making informed choices about contraception.
- > Outcomes for Children’s Services – there is a reduced level of recurrent proceedings leading to the removal of children.
- > Outcomes across services – improved co-ordination of pre-birth support and assessment, better understanding among staff of the impact of complex trauma on parental behaviour and how to respond to that.
- > You might be thinking of setting up a service that follows a particular model, for example FDAC or Pause. If so, arguably you should expect the same outcomes as those achieved in the evaluated pilot. For example, the FDAC evaluation found that 37 per cent of mothers in the pilot FDAC were reunited with their children at the end of proceedings (compared with 25 per cent of comparison mothers). So a newly established FDAC, with fidelity to the model and with a similar caseload, would be aiming for the same level of success.
- > Developing a ‘theory of change’ or ‘logic model’ (see diagram) is one way to help plan an intervention around outcomes you are aiming to achieve. They both contain the same basic principles: Inputs (budget/staff) – outputs (activities, products) – outcomes – overall aim, underpinned by enablers (internal and external context) and underlying evidence or assumptions (underlying beliefs about how an intervention will work)

Slide 3

- > When identifying outcomes that are about individuals achieving change, think about what your assumptions, or the evidence, tells you is realistic to aim for. For example, do you think 30 (or 50 or 70) per cent of the mothers you work with will be able to avoid coming back into proceedings for the period of time you are working with them?





Here are links to some documents that you may find helpful:

- > An example of the use of the logic model from an organisation called Evaluation Support in Scotland:
www.seemescotland.org/media/7286/developing-a-logic-model.pdf
- > A 2014 guide (from New Philanthropy Capital) to developing a theory of change:
www.thinknpc.org/wp-content/uploads/2018/07/Creating-your-theory-of-change1.pdf
- > Examples of a theory of change developed during the period of the Change Project by representatives from Leeds:
www.rip.org.uk/recurrent-care-theory-of-change
- > A logic model developed for local FDAC teams:
www.rip.org.uk/recurrent-care-logic-model

Slide 4

- > You will probably use a range of ways to measure outcomes.
- > Comparing information collected at the start of your contact with parents, and at the end: this will include factual information, and also the views and opinions of the parents themselves and the professionals working with them. Where you are relying on professional opinion and self-reporting to measure outcomes, it is always helpful to have more than one opinion on an issue.
- > There are a growing number of standardised measures available and their use may be relevant to the work you are doing. Standardised measures have been tested in a variety of settings to establish their reliability. If standardised measures are used, they will usually need to be used at the start and at the end of your involvement with parents, in order to provide a 'before' and 'after' perspective. It is helpful to find standardised measures that can be incorporated into the work you are doing with parents. The slides on evaluation by Essex University and their evaluation tool list some commonly used standardised measures.

- > The Outcome Star is a method that has been devised to give central importance to the user perspective. Information about the Outcome Star can be found at www.outcomesstar.org.uk

You can look at examples of how other services are measuring outcomes here (www.rip.org.uk/recurrent-care-FDAC-outcomes-framework and www.rip.org.uk/recurrent-care-Leeds-futures-outcomes-framework)

Slide 5

- > Probably the greatest challenge for a small team or organisation is finding the time to collect the data you will need to demonstrate outcomes. The risk of not finding the time, however, is that you lack the information to demonstrate the effectiveness of the service and to argue for continued funding.
- > Another challenge arises from services that do not carry out detailed assessments at the start of contact, or those where parents are encouraged to drop in and out as they wish. Brighton and Hove's Looking Forward service dealt with this issue by developing five levels of service, from being notified of a potential client through to a defined intervention, as can be seen on page 6 of their 2017 Annual Report (www.rip.org.uk/recurrent-care-annual-review-2017).
- > If you are considering using standardised tools it is always worth checking what they might cost, and how user friendly they are.
- > Sometimes change can be hard to measure. During the Change Project participants talked about the important small changes that parents might demonstrate over time, such as taking their hood off when talking to a professional, or not swearing at the professional when discussing things with them or being able to manage their repeat prescriptions.



Exercise 5: Outcomes and how they might be measured

Time: Allow 30 minutes for this exercise

What you'll need: Flipchart paper and marker pens or Post-its.

What to do: After watching the slide presentation 'Outcomes and how to measure them', work in pairs or in small groups and record suggested outcomes on flipcharts or Post-its.

You can use the prompts set out below to stimulate your discussions. Keep a record of the suggestions for future reference.

Outcomes: Prompts for discussion

Participants in the Change Project identified a wide range of potential outcomes for parents, children and organisations. Some examples are given below. You can use these as prompts for your discussions in Exercise 5.

Parents

- > have developed insight into how their past has impacted on their parenting
- > are more in control of their life
- > have developed the ability to make better choices
- > are better at managing contact with their children who have been removed
- > have developed supportive friendship networks
- > have improved relationships with their families
- > are making appropriate use of support services
- > are not in oppressive relationships
- > are making informed choices about contraception
- > have improved physical health and wellbeing
- > are in education, employment or training
- > have improved mental health

Children

- > have improved mental health
- > are having improved contact with their parents
- > are not born substance dependent
- > are not removed/moved at a very early age
- > are meeting their developmental milestones
- > are able to stay or return home to live with their parent or parents

Organisational outcomes

- > A reduction in the number of women/parents coming back into proceedings, particularly with unborn children.
- > A reduction in the level of recurrent removals in the area.
- > Financial savings for the local authority.
- > Improved understanding about the impact of trauma among relevant services and staff.
- > Fast-track systems into services for vulnerable parents.
- > A reduction in the barriers to accessing services.

Value for money, cost-effectiveness and cost benefits

The issue of costs will arise when you are first making the case either to set up or further develop a service, and it will continue to be an issue for senior managers and commissioners, so it is important to understand how best to make your business case.

However, as the Change Project participants emphasised, while costs are important, so are values. A system that focuses on removing children, without tackling the reasons underlying the need for removal, is a system that is not functioning as it should. Safeguarding children does not mean that we cannot show understanding, humanity and empathy for their parents.



EXERCISE 6: Costs, cost effectiveness and cost benefits

Time: Allow 30 minutes for discussion

What to do: Using the slide (www.rip.org.uk/recurrent-care-cost-benefit-slide) as a visual prompt for structuring a discussion about costs, go through each of the points below. Record the group's suggestions to inform your service planning.



Costs – top-down or unit costs

Commonly, the costs of a service will be identified through the budget needed to pay for salaries and oncosts, plus costs for overheads. This may then be divided by the number of people the service works with, to give an average cost per case. This is called ‘top-down’ costs.

A more complex, and more accurate, way of identifying costs is by tracking the activity of all staff over a period of time, usually a week, taking account of the salaries and overheads of each staff member. If necessary, this exercise can be done per case. This is called ‘bottom-up’ costs. It will usually indicate that some cases cost more than others, or that activity is concentrated at particular points of intervention. It is still unusual for this method to be used in Children’s Services.

Cost-effectiveness

Identifying whether a service is cost-effective depends on knowing how much the service costs, and whether it is achieving its intended outcomes. A service is cost-effective if it is cheaper than another service achieving the same outcomes, or more expensive than another service but achieving better outcomes. In order to establish cost-effectiveness, you will need to compare the service to something else (although that could be ‘services as usual’).

Cost benefit

Cost benefits are the longer-term cost savings and associated personal, social and economic benefits accrued from the outcomes your service achieves. In order to establish cost benefits, you need to be able to demonstrate what outcomes you are achieving, which obviously means you cannot describe cost benefits before you start your service. However, if you are following a particular model that has already been evaluated, you can base your arguments on the outcomes shown to have been achieved by that model previously, or you can make assumptions about what you hope you’re going to achieve. So, for example, you might argue that if your service helped avoid three removals of children through care proceedings, then that might cover the cost of the service.

Cost benefits include, but are not limited to, cashable savings, or avoided costs, for the commissioner of the service – in recurrent care services, that is usually the local authority or health trust or clinical commissioning group. A challenge for sustaining a service in the current climate is the pressure on local authorities to show cost

benefits in a short period of time. Cost benefits are usually considered over a two to five-year period, rather than over the space of one year, and will take account of savings that may accrue to a wide range of services. This can be helpful when seeking funding from different partners, but also problematic if the main funder does not see sufficient benefit for their service.

Making the cost-benefit argument for recurrent care services will involve looking at things like a reduction in the use of foster/residential/secure care or mother and baby homes; reduction in social work time; less use in the longer term of physical health services; less involvement in crime; less use of substance misuse services or mental health services; and less use of court (Cafcass, judges, lawyers, experts).

Making the cost benefit/value for money case means finding out how much such things as mother and baby foster placements, or bringing care proceedings, cost. Sources of information include:

- > Evaluations of similar services.
- > Business cases prepared for other services – see, for example, the FDAC business case (<https://fdac.org.uk/better-value-money>).
- > The Personal Social Services Research Unit (PSSRU) (www.pssru.ac.uk) which has branches at the London School of Economics and the Universities of Kent and Manchester (<http://research.bmh.manchester.ac.uk/pssru>).
- > Local authority legal teams for legal costs (and the cost of expert reports)
- > Public Health England for costs of treatment services and cost of crime connected with substance misuse, see <https://publichealthmatters.blog.gov.uk/2016/07/25/tools-for-assessing-value-for-money-for-alcohol-and-drug-treatment>
- > Research in Practice has produced a series of helpful resources on planning evaluations, which include ‘An introduction to value for money assessments’ and ‘An introduction to cost-benefit analysis’. Go to: www.rip.org.uk/resources/publications/evaluation-tools-and-guides



Exercise 7: Review your service model

Time: Allow 25 minutes for this exercise

What you'll need: The template you completed at 1.5

Designing Your Service and you can also make use of the logic model outline (www.rip.org.uk/recurrent-care-logic-model)

What to do: Go back to the service model you have begun to develop. Think about how you might develop a theory of change or logic model and use the information you have already pulled together to describe:

- > Inputs and resources (staff/budget).
- > Activities and outputs.
- > Your intended outcomes.
- > Potential cost benefits. At this point you can just identify the areas where you would expect cost benefits to accrue.

Think about and discuss data collection for evaluation, methods, and resources and capacity to capture key information.

Key points from this section

- > Ensure that data is collected regularly, that it is good quality and paints a clear picture of your activities, outputs and outcomes.
- > Find the time to give presentations to frontline teams and to senior managers to keep knowledge and interest in your service alive.
- > Keep an eye on communication and wider publicity throughout.
- > Keep proving the benefits.
- > Any form of evaluation, however light touch, needs to have time and resources allocated to it from the start.
- > Information sharing with partners – have systems set up from start.



Section 3: Workforce development. Understanding ‘non-engagement’, attachment and complex trauma

The section covers:

- > What we mean by engagement and non-engagement, and the underlying factors that may contribute to each.
- > The concepts that underpin attachment-informed practice.
- > The concepts underpinning trauma-informed practice.
- > Tips from practice experts on taking this learning into the development of your recurrent care service.

This section includes three learning modules, comprising films and exercises. These can be used flexibly to set out a programme of shared learning for your team or workforce. Use them to build and enhance understanding in relation to complex trauma, non-engagement, and trauma-informed approaches.



Exercise 8: Understanding non-engagement and attachment through a case study

Time: Allow 30 minutes for the exercise

What you'll need: The case study of Tina (www.rip.org.uk/recurrent-care-tina-case-study), flipchart paper and marker pens or Post-its.

What to do: Working in pairs or small groups (for 20 minutes), read the case study carefully. Then consider and discuss these two questions:

- > How an attachment perspective might impact on your understanding of this mother's interaction with services?
- > What might you do differently?

Come back together for a whole-group discussion in the final 10 minutes. Note down any key points on flipchart or Post-its.



Learning Module 1: Reconceptualising non-engagement (attachment)

Allow 40 minutes to watch the four short films on non-engagement and attachment (Films 2, 3, 4 and 5). You may also want to allow a further ten minutes for whole-group discussion immediately after watching the films, or you can move straight into Exercise 8.

- > **Film 2: ‘Reconceptualising non-engagement in the context of recurrent care proceedings’** Speaker: Claire Mason, Senior Research Associate, Centre for Child and Family Justice Research, Lancaster University. Claire shares messages from the Vulnerable Birth Mothers and Recurrent Care Proceedings study (Broadhurst et al, 2017) on ‘non-engagement’ and other research relevant to this (8 minutes and 57 seconds).
- > **Film 3: ‘Attachment and social work practice: Part One’** Speaker: Danny Taggart, Lecturer, School of Health and Social Care, University of Essex. An introductory talk on developing attachment-informed social work practice (11 minutes and 17 seconds).
- > **Film 4: ‘Attachment and social work practice: Part Two, The Strange Situation test’** Speaker: Danny Taggart. Danny explains the experimental condition known as the Strange Situation Procedure and how it is used to identify young children's patterns of attachment (3 minutes and 2 seconds).
- > **Film 5: ‘Attachment and social work practice: Part 3, Applying attachment theory to understanding “non-engagement”’** Speaker: Danny Taggart. Danny's presentation focuses on attachment-informed practice with adults who have experienced trauma in their early lives (14 minutes and 14 seconds).



Learning Module 2: Reconceptualising non-engagement (complex trauma)

Allow 23 minutes to watch Film 6 in which Sheena Webb gives an introduction to complex trauma, followed by the theory underpinning trauma-informed approaches in practice.

You may want to allow an additional 10 minutes for a whole-group discussion, or you can move straight into Exercise 9 once you have finished watching.

- > **Film 6: 'Explaining complex trauma and its impact on families'** Speaker: Sheena Webb, consultant clinical psychologist and service manager of the London Family Drug and Alcohol Court team. Sheena describes complex trauma and its impact, and introduces the theory underpinning a trauma-informed approach to practice (22 minutes and 31 seconds).



Exercise 9: Understanding non-engagement and complex trauma through a case study

Time: Allow 30 minutes for this exercise

What you'll need: The case study of Amy (www.rip.org.uk/recurrent-care-amy-case-study), flipchart paper and marker pens, Post-its

What to do: Working in pairs or small groups (for 20 minutes), read the case study carefully. Then consider and discuss:

- > How a complex trauma perspective might impact on your understanding of this mother's interaction with services.
- > What might you do differently?

Come back together for a whole-group discussion in the last 10 minutes. Note down any key points on flipchart or Post-its.



Learning Module 3: Trauma-informed approaches in recurrent care

Allow 32 minutes to watch the presentation by Danny Taggart (Film 7) about trauma-informed approaches. You may wish to allow an additional ten minutes for discussion, or you can move straight into Exercise 10 below once you have finished watching.

If you're working through these modules on different days, you may find it helpful to start this session by also watching the presentation by Sheena Webb (Film 6) about complex trauma. This would mean allowing 55 minutes for the films before moving onto the exercise.

- > **Film 7: 'Trauma-informed approaches in recurrent care services'** Speaker: Danny Taggart, Lecturer School of Health and Social Care, University of Essex. Danny on designing a trauma-informed service to work with parents who have experienced recurrent care proceedings (31 minutes and 21 seconds).



Exercise 10: Thinking about trauma-informed approaches in your work

Time: Allow 30 minutes for this exercise

What you'll need: Flipchart paper and marker pens, Post-its

What to do: Working in pairs or small groups for 20 minutes, discuss how the information about trauma-informed approaches (presented in this film and in the film about complex trauma) might inform your work with parents involved in recurrent care. In particular, try and identify:

- > Any wider practice implications
- > Practical steps for taking the lessons about non-engagement and complex trauma into practice.

Come back together for a discussion in the last 10 minutes. Note down any key points on flipchart or Post-its.



BACKGROUND READING

Here are links to some helpful resources and further reading in relation to attachment, complex trauma and trauma-informed practice:

- Research in Practice Frontline Briefing by Danny Taggart, Sheena Webb and Claire Mason *Non-engagement and Trauma-Informed Practice* (Research in Practice, forthcoming 2019)
- Research in Practice Frontline Briefing on *Parental Mental Health* by Mary Ryan includes a short section on complex trauma:
www.rip.org.uk/resources/publications/frontline-resources/parental-mental-health-frontline-briefing-2018
- Sheena Webb and Tom Borro's blog 'FDAC – A trauma-informed service' offers some examples of trauma-informed practice within an FDAC team: <http://fdac.org.uk/resources-blogs> or www.familylaw.co.uk/news_and_comment/fdac-a-trauma-informed-service#.W8hgRGhKjiW
- Dr Patricia Crittenden's Dynamic Maturational Model of Attachment (Crittenden, 2015): www.patcrittenden.com/include/dmm_model.htm
- Lisa Najavits's manual *Seeking Safety – A Treatment Manual for PTSD and Substance Abuse* (2002): www.treatment-innovations.org/seeking-safety
- Narrative Exposure Therapy (NET) is a short-term treatment for people who have experienced multiple trauma:
www.vivo.org/en/narrative-expositionstherapie
Although NET's official training centre is in Germany, it is possible to find qualified trainers in England – for example, at the Oxford Cognitive Therapies Centre:
www.octc.co.uk or at London Trauma Specialists <https://londontraumaspecialists.com>

TIPS FROM PRACTICE: Key lessons for setting up and/or developing your service

Below are a series of tips drawn from the presenters of material for this section, participants in the Change Project and colleagues working in a range of recurrent care services who shared their experiences with us. The tips can be used to prompt discussion after watching the presentations above and completing the exercises. They will also help with the planning and development of a recurrent care service.

Tips on staff recruitment

Look to recruit people who:

- > Can engage with parents and not give up.
- > Have the ability and willingness to work with risk.
- > Can be flexible.
- > Have empathy, confidence and compassion.
- > Are open to learning and development.

When recruiting, put more emphasis on 'show me what you do' and not 'tell me what you do'. You will be looking for a demonstration of values, principles and integrity. Using role play in an interview will be a helpful way of getting a sense of this.

Also consider involving a parent who has used your service, or something similar, in the interview process.

Here are links to a Job Description for a newly set-up recurrent care service in Leeds, together with their interview questions and suggested role plays (www.rip.org.uk/recurrent-care-job-description).

Tips on ways of working that have been shown to be effective and are in line with trauma-informed practice

- > Work at the mother/father's own pace and avoid setting timescales if you can.
- > Avoid ultimatums. Give parents the opportunity to move forward on their own individual path and at their own pace.
- > Parents want to feel in control – they don't want to feel 'done to' – so work alongside them.
- > Listen to parents' concerns and what they want to tackle. One colleague described this as: 'I'm a passenger in their car and I'll be there for them wherever they want to go.'
- > Work with mothers, fathers, parents to find the key changing point – what do *they* think will make a difference?
- > Don't be afraid to be wrong and to say you were wrong or made a mistake – and to try again.
- > Persevere cheerfully.
- > Be open to discomfort, be human.
- > Recognise that engagement can take a long time.
- > Recognise that women/men will make wrong choices, and that you need to be able to cope with that.
- > Bear in mind that asking a woman to leave a violent partner may create more trauma for her, so sometimes you need to work with both parents on this issue.
- > Honesty is very important. You will need to be clear with parents that working with you will not automatically mean they get to keep their next child.
- > Being hopeful is important. The most 'vulnerable' people, given the right support at the right time, can achieve amazing results.
- > Think about the impact of loneliness and isolation, and how to help parents overcome them.
- > Bear in mind the recent messages from research about poverty, its link with care proceedings and the impact of poverty on families. See Care Crisis Review *Options for Change* (2018): www.frg.org.uk/involving-families/reforming-law-and-practice/care-crisis-review



- > Take seriously issues of accommodation and debt.
- > Think about setting goals with parents and working towards an exit plan.
- > If your service sets a time limit on its involvement, make sure you are clear what will you have in place to support the parent once you have closed their case.
- > Help mothers/fathers/parents to build a portfolio of what have they achieved over the period of their involvement with your service.

Issues to consider in relation to training

- > Systemic approaches are important, so systemic training will be helpful. For example, one service working in the area of recurrent care (Action for Change based in Kensington and Chelsea, and Westminster) is located within a local authority that trains all its staff in systemic family therapy.
- > Think about providing staff training in relation to trauma and trauma-informed approaches.
- > Recognise that all relevant agencies need to understand trauma and trauma-informed approaches better, so argue for suitable training across services in your area.

Issues to consider in relation to managing your service

- > Recognise that the complexity of some cases may reduce the overall caseload a single worker can deal with.
- > Make use of reflective supervision/group supervision.
- > There is now considerable evidence of the effectiveness of multi-agency teams when working with vulnerable parents with complex problems (Care Crisis Review, 2018; Sebba et al, 2017). Recurrent care services can include staff from social work, substance misuse treatment services, domestic abuse services, mental health services (child and adult), health (midwives) and staff from early help services, or third sector organisations with experience of supporting families.

- > The advantages of a multi-agency team include the possibility of 'team formulation' of a plan, which can then be discussed and agreed with the parent. Team formulation is more commonly used in health settings. It involves a team discussion of the information collected through assessment (or conversations) and of the different risk and protective factors. The team collectively identify of the issue (or issues) that need urgent attention and the sort of help or support that is most likely to be effective. This would include looking at what has been tried before, always bearing in mind what the parent has told you about their experience of previous services.

- An example of a team formulation mode, used in Leeds Futures and more widely across Leeds services, is available here:

www.leeds.gov.uk/docs/Rethink%20Formulation.pdf

- See also the Research in Practice resource on 'Analysis and Critical Thinking in Assessment':

www.rip.org.uk/resources/publications/practice-tools-and-guides/analysis-and-critical-thinking-in-assessment-resource-pack-20132014

- > Where there is no co-located, multi-agency team around the parent, but a range of services working with the parent, it is important to avoid the parent being overwhelmed by having to deal with so many different services. This can be done by taking the lead in co-ordinating the work and helping parents to negotiate the system, including helping them with diaries that give them some control over meetings and appointments.

Section 4: Workforce development. Understanding complex grief and the impact on mothers of removal at birth

This section covers:

- > Data on removal at birth, process and legal issues.
- > The impact on vulnerable women of removal of their babies at birth.
- > The nature of complex grief and the longer-term impact on mothers of their children's removal.
- > Different ways of planning for and dealing with removal at birth, so that the level of trauma experienced by mothers might be reduced.
- > Barriers to improving practice.
- > How an improved understanding of these issues can influence the development of your service.

This section includes three suggested learning modules comprising a series of film presentations and exercises. You can use these locally to build and enhance learning and understanding across your workforce on the issues of complex grief and the impact on mothers of removal at birth.

Each learning module is designed to be flexible for you to adapt into a programme of shared learning for your team or workforce.



Learning Module 4: An overview of research, policy and law in relation to removal at birth

This module covers:

- > The national context of removal at birth.
- > Relevant legislation and some case decisions.
- > Research findings on removal at birth and its impact from the *Vulnerable Birth Mothers and Recurrent Care Proceedings* study.

Allow 35 minutes to watch Films 8, 9 and 10, then move straight on to Exercise 11.

- > **Film 8: 'Removal at birth: Women's perspectives from the *Vulnerable Birth Mothers and Recurrent Care Proceedings* study'** Speaker: Claire Mason, Senior Research Associate, Centre for Child and Family Justice Research, Lancaster University. Claire shares messages from the study and, in particular, from her interviews with 72 birth mothers, nearly half of whom had experienced the removal of a newborn infant within hours or days of their child's birth (7 minutes and 12 seconds).
- > **Film 9: 'Removal of infants at birth'** Speaker: Mary Ryan, lawyer and Senior Associate at Research in Practice. Mary introduces the legal context and significant case law in relation to the removal of an infant at birth (8 minutes and 10 seconds).
- > **Film 10: 'Understanding loss and grief in the context of recurrent care proceedings'** Speaker: Claire Mason, Senior Research Associate, Centre for Child and Family Justice Research, Lancaster University. Claire talks about how to apply messages from the wider research literature on loss and grief when working with women who have experienced court-ordered removal of children (19 minutes and 41 seconds).



Exercise 11: Removal at birth – reviewing local practice

Time: Allow 45 minutes for this exercise

What you'll need: Flipchart paper and pens, or Post-its

What to do: Having listened to the evidence (in the slides and film), work in pairs or small groups for about 30 minutes to discuss:

- > What happens in your area currently?
- > Would you like to see a different approach?
- > What would that look like?

As part of your discussions, consider the following questions:

- > Are there protocols for pre-birth assessments in your area?
- > How early on do you begin pre-birth assessment and planning? Are you starting too late?
- > What are the links between Children's Services social care and midwives? Are they working well? How do you know this? Do you need to find out more?
- > If removal at birth is being planned, what placements are available that would enable mothers and babies to stay together?
- > How are removals managed?

After half an hour, come back together for 15 minutes of feedback and whole-group discussion. Keep a note of suggestions for improving practice.



Learning module 5: The experiences of birth mothers whose babies are removed at birth

Film 11 relays the experiences of mothers through their own words and photographs. These are the words and images the women chose to describe their experience of having a baby removed at birth. The presentation is based on the PhD research conducted by midwife Dr Wendy Marsh.

Allow 27 minutes to watch Film 11. After the presentation, move directly on to Exercise 12.

- > **Film 11: 'What can midwives learn from "women like me"? Stories from mothers whose babies have been removed at birth'** Speaker: Dr Wendy Marsh. Wendy shares findings from her doctoral research and experience as a specialist midwife for safeguarding. Her narrative inquiry gathered the stories from five women over three years in order to develop tools and resources to build improved midwifery practice with women (26 minutes and 16 seconds).



Exercise 12: Understanding the impact of removal at birth

Time: Allow 20 minutes for the first part of this exercise, plus a further 10 minutes.

What to do: After listening to this presentation, work in pairs or small groups take some time to reflect on:

- > The impact of removal on mothers. Share relevant experiences you may have had.
- > Now take some time to reflect on the impact on professionals of removal at birth.

Come back together as a whole group for a further 10 minutes of reflection.



Learning module 6: Supporting isolated women in the perinatal period

In Film 12, Denise Marshall describes the work of Birth Companions (www.birthcompanions.org.uk), a voluntary organisation that provides support to women who are having a baby in prison or who live in the community and are experiencing severe disadvantage. The presentation provides information about the different sorts of support mothers may need, the ways in which they cope with separation, and the importance of listening to what women want.

Allow 22 minutes for the presentation. Then move straight on to Exercise 13.

- > **Film 12: 'Supporting mothers having babies removed at birth'** Speaker: Denise Marshall of Birth Companions (www.birthcompanions.org.uk). Denise's presentation focuses on working with women experiencing severe disadvantage during pregnancy, birth and early parenting. This includes women both in prison and in the community (21 minutes and 50 seconds).



Exercise 13: Consolidating your learning to optimise your service

Time: Allow 45 minutes for this exercise (this doesn't include time for viewing all the films on removal at birth; for this exercise, it's assumed participants will already have seen films 8, 9, 10, 11, either immediately before film 12 or at an earlier stage)

What you'll need: Flipchart paper and pens or Post-its

What to do: Working in pairs or small groups, reflect on all the films about removal at birth (Film 12, and also Films 8, 9, 10, 11 and 12) and discuss the following questions:

- > What have you learnt from these presentations?
- > How will you take account of the messages from these presentations in the development of your recurrent care service?
- > Are there any quick wins in relation to improving the experience for birth families?
- > What can you do in relation to the impact of removal at birth on professionals – social workers, midwives, nurses, other support services?

Then come back into one large group to share feedback.

TIPS FROM PRACTICE: Key messages for developing your service

Here are a series of tips drawn from the work of the various presenters in this section and from participants in the Change Project. The tips can be used to prompt discussion after watching the presentations above and completing the exercises. The tips are also intended to help with the planning and development of a recurrent care service.

Training issues

Think about developing local training:

- > That includes these messages about the impact of removal at birth. One senior practitioner participant in the Change Project has begun to run sessions on removal at birth for social work teams, Cafcass, and multi-agency groups locally.
- > For foster carers on the impact of removal at birth and on the impact of complex trauma on parents' behaviour.
- > On the impact of removal on parents and on professionals to be delivered to social workers and midwives together.

When running training on these issues, bring in the perspectives of mothers and fathers. Make sure social workers in their assessed and supported year in employment (ASYE) receive this training.

Practice issues

- > In one area involved in the Change Project, the recurrent care service facilitates joint sessions between midwives and social workers to provide an opportunity to discuss the impact of this work and ways in which the process can be improved for the mothers and the professionals involved.
- > Bear in mind that parents are 'parents for life'. A parent may not be caring for their child and may no longer have parental responsibility, but they will always be the child's parent. For some women, their desire to have a family becomes all-consuming.
- > Contact with children who have been removed is a major issue for birth parents, so it will be important to think about how your service is going to help them with this.
- > Think about how to support your staff, because removal at birth is often a trauma for them too. Think about ways to help practitioners develop resilience – through training, supervision and support.
- > Think about ways you might contribute to better planning in early pregnancy and to an improved pre-birth assessment and support process.
- > If there is no pre-birth and removal at birth protocol in your area, raise this as an issue that needs attention.



Section 5: Setting up a service. Learning from other recurrent care services – 13 case studies

This section sets out information about some, but not all, recurrent care services in England and Wales. It includes information about the services developed by some of those participating in the Change Project and services whose representatives gave input into one of the Change Project meetings (or otherwise provided information for the project). Two of the projects included here are no longer in existence because of funding cuts.

These case studies will give you a strong sense of the various approaches to recurrent care being taken in different parts of the country. You can use them to discuss and review what you have learnt so far and the progress you have made in developing your service.

Many of the Tips from Practice from all of these services appear in earlier sections of this resource. Listed below, before descriptions of the services themselves, are some further tips that arose from their input into the Change Project.

TIPS FROM PRACTICE: Learning from other recurrent care services

- > Keep sustainability in mind throughout and take nothing for granted. Two projects listed below (SPACE in Cambridge and the Early FDAC service in Coventry) found their budgets cut despite having evidence of the effectiveness of their services.
- > Help strategic leaders sit with uncomfortable truths, including that outcomes may take time to achieve.
- > Make sure your Steering Group meetings are well attended, ensure senior managers attend and keep them updated with good quality information about your service and its effectiveness.
- > Use your Operational Groups to solve problems that arise and to keep people interested in the service and what it's achieving.
- > Keep visiting frontline teams and partner agencies – this keeps the project alive to key stakeholders and ensures good links with the frontline teams who will be the source of your referrals.
- > Involve partners by sharing with them the messages from the research in this resource. Consider doing a shared mapping exercise with them or offering sessions to multi-disciplinary groups (or at the very least to midwives and health visitors). Do presentations for partner agencies and invite them onto Steering or Operational Groups.
- > Invest time in building up professional relationships to smooth pathways to services for parents.
- > Give consideration to the fact that different professional disciplines use different language and different jargon, and work on developing a common language in relation to recurrent care and vulnerable families.

Checklist of tips for your team:

- > Exercise care with your recruitment to ensure your staff have tenacity, confidence and compassion.
- > Involve service users in the recruitment interviews.
- > Make sure staff have low caseloads with no more than eight cases per worker.
- > Celebrate successes and achievements and help parents keep a record of these.
- > Think about having parent mentors to work alongside you on a voluntary basis and recognise that good parent mentor schemes provide effective training and supervision for the mentors – examples are FDAC (see below) and Birth Companions (see Section 4).

Brighton and Hove: Looking Forward

The Looking Forward Service began in April 2014 and is funded by Brighton and Hove City Council (Children, Families and Learning).

Our service is based in Brighton and Hove and covers that geographical area, but we also work closely and reciprocally with our neighbouring authorities of East and West Sussex. The East Sussex Service is called Foundations <https://nicolamcgeown.wordpress.com/tag/foundations-project-east-sussex>

Looking Forward works with both men and women who have had one or more children removed permanently from their care via public law proceedings. We prioritise care leavers from any authority, those with learning disabilities and those with substance misuse difficulties. We aim to prevent a further child being removed into foster care and becoming subject to care proceedings by prioritising access to sexual health and contraceptive services and supporting women (and men) to reflect on what has happened and create a 'turning point' in their lives.

We work with adults whose children have been adopted or become subject to special guardianship orders and those whose children are in long-term foster care. We do not work with pregnant women, but they are offered a fast-tracked referral to the Early Parenting Assessment Programme (EPAP) team for pre-birth assessment and support. If the referral is unsuitable, we may retain a link with the family to enhance engagement with services, which protects the welfare of the baby and increases the opportunity to organise contraception on delivery of the baby.

It is a small team including one full-time change practitioner, who is not a qualified professional but who is an experienced practitioner, and a 0.6 substance misuse worker who is also a trained counsellor and who is seconded from the local women's substance misuse service (Brighton Oasis Project: www.oasisproject.org.uk). We also have a 0.5 social worker, who works across the EPAP service and the Looking Forward team. Both EPAP and Looking Forward share a team manager.

We have developed good links with housing, community safety team, the Violence Against Women and Girls (VAWG) partnership, and mental health and substance misuse services. Taking up long-acting reversible contraception (LARC) is not a requirement of our service, but we have a fast-track pathway for women to receive contraceptive services from the Brighton and Hove Integrated Contraceptive Advice and Sexual Health Service.

Over the year 2016-17, we worked directly with 45 men and women. The service records the work it does to screen referrals and make initial enquiries, even if no further work is done because a parent does not wish to engage. Direct work ranges from lower-level involvement of meeting parents and helping them to access services, to more intensive and longer-term support, which may also include therapeutic interventions.

For more information contact:
cas.short@brighton-hove.gov.uk

Cambridge: SPACE

The Space Project started in December 2015 and was closed in April 2018 when funding was withdrawn. The project covered Cambridgeshire and was funded by the local authority. It had no dedicated office space and workers hot-desked in the Cambridgeshire County Council offices.

The initial service specification was to work with mothers who had had a baby under six months old removed from their care, but this was subsequently changed to mothers who had had children under the age of four years removed from their care or a sibling group of three or more children.

The project worked with mothers only, although if a mother was in a relationship then the project could work with their partner to maximise the benefits for the woman. The project also worked at promoting positive relationships with family and friends.

The SPACE Project was modelled on the Suffolk service Positive Choices (see below), which has a similar geography and demographic to Cambridgeshire. The project encouraged and supported women to have long-acting reversible contraception (LARC) but did not require this and did not exclude women who chose not to.

The project centred on an outreach model of two key posts: a community psychiatric nurse with a public health qualification, and an outreach worker who is a specialist in homelessness and women who are chronically excluded. Women engaged on a voluntary basis having consented to the project contacting them. The project worked flexibly on issues identified by the women as important to them such as housing, benefits and health. It did not do parenting work with the women to prepare them for their next baby, or to help them recover the care of their children.

Around 20 mothers were working with SPACE at any one time. Between December 2015 and April 2018 the project received 79 referrals and worked with 68 women. An essential element of the project was the ethos of empowering individuals to reduce their long-term reliance on services and achieve positive outcomes.

Coventry: Early FDAC

The Coventry Early FDAC service started in October 2015 and was closed in July 2018 because of funding cuts. The service was located in Coventry and serviced Coventry City. It was funded initially with a grant from the Department for Education's Children's Social Care Innovation Programme, and then by Coventry City Council.

The service was based within the Court Based Assessment Service (CBAS), which had been developed to provide parenting assessments in care proceedings. It was set up at the same time as Coventry FDAC.

The Early FDAC service was designed to work with women who had had previous children removed and were at risk of a further removal. The intervention was from the second trimester of pregnancy through to 18 months after the baby was born. The aim was to support women to achieve change so that they could keep their babies. The service was not primarily focused on women who had substance misuse problems and for this reason the acronym for Early FDAC stood for 'Families Do Achieve Change'. If care proceedings were started in relation to women in Early FDAC, the team would continue to provide support, even if the child was removed as a result of those proceedings.

The core team consisted of a social worker (male) and a parenting intervention worker (female). The aim was to identify the most appropriate 'team around the parent' at the initial planning stage. The team also had pathways to perinatal mental health services, and to tertiary psychology services.

Referrals were received from midwives or social workers. Following referral, a keyworker would be appointed whose first task was to visit the parent to explain the project and seek their engagement with it. If the parent was prepared to join the project, the keyworker and another worker carried out a joint initial assessment with the parent, and then the whole team held a formulation meeting to develop a draft plan. This plan was then discussed and agreed at an Intervention Planning Meeting attended by the parent and representatives from all the relevant services and agencies that would be working with the parent. Following the meeting, the work would begin. The keyworker had individual sessions with parents and also coordinated the multi-agency activity and helped the parent negotiate this.

Review Intervention Planning Meetings were held around every six to eight weeks. If, after the birth of the baby, the local authority started care proceedings, the team provided evidence for those proceedings. The team continued to work with the parent if they were reunited with their baby during or at the end of proceedings, and if they lost their baby at the end of proceedings, although the nature of the work post-proceedings would inevitably be different if the child was not returned.

The team used a range of approaches with parents including motivational interviewing, Video Interaction Guidance, cognitive behavioural therapy and cognitive analytic therapy, systemic psychotherapy, narrative exposure therapy, grief counselling and some group work. They also worked with male partners and the wider family. Having an experienced male social worker as a core part of the team was very important as a positive role model for both fathers and mothers.

The service was developed to take into account the learning from the research into recurrent care being carried out at Lancaster and was informed by discussions with women who had had previous children removed. For further information contact Professor Karen Broadhurst or Claire Mason at Lancaster University:

k.broadhurst@lancaster.ac.uk or c.mason@lancaster.ac.uk

Kensington and Chelsea, and Westminster: Action for Change

Action for Change started in January 2015, initially with funding from the European Union and more recently with funding from the local authorities involved and from health.

We work with parents in those local authorities who have had more than one child removed through care proceedings. This includes fathers as well as mothers and mothers who are pregnant. Referrals come from children's social care professionals but parents can also self-refer. In 2019 we are piloting a care leavers project where we will work with pregnant care leavers who require additional support.

Our aim is to prevent unplanned pregnancies and recurrent care proceedings by helping parents have a better understanding of the reasons for the previous removal of their child or children and to help them manage the consequences of removal. With women who are pregnant again, we use the pre-birth period to address the concerns that led to the earlier removal and to support the mother to demonstrate capacity to change.

Our support to parents covers:

- > Practical support including sexual health and contraception, homelessness prevention, and accessing support from external agencies.
- > Professional support including advising parents about contact and helping to coordinate network meetings and mediating between professionals and the parents.
- > Emotional and mental health support including ensuring the wellbeing of the parents and building positive relationships.

We also provide access to outdoor activities such as walking, climbing, kayaking, and residential events. We encourage parents to access sexual health services and contraception, but it is not a requirement of the service.

The team comprises two part-time therapeutic intervention practitioners, a domestic violence specialist, a senior practitioner/clinical lead and a service manager. We also have access to a data analyst. Staff are trained in a range of disciplines including social work, psychology, addiction psychology, counselling, motivational interviewing and systemic practice. We offer one-to-one support and group work, and parents choose whether to be involved or not. Parents can drop out at any time.

We usually work with parents for around 15 months. Our interventions include cognitive behavioural therapy, family therapy and Video Interaction Guidance. We also use the Strengthening Families, Strengthening Communities parenting programme and incorporate principles from the Freedom Programme in our work. An individual package of support is designed for each parent.

Between January 2015 and June 2018, we worked with 140 parents and in that time only two mothers have become pregnant.

For further information please visit:

www.rbkc.gov.uk/community-and-local-life/community-safety/action-change/action-change

Leeds: Futures

Futures was set up in March 2018. It is based in, and is a service for, Leeds. It is jointly funded by the local authority, as part of its Innovations and Partners in Practice programme, and by NHS Leeds Clinical Commissioning Group.

The service has been set up to work with young women and men under 25 years old who have experienced the first-time removal of an infant. The service will prioritise parents who are also care leavers, as they make up a disproportionate number of the birth parents who experience the removal of a baby in Leeds.

The overall aim of the service is to reduce the number of babies coming into care and to break the cycle of repeat removals. The Futures service aims to do this by providing intensive and bespoke support to young people (once they have been engaged) to help them think and feel differently, improve their life chances, and be able to move on and not be defined by this hugely significant event in their lives. Futures operates on the principle of small caseloads, intensive input and assertive engagement and outreach. It is psychologically led, using individualised formulation, supervision and evidence-based intervention and planning. The service is outcome-oriented and includes a focus on continuous evaluation.

The service is holistic, family-oriented and restorative in its approach, and works across child and adult social and health agencies, contributing to a whole-city pathway of care and support. Support offered includes psychological treatments alongside practical and social interventions. It is hoped that if and when parents go on to be parents once again in the future, they will be in the best place possible to do so and their children will not be taken into care. The uptake of contraception is positively encouraged and promoted from the outset, but involvement with the team is not determined by this.

Referrals into Futures can come from any involved agency but are also proactively sought from the family courts.

We do not accept referrals of young women who are pregnant; however, if a young woman becomes pregnant or is unknowingly pregnant while working with Futures, then we will continue working her and will adapt our work accordingly.

The core Futures team consists of:

- > Lead practitioner/clinical lead: 1 whole time equivalent (social worker).
- > Specialist practitioner 1 WTE (mental health nurse).
- > Practitioner: 2 WTE (range of disciplines, including family support and social work).
- > Network support worker.

For more information contact Karen Kirby (lead practitioner):
Karen.Kirby@leeds.gov.uk

Midlands: Breaking the Cycle, After Adoption

Breaking the Cycle started in September 2014. The initial pilot programme ran for three and a half years, funded by the Esmée Fairbairn Foundation. The current programme is funded by The Pilgrim Trust and is due to run to January 2020. In addition, local authorities in the area can directly commission the service.

Our project covers the West Midlands. For the first three and a half years, the programme was for mothers who had lost at least one child to adoption. The current programme is for birth mothers who are care leavers; one strand is for mothers who have lost a child or children to adoption and the other is for mothers whose child or children is/are in some other permanent placement. The aim of the service is to break the cycle of mothers losing children to adoption or other permanent placements.

Breaking the Cycle is a trauma-informed programme that is reflective and therapeutic in nature. It provides one-to-one sessions and group work and allows birth mothers to reflect on their life journeys, encouraging them to take control of their lives in order to make positive, informed choices into their future. Breaking the Cycle does not require women to use contraception and will work with pregnant women and with women who have children living with them at home. Each mother has an individual plan for support depending on her circumstances and needs.

We generally have two qualified social workers working on the programme.

The programme was evaluated in 2017 by the Coram Impact and Evaluation Team and found to be extremely effective in improving the mothers' wellbeing and ability to make positive choices. There was also evidence of its effectiveness in breaking the cycle of repeat removals, but the evaluation acknowledged the need for a longer-term follow-up of mothers who had been part of the programme to fully establish its effectiveness in this area.

For more information see: www.afteradoption.org.uk/professionals-local-authorities/breaking-the-cycle or contact Daljit Gill, team manager Breaking the Cycle, After Adoption Midlands, tel. 0121 644 4900 or e-mail: daljitgill@afteradoption.org.uk

Salford: Strengthening Families

Strengthening Families was set up in April 2012. It is funded by the local authority and covers the Salford area. It is part of the Early Intervention and Prevention Service.

The service is aimed at parents who have had a previous child removed through care proceedings and at pregnant women (20 weeks or below gestation) who are at risk of having their unborn child removed.

We work for up to two years with parents who have had children removed and are not expecting a new baby, and we work with pregnant women and their families during pregnancy and afterwards, for up to five years.

The aim of the service is to prevent the parents losing further children through care proceedings. We provide one-to-one and group work that addresses issues of health, relationships, parenting and the impact of parents' own early experiences, as well as practical issues such as housing and benefits.

Project staff comprise the manager (who also manages the parenting service), a parenting practitioner who undertakes the pre-birth work, a part-time family support worker, and a midwife who also works on pre-birth support and delivers group work.

For further information contact Joe Garraway, Strengthening Families manager at: joe.garraway@salford.gov.uk

South London: Securing Change

Securing Change has been set up by St Michael's Fellowship and started in November 2018. It has been funded for three years through the Big Lottery and other charitable funding and we hope to continue through spot purchasing by local authorities thereafter.

Securing Change will provide a service to parents from South London local authorities who have had a child or children removed through care proceedings after being with us for a residential parenting assessment.

We recognise that the mothers we will be working with want to be parents, so the focus will be on what needs to change for them to be able to parent in the future and supporting them to achieve those changes. We will work with mothers on their own or with both parents if fathers are on the scene. We hope to work with 18 mothers or families each year. We will offer the service to any mother/family who leaves our residential provision without their child.

Our approach will be relationship-based practice, modelling behaviour, and fostering openness and honesty. Our style is working with, rather than doing to, and our ethos is that everyone can change. We will not require the use of contraception, but we will encourage parents to delay getting pregnant again.

Securing Change has two full-time staff. One is a social worker and the other has a background in psychology and experience of working on restorative approaches with families. We envisage each having a caseload of eight. They will be managed by a social worker and will receive regular clinical supervision. They explain what their role is to parents in our four residential settings and parents are positive about the service. This means we can 'get in early' when we know that the recommendation to the court or local authority is going to be separation. Families will have met the staff before they leave, so we can offer a seamless service.

The work will involve one-to-one support and will initially be highly practical. This is because of the implications of losing your child on things like benefits and housing, but we will also respond to the impact of grief. Securing Change will provide individual packages of support depending on need. We will also learn from other services, particularly the importance of links with sexual health services and the facilitation of group support for mothers who have lost their children.

The project is being evaluated by the Centre for Abuse and Trauma Studies at Middlesex University.

For further information contact:
outreach@stmichaelsfellowship.org.uk or website link:
stmichaelsfellowship.org.uk/securing-change

Stockport: COMMA

COMMA began in January 2016. Funded by Stockport Metropolitan Borough Council, COMMA is based in Stockport and serves the Stockport area. The aim is to support parents in order to reduce the number of families who come back into care proceedings.

COMMA works with mothers and some fathers who have had a child or children removed previously through care proceedings and with pregnant women or couples who have been accessing the service prior to becoming pregnant. The team provides consultation to professionals who are supporting pregnant women who are at risk of having their babies removed but who have not previously been engaged with COMMA. It also runs a monthly support group called CAMEO for women who no longer have the care of their children. The team developed this service after consultation with mothers who had experienced the previous removal of their children. The team focuses on working with the parents and working alongside social work colleagues and other professionals whose responsibility is to focus on the children in those cases where parents are involved in care proceedings.

COMMA is part of the Stockport Family whole-system change to working with families, which employs a restorative approach and incorporates multi-disciplinary working.

The team comprises a 0.5 WTE health visitor and a 0.2 WTE substance misuse specialist social worker, with supervision from a child psychotherapist and clinical psychologist. Team members work closely with other services to provide the support needed for each parent.

For more information contact: karina.dyer@nhs.net

Suffolk: Positive Choices and Mpower

Positive Choices and Mpower were set up in 2011. They are connected projects working across the whole of Suffolk, with Mpower specifically focused on Ipswich, North Lowestoft and Kings Lynn, and also working in Norfolk in Great Yarmouth and Norwich. Positive Choices is funded by Suffolk County Council, and Mpower by the Henry Smith Charity (for Ormiston Families).

Both projects provide support to women and their partners who have had a child removed through care proceedings. The aim of the service is to reduce the number of children being removed through recurrent care proceedings and to provide support to help parents come to terms with their loss. The teams support and encourage parents to access contraception, but the use of long-acting reversible contraception (LARC) is not a requirement of the service. Each parent or couple have an individual plan of support depending on their needs and the areas of change they wish to focus on. The projects receive referrals from children's social care. If parents wish to take up the offer of support, a plan of work is agreed with them and reviewed every three months. There are no timescales for achieving the changes the parents have identified they wish to make.

The services aim to:

- > Help parents understand their loss
- > Promote positive relationships and improve self-worth and self-esteem
- > Support parents to access and receive support from universal and targeted services
- > Help parents access contraceptive advice and to achieve change before planning their next pregnancy.

Each project has two project workers. In addition to the normal supervision arrangements, they also receive support every eight weeks from a clinical psychologist.

The projects have been evaluated by Essex University (Cox et al, 2015) and the evaluation is available online: www.essex.ac.uk/-/media/documents/research/recurrent-care-proceedings.pdf

For further information contact Victoria Hurling at: victoria.hurling@suffolk.gov.uk or see www.suffolk.gov.uk/children-families-and-learning/childrens-health/positive-choices-service and www.ormiston.org/what-we-do/our-programmes/the-connect-programme/mpower-project

Wales: Barnardo's Reflect

Barnardo's Reflect started in September 2016 in Newport, in April 2017 in Gwent, and in April 2018 in Cardiff and the Vale of Glamorgan, Rhondda Cynon Taf, Merthyr Tydfil and Bridgend. The teams work out of two bases: Lower Dock Street in Newport and Ely Family Centre in Cardiff.

Funding comes through the Welsh Government and sits within the revenue support grant. Of the 12 other local authorities in Wales, Action for Children provides a similar service for Powys, Pembrokeshire, Ceredigion and Carmarthenshire. In North Wales there is a local authority-run service shared among the relevant local authorities, and Swansea and Neath Port Talbot are also providing their own services.

We work with parents who are aged 16 or over and who have had one or more children permanently removed from their care. We work with both parents and generally try to encourage referrals as early as possible following completion of final proceedings. We do not work with women who are pregnant; if a parent becomes pregnant while working with us, we support them to move to another service that will provide help.

Our aim is to reduce the number of families who come back into care proceedings and have further children removed. We have developed our service to operate in a similar way to Pause (see below), but we do not require parents to have long-acting reversible contraception (LARC). However, we do encourage parents to access sexual health and contraceptive services. We provide both practical and emotional support to help parents with the grief of losing their children and to equip them to achieve change and make better choices in life.

Our staff team consists of eight Reflect practitioners and a team manager. There is a mix of disciplines among the practitioners, including teaching, counselling and therapy, substance misuse workers and family support workers.

For further information contact: james.saunders@barnados.org.uk

National: Family Drug and Alcohol Court (FDAC)

The first FDAC started in January 2008 in Central London. It was a pilot and funded by cross-government funding for the first four years.

Since then, the London FDAC team has been funded by some London local authorities. Currently FDAC in London is operating out of the Central and West London Family Courts and Croydon, commissioned by ten London Boroughs. Other FDACs are in:

- > Gloucestershire (started in 2013)
- > Milton Keynes and Buckinghamshire (started in 2014)
- > East Sussex (started in 2015)
- > Coventry (started in 2015)
- > Leeds (started in 2015)
- > Southampton (started in 2015)
- > Kent and Medway (started in 2015)
- > Northern Ireland – Armagh (started in 2016).

FDAC teams are mainly funded by the Children's Services departments of local authorities, but a number also have some funding from public health or the local clinical commissioning group.

FDAC was set up to reduce the number of parents coming back into care proceedings and having their children removed because of substance misuse. It is a problem-solving court approach within care proceedings. A multi-disciplinary team works intensely with the parents during the proceedings, and sometimes in the pre-proceedings phase, to support them to achieve change. The team advises the specially trained FDAC judge and coordinates all the services working with the parents and the child during the proceedings. FDAC judges meet regularly with the parents as part of the problem-solving approach. FDAC is a trauma-informed approach which is also committed to ensuring a fair and just court process that protects the welfare of children, while supporting their parents to achieve change.

The specialist teams vary in size and skills depending on the area and funding available. They will also include an experienced social work practitioner and a substance misuse specialist and will usually have clinical input from a clinical psychologist or child and adolescent psychiatrist. Some teams have specialist nurses, some have domestic violence specialists and in Gloucestershire they have speech and language therapists.

The teams use motivational interviewing, systemic approaches, cognitive behavioural therapy, narrative exposure therapy and Video Interaction Guidance.

Over time, teams develop a volunteer parent mentors' scheme. Parent mentors have themselves recovered from addiction and/or had children removed into care. Parent mentors are recruited from parents who have been successfully reunited with their children in FDAC. They are trained and supervised and provide additional, non-professional, support to parents.

The Nuffield Foundation funded an independent evaluation of FDAC, which was carried out by a team at Brunel University (see: www.nuffieldfoundation.org/evaluation-pilot-family-drug-and-alcohol-court). This found FDAC to be operating as a problem-solving court, distinctly different to standard care proceedings, and also found it to be significantly more successful than standard proceedings in helping parents to stop misusing drugs or alcohol and in enabling them to resume care of their children. A follow-up study funded by the Department for Education (Harwin et al, 2016) demonstrated that these outcomes were sustained five years on from the end of proceedings. FDAC families were significantly more likely to have remained together, with parents not misusing substances, than families from the comparison areas.

More information about FDAC is available at: <https://fdac.org.uk>. A central FDAC partnership supporting the further development of FDAC will be located at the Centre for Justice Innovation from April 2019.

National: Pause

The first Pause Practice was set up in Hackney in September 2013 and the Pause national unit was set up two years later. There are currently (early 2019) 24 Pause Practices: Barking and Dagenham, Bristol, Derby, Greenwich, Hackney, Hull, Islington, Tyne and Wear, Newham, North East Lincolnshire, Southwark, West Sussex, Wiltshire, Slough, Cumbria, St Helens, Blackpool, Doncaster, Wigan, Rotherham, Plymouth, Bexley, Nottingham, and Northern Trust (Northern Ireland).

Pause Practices and the Pause national team are funded through a range of streams. This differs from area to area, but the main funding is from local authorities, followed by government (Department for Education), and some funding from health, charitable trusts and individual donations.

Pause works with women who have had at least one child removed from their care. Some (particularly younger care leavers) may only have had one child removed, but all will be considered at high risk of future removals. We work with women, their networks, wider systems and partner organisations to help create the space for them to 'take a pause' to gain better control of their lives.

Pause does this by working with women in a way that addresses everybody in their lives – fathers of their children, partners, family members and friends – as well as professionals such as social services, housing, the NHS and the justice system. Partnership underpins our work, with the women, with local areas and with policy-makers and service providers. Pause adopts a relationship-based approach, with the relationship between women and their Pause practitioner being key.

After working with a practitioner for up to 16 weeks, which we call the engagement phase, we ask women to make a decision about whether Pause is the right programme for them and if they are prepared to take a pause in pregnancy. If they are, we ask them to agree to the most effective form of reversible contraception for the rest of their time on the programme. If they are not, and are keen to become pregnant again, we support them to identify more appropriate services to help them with pregnancy/parenting.

Pause employs professionals from a range of backgrounds and sectors, including social work, health, youth services, criminal justice services and therapeutic services. A traditional Pause Practice consists of five staff – a practice lead, three practitioners and a coordinator – usually working within one local authority.

We have also been piloting other models – for example, a slightly larger Practice that works across a number of local authorities, or having an additional practitioner with a particular focus (eg, younger care leavers with only one child removed). A practitioner's caseload is between six and eight, so the number of women a Practice works with will reflect the number of practitioners.

For more information about Pause email: info@pause.org.uk or visit the website at: www.pause.org.uk



References

- Bellew R and Peeran U (2017) *After Adoption's Breaking the Cycle programme: An evaluation of the two year pilot, September 2014 to August 2016*. London: Coram. Available online: www.afteradoption.org.uk/wp-content/uploads/2017/01/Breaking-the-Cycle-final-report-Aug-2017.pdf
- Broadhurst K and Mason C (2014) 'Recurrent care proceedings: Part 3: Birth mothers – against the odds: turning points for women who have lost children to public care', *Family Law* 44 (11) 1572-1576.
- Broadhurst K, Mason C, Bedston S, Alrouh B, Morriss L, McQuarrie et al (2017) *Vulnerable birth mothers and recurrent care proceedings: Final main report*. Lancaster: Centre for Child and Family Justice Research, Lancaster University. Available online: <http://wp.lancs.ac.uk/recurrent-care/publications>
- Care Crisis Review (2018) *Care Crisis Review: Options for change*. London: Family Rights Group. Available online: www.frg.org.uk/involving-families/reforming-law-and-practice/care-crisis-review
- Cox P, Barratt C, Blumenfeld F, Rahemtulla Z, Taggart D and Turton J (2015) *Reducing Recurrent Care Proceedings: Service Evaluation of Positive Choices (Suffolk County Council) and Mpower (Ormiston Families)*. Unpublished report, University of Essex. Available online: www.essex.ac.uk/-/media/documents/research/recurrent-care-proceedings.pdf
- Harries E, Hodgson L and Noble J (2014) *Creating your theory of change: NPC's practical guide*. London: New Philanthropy Capital. Available online: www.thinknpc.org/wp-content/uploads/2018/07/Creating-your-theory-of-change1.pdf
- Harwin J, Broadhurst K, Kershaw S, Shaw M, Alrouh B and Mason C (2014) 'Recurrent care proceedings: Part 2: Young motherhood and the role of the court', *Family Law* 44 (10) 1439-1443.
- Harwin J, Alrouh B, Ryan M, McQuarrie T, Golding L, Broadhurst K et al (2016) *After FDAC: Outcomes 5 years later. Final report*. Lancaster: Lancaster University. Available online: http://wp.lancs.ac.uk/cfj-fdac/files/2016/12/FDAC_FINAL_REPORT_2016.pdf
- McPherson S, Andrews L, Taggart D, Cox P, Pratt R, Smith V and Thandi J (2018) 'Evaluating integrative services in edge-of-care work', *Journal of Social Welfare and Family Law*, 40 (3) 299-320. Available online: www.tandfonline.com/eprint/Sz8X8rQHCKGmEWutduurr/full
- McCracken K, Priest S, FitzSimons A, Bracewell K, Torcchia K, Parry W and Stanley N (2017) *Evaluation of Pause: Research report. (Children's Social Care Innovation Programme Evaluation Report 49.)* London: Department for Education. Available online: www.gov.uk/government/publications/social-care-pause-programme
- Najavits L (2002) *Seeking Safety: A treatment manual for PTSD and substance abuse*. New York: The Guilford Press.
- Sebba J, Luke N, McNeish D and Rees A (2017) *Children's Social Care Innovation Programme: Final evaluation report*. London: Department for Education. Available online: https://innovationcsc.co.uk/wp-content/uploads/2017/11/CSCIP_Final_evaluation_report.pdf
- Shaw M, Broadhurst K, Harwin J, Alrouh B, Kershaw S and Mason C (2014) 'Recurrent care proceedings: Part 1: Progress in research and practice since the Family Justice Council 6th Annual Debate', *Family Law* 44 (9) 1284-1287.

Working with recurrent care-experienced birth mothers Resource Pack

Social workers, lawyers and judges have long been aware that some women return to court as respondents in care proceedings after having already experienced the removal of one or more children in previous proceedings. It is also recognised that a proportion of these women return to court on many occasions and lose multiple children to public care and adoption.

In 2017, a team at Lancaster University published the final report of a Nuffield-funded research study into *Vulnerable Birth Mothers and Recurrent Care Proceedings* (Broadhurst et al, 2017). The Lancaster team, Research in Practice and colleagues from the University of Essex wanted to collaborate to support the use of the research findings to inform more effective ways of working with this population. A Change Project, which commenced in 2017, soon after the Lancaster research was published, provided an opportunity to work with a group of practice experts who were working to set up or improve support to parents (with a primary focus on mothers) in this situation.

This resource brings together material presented at the Change Project sessions with information, reflections and practice examples provided by those participating. The resource content – which includes films, presentations, exercises and an evaluation guide – is all available on an open access area of the Research in Practice website. Its purpose is to provide evidence-informed learning materials for use by others working in this area of practice.

We hope that this resource and online space can form the nucleus for a growing body of evidence-informed learning materials to be shared and added to by those working in this developing area of practice.

Research in Practice
The Granary, Dartington Hall
Totnes, Devon, TQ9 6EE
tel: 01803 867 692
email: ask@rip.org.uk

© Research in Practice April 2019

Research in Practice is a programme of The Dartington Hall Trust which is registered in England as a company limited by guarantee and a charity. Company No. 1485560 Charity No. 279756 VAT No. 402196875 Registered Office: The Elmhirst Centre, Dartington Hall, Totnes TQ9 6EL

www.rip.org.uk/recurrent-care