

# Evaluating local services to reduce recurrent care

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- > RiP Change Project – Evaluation Session – 6 Dec 2017

## Background: Recurrent Care Proceedings

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

## New interventions since 2011

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

# Positive Choices service design

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

## Positive Choices pathway

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

# Phase 1 Positive Choices evaluation 2014-15

- > 102 participants (89 women, 13 men)
- > 84 Positive Choices (across Suffolk)
- > 18 Mpower (Ipswich)
- > 74 received a service (+2 wks)
  
- > Click here for UoE [Full evaluation report](#)

## Phase 1 Outcomes: unplanned pregnancies

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

# Phase 1 Outcomes: avoided care proceedings

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



## Phase 1 Outcomes: avoided costs

Assuming...

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

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

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

## Phase 1 Outcomes: life-skills & relationships

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

24% accessed work, volunteering or training

67% accessed other services

# Challenges in evaluating recurrent care services

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

## Phase 2 refining evaluation tool

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

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

# Phase 2 digital/qualtrics evaluation tool

Combines baseline data, personal psychometric measures & service outcome measures

Baseline: client tracker

Baseline: client report measures

6 months: client tracker

6 months: client report measures

*Tool may be accessed with acknowledgement - contact [pamcox@essex.ac.uk](mailto:pamcox@essex.ac.uk)*

## Phase 2 psychometric measures

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

# Positive Choices – 2016 snapshot - 47 referrals

## Age

17% aged 17-20

46% aged 21-30

30% aged 31-40

6% aged 41+

## Gender

98% female

## Profile

40% care leavers

40% mental health/emotional well-being

20% domestic abuse

17% substance/alcohol misuse

6% learning disability

## Repeat pregnancy?

only 1 known

# Phase 1 and Phase 2 Outcomes: Relationships

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

(Pawson and Tilley, 1994; 1997).

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

(Cox et al, 2017)



# Positive Choices client voices

On relationship with worker(s)

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

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

## Positive Choices client voices

On long haul emotional support

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

## Positive Choices client voices

on practical support offered

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

## 8 recommendations for service design & delivery

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

# Suffolk & Norfolk NHS Trust Parent Infant Mental Health Service

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

# Suffolk & Norfolk NHS Trust Parent Infant Mental Health Service

## > Methods

### > Quantitative

- Descriptive data
- Service level data
- Psychological measures (Reliable and clinically significant change)
  - CORE
  - Difficulties in Emotional Regulation (DER)
  - Mothers Object Relations Scale (MORS)

### > Qualitative

- 7 interviews – social care staff
- Focus groups – 24 multiagency staff groups
- Thematic analysis (Braun & Clarke 2006)

# Suffolk & Norfolk NHS Trust Parent Infant Mental Health Service

## Safeguarding status at referral and discharge (all cases)

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

## Child outcome (all cases)

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

# Suffolk & Norfolk NHS Trust Parent Infant Mental Health Service

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



## Contacts

### **Positive Choices – Suffolk County Council**

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### **Parent Infant Mental Health Service**

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### **University of Essex evaluation team**

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## Evaluation forms

- > Please complete your evaluation form  
– on both sides!



## Academic references

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

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

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

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

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

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

# Practitioner references

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

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

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

'Innovation in Practice' feature on Positive Choices

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

Case study of Positive Choices

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

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