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11th April 2019





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Suffolk
County Council



Prevention: What works and what's next in reducing care proceedings

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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 include

- **Pause** – Hackney Learning Trust/DfE pilots
- **Positive Choices** – Suffolk County Council
- **Mpower** – Ormiston Trust, Ipswich and Norfolk
- **Rise** – Southend Borough Council
- **Step Together** – Venus Charity, Merseyside
- **Comma** – Stockport Family
- **12 local auths** – Research in Practice network



Typical 'recurrent care' 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: example pathway

- referral from range of agencies
- preliminary screening
- signed consent
- willingness and capacity to change
- initial assessment and support plan
- baseline progress and psychological 'tracker'
- exit pathway



Positive Choices evaluation 2014-15

102 participants

- 89 women, 13 men
- 18 engaged with allied service, MPower
- 74 received a service (+2 wks)

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

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



Outcomes: avoided care proceedings

National recurrent proceedings rate (Broadhurst et al)
= 24% within 7 yrs
= 13% within 1-2 yrs

Without intervention, we would therefore expect 9 (13%) of the 66 mothers to have had a pregnancy likely to lead to removal.

None did.



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



Outcomes: life-skills & relationships

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

24% accessed work, volunteering or training

67% accessed other services



Outcomes: 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)



Outcomes: psychometric measures

- n=12 (5 follow up)
- no scores were significantly worse
- 3 of 5 clients demonstrated significant, clinically reliable change at follow up across several domains



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.”

Rise, Southend – service development, 2018

Marigold Children’s Centre, Shoeburyness

UoE team reviewed experiences of 6 ‘recurrent care’ mothers and their key workers and service managers.

A key finding: mothers and practitioners saw advantages for *both* pre- and post-proceedings services being delivered by the same team in the same premises. This arrangement is not typical across similar services with the same goals.



Rise client voices

on relationship with practitioner

“People are feeling very judged by an official...[so] it’s nice to meet in the middle instead of walking round in the circle if that makes sense, and with [practitioner] we meet in the middle and that’s it, we always have...”



Rise client voices

on emotional journey of life story book

“I just like the way that [practitioner] done it, you know. Basically, we got pictures of my family, even though some of them didn't really help and support me, but it's not about me, it's about the children when it comes to the life story book, you know, it's their story. So, we got pictures and you know what I liked is there was no lies in it...it was the truth...of what happened at the court, obviously not too much in depth but, you know, it was a very true piece of work that we done.”



What's next?

UoE team are working with:

- edge-of-care families
- care leavers at risk of a 'risk register' pregnancy
- parents at risk of recurrent care

to develop/evaluate services that are:

- trauma-informed and grief aware
- clinically robust
- relationship-based
- rights-based



National network and 'culture of practice'

Pause: 21 project sites across England

Research in Practice (RiP): 13 local auths are developing services following a 2018 'change project'

Nuffield Family Justice Observatory: national hub for recurrent care services

UoE, Lancaster U, RiP: Nuffield funding bid



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 rigid 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



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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
- McPherson, S. et al inc Cox and Taggart (2018). [Evaluating integrative services in edge-of-care work](#). Journal of Social Welfare and Family Law. 40 (3), 299-320
- 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](#)
- Research in Practice <https://www.rip.org.uk/>



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://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'



Thank you

We want Southend-on-Sea to be the best place in this country to bring up a child and be a parent