



# **Reducing Recurrent Care Proceedings Interim Service Evaluation: Rise Project**

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## **Introduction**

The Rise project was established by the Marigold Children's Centre in Southend-on-Sea in 2017. It works with women who have had at least one child removed following care proceedings. The aim is to prevent them from experiencing further 'repeat rapid' removals. Rise is unusual in this field of emerging services because they are part-delivered by practitioners who also play an active role in child protection proceedings and are located in physical premises associated by clients with such proceedings. Rise is addressing an important local need – and is, at present, one of just two services of this kind in the county of Essex. The other is in Thurrock.

Since it was set up in February 2017, Rise has invited 6 mothers to engage with the service. The majority of these women were previously known to Rise staff. To date, 6 mothers have accepted that invitation and have engaged with Rise for between 4 and 18 months, the majority since the project inception. Engagement is tailored according to client needs and is co-designed by mothers and their support workers. The aim of this initial phase of service development was to establish a new recurrent care intervention for Southend-on-Sea using existing resources and to extend the Marigold Centre's current modes of relationship-based practice.

The Marigold Centre offers a comprehensive assessment, intervention and contact service, providing parenting assessments to the courts and offers parents and children a range of interventions to improve the quality of family life and prevent family breakdown. Intervention services include CBT and solution-focussed work with parents, along with individual self-esteem, wishes and feelings, and life story work for children. Most referrals come via a social worker in one of Southend Borough Council's (Department of People) teams, such as First Contact, Continuing Care or Children with Disabilities Teams. In addition, some programmes can be accessed via GPs or private solicitors.

This independent interim service evaluation report has been prepared by a team from the University of Essex. The aim of the evaluation was to offer the Rise service and its clients an opportunity to reflect on their initial experiences of providing, and engaging with, the service thus far. It is not a full evaluation of the broader impact of the intervention to date but, rather, a tool to assist further service development.

The team, led by Prof Pamela Cox, has completed evaluations and service development reports on three similar services: Positive Choices, run by Suffolk County Council (Cox et al, 2017); Mpower, run by Ormiston Families in Suffolk (Cox et al, 2017); and Rise, run by the Marigold Children's Centre in Southend, Essex (Blumenfeld, Taggart and Cox, 2018). Working in conjunction with Research in Practice and Lancaster University's Centre for Child and Family Justice Research, the team has advised 11 further local authorities in England seeking to develop or extend services to reduce recurrent care proceedings (Research in Practice, 2018).

This interim evaluation was funded by a £2,000 award from the University of Essex, Pro Vice Chancellor Research Seedcorn Fund. Our previous work has been included in the Ministry of Justice's 'Family Justice Research bulletin' (Jan 2018) and has led to national recognition. The bulletin series was created in response to the Family Justice Review's recommendations to disseminate research and good practice more effectively throughout the family justice system. This series is independently peer-reviewed and is published on the GOV.UK website.

### **Summary**

The Rise project team are clearly meeting their service brief. The staff are dedicated and enthusiastic in making a difference to the lives of the women with whom they work. This interim evaluation is based on qualitative interviews with 3 'Rise mothers' (women clients of the service) 1 support worker, 1 manager and 3 practice supervisors. From the interview data, seven themes were derived overall. Four themes relate to *intervention* and *components of change*, and three themes to the *service model and development*.

The themes were derived from analysis/refinement from one researcher. Another researcher then reviewed the data to cross check outcomes were in line with project goals and service development needs. Each theme is described with supporting data quotations below.

A significant finding is that the women clients 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 offered elsewhere.

The dedication of the current staff is clearly an advantage to the current service delivery but presents a future challenge due to potential loss of key staff from the services due to potential retirement. The service will need to identify succession plans that retain the uniqueness of the service and its delivery.

### **Summary of recommendations**

The Rise project should:

- Continue to offer the service as currently configured for the foreseeable future.
- Retain the small caseloads and current service delivery, whereby services are offered by front line staff involved in care proceedings.
- Take a more explicitly Trauma Informed Approach given the profile of the women. This can be done through future consultation with members of the research team.
- Devote dedicated supervisor/manager time to the future planning of the service.
- Commission a full or further independent evaluation as the service develops
- Consider the risks of staff leaving the service and how to develop a transition model for new staff and the whole service.
- Re-visit its service design and delivery annually

### **Evaluation methodology**

Evaluation interviews with 8 participants were conducted by one researcher, following two preliminary meetings between the research team and Rise staff. Each interview lasted between 30-60 minutes. A semi-structure interview schedule was employed and was developed by the interviewing team based on their preliminary meetings with Rise staff and their previous evaluations of recurrent care services. The clients had engaged with Rise for a period of between 4 and 18 months at the time of the interviews. No new staff members have been recruited to the Rise project.

Individual interviews were conducted with each participant. In the case of the three Rise mothers, two chose to have their support worker present, and one chose to have a friend present. Interviews with staff were conducted at the Marigold Centre. Client interviews were held at a University of Essex building in Southend. Consent, confidentiality and right to withdraw were reviewed at the start of the interview. Information sheets were presented prior to consent being obtained. Data was audio recorded, transcribed verbatim and anonymised.

Data was analysed in accordance with Braun & Clarke (2006) guidelines for thematic analysis, including; transcription, initial descriptive codes, initial themes, reviewing and defining themes, and report preparation. On account of the sample consisting of eight participants, analysis was conducted as one group in accordance with research guidelines for 6-10 individuals for small scale projects (Fugard & Potts, 2015). NVivo organisational software was utilised to aid in the above analysis method.

## **Results**

Overall, seven themes were derived from the interview data. Although the service evaluation aims did not directly influence the thematic constructs derived from the data, four themes related to *intervention and components of change*, and three themes to the *service model and development*.

### *Intervention and components of change*

#### a. Relationships

This theme relates to the direct support work provided to the Rise mothers. The level of attunement between mothers and their support workers was presented as a key factor for engagement, continued work and personal growth of the mothers involved. Across all the interviews, there was evidence of support workers consistently 'being there' for the mothers and making themselves accessible – practically, emotionally, consistently.

Supervisor 1: *"I think [we work] by building relationships... I think although I've talked about barriers our workers are amazing and the skill base that they have, ...I think by the very nature of building that relationship and that trust and it's gently, it's at their pace, it's on their terms so there's, you know, at the end of the day they may, some women may, we might get off the starter blocks in this and other women we may get half way up the track and in them having some sort of acceptance. There might be some elements where is denial in one part of their life, but they are able to accept, you know, other things so I just think that we would do it by nature by the sensitivity, by um being there no matter what, we will just,*

*you know, if, if, if people are in and out then we will touch base with them still, you know, we're, I think that we would aim to be a constant in their life where maybe they've not had that and even if they push that away that we would still be looking to go look we're here when you're ready."*

Another key factor was the description of the support workers as being **honest, or caringly transparent** in their work. This honest and professional approach seemed to be facilitated better when there was an existing relationship with the mother prior to their involvement with Rise, and having those foundations for the mothers to perceive that honesty as caring.

Rise mother 1: *"Well, she is a lovely person, she really is, she's really understanding, she don't, she don't tell you, she tells you how it is, you know, she's not, she does, she tells you how it is, but she will help you with anything. Like today she kept ringing me and saying are you sure you don't want me to get you picked up, are you sure you don't want me to get you picked up? And I'm like, no I will be fine, my friend is coming with me, but she is so, she cares, she is like a really caring person*

Friend: *The fact that she tells it to your face when you need to be told, I think that.*

Rise mother 1: *Yeah, cause you've seen how much I've grown since I've had [worker], haven't I?*

Friend: *If you really care about someone you tell them things they need to hear whether they like it or not and the fact she does that."*

Further, the factor was evidenced as the worker being a person who was **consistent and non-judgmental** in their interactions with them. This seemed to be a key ingredient in building a relationship, and could have been facilitated through the workers coming from a position of a consistent, caring figure that will not judge them based on their past or current behaviour or child removal(s):

Rise mother 2: *"People are feeling very judgement by an official, an official sometimes people think, 'oh, I won't go near them', know what I mean, it's that, its people do judge, and obviously you would judge as well, it's not just my side, it's also [worker]'s side, it goes two ways, but it's nice to meet in the middle instead of walking round in the circle if that makes sense, and with [worker] we meet in the middle and that's it, we always have..."*

Overarching this relationship theme was the sense of the workers building relationships through being like a mother figure to the clients, providing, as quoted above, an attachment figure or person that these mothers may not have had in their past.

Supervisor 2: *"...because these women, just for someone to say I believe in you, they've never had anyone say I believe in you, and I think it's those things that, yeah you can call me, I'll be there, you know, being reliable all those things they've not had in a parent so that dynamic comes into it a lot."*

## b. Project work – Widening choices

The Rise 'project work' focuses on building trusting relationships. By project work the participants referred to structured work they did with mothers to address the practical difficulties the women had in their lives. The mothers reported not only a potential repeated cycle of pregnancies, but also repeated cycles of other types of destructive behaviour. One worker described it as, 'filling the void with chaos' - where women described repeating harmful behaviours in their current lives and parenting styles. The aforementioned consistent and 'motherly' relationship helped to engage and work with those difficulties, but active work such as practical help and support was necessary to address past difficulties, experiences and patterns of being and relating. This was undertaken through modelling and teaching alternative perceptions of life and health.

Rise mother 3: *"Oh yeah, just in, just in case they wouldn't return the children home, and another thing that [worker], you know, is always about having, you know, I never got showed as a child, I was never shown how a home should look, you know not a house, a home you know and my house was always like a house, it was never a home, so it never had homely stuff in there."*

This practical work and support seemed to be facilitated in a non-directive manner and with a choice based ethos, as opposed to more prescriptive methods. This seemed to fit with the idea of 'being there' like 'a mother'; encouraging the person in all areas of life and in times of growth opportunity and when difficult decisions are to be made to offer support, to make choices that may be more beneficial to their health and wellbeing

Supervisor 2: *"...but, in a natural conversation they might say, .... talking about education, I'd really love to go back to college and be really good at this. ... [ you could say] I was thinking about you the other day and I was wondering, I wondered whether you might enjoy doing some volunteer work, because you're really good with people, like [mother]'s really good, you're really good with kids, you know, and she's always talked about wanting to be a nurse, that's, and now [worker]'s looking in to her doing some voluntary work in a nursery, or maybe with older people, or you know is this something you've thought about, or, be creative, but more like something you would enjoy and want to do, um, there are some things that, practical things um, that they do with them, like going to court, um, like the housing situation with [mother]. [Worker] does kind of, she doesn't do things for her, she doesn't take over,"*

Some structured direct therapeutic work was described in life story work. Within this, it also contained factors of transparency, collaboration and trustworthiness. There was a modelling to the mothers the value of an open and 'no lies' approach, which may then filter through to their way of navigating life and communication with others.

Rise mother 3: *"I just like the way that [worker] done it, you know .... basically, we got pictures of me, we got pictures of my family, even though you know, 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, um, we got pictures and you know what I liked is there was no lies in it, there, you know there was no lies, it was all just, it was the truth,*

*you know like the truth of you know what happened at the court, obviously not too much in depth but you know, it was a very truth piece of work that we done."*

Although contraception was explored at the start of work, the work is based on offering guidance and the promotion of insight rather than prescriptions. The work encouraged the mothers to be reflective about their readiness for more children but prioritised their decision making over coercive educational interventions. The idea of 'matching' the mothers to Rise at the point of referral, and to specific workers, was part of the process of work in thinking around who may be able to engage positively and benefit.

Supervisor 2: *"That's how we would see it, so if you are going to build that trusting relationship, cause it's a bit um, there's an element to it of being a bit like a substitute parent you know, and being a mum, it's like being a mum really, ...I kind of relate to that way of working, so does [manager],, you know, and she's like that as a manager, there's that yeah just that kind of nurturing containment, and I think that's something that naturally happen with women that work with the women, so that's why picking the right parents, the right mums that's why it's so important because it's that dynamic that really makes a difference."*

Manager: *"The purpose of the service is to allow and facilitate and support women to make other choices, other than parenthood and ..., people can only have the opportunity to have a choice if there are people around to introduce them to the other choices in life.....so I think it's about widening out the choices for people, rather than saying you're not to do that, you've got to do something else, it's about you can have the same choices and opportunities as everybody else, regardless of your background and if there's any obstacles in the way, we are here to help you with them, so it's a, I think it's a, it's getting, it's getting people to that stage where parenthood is not the only thing that gets them recognition and attention and nurture and you know, that's what it's about opportunities and choices."*

#### c. 'Othering' - Negative views of alternative services

In contrast to the Rise project, other local services – including Children's Services - were described as negative and condescending. Mothers described feeling 'let down', lied about and left behind by other services. Part of this was based on some mothers' fear that social services might remove their children simply because they had been in care themselves. In contrast to their experience of Rise, the mothers generally viewed social services as negative, and – at times - even dehumanising.

Rise mother 2: *"It was horrible, and making lies about us up. That was cruel, it's cruel, its unhuman, .... I didn't even feel like a human, I felt like nothing. How someone can talk to me down like that for no reason. I wasn't talking to her horribly, so why can't she treat me with the same respect I was giving her, that's what I see, and obviously I was talking to [worker] about it, and I asked [worker], and I said to [worker] this is how I feel, and [worker] give me the support, and whilst off sick now, giving me the confidence to say this is what happened and this is it, and obviously I did have the support with um...an advocate, but they weren't, they come very late in the case as well, they weren't appointed at first because they didn't realise me and [father] had learning difficulties, that's how they pick really, learning*

difficulties. Um, it was really hard because they look, it just wasn't seen as human if that makes sense.

Researcher: *That's how you felt?*

Rise mother 2: *Yeah, it was like we was a bit of trash really, but it's like the contact centre (Marigold), we didn't have that feeling at the contact centre (Marigold)."*

This feeling of being 'left behind' by other services resonated with staff. Although support workers did not discuss this with mothers as part of this evaluation, they stated in their interviews that, in their view, the mothers had, indeed, been 'let down'.

Support worker: *"They should have had advocates and we were saying that we can't do that, but we were saying to the social worker, where are their advocates, where are their advocates? An advocate came on board, I think it was a week before our assessment was due in, so we, for twelve weeks they'd not had any support on how to go about the interviews..... So, there's things like that, that you think actually, this is people's lives that we're dealing with and they were never told, I actually told them and that was when we had started the Rise project, cause I couldn't believe that they were still going through that, .... there is an element of actually they've got a right to be angry and aggrieved because they weren't given all of the help that they need. And although I can't sit there and say that kind of thing, you know."*

Overall, this sense of negativity, being 'left behind' and being 'let down' by other services can be related to previous adverse experiences that these mothers have gone through in their lives, increasing the likelihood of retraumatisation. It seems as though Rise addresses this issue by representing the opposite of how the mothers see social services, e.g. Rise being there, being consistent and accepting them as individual and human beings. In this sense, the project aspires to do the opposite of trauma - uncertainty to safety, unclear communications to transparency, instrumentalism to an individual ethic of care, coercion to choose and empowerment.

#### d. Supervision – reflective of working model

Supervision of the Rise project is reflective of how the service model works with the Rise mothers. The approach described by the supervisors embodied the idea of non-directive work and encouraging choice, mirroring the way in which support workers interact with the mothers. Like the service model, the supervision model is based on building informal and approachable relationships, caring transparency and 'being there'.

Supervisor 2: *"[...] yeah, sure, well, um, I supervise [worker] and [worker], so we're kind of a team, they do the direct work with um, with the mums.... where we will try and hook up and talk about it, now, the supervision kind of reflects how the whole project is really, you know, its, it's not like, um, extremely formal."*

Supervisor 2: *"[...] but it's just bouncing it off each other, rather than right [worker] we shouldn't be uh, you know, you've had your hour with her today, you know so its uh, so we very much talk in a relaxed way as well but we'll joke with each other, pull each other up*

*and be real with each other, if she's really felt something has got her upset, cause sometimes she might, the other mum sometimes don't turn up and we'll talk about that and, but [worker]'s great, she's not, every now and then she might get a bit, 'aw', but I don't know, I've got a really easy job, cause you've got [worker] as well, [worker]'s got 30 odd year's experience and [worker]'s very clear with her boundaries, she'll, they'll both go the extra mile, but they're both very good at saying no."*

This systemic, intimate and relationship-based mode of working was acknowledged to require appropriate supervision. There was a need for emotional containment and boundary checking in supervision, given the at times challenging relationships between mothers and support workers. Again, the supervisor allowed support workers time to choose how to address these challenges and trusted their capability to make appropriate decisions. Further, this aspect of Rise's management may be central to its perception by clients and workers as a 'good service'.

*Support worker: "[...] there is an element of actually they've got a right to be angry and aggrieved because they weren't given all of the help that they need. And although I can't sit there and say that kind of thing, you know.*

*Researcher: So how do you manage that? Do you have your own?*

*Support worker: I have my own anger, yeah.*

*Researcher: And then, and then obviously they wanna put all of the blame onto other people. I mean, how do you manage that with them?*

*Support worker: Well, I guess for a lot I sit and listen and nod.*

*Researcher: Yeah*

*Support worker: Um and also, also I have my supervision, I speak to [manager] and where we sit, I don't know if you've been in there?"*

### *Service model and development points*

#### *a. Barriers*

Barriers to engagement and continual work were also highlighted by interviewees. From a service perspective, there was a concern around the service being a reminder of past hurts: of the child removal for the mother, seeing staff who may have been involved in the child removal, or even, in one case, the removal of the mother from their own family when they were younger. All these factors being described as possibly re-traumatising the mothers.

*Supervisor 1: "And I was just thinking about um how difficult that is for our ladies, because they have met their children here, they had contact, parenting assessment has taken place in the main here and how, how that might be difficult for them to either work with somebody from here that's been involved, um, in the contact and the barriers that would have to be overcome by that worker, um, and then I was thinking about then, you know, it might actually traumatise them and give them flashbacks so, um, and actually because when you think about it people that are in a contact job, you know, the workers that are, that will, our workers that work with the ladies, how that might actually impact on them on that level, what's going through their mind when they know that actually they've been part of that process and their anxieties around maybe re-traumatising that parent."*

The workers highlighted the possibility of Rise falling into the role of 'judging' a mother if they did not approach her with appropriate initial sensitivity.

Support worker "*....when we very first started the parenting assessment, did you trust me? You can be honest? If you want to say no say no*

Rise mother: *Um, no, not, sort of, because I didn't know who to trust, because it was the point of I felt everyone was against me, it was not the point where everyone was just like, around a table and they're like standing over me like that. It was like that for me*

Researcher: *Looking right down on you?*

Rise mother: *Yeah looking down on me. I dunno, like I was a bad person."*

Mental health and grief was also a key factor in mothers' wellbeing, and a consideration by support workers of whether a mother might be willing/able to be motivated to engage. However, support workers would use the tactics described above to help in overcoming this potential barrier and to 'get through' to mothers experiencing the emotional difficulties and/or complex grief known to accompany many child removals.

Support worker: *"I sometimes think she's avoiding me. I wonder why.*

Rise mother 2: *Sometimes I do have down days, and I do say to [worker], did we say we'd call? And I'm ill, but it's not because of that, it's because I'm a bit pissed off, I wanna stay indoors, I wanna not talk to no one, I will turn my phone off, I'll just sit there on my pad*

Researcher: *Do you have any ideas about what causes those days to happen?*

Rise mother 2: *Waking up on the wrong side of the bed, having a dream of the boys, like this morning I knew I was coming to see their picture today, I had a dream of them, and like I had a dream of [child] being taken away in the hospital when he first got taken away, I was going to him 'it's a car, it's going to be fun', and that breaks me heart, and I still have dreams about it, and I remember, crying in the hospital, like I was, and it's all repeating."*

*(In response to how the mother engages with Rise vs other services in times of difficulties)*

Researcher: *"it makes perfect sense, but then why her?*

Rise mother 2: *because I trust [worker], she's from my background, she's east London, she's down to earth, and she's the same level"*

#### b. Facilitators

Additional facilitators of engagement, alongside matching the mothers with Rise workers and relationship factors, were continual engagement and outreach at the beginning and throughout the work. In line with this, seeking out the mothers rather than them being referred was not a frequently mentioned concept, however it was a pathway used. This, together with outreach, may have been able to facilitate engagement in 'being there' for the mothers and communicating that they are, in a sense, 'wanted'.

Researcher: *"So, can you tell me ...how you ended up in the Rise project?*

Rise mother 1: *Um, she rang me up and said did I need support and stuff like that and cause I'd lost my children and I haven't had support really from anybody, and so yeah, she rang me and asked if I wanted to be involved in this project and I said yeah, and it really helped*

*me cause at the time I was, I had my eviction notice to get out me flat and she's helped me with all that, so I've still got my flat, she's helping me with my benefits, she comes and picks me up, helps me with my shopping."*

Timing and existing relationships were also described as important in not wanting to repeat how other services operate, e.g. referral, cold calls etc.

*Supervisor 2: Yeah, there's also, we also, um, you know, we will also, if we haven't been able to have that conversation here, we'll go out and try and find them if we think, actually, what about that person, you know, we'll go out and try and find the person, try and get hold of them, go to the address, maybe give them a call, 'do you remember me?', duh duh duh, so there's got to be that relationship there first rather than a cold call from someone they don't know because I think that's, that's why we're in such a good position to be able to do that. when we don't want to be getting referrals left right and centre, because these people have had so many different professional that they've been required to work with, that knocking on, you're not gonna get, often a good response by a cold call or a text or a phone call, um, because they've just had enough of all of that, um, so, yeah."*

The concept of having some form of readiness or insight into their responsibilities, or at least their own difficulties, was described as being a factor in the mothers being able to engage. This was a facilitator for the service and mother to start working together. This 'readiness' was not a selective or 'exclusion criteria' of 'ready mothers', but more an assessment of if this project would be beneficial at this time for a person, and how the start of work might look like on an individual basis in terms of what to address with that mother and how to do this.

*Researcher: "How do you ... choose which women to bring in, because you see a lot of families here, how do you pick? How do you know the ones who you think Rise would fit for?"*  
*Manager: How do I know.... I guess it's about who is ready to possibly participate in the service, in terms of it not being too near the loss of the previous child um and not too far away from the loss to bring back any progress that people might have made themselves."*

One mother gave an example of this 'readiness' for working with the project. Although unsure of her progress with the project and whether Rise facilitated this, her responses encapsulated the above notion of working toward 'insight' and Rise's role in supporting this.

*Rise mother 3: Yeah, another child you know, for the care system, I'm not doing' that, you know. I'm fighting to put all my all into the two children I've got, let alone bringing in another child that's gonna be removed as well, like no I'm not, you know I wasn't prepared to do that so, but my Mum, saying that, my Mum supported me there, she took me down there, you know um, she took me to the termination place and then um, yeah, I had the termination done, I had the coil fitted um, yeah so, but no you, we had a chat about it didn't we [to worker who supported her through this decision].*

### **Rise – future service development**

Rise is meeting an important local need – and is, at present, one of just two services of this kind in the county of Essex. The other is in Thurrock. The service now seeks to expand whilst maintaining its core qualities, notably its intensive and close working with mothers and identification of its own potential clients. The Rise manager offered their view of the value of current practice:

Manager: “...in the same way as it would be difficult for parents to manage you know six, seven, eight children and give them all they need, I think it would be similar if a member of staff had to spread their work over lots of women, ‘cause that would start to interfere with what we are trying to do.”

Service development might take one of a number of directions:

- Maintain Rise's current post-proceedings offer with appropriate contingency planning to address staff retirement and other staffing changes.
- Expand Rise's current post-proceedings offer by applying for, or redeploying, funds to recruit more support workers within the Marigold Centre, or by partnering with an appropriate local agency.
  - o example: Suffolk County Council operates its own county-wide recurrent care service (*Positive Choices*), and partners with Ormiston Families in a further Ipswich-based service (*MPower*). *Positive Choices* is now supported by public health and clinical commissioning resources.
- Extend Rise's current capacity and expertise through specialist training on trauma, trauma-informed practice, containment, risk, and ways of understanding the implications of mental health diagnoses such as personality disorders. The trauma focus of the service is already clear based on the data. There is evidence of practitioners undertaking good stabilisation work to help the women achieve some grounding in their daily lives. The emphasis on trust and transparency are also important features of the service model. It is our view that if this was further developed by attending to the core components of Trauma Informed Approaches as outlined in general by Sweeney et al. (2016) and specifically focused on young people by Taggart (2018), then the service model could have some more theoretical grounding and sit within a wider body of evidence based service delivery. This would offer some structure to help manage staff changes and would likely appeal to service commissioners.
- Extend Rise's current capacity by creating links and peer-to-peer support – where appropriate - between Rise mothers.
- Expand Rise's current preventive and pre-proceedings interventions with families at risk of (recurrent) care proceedings. The evaluation team's review of Norfolk's PIMHAP service may be of value here (McPherson et al, 2018).

Rise's service development would benefit from access to recent learning in this fast-moving field. The organisation, Research in Practice, has recently completed a six-month Change Project involving 11 local authorities across England seeking to establish or extend recurrent care interventions. The learning and outputs from this will be available to RiP members in the

near future (Research in Practice, 2018). The organisation, Pause, now operates recurrent care services across several English local authorities (Pause, 2018; McCracken et al, 2017). It holds regular training and development events.

### **Full recommendations**

The Rise project should:

- Continue to offer the service as currently configured for the foreseeable future.
- Retain the small caseloads and current service delivery, whereby services are offered by front line staff involved in care proceedings.
- Give the abuse histories of many of the women accessing the service, we recommend that Rise takes a more explicitly Trauma Informed Approach.
- Consider the risks of staff leaving the service and how to develop a transition model for new staff and the whole service.
- Re-visit its service design and delivery annually
- Devote dedicated supervisor/manager time to the future planning of the service with reference to the options for service development suggested above.
- Commission a full or further independent evaluation as the service develops

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