# EXECUTIVE SUMMARY

# Evaluation of
# Pilot service for women and families
# With successive removals of children into care

## Women's Counselling and Therapy Service, Leeds
## And Home Start Leeds

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# Executive summary
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# With successive removals of children into care

## 1. Introduction / Background

### *1.1 Aims of the pilot*

Key aims of this innovative partnership between Home Start Leeds (HSL) and Women's Counselling and Therapy Service (WCTS) are:

1. To reduce the number of looked after children by preventing further removals of children into care;
2. To improve women's mental health and address issues of domestic violence and substance use.

### *1.2 The local context*

Within the Leeds area, 55% of mothers of the babies entering care in 2012 and 2013 had already been through one or more set of care proceedings. 50% of mothers had mental health problems, 68% had domestic violence present or suspected, 33% had a confirmed diagnosis of learning difficulties and a further 20% were suspected to have learning difficulties[1]. In recent years Leeds has made a significant investment in restorative practice methods of working; Family Group Conferencing has been rolled out, together with an increase in Kinship Care arrangements. There have also been severe cuts in wider services, due to austerity measures over the period.

### *1.3 Time boundaries and staff time investment*

This evaluation covers 16 months from February 2015 to May 2016, and the pilot service is ongoing. Staff time includes one day a week from HSL co-ordinator, and one day a week from a WCTS therapist, plus half a day of management time from February to September 2015. From October 2015 to May 2016, this was increased to a total of four days a week for the operational staff, and one day a week of management time.

### *1.4 Description of the two agencies*

#### 1.4.1 Home Start

The uniqueness of HSL lies in the 'matched' relationship between family (which can include other family members than the mother) and volunteer, based on choice from both parties. Volunteers visit families at least weekly for a period of 3–4 hrs, and the visiting can last as long as the family need whilst their circumstances meet the service criteria (at least one child under 7 years of age living in the

[1] Leeds Looked After Children research report 2013, Leeds Children's Trust Board paper 17 January 2014 Developing our response for vulnerable children under 5, and Leeds City Council Executive Board paper 5 March 2014 Update report focusing on proposals to further reduce the number of looked after children.

family unit). Volunteers are supported by two part-time co-ordinators, who job share. The aim of post removal work is to help the family to understand why this has happened, and engage with processes.

1.4.2 WCTS

WCTS has provided both group therapy and individual therapy during this pilot. All of the women seen for counselling / psychotherapy had suffered some form of disrupted attachment, and so boundaried, attachment based therapy was the model used, with a balance between nurture and structure, support and challenge.

The therapists are highly qualified and experienced, including two who are Social Worker trained, evidencing special personal qualities that allow for both flexibility and a pro-active stance, together with emotional robustness.

1.5 *Questions guiding the evaluation*

The evaluation questions were agreed as follows:

- What does success look like
- What factors influence success?
- What factors are associated with less than optimal outcomes?
- What might an appropriate future service model look like?

## 2 Evaluation Methods

The following sources of information were used, relating to the period between January 2015 and May 2016:

- Routinely collected quantitative data
- Routinely collected qualitative data
- Qualitative data from two University of Leeds interview-based MA student studies
- Meetings with key staff, and also with service users in order to contextualise the data

## 3 Summary findings

*3.1 Referrals*

60 referrals were received by the pilot service between January 2015 and May 2016. The pilot has had substantive contact with 30 women/ families, which exceeded the target of working with at least ten women / families (in the period).

Three women retained care of their children despite previous care proceedings, and another four were supported with kinship arrangements.

During the writing of the report two of the women who retained care of new babies have now also regained care of older children from foster care.

*3.2 Integrated findings*

The following is a summary of findings arising out of the data:

3.2.1 The pilot is meeting its aim of reducing the numbers of looked after children, by three out of 60 referrals, i.e. 5% (since the first draft of this report, this number has risen to five, i.e. 8%). Other women were supported with kinship care arrangements:

'*Me and the kids have got the relationship like we used to have before, right close and stuff like that.'*

3.2.2 The pilot is also reaching its aim of improving women's mental health, and addressing issues of domestic violence and substance misuse. The CORE data show that, on average, there has been both clinically significant and reliable change in the reduction of psychological distress. This is nuanced in the qualitative studies:

''*My circumstances have changed a lot. I'm not taking my depression tablets no more. I think it was just because I know that I've got the support there and I don't have to rely on tablets to be in a good mood,… without support I wouldn't have been able to do it.'*

*3.2.2* The client group is 'hard to engage'. The reasons for this may lie in any or all of the following: current feelings of grief and psychological distress; histories of childhood abuse, domestic violence and substance misuse (see 3.2.5, below); and a mistrust of services due to previous negative experiences. There is a lack of services sensitive to such complex needs. The need is for services who work patiently and persistently with people who repeatedly cancel or fail to attend, understanding that this is likely to be as a result of their history:

'*I just felt like I was being a failure of been a mum, and, my depression started really bad, and I felt like ending my life because I wasn't worthy of being a mum, and in a way I felt like my own mum, because she has had her kids taken off her …'*

*'I don't think they give enough help like to families that are just getting broken down. Like they don't give the right support, they're just like, yeah you've had the kid took off you, you go over there we'll keep your kid, that's it.'*

3.2.3 A significant number of women and families engaged with this pilot service (two thirds) have faced the removal of more than one child into care, with an average of 2.4 children removed. This is slightly higher the overall statistics of 55% women facing more than one removal of a child, for the Leeds area.

3.2.4 There is evidence of high levels of distress associated with these removals:

''*I feel like I'm grieving for children that aren't dead. They're alive but they're not here, and it is very hard to process something like that. It's like grief but it's not.'*

This distress often happens within the context of a history of childhood trauma, abuse, and domestic violence. Present mental health issues are also prevalent, and in some cases there are ongoing issues with substance misuse and / or domestic violence. Attachment issues are at the heart of this, and likely to lead to repeat pregnancies in the absence of long-term interventions like the ones offered within this pilot service.

3.2.5 While HSL uses volunteers and WCTS uses professionals, specialist training and adaptive working is core to each intervention.

3.2.6 Only a few women engaged with both HSL and WCTS, but for these, the outcomes were particularly good, suggesting the need for further exploration.

3.2.7 The data, particularly that derived from the two qualitative studies, suggests evidence for what works with this client group. An attachment based trauma informed relational approach to helping mothers and families is advised, combining high support and high challenge. This can be viewed as 're-parenting', as it directly contradicts (and offers some repair of) the client's own early experience. There is evidence of impact in other relationships:

'*My relationship with my partner's improved…. Because we were always arguing all the time over just little things, but now we're open and honest and we talk to each other more.'*

3.2.8 There was agreement between the two therapists at WCTS that creative methods offer an important route into therapy with women whose experience has been traumatic; this was borne out in my discussions with service users who had attended a creative arts therapy group.

## 4 Social Return on Investment / Cost benefit exercise

In order to address tangible monetary outcomes in addition to the psychosocial benefits qualitatively assessed above, I completed a Social Return on Investment (SROI)[2], which is summarised here.

The calculation used for costs associated with keeping children in care is derived from research by Lewis-Brooke (2016). She reports this as £282,171

[2] http://xarxanet.org/sites/default/files/nef-diyguide-for-sroi.pdf

per child. The percentage of outcomes attributed to this service is averaged at 42% for three children = 3 x £118,512 = **£355,535**.

For the women, and for health services, the most relevant measure is mental health, for which there is reliable evidence of improvement. The figure of £25,000 per woman is derived from the MumsTalk SROI, with an assumption of benefit to two thirds of women who engaged. The calculation is thus 20 x £25,000 = **£500,000**.

The funds received for the pilot service amount to £55,000 over the sixteen months covered by the evaluation. The calculation made is therefore:

Benefits: £500,000 + £355,535 = £855,535 / Costs: £55,000.

This gives a net return on investment of **£15.56 per £1 invested.** This is likely to be an underestimate (and does not included the further two children who were returned to their mothers care during the writing of this report)..

## 5 Discussion and Recommendations

This innovative service offers an estimated SROI of **15.56 per £1 invested**, based solely on a conservative estimate of improvements in mental health and of a reduction in care proceedings for three children. This is likely to be an underestimate, since other improvements (such as gaining employment) are noted, it doesn't include benefits to children's long term outcomes and some improvements will only be seen longitudinally.

This represents a considerable achievement, given the limited financial resources and staff time allocated to the pilot. Many of the clients of this service had suffered domestic violence and abuse including physical, sexual, emotional and / or neglect, throughout their lives. It is important, while economic measures are valuable, not to lose sight of the human suffering behind each woman's story, the abandonment many have experienced, and the transformative power of being listened to, without judgement by someone who is prepared nevertheless to engage in straight talking and to model reflective function (Fonagy, Steele, Steele, Moran & Higgitt, 1991).
It is common, as evidenced in one of the University of Leeds studies, for courts to impose a mandate for therapy, but as the data summarised here suggest this is not usually made available.

The following recommendations are made for future development:

- The current provision for this client group to be maintained and developed
- A psychosocial model of provision to be developed and articulated for this service, alongside some team development days
- An extended psychosocial assessment period would enable the service to take longer to assess the possible level of engagement with each woman. For those who cannot access in-depth psychotherapy, it may still be possible to find the right kind of match within HSL, provided that the criteria for this service are met.

- Development of joint base monitoring systems, with the freedom also to keep individual agency-specific statistics.
- The needs of fathers for long-term psychotherapy to be considered
- Given that the focus for WCTS is at present mainly on the woman, it might be useful to consider therapy that directly addresses parent-child relationships, to run alongside individual therapy. Couple or family counselling might also be useful, in certain cases
- Longitudinal research is needed, to assess long-term qualitative and economic outcomes.

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**References**

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