Reducing recurrent care proceedings: evaluation tool user guide

University of Essex

Services to reduce recurrent care proceedings

One quarter of all public law care proceedings in England and Wales are 'recurrent' in that they involve the sequential removal of children from the same birth mother. Currently, a birth mother who has had one child removed from her care is likely to have any further babies she may have removed too. The risk of this happening is particularly high in the 18 months following initial proceedings. Very often, these birth parents have faced very challenging experiences themselves as children and young adults.

Reducing recurrence and working directly with the parents involved is now a policy and practice priority for many and a number of local authorities and voluntary organisations have set up services to try to break this harmful and costly 'revolving door' cycle. These services typically take a personalised, client-led approach and offer birth mothers – and sometimes their partners – bespoke support over several months.

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. The work has been [cited by the Ministry of Justice](#) and findings shared in peer-reviewed journals and practitioner workshops (see References at the end of this guide). We have completed evaluation reports for the following services which are available to view: [Positive Choices (Suffolk County Council), MPower (Ormiston Families, East of England Region)](#) and the [Parent Infant Mental Health Attachment Programme](#) (Norfolk and Suffolk). We in 2018 completed evaluations for Step Together (Venus Women's Charity, Merseyside) and After Adoption (Birmingham).

Evaluation basics

Evaluation is a key element within service planning, development and delivery. It allows service users to give feedback on their experiences. It allows managers and practitioners to understand how and why provision is (or is not) working to mitigate a particular local challenge or meet a particular local need and helps them to make decisions about where to focus resources and expertise.

There are many different approaches to evaluation but they all include the gathering and analysis of specific kinds of evidence – or data – and the comparison of that data against agreed benchmarks. Evaluating recurrent care services requires a mix of methodological tools that can capture the impacts of a flexible and personalised service delivery and a means of sharing good practice.

University of Essex evaluation tool

The tool has three components:

1. **Client Tracker**: this can be used either as an Excel spreadsheet or as an online survey format completed using any digital device (iPad, computer or mobile phone).

Snapshot: online format

Snapshot: Excel format

The tracker collects a range of information about each client referred to the service. It requires data to be entered by the practitioner at particular time points:

- at initial referral;
- at initial engagement; and

- at 6 months and 12 months follow-up (longer if required).

The information collected includes basic but often sensitive details about the client's past and current situation including housing, relationships, mental health and alcohol use. This may be gathered from various sources including referral processes and initial conversations between client and practitioner. Gathering this baseline information is very important because it helps to set out the range of challenges clients have faced, and typically continue to face, as well as offering a means of capturing how these may change during their engagement with a service.

2. **Client-Report Questionnaires**: this element consists of a set of 'validated' questionnaires to be completed by clients (although practitioners may wish to be present to assist where necessary) at initial engagement and then at six month intervals. They are completed online using any digital device (iPad, computer or mobile phone) accessed via a secure web link and include questions about self-esteem, grief, interpersonal relating, psychological wellbeing, trauma and quality of life. See baseline questionnaire link.

A questionnaire that has been 'validated' is one that has been developed over several years by experts in 'psychometrics' or the measurement of psychological constructs. The questionnaires have been tested, refined and used in various clinical and non-clinical populations which means that, as long as they are used unchanged, they are very useful for comparing clients' scores with typical scores from similar or different populations.

3. **Client Interviews**: an optional element available to those services that wish to seek further feedback and user-perspectives from their clients. University of Essex can offer interview guides or conduct interviews on behalf of services.

Accessing and adapting the evaluation tool

It is important to plan your evaluation as early as possible, since an evaluation must be built into the service from the beginning rather than conducted retrospectively. It is therefore advisable to contact the University of Essex team as early as possible to request access to the tool (see Costs and Access below) and to discuss whether the Excel version or the online version would suit your needs best.

You may also wish to discuss possible adaptations to the tool based on your service requirements. The tool gathers a comprehensive range of contextual and client data that can be analysed for evaluation purposes. However, your service may have some unique features or your client base may have particular features that mean you want to leave out elements of our tool or add in new ones (see Costs and Access below).

You may also wish to discuss commissioning the University of Essex team to carry out some aspects of the evaluation (see Costs and Access, below).

Contact: University of Essex Health and Social Care Research Service hcrs@essex.ac.uk

Step-by-step guide

1. *Using the baseline Client Tracker to enter information during initial engagement*: it is important to begin entering data on the Client Tracker as soon as a client is referred to your service. For each new client, open the link to the Client Tracker and begin to enter any information you have about the client. The Client Tracker begins with basic referral information:

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Recurrent Care Service - Client Tracker - Baseline

[this is a demonstration version which you can view, enter test data and try out - do not enter real client data]

Name/Location of service

Client ID

Use an ID number instead of names or initials and keep a record of IDs separately within your service. Use the same ID for the 6 month Tracker and the Client questionnaires.

Client gender

O Female
O Male

Date of initial contact with the service

Date of initial engagement with service (if different from first contact)

This is when the key worker judges the client to be engaged - the time between first contact and engagement varies between clients

Referrer details

Date of referral

Client date of birth

Client postcode at referral

The baseline Client Tracker goes on to collect information about:

- Ethnicity
- Care leaver status
- Previous pregnancies and removals
- Relationship status
- Housing status
- Highest education level
- Employment
- Current social care involvement
- GP registration and frequency of visits
- Current psychiatric medication
- Keyworker details
- Use of contraception
- Client hopes and aspirations, current challenges, strengths and barriers to engagement
- Partner abuse
- Trauma history
- Use of drugs and alcohol
- Date of 6 month follow up

Client engagement can take place over a prolonged period and information on all of the above may take some time to gather in full, using a range of sources including referral information and conversations with the client. The keyworker may need to revisit the baseline client Tracker as they gather information. However, the baseline Client Tracker should ideally be completed within a few weeks of the date of engagement.

2. *Using the baseline Client Report Questionnaires*:
The client-report questionnaires should be completed for each client as early on as possible during the initial period of engagement. First open the link to the Client Report Questionnaires (baseline) and enter the Client ID (which should be the same as the Client ID entered on the baseline Client Tracker). You are also asked to enter the date that the client completes the questionnaires.

Work through the survey questions with the client. You can ask the client to complete the questions themselves directly onto the screen if you have an iPad, laptop or tablet. You may prefer to ask the client the questions and enter their answers, though this can take a lot longer. Another option is, if the client has access to the internet at home, to provide them with the survey link and their ID number and they can complete the questionnaires in their own time at home.

The survey leads you through various sets of questions beginning with a set of questions about self-esteem:

Rosenburg's Self-Esteem Scale

	Strongly Agree	Agree	Disagree	Strongly Disagree
I feel that I am a person of worth, at least on an equal plane with others.	O	O	O	O
I feel that I have a number of good qualities.	O	O	O	O
All in all, I am inclined to feel that I am a failure.	O	O	O	O
I am able to do things as well as most other people.	O	O	O	O
I feel I do not have much to be proud of.	O	O	O	O
I take a positive attitude toward myself.	O	O	O	O
On the whole, I am satisfied with myself.	O	O	O	O
I wish I could have more respect for myself.	O	O	O	O
I certainly feel useless at times.	O	O	O	O
At times I think I am no good at all.	O	O	O	O

<<   >>

Each set of questions is on a new page which you move onto by clicking the [>>] button after the client has answered all the questions on the page.

The sets of questions ask about:

- Self-esteem
- Grief (for the lost child(ren))
- Ways of relating to others
- Emotional wellbeing and psychological problems
- Partner abuse and trauma history
- Satisfaction with life
- Trauma symptoms

3. _**Using the 6-month Client Tracker**_: at the 6-month follow-up point (which you would have noted in the baseline Client Tracker), you should enter data into the 6 months Client Tracker, taking into account the client's current situation at that time. Remember to use the correct client ID that was used for the client previously. The 6 months Client Tracker asks for a lot of the same information that was recorded in the baseline Client Tracker, with the exception of

referral and engagement dates. The purpose of this is to be able to look at what (if anything) has changed in the client's situation over 6 months' engagement with the service.

4. *Using the 6 months Client-Report Questionnaires*: at the 6-month follow-up point (which you would have noted in the baseline Client Tracker), you should ask the client to complete the 6 month Client Report Questionnaires. As before, the keyworker can ask the client the questions and fill in the answers; or the keyworker can ask the client to go through the questions themselves using the iPad, laptop or tablet and record their answers directly with the keyworker available to assist if required. Alternatively the client can be given a link to the survey to complete at home on their own, if they have access to the internet.

   The questionnaires are the same as those in the baseline Client Report Questionnaires.

5. *Collect further follow-up data*: we recommend you collect data at a minimum of 6 months follow-up. It would also be helpful to collect data at 12 months and beyond at 6 month intervals if possible. Contact us to discuss setting up further follow-up surveys on Qualtrics for each follow-up point you wish to include.

Analysing your data

There are different options you may want to consider for analysing your data and producing an evaluation report.

1. *Analysing your data in-house*: if you have analysts within your organisation who have expertise in conducting data analysis for evaluation purposes, then you may want to analyse your own data in-house. To produce an evaluation report based on the quantitative data collected using our tool, your analysts would need to be familiar with basic Excel reporting, frequencies, percentages and comparison statistics; and to be able to work with psychological questionnaire data to calculate the questionnaire scores, conduct group mean comparisons, effect sizes and calculate reliable and clinically significant change scores. We can send your in-house analysts the raw data from the online survey tools in Excel format for them to work with or we can arrange for someone in your team to have direct access to the raw data which you can download and share with your analysts.

2. *Outsourcing your data analysis*: you may wish to outsource your data analysis either because your organisation requires an independent evaluation report; or because it can be more cost-efficient to commission an evaluation analysis and report from experts who are regularly working in this field.

   The University of Essex evaluation team has been commissioned to provide data analysis and evaluation reports for a number of recurrent care and related services, including Positive Choices (Suffolk County Council), MPower (Ormiston Families, East of England Region), Parant-Infant Mental Health Attachment Programme (Norfolk and Suffolk), Step

Together (Venus Women's Charity, Merseyside) and After Adoption (Birmingham) and may be able to provide you with a similar service.

In all cases, we have been able to help services identify what is working and why, what is not working and why, and how they might calculate financial benefits and cost savings. Alternatively we may be able to put you in touch with another evaluation team who can help with this.

3. *Training for data analysis*: you may have some data analytic expertise within your organisation but would like to arrange some further training for them on the specifics of working with this tool and some of the technical aspects of data analysis (e.g. reliable and clinically significant change, effect sizes). Please contact us at hcrs@essex.ac.uk if you would like to discuss training options for analysts evaluating your recurrent care service.

Testimonials

If you would like to hear from those have worked with us and helped to develop our tool, watch our short video, 'Stopping the Revolving Door': https://www.essex.ac.uk/research/showcase/can-we-do-more-to-support-birth-mothers-after-their-child-is-taken-into-care

Accessing the evaluation tool

You can access the evaluation tool in a number of ways.

If your organisation has its own access to Qualtrics software and in-house capacity to analyse client outcome data to your required standard, you can use the Qualtrics survey as it is at no cost. Links to the demonstration versions are below:

Baseline Client Tracker
Baseline Client Questionnaires
6 month Client Tracker
6 month Client Questionnaires

If you contact us at hcrs@essex.ac.uk we can liaise with you to transfer the surveys within the Qualtrics platform. Alternatively, we can send you the Excel spreadsheet template by email if you prefer to use the tool in this format at no cost. In either case, please acknowledge your use of our tool in your own evaluation reports.

If your organisation needs further guidance or assistance in using or adapting the tool, the University of Essex team offers three options:

- *Package 1 (£750):* Initial consultation on service needs and set-up advice; access to online tool for use by your own organisation; access to Qualtrics software to download your data.

- *Package 2 (£750 plus consultancy @£500 per day):* Initial consultation on service needs and set-up advice; further consultancy to adapt the tool to meet your organisation's specific needs and plan your evaluation; access to a unique adapted online tool for use by your own organisation; access to Qualtrics software to download your data.
- *Package 3 (Package 1 or 2, plus bespoke costing for full evaluation conducted by UoE):* Initial consultation on service needs and set-up advice; further consultancy to adapt the tool to meet your organisation's specific needs and plan your evaluation; access to a unique adapted online tool for use by your own organisation; access to Qualtrics software to view or download your data; University of Essex team provides ongoing support and conducts interim and full evaluation of your organisation's recurrent care service data. Typical costings for a full evaluation package can vary between £10,000-£20,000 depending on requirements and whether or not VAT applies.

Additional services: we can discuss with you whether any additional services might be required, for example advice on or conducting of qualitative interviews. Some of the team are also able to provide consultancy to service leads on request regarding the service model and how to incorporate therapeutic elements to the service. We can also offer training in data analysis.

Data storage and GDPR

No element of the tool requires practitioners to enter client names. Instead, services allocate each client a unique ID number to be stored separately according to your organisation's personal data requirements and privacy impact assessments. The tool requires that you use the same ID for the client tracker and the client-report questionnaires so that the data can be linked for analysis.

Where is the online data stored? The online data is stored on the Qualtrics platform which is only accessed by a secure login by individuals who are given access to a specific survey.

Who can access the data entered online? If your service requests access to the tool, the University of Essex team will create a unique survey within the Qualtrics platform for your service (with or without adaptation depending on the service package you select). A member of your team will be given a Qualtrics login so that you can access the data from the surveys for your service. This means that only the University of Essex team and the named individual from your organisation can access your data (no other individuals from other services can access your data).

How will the University of Essex team keep data secure? The University of Essex team will only download data from the online platform if we are undertaking the analysis for you. In this case a contract will be drawn up between your organisation and the University of Essex by our respective contracts teams. This contract will include a secure data sharing agreement compliant with GDPR regulations and your own organisational requirements.

How will Excel files be exchanged? If you choose to collect your data in Excel and you wish the University of Essex team to analyse the data, we will establish a secure mechanism for you to transfer data to us for analysis.

How should we keep our data secure? It is important for you to keep client data secure within your own organisation as well in order to be compliant with GDPR regulations. We would advise you to liaise with your organisation's GDPR or Data Protection officer at the initial stages of setting up your service to make sure your data collection and storage practices will be compliant with GDPR regulations.

Contact us

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Hcrs@essex.ac.uk

https://www.essex.ac.uk/departments/health-and-social-care/research/health-and-care-research-service

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