IMPROVING LIVES SELECT COMMISSION
31st October, 2017

Present:- Councillor Cusworth (in the Chair); Councillors Beaumont, Cooksey, Jarvis, Khan, Marles, Marriott, Pitchley, Senior and Julie Turner together with Co-opted Member: Joanna Jones from Children and Young People Voluntary Sector Consortium.

Also in attendance: Councillor Steele (Chair of Overview and Scrutiny Management Board). Jules Hillier, Chief Executive, Pause and Ellen Marks, Director of Practice and Learning, Pause, Ian Thomas, Strategic Director for Children and Young People's Services and Jenny Lingrell, Acting Head of Service, Transformation Lead, Early Help and Family Engagement for Item 90.

Apologies for absence were received from Councillors Brookes, Clark, Fenwick-Green, Hague, Ireland and Watson (Cabinet Member for Children and Young People's Services).

85. DECLARATIONS OF INTEREST.

There were no declarations of interest.

86. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

There were no questions from members of the public and the press.

87. COMMUNICATIONS

Corporate Parenting Panel (CPP)
Councillor Cusworth provided Members of the Select Commission with a written summary of the last meeting of the CPP to be circulated by email.

Health Select Commission
Cllr Evans extended an invitation to members of the Committee to attend the next meeting of Health Select Commission on November 30th at 10.00am for the agenda item on the Carers' Strategy to raise issues relating to young carers. Details would be circulated by email.

88. MINUTES OF THE PREVIOUS MEETING HELD ON 12TH SEPTEMBER, 2017

Resolved:- (1) That the minutes of the previous meeting of the Improving Lives Select Commission, held on 12th September, 2017, be approved as a correct record for signature by the Chair subject to the following correction:

Present: Councillors Cusworth.

89. EXCLUSION OF THE PRESS AND PUBLIC

Resolved:- That under Section 100(A) of the Local Government Act 1972, the Public be excluded from the meeting for Minute No. 90 on the grounds that it involves the likely disclosure of exempt information as defined in Paragraph 2 of Part 1 of schedule 12(A) of such Act indicated, as now amended by the Local Government (Access to information) (Variation) Order 2006.

90. OUTCOMES FROM THE PAUSE ROTHERHAM SCOPING EXERCISE

The Chair welcomed Jules Hillier and Ellen Marks from the Pause Project who gave a presentation outlining the work of Pause, its aims and impact. Also in attendance was the Strategic Director for Children and Young People's Services and Acting Head of Service, Transformation Lead, Early Help and Family Engagement, who reported the outcomes of the scoping exercise undertaken in Rotherham.

The presentation referred to evidence about the number of women who have children removed from their care in a repeating pattern of care proceedings. The experience of practitioners in Rotherham indicates that this pattern of recurrent care proceedings was present locally; this has been confirmed by the scoping exercise.

Whilst Children and Young People's Services will intervene to protect the child and seek the best long-term outcomes, there is often little or no cohesive support for the women who are affected following the removal of a child

Pause was a national charity that supports a network of local Pause Practices across the country, working with local authorities and other agencies. Pause is a voluntary programme which works with women who have experienced - or are at risk of - repeated pregnancies that result in children needing to be removed from their care. The programme gives women the chance to pause and take control over their lives with the aim of preventing repeated pregnancy. As a condition of beginning this voluntary programme, women agree use an effective form of reversible contraception for the 18 month duration of the intervention.

In November 2016, Cabinet asked for Pause to be commissioned to carry out a scoping exercise to provide detailed data and analysis of repeat removals of children from their mother's care in Rotherham. The scoping report provides robust information upon which to base decisions about how to respond locally to this issue.

Jules Hillier, Chief Executive and Ellen Marks, Director of Practice & Learning outlined the findings of an independent evaluation commissioned by the Department for Education (DfE). The remit of the evaluation was to assess the impact of programme delivery and processes across seven Pause Practices for 125 women. The findings

indicated that Pause generally had a positive and significant impact on the women engaging with the project, with the analysis suggesting that Pause was extremely effective in reducing the numbers of pregnancies during the intervention.

Who are the women who work with Pause?

- As of September 2017 167 women had completed the Pause programme and a further 173 were going through it;
- Between 1 and 13 children removed (average 3.2);
- Age of women: between 21 and 43 (average 31);
- 53% of women were under 20 when they had their first child.

The Pause Practitioners observed the following improvements in women participant's lives:-

- 89% of those who identified skills and employment as a goal have made progress towards this goal;
- 73% of those women with mental health problems have seen an improvement;
- 88% of those with domestic violence issues have seen an improvement in the situation;
- 65% of those who had an issue with substance misuse have seen stabilisation or made reductions;
- 73% of women with housing problems at the start have seen improvements in the stability of their housing situation;
- 60% of those who had issues around contact with their children have seen improvements in the quality of contact;
- 67% of all Pause women were accessing support from the appropriate specialist agencies after 18 months/at point of closure.

As part of its scoping work, it was outlined that Pause works with partners to examine the feasibility of establishing a local practice. This would involve analysing case files and data to identify a cohort and the cost benefit of delivering the intervention. Further support is given to participating authorities to implement the project and develop local pathways for delivery, including recruitment, practice and learning development, data analysis and support to strategic boards.

The Strategic Director for Children and Young People's Services and Acting Head of Service, Transformation Lead, Early Help and Family Engagement drew attention to the outcomes from the scoping exercise.

Using evidence from case files, between 1st April 2014 and 31st March 2017, 130 women in Rotherham had 434 children removed. The average number of children removed per woman is 3.3. In other scoping exercises nationally, the number of children removed per woman ranges from 3.0 to 3.6. These women have many complex and often inter-linking needs. In Rotherham, 60% of the cohort was identified in social care records as having experienced domestic abuse; 45% had issues with drug or alcohol

abuse; 32% had a diagnosable mental health problem and 25% are recorded as having been in care as children themselves. Many women experienced multiple issues. The Rotherham picture was comparable with other Pause projects elsewhere.

The Pause analysis indicates that without intervention, 20 women within this cohort would be likely to give birth to 5 children each year. Over the duration of the programme this equates to 7.5 children. Based on this information and local practice and associated costs, the cost benefit analysis shows a gross saving of £1.09m based on an intervention with twenty women. The cost of delivering a Pause practice for this cohort is estimated to be £450,000. Therefore a conservative estimate of the net cost saving (to Children's Services alone) is £0.64m.

It was noted that the cost benefit analysis does not include costs incurred by the National Health Service, public health, housing, adult social care, South Yorkshire Police or the criminal justice system. There are also wider human costs to be considered. It was reported that the mother is likely to have already experienced significant trauma in her life, and is then further damaged by the removal of a child from her care. Services would seek permanency for child as soon as possible following removal however, some level of disruption is inevitable. Children who do not experience the best start in life may struggle to thrive and achieve positive outcomes.

Discussion ensued on the report with the following issues raised/clarified:-

Clarification was sought on what made Pause "radically different" compared with other projects. The project has an intensive approach which works with women to build resilience and self-esteem, and empowers the women to identify their own outcomes. Pause adopts a "whole system approach", working with partners, family members, friends and other professionals. The lives of the women Pause works with are typically characterised by their own experiences of neglect, abuse, sexual exploitation, and other social, emotional, and health related challenges. Pause intervenes at a time when a woman is not pregnant or has no children in her care to prevent these patterns being passed on again. If she has a child or is expectant; the child becomes the focus of the intervention rather than focussing on the specific needs of the woman.

Engagement in Pause is entirely voluntary and the women agree to take part once they have they have identified that Pause is positive for them. None of the women are compelled by a court order or assessment process to participate. It was outlined that support is developed collaboratively, which will look at choice, teaching life skills, developing and maintaining positive relationships etc.

It was explained that all the women that Pause work with have poor self-esteem, which is often compounded by their previous experience of services, repeat failures and messages they receive about themselves.

This low self-esteem often results in dependency (whether on services/others/substances) and is a barrier to them moving forward and bringing about change to their life and patterns of behaviour.

The local practice leads are recruited from a wide background, including youth and community work, social care, health or criminal justice. Each Pause worker has a caseload of between 6-8 women; this gives the worker the flexibility to work intensively alongside women to address their needs and support them to make positive changes.

Whilst the women often have a poor level of engagement with other agencies (typically defined as “hard-to-reach”), levels of engagement with the programme remains consistently high with a ‘drop-out’ rate of around 7% (out of almost 170 participants).

The Pause team is involved in the scoping and set-up of local projects. Whilst there is fidelity to the model and core principles underpinning Pause, there is flexibility to adapt to local circumstances and priorities. For example, another local authority is exploring the feasibility of targeting women who are care leavers as part of its priority cohort.

Further details were asked about working with different communities and cultures and if there are examples of Pause Practitioners working with a similar demographic to Rotherham. Examples were given of strength-based approaches which had been delivered in Derby.

Most Pause practices are located in Children’s Services, and of those, the majority funded through Children Services (or equivalent). One programme is funded by Public Health, and it appears that this funding is secure because the project has demonstrated value for money and return on its investment. There is a range of funding models in operation; with different degrees of partner contributions or charitable investments depending on local circumstances. The majority of programmes are in the first or second cohorts so it is difficult to make a judgement about longer term sustainability.

Further examination of the cost avoidance was undertaken in respect of its potential impact on reducing budget pressures. It was felt that the outline analysis was robust. Questions were asked regarding the cost benefit to other public agencies. At the time of the scoping exercise, it had not been possible to establish the cost to health agencies, for example in relation to special baby care or drugs or alcohol detoxification.

Further explanation was sought as to how Pause contributed to positive outcomes for women. Reference was made to the presentation and the observed improvements as detailed above. In addition to the reduction in pregnancies and associated care proceedings, it was demonstrated that Pause had had a positive impact on self-esteem and psychological well-being of the majority of participants. There were also positive indications of the Pause cohort seeking skills training or employment and securing

housing. Whilst it clarified that Pause did not offer parenting assessments or provide support for women to get their children back, there were examples of women establishing better relationships with their children and in small number of cases, having children returned who had not been permanently placed or adopted.

Further details were explored regarding participation in Pause being dependent upon the woman's agreement to take a long-acting reversible contraception (LARC) for the duration of the programme. It was explained that if the woman had an ethical or faith based objection to taking a LARC but still wanted to participate in Pause, Pause would work with the woman to explore natural birth control. To date, none of the participants in any of the projects had requested this. It was further explained that as a significant proportion of the cohort had experienced coercive control in their relationships it was unlikely that the abusive partner would co-operate in this approach and therefore, it may not be successful.

Questions were asked to establish what factors would hinder the successful implementation of Pause. It was felt that it a key factor in its implementation was to ensure that there was a strategic multi-agency partnership board in place; that had sufficient influence and "buy-in" to ensure that systems across agencies worked together to support individuals. The scoping exercise had established that there was a commitment to the board from key partners in Rotherham should it proceed.

Enquiries were made on the impact of neglect/abuse on siblings groups. Data showed that sibling groups were often taken into care when the mother was pregnant with later children (on average the mother would have three children). The older child or children may have experienced considerable neglect or harm by the stage that care proceedings were initiated. This meant that the children would have more complex needs and would likely experience much poorer outcomes. Based on the DfE evaluation and programme analysis, women who had engaged in the programme had far fewer subsequent pregnancies; therefore 'disrupting' the pattern of care proceedings.

The scoping exercise identified 130 women who may fit the Pause criteria and suggested a cohort of 20 women to work with. Whilst it was accepted that the intensive programme would benefit those involved, further details were asked about what would be in place to support the 110 women who fell outside this cohort. It was outlined that development in Early Help services including Edge of Care provision would assist in the longer term. It was requested that further consideration be given to this area.

Questions were asked about the accuracy of data within the scoping exercise. It was reported that all data had been taken from case files, some of which were from a number of years ago. Any discrepancy in recording would date from this period and assurance was given that current records were all compliant and up-to-date.

The Chair thanked Ms Hillier and Ms Marks and officers for their presentation and input. In summing up, the Chair outlined that the learning from other programmes had demonstrated that for those women who have accessed Pause, there were positive outcomes for their own health and well-being as well as evidence of a significant reduction in pregnancies. As demonstrated by the scoping exercise, without this intervention, there is likely to be a cumulative increase in costs relating to repeat care proceedings to the local authority and other partner agencies in addition to poorer outcomes for the children taken into care and the birth mother. Whilst the initiative would require resourcing, the cost-benefit analysis indicated that there would be a return on this investment which required further exploration.

RESOLVED:

1) That Improving Lives Select Committee recommends to Cabinet and Commissioners that consideration is given to initiating the Pause Project in Rotherham subject to budget requirements being met.

2) That should approval be given:

- That discussions take place to explore partnership contribution given the potential of wider savings to the public purse;
- That partner input is sought on the identification of the priority cohort;
- That proposals be drawn up to detail how women who fit the criteria but are not part of the immediate cohort are supported;
- That this Committee receives regular updates on its progress and impact.

3) That the decision of Cabinet and Commissioners on these recommendations is reported back to this Committee.

91. DATE AND TIME OF THE NEXT MEETING - TUESDAY, 14TH NOVEMBER, 2017 AT 5.30 P.M.

RESOLVED:-

That a further meeting be held on Tuesday, 14th November, 2017, commencing at 5.30 p.m.