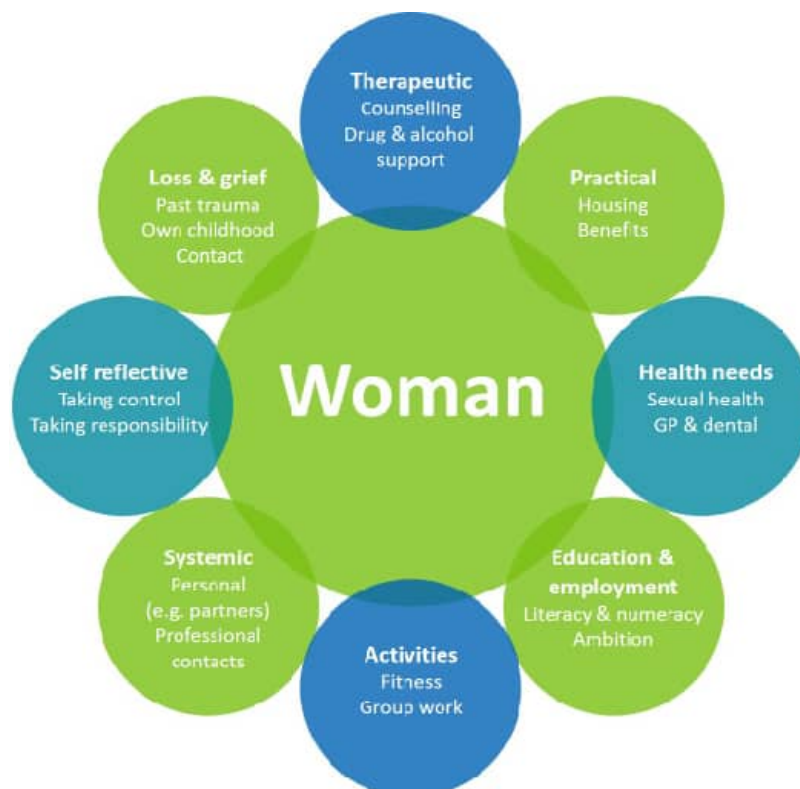


BRIEFING PAPER FOR IMPROVING LIVES SELECT COMMISSION

1.	Date of meeting:	16 April, 2019
2.	Title:	Pause Rotherham
3.	Directorate:	CYPS – Early Help

1. Background

- 1.1 Pause is a national charity that supports a network of local Pause Practices across the country. Pause 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 unwanted pregnancy. 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. This scoping report provides robust information upon which to base decisions about how to respond locally to this issue.
- 1.2 The Pause Model keeps the women at the centre and enables them to address a number of complex and intersecting needs. Caseloads are low; between 6-8 women per practitioner, so that time and flexibility to support the women remains at the forefront of practice. Fidelity to the model is essential, and the team in Rotherham have an assigned National Practice Lead from Pause to support and advise on practice.



1.3 Pause Rotherham

In October 2017 the Pause scoping exercise was presented to Improving Lives Select Commission. The Committee was supportive of the findings and the recommendation to set up a Pause Practice in Rotherham.

Funding was identified from the Early Help budget to set up a Pause Practice for a minimum of 18 months. Each Pause Practice comprises a Pause Practice Lead, 3 Pause Practitioners and a Pause Coordinator. The team has capacity to work with between 20 and 24 women during the pilot phase.

The planning and implementation phase and recruitment process were completed and the Pause Rotherham Practice became operational in July 2018. There was an additional year of data to analyse following the scoping exercise, so this was amalgamated into the findings. The final figures in April 2018 were 270 women who were eligible for Pause, which equates to 720 children who have been removed.

The Pause Rotherham team worked through the findings to identify the top 40 women who were deemed the highest risk of recurrent pregnancies/care proceedings. Broadhurst et al 2017 conducted research looking specifically at this issue. Factors such as age of the mother, whether she was a care leaver and/or a victim of CSE, the birth rate of her children, whether the removal was in the last 18 months and whether the children were adopted were among some of the vulnerabilities which made her more likely to go on to have more children.

Once the top 40 women were identified, the practitioners in the team conducted risk assessments, liaised with social workers and started to undertake outreach to see if the women would be interested in becoming part of the pilot.

2. Key Issues

2.1 Key headlines for Rotherham Pause

As of March 2019, the team are working with a cohort of **24 women** (16 are fully open to the programme – a woman becomes ‘open’ once long acting reversible contraception is in place) who have had **78 children** removed between them. This is an average number of **3.3 children removed per women**.

The women have many complex and often inter-secting needs. **100%** of the cohort has been identified as having experienced **domestic abuse**; **25%** have issues with **substance misuse**; and **100%** have **mental health needs** (though not all have a formal medical diagnosis), **54%** have **housing needs**

Pause’s analysis indicates that the average **annual birth rate** for this cohort of women is **0.35 per year**. We can therefore estimate that the 24 women would go on to have **8 children annually** without targeted intervention. To extrapolate further, having long acting reversible contraception in place over the 18 month programme provides at least **27 birth free months**, without which **12 children** would likely have been born.

2.2 Cost Benefit Analysis - Analysis of avoided costs

This analysis focuses on the cost avoidance associated with the 16 women in Rotherham taking a pause from pregnancy for 18 months and, therefore, not having children removed into care. Pause has created a bespoke tool that summarises costs associated with the removal and support of children who are looked after away from home. It tallies typical costs

associated with achieving permanence for children – including the costs associated with pre-birth risk assessments, decision making processes and the cost of accommodating the child.

The tool maps the journey of children through the child protection process and details the activities involved in their removal. It was developed by process mapping what typically happens with one of Pause's early adopter local authorities. Unit costs have been taken from the Personal Social Service Research Unit – Unit Costs of Health and Social Care 2017 (PSSRU)¹ and the New Economy Manchester Unit Cost Database v1.4². Where possible, costs and occurrence data have been tailored with local figures supplied by Rotherham Metropolitan Borough Council.

2.3 Costs have been split into three categories:

- **Cashable costs:** relate to the procurement of additional services; costs associated with the removal of children, including legal costs; and, the placement costs that are provided by the local authority or by the private and voluntary sectors.
- **Internal costs:** comprised of local authority internal costs, for example the cost of social worker time and the cost of internal adoption processes.
- **Total costs:** this is the sum of cashable and internal costs.

2.4 The calculations detailed below relate to a pause in pregnancy during the 18 month Pause programme and the associated avoided births nine months after this i.e. a total of 27 months (on the assumption that if a woman does not get pregnant during the 18 month programme, the earliest time she could have another child is 28 months after starting the Pause programme). Pause may well continue to influence a reduction in children being removed after 27 months, however as the programme is relatively new, a longitudinal study has not yet been carried out to verify this. We have therefore excluded these potential savings from the cost avoidance modelling.

2.5 The table below shows the average birth rate of the 16 women and estimates the number of avoided pregnancies and associated births over the 27 month period.

Women in Pause cohort	16
Birth rate	0.33
Time without pregnancy (years)	2.25
Avoided pregnancies & associated births	12

2.6 The next table demonstrates the breakdown of costs associated with each placement type per child – from pre-birth assessments to 18 months. It also shows the breakdown of the placement types for the children (when aged under one) that were removed from the cohort of identified women.

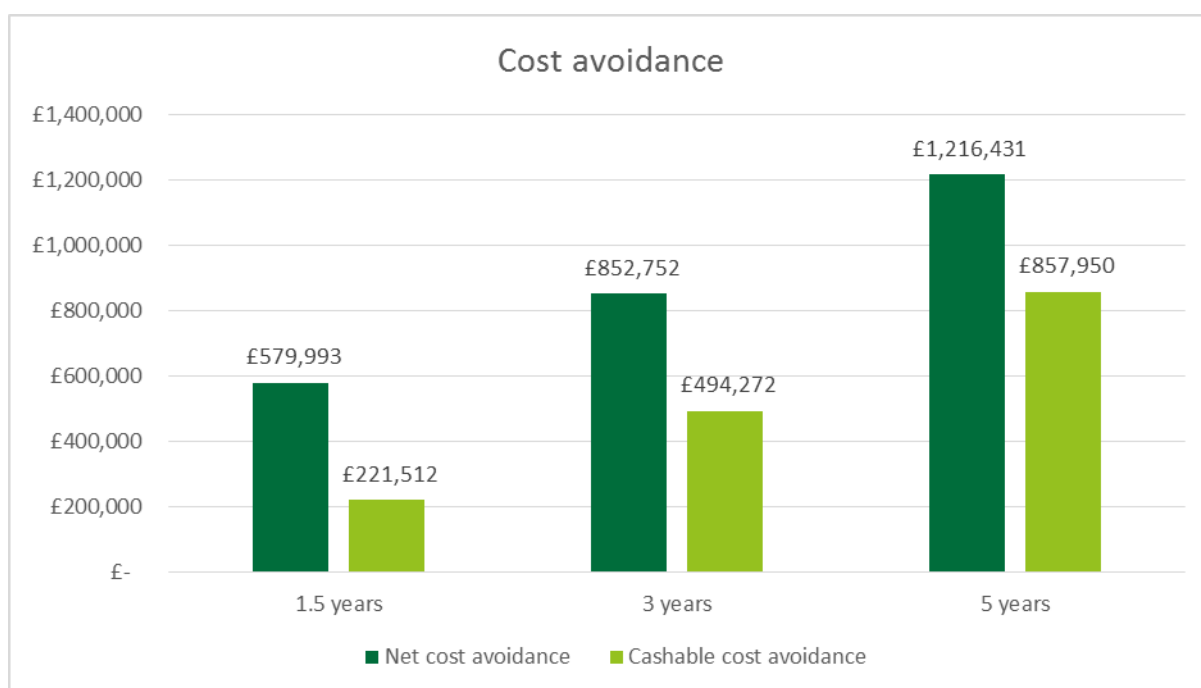
¹ <http://www.pssru.ac.uk/project-pages/unit-costs/>

² <http://www.neweconomymanchester.com/our-work/research-evaluation-cost-benefit-analysis/cost-benefit-analysis/unit-cost-database>

Placement type	Total cost (per child to 18 months)	Cashable cost (per child to 18 months)	% of under 1s removed from cohort of women
Adoption	£319,917	£222,126	29%
Local authority fostering	£181,062	£118,689	18%
Agency fostering	£45,538	£33,063	4%
SGO	£393,262	£244,846	39%
Family placement	£90,213	£52,789	11%

The tables above are used in conjunction to forecast future costs.

- 2.7 Given the birth rate of 0.33 among the identified group of women, we can estimate that delivering Pause to 16 women has helped avoid 12 pregnancies and associated births over a period of 27 months.
- 2.8 The chart below illustrates the cost avoidance associated with 16 women on the programme taking a pause from pregnancy and the associated avoided births. It shows that the immediate avoidance would be £579,993, with the potential for avoiding £1,216,431 over a five year period – of which £857,950 would be cashable cost avoidance.



Note: The cashable costs make up part of the total costs (they are not additional to the total costs stated); the remainder is made up of internal costs.

- 2.9 Given the cost of delivering Pause Rotherham is £419,385.93 over 18 months, we can estimate that Pause Rotherham has helped realise significant savings for Rotherham Metropolitan Borough Council as demonstrated in the table below.

	1.5 years	3 years	5 years
Net cost avoidance	£579,993	£852,752	£1,216,431
Cashable cost avoidance	£221,512	£494,272	£857,950

Note: The cashable cost avoidance makes up part of the net cost avoidance (it is not additional to the net figure).

2.10 This shows that, by delivering Pause Rotherham for 18 months, we have realised net cost avoidance of £579,993, which will grow to £1,216,431 over a five year period – of which £857,950 will be cashable cost avoidance.

2.11 Additional cost savings to consider

2.11.1 There are a number of other costs that can be incurred when working with this group of women, which have not been included in the analysis but should be taken into consideration. An existing Pause Practice conducted their own cost benefit analysis, which looked at the expected birth rate of the women participating in the programme and factored in wider social and economic benefits. They found that **for every £1 spent on the Pause programme, they made a saving of £5.76.**

2.11.2 As an example of the wider costs that should be taken into consideration (in addition to the placement and legal costs associated with taking a child into care) the pregnancy and childbirth itself can prove to be more complex for this cohort of women. This increases the likelihood of premature births and births of babies requiring use of a special care baby unit (SCBU), which is usually very costly. Research by Karen Broadhurst et al³ showed that 16% of births to this group of women led to SCBU stays, compared with 8% for the general population.

2.11.3 Research shows that, with repetitive doses of alcohol, there is a 6-10% chance of the foetus developing foetal alcoholic syndrome disorder (FASD). The economic consequences of FASD are severe. In their 2015 report, the Westminster All Party Parliamentary Group on FASD conservatively estimated it costs local authorities across the UK an average of £150,000 annually⁴ to support each child with the condition, in part due to the necessary additional educational support. This should be taken into consideration, given that 25% of women participating in the Pause programme in Rotherham have issues with alcohol misuse.

2.11.4 It is also worth noting that Pause Rotherham is currently working with 24 women, so at this stage we have a further eight women who may go on to be 'open'. The figures presented are relevant to the current open cases as of March 2019, and it is very likely that these figures will increase over the next month.

2.12 Impact

2.12.1 Pause Rotherham has been extremely effective at identifying and engaging women on the programme. **Attendance was achieved at 87%** of our appointments last quarter.

2.12.2 The women identify what area's they would like to focus on. The highest priority is **'relationship with children'**. There is a consistent theme with kinship care arrangement within our practice, that a number of our women are not accessing contact with their children as agreed by Courts. Many of our women don't understand their rights and often don't feel able to respectfully challenge the kinship carers. I have recently met with our SGO support service to see how we can work together to try and improve this. The practitioners are also starting to work with wider family members to offer additional support in relation to contact arrangements.

³ http://wp.lancs.ac.uk/recurrent-care/files/2017/10/mrc_final_main_report_v1.0.pdf

⁴ All Party Parliamentary Group on FASD (2015) *Initial report of the inquiry into the current picture of FASD in the UK today*

- 2.12.3 The women have also started to ask if they can start some **life story work**. They have feedback that they did not feel able to engage in this after care proceedings, as they were finding the situation too painful. One of the practitioners recently supported one of her women to 'Build a Bear', where she made a mummy bear and baby brother bears. The children have just been positively matched for adoption and 'Tulip' wanted to make sure they had something special from her. The process of building each bear and putting the 'heart' of each bear inside by herself was a very touching moment.
- 2.13 Housing has been another priority for the majority of our women. During the last quarter Pause Rotherham has supported eight women with their housing needs. We have supported three women into new properties. One was homeless and living on the streets and is currently in temporary accommodation, and the other woman had to flee domestic abuse but has since returned and is living in another area of Rotherham. This has been really positive for both women. A practitioner has also been able to relocate another woman from living in a stressful private rented arrangement. The house also reminded her of her children, so part of her Pause Plan was to try and move into a new property to have a 'fresh start'.
- 2.14 Physical and mental health has also been a priority for our women. Over the last quarter we have supported three women to access a GP surgery, one woman to hospital for an operation, four women to access mental health services and three women to access support from the sexual health clinic.
- 2.15 This has also been the main activity focus for the women, alongside emotional well-being, housing and fun and happiness. We also have two women who are currently accessing slimming world, both achieving slimmer of the week and working through their goals, with a combined total weight loss of three stone.
- 2.16 Since August 2018, Pause Rotherham has approached **47 women** to offer a Pause service. 5 women were closed to Pause during the engagement phase. 1 woman felt she was making progress with her life and had secured a job and had support from her partner, 1 woman moved area, 1 woman was unfortunately sentenced, 1 woman was pregnant prior to our involvement but we found out a few weeks later, and two women were not ready to take a Pause. A small percentage of the 47 women did not respond to call/visits/cards left, and a couple of the women we could not locate and believe they may have left the area. Out of our **top 20 highest priority** women, **13** of them are now working with us, which is over half. **20** of the women out of our **top 40 highest risk** women are now working with us.

2.17 **What the women say...**

'It has given me the time I need. The support I need and also helping me to build my confidence. I'm happy and glad that I have Pause. All the staff are friendly and really nice. :)'

'Good that they're helping me. It makes me feel comfortable and more confident. Nothing that I'd want to change it's all fine.'

'It's alright. Be available at weekends, I would like visits or doing an activity because weekends can feel a bit tricky. I feel able to text my pause practitioner.'

'I wouldn't change anything. I wouldn't expect anything to change. It feels like I've got the support there when I need it.'

2.18 **Pause Strategic Board**

The Pause Rotherham Board has been established and includes broad multi-agency as well as a Rotherham councillor. The first meeting took place on 20th April 2018. The meetings

take place once a quarter. The strategic board provides governance of the Pause Practice, to ensure the Programme is delivered to the Pause Framework, ensuring fidelity to the Pause model, within agreed budgets and timescales.

2.19 **Monitoring, Evaluation and Learning**

Pause National have their own I.T recording system, Apricot. Each Pause team will input their recordings into this system, along with plans, outcome trackers and assessments. The practice lead reports back to the national team, alongside all the other current practices across the country. A report is provided quarterly which captures the data from each Pause Practice. The National team then amalgamate the data to monitor and evaluate practice.

2.20 **Pause Rotherham and positive joint working with Pause National**

Over the course of the last six months Pause Rotherham has also been undertaking joint work with the National team. This has included the Practice Lead being elected to sit on the Pause National Practice Board, to help shape and driving forward practice nationally. In addition to this one practitioner was recognised for the work she has been completing with one Pause woman (see appendix one for case study) and was invited to share this journey to the Board of Trustees in London.

Sophie Humphreys, the founder of Pause also came to visit the practice with one of the members of the Trustee Board. Positive feedback was received;

“Please can you thank the team in Rotherham for being such amazing hosts? It’s really brought me close up to the practice and I was blown away by the team and their focus and care for the women and families.” - Aideen Lee.

“Dear Lindsey,

*It was great to come and visit you, Alice, Natalie, Vivian and Katie today, and to hear about the really interesting work that is taking place at Pause Rotherham.
I thoroughly enjoyed our conversations and this has given me some things to reflect on, particularly the issue regarding contact. Such a complicated area and clearly more to be done!*

*A particular thank you to Natalie and ‘Verbena’ for their time today. It was helpful to talk to ‘Verbena’ to really understand what was making such a difference to her. She articulated this very clearly.
Please thank her for me.*

I look forward to hearing progress with Pause Rotherham and seeing you all again soon!

*Best wishes,
Sophie”*

2.21 **Sustaining Pause in Rotherham**

Whilst the evidence suggests that Pause Rotherham is implementing the model successfully, and partners are very supportive, it is necessary to start work to explore if Rotherham wants to sustain the practice and how this will be funded.

If the Pause Practice is sustained beyond the initial 18 month pilot phase, this would provide an opportunity to engage with a cohort of 20-24 more women.

Analysis of the cohort to date demonstrates that the Pause practice is avoiding significant costs to children's services. It also demonstrates that there are multiple involvements with other services; without a Pause practice these contacts are likely to be more chaotic and long-term and, as such more costly.

In other areas, Pause Practices are funded by by different partnerships, such as CYPS, housing, health, Barnardo's, Family Nurse Partnership amongst others.

Work will continue to build the case for ongoing investment and a joint funding model through the Pause Strategic Board

3. Key actions and relevant timelines

- July 2019 – Pause Success Event. We are currently planning a success event in July as this will also celebrate our first year. We would like the women to participate in this and we are currently carefully planning how best to deliver this event.
- Sustainability of Pause – it is hoped that by July 2019 further plans will be in place to address the sustainability of the project. This will include Practice Lead submitting a sustainability report and meeting with all agencies involved to look at the overall cost benefit analysis. Practice Lead is currently undertaking a piece of work with South Yorkshire Police to look at cost savings related to crime and domestic abuse within the cohort.
- There are ten months remaining of the current funding. Over the course of the next six months the women will continue to work on their goals, and benefit from the 1:1 sessions with their practitioner. Around October 2019, the women will then move into the transition work, where they will be supported with their plans moving forward once they have completed the 18 month programme.

4. Recommendations to Improving Lives Select Commission

Improving Lives Select Commission is asked to note the progress of the Rotherham Pause Practice and the impact on women who are on the caseload

5. Name and contact details

Jenny Lingrell – Joint Assistant Director Commissioning, Performance and Inclusion.

Lindsey Knight – Pause Practice Lead.