



creating space for change

PAUSE

Pause

Reducing the number of children being removed into care, by intervening with women who have experienced, or are at risk of, repeat removals of children from their care

Challenge

Every local authority in the UK has women with complex and challenging needs to whom multiple children are born and subsequently taken into care. Evidence suggests that as many as 29% of all care applications involve a woman who has already had a child taken into care. These women are typically vulnerable and live with intersecting and numerous social, environmental, emotional and health related challenges.

Innovation

Pause works with women who have experienced, or are at risk of, repeat removals of their children. Through an intense, systemic programme of support, Pause aims to break this cycle, prevent negative outcomes for their children, and support women to create a more positive future for themselves.

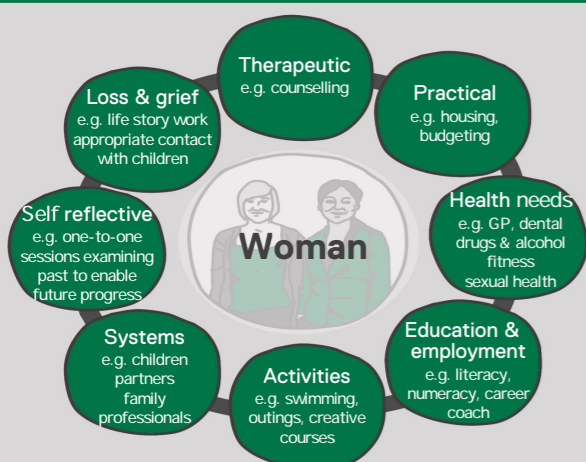
Partners Involved

National Pause, based in London, currently supports seven Pause Practices being delivered by:

- London Borough of Hackney
- London Borough of Southwark
- London Borough of Newham
- London Borough of Islington
- London Borough of Greenwich
- Doncaster Children's Trust
- Hull City Council

Our Innovation

Supporting women to create a more positive future for themselves



Pause works with women who have experienced, or are at risk of, repeat removals of their children. It intervenes at a point at which she has no children in her care. Through an intense, systemic programme of support, Pause aims to break this cycle, prevent negative outcomes for their children, and support women to create a more positive future for themselves.

Helping partner agencies to think and work differently



As it does with women, Pause also encourages partner agencies (e.g. criminal justice and drug and alcohol services) to think differently. We ask them to work with women from an open and curious perspective, and put aside previous assessments and preconceptions.

Working with local providers to influence national responses



At a local level, Pause is influencing the way vulnerable people and professional systems interact and engage with each other. At a national level it is demonstrating the need to respond differently to adults and children with complex needs, through a flexible and agile approach.

Balancing fidelity to the model with adaptability to context



Ensuring fidelity and quality assuring support while scaling the model is a key challenge. Pause has a clear but flexible approach with a set of core requirements that are suitable for adaptation and application in a wide variety of settings. Pause is already supporting a number of new areas, in addition to its current pilot sites, to meet their objective of developing a Pause in their area.

What we're doing

Bespoke packages of support

Pause Practitioner designs a bespoke package of support alongside each woman, rather than signposting or passing her from one service to the next. They support her to access housing, domestic abuse services, sexual and reproductive health advice, drug and alcohol support, employment and education, and any other service she may require. If and when appropriate, women are supported to access counselling and mental health services. The Practitioner is a constant throughout, providing support prior, during and following contact with other services.

Creating a new future

The range of support helps women to create a new view of what their future could be like. This includes navigating everyday systems and bureaucracy and finding and sustaining stable accommodation. Importantly, women are also supported to build resilience, self esteem and adopt healthy boundaries; reflect on the past and on responsibility to their existing children; learn to avoid adversarial interactions; and address negative issues when they are ready.

As a condition of beginning this voluntary programme, women agree to take long acting reversible contraception (LARC) so they have the opportunity to reflect and focus on their own needs, often for the first time in their lives.

What's changed

Working with women on their own terms

Throughout the programme women become involved in activities ranging from creative (e.g. art and crafts) to active (e.g. horse riding and swimming), with all activities designed to increase confidence and self-esteem. These activities also support women to begin to trust the practitioners they work with, breaking down some of the traditional roles between families and services.

Taking a cross-partnership and outreach approach

For all local areas, this is a brand new programme providing support previously unavailable to these vulnerable women. For Pause, it is not enough to assume that simply signposting will be effective in getting the women the help they need. It is the Practitioner's role to engage with and support the women to make contact with and attend specialist services. Pause is delivered across a number of providers due to a flexible and agile approach.

Practitioners come from a range of backgrounds including social work, community outreach, mental health and drug and alcohol workers. What makes Pause Practitioners different is that the women become the lens they work through, to affect change within the system. Each woman is engaged with in the way that works best for her, and is not defined by her maternal identity.

Working closely with pilot sites

Women who have, or are at risk of, repeat removals face systemic, trans-generation issues, which can only be tackled in a joined up approach. Relationships with women and between services are at the heart of the Pause model, and this includes the close relationship between the local Pause sites.

We have learned that we have to be open to responding to the intelligence and information received from each local Pause practice and be open to refining and adapting the delivery model to meet our objectives. We have been supported to do this through our partner pilot sites and the many independent supporters that we have attracted, including corporate and pro-bono support and from experts in criminal justice, health and other fields.

Building a national case for change

While the scale of this problem is well known and understood at a local level, it is only recently that a comprehensive national data set has been gathered to provide compelling evidence. In 2014, recurrent care proceedings were linked to 15.5% of the 46,094 mothers who appeared at court that year. Learning from Pause Practices is fed into National Pause for evaluation, replication and roll-out across other sites. Pause also holds quarterly Learning Forums, focusing on specific issues.

The Pause Framework

The Pause Framework outlines the key components that all Pause Practices should have in place to ensure fidelity and integrity to the Pause model and achieve successful outcomes. The Pause framework outlines requirements including:

Governance: A local strategic Board, featuring local agencies and Pause Champions, is accountable for the successful delivery of Pause. They lead the local response to 'doing it differently', being held accountable to the National Pause Board of Trustees.

Recruitment: The quality and skills of its practitioners is integral to a successful Pause practice. Employing the right staff through an effective selection process involving National Pause, which provides job descriptions, person specifications, assessment and roleplay scenarios, and takes part in shortlisting and interviews using questions that explore characteristics and experience.

Service performance management: Collection and analysis of data in order to improve service delivery.

Fidelity measures: Identifying measures that indicate the programme is delivered with high tenacity, low attrition, and within the Pause delivery timescales. Baselines for these measures will be determined through the evaluation.

What we've learned

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“‘Doing it differently’ is at the heart of what Pause offers.”

Seeing women differently

Agencies that Pause work with have begun to see women as people, not problems, and women now see professionals as people, too, not just as part of a system that works against them. Encouraging partner agencies to think differently about women, and in turn modeling good relationships to women, has had a positive impact.

Pause has challenged partner agencies to meet the needs of women, and in doing so, shown them that behaviours can change and improve if a different approach is taken.

Managing transitions

After such an intense intervention, we are very wary of suddenly leaving women with dramatically reduced support. To address this, we have worked with women and practitioners to design a transition and aftercare programme that enables the woman to move from intense support to a more universal level.

Being clear on what Pause doesn't do

It's important to be clear with women and practitioners on what Pause doesn't do. Pause does not conduct parenting assessments; it does not work with women to get their children back (though this can be the case); it doesn't offer parenting support or parenting classes; and, crucially, it doesn't 'rescue' women or run their lives for them.

Continuously developing the core delivery model

An in-depth understanding of the values and objectives of National Pause is crucial to the success of local Pause Practices, and in ensuring fidelity of the model.

As Pause scales and spreads, a level of guidance is required to ensure consistency of core delivery model, whilst allowing flexibility so that the model can respond to and be owned locally. The Pause Framework is essential so that all Pause Practices understand what must be in place to effectively deliver Pause, coupled with the ongoing support from National Pause.

In the future, we believe that Pause has the potential to be used as a wholly preventative solution rather than a reactive one (e.g. prior to the birth of any children for women who fit the profile).

Responding to direct requests for support

Pause has had to consider how best to respond to requests for support, particularly from vulnerable women contacting National Pause. This is difficult in areas where there is no existing Pause Practice or similar service. A protocol has been developed to respond appropriately to such requests.

Demonstrating value for money

The primary purpose of Pause is to prevent the damaging consequences of children being taken into care. The trauma is a high enough cost, but the cost to the taxpayer is in the hundreds of millions. It is estimated that over a 5 year period, 7 Pause Practices could potentially save the taxpayer over £12 million.

Pause is progressing its business model to ensure sustainability beyond the initial investment from the Innovation Programme. National Pause has been inundated with requests from local areas, expressing an interest in a Pause programme in their area. Many of them have already identified significant funding.

To date, no further children have been born to women currently working with Pause. Emerging evaluation findings indicate an increase in the uptake of training, education, voluntary and paid work, engagement in physical and mental health services, and an improvement in the quality of contact with their existing children.

Understanding the scale of the challenge

In 2013 the London Borough of Hackney identified 49 women who had given birth to 205 children between them, who were taken into care.

This is a familiar picture across the other Pause Practices, and is further illustrated through a national study (Broadhurst et al) which estimates the scale and pattern of recurrent care proceedings. This shows that of 46,094 birth mothers appearing before the courts over a seven year period, 15.5% (7,143) were linked to recurrent care applications.

As each woman may be linked to more than one child, the total number of care applications associated with this cohort is as high as 29% of all care applications (22,790).

This is an under-representation of the scale of the problem as it does not account for children removed through other avenues, for example, under voluntary arrangements, e.g. Section 20 of the Children Act 1989.

Personal stories

Lindsey, Pause Practitioner

"The main difference about working for Pause is the philosophy behind the interactions with women. As a Health Visitor the work was rightfully very child-focused, and geared towards public health targets. But with Pause, it's all about the individual woman. The programme is designed to fit around her needs. This individual, woman-focused approach looks at the unique needs that will help her achieve her desired outcomes.

There are fewer boundaries for me as a practitioner, to work with her and I'm free to work differently with each woman. Practitioner's come from many different worlds, but when we all come together, we use our expertise and disciplines to support one another and work collaboratively."

Bella, 27, Pause client

Bella has had six children consecutively removed from her care. Two children have a Special Guardianship Order within the family and four have been adopted.

Bella has lived with domestic abuse, dysfunctional relationships, insecure housing, and has found it difficult to understand why her children were removed from her care.

Bella wanted to work with Pause to address these issues and begin counselling. Bella has since reported improved insight into why her children were removed and improved quality of contact with her children. She has secured a Housing Association flat, built up her confidence, and is better equipped to make positive life choices.

Bella has said:

"Mum invited me to have Christmas dinner with her and my children, which I haven't done for years. I love my new flat and want to make myself a new home. I want a job to keep busy and earn money to look after myself."