

Phoenix @ Pause Southampton: Business case for a sustained service

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| SUBJECT: | Business case to fund continuation of Phoenix @ Pause Southampton: a post-care proceedings service for women at risk of repeated child removal |
| DATE: | September 2021 |
| BUSINESS CASE DEVELOPED BY: | Children’s Services and Public Health with input from Southampton CCG and Phoenix @ Pause partners |

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| SUMMARY OF RECOMMENDATIONS: | <p>This business case proposes that:</p> <ul style="list-style-type: none"> ○ Funding be made available to continue delivering the existing Phoenix @ Pause service in Southampton in 2022-23, and hence incorporate into this year’s budget planning. ○ An ongoing commitment is made to sustain the service on a permanent basis. The business case sets out the cost of the service per year, and for a further three cohorts of up to 24 women as an indication of costs for a 5-year period up to 2026/27. ○ The CCG contribution is invested in the mental health pathway for women engaged on the programme; to ensure they have timely and appropriate access to robust trauma informed therapy. |
| OBJECTIVES: | <p>The objectives of the Phoenix @ Pause Southampton service are to:</p> <ul style="list-style-type: none"> ○ Support a cohort (‘community’) of women at risk of repeated removal of children into care, to take more control of their lives and address their multiple unmet needs and difficulties; ○ Support the women to take an 18-month ‘pause’ in pregnancy – such that the women and their service providers can focus on addressing the women’s needs, and as a result break a cycle of repeat pregnancies that result in children being removed and taken into care; ○ As a result, reduce the number of children taken into care and reduce pressure on the looked after children’s budget; as an invest-to-save initiative. |
| OUTCOMES: | <p>A sustained Phoenix @ Pause service will contribute to:</p> <ul style="list-style-type: none"> ○ A permanent reduction in at-risk children in Southampton (a strategic priority); |

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| | <ul style="list-style-type: none">○ Improved outcomes for the group of women at risk of repeat removals, with regard to their: health and wellbeing, housing situation, employment and skills, financial position, social wellbeing, and self-efficacy;○ Reduction in inequalities in life chances for women supported by the programme, a large proportion of who are care experienced;○ Fewer pregnancies; specifically, pregnancies resulting in babies being removed into care;○ Cost avoidance, due to: reduction in repeat child removals, lower risk of children born with specific health and care needs (e.g. due to maternal addiction), and a shift from unplanned and crisis care use to planned use of health and other services by women receiving support. |
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Section 1: Summary

'Phoenix @ Pause' Southampton is a post-care proceedings pilot service based on the national Pause model and delivered through SCC Children's Services. Pause is a national evidence-based programme that works with Local Authorities and other partners to set up services that work with women who have experienced, or are at risk of, repeated pregnancies that result in children needing to be removed from their care. The trauma-informed relationship-based intervention provides an effective means of establishing positive changes in women's lives, meeting longstanding unmet health and welfare needs and addressing significant histories of trauma and adversity, including the loss of children into care and adoption. As a result of working towards improved outcomes and taking a pause in pregnancy (through use of LARC or other appropriate contraception), the programme helps break the cycle of repeat pregnancies that result in further babies being taken into care.

Pause operates in a similar way to a licensed programme such as the Family Nurse Partnership (FNP) programme in that if Local Authorities "buy into" Pause, they are committed to delivering a service that is aligned with the Pause service model. Pause do not deliver the service, and Local Authorities and their partners remain responsible for delivering or commissioning the service.

See **Annex A** for further information on the national Pause programme and how it works with women at risk of repeat removals of children into care.

The imperatives for continuing to deliver the pilot Phoenix @ Pause service are threefold:

- Improvements in *health and wellbeing, wider outcomes, and a reduction in inequalities in life chances for women* supported by the programme, a large proportion of who are care experienced;
- A reduction in at-risk children in the city, and *fewer children being removed into care*;
- *Avoidance of future costs*, in relation to both looked after children, and health and social care services: investing in the service represents an invest-to-save approach.

In the time since its launch on 1st September 2020, the Phoenix @ Pause service has completed three-four months of assertive outreach to engage 21 women and is in its sixth month of engaging and working with this cohort of women.

This business case proposes that the existing Phoenix @ Pause Southampton service continues to be funded in its current form beyond 28th Feb 2022, the end-date of the existing funding package. Specifically, it is proposed that funds be made available to continue the service for 2022-23 (the period 1st March 2022 – 28th Feb 2023), and also that an ongoing commitment is made to sustain the service on a permanent basis. The business case sets out the cost of the service per year, and for a further three cohorts of up to 24 women (each cycle being 21-months; 3 months of assertive outreach with women and 18 months to work with those women that choose to engage) as an indication of costs for a 5-year period up to 2026/27. The total cost per year of the core service is £285k, and the cost for 5 years therefore £1.425 million. (NB. For the purposes of the cost and benefit analysis, the cost of the core service has been used; this does not include the costs of the proposed new trauma-informed therapeutic pathway at £71,288 per annum which it is proposed the CCG will fund).

Costs avoided accrue over time, hence sustaining the service will increasingly contribute to a reduction in future budgetary pressures, in addition to continuing to positively influence health and

wider outcomes and reduce health inequalities. Based upon the national Pause methodology, over 5 years a Pause service in Southampton would:

- **Incur** a cumulative delivery cost of **£1,425,000** (based on £285,000 per annum).
- **Avoid** total cumulative costs of **£6,444,076**, which begin to accrue from Year 2.
- Confer a **net cumulative cost avoidance of £5,019,076**.

See **section 6** for further information on costs and the cost benefit analysis.

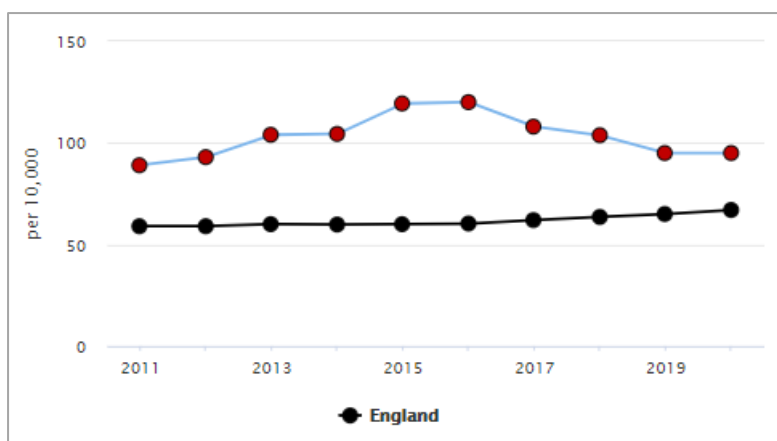
Section 2: Background and rationale for Phoenix @ Pause

Rate of looked after children

Southampton has consistently exhibited high rates of looked after children (LAC): see figure below. In 2020, Southampton had a LAC rate of 95 per 10,000 children, significantly higher than the England average of 67 per 10,000 children and significantly higher than the South East average of 53 per 10,000. Southampton also had the 7th highest rate out of 16 CIPFA nearest neighbours; those Local Authorities most similar to Southampton based upon demographic and socio-economic indicators.

This trend can also be observed in relation to removals in under 5-year olds, with Southampton having the second highest rate in the South East (49 per 10,000 children compared to a national average of 35 per 10,000 and South East average of 28 per 10,000) and the 9th highest rate in relation to CIPFA nearest neighbours¹. The Southampton rate of 49 children under 5 years per 10,000 of the age-related population equates to 79 children per year. For Southampton's numbers of LAC under 5 years to reduce to the England Local Authority average per year (56 children), Southampton would need to see a decrease of 23 children per year (29% decrease). By reducing the numbers of pregnancies that lead to removals, the Phoenix @ Pause programme aims to specifically reduce removals in this age group.

In areas where Pause had operated continuously for 5 years, the most recent national evaluation of Pause (2020)² calculates that the number of infants entering care was reduced by an average of 14 per year, per local authority. After the first 21 months of operation, the national evaluation suggests an average reduction of 11 children not going into the care system due to Pause. Phoenix @ Pause therefore has the potential to have a significant impact in reducing Southampton's rates and numbers of looked after children. As there are 21 rather than 24 women currently engaged in the Southampton Phoenix @ Pause programme (largely due to the difficulties of engaging women during the current covid-19 pandemic), the target number of removals after the first 21 months should be reduced slightly.



Rate of looked after children in Southampton per 10k children <18y (vs England), 2011-2020

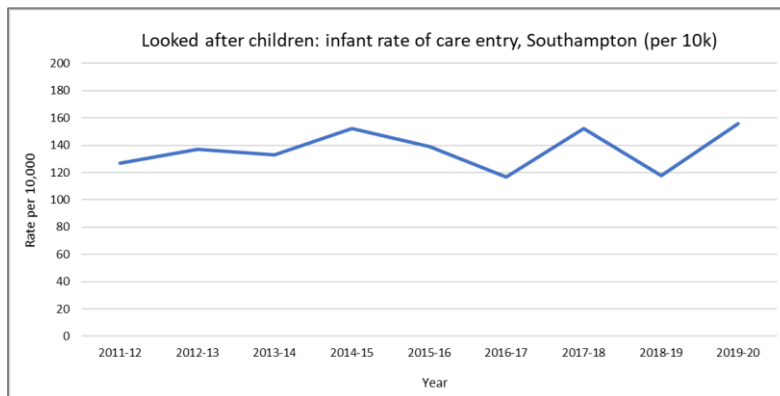
¹ Public Health England. Fingertips. *Public Health Profiles - Children in Care*. May 2021.

² Boddy J. et al. *Evaluation of Pause: evaluation report*. March 2020. Department for Education.

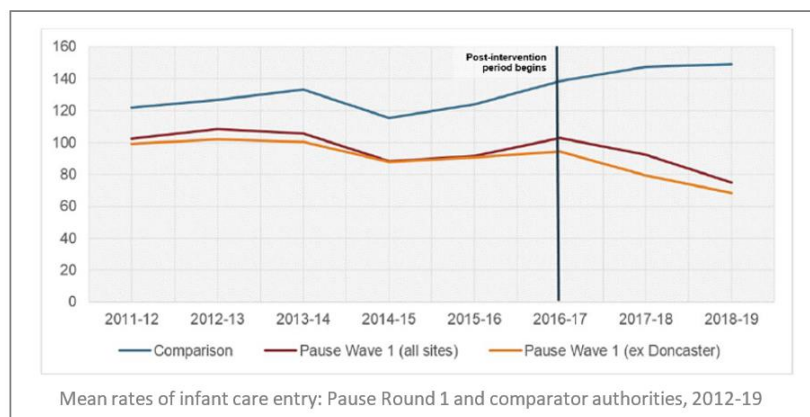
Research indicates that outcomes for LAC are worse than for those of other children.^{3,4} Difficulties and negative behaviours can also translate into similar experiences for the children of LAC, creating an intergenerational cycle of challenges and adverse outcomes. Together with improving outcomes for LAC, it is also important to safely reduce the numbers of children who enter the care system: a strategic priority in the city. The outcomes of the service in relation to reducing inequalities in life chances for the community of women (many of whom are care experienced themselves) and intervening earlier to reduce demand for crisis and acute health care also aligns well with the NHS Long Term Plan aspirations to intervene earlier (prevention and early intervention), improve equity of access and outcomes, and reduce health inequalities (including for those that are care experienced specifically)⁵.

Infant care entry in Southampton

In Southampton, rate of infant care entry in 2019-20 (the most recent year for which data are available) was observed to be the highest rate for the previous 9 years, at 156 per 10,000 children aged under one: see graph below.



Relative to other local authorities analysed by Pause as part of their 2020 evaluation, Southampton's rate of infants entering care is considerable: see graph below, in which Southampton's current rate would sit in the uppermost portion of the plot.



³ Priestley A and Kennedy LA. *The health of looked after children and young people: a summary of the literature*. University of Strathclyde: International Public Policy Institute, July 2015.

⁴ Higgins A et al. *What is the relationship between being in care and the educational outcomes of children?* Rees Centre, University of Oxford, Sept 2015.

⁵ NHS Long Term Plan, 2019. See: [NHS Long Term Plan » Chapter 2: More NHS action on prevention and health inequalities](#)

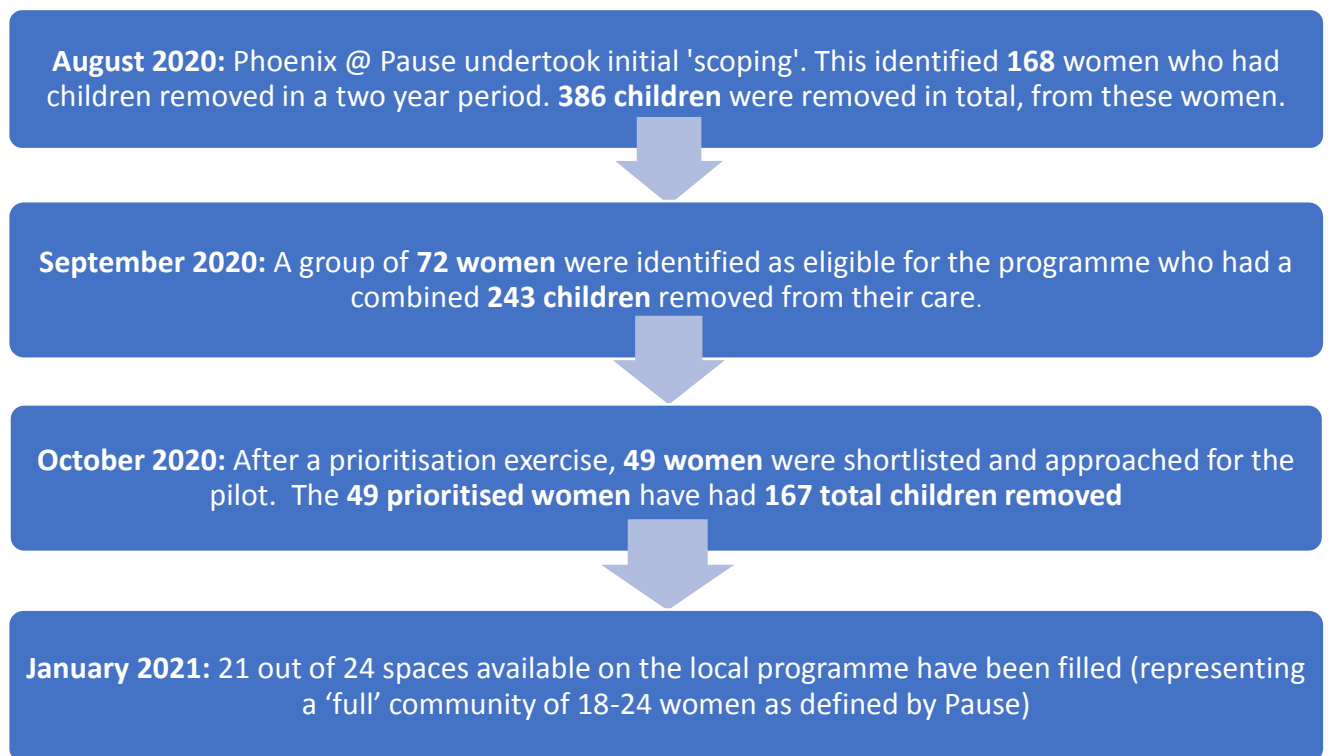
Based on upon the Pause national evidence base, we could expect a reduction in the number of infants entering care in the following ways:

Current Southampton scenario of working with a cohort of 21 women and using the 2020 Pause evaluation findings: reduction of 9-10 children entering care after 21 months and 12-13 per annum after 5 years.

Future Southampton scenario of working with a cohort of 24 women and using the 2020 Pause evaluation findings: reduction of 11 children entering care after 21 months and 14 per annum after 5 years.

The 2017 national evaluation of Pause suggests more conservative reductions of 8-9 children being prevented from going into care after 21 months (working with a cohort of 24 women), though the methodology used for second evaluation is the stronger of the two (i.e. a longer follow-up period).

Local scoping exercise, prioritisation, and assertive outreach



Within the group of 168 women who had had children removed:

- The average age of the women (at the time of scoping) was **32 years**. Average age at first birth was **20 years**.
- One-third of the women (33%) had had two children removed, and approximately another third (35%) had had three children removed. One-quarter (26%) had had between four and seven children removed.⁶
- The women had many complex and often inter-linking needs: 76% experienced **domestic abuse**, 71% had **mental health needs** (not necessarily diagnosed), and 63% had issues with **drug use**.

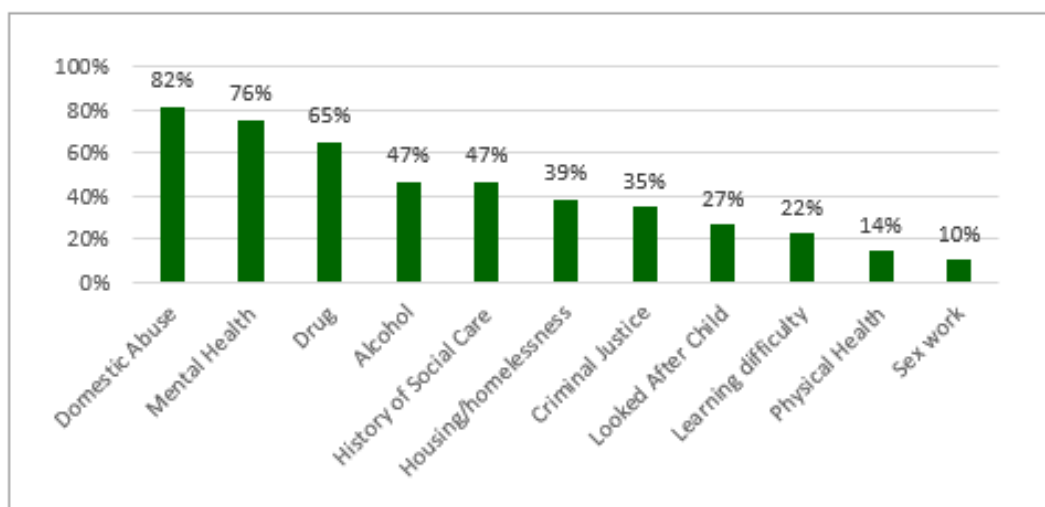
⁶ One woman had had nine children removed, and another woman ten.

Within the group of **49 prioritised women** who had had children removed:

- They experienced a combined total of **167 children being removed** from their care (an average of **3.4 children per woman**)
- An average age of **30 years** (range 19 to 44 years)
- An ethnicity most likely to be **White British (92%)**
- An average age at first birth of **20 years** – relative to 28.8 years for the UK general population
- 13 women were Looked After Children, **27%**
- 23 women had a history of social care (inclusive of the women who were LAC) **47%**

Overall, **93%** of the prioritised women had their first child while aged **under 25 years**. The subgroup of women who were **looked after children** themselves, had an average age at first birth of **19 years**.

Among the 49 women in Southampton prioritised for the Phoenix @ Pause pilot, prevalence of factors including mental health issues, drug and alcohol use, contact with the criminal justice system, and negative/traumatic life experiences (including domestic abuse, a history of being in care, homelessness, and sex work), was high. Data appear in the figure below. It is evident that Phoenix @ Pause has targeted a markedly vulnerable community of women, with significant and complex unmet needs.



Prevalence of known issues among the 49 women prioritised for Phoenix @ Pause Southampton

As of June 2021, assertive outreach to the 49 prioritised women resulted in a **community of 21 women being open** to Phoenix @ Pause Southampton.⁷ Within this community, prevalence of health and wellbeing and wider needs are similar to (and often slightly higher than) those shown in the figure above. See **section 4** for the breakdown of needs in the 21 women that Phoenix @ Pause is currently working with, and progress in meeting outcomes.

⁷ The term 'community' of women (who are open to a Pause service) is preferred, rather than alternative terms such as 'cohort' or 'group'.

Adverse childhood experiences (ACEs)

Groups with high level of need in adulthood, for example people who are in prison, homeless or with serious mental health problems and substance misuse issues are more likely to have experienced adverse childhood experiences (ACEs)⁸ than the general population. Accordingly, prevalence of ACEs among the community of women open to Phoenix @ Pause will be high.

Presence of multiple ACEs increases risk of poor outcomes in relation to health, wellbeing and life chances. There is a link between ACEs and longer-term adult outcomes, including disease development such as diabetes, cardiovascular disease and cancer, which can lead to premature death. Indeed, Pause research found that women with multiple children removed are 36 times more likely to die prematurely than age-matched women in the general population.

Addressing an identified service gap to influence positive outcomes

Phoenix @ Pause Southampton was set up to address the identified gap in provision for women, that existed following the completion of court proceedings and child removal. By supporting the multiple and complex unmet needs of these women, the service addresses the known risk of further child removal – stemming from subsequent pregnancies that often occur at short intervals.⁹

Upstream prevention through Phoenix @ Pause leads to downstream cost avoidance for the public purse. This invest-to-save approach seeks to reduce avoidable long-term pressure on SCC's LAC budget, together with a reduction in future adult social care and NHS spend – from treating the fallout of negative experiences including unresolved mental health issues, alcohol and substance addiction, domestic abuse, and benefit dependency.

⁸ Liverpool CAHMs. Adverse Childhood Experiences (ACEs). What are ACEs? 2021. www.liverpoolcamhs.com/resources/adverse-childhood-conditions-ace/

⁹ Public Health and Children's Services, Southampton City Council. *Business case for post-care proceedings pilot service for women at risk of repeat removal of children*. Nov 2018.

Section 3: The national Pause service model and evidence of effectiveness

The Pause model

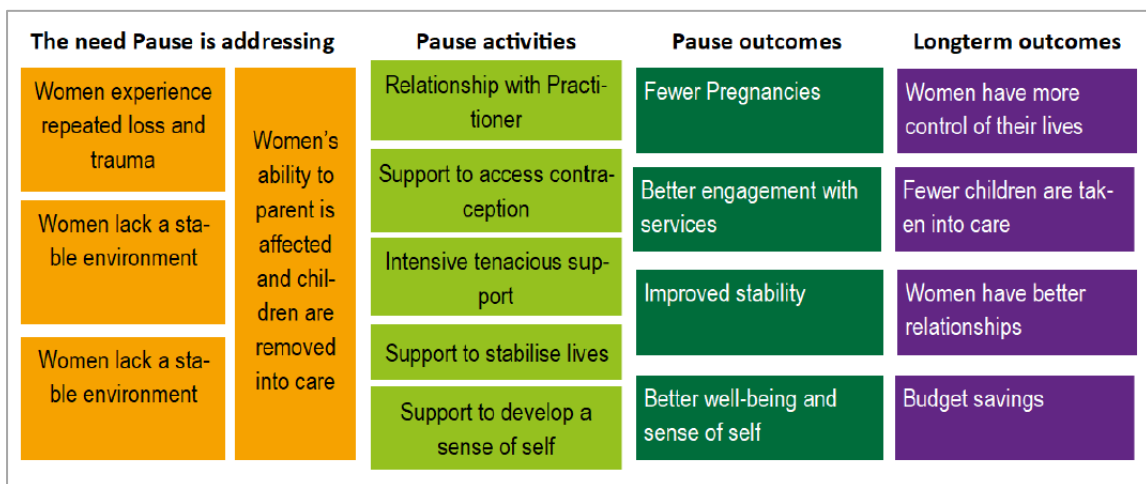
Pause is a national non-governmental organisation that began operating in 2013.¹⁰ Pause works with local practices to deliver support to women who have experienced, or are at risk of, repeat removals of children into care. Pause describe their model as follows:

“Through an intense programme of support, [Pause] aims to break this cycle and give women the opportunity to reflect, tackle destructive patterns of behaviour, and to develop new skills and responses that can help them create a more positive future. In doing so, [the aim is] to prevent the damaging consequences of thousands more children being taken into care.”

A key principle of the Pause way of working is to recognise women as individuals, rather than defining the women by the issues and challenges they face.¹¹ Fundamental to the Pause model is the relationship between the woman and a Pause practitioner, which is secure and consistent, and both nurturing and challenging – and provides the basis for increasing the woman’s sense of value and self-worth, and for breaking destructive cycles. This approach can be described as a long-term (18 month) trauma-informed relationship intervention. In order to enable a woman to focus on herself and her own needs, Pause ask women to commit to a pause in pregnancy, facilitated by an informed choice about an effective and acceptable method contraception, supported by close working with local sexual health services.

Theory of change

The Pause model is based on the following theory of change:



Pause theory of change: summary model (taken from national 2020 evaluation)

¹⁰ Pause. *About us*. www.pause.org.uk/about-us/

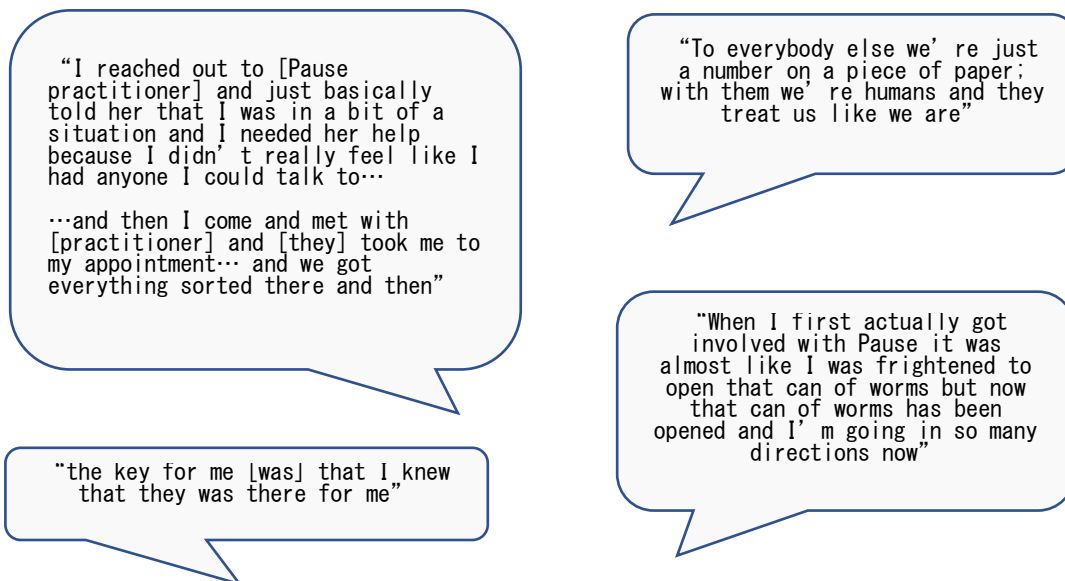
¹¹ Pause. *How we work with women*. www.pause.org.uk/what-we-do/the-pause-model/

National evaluation of Pause, 2020

In 2020 a second national evaluation of Pause,¹² conducted on behalf of the Department for Education, was published. The evaluation followed up women for a period of three years post intervention.

The voice of women

The voice of women supported through the Pause programme were captured throughout the evaluation. Exemplar quotations are reproduced below, which demonstrate the positive way in which the intensive support was received by women supported by Pause practices:



Key findings

The 2020 evaluation reported the following key findings:

- Long-term trauma-informed relationship-based intervention is effective in:
 - Establishing **positive changes in women’s lives**, meeting longstanding unmet health and welfare needs and addressing trauma and adversity, including the loss of children into care;
 - **Reducing rate of infant care entry** – with Pause appearing to have a **cumulative effect** over time, with women continuing to avoid further child-removals post-intervention.
- Costs are offset by **significant financial savings to the public purse**.
- There are **likely to be concomitant benefits to children** (e.g. through improved relationships).

Specifically:

- There was a statistically **significant reduction in the rate of infants (children <12 months) entering care**, compared with an increase in comparator sites, based on a difference-in-difference analysis (change observed in Pause practice areas vs change in non-Pause areas).

¹² Boddy J, Bowyer S, Godar R, et al. *Evaluation of Pause: evaluation report*. March 2020. Department for Education.

- In areas where Pause had operated continuously for 5 years, **the number of infants entering care was reduced by an average of 14 per year, per local authority.**
- The estimated **cost-benefit** of Pause (in general terms, nationally) was:
 - ✓ **£4.50** for every **£1 spent**, over **4 years**
 - ✓ **£7.61** for every **£1 spent**, over **18 years**
- Reduced rates of infant care-entry were seen even if a significant proportion were **already using contraception** prior to engaging with Pause, suggesting that other elements of the programme are also key.
- Pause appeared to promote **stabilisation in women's lives**, with positive change in the women's sense of self appearing to **scaffold longer-term change.**
- Longitudinal evidence of positive change and significant improvements for women across key areas of women's lives, including:
 - **improved emotional well-being** and reductions in psychological distress; At baseline, average scores are at the borderline of moderate/severe emotional distress according to norms for the scale, while the endpoint mean is indicative of 'mild' emotional distress.
 - **housing and financial security**, with significant reductions in rent arrears, and the number of women who were homeless or in unstable accommodation almost halved;
 - **increased engagement in education, employment and specialist services**, including a 60% increase in the proportion of women in paid employment;
 - **improvements in key relationships** in women's lives, including relationships with existing children and their carers, with a 25% increase in the proportion of women reporting face-to-face contact with children.
 - **Improved use of services**, with reductions in frequency and number of visits to A&E, and more consistent and increased engagement with other services (e.g. mental health).
 - **Reduction in crime** and in serious crime.

Findings related to substance misuse are less clear cut, with an increase in substance misuse for some women between the start and end of the programme. However, qualitative information gained through the national evaluation, suggests that this may be because some women are not ready to disclose their substance misuse needs at the beginning of the programme (when baseline outcomes are measured), and are ready to do so later on. In relation to debt, the outcomes are also mixed, though with qualitative information suggesting that debt awareness for all women increases.

- Successful delivery of Pause was contingent upon:
 - **A well-supported workforce;**
 - **Practitioner core skills/resource**, for example sufficient time, core skills and knowledge;
 - Access to a **flexible financial resource.**

First national evaluation of Pause, 2017

Findings from the first independent evaluation of the Pause (2017), which informed the original business case for the Phoenix @ Pause service were that Pause had a positive and significant impact on the women engaging with the programme, many of whom had complex, multiple, and mutually-reinforcing needs.

Key findings of the evaluation were as follows:

- Women's access to, and engagement with, services, including GP, housing, and substance misuse services, generally increased over time, and was associated with improved outcomes for some women.
- By the end of the evaluation period, 31% of those who had been drinking alcohol at high risk levels had reduced their consumption to safer levels; 27% of those who had been experiencing problematic Class A substance misuse were no longer using Class A substances; 46% of women who disclosed that they had experienced an incident of domestic violence during their intervention reported that no further incidents had taken place during the final months of the evaluation; and 25.6% of women who began Pause living in insecure housing had moved to secure housing. Given the complexity of women's situations and that they as a cohort, would not normally be engaging well with services, this represents robust change.
- Impact on levels of confidence, self-worth and resilience demonstrate some improvement in some women¹³.
- Women benefited by learning new skills, behavioural responses, and coping mechanisms, which helped them address past traumas and ongoing, day-to-day challenges more effectively.
- Some women engaged in new goals related to employment, education, or volunteering.

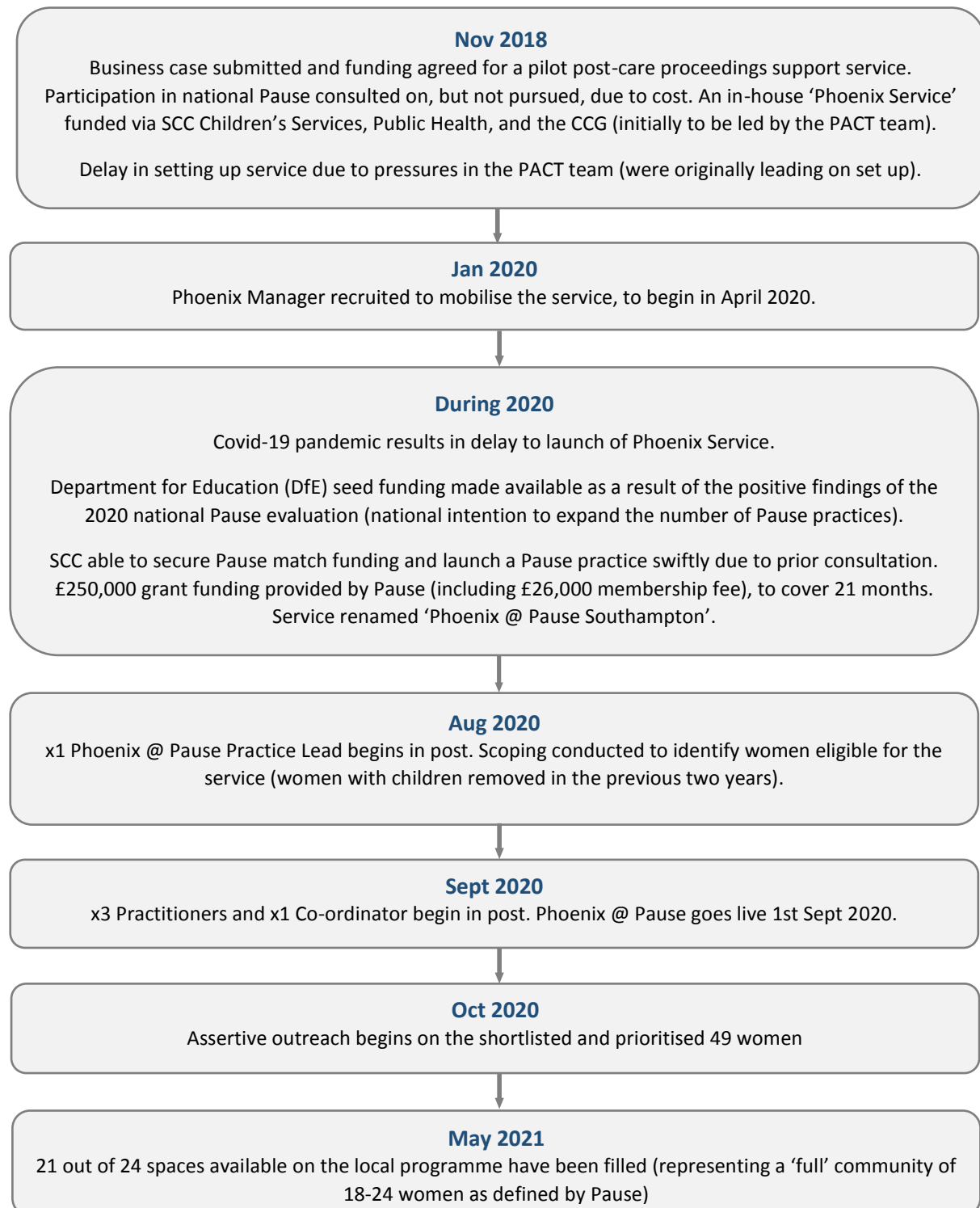
Anecdotally, Pause have said that in addition to specific needs such as substance misuse and domestic violence, most women come with general health needs that have built up from years of self-neglect. Being registered with a GP is therefore key in ensuring that their unmet health needs are addressed and that they have continuity of care in primary care.

¹³ For some women there was a decrease in self-reported wellbeing, though this should be considered in the context of there being strong research evidence to suggest that women who have had children removed from their care suffer a marked downturn in psychological functioning (After Adoption, 2007; Logan, 1996; Neil et al. 2010).

Section 4: Local service development, intelligence and case studies

Initiation of local service: Phoenix @ Pause Southampton

The current Phoenix @ Pause Southampton service evolved from a model originally agreed in Nov 2018. The model evolved due to the combined effects of the Covid-19 pandemic and national Pause funding becoming available. For context, a timeline showing initiation of the current service is shown below.



Local intelligence on the 21 women in the current Phoenix @ Pause community

21 women are engaged in the Phoenix @ Pause service.

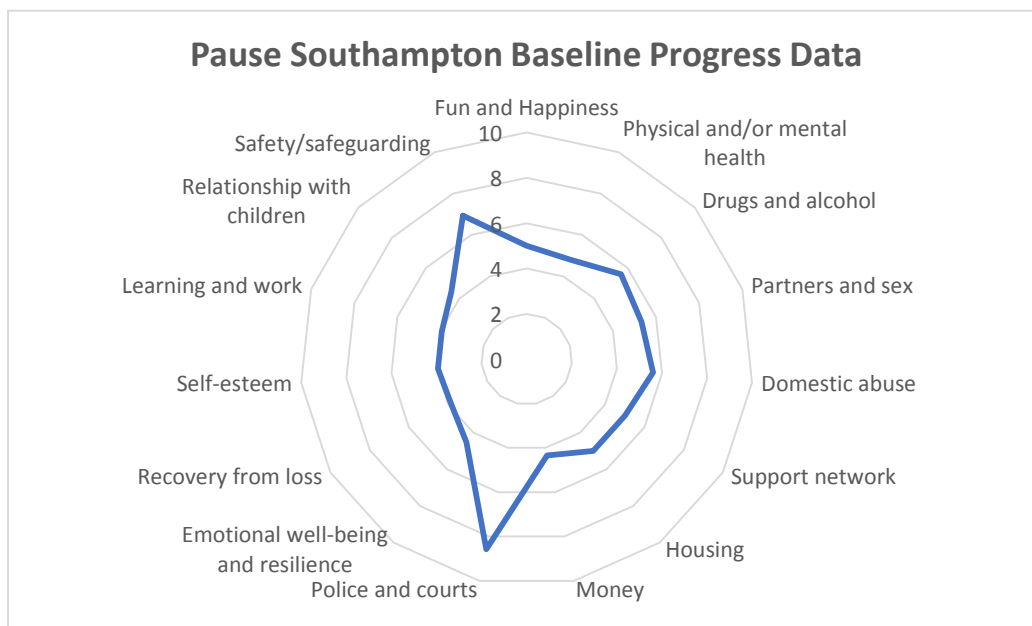
- Average age 28.6 & ranges from 21 – 36
- 95% White British, 5% White Irish
- The 21 women have 72 children removed from their care and an average of 3.3 children per woman, ranges from 2 – 7 children
- 51% of the children have been adopted, 21% have SGOS, 21% were placed with their Fathers, 6% are in foster care & 1% are currently in proceedings.
- 8 of the women were Looked After Children **38% ***
- 15 of the women had a history of social care involvement as a child, including being care experienced, such as respite care and informal arrangements (inclusive of the women who were LAC) **71%**

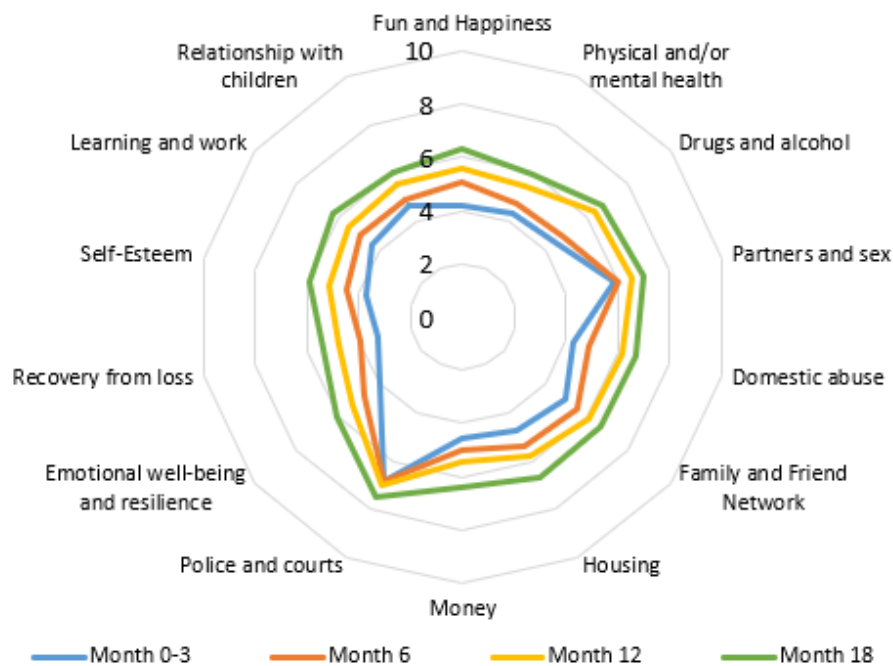
Some of the women who has a history of social care involvement would also be considered care experienced, e.g. respite care, private arrangements to live with other family, or they may have been Children in Need or experienced social care intervention at some point.

94% of the 21 women have mental health needs, 50% housing needs, 64% engage in drug use and 44% in alcohol use, and 83% of the women are either in a violent relationship or have been recently.

Baseline data on key areas of women’s lives

The radar chart below shows how the Southampton women have scored themselves on different areas of their lives at the start of their engagement with the service (0-3 months), which can be compared with the national baseline. The categories “recovery from loss”, “self-esteem” and “learning and work” have the lowest scores, with “police and courts” having the highest score. The other category scores range from 4.5 to 6.9. Domestic abuse scores higher than we expected given the amount of domestic abuse present in the women’s narratives. The scoring is fairly similar to the national baseline, though with safety/safeguarding and contact with the police and courts scoring higher in Southampton. Women will be asked to score themselves again in relation to the different areas at month 6, 12 and 18 to monitor progress.





Local service impact: progress while open to Phoenix @Pause Southampton

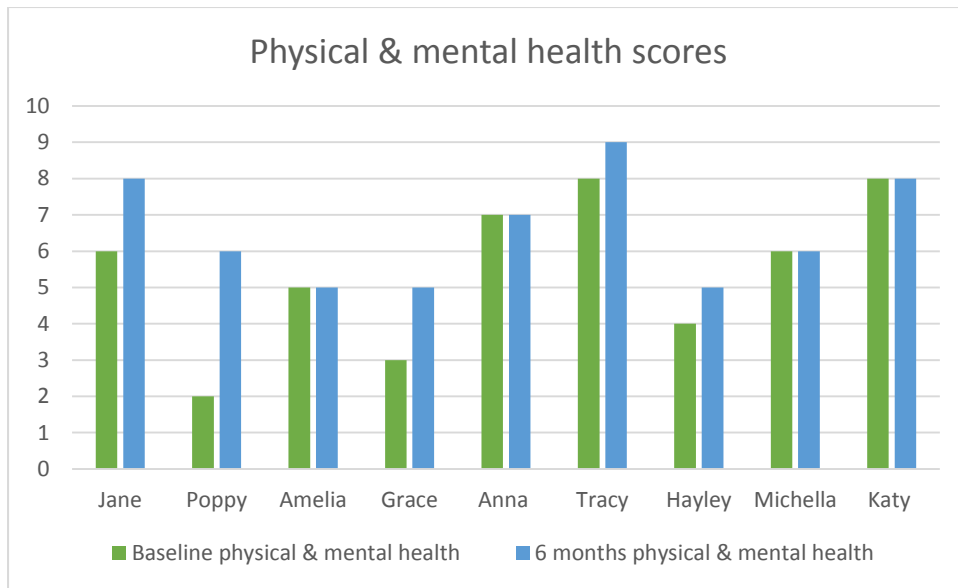
9 of the 21 women have completed their “progress form” at six months to score themselves in relation to the ten categories. The graphs below show the progress made against Physical and Mental Health, Drug & Alcohol & Emotional Wellbeing and Resilience. All the women’s names have been changed.

Baseline scores for **physical and mental health**

- Ranged from 2 – 8
- Average 5

6-month mark

- Ranged 5 – 8
- Average 6
- 5 women reported improvements, 4 women reported the same score

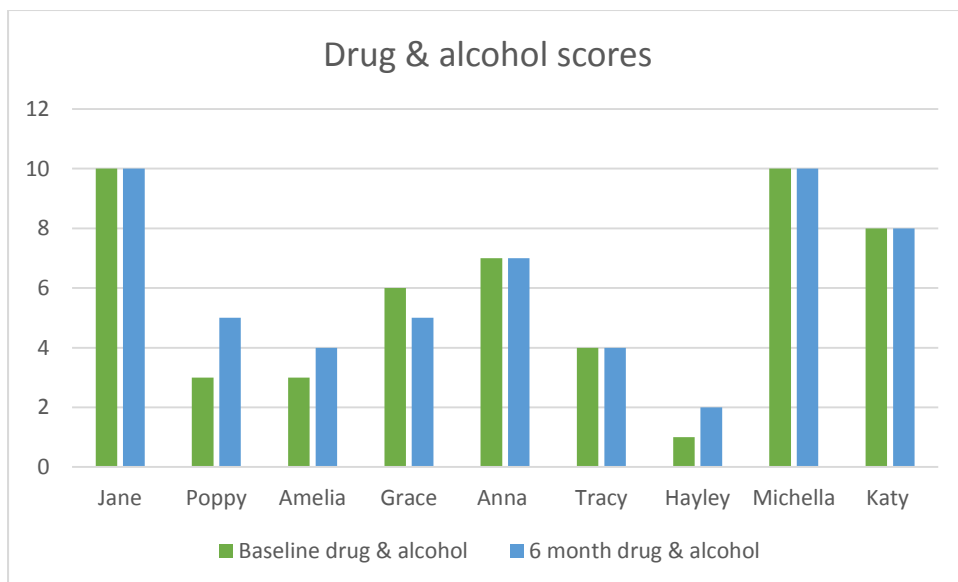


Baseline scores for drug and alcohol use

- Ranged from 1 – 10
- Average 5

6-month mark

- Ranged from 2 – 10
- Average 6
- 3 women reported increases in drug and alcohol scores, 5 women reported the same scores, 1 women reported a decrease



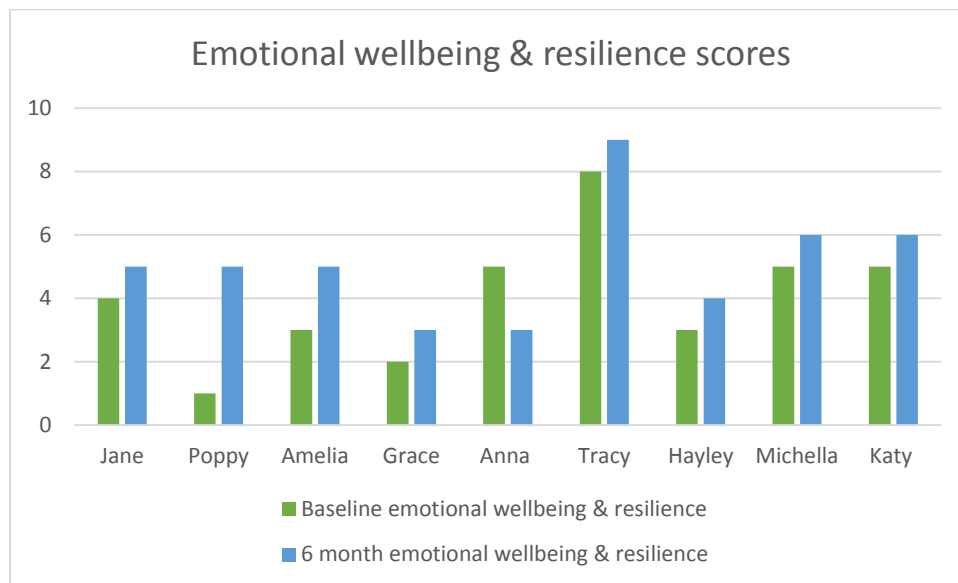
Baseline scores for resilience & emotional wellbeing

- Ranged from 1 – 8
- Average 4

6-month mark

- Ranged from 3 – 9

- Average 5
- 8 women reported improvement in their emotional wellbeing & resilience, 1 woman reported a decrease

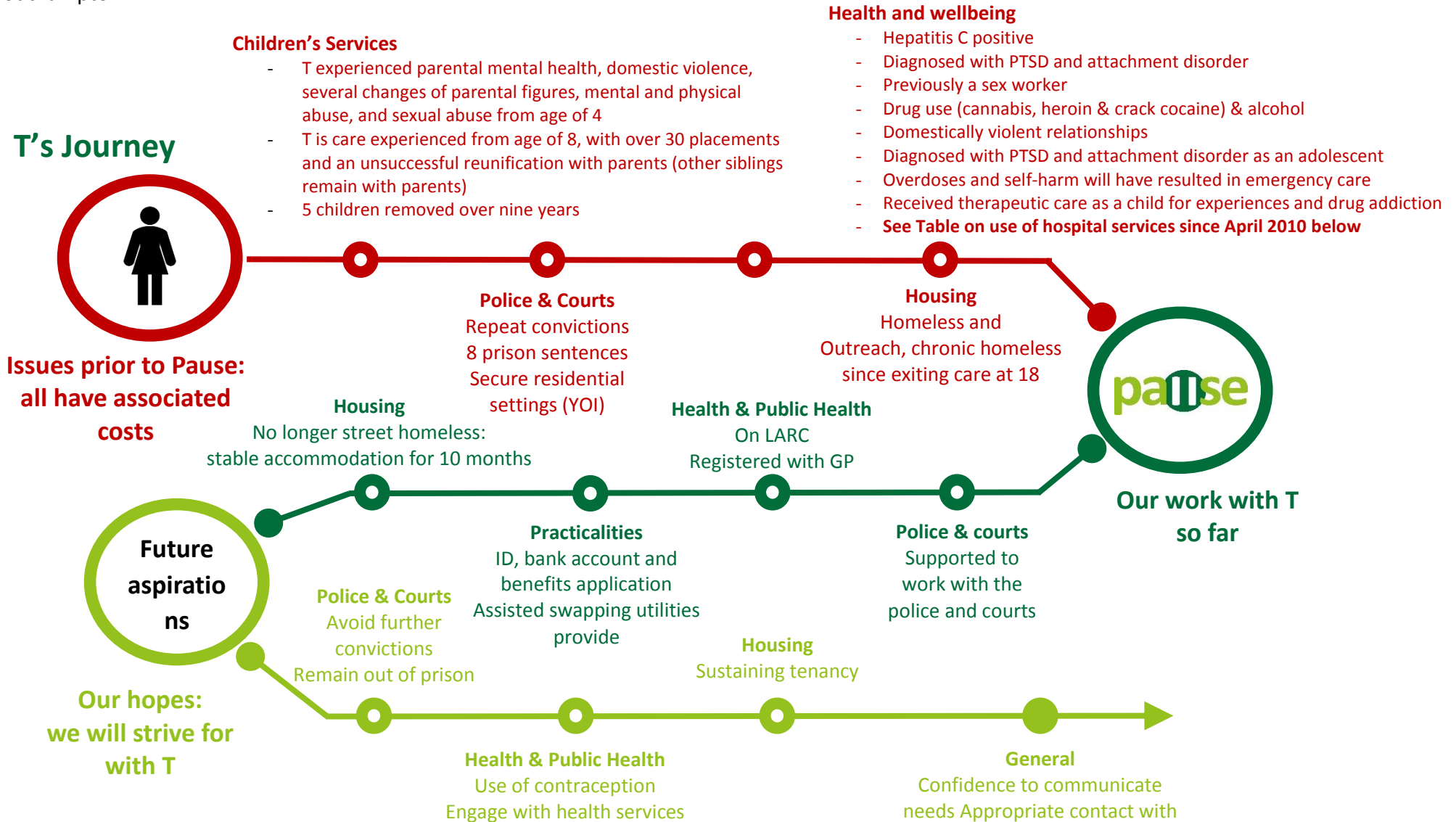


Highlights in relation to activity and outcomes as at September 2021:

- Supporting women to engage with other services such as AA, No Limits, DASH, IDVA, counselling.
- 5 have been referred, completed or are currently doing post-adoption counselling. 3 women are in the process of signing paperwork to start the counselling
- 1 of the women is coming to the end of bereavement counselling with Cruse
- A new Pathway with Steps 2 Wellbeing has been established, and access to trauma-informed therapy is being explored
- Supporting 18 women to get LARC and follow up on sexual health treatment
- 5 women attended a taster equine therapy session – this will continue as a 6 week course for 6 women
- One of the women who was previously homeless has now been housed for 6 months in private rented accommodation
- Helped one of our women move into homeless services supported accommodation
- One of our women has moved in a council flat and has taken an online course on child development and autism
- 4 women referred to Saints4Sports
- Supported 2 women through final care proceedings and ‘Goodbye for now’ contact
- Supporting women to contact their children and write to them through Letterbox contact
- Creating a scrapbook and memory boards for the children
- Positive feedback from other services working with the women commenting on how well they are doing.

Case studies from the 21 women

Case study 1: The infographic below illustrates the journey taken by one (anonymised) woman who is currently open to Phoenix @ Pause Southampton.



Case study 1 continued: The infographic below illustrates the health interventions and diagnosis for the same woman’s five children in their first 4 weeks of life



T’s babies – their health journey in the neonatal period (first 4 weeks of life)

Information from Children’s services records and so may not include all health episodes

Child 1:

- Born in crack house
- 4 weeks premature
- Experienced withdrawal from heroine at birth requiring acute care
- Had a bleed on the brain at birth due to alcohol use in pregnancy
- Has Foetal Alcohol Syndrome (FAS), Autism and Sensory Processing Disorder

Child 2:

- Experienced withdrawal from birth, including from heroine, requiring acute care
- Has Foetal Alcohol Syndrome (FAS), ADHD, Sensory Processing Disorder and Autism.

Child 3:

- Labour induced
- Requires intensive care
- Experienced withdrawal from birth, including from heroine, requiring acute care
- Additional 3 weeks of monitoring heart rate and breathing required

Child 4:

- Substances used in pregnancy include opiates, cocaine, heroin and methadone.
- Child suffered withdrawal, including from heroine, at birth and required acute care

Child 5:

- Substances used during pregnancy and after the birth.
- Experienced withdrawal, including from heroine requiring acute care



Pause in pregnancies (on LARC) and working to address multiple and complex needs – see previous slide

It is not possible to obtain specific information on the above episodes of care, though the following are 2018/19 NHS costs associated with some episodes

- Neonatal normal care: £514 per day
- Neonatal high dependency care: £1,007 per day
- Neonatal intensive care: £1,531 per day

The costs associated with Foetal Alcohol Syndrome have not been well quantified though it is clear there are costs to the LA for additional educational needs and to the NHS as children require input from a multi-disciplinary team drawn from paediatrics, speech & language therapy, occupational therapy, physiotherapy, psychology and psychiatry services. In addition, about one third have heart defects requiring surgery or on-going treatment.

Case study 1 continued: Use of ambulance and acute health services prior to and after engagement

The table below highlights use of ambulance and acute healthcare services by “T” since April 2010 to engagement on the Phoenix @ Pause service. The data and costings are not complete and so it is not possible to gain a comprehensive view of ambulance and acute healthcare use, though it does give an indication of the high-level use of emergency and acute services by T. After 12 months, by which time women will be 2/3s through the programme, the intention is to compare past and current use of health services. Work is ongoing to gain more complete data on emergency and acute service use, and also sexual health and community service use (i.e. community mental health, drug and alcohol service).

Woman “T”:

| Activity | No. of occurrences per activity | Cost | Notes |
|---|---------------------------------|---|-----------------------|
| Ambulance activity | | | |
| Hear and Treat | 1 | £47.00 | |
| See and Treat | 1 | £209.00 | |
| See, Treat & Convey | 1 | £257 | |
| A&E | | | |
| A&E attendance | 4 | £664.00 | |
| Adult mental health illness | | | |
| Outpatient visits/appointments | 20 | Block contract – not costed here | |
| Perinatal psychiatry | | | |
| Outpatient visits/appointments | 1 | £90 | |
| Obstetrics | | | |
| Outpatient visits/appointments | 9 | Not costed | |
| Inpatient Stays | 1 | £3,293.00 | |
| Midwifery (non-births i.e. for medical abortion, poor foetal growth) | | | |
| Inpatient Stays | 1 | £3,293.00 | |
| Gynaecology | | | |
| Outpatient visits/appointments | 3 | £495.00 | |
| Inpatient Stays | | £752.00 | |
| Trauma and orthopaedics | | | |
| Outpatient visits/appointments | 6 | £715.00 | Not all costed |
| General medicine | | | |
| Inpatient Stays | 1 | £589.00 | |
| Physiotherapy | | | |
| Outpatient visits/appointments | 5 | Not costed | |
| Ophthalmology | | | |
| Outpatient visits/appointments | 2 | £243.00 | |
| Diagnostic imaging | | | |
| Outpatient visits/appointments | 2 | £165.00 | |
| Appointments cancelled: 6 | | Not costed | |
| Did not attend: 3 | | Not costed | |
| Total costs of those costed | | £10,812.00 | |

With 94% of the 21 women having mental health needs, 64% engaged in drug use and 44% in alcohol use, and 83% of the women either in a violent relationship or have been recently, the impact on health services will be high. The national evaluation of Pause (2020), whilst not tracking health outcomes comprehensively, does suggest there is a reduction in emergency and acute use of services after engaging with Pause. A key objective of Phoenix @ Pause is to support women to access the right health and community services and engage positively, which will create a cost saving for health as well as the LA longer term.

A further case study is available at **Annex B**

Women's narrative

Examples of women's feedback to the service are as follows:

My worker Luke has really helped me with getting in contact with services that I need help from. He has helped me speak with Mental Health and my Children's Social Workers so that I can address my needs.

I have really enjoyed the Horse Therapy Activity that I was invited to with PAUSE and I look forward to other activities that they have lined up. I feel like I have been listened to as they have asked for my thoughts on what activities would help us to feel confident and fun.

I really struggle working with professionals however I feel like I can be myself when I am working the PAUSE workers and I really appreciate being able to feel comfortable.

I was quite rude to PAUSE initially when they knocked at my door however they made sure they came back to see if I was okay and tried to tell me about the project again which made me feel like they cared.



Women's narrative, part 1

I started working with you and Pause 9 months ago and knew you from before because you were my Midwife. It was really nice that I knew you and I think it made agreeing to be part of the project easier and less nervous for me. When you explained the project to me I couldn't believe all you could do for me and how much we could do together. I had no one on my side at that point, no friends and even when I pushed you away you didn't go anywhere. I had to push you away because of AXXX in the end though.

When I first started working with you I wasn't seeing him anymore, but I wasn't seeing anyone else either because no one wanted to know me. Seeing you once or twice a week, I looked forward to it so much!! I couldn't believe I was going to the café and having breakfast and you always made me laugh! But chatting to you was the best because you really listen to me and you're never judgmental. AXXX was constantly texting or calling trying to get back in with me, I couldn't tell you and I felt bad for lying to you but I know now I can tell you stuff because even if it's bad you are still there and you'll talk to me about it – you never lose your rag!

When I started seeing AXXX again I thought it was because I loved him and needed him but I ended up hating him so much because he didn't like me going out with you or anyone. I had just started getting back on my feet and I hated myself the most for letting him back in my life. You had helped me put a little pot of money by to get nice things for myself and he spent it all on weed. Every day he would smoke it and all day too. If he didn't have it I had to find the money for it otherwise he was so horrible to me. He made me ask you for cash once, I was so pleased when you said no but offered to take me to the food shop instead, I'd not eaten for days. I felt so crap for lying to you though, but I think you knew what was going on. He would make me pick butts out of the ashtray and smoke them instead of a rolie we had, wouldn't let me eat, push me around and onto the bed. I was so scared and miserable. When he beat me up really bad outside the tower block my sister called you to tell you I was in hospital.



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Women's narrative, part 2

You called me straight away and started to help me. Sometimes you have been the only one to get me and even when I muck up you'll still help me. My drinking came back bad again because I was too scared to go back to the flat so had to stay with LXXX my sister (alcoholic), I remember you talking to me about if it was a good place for me to be and making me think about it for myself. You then got me my new flat, which is lush isn't it?! And I've been to AA, learnt to cook (that was so much fun!), made new friends through the project and been to so many places especially the country parks with your doggies! Best of all was the scrapbook you helped me make for Penny, I was hard work sometimes wasn't I? But you cracked on and every week asked me if I wanted to do it!

You, the project, Pause whatever, have helped me so much. I'm so much stronger now and can say no to things I don't want to do or to people I don't want to be around. You have spent so much time and effort on me, telling me about self worth, helping me to talk to my sister and mum and get my point across otherwise I just agree when I don't, making me believe I do deserve a nice life. I've got a job now, a really nice boyfriend a home and I can cook! I couldn't of done it all without you!

I'm looking forward to more day trips with the rest of the girls. I had a really good time at the zoo and I didn't think I would because it was a group thing. I want to do more cooking with you as well and go horse riding with one of your other ladies. I like to positivity thing we do when we have café lunch too as it helps me to feel good about myself.

I think every woman that's been through what I have should have a Pause worker like you, it's not fair that we don't get no support after!



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Section 5: Pathways with other agencies and services

Whilst there is a need for a post-care proceedings service to work with women that are at risk of having multiple children taken into care, it is also essential that the service is integrated within the system and has robust pathways in place with other key services. Rapid and/or appropriate access to LARC (i.e. via sexual health services) and to services such as primary care, mental health, drugs and alcohol, and housing support for example, will all determine how effective this intervention is in supporting women to meet their multiple and complex needs.

Annex C describes the pathways that have been established to date for the current cohort of women.

Recommendation to secure funding to enable rapid access to trauma-informed therapy

Whilst pathways are in place with mental health services, the Phoenix @ Pause team have identified two issues that are currently impacting women from accessing the mental health intervention that they require, which will also impact upon how far they are able to meet their other needs and outcomes; as good mental health is key to all outcomes. The first issue or “unmet need” is the availability of trauma informed therapy and the second is the lack of rapid access to appropriate support. The identified needs of the women on the programme would be met by provision of specialist personalised therapeutic support to address the impact of abuse and trauma. Currently the women can’t access this support from the time that they begin engagement with the programme (due to very long waiting lists and not always meeting the threshold for care), whilst the IAPT pathway that has been established does enable timely access, the intervention is too “low level” focussing on mild to moderate common mental illness such as depression, stress and anxiety related disorders and is therefore not specific enough to the needs of these women. This subsequent gap in rapid access to trauma informed therapy is widely acknowledged across Southampton City and partners have been supportive in exploring ways to address this to improve the emotional health of our women, which we know will lead to greater stability and improved physical wellness.

In exploring what mental health interventions are appropriate and how much they cost, the following have been identified:

Trauma informed therapy as an appropriate mental health intervention: The women engaged with Phoenix @ Pause have a need to access trauma informed therapeutic support. Due to their life journey they will need specialist support to aid their recovery and prevent further trauma. To have a child removed is in itself highly traumatic, and we know that women who present with this repeated pattern of removals will have undoubtedly experienced high scoring ACEs and are often likely to have suffered serious sexual or physical childhood traumas, domestic abuse and very poor attachment, developmental delay and many more life difficulties. Women who have experienced the complexity of childhood ACEs often suffer poor mental health, a chaotic lifestyle and poor relationship choices, substance misuse and many more manifestations of trauma, as is evidenced by the intelligence and case studies in **section 4**.

To offer a compassionate and empathic trauma informed response in the form of therapy and psycho-educational intervention, with a client group that potentially holds such complexity, stability is the foundation needed. Longer term counselling, group work both therapeutic and psycho educational is often beneficial however this can only prove effective once a client has some stability and very strong

motivation for change. Trauma is what happens inside of us due to something happening to us, and so to successfully work with all contributing factors a pluralistic approach is paramount, a fluidity in the therapy/ intervention provided is needed in order to accept the often-arising symptoms of trauma responses, emotional dysregulation and distress.

A recommended package of a menu of therapeutic interventions based on an assessment of personalised need would include both 1: 1 and group work, for example:

- 1-1 therapeutic intervention.
- Therapeutic group for women who have experienced domestic abuse and would like to explore ways of developing healthier and safer relationships.
- Therapeutic group for women who experienced childhood sexual abuse seeking to explore their thoughts and feelings in a group setting.
- A psycho-educational group offering skills development to those who may be struggling to manage strong feelings and emotions as a consequence of abusive experiences.

The estimated cost of a package of support to women is up to the value of: £71,288 per annum

£48,482 per annum to enable the employment of a FTE Trauma informed Therapist who would be ring-fenced for use by the Phoenix @ Pause programme only (includes on costs and clinical supervision).

£8,250 for access to a therapeutic group for each cohort of woman during their engagement with Phoenix @ Pause. This will provide more introductory therapy for up to 3 x cohorts (6 – 8 women) per annum and will prepare them for further therapy

£14,600 for a Pause Trauma group which will allow for up to one session per week for 50 weeks per year and provide 2 therapists to run the groups.

It is recommended that Hampshire, Southampton and Isle of Wight CCG fund this package of support per cohort of women to ensure that a robust mental health pathway offer of a menu of therapeutic interventions based on a personalised assessment of need to address the impact of abuse and trauma. This would be subject to full evaluation of activity, outcomes and impact.

Section 6: Finance: local cost-benefits and funding: Southampton

Current cost of the service and how it is being funded

The total cost of the Phoenix @ Pause service for a period of 21 months is £500,000, or £285k per year. This is currently being funded as follows:

- £262,000 contribution from Pause (this will not be available in future years)
- £178,000 from Public Health – breakdown below
- £30,000 from SCC central finance pot
- £30,000 from what was Southampton CCG

Proposed funding for the service beyond 2021-22

Total cost: £285k per year, funded as follows:

- £142,500 from public health
- £142,500 from Children's Services

It is proposed that the CCG funds the cost of trauma-informed therapy for Phoenix @ Pause women to engage with at a cost of up to £71,288 per annum.

Financial modelling: local cost-benefits

The Pause costing tool¹⁴ calculates the costs of supporting looked after children of a woman who has already had two or more children removed into care.

Costs are captured from pre-birth until the infant is aged 4 years. The tool assumes the child is removed at birth or in a mother-and-baby unit, and that removal is contested. Only costs relating to the process of becoming a looked after child are considered, not any universal costs.

Unit costs are taken from published sources¹⁵, and costs are based on 2016/17 values and adjusted for inflation. Time assumptions are based on Pause practice experience, taking a conservative approach. Headline cost forecasting for Southampton is as follows.

Based upon the national Pause methodology, over 5 years a Pause service in Southampton would:

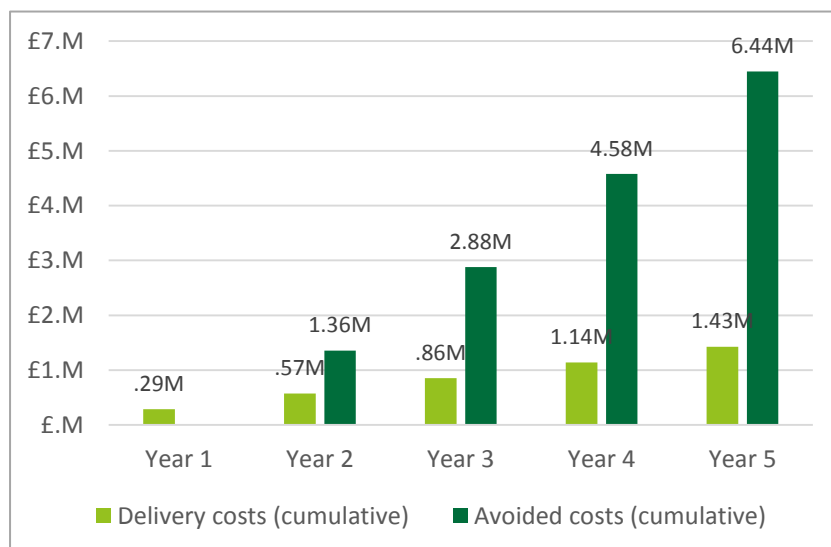
- **Incur** a cumulative delivery cost of **£1,425,000** (based on £285,000 per annum).
- **Avoid** total cumulative costs of **£6,444,076**, which begin to accrue from Year 2.
- Confer a **net cumulative cost avoidance of £5,019,076**. This represents a cost-benefit ratio of **£4.52 for every £1 spent** (or cashable cost-benefit, ignoring internal local authority costs, of £3.19 for every £1 spent).

¹⁴ Bird MS, Cornish C, for Pause. Costing Tool: version 18, Sept 2020.

¹⁵ Personal Social Services Research Unit (PSSRU) 2018; and New Economy Unit Cost Database 2015.

The table and bar charts below depict delivery costs and total avoided costs, over a 5-year delivery horizon of a Pause service in Southampton.

| Timeline | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 |
|--------------------------------------|--------------------------------------|---|-------------|-------------|-------------|
| Delivery cost | £ 285,000 | £ 570,000 | £ 855,000 | £ 1,140,000 | £ 1,425,000 |
| Costs avoided (cumulative) | | £ 1,355,616 | £ 2,881,501 | £ 4,577,654 | £ 6,444,076 |
| Cost: Benefit | | £ 2.38 | £ 3.37 | £ 4.02 | £ 4.52 |
| Net cost saving | | £ 785,616 | £ 2,026,501 | £ 3,437,654 | £ 5,019,076 |
| Costs avoided (cashable, cumulative) | | £ 958,388 | £ 2,034,919 | £ 3,229,592 | £ 4,542,407 |
| Cost: Benefit (cashable) | | £ 1.68 | £ 2.38 | £ 2.83 | £ 3.19 |
| Net cost saving (cashable) | | £ 388,388 | £ 1,179,919 | £ 2,089,592 | £ 3,117,407 |
| Notes | Practice went live in September 2020 | This is the intervention year - when the evaluation (2020) shows us we will be seeing a reduction of 14.4 children/year going into care | | | |



Pause forecasting in Southampton: delivery costs and total avoided costs, modelled over a 5-year time horizon

See Annex D (separate excel document) for a more detailed breakdown of the cost benefit analysis.Cost avoidance in relation to health services

It has only been possible to include the costs to Children's and LA services related to the removal of children into care, as both national and local costings on use of health services and associated costs are not comprehensive enough to include. The national evaluations of Pause (2017, 2020) unfortunately also do not include information on the avoidance of health costs for both the LAC and the women; likely because this data is so difficult to obtain.

However, there are likely to be significant benefits to the NHS and health partners as suggested by the evidence available:

- Pause have observed an increase in women's engagement – and planned engagement - with health and related services. This includes engagement with substance misuse, domestic violence, and mental health services. The Pause evaluation (2017) states that potential cost avoidance from reductions in levels of domestic violence¹⁶, harmful alcohol use, and Class A drugs¹⁷ after the 18-month period are between £100,500-£117,000 (though they state that these estimates should be treated with caution as they are based upon women's self-reported outcomes).
- Pause has also observed an increase in engagement with primary care; the majority of women not being registered with a GP prior to Pause and all supported to register during the programme. We know that good quality primary care has been linked to a reduction in unplanned admissions¹⁸.
- A report on the costs of addiction to society estimates that the annual cost to society is over £75,000 per family with substance misuse issues¹⁹. Given that 64% of women currently participating in Phoenix @ Pause engage in drug use and 44% in alcohol use, supporting women's engagement with substance misuse services has the potential to create significant cost avoidance for the system as a whole.
- Children born to mothers using drugs and/or alcohol are more likely to be born pre-term, have health needs, and experience prolonged hospital stays and readmissions. These will create significant costs for the NHS. The cost of moderate (32-33+6) and late prematurity (32-36+6 wks) over the first two years of life are estimated to be £7,583 (moderate) and £1,963 (late) per birth in societal costs, including healthcare²⁰. This increases significantly where babies are born before 31 weeks; one study estimating that the incremental cost per preterm child surviving to 18 years compared with a term survivor was estimated at £22,885. The corresponding estimates for a very and extremely preterm child were substantially higher at £61,781 and £94,740, respectively²¹. As this study was published in 2009, today's costs will be higher. The largest costs were due to hospital inpatient costs after birth, which were responsible for 92% of the incremental costs per preterm survivor.

¹⁶ Estimated using Pause records of self-reported incidents and estimated of annual repeat incidents. Cannot be proven that reductions the result of the Pause programme.

¹⁷ Estimated using Pause records of self-reported outcomes and cost avoidance estimates. Cannot be proven that reductions the result of the Pause programme.

¹⁸ Steventon et al. 2018. Briefing: Emergency hospital admissions in England: Which may be avoidable and how? https://www.health.org.uk/sites/health/files/Briefing_Emergency%2520admissions_web_final.pdf

¹⁹ Addaction. 2012. A better future for families: The importance of family based interventions in tackling substance misuse. See:

https://www.addaction.org.uk/sites/default/files/public/attachments/the_breaking_the_cycle_commission_2mb_0.pdf

²⁰ Khan et al. 2015. Economic costs associated with moderate and late preterm birth: a prospective population-based study. See: <https://obgyn.onlinelibrary.wiley.com/doi/full/10.1111/1471-0528.13515>

²¹ <http://pediatrics.aappublications.org/content/123/2/e312.long>

- An All Party Parliamentary Group on FASD (2015) Initial report of the inquiry into the current picture of Foetal Alcohol Syndrome Disease in the UK, highlights some of the costs (though they remain unqualified) that are passed to the NHS: as children require input from a multi-disciplinary team drawn from paediatrics, speech & language therapy, occupational therapy, physiotherapy, psychology and psychiatry services, educational psychology, teaching / learning support assistants. In addition, about one third have heart defects requiring surgery or on-going treatment; a significant number have major dental issues, problems with their eyesight, bladder problems requiring support from incontinence services and a proportion have walking difficulties meaning they require wheelchair services. Those born with FASD are often born premature, thus requiring specialist services at birth. Some have significant feeding difficulties requiring them to be “tube fed”, which again costs in terms of specialist nursing, medical and equipment all provided by the NHS. The report also quotes some Local Authorities as spending up to £3,000/week per child to support their additional educational needs²².

²² All Party Parliamentary Group on FASD (2015) Initial report of the inquiry into the current picture of FASD in the UK today https://www.basw.co.uk/system/files/resources/basw_104720-4_0.pdf, p15.

Section 7: Options appraisal

It is necessary to make a decision on funding Phoenix @ Pause Southampton beyond the end date of current funding, 1st March 2022. Sustaining the service in its current or similar form requires funding from Dec 2021 to account for the (maximum) 16-week engagement period inherent to the Pause model.

The following table outlines four mutually exclusive options to inform the decision on funding, with an appraisal of advantages and disadvantages. The recommended option is **Option 1**.

Options appraisal for Phoenix @ Pause Southampton beyond March 2022:

To note: The largest service cost across all options are staffing costs. If the staffing costs are reduced, this essentially means that either the number of women the service can work with needs to reduce which in turn reduces the impact of the service and cost avoidance, OR case-load need to increase, which would impact upon the intensive wrap around support package for each women and their progress in meeting their complex and multiple needs.

| Option | Description | Advantages (or points of consideration that are favourable) | Disadvantages (or points of consideration that are unfavourable) | Cost | Proposal |
|--------|--|--|--|--|-------------------------|
| 1 | Continue with Phoenix @ Pause as per current service model | <ul style="list-style-type: none"> ✓ Pause is known to be effective, providing it is run with high fidelity to the specified model. Independent national evaluations reported positive outcomes in 2017 and 2020 (including a 3-year follow-up period). No suggestion that Southampton programme is differing markedly to other national Pause practices: implying the model is/will be effective. ✓ Tried and tested by other LAs that remain committed to the Pause programme; only one of the 21 Local Authorities that has bought into Pause has made a decision to discontinue a Pause programme to date, and the same Local Authority has recently recommissioned a service via Pause. ✓ Confers financial cost avoidance over the medium/long term: invest-to-save approach to reduce budget pressures in future years. ✓ Existing Southampton service in its current guise is embedded, understood, and well-regarded by stakeholders across the city. ✓ Continued association with strong Pause brand is beneficial. ✓ Continued benefit from the existing multi-professional Strategic Board, which has a whole-system overview and raises key local issues. | <ul style="list-style-type: none"> ✗ Existing staff contracts require review, given that 18-month fixed-term contracts are currently in place. Extended contracts confer financial commitment (e.g. pensions/severance entitlement). ✗ Substantial up-front financial spend, requiring funding for a least 2 years before cost avoidance accrues. ✗ Opportunity cost: funding the service means potential benefit from alternative investment is foregone. ✗ Potential ethical concern around the conditionality of agreeing to a 'pause' in pregnancy (typically meaning agreement to use LARC). ✗ Remaining a Pause practice would mean adhering to the fidelity of the prescribed model, precluding some flexibility, for example in: <ul style="list-style-type: none"> - Working with men (fathers may continue to experience complexities and feature in future care proceedings); - Eligibility criteria, such as engagement with the service during the 16-week lead-in phase. | <p>£285k per year or £500k for the 21 month programme</p> | <p>Recommend</p> |

| Option | Description | Advantages (or points of consideration that are favourable) | Disadvantages (or points of consideration that are unfavourable) | Cost | Proposal |
|--------|-------------|--|---|------|----------|
| | | <p>✓ Avoids negative perception or publicity, associated with explicitly divesting in a service with beneficial aims.</p> <p>The cost of “buying into” and remaining a Pause practice is £26k. Remaining a Pause practice would specifically confer access to:</p> <ul style="list-style-type: none"> ✓ A dedicated women’s resource budget (£8,500), with flexibility to use this as an emergency resource; ✓ A designated Pause National Practice Lead trained in coaching, quality assurance and support, providing regular supervision; ✓ Trouble-shooting of operational and strategic challenges, together with capturing of best practice, and comms support. ✓ Recruitment support in the event of staff departure; ✓ A multi-component Pause practice and learning programme, e.g. development days, training, conferences and network links; ✓ Bespoke tools and resources e.g. a banner and comms pack; ✓ Pause software (Apricot) to track progress and outcomes, together with technical support; ✓ Opportunities to access Next Steps events; ✓ Innovation and development, including pilots. | <p>However, the above can be mitigated through for example, establishing pathways with other services such as Southampton’s “perpetrator programme” which works with men.</p> | | |

| Option | Description | Advantages (or points of consideration that are favourable) | Disadvantages (or points of consideration that are unfavourable) | Cost | Proposal |
|--------|---|---|---|---|---------------|
| 2 | Continue but as Phoenix Team, relinquishing association with national Pause | <ul style="list-style-type: none"> ✓ Likely to confer some of the general benefits of Option 1, i.e. a degree of effectiveness in meeting overall objectives with cost avoidance; links maintained with existing stakeholders; avoidance of excess negative perception of disinvestment. ✓ Up-front cost saving of Pause membership fee (£26,000) relative to Option 1. ✓ Confers some added flexibility by removing barriers associated with adherence to fidelity of Pause model. ✓ Staff knowledge and experience from the current service can be harnessed. | <ul style="list-style-type: none"> ✗ Benefits of association with the successful national Pause model would be relinquished e.g. being part of a wider network, training packages and events, learning from other Pause services, being part of national evaluation and research. The data systems the national programme is able to provide are superior to what we can do locally and allow us to benchmark ourselves to the other pause programmes and monitor effectiveness. ✗ Only small difference in cost between Pause model and bespoke model: since largest cost is staffing (no positive benefit to cutting staff since fewer women supported, reducing overall benefits). ✗ Other general disadvantages are as per Option 1 (staff contracts, up-front spend, opportunity cost). | £270k per year or £474 over the 21 month programme | Reject |
| 3 | Do nothing (do not fund a post-care proceedings service; take no further action) | <ul style="list-style-type: none"> ✓ No upfront costs incurred; budget in the short-term can be spent elsewhere. ✓ No further resource required to support business planning for, and mobilisation, implementation, monitoring and evaluation of a service. | <ul style="list-style-type: none"> ✗ Multiple LAC, health and wellbeing, and invest-to-save financial advantages, foregone. Do not see the potential reduction in LAC rates and numbers. ✗ High likelihood of not being viewed as a preventative and forward-thinking decision. ✗ Unwanted negative media attention from divestment in service that supports vulnerable residents. | No cost | Reject |
| 4 | Better utilise other existing services to provide assertive outreach [†] | <ul style="list-style-type: none"> ✓ No upfront costs incurred. ✓ Services that would be utilised are already in place – no setup required. | <ul style="list-style-type: none"> ✗ Lack of capacity to engage women through (very) assertive outreach and engagement over a prolonged period of time via a dedicated service and key worker. Current experience suggests that without a dedicated team and worker this cohort of women do not engage consistently and comprehensively with existing services. | Would require additional investment as there is not capacity within the system to provide the | Reject |

| Option | Description | Advantages (or points of consideration that are favourable) | Disadvantages (or points of consideration that are unfavourable) | Cost | Proposal |
|--------|-------------|--|--|---|----------|
| | | | <ul style="list-style-type: none"> ✘ Risk of unmet need if threshold(s) for individual service(s) are not met by the women who would otherwise have been engaged. ✘ Unwanted negative attention from divestment in dedicated service that supports vulnerable residents. ✘ Multiple LAC, health and wellbeing, and financial cost avoidance benefits, foregone. | assertive outreach and intensive support required | |

† Within Option 4, existing sexual health, substance misuse, domestic violence, mental health, housing and other services would improve engagement with women at risk of repeat removals in their services.

Appendices

Annex A: Background information on the national Pause programme – a licensed programme



How we work with women

Pause recognises the women with whom we work as individuals, rather than defining them by the issues and challenges they face. Every Pause programme is driven by the woman and her needs. The relationship between the woman and her Pause Practitioner is key. It is one which is secure, consistent and predictable; a relationship where women are valued and respected for who they are. They are encouraged to discover or uncover their individual identity, needs and aspirations. Pause will encourage them to be actively involved in all parts of the programme, take supported risks to learn new skills and have fun too.

This is different to the negative perspectives and language that many of the women will be used to hearing about themselves. Pause focuses on achieving what, from the outside, might seem small steps that offer a sense of value and worth but we know are giant strides forward for the women themselves.

Each Practitioner works with between six and eight women, enabling them to give the time to focus on each woman's needs. The relationship is nurturing, but it is also challenging, a partnership to help break destructive cycles and to work toward a more positive future.

Pause Practitioners understand that the relationship with the woman is not linear, that there will be some bumps along the way. They are tenacious and going the extra mile is the norm. For example, if a woman is no longer living at her usual address, her Practitioner will use her contacts and networks to track her down and make sure she's safe. If a woman is struggling to deal with particular service providers, such as housing, her Practitioner will work with her to resolve the situation and to provide her with the tools to manage the situation herself in the future.

Keeping the child in mind

At every stage, Pause Practitioners encourage the women to keep the child in mind. This does not only mean those children that have been removed, but her own childhood too. The women who work with Pause are encouraged, at their own pace, to talk about growing up; the strengths they gained, the adversities they overcame and experiences that remain unresolved and interfere with life. Finding compassion for the frightened, sometimes angry, child within can help women develop empathy and insight into the impact their behaviour may have had on their child.

There is strong evidence that maintaining a relationship between parents and children who are in foster care or have been adopted can have a positive influence on the stability of that placement. Pause works with women to encourage contact, whether spending time together or through exchanging letters.

The children of the women who work with Pause often live with extended family, or other primary carers, and continue to see their birth mothers. Pause Practitioners support women to contain and

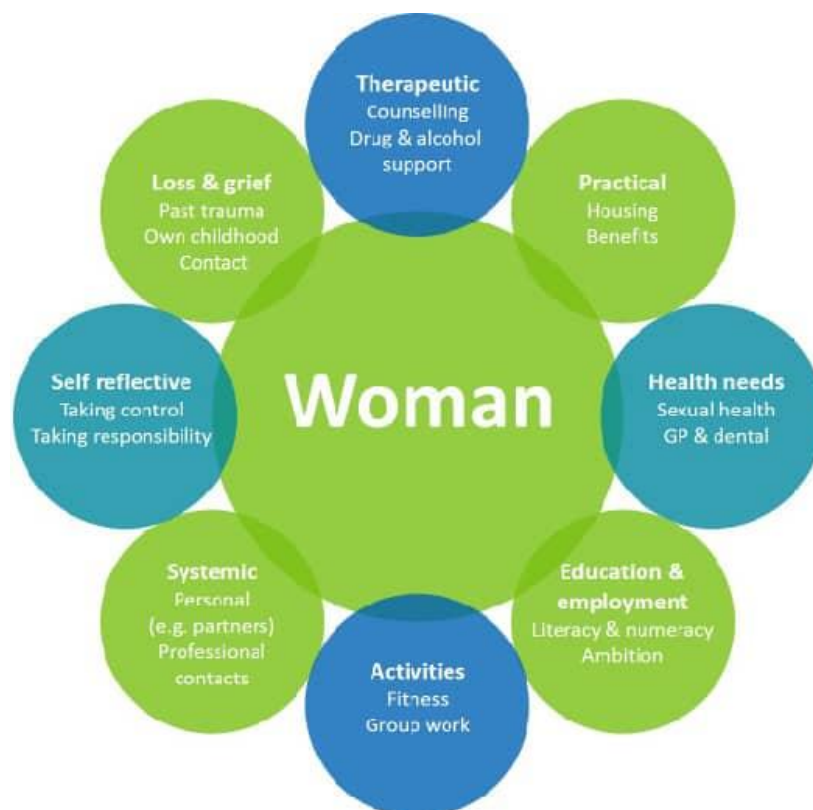
manage feelings, so contact sessions can be enjoyable, meaningful and memorable for children. Seeing their birth mother recover from, or at least manage, difficulties can reduce stress in children. This also models recovery and reparation when life has taken a difficult turn, which helps build resilience in the child.

Pause encourages women to express their feelings and take responsibility for their actions. This equips them with better skills to talk to their children as they grow older, and to help them to understand their story. The women who work with Pause are encouraged and supported to take a proactive role in giving their children ‘permission’ to settle and attach to the people looking after them, which can relieve the child’s stress and guilt.

Women often say letterbox contact is too hard. Practitioners should explore further, suggesting for example, that they write letters not to be sent, saying everything they feel and want to say but can’t. This can be a beginning to help them then write a letter to send, that helps the child stay connected to their birth identity.

Taking a break from pregnancy

We know that a programme like Pause is most effective when the woman has no children in her care and she is in a position, sometimes for the first time, to focus on herself and her own needs. Following the initial 16-week engagement phase, to ensure that the women are able to take a pause from pregnancies, we ask them to use the most effective form of reversible contraception. Pause Practices work closely with their local sexual health providers to ensure that the women make an informed choice around contraception and that they are able to choose the most appropriate form for them.



Annex B: Further case study of a woman currently engaged with Phoenix @ PauseCase study 2

- Had 3 children removed – all children adopted.
- Care Experienced having been Looked After from the age of 8. The parenting she received was categorized as neglectful and she was sexually abused by her father, resulting in the birth of a child.
- Has been involved in relationships that have featured emotional and psychological abuse and manipulation as well as sexual violence.
- Has many ongoing chronic health conditions.

Progress since engaging with Phoenix @ Pause:

- Registered with a GP and a dentist
- On long acting reversible contraception
- Engaged with 12 sessions of post-adoption counselling and is now being referred to Steps to Wellbeing for additional work unrelated to the adoptions of her children.
- Applied for her records so that she can begin processing her childhood experiences.
- Attending bike riding sessions with Saints4Sports and working on losing weight and improving her fitness.
- Attending a computer literacy course and doing the Freedom Programme online with her Practitioner.

Annex C: Pathways in place with Phoenix @ Pause

Sexual Health

A successful pathway has been established with Sexual Health. The service has a direct line to the Lead Nurse to ensure practitioners can quickly arrange sexual health screenings or contraception fittings. The Sexual Health service has been flexible, with increased understanding that many of the women have had strained relationships with professionals and approaches need to alter to gain their trust which leads to treatment.

Steps 2 Wellbeing

A specific person of contact has been achieved with Steps to Wellbeing. This is a high intensity therapist, who completes the assessments with the Pause women and feeds back to Practitioners in relation to treatment and needs. It has been discussed whether Steps to Wellbeing could offer more than 6 sessions as their intervention where necessary, though this cannot be achieved due to the remit of their service being to support mild-moderate depression and anxiety; many of our women have therapeutic needs that go well beyond this level due to grief and loss combined with complex childhood trauma.

Adult Services

Excellent relationships and pathways have been established with Adult Services. The Phoenix @ Pause service has been central in several Section 42 Safeguarding Enquiries. Adult Services have granted the Phoenix Team permission for 'read only' access to Paris which enables Practitioners to see when reports from other agencies such as the Police and Ambulance Service are received. Positive work in place with the Employment Support Team, Street Homelessness Prevention Team and the Homeless Healthcare Team.

Children's Services

An internal briefing has been written to improve understanding of the Phoenix Team within Children's Services. There is a very good working relationship with the Adoption Service, which has enabled engagement of women in Post-Adoption Counselling and improved letter box contact for many of the women on the programme. The worker who oversees the letter box contact has highlighted the difference having a Phoenix Practitioner has made to the engagement of parents with the written exchanges, this is a goal for all women where this is a relevant. Future goals in the relationships with Children's Services will be for the wider workforce to understand what the Pause Programme is, include the Practitioners in meetings and discussions, accept that the women do not always consent for information to be shared with the allocated social worker for the child, and that the Phoenix Service are involved in some way with the Legal processes within the council – this will enable us to understand the ongoing level of recurrent Care Proceedings and the mothers who we may well be working with in the future.

Housing

Women can lose their accommodation when their children are permanently removed and are often placed in Houses of Multiple Occupancy (HMO's). We have observed these to be oppressive and isolating for the woman, often exacerbating existing mental and physical health challenges. Many of the houses are mixed male and female, this also causes a number of difficulties such as historical trauma being triggered, which often can lead to increased risk taking and the use of substances as

coping mechanisms. The service will be working with Housing colleagues to develop a fast track pathway to their services and support, and will explore how rent arrears are managed and how women qualify for a tenancy.

IDVA and MARAC

There are good working relationships with the IDVA team and the MARAC Chair, and evidence that the safety of the Phoenix @ Pause women is improving. Phoenix @ Pause women are flagged on the Police Database as being engaged with Pause so that the service receives notifications from the Police when incidents have occurred with any of the women.

Police and Probation

The service has an established link with the Safeguarding Officer in MASH, who is also the Chair for MARAC and HRDA for Southampton City Council. A data protection agreement is in place to exchange the names of the women the service is working with and the Police Officer flags these women on the Police Database, which triggers a notification to the Phoenix @ Pause service. In relation to Probation, links are yet to be established and there is no representation from this agency on the Phoenix @ Pause Southampton Strategic Board. Whilst not many of the 21 women are engaged with Probation services, Probation could be working with the partners of the women and for the interests of safeguarding and information sharing it would be highly beneficial to develop professional relationships and pathways.