



## Pause Programme

<b>Meeting</b>	Slough Wellbeing Board
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### 1. Purpose of report

- 1.1 The purpose of this paper is to inform the Slough Wellbeing Board partners of the very positive outcomes for the women and cost avoidance.

### 2. Executive summary

2.1 Slough Pause has exceeded expectations in its level of successful engagement with women who have had one or more children removed in legal proceedings. To date it has been funded 50:50 through DfE Innovation Funds and the Trust. However, the savings from the Pause also accrue to partner agencies like the Police, Adult Social Care and Health agencies both during pregnancy and after the baby is born in the form of reduced need for assessments, responses to emergencies requiring acute interventions and ongoing maintenance liabilities which flow from substance misuse, domestic violence and vulnerable adult needs.

### 3. Report

3.1 Pause is a well evidenced model for working with mothers who have previously lost at least one child into care. In return for agreeing to contraception and to engage with services, women receive a highly assertive holistic multi-disciplinary support package to help them deal with the challenges in their day to day lives, as well as in their past, that have contributed to the removal of their children by the court.

3.2 The Pause programme is scheduled to run for three years in Slough, 50% funded by DfE Innovation Grant. Pause has been running 18 months in Slough. The programme is subject to independent evaluation in relation to model integrity measures, and output measures such as number and nature of different interventions with women. The women also give regular feedback on how they find the service, and this has been very positive.

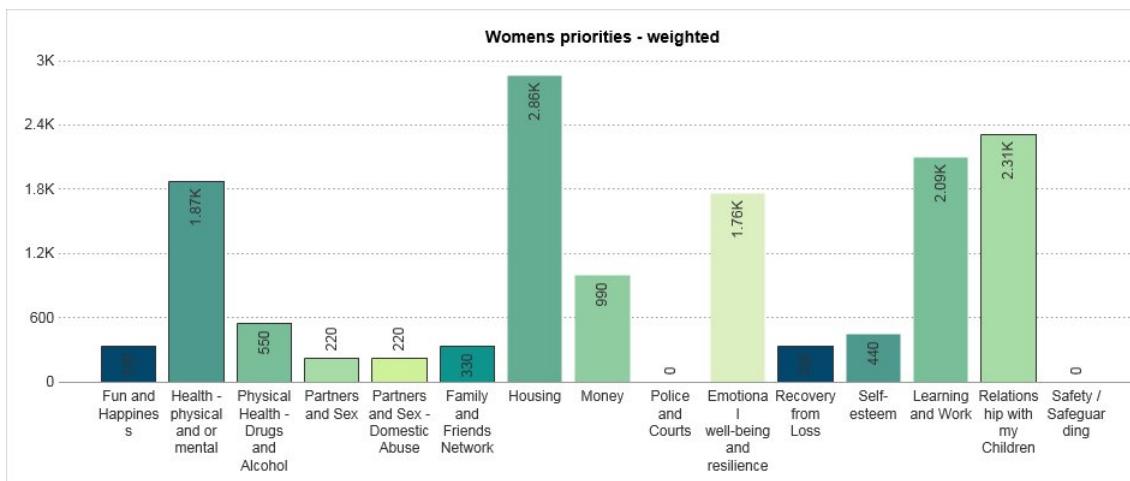
3.3 The main outcome measure is that women do not become pregnant while they engage with the Pause project (usually 18 months) and that if they do subsequently become pregnant; the child is able to remain in the mother's care. To date the Slough Pause programme has enjoyed 100% success with women who have engaged.

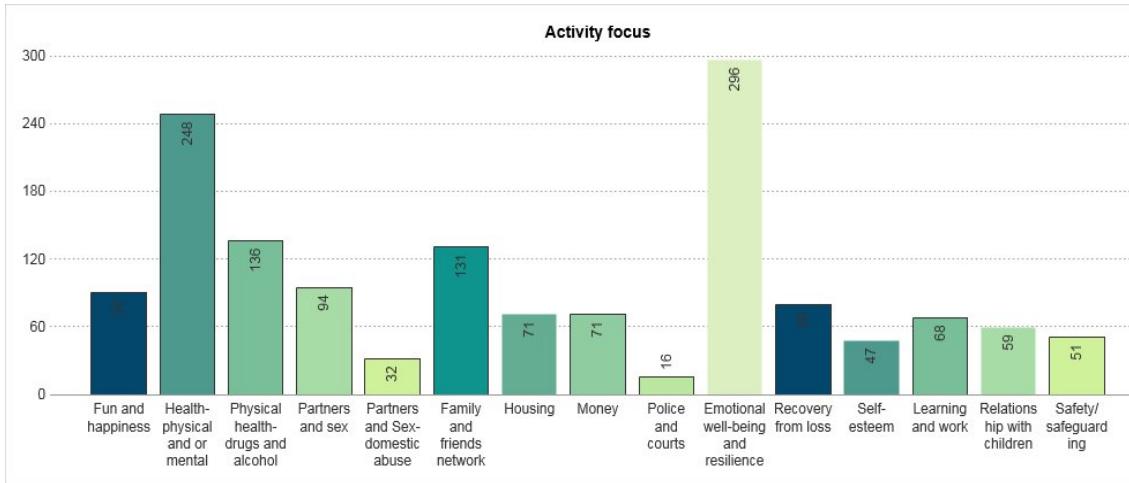
3.4 There are a number of other costs which can be incurred when working with this group of women which have not been included in the cost benefit analysis but should be taken into consideration. As well as the placement and legal costs associated with taking a child into care, the childbirth itself can prove to be more complex for this cohort of women. The high



level of substance misuse increases the likelihood of complications at birth – for example premature births, or babies requiring use of a Special Care Baby Unit (SCBU), which is usually very costly. The cost benefit analysis could be revisited if data about SCBU use and costs becomes available.

- 3.5 There are a number of other costs which can be incurred when working with this group of women which have not been included in the cost benefit analysis but should be taken into consideration. As well as the placement and legal costs associated with taking a child into care, the childbirth itself can prove to be more complex for this cohort of women. The high level of substance misuse increases the likelihood of complications at birth – for example premature births, or babies requiring use of a Special Care Baby Unit (SCBU), which is usually very costly. The cost benefit analysis could be revisited if data about SCBU use and costs becomes available.
- 3.6 In addition to the increased risk of complications at birth and the associated financial burden, there are likely to be significant cost savings relating directly to the women on the programme. The presenting issues faced by the women all have both financial and social costs.
- 3.7 The independent evaluation of Pause covering 125 women from six Pause Practices found additional value creation due to a decrease in presenting issues amongst the women – attributable to the Pause programme. These issues were mainly domestic abuse and drug misuse.
- 3.8 Activities and women's goals. As can be seen below. Pause Practitioners record the goals being addressed in each contact. Women's goals are weighted (three for the highest priority, one for the third highest priority). Issues to do with housing, health and emotional wellbeing and resilience, as well as learning and work, take precedence. These indicate the value to agencies involved with these women and by definition the likelihood of a much greater demand from those agencies if the Pause Practitioners are not working intensively to prevent crises and breakdown. The feedback from the women themselves clearly indicates the importance of the sometimes three and four times a week contact to resolve conflict and crises in each of these areas.





### 3.9 Cost avoidance and savings for all women fitting the Pause criteria

A birth rate of 0.27 per year has been calculated among the current cohort and was achieved by dividing the average number of births over a five year period by the number of women. Based on this calculation, we estimate that 20 women within the Pause cohort would likely give birth to 5 children over the course of the 18-month programme and a total of 12 children during the 27 months (2.25 years) of avoided pregnancies. This time period (27 birth free months or 2.25 years) refers to the 18 month Pause programme, then a further nine birth free months due to contraception having been in place at the end of the programme.

A current measure of the women who have engaged with Pause to date is that between them they have given birth to 56 children who have been removed. That the contraceptive implant is a condition of engagement with Pause means that none of them have become pregnant. This 'pause' in the previous pattern of their lives enables other pauses to begin i.e. in taking substances, selling sex to obtain money for substances, obtaining and retaining stable tenancies and budgeting to live on a limited but stable income. In addition, a change of social networks is also part of the sustainability, going a long way to facilitate the enduring and substantial changes in lifestyle.

### 3.10 Outcomes

Three women have recently transitioned out of Pause and to date are all maintaining their progress independently with only very light touch contact from Pause. Part of the methodology involves an early tenacity in pursuing contact.

### 3.11 Cost avoidance and saving

The table below demonstrates Pause's potential to generate cost savings for a wide range of agencies. From the Slough cohort of 20 open women, 76% are (or have been) exposed to domestic abuse, and 57% have problematic drug misuse. Unit costs of these issues and their impact on wider services are highlighted below.



#### Slough: Total costs to 18 months for 12 children

Placement	Cost Journey	% of children in cohort	Cost to LA
Adoption external	£94,252	18%	£200,905.10
Adoption internal	£83,051	18%	£177,029
LA Fostering	£83,349	12%	£127,350
Agency Fostering	£107,328	11%	£137,267
SGO	£84,262	21%	£215,533
Family	£70,874	21%	£181,289
<b>Total</b>		<b>100%</b>	<b>£1,039,373</b>

#### Slough External costs to 18 months for 12 children

Placement	Cost journey	% of children in cohort	Cost to LA
Adoption external	£65,441	18%	£139,493
Adoption internal	£38,441	18%	£81,940
LA Fostering	£55,947	12%	£83,480
Agency Fostering	£77,926	11%	£99,664
SGO	£52,462	21%	£134,191
Family	£41,473	21%	£106,082
<b>Total</b>		<b>100%</b>	<b>£644,850</b>

#### Calculations notes:

- Children avoided = (Women in cohort \* birth rate) \* period of time
- Cost to LA = ([Unit cost \* % of children] \* children avoided) \* period of time

The tables above demonstrate the **total cost avoidance of £1,039,373** due to the Pause programme with the **external cost totalling £644,850**. With the **cost of running Pause Slough at £450,000** (per 18 months), there would be an immediate **saving of £589,373**. Savings increase substantially when forecast over a five year period.

#### 3.12 Savings to wider services

There are a number of other costs which can be incurred when working with this group of women which have not been included in the cost benefit analysis but should be taken into consideration. As well as the placement and legal costs associated with taking a child into care, the childbirth itself can prove to be more complex for this cohort of women. The high level of substance misuse increases the likelihood of complications at birth – for example premature births, or babies requiring use of a Special Care Baby Unit (SCBU), which is usually very costly. The cost benefit analysis could be revisited if data about SCBU use and costs becomes available.

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The independent evaluation of Pause covering 125 women from six Pause Practices found additional value creation due to a decrease in presenting issues amongst the women – attributable to the Pause programme. These issues were mainly domestic abuse and drug misuse.

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Figure 1: Estimated cost to services

Presenting Issue	Unit Definition	Cost saving	Responsible Agencies*	Number of women from Bristol cohort	Potential annual savings for Bristol Cohort	Cost Source
Domestic Abuse	Cost per incident	£2,836	Criminal justice agencies (33%), Health (44%), Social services (7.3%), Housing and refugees (5%), Civil legal services (10%)	16	(7*£2,836) £19,852	New Economy Cost Database (2015)
Problematic drug use	Fiscal cost per class A drug user per year, minus costs of treatment if applicable	£63,801	Criminal justice agencies (90%) Health (3%) Social care (0.4%)	12	(0.27*£63,801)*12 £206,715	PSSRU Health and social care costs (2010)

\* Note that savings accrue proportionately to the responsible agency.

Further explanation of above calculations:

- **Domestic abuse:** 77 women from the Pause impact evaluation reported having experienced domestic abuse at some point in their lives. Of these women, the evaluation estimated the Pause programme was responsible for stopping between 15 and 52 incidents annually. For this analysis we've taken a central estimate of 34. When applied to the cohort of 20 women in Bristol, 100% of who have experienced



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domestic abuse, a central estimate of 9 incidents could be prevented annually.

- **Problematic drug use:** The DfE independent evaluation demonstrated a reduction of 27% in class A drug use.

To date, the Trust has carried 50% of the cost of funding Pause. That funding runs out this financial year.

#### 4. Recommendations

- 4.1 Slough Wellbeing partners consider the information about demonstrable practice and budgetary benefits with a view to contributing to the funding of Pause to enable the programme to continue for another period of 18 months.

#### 5. Appendices

- 5.1 Appendix 1 – Case Study (confidential)