

# Cabinet

## 18 January 2022

### 'ROC' – Reducing Repeat Removals of Children in Care Project Procurement Approval

#### For Decision

**Portfolio Holder:** Cllr A Parry, Children, Education, Skills and Early Help

**Local Councillor(s):** All

**Executive Directors:** T Leavy, Executive Director of People - Children  
S Crowe, Director of Public Health

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**Report Status:** Public

#### Recommendation:

The Cabinet is asked to consider the contents of this report and that Cabinet agree:

1. To begin the procurement process for a holistic programme for vulnerable women who have experienced, or are at risk of, repeat removals of children from their care, "*Pause Practice*" in Dorset.
2. That the further step of making any contract award should be delegated to the Executive Director People – Children following consultation with the portfolio holder for Education, Skills and Early Help and the Director of Public Health.

#### Reason for Recommendation:

1. Cabinet is required to approve all key decisions with financial consequences of £500,000 or more.

2. **The annual anticipated spend is £331,000, with a 2+2+1 years contract,** which provides revisable delivery and financial commitment. The maximum anticipated Dorset Council spend is £1,655,000 5-year contract period.
3. There is multi-agency commitment through the Strategic Alliance for Children and Young People to develop a *Pause Practice* in Dorset. The programme will develop an approach for post-care proceedings, which responds collegiately to the needs of mothers, intervenes to break the cycle and reduces the number of children coming into LA care.
4. Based on the DfE national evaluation<sup>1</sup>, the **Net reductions in removals per annum, per LA was 14.4** and cost-benefit analysis applied to local scoping data, indicates a Dorset *Pause Practice* would **avoid total cumulative costs of £5,862,194 and conferring a net cumulative cost avoidance of £4,362,194 within the 5-year contract period.**

## 1. Executive Summary

- 5.1 *Pause* is a nationally evaluated programme for working with women who have experienced, or are at risk of, repeated pregnancies that result in children needing to be removed from their care. The programme aims to give women the opportunity to pause and take control of their lives breaking a destructive cycle that causes both them and their children deep trauma.
- 5.2 An initial scoping exercise for Dorset in May 2021 identified a potential cohort at risk and who meet the criteria for a *Pause* service; **51 women were identified who have had 161 children removed from their care.**
- 5.3 These women and their children are more likely to experience poorer outcomes and require specialist statutory intervention.
- 5.4 Of the 51 identified women, 84% have experienced domestic abuse; 75% have mental health issues (not necessarily diagnosed); 57% have issues with drug misuse and 31% have issues with alcohol misuse.
- 5.5 Their Children are more likely to experience outcomes poorer than their peers including higher rates of criminality; sexual/criminal exploitation; substance misuse; suicide; poor mental health; become parents at a younger age and repeat the cycles of children into care.
- 5.6 There are costs associated with the traumatic cycle of repeated pregnancies and removal. Most of these are human costs – for both the women and children – but there is also a financial impact.

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<sup>1</sup> [Evaluation of Pause \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

- 5.7 An annual investment of £331,000 over 5 years, in delivering a Dorset Pause practice, could avoid total cumulative costs of £5,862,194 and confer a net cumulative cost avoidance of £4,362,194 within a 5-year period.

## **2. Financial Implications**

- 2.1 The annual anticipated spend is £331,000, with a 2+2+1 years contract, which provides revisable delivery and financial commitment. The maximum anticipated spend is £1,655,000 over the 5-year contract period.
- 2.2 Funding for Year 1 of the contract has been secured through a combination of regional transformation funding, public health budget and children's services budget. Additional funding contributions will be sought from partners of the Strategic Alliance based on the cost benefit analysis and through further transformation bids.
- 2.3 Based on the DfE national evaluation<sup>2</sup>, the cost-benefit analysis applied to local scoping data, indicates a Dorset *Pause Practice* would avoid total cumulative costs of £5,862,194 and conferring a net cumulative cost avoidance of £4,362,194 within the 5-year contract period.

## **3. Well-being and Health Implications**

- 3.1 Of the 51 women identified in the Dorset scoping, 84% have experienced domestic abuse; 75% have mental health issues (not necessarily diagnosed); 57% have issues with drug misuse and 31% have issues with alcohol misuse.
- 3.2 Thinking about the 161 children removed from their care, these children are more likely to experience outcomes poorer than their peers including; higher rates of criminality; sexual/criminal exploitation; substance misuse; suicide; poor mental health; become parents at a younger age and repeat the cycles of children into care.

## **4. Climate implications**

- 4.1 To be considered by the project team as appropriate.

## **5. Other Implications**

- 5.1 *Public Health* - Women who are eligible for *Pause* support are 36 times more likely to die compared to women of the same age. This includes death as a result of suicide or domestic violence but also preventable or treatable physical illnesses.

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<sup>2</sup> [Evaluation of Pause \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

- 5.2 *Voluntary Organisations* – This procurement seeks to stimulate the market through planned engagement activities, which may result in increased interest and capacity within the local voluntary sector community.
- 5.3 *Safeguarding Children* – This programme seeks to reduce and mitigate the increased risks experienced by both the vulnerable women and their children and prevent as appropriate further safeguarding interventions.
- 5.4 *Corporate Parenting* – This programme seeks to reduce the number of children coming into the care of the Local Authority. The DfE evaluation of Pause evidenced a reduction in the number of infants being take into care in areas delivering Pause. On average this was found to be 14.4 children a year
- 5.5 *Community Safety* – This programme seeks to work with women who have experienced domestic abuse, mental health issues, issues with drug misuse and with alcohol misuse.

## **6. Risk Assessment**

Having considered the risks associated with this decision, the level of risk has been identified as:

Current Risk: MED

Residual Risk: LOW

## **7. Equalities Impact Assessment**

- 7.1 Equalities Impact Assessment will be completed by the project team.

## **8. Appendices**

None

## **9. Background Papers**

None

### **Footnote:**

Issues relating to financial, legal, environmental, economic and equalities implications have been considered and any information relevant to the decision is included within the report.

# REPORT

## 1. Background

- 1.1 *Pause* is a nationally evaluated programme for working with women who have experienced, or are at risk of, repeated pregnancies that result in children needing to be removed from their care. The programme aims to give women the opportunity to pause and take control of their lives breaking a destructive cycle that causes both them and their children deep trauma.
- 1.2 There are women in every local authority in the UK with complex and challenging needs to whom many children are born and subsequently removed into care. In Dorset, there are **51 women who have had 161 children removed from their care.**<sup>3</sup>
- 1.3 Within the identified cohort, **41%** of the women had two children removed; **54%** had between three and five children removed; **three** women each had six children removed. These families and children will require significant support
- 1.4 These women are typically disadvantaged and living with intersecting social, emotional, environmental and health related challenges. In Dorset, **84%** have experienced **domestic abuse**; **75%** have **mental health** issues (not necessarily diagnosed); **57%** have issues with **drug misuse** and **31%** have issues with **alcohol misuse**<sup>1</sup>.
- 1.5 Women who are eligible for *Pause* support are 36 times more likely to die compared to women of the same age. This includes death as a result of suicide or domestic violence but also preventable or treatable physical illnesses.
- 1.6 Children who are removed into care are more likely to experience outcomes poorer than their peers including; poorer educational results; higher rates of criminality; sexual/criminal exploitation; substance misuse; suicide; poor mental health; become parents at a younger age and repeat the cycles of children into care.
- 1.7 In Dorset, women are usually well supported during the process of having their child removed from their care, however, once court proceedings have been completed and the child has been removed, the scoping has identified **a gap in a multi-agency approach for post-care proceedings** which

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<sup>3</sup> Who met the criteria for a *Pause* programme from an initial scoping in May 2021.

responds collegiately to the needs of mothers/parents nor intervenes to break the cycle. Therefore, there is a cohort of women, who tragically experience repeat removals of their children into care.

- 1.8 Research shows that a quarter of women who experience the removal of a child through care proceedings will return to the family court for a further set of care proceedings within 7 years.
- 1.9 The Strengthening Services plan for 2021-22, recommended to the “Best Start in Life” partnership of the Strategic Alliance for Children and Young People (SACYP) to scope the development and implementation plan for a multi-agency approach of intensive support to women who have had multiple children removed from their care. In September 2021, the SACYP sign up to the Outline Business Case to procure a provider or outcomes partnership to deliver a local *Pause Practice*.

## 2. **Developing a Dorset *Pause Practice***

- 2.1 *Pause* is a nationally evaluated programme which licences organisations to deliver a high fidelity model of support to women who have experienced, or are at risk of, repeated pregnancies that result in children needing to be removed from their care.

### **Pause Practice Model**

- 1:1 support delivered by a dedicated “Practitioner” with multi-disciplinary knowledge, typically with backgrounds in social work, health, domestic violence and substance misuse
- Women are offered an 18-month, individually-tailored, package of support (includes time to reach and engage women – up to 16 weeks)
- Women are asked to use the most effective form of long-acting reversible contraception (LARC) to ensure that the women are able to take a break from pregnancies
- Each practitioner works with between 6 and 8 women
- Most practices have 3 - 4 practitioners – some areas have expanded their staff numbers based on demand
- Practitioners work flexibly according to each woman’s own perspectives and priorities
- Each woman has a “resource budget” (held by the practitioner) to pay for transport to attend appointments, personal and educational development, refreshments (supporting relationship building), etc.
- To be successful, the programme requires close working across all partner agencies to address the complexity and extent of women’s needs

- 2.2. Based on the identified cohort, Dorset would seek to pilot a Pause Practice with three practitioners working with between 18 – 24 women (cases) delivering a holistic programme of support over 18 months.
- 2.3 Any Pause Practice requires the strategic and operational support of allied services including, local authority children’s services, health, police, housing, voluntary sector, to be successful. Partners are committed to the programme through the Strategic Alliance for Children and Young People.
- 2.4 An outline Business Case was presented to the Strategic Alliance for Children and Young People in September 2021, which included an options appraisal for delivering a Dorset Pause Practice. A summary is provided in Table 2.

Table 2. Options Appraisal

	<b>Options</b>	<b>Key Strengths/Weaknesses</b>	<b>Rank</b>
1	Take no further action	No improvement of impact on outcomes Rising costs to LA / Partnership	6
2	Commission full Pause national programme delivered by Pause	Experienced provider with National evaluation	1
3	Commission Pause membership with local authority delivery		2
4	Commission Pause membership with third sector delivery	Market Engagement for local 3 <sup>rd</sup> Sector partner	3
5	Develop a service locally hosted by Dorset Council with local authority delivery		4
6	Develop a service locally hosted by Dorset Council with third sector delivery		5

2.5 The Outline Business Case recommended:

- Dorset commission the Pause Practice Membership
- Dorset Council undertake a market engagement exercise to identify appropriate providers and clarify the procurement methodology
- Scope opportunities for social outcomes partnership funding

2.6 Soft Market Engagement has established interest within the market.

### **3. Route to Market**

3.1 This paper recommends procurement through an Open Tender.

3.2 This paper recommends a contract for five years with break clauses at 2 years and 4 years (2+2+1) for this programme. This provides stability to deliver 18-month programmes with identified cohorts of women and flexibility to consider sustainability and integration as the model is locally established.

### **4. Finance**

4.1 There are costs associated with the traumatic cycle of repeated pregnancies and removal. Most of these are human costs – for both the women and children – but there is also a financial impact.

4.2 The independent evaluation of Pause evidenced a reduction in the number of infants being taken into care in areas delivering Pause. On average this was found to be 14.4 children a year therefore the modelled cost avoidance reflects a reduction of 14 infants coming into care in Dorset.

2.4 The annual anticipated spend is £331,000, with a 2+2+1 years contract, which provides revisable delivery and financial commitment. The maximum anticipated spend is £1,655,000 over the 5-year contract period.

2.5 Funding for Year 1 of the contract has been secured through a combination of regional transformation funding, public health budget and children's services budget. Additional funding contributions will be sought from partners of the Strategic Alliance based on the cost benefit analysis and through further transformation bids.

2.6 Based on the DfE national evaluation<sup>4</sup>, the cost-benefit analysis applied to local scoping data, indicates a Dorset *Pause Practice* would avoid total

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<sup>4</sup> [Evaluation of Pause \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)



cumulative costs of £5,862,194 and conferring a net cumulative cost avoidance of £4,362,194 within the 5-year contract period.

## **5. Recommendation**

- 5.1 To procure a *Dorset Pause Practice* using an Open Tender procurement with a contract length of 2+2+1 years and a maximum contract value (for 5 years) of £1,655,000.