



Pause Evaluation Summary

Background

Pause is a voluntary programme for women who have experienced, or are at risk of, repeat removals of children from their care. It offers women an 18-month, individually-tailored, intensive package of support, delivered by a dedicated Practitioner, which is intended to address a broad range of emotional, psychological, practical, and behavioural needs. As a condition of beginning this voluntary programme, women agree to use an effective form of reversible contraceptive for the 18-month duration of the programme. The programme was piloted with 125 women, at 7 pilot sites in England.

Aims

Pause aims to reduce the number of children being removed into care, by working with women to promote their wellbeing, resilience, and stability. It also aims to work in collaboration with partner agencies, at operational and strategic levels, to improve the broader service response to Pause women.

Evaluation

The aim of the evaluation was to assess the efficacy of the Pause model in reducing the numbers of children removed from women's care, the impact on women's outcomes, how impact was achieved, and the fiscal costs and benefits of programme delivery. The evaluation used mixed methods. Statistical models were developed to estimate the impact of Pause on women's pregnancy rates during their intervention, using data on pregnancy histories collected from the cohort of 125 women, and 134 women in a comparison group. Statistical analysis of data on a range of outcomes was conducted, using data gathered from 326 Client Monitoring Forms, which were completed by 115 women at up to 5 time-points throughout their interventions. In-depth, semi-structured, one-to-one interviews were carried out with 105 women, 25 Pause Practitioners, 8 Practice Leads, 6 Coordinators, and 34 professionals from partner agencies. Most respondents were interviewed at 3 time-points. In-depth case studies of 14 women were completed, and 4 focus groups were conducted with a total of 33 women across 4 pilot Practices. Two group activity sessions and 5 Pause Board meetings were observed.

Findings

- Evaluation findings suggest that Pause generally had a positive and significant impact on the women engaging with the programme, many of whom had complex, multiple, and mutually-reinforcing needs.
- Counterfactual impact analysis suggests that Pause was extremely effective in achieving its aim of reducing the number of pregnancies experienced by women during their 18-month interventions. While 2 women became pregnant during their time with Pause, it is estimated that between 21 and 36 pregnancies would have occurred, had the cohort of 125 women not been engaged in the programme. Given the women's histories, these pregnancies would have been likely to have resulted in removals.
- Quantitative data indicate that, by the end of the evaluation period, 25.6% of women who began Pause living in insecure housing had moved to secure housing; 30.8% of those who had been drinking alcohol at high risk levels had reduced their consumption to safer levels; and 27.3% of those who had been experiencing problematic Class A substance misuse were no longer using Class A substances. Almost half (46.4%) 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.

Women's engagement with a range of services generally increased over time, and was associated with improved outcomes.

- Qualitative data show that significant improvements to levels of confidence and self-worth were experienced by women engaged in the programme. Women also reported the benefit of learning new skills and coping mechanisms, which had helped them address past traumas and ongoing challenges more effectively.
- Qualitative data show that, while many women began their interventions with limited aspirations for the future, by the end, many had formulated new goals, and were taking steps toward their achievement. This included entering employment, education, or volunteering.
- Analysis of qualitative data on the processes through which these outcomes were achieved indicates the key mechanisms of change: the provision of an intensive, bespoke programme of support addressing women's emotional, psychological, practical and behavioural needs, delivered on a one-to-one basis by a dedicated Practitioner during an 18-month pregnancy-free period; direct advocacy to influence professional practice within partner agencies; and work at the strategic level to increase Pause women's access to, and engagement with, partner agencies, by adjusting systemic protocols.
- That each of these mechanisms operated simultaneously was often fundamental to women's progress, enabling problems to be tackled holistically.

Cost benefits

- Cost benefit analysis indicates that the full costs of delivering Pause to the cohort of 125 women are likely to be offset by savings to local authorities within 2 to 3 years, with estimated net cost savings of between £1.2 million and £2.1 million per year after the 18-month intervention period.

Recommendations

- Given the positive impact and cost effectiveness of Pause, there is good reason to continue and expand provision of the service, provided other key recommendations are met.
- The flexibility of the programme, which enables Practitioners to use their professional judgement and skill in tailoring their approach to meet the unique needs of individual women, should be maintained.
- Limits to Practitioners' caseloads should remain at 6 to 8 women. This is necessary to allow for the intensity of work that is required to establish trusting relationships and support women to make sustainable changes.
- To ensure continuous professional development, maintain wellbeing, and avoid burn-out, Practitioners should receive effective and ongoing training, managerial support, and supervision. Highly skilled Practice Leads should be in place at all times, to ensure that Practitioners are supported and safeguarded in their work.
- Inter-agency collaboration at the strategic level is necessary to ensure that services make the adjustments required to meet women's fundamental needs. Pause Boards should seek to foster active participation from key decision-makers within partner agencies, including health, housing, and alcohol and substance misuse services.
- Pause should maintain its independence from social care services, and its status as a non-statutory, voluntary programme, to facilitate women's meaningful engagement with the programme.
- A comprehensive induction package for Practitioners would facilitate the replication of Pause in other areas.
- Pause should continue to develop and trial materials and tools for the purpose of guiding reflective activities with women, and monitoring women's progress.

The evaluation was carried out between March 2015 and September 2016, by Opcit Research. In March 2017, Pause was awarded a further £6.8m of DfE Innovation Programme funding, to extend provision to 9 new sites.

The DfE's Children's Social Care Innovation Programme funded this project and its independent evaluation. Co-ordination of the evaluation was undertaken by the Rees Centre from the University of Oxford (www.reescentre.education.ox.ac.uk). A full copy of this report can be found at www.gov.uk/government/publications.