The health needs of women Pause works with

Overview

Pause works with women who have had – or are at risk of having – more than one child removed from their care. The women Pause works with are vulnerable and face multiple disadvantages, which have been shown to **impact their mental and physical health**. A large proportion have experienced trauma in their childhoods, which is firmly associated with increased risk of poor adult outcomes.

Traumatic childhoods

Research[1] has found that of women who have appeared in recurrent care proceedings:

- **56%** had experienced four or more different types of adverse experience in childhood (ACEs).
- **40%** had been looked after children, with half of these experiencing multiple placement moves.

The women Pause works with mirrors these findings, with **42%** being care experienced.

Intersecting disadvantages

In addition to childhood trauma, the women that Pause work with also face ongoing challenges and disadvantage in their adult life, which impact their mental and physical health. This includes:

- **Domestic abuse**, leading to physical injury, control of health and treatment access - including contraception/pregnancy - and impact on mental health and safety.
  - Of the women Pause has worked with, **85%** reported having experienced domestic abuse.
- **Substance use**, impacting on physical and mental health, including the ability to attend appointments, the challenge of dual diagnosis, poor diet and the risk of overdose.
  - Of the women Pause has worked with, **56%** reported hacing experienced issues with drugs and **41%** with alcohol misuse.
- **Homelessness and unstable housing**, resulting in frequent house moves. This disrupts access to health services, as well as unsafe housing contributing to health conditions.
  - Of the women Pause has worked with, **16%** reported that they feel unsafe all or most of the time. A further **27%** felt unsafe some of the time.
- **Cost of living**, restricting their ability to meet basic needs, including healthy eating, hygiene and access to sanitary products.
  - Of the women Pause has worked with, **96%** were in receipt of some kind of benefits.

These figures are self reported and are therefore likely to be conservative estimates. Based on our learning from practice, we expect actual figures to be higher; women don't always recognise risk in the same way and have often normalised abuse.

Health needs

Child removal has been shown to have a devastating impact on women's mental and physical health, with women experiencing **"an immediate psychosocial crisis following child removal"**. It has also been evidenced to heighten **"the vulnerability of mothers whose lives were already characterised by multiple and long-standing disadvantage"**[2].

On beginning working with Pause...

Physical health

- **47%** of women stated that they needed support for physical health issues and of these **41.5%** were not accessing support in this area.
- **13.9%** of women self-reported a chronic physical illness.
- **7.9%** reported a disability.

[1] Broadhurst, K. et al. (2017) Vulnerable Birth Mothers and Recurrent are Proceedings.
[2] Broadhurst, K. & Mason, C. (2019) Child removal as the gateway to further adversity.

Mental health

- **86.5%** of women reported a current mental health need, with many women reporting multiple mental health diagnoses.
- **77%** of women said they needed support around their mental health and, of these, **53%** were not accessing support in this area.
- **7.9% reported a disability.**

Dental health

- Many of the women Pause works with experience challenges accessing dental care, due to poverty, mental health, childhood neglect, trauma, assault, cost and the ability to access services.
- **77%** Lack of access to dental care impacts other physical and mental health issues, including eating and malnutrition, sleeping, confidence, self-esteem and body image.

Post-natal support

For the women Pause work with who had a child removed at birth, there are a significant number who do not access support for postpartum-related physical and mental health needs or whose postpartum needs are overlooked or missed due to no longer having care of the baby. This may be due to women not realising they should still attend check-ups, women finding the service too difficult to access, or services not actively offering support to women who have experienced the removal of their child (despite NHS best practice guidance[3] for maternal postnatal consultations recognising this group of women needs a "bespoke approach").

Premature deaths

Research by Pause in collaboration with the Universities of Birmingham and Edinburgh has found that women who had had more than one child removed (in Pause's sample) were **14 times more likely to die**[i] compared to women of the same age in the general UK population.

[i] This is different to the rate identified in 2020, due to changes in the death rate of the general population post COVID.

Impact of Pause

Pause Practitioners spend a significant amount of time working with women to support them to access mainstream services and improve their health. This includes removing barriers, advocating for women and raising health professionals' awareness of the impact of child removal.

As a result, over the course of the Pause Programme, we see improvements in women's health outcomes, including:

- Registering with health services and working with wider support services
- Attending appointments regularly, ensuring more consistent and effective treatment of health needs
- Accessing medication and diagnoses
- Reduction in A&E visits and more consistent access of GP services
- Improved diet and fitness
- Becoming proactive, rather than inactive or reactive, in addressing their health needs

We also see improvements in how women describe their mental and emotional health:

- The number of women describing their mental and emotional health as 'very good' or 'good' **increased from 16% to 49%.**
- The number of women describing their mental and emotional health as 'very bad' or 'bad' **decreased from 44% to 18%.**

What this means for your local area

Women who have experienced the removal of a child from their care are very likely to face significant health issues and barriers to accessing the support they need. The health needs of this group of vulnerable women needs to be considered as a priority at a local level.

It is critical to recognise that care proceedings and the removal of children is linked to women being at greater risk of poor health outcomes, including premature death. It should be an alarm bell to services to respond and support appropriately.

[3] NHS England (2024). GP six to eight week maternal postnatal consultation. Available at: www.england.nhs.uk/long-read/gp-six-to-eight-week-maternal-postnatal-consultation-what-good-looks-like-guidance/

Pause Wirral
Quarterly report: Quarter 2 2024/25
1st July – 30th September 2024

Practice area	Wirral	Reporting period	Q2 2024/25
Practice Lead	Micha Woodworth	National Practice Lead	Ginny Flynn
Co-ordinator	Hattie Leighton-Porter	Operational start date	April 2021

Summary and operational updates

Successes This Quarter

We are at capacity, actively working with 25 women in Wirral and approaching 3 more to prepare for women graduating in the next quarter.

We have recruited a new practice lead; Micha Woodworth has been in post since July.

Instagram engagement is at an all-time high, which has most importantly seen women following along with partner agencies and organisations. Our social media focuses on celebrating women, highlighting their achievements, positive messages and links to useful information and services in the local area.

One woman passed her driving test and another started lessons - significant achievements which open doors & give greater access to the possibility of work/education and improving their independence.

A group work regular timetable and plans for short programmes are in place and the team works in consultation with the women around what this looks like.

Pause Commitment to Antiracism

Our group work this quarter focussed on identity, heritage, and local history, aligning with and incorporating the national Pause planned work around anti-racism.

We have started promising work with Wirral Change & the Wirral Multicultural Organisation, thinking about accessibility of services, cultural sensitivity and language.

As an organisation, we have continued to work hard on discussing barriers to translation services being available to women, and have presented our evidence from practice to an inquiry at the House of Lords. We are proud as a Practice to have contributed significantly to this important piece of work through feedback and our conversations with local women, who are pleased to hear that their voices are being amplified to make change at a governmental level.

Partnerships and Relationships

There has been good ongoing activity regarding looking at pathways, asset based approached and relationships on Wirral:

Key Wirral Organisations this Quarter:

- CGL (Wirral Ways)
- Make It Happen
- Sole Survivor- PTSD & ADHD Support
- Wirral Mind- Floating Support & Fountain Project
- Involve Northwest (Connect Us, Clear Minds, Lighthouse, Welfare Debt Support)
- Wirral Mencap- CP Advocacy
- Koala NW- plans to discuss Early Intervention/family hubs
- One Wirral CIC- NHS Community Health Check Scheme, Health Literacy, Cancer Support, Digital Inclusion.

Training to Frontline Students- We delivered a training and information Q&A session to support the accelerated Social Work qualification for new Frontline Students and are exploring how moving forward we work together around valuable placement opportunities for the 10 days contrast learning with an adult focus.

We were fortunate to have built a relationship with the Tesco and Community Champion Lead for LCR and have been offered a safe space to deliver sessions. The women shared that the environment played a huge part in being able to be open, trust, connect and build relationships.

We are committed to raising the profile and highlighting the specific needs of the women we work with at a local and regional level with health partners (Public Health, ICB, maternal mental health etc) and utilise recent national and local learning, which highlighted challenges around health equalities, access and inclusion.

Maternal Mental Health

We are excited and committed to working with the Silver Birch Cheshire and Mersey Maternal Wellbeing Hub. This quarter we have contributed to the development of information materials, informing language and ensuring accessible Information standards are met. This will hopefully be used to recruit a group of women to then coproduce further resources for maternal mental health services. We are also part of the steering group implementing the HOPE boxes locally.

We have connected with the Northwest Neonatal Operational Delivery Network and will join with and feed into the Wirral Perinatal Network meetings.

We are having ongoing discussion around Improving Access to Everyturn NHS talking therapies for Pause women, identifying barriers to access there are presently (accessibility/availability) and looking together at how we might overcome these.

Therapeutic Working

We continue to explore different ways of offering therapeutic interventions and new experiences for women. An example of our therapeutic working is our exciting partnership with Hooves for Healing.

This has been a unique way of women being able to regulate their emotions and find calm through horse therapy. All the women who attended have had a really positive experience and we are looking at developing this further with group work due to its success.

Domestic Abuse

This quarter, our whole team have updated their child and adult safeguarding training, and attended additional training provided by Wirral Children's Services

We continue to work with colleagues to support women raised through MARAC

We are strengthening our relationship with the Lighthouse Centre, looking at how we can work together both to support woman and ensure their voices and experiences are heard and understood, to improve services and the support available around Domestic Abuse, as well any additional vulnerabilities and intersecting needs.

Looking Forward

Preparations are in place for our Never More than Once Event 18th October which will host a variety of professionals from across the Liverpool City Region and look at our work in the community since we launched in 2021.

Christmas can be a difficult time for women, as there is often a focus around family and services reduce or close down over the festive period. We will be busy making plans – organising gifts, warm clothes and disseminating information to women such as food bank opening times over Christmas and where to seek additional support. We have been excited to hear from VCSFE organisations interested in helping with care packages for women.

We have reached out to NHS Talking Therapies and CWP to look at opportunities to ensure access to link workers and psychological trauma informed therapies, furthermore, to develop pathways as Pause being a trusted referrer.

We have had preliminary discussion & panned meetings with Housing Options, White Chapel and connected support services, to learn together & highlight some of the experiences of women working with Pause around their accommodation and seek to secure key links to Pause.

Quarterly Data

Exception reporting[1]

Category	Short summary, including any actions:
Critical incident notifications	None
Notifications of pregnancies to women open on the programme	None
Women open on the programme who are not using one of the four most effective long acting contraceptives	7 women are not on LARC. All have had management oversight: X women is in a same sex relationship and is comfortable with accessing emergency contraception and ongoing LARC if her relationship status was to change. X women is using the contraceptive patch as a bridge whilst she waits for an appointment for her injection. X women are using oral contraceptive due to contraindications to using LARC or personal compatibility issues. They have all had and continue to have extensive management oversight throughout the programme.

N.B. Women on the Pause programme choose to take a pause in pregnancy and our aim is to support them to identify the most effective and acceptable contraceptive method for them to take a sustained pause in pregnancy while on the Pause programme. Although Pause adapted the requirement to use a long-acting contraceptive in 2021, it continues to be helpful for us to capture how many women are choosing an alternative to help us identify any trends in contraception use and share any learning.

[1] Exceptions are areas that are escalated to local boards and/or the national Pause team. These include critical incidents, pregnancy notifications and women on the programme who have chosen not to use a long acting reversible contraception.

User data: Who are we working with?

Total	Q2	Q3	Q4	Q1
Pre-engaging (no successful contact yet)	X	X	X	X
Engaging	[redacted]	[redacted]	[redacted]	[redacted]
Open (on programme)	22	19	20	20
Total (cumulative) number of Pause graduates (women who have completed at least 12M on the programme)	24	20	20	22
Total (cumulative) number of women who have or are receiving a Next Steps service	23	19	19	21

Pause Wirral is actively working with 25 women (22 who are on the programme, X who are in the engagement phase). This is slightly higher than our allocated spaces, to prepare for a number of women who will be completing the programme in the next two months.

In addition, the Practice is working to find a further X women and 24 women have successfully completed the programme.

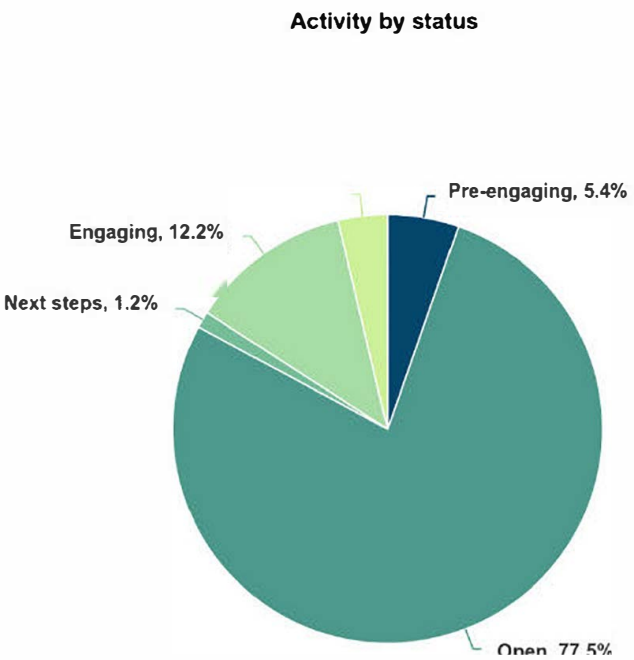
The 22 women on the programme have had a total of 67 children removed from their care (an average of 3.05 children per woman). The women range in age from 21 – 43 years old, with an average age of 31 years. 36% of the women have care experience[2]

The top priorities of the women we are working with for this quarter, which they choose to work on through their Pause Plans, are: (1) Relationship With My Children, (2) Physical or Mental health and (3) Housing.

Engagement: How effective is Pause at developing and maintaining engagement?

Developing engagement:

X women's cases were closed having never been open this quarter. This is due to ineligibility – she was not at risk of further pregnancies due to having a tubal ligation. This was not disclosed to us at point of referral and the woman had already engaged with the service when she explained this to us. The woman was understandably upset that she was not able to work with Pause, so her Practitioner did a small piece of work with her, supporting her with housing and supporting her into other local services.



Maintaining engagement:

- During the last quarter, Practitioners attempted to complete a total of 485 activities—89% of which were successful, an increase on last quarter.
- Activities were delivered to women who were in the engagement phase, open to the programme and who have completed the programme as follows:

91% of women on the programme completed a successful activity in the four weeks prior to reporting with Text Messaging, Face to Face and Telephone Calls being the most frequent activity types and Practitioners noting Emotional Wellbeing and Resilience as the most common activity focus.
We have a younger cohort of women in this community and have found that they engage and communicate more effectively via text.

Challenges and successes in maintaining engagement:

As women's confidence develops on the programme, we see an increase in women cancelling/rescheduling appointments due to becoming more self-sufficient, and able to complete activities independently. Some women have also either secured employment or entered training, limiting their in-person availability. As seen in the above data, one reason why telephone calls are becoming a popular method of engaging with their practitioner, is due to the support becoming more long-arm at this stage of the programme, and women still wanting to check in but not feeling like they need the full practical support.

Usually when we meet with women face-to-face, they do decide to work with Pause. The challenge is achieving that initial meeting, as some women are mistrusting of professionals and are cautious to engage. The practitioners have shown enormous capacity for tenacity and creativity in this regard, and this quarter no women approached have declined to work with Pause.

Women's Feedback:

Over the last quarter, here is a snapshot of feedback we have received from women:

Outcomes: How have people been influenced or helped by Pause in the short term?

Pause's vision is of a society where no family experiences the removal of a child more than once. We want to make sure that women who experience, or are at risk of, the removal of children into care are given the best possible support. As set out in Pause's theory of change, Pause aims to achieve **outcomes for women, outcomes for children and outcomes for systems.**

This quarter we are revisiting **women's experience of being subject to domestic abuse**, a topic which we last focused on three years ago (in Q1 21-22). We know that domestic abuse impacts so many aspects of women's lives and experiences, and it consistently emerged as a key theme during strategy discussions earlier this year.

Learning from national data

Apricot data shows that 89% of currently open women have experienced some form of domestic abuse when they begin work with Pause. At the time of their baseline assessment, 33.1% of currently open women said that they required support with Domestic Abuse – of these, less than half (47.2%) were accessing that support.

Learning from Local data

Of the 22 women who are currently working with Pause Wirral, 89% reported experience of domestic abuse, in line with National data.
At the time of their baseline assessment, 18% of currently open women said that they required support with Domestic Abuse – of these, only half were accessing that support.

Women's Experience of Domestic Abuse In Wirral

The majority of women working with Pause have experience of historic or current domestic abuse.

Therefore, we ensure that we are as skilled and as knowledgeable as possible around this aspect of our work, with a robust training programme, management oversight and ongoing peer review to support this.

Not only have women experienced domestic abuse in their adult life, it is also evident through our work that domestic abuse has been witnessed and/or has impacted their formative childhood years. Having experienced intergenerational domestic abuse, this can make it hard for them to identify abuse and to see and understand what new narratives can look like.

Our experience shows that it can often take multiple attempts for a woman to permanently leave an abusive partner. Whilst working with other professionals, we have noticed that, when a woman does not leave a perpetrator at a time deemed appropriate by that professional, professional can get disheartened and disillusioned themselves with the cycle of leaving and returning to the relationship, leading to compassion fatigue, which impacts the way the woman is treated.

We have noticed that there is a pattern of disclosure, motivation to break free followed by reconciliation with the perpetrator. It is important that support is not withdrawn when a woman enters back into a relationship. We have noticed that outreach support and access to IDVAs can be withdrawn at this time, leaving a woman feeling vulnerable and placing her at higher risk and less likely to make a disclosure in the future. Practitioners build a foundation of trust, creating a safe, consistent, non-judgemental space, which spans the 18-month programme and beyond.

The women that Pause supports have multiple intersecting needs. Presently we are working with an increased number of women who experience substance dependency are neurodivergent and/or have additional learning needs. Women working with Pause often cannot prioritise their physical or mental health and need additional support to access primary care services. Barriers encountered include previous negative experiences and lack of trust in professionals. Due to this, when women have been subjected to physical violence, their injuries can often go untreated, due to the fear of safeguarding processes.

Women tell us that they struggle to maintain family time after leaving an abusive relationship. Women have experienced children being placed with the perpetrator or their family, and this can be difficult to manage as this feels unjust and victim-blaming for women. Women who have left an abusive partner have had to split allocated contact time with them, reducing their own contact with their children.

Pause's Work and Impact

Within Pause, we believe that using trauma-informed practice, and building a relationship, is the key to creating change. Women will only disclose when they feel safe to do so, and disclosures may be made over a period of time. Being consistent, going at the woman's pace and being collaborative is vital in supporting a woman to gain the courage to leave a relationship with an abusive perpetrator. One of the methods of support that is unique to Pause is the bespoke, tailored, and flexible approach when supporting a woman through a crisis. Examples of this include, being present with a woman in A&E after a physical assault and ensuring she returns to a safe environment. When risk becomes extremely high, other professionals reduce the amount of assertive outreach due to safety concerns, which can leave Pause practitioners being the only agency holding the risk.

Locally, we have successfully supported many women in either improving their relationship, supporting women to leave an abusive perpetrator, supporting women in accessing safe and appropriate housing, and breaking the cycles of intergenerational abuse. We have worked closely with partner agencies such as The Lighthouse and Wirral Women's and Children's Aid to share successes and encourage better collaborative working to influence change

across the borough. We are hopeful that our developing working relationship with The Lighthouse Centre, IDVAs and extended services will provide more opportunities to improve experiences for women.

Key Challenges and Recommendations for Change

One of our biggest challenges in practice is women accessing safe and appropriate accommodation. Women can be described as 'too complex' for refuge, hostels are deemed not an appropriate environment, there are limited hotels within the area, and specialist refuges are often geographically too far for travel to family time.

When women have successfully left an abusive partner, they are often housed out of area. This has unintended consequences that are disruptive to multiple parts of their life. They have to reregister for a GP and re-join waiting lists for services such as counselling. One woman (see narrative below) was making progress in improving her physical health through better diet and nutrition after being diagnosed as pre-diabetic. The limited facilities at the B&B and refuge meant she was not able to prepare healthy, nutritious meals for herself.

Experiences of our women with reporting domestic abuse and going though legal proceedings are generally poor. Women feel stigmatised and scared to progress with convictions, feeling unheard or disbelieved therefore fearful to speak out without ongoing support. This leads to a reduced tendency for women to pursue a conviction. Going through the process of producing medical evidence is retraumatising for women. A woman has prepared multiple times for a court date that has been rearranged without communication to her or her Practitioner. This was also retraumatising for her and almost resulted in her not pursuing the criminal complaint.

Woman's narrative – Domestic abuse

The following case study demonstrates the amount of intervention over a prolonged period of time that it takes for a woman to be able to leave her partner safely.

We have displayed this in a timeline to show the interventions from multidisciplinary approach.

Usually when we think of domestic abuse cases we think of physical violence. We have decided for the narrative below to discuss the emotional and unvoiced side of coercive control of a relationship. Women tend to hold up a mask to those around them, especially at work, when they are concerned about how others will perceive them. The Pause model of trauma informed practice over an 18-month period creates a safe space for women to be able to disclose and take action, as evidenced below.

XXXXX was identified to us through Scoping data provided by the local authority. At the time of joining the programme, she was 30 years old and had three children removed from her care. Her partner had assaulted her youngest child, resulting in their hospitalisation. The child recuperated and was sent home from hospital on the understanding that the perpetrator of the attack could not live with the children.
XXXXX allowed the partner to move back in and did not inform Social Services. On finding out about the living arrangements, all three children were removed from the home. The eldest goes to live with their father (who is not the current partner). The two youngest are placed with Emma's sister under a Special Guardianship Order.

0-4 Months

XXXXX is assigned to a Practitioner who makes contact through outreach in the community.

XXXXX agrees to work with Pause.

XXXXX's tenancy is dilapidated and in very poor repair. It is rented from a relative of her partner. She recognises that this was not a suitable environment for her children to return to.

There is debt in the relationship, which adds tension. XXXXX discloses that her partner was negative and obstructive when she attempted to improve their living situation.

XXXXX discloses to her practitioner that she is concerned that her sister is not coping with having XXXXX's children in her care. She is torn as she knows that if she informs Social Services of this, they may be placed for adoption, limiting her chances of seeing them. Her practitioner listens to her concerns, validates her feelings and supports Emma to come to a decision.

XXXXX makes the courageous decision to tell Social Services as she knows it is in the best interests of her children. This causes a rupture in her relationship with her sister and her parents', meaning XXXXX is without a support network outside of her partner and is increasingly isolated. Her confidence is low and she reports that she doesn't have any friends.

XXXXX's two youngest children are removed from her sisters care and placed in temporary Foster care. XXXXX has 3 weekly supervised contact in a contact centre with her partner for 2 hours. She has unsupervised access to her eldest who was living with their father.

4-8 months

XXXXX becomes 'Open' on the Pause plan, accessing LARC, sexual health screening and a cervical smear through Axcess. She has not prioritised her own health in a long time.

Initial work with her practitioner includes spending time together through going for walks and having coffee. This builds trust and XXXXX talks about her job. She has discovered that her job is instrumental to her self-esteem: She reflects that she was well liked, good at her job, and that people find her responsible. However, she finds it extremely difficult to confide to peers that her children had been removed and has a persistent internal narrative that she is a bad person, still holding the stigma and shame of having lost her children. This further isolates her.

XXXXX does her first plan with her practitioner and identifies three main priorities moving forward: Improving self-esteem, improving her relationship with her children and meeting her physical and mental health needs, which she was not prioritising.

As XXXXX starts to open up to her practitioner, the practitioner gently challenges some of the views of her partner. XXXXX feels that he is in denial about the part he had to play in the situation they are in with the children and housing, is negative and shuts down her ideas for bettering their situation.

Emma is supported in bidding on property pool when she confides to her Practitioner that she is thinking about leaving.

Emma feels that the task of getting her children back is too big to attempt on her own due to her lack of confidence and low self-esteem, which her partner reinforces. She stops looking for new properties. This cycle repeats several times in the coming months.

8-12 months

Emma and her practitioner work on help Emma to feel more empowered, such as practicing what she would say at a GP appointment so that she would feel better equipped to advocate for herself and following up afterwards.

XXXXX herself for counselling as she recognises a need to address her mental health and starts an ACES course with Creating Communities.

A Nutrition Advice nurse helps XXXXX to think about eating and nutrition as she is diagnosed with borderline diabetes. Emma starts to feel better in herself as she begins to address her physical and mental health needs.

XXXXX has discussions with her practitioner about what it would look like if she was to look after the children without her partner, conversely what the future would look like with her remaining in the relationship.

The Social Worker offers a joint parenting assessment.

XXXXX starts a parenting course through Creating Communities at Rock Ferry Community College.

Some sessions of preparation for the assessment are joint sessions. During these, XXXXX begins to recognise that her partners responses are inadequate at best and becomes increasingly concerned that he would cause them to have a negative assessment. Her practitioner helps her to reflect on the ACES work and parenting course and she reflects on similarities between her behaviour in the relationship and that of her parents.

In a single session with the Social Worker, she is asked if she wanted to leave. XXXXX says yes.

The Social Worker recognises that this is a controlling and coercive relationship and XXXXX is at risk.

XXXXX is waiting alone while professionals attempt to find her temporary accommodation for the night. XXXXX's practitioner joins her to support and help to advocate for XXXXX when her IDVA says she should stay with family.

A B&B is found and her practitioner takes her there with an emergency package that our Practice holds for these occasions containing essential items. She stays in daily contact with XXXXX, to check in, boost her confidence and keep her company.

Her practitioner does safety planning with other professionals and helps XXXXX get her things out of the house whilst the partner is at work.

Due to the location of B&B, there are no public transport links for XXXXX to attend shift work, and she has to leave her job. While she was relieved to be out of the relationship, she was very sad to lose her job and was financially impacted.

Contact with the children is split between the partner and XXXXX, and the contact centre and practitioner made sure they did not cross paths and did safety planning around this. XXXXX has reduced contact with her children by splitting the time, it is now 1 hour every three weeks.

XXXXX moves to refuge in a new area. She is not working and awaiting Universal Credit. Her practitioner helps her advocate for assistance in travel to contact and helped her get travel vouchers.

Her practitioner helps her to link in with local support networks and services – such as Tomorrows Women in Chester, a college course at Cheshire west college and encouraging her to look for another job.

12 months - Present

The refuge finds Emma a 1 bedroom flat. XXXXX's practitioner helps her to move, put up curtains and start making it a home.

Practitioner helps to facilitate sibling contact between the eldest and two youngest children as this paused when they went in to foster care.

XXXXX applies for a new job and is successful in her application.

XXXXX reports that she made friends in the refuge and has maintained these friendships and is attending Group Work with Pause Liverpool and Wirral, linking her in to support from other women who have also had their children removed.

Intervening Earlier

Research evidence has shown that the women with the highest risk for early pregnancy and recurrent child removals are those with experience of the care system. Women leaving residential care and those who entered the system late are at particular risk.

Pause is developing and testing a relational model of support for care-experienced young women to support them to build firm foundations for the future. We are currently testing this approach in two local authorities: practitioners deliver the intervention in Doncaster and Knowsley.

Over three years, the programme would **work with up to 18 young women aged 16 –21 years**. We would seek to work with the young women who local authorities are most concerned about – usually care leavers but may also be those on the edge of care – many of whom are at risk of sexual exploitation and experience additional vulnerabilities. These young women may or may not yet have had a child removed from their care.

This Intervening Earlier innovation retains the key ingredients of the Pause Programme (the things we know make a difference) but adapts to respond to the differences that exist for this age group. Each young woman's programme will be 12 months, with the option to extend a further six months if needed, and delivery will include a range of activities bespoke to each young person, including:

- Assertive outreach – meeting in the community.
- Fun activities that allow for trusting support.
- Support with health (including sexual and reproductive health).
- Support with intimate relationships.
- Identity and family work.
- Support with plans already in place.
- Support with building professional networks and improving relationships.
- Help preparing for the transition to being a young adult.

The outcomes we want to achieve through the intervention are that young women are happier, healthier, feel supported, have better relationships and can make informed choices about their own futures. We aim to achieve a broader systemic impact to the Leaving Care system by modelling an alternative trauma informed approach to supporting young women as they transition out of care.

We are already seeing some positive changes in the existing Intervening Earlier pilots. Early feedback from young women and allocated professionals has been positive – women are choosing to access Intervening Earlier as a primary support service, and the model is proving to be effective for a younger community. Additionally, the support provided appears to have been influential in supporting women to engage with other services – they have commented that they have only been able to attend appointments, meetings or court hearings as they have had preparation and support from Pause. Further information about the pilot in Doncaster is provided in Appendix A.

Appendix A – Intervening Earlier in Doncaster

Pause Doncaster began piloting Intervening Earlier in July 2023. One Practitioner is currently working with seven young women aged between 17-22, one of whom has experienced the removal of a child from her care. The women's living arrangements include residential care, own tenancies or living with family members.

The Practitioner has highlighted the following key needs for women:

- Having someone to listen to them and understand their whole lives, and how intervention in one area can improve or worsen outcomes in another.
- Supporting women to attend appointments, (re)build relationships with professionals, articulate their needs, wishes and feelings, and advocate for them until they develop these skills.
- Supporting women to develop relationships with professionals to ensure that their voices are heard and that their needs are understood and met. This includes asking professionals to work with them in ways which are open, transparent and make them feel valued.
- Supporting women to reflect on and improve their personal relationships with partners and family members.
- Sex and relationships support including thinking about contraception.
- Emotional support, including for anxiety and developing regulation techniques that work.
- Support with housing and feeling safe where they are living.
- Developing healthy relationships.
- Staying safe and safeguarding.

"The balance between role boundaries, trying to strengthen the young women's relationships with other professionals and wanting women to get the support they need. Currently, many young women have fraught relationships with key services. Our aim is to support women to improve these relationships so women can hold these relationships more independently" – Intervening Earlier Practitioner

The Practitioner has highlighted the importance of the different stages of the programme:

- **'Doing for'** when women are new to the work and are building trust,
- **'Doing with'** as they start to develop confidence and increased self-awareness
- **'Cheering on'** as they start to make decisions for themselves and implement these with limited involvement from their Practitioner.

We have also identified the importance of developing partnership working that considers the needs of this group and 'does things differently' where possible.

Outcomes

Practitioner observations and reflections show positive changes in women since starting to work with Pause. The biggest areas of change so far appear to be in the following outcome areas: self-esteem, sex and relationships and trust in professionals.

"Women's confidence has grown in making decisions, voicing their feelings and implementing boundaries, especially with professionals, family members and friends as well as themselves." – Intervening Earlier Practitioner

We track women's outcomes using a progress tool which they complete at regular intervals throughout the programme. As the number of participants in Doncaster is small, we have limited quantitative data available in terms of outcomes, but of the six women who have more than one measurement point:

- Five have reported improvements in their levels of fun and happiness since starting to work with Pause.
- Five have noted an improvement in their emotional wellbeing.
- Five said that they feel safer since joining the programme.

We have also seen positive outcomes in terms of housing and self-esteem.

Additionally, the women are often described as 'difficult to engage' however they are working with the Practitioner and reaching out to her, taking the lead on decision making and identifying their own goals.

The women have commented:

"You don't judge me, you just see where I'm at and try to help me instead of making me do what you want me to do"

"I am seen as an individual, always listened to"

"You see me as a person, that's why I like you"

Supporting the healthcare needs of women who have experienced the removal of their child

About Pause

Pause is a national charity that works to improve the lives of women who have had – or are at risk of having – more than one child removed from their care, and the services and systems that affect them. We offer an intensive, trauma-informed model of support to women, so the removal of a child never happens more than once.

The women Pause works with

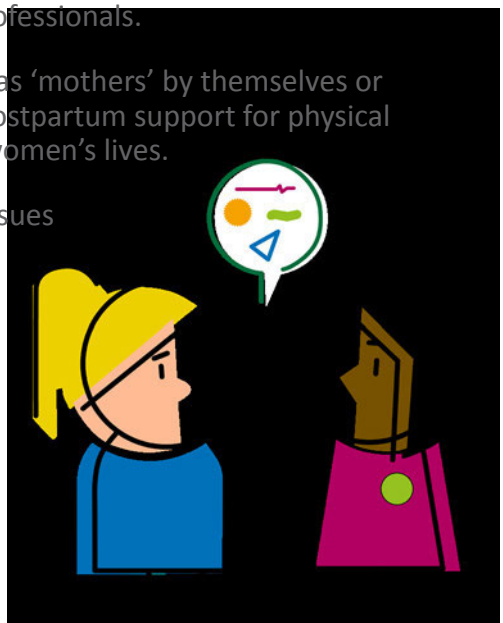
Women working with Pause face multiple disadvantages, including unstable housing, homelessness and poverty. They frequently experience ongoing trauma such as domestic abuse, substance misuse and coping with the grief and loss of child removal, all of which impact their mental and physical health. A large proportion have also experienced trauma in their childhood, which is associated with increased risk of poor adult outcomes, such as chronic health problems and mental illness.

These traumatic experiences often leave women in survival mode, affecting their motivation, impacting their memory, ability to cope, plan, make decisions and attend appointments independently. This means they struggle to access mainstream mental and physical health services without additional support tailored to their needs.

In practice, this might look like:

- **Difficulties booking appointments:** Anxieties around phone calls and appointments, including the requirement to call early to book an appointment, literacy issues, inability to access a phone and language barriers can all prevent women from accessing treatment.
- **Forgetting/unable to attend appointments:** Non-attendance at appointments can lead to women having to restart their engagement, with professionals often regarding them as 'hard to reach', rather than understand the barriers to access they face.
- **Forgetting to take prescribed medication:** Ongoing trauma, drowsiness and a 'zombie like' feeling from medication can result in women being 'put off' or forgetting to take medication, resulting in acute issues becoming chronic.
- **Challenges explaining all their health issues in one appointment:** Women often have multiple health conditions that are caused by or impact other areas of vulnerability in their life. These can be life limiting, untreated or inappropriately treated.
- **Women appearing hostile or fearful when attending appointments:** Feelings of shame, judgement and fear of service involvement can all contribute to women becoming dysregulated, anxious and stressed during appointment, which can be perceived as hostile or angry by professionals.
- **Unaddressed postpartum and birth trauma:** No longer being viewed as 'mothers' by themselves or services can mean a significant number of women are not receiving postpartum support for physical and mental health needs. This can have long-term consequences on women's lives.
- **Challenges accessing dental care:** Other physical and mental health issues are exacerbated, including eating and malnutrition, sleeping, as well as impacting women's confidence and self-esteem.

Research by Pause, in collaboration with the Universities of Birmingham and Edinburgh, has found that women who had more than one child removed (in Pause's sample) were 14 times more likely to die compared to women of the same age in the general UK population.



How you can help

Women working with Pause face multiple barriers to accessing health care, many of these may be invisible. It is crucial to take a trauma informed approach and understand how the grief and loss of child removal can impact health issues and women's ability to work with health services. Consider spending time to discuss women's individual circumstances and ways your service can meet women's needs and overcome barriers to working with you.

Here are some ways women have told us you can help them:

- **Provide alternative appointment arrangements:** This includes giving women the choice of online booking, on-the-day appointments, face to face appointments or telephone calls. Consider offering pre-appointment phone calls and text reminders to help them remember appointments and have the opportunity to ask any practical questions and talk through any concerns about attending.

- **Explain the options for picking up prescription medications:** Where possible, talking them through their chosen options for collecting prescriptions, either in person, posting prescriptions or the option to have collection on their behalf.

- **Consider offering combined appointments and allow time for understanding:** This would address multiple health concerns without the need for multiple appointments, which the woman may struggle to attend. Check that the woman understands the treatment or medication she is receiving, including how long treatment might take and any follow-up required.

- **Accommodate different communication styles:** Grief and trauma can impact memory, providing information in a format a woman can take away with her can be helpful. For example, written notes, visual aids, or drawings to explain complex medical concepts to help a women understand the appointment.

- **Recognise women's fear of appointments:** If possible, ensure women see the same trusted practitioner who is familiar with and understands their circumstances. Repeatedly telling different professionals about their life can be traumatising. Women may want to bring a friend or support worker with them if they feel nervous or need support to regulate their emotions in the appointment.

- **Addressing women's postpartum needs:** All women should receive a postnatal health check, regardless of whether their child(ren) are in their care. This appointment should also be used to remind women of the maternal mental health support that is available and how to access it. NHS best practice guidance for postnatal consultation recognise that this group of women need a bespoke approach to postnatal support. Consider what your services can do to reach women who no longer have children in their care.

What can Pause do to help?

Pause Practitioners use trauma informed approaches to support women to address new and ongoing health needs, as well as to access health services, such as supporting women to register with GPs and dentists. We welcome the opportunity to work with services to help build relationships with women and remove barriers which impact on them working together to meet women's needs.

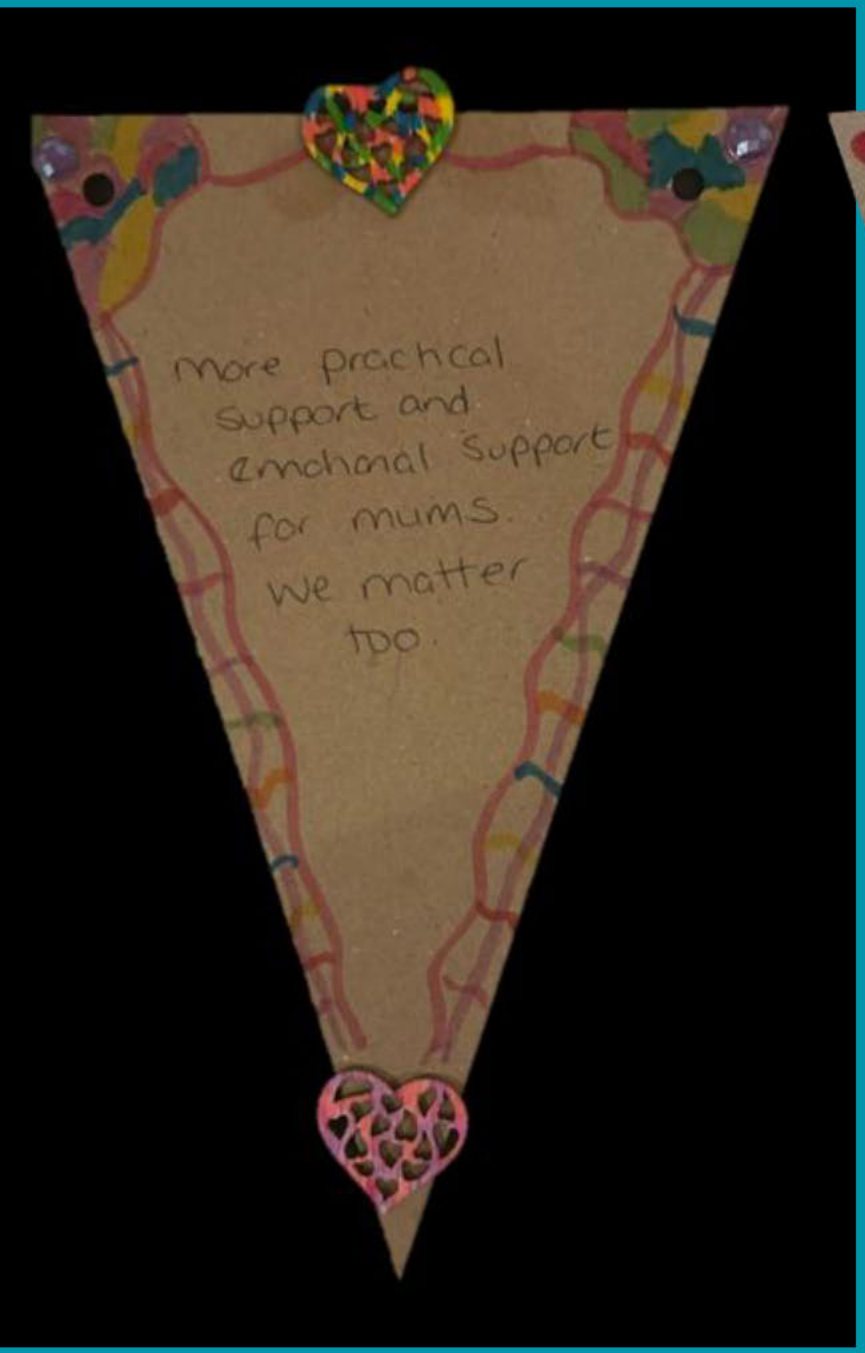
For more information on how we support women who have experienced the removal of their child, please visit **www.pause.org.uk**, email **info@pause.org.uk** or contact your local Pause Practice to find out about our work in your area.

pause

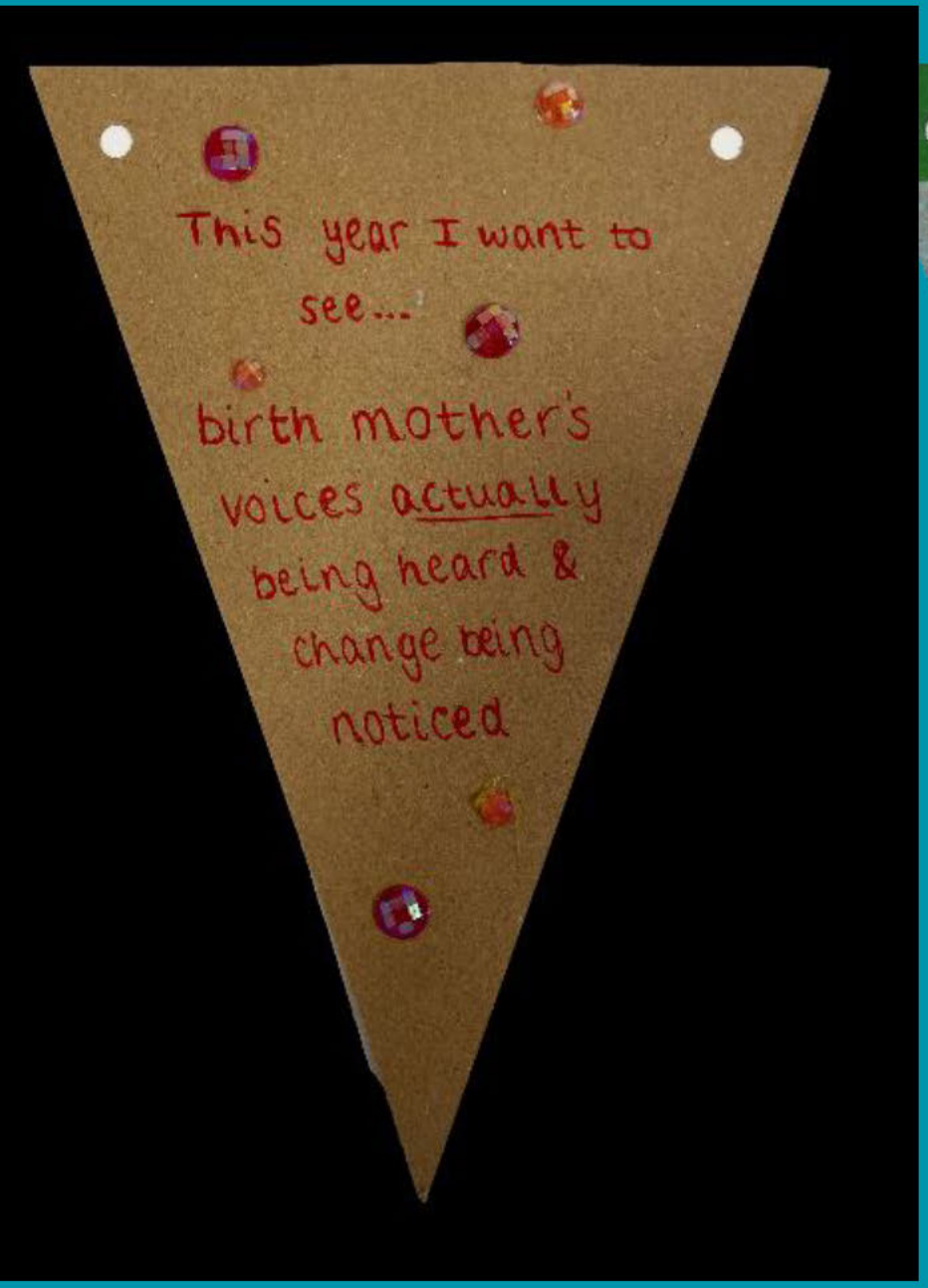
creating space for change

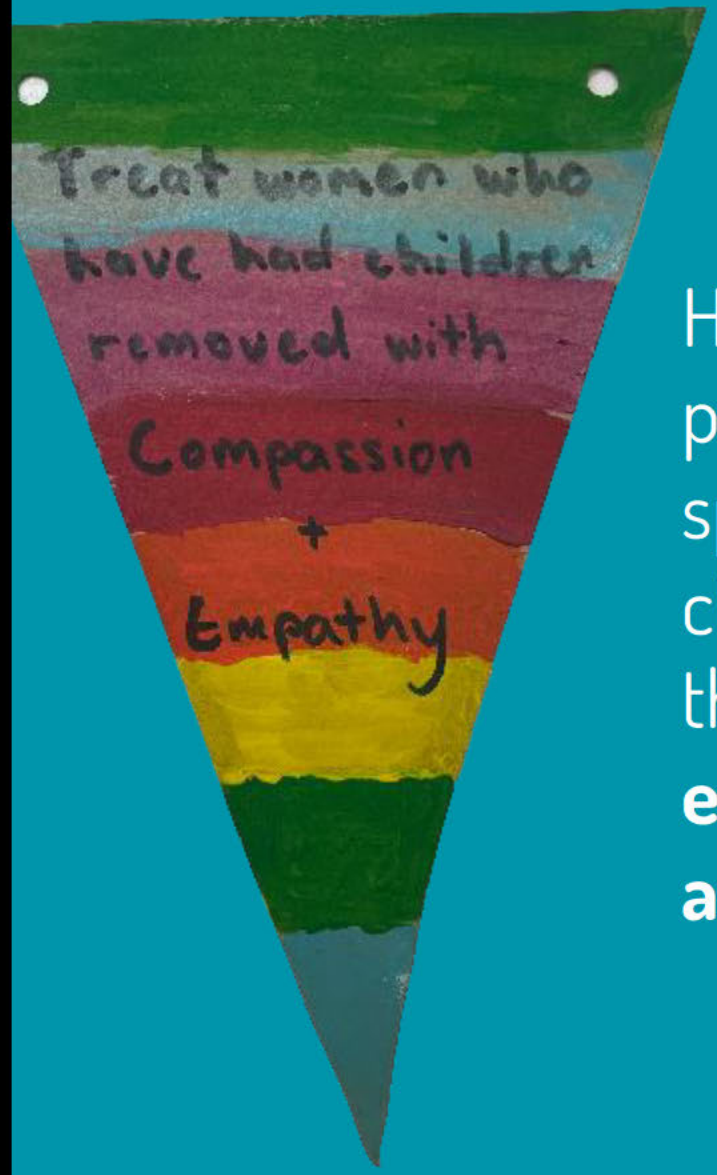
#NeverMoreThanOnce Virtual Gallery: Hearing from birth mothers


BY THE END OF 2024 I WANT GP's + Dentists to be easier to access
Grief + loss counselling offered as standard to all birth parents who have their children removed from their care.
Pause to grow bigger and reach More women like Me
open adoption
More Contact
NoT Just once a Year after Adoption
#PAMS
More support After adoption
Children's Social care workers need to communicate better with birth families
more affordable housing in safe enviroments for vulnerable people who need support
Our asks for government...
#NeverMoreThanOnce
pause
creating space for change
Be Kind nd Make good Choices!!
Support birth parents!
Be aware of the DV situation and where children are placed.
This year I want to see... birth mothers
Someone in government who has been thru the same trauma that we can connect with and Relate Too!!
STOP Blaming The mums Past!!!!
The past does not determine if you can parent or
this year I want to see
"I would like the government to think about making
THIS YEAR I WANT TO SEE CHANGES IN HOW THE SYSTEM TREATS MOTHERS
Understand Mental Health



Messages from **over 100 birth mothers** working with Pause about the changes they want to see.





Highlights the importance of parents being offered specialist support after children are removed from their care, so that **no family experiences the removal of a child more than once.**

There is currently no post-removal support available in more than half of local authorities, leaving thousands of parents struggling to cope.

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We believe sp
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