

## ITEM No ...5.....

**REPORT TO:** CHILDREN AND FAMILIES SERVICES COMMITTEE – 6 SEPTEMBER 2021

**REPORT ON:** PROGRESS REPORT ON PAUSE DUNDEE

**REPORT BY:** EXECUTIVE DIRECTOR OF CHILDREN AND FAMILIES

**REPORT NO:** 238-2021

### **1.0 PURPOSE OF REPORT**

1.0 This report updates the reports approved by Elected Members on 28 January 2019 (Article IX of the Minute of the Children and Families Services Committee and report no 43-2019 refers) and 27 January 2020 (Article VIII of the Minute of the Children and Families Services Committee and report no 44-2020 refers). It provides members with information on the progress of the Pause programme since it began in 2019 and recommends continued funding for the programme, given its critical role in the Council and wider partnership approach to services for women with multiple and complex needs in the city.

### **2.0 RECOMMENDATIONS**

It is recommended that the Committee:

- i) Notes the considerable progress made by 21 women who completed the first Pause Dundee programme, as evidenced in the “Impact Report” (Appendix 1).
- ii) Notes and commends the efforts of the Pause Dundee staff team in maintaining engagement with the women during the period of the Covid-19 pandemic.
- iii) Approves the continued funding to be provided by the Children and Families Service in the period 2021-22 and 2022-23.
- iv) Instructs the Executive Director to keep the outcomes of the programme under continued review and provides an update report in 12 months.

### **3.0 FINANCIAL IMPLICATIONS**

3.1 Funding for the Pause programme was initially secured via a combination of National Lottery Community Funding and funding from the Robertson Trust. The Social Bridging Finance (SBF) model was used, which contractually requires that the Council funds a second cohort of women on the programme if it has been shown to meet key outcomes. The financial implications are £147,000 part-year funding in 2021-22 and £240,000 in 2022-23. Given its positive personal, social and financial impact, it is proposed that this is met by prioritising funding from the Children and Families Service.

### **4.0 MAIN TEXT**

#### **4.1 Background**

4.1.1 Previous reports have set out the background to Pause in Dundee in detail and explained it is a charity which supports local areas to set up and deliver local Pause programmes, which work with vulnerable women who have had 2 or more children removed from their care due to concerns about the child being at significant risk of harm. The programme forms part of a continuum of support for vulnerable women with a focus on those who have so far been unable to engage, or had limited engagement, with other services and are at risk of the further removal of children from their care. It should also be stressed that Dundee has a range of support services that aim to support parents to care for their children within birth families wherever possible, including the provision of specialist and intensive multi-agency supports, and that only in exceptional circumstances that children are removed from their parent's care.

The programme places a strong emphasis on informed voluntary engagement and person-centred support, alongside the woman taking a “pause” from pregnancy to help bring greater stability to their lives. During an initial engagement period of up to 4 months, women are provided with general support to meet their personal needs, including support to access other services. Where the woman considers this is sufficient for them, or if they do not wish to progress to the full Pause programme, each woman is supported to continue to engage with these other services.

### Local Implementation

- 4.1.2 In Dundee, Pause is a partnership between Pause, the Robertson Trust, Tayside Council on Alcohol (TCA) and the Council. It was the first Pause programme to operate in Scotland, with 103 women originally identified as eligible. The programme started in June 2019, when following initial outreach work a community of 22 women, who between them have had 53 children removed from their care, signed up to the full programme. A further 14 women initially engaged before deciding the programme was not for them and they were supported into other services.

## 5.0 Programme Impact

- 5.1 To date, 21 women have successfully completed the programme. Unfortunately, one woman, who was in the process of transitioning from the programme, died suddenly. In general, the women have reported very high levels of prior trauma associated with negative childhood experiences and domestic abuse, with consequent mental health issues and problems with substance use. The programme has led to significant benefits for them and improvements in many areas of their lives. By the end of the programme, most have been better able to manage their own health and wellbeing and access other services to prevent ongoing crisis and relapse. Support and related benefits for the women has included:

- **Improved access to health services** - this has included registration with GPs, support to access specialist mental health services and access to sexual and reproductive health services, as well as a range of necessary dental treatments such as extractions, root canals and transformative dental care such as a denture plate for woman who lost teeth as a result of domestic abuse. The benefits for the women are not just related to their oral health but have also impacted considerably on their self-esteem.
- **Improved relationships with their children** – this has been a priority for many of the women and 80% reported a positive improvement in their relationships with their children by the end of the programme. Six women have been supported to either engage with or restart contact with their children. Two now have shared kinship care placements and as part of a rehabilitation plan one is being supported for her children to be returned to her full-time care.
- **Improved access to employment, education and training** - six women were supported with employability skills, with one going on to full time work and two now in volunteering roles. Nine women have been supported to access education or training and as a result, four women are applying for or are already attending college. This also involves women broadening their social networks and is a key part of their longer-term progress. Support with benefits and budget management has also been provided
- **Improved mental health** - 17 women have been supported to access specialist mental health services and/or emotional wellbeing support. This has included support to the women to engage with their GP to enable referrals to the community mental health teams.
- **Improved housing** - housing issues have consistently been flagged as a priority area for women, with almost all being supported with a range of housing issues. With the support of their practitioner, women reported feeling more confident and better able to address their housing needs, with 4 women who were living in homeless accommodation moving into their own tenancies and evictions being prevented for 5 women.

- **Improved approach towards substance use** - this was a significant presenting issue for the majority of women and most had a history of involvement with treatment services. They all experienced positive changes whilst on the programme, with consistent, positive engagement with medically assisted treatment programmes; gradual, tapered reduction in medically prescribed drugs; or even simply making the first tentative steps towards attending an initial assessment appointment.
- **Improved safety from domestic abuse** - domestic abuse has also been a feature in the lives of almost all the women and the team has had a clear focus on keeping women safe, including through collaboration with specialist Violence Against Women/Domestic Abuse services. This has led to more positive relationships or clear supported pathways out of relationships. Additionally, work has been undertaken with a number of women around healthy relationships.
- **Self-reported improvements** – most women reported positive changes across most aspects of their lives through their time on the programme.

5.2 It can be seen from the above that the programme has led to a wide range of positive outcomes for women. The appended “Impact Report” sets these out in more detail, with outcomes verified by the Robertson’s Trust’s externally commissioned auditor from Iconic Consulting. This has therefore met the terms of the SBF funding model, in which the Council committed to funding a second cohort of women if the following outcomes were agreed:

- Women engage with Pause as a service
- Women maintain engagement and complete the Pause programme
- The women provide favourable feedback about Pause as a service
- The women that Pause works with take a pause in pregnancy
- That the programme has a positive impact on women

5.3 The Impact Report narrates some of specific and general theoretical cost savings, estimating that cumulative costs of £1.5 million over 5 years could be achieved via its preventative and supportive approaches, including reducing the numbers of children being born at such risk that they need care placements. There would also likely be a wide range of additional savings, such as reduced criminal justice costs, health provision and housing evictions. However, the priority for the service has always been achieving positive outcomes for these women and their families. This also includes the impact on children and other relatives whose lives have been indirectly positively impacted on by the programme.

5.4 Finally, it should be recognised that the service was affected by the outbreak of the pandemic in March 2020 and associated public health requirements. However, given how vital the work was with very vulnerable service users, the Pause team maintained contact with the women as much as was practical and possible, using a variety of means to provide support, including by telephone, video call and face to face contact. The case study in the Impact Report provides further details on the nature of the support and its benefits, including support provided during the pandemic.

## 6.0 CONCLUSION

6.1 The Pause Programme has provided an innovative and intensive service to some of Dundee’s most vulnerable women. The impact of the service has been significant, with positive outcomes for many aspects of women’s lives. With Children and Families Service funding prioritised to support a second cohort of women in 2021-22 and 2022-23, more women will benefit from the service.

## 7.0 POLICY IMPLICATIONS

7.1 This Report has been subject to an assessment of any impact on equality and diversity, fairness and poverty, environment and corporate risk. A copy of the Impact Assessment is available on the Council’s website at [www.dundee.gov.uk/ia/reports](http://www.dundee.gov.uk/ia/reports).

## **8.0 CONSULTATIONS**

- 8.1 The Council Management Team and Chief Social Work Officer were consulted in the preparation of this report.

## **9.0 BACKGROUND PAPERS**

- 9.1 None.

Paul Clancy, Executive Director of Children and Families

August 2021



Pause Dundee  
Impact Report  
August 2021

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## Background to Pause Dundee

The purpose of Pause is to prevent the damaging consequences of more children being taken into care. We do this by working through the lens of vulnerable women who have had multiple children removed from their care and giving them the chance to take control of their lives. The key to our success is the relationships we build with women at risk of becoming pregnant again – we work in partnership with them to find new ways to overcome problems of the past, meet challenges of the present, so that together we build strong foundations on which they can develop a more positive future.

Pause Dundee is a partnership between TCA, Pause, Dundee City Council and The Robertson Trust. The Practice started in June 2019 and is the first Pause to operate in Scotland. Funding for the first community of women came through a combination of a grant from the National Lottery Community Fund and funding from The Robertson Trust. The funding from The Robertson Trust came as Social Bridging Finance and, as a condition of the grant, Dundee City Council made a commitment to continue funding the programme so it could work with a second community of women should it achieve the agreed outcomes.

Work with the first community of women is coming to an end and this report summarises the impact Pause has had. Pause Dundee has achieved all of the agreed success criteria despite delivery being significantly impacted by the pandemic, which is likely to make a difference to the outcomes.

*“[Pause Practitioner] is fab, she always knows what to say to make me feel better and help when I’m not doing so well. It’s been difficult with covid and that but [Pause Practitioner] always made the effort and was always there when I needed her.”*

## Progress update

Need in Dundee is high – 103 women were originally identified as eligible for the programme. 52 women were prioritised and, as a result of the outreach work, a community of **22 women signed up** to the full programme. Between them these 22 women have 53 children removed from their care.

Not all of the women approached by Pause Dundee signed up to the programme. There were a number we were unable to locate and there were some whose circumstances had changed, which meant they were no longer eligible. In addition to the 22 women who fully signed up to the programme, there were another 14 women who engaged with the team for a period of up to 16 weeks but decided that the programme was not right for them. This was for various reasons including women not feeling the service was the right fit for them, or they were planning to have more children and not feeling ready for a pause. Despite not taking part in the full programme these 14 women received a range of support including short pieces of work and sign posting to other services. The take up rate of the full programme is similar to the conversion funnel in other Pause Practices.

Retention has been good even during the pandemic. **19 women have already successfully completed** the programme and the other two are due to complete in August. Unfortunately, one woman who was in the process of transitioning from the programme died very suddenly. This awful example highlights the increased vulnerability of women whose children have been removed. We know from data collected by Pause that women who have had children removed are 36 times more likely to die a premature death when compared to the general population, a reflection of just how complex their lives are with multiple vulnerabilities.

One woman who completed the programme became pregnant towards the end of her time working with Pause. The baby has not yet been born. The woman has engaged well with social work services and it is noted she has been seen to make positive progress; there are no plans for immediate removal.

### Local need

All of the women working with Pause Dundee have complex and often inter-linking needs. The women have experienced incredibly high levels of developmental and/or relational trauma which has impacted significantly on their emotional wellbeing and ability to function. Of the 22 women who worked with Pause Dundee we know that:

- **88%** have been identified as having experienced **domestic abuse** (both in current and/or historical relationships).
- **88%** have experienced a range of **mental health issues**.
- **64%** have issues with **problem drug use** and **32% alcohol misuse**; a number of women are experiencing difficulty with both drugs and alcohol.
- **24%** have **learning difficulties or disabilities**, though not all diagnosed.
- **18%** were **care leavers or care experienced**.

### What difference does Pause make?

Pause works. There is a growing body of robust independent evidence that demonstrates that Pause is a highly effective intervention. This is in terms of both supporting women to make important changes in their lives, as well as making better use of public funds because it reduces the number of infants brought into care. A recent evaluation commissioned by the Department for Education in England looked at the impact of all Pause Practices in the network. At the time of the evaluation Pause was only operational in England. The independent evaluation evidenced a range of positive impacts for women on the programme, including:

- **The number of women who were homeless or in unstable accommodation almost halved, from 22% to 13%**, over the duration of working with Pause.
- Women moved from **moderate/severe emotional distress** at the beginning of the programme to **mild emotional distress** at the end of the programme.
- **A reduction in women's offending behaviour, both in terms of frequency and severity** over the duration of the programme.
- **Clear improvements in women's support networks and levels of social isolation.** Women reported that Pause's group activities created opportunities for supportive peer relationships that often continued after the intervention.
- **The life satisfaction and wellbeing of women improved** – moving from very low levels (in the bottom 5% of the UK population) towards population norms.
- **A significant increase in women accessing education, training and paid work** and a reduction in the proportion of women classified as NEET. **31% of women reported receiving recent education and training** by the end of the programme compared to 19% upon starting the programme.
- There was **a significant decrease**, from 35% to 17%, in **women reporting that their current partner hurts or threatens them** (among women professionally reported as being in an abusive relationship), as well as qualitative evidence of women's '*understanding of threat and tolerance of unacceptable behaviour*' shifting over time.
- Women working with Pause had **improved access to services for existing (but often previously unmet) needs across all domains** and there were reductions in the frequency and number of A&E visits, the number of arrests and the severity of crimes arrested for in the past nine months.

### What difference have we made to women in Dundee?

What we see in Dundee in practice reflects the findings of the evaluation. We are learning that working with Pause enables stability and leads to significant improvements in a number of areas of a woman's life. Most are then better able to manage their own health and wellbeing, and better able to access other services to prevent ongoing crisis and breakdown.

*"Pause has taught me a lot about myself and what I am capable of. I now feel better and more confident in myself."*



In Dundee we have seen that women have made progress across a number of areas of their lives including:

### **Physical health**

At the start of the programme, 14 women were registered with a dentist, this has now increased to 20 women and eight of these women have been supported to access vital major dental care. This includes a range of necessary treatments such as extractions and root canals, as well as transformative dental care such as a denture plate for a woman who lost teeth as a result of domestic abuse. The benefits for the women are not just related to their oral health but also impact considerably on their self-esteem.

20 women have been supported to access sexual and reproductive health services. For some of these women this is the first time they have accessed services at Ninewells for specialist sexual and reproductive health care, with the other women accessing support via their GP. In addition to contraception, women have also accessed a range of other services including testing and treatment for STIs, cervical screening and pregnancy testing.

At the start of the programme two women were not registered with a GP. Now, all 22 women are registered with a GP and are actively using this universal service rather than emergency services for health care.

*"I wouldn't be here without Pause - they have helped me so much and I will always be very thankful"*

### **Relationships with children**

Improving relationships with their existing children has been a priority for many of the women on the Pause programme. 80% of the women reported a positive improvement in their relationships with children by the end of the programme. Six women have been supported to either engage with or restart contact with their children. Two women now have shared kinship care placements and, whilst not a key focus of the programme, one woman is currently working with child and family social work who are supporting a rehabilitation plan for her children to be returned to her full-time care.

Examples of the work undertaken include supporting a woman to rebuild the relationship with her own mother who has kinship care of her two children, resulting in more frequent and longer time with her children. Another woman has been able to get updates on her children, share drawings and pictures and has also made individual memory books for her sons. As well as a positive impact for the women we anticipate this has a positive impact on the children too. One Social Worker commented that:

*"From my perspective this also allowed for me to support the child(ren) gain a better understanding of their mother's circumstances. The mother was able to provide photo albums with photographs and information for the child(ren) which at times can be difficult to obtain and will support ongoing life story work with the children."*

### **Employment, education and training**

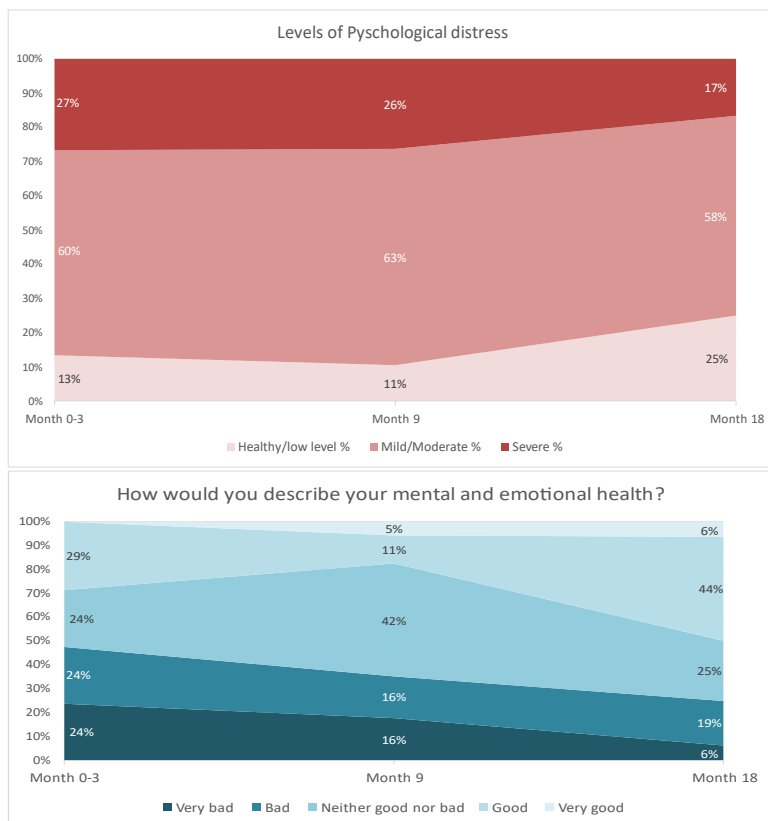
The Practice has supported six women with employment skills, which included writing their CV, accessing funding to buy clothes for interviews and support around interview skills. One woman is now working full time and two women are volunteering. Nine women have been supported to access education or training and, as a result, four women are applying for or are attending college.

### **Money and benefits**

Significant work has been undertaken by the Practitioners in supporting the women around benefits, finances and managing their money and debts. 15 women have received help regarding their benefits. This has involved help to apply for benefits, support around assessment interviews, learning how to use online universal credit journals, as well as advice debt advice including rent arrears and help to budget.

## Mental health

For 88% of the women mental ill health is an enduring issue and support for their emotional well-being has been a key focus of the work with their Practitioners. Since joining the programme, 17 women have been supported to access specialist mental health services and/or emotional wellbeing support. This has included support to the women to engage with their GP to enable referrals to the community mental health teams. Practitioners have worked to ensure women are referred to the right service, ensuring they are supported to access counselling services, offered support in a crisis and are equipped with a range of strategies to manage their mental health and emotional wellbeing. This has included emotional regulation exercises, grounding techniques, use of exercise and creative activities like diaries, crafts and gardening. For many women, what has been vital is the holistic nature of the support from their Practitioners, that responds to their mental health and wellbeing needs in conjunction with other stressors like debt, housing, family and vital importance of building on strengths and relationships.



We can evidence that this has had a positive impact on women's mental and emotional health. Using the CORE 10 standardised measure of psychological distress, we can see that there has been a reduction in the number of women presenting with severe psychological distress. It has fallen from 27% to 17%. The number of women reporting healthy/low level distress has also increased from 13% to 25%.

Women describing their mental health as bad or very bad has also fallen from 48% to 25%. The percentage of women experiencing **good or very good** mental and emotional health has **increased from 29% to 52%**.

## Housing

Housing issues have consistently been flagged as a priority area for women in the first community. We have supported 20 women with a range of housing issues, including 15 women being supported to complete housing applications for new tenancies. Women have reported that they found engaging with housing services a real challenge, they felt embarrassed about discussing their personal circumstances and judged by staff for the trauma they have experienced. This led to them disengaging in the process. With the support of their Practitioner, women reported feeling more confident and better able to address their housing need. Four women, who were living in homeless accommodation, have moved into their own tenancies. This support has also resulted in evictions being prevented for five women. This is through rent arrears being addressed and issues of domestic abuse understood. Many women felt unable to stay in their accommodation as they had broken windows and doors that would not lock, which meant they were unsafe – seven women have been supported to get essential work completed so they feel safe and are able to return home.

## **Drugs and alcohol**

Problem substance use was a significant presenting issue within this community of women. However, it should be noted that Pause Dundee is not a substance treatment programme: the role of Practitioners is to support engagement with specialist treatment services and interventions. The challenges faced in delivering effective substance use interventions have been well documented in recent years, with Dundee attracting increased interest around the issue of drug related deaths.

For many of our women, substance use has been a pervasive feature of the communities they live in and their formative childhood experiences. It becomes: an entrenched coping mechanism for the reality of their lives and experiences; a method of control within coercive or abusive relationships; and a response to trauma and psychological distress. Many of the women have a history of involvement with treatment services. Some of this has been positive and some less so. Pause Dundee has worked hard to develop collaborative practice in terms of supporting women with their treatment goals and meaningful engagement with appropriate services. This includes involvement in the non-fatal overdose pathway test of change. Pause Dundee has been a champion for a trauma-informed approach and has contributed to ongoing dialogue around gender-informed practice.

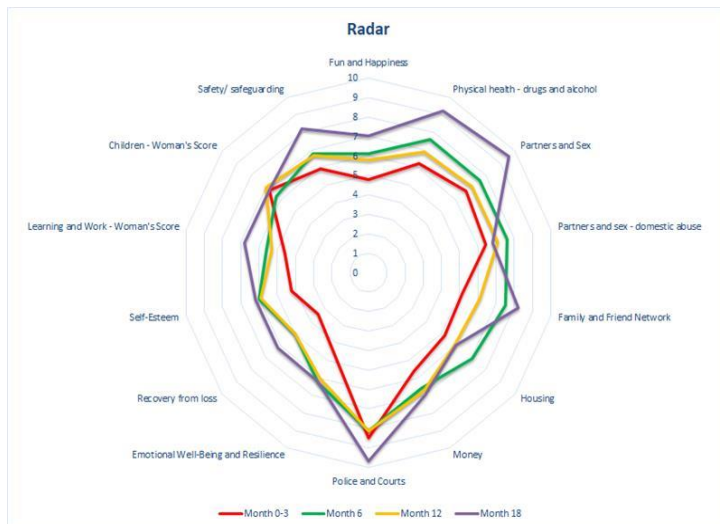
The complexity of the struggle to overcome problem drug or alcohol use should not be underestimated and progress is rarely linear. Overall, every woman on the programme has experienced growth in this area and achievements must be seen within the individual's life context as befitting a truly person-centred programme. This has ranged from: consistent, positive engagement with medically assisted treatment programmes with abstinence as the final goal to be achieved through gradual, tapered reduction in medically prescribed drugs; to, support to build the trust and confidence to make the first steps towards attending an initial assessment appointment with a treatment programme. For most of the women lapse and relapse has been a feature of their journey. The role of the Pause Practitioner has been to work with the women, alongside staff from the substance use services, to manage this in a way which enables the learning, personal growth and consolidation of the therapeutic relationships needed to believe that change is possible and that they have the strength to try again.

## **Domestic abuse**

As you can see from the list of presenting issues on page 3, domestic abuse is a feature in the lives of almost all the women involved with Pause, alongside mental health issues. Over half of these women also experienced problems with substance use. The presence of all three intersecting needs is well documented in terms of elevated risk in safeguarding work, but has also presented Pause Dundee with significant challenge in responding to this complexity, set against the backdrop of Scotland's response to the global pandemic. The team has had a clear focus on keeping women safe during the lockdown period, particularly where women were living with abusive or controlling partners. Effective collaboration with the Violence Against Women/Domestic Abuse services had led to positive relationships and clear pathways within this arena. The Practice has supported one woman to go into refuge, three were referred to the local MARAC, seven referred to specialist domestic abuse services and one woman was supported to leave Dundee and spend time in England away from an abusive relationship. Additionally, work has been undertaken with a number of women around healthy relationships.

## **Women's self-reported impact**

Despite the challenges of the pandemic, the women's self-reported data evidences the positive progress they identify that they have made. We know that their progress, whether 'big or small', is an important part of their individual journey and it is the building of these firmer foundations which will enable them to make and sustain change. The radar chart below shows they feel they have made improvements across all areas. Progress against domestic abuse shows marked improvement followed by dip. We think this could be for a combination of reasons. In part it could be reflective of the increased risk of domestic abuse that women faced during the lockdown but also it could indicate that women develop a greater understanding and awareness of domestic abuse, therefore self-reports go up.



*“Everyone needs a [Pause Practitioner] in their life. I wouldn't change anything about Pause. I've learnt so much and now feel like I can do more by myself because of the help I've been given.”*

*“I've really enjoyed working with [Pause Practitioner], she has helped me start to believe in myself. She is always just a call away whenever I need her. Her support has been great, and I will miss her when our time is over.”*

### Financial impact

As well as the significant personal and community benefits of breaking this destructive cycle to children and their families, the external evaluation of Pause (commissioned by the Department for Education in England) clearly showed the intervention led to a better use of public money. A Department for Education (England) funded three-year independent evaluation<sup>1</sup> found that on average areas delivering Pause showed a reduction of 14 infants being removed each year.

The cost of placement fees for 14 infants in Dundee is c£336,772 per year (these costs have been provided by Dundee City Council where available and supplemented with costs taken from PSSRU<sup>2</sup> costs where necessary). Pause costs approximately £240,000 per year in Dundee. Using the actual costs of delivering Pause in Dundee and local costs for looking after a child, we can estimate that over five years this results in the avoidance of £1,500,000 costs to Dundee City Council. Whilst there are clearly significant societal benefits in reducing the number of infants who are removed from parental care, it is also likely that these financial costs would exceed the cost of delivering a Pause programme – factoring in the many social and economic benefits of preventative work, means that it more than justifies the programme expenditure.

### Wider savings

There are a number of other costs that can be incurred when working with this group of women, which have not been included in the analysis but should be taken into consideration. An existing Pause Practice conducted their own cost benefit analysis, which looked at the expected birth rate of the women participating in the programme and factored in wider social and economic benefits. They found that **for every £1 spent on the Pause programme, they made a saving of £5.76.**

### Conclusion

The data from Pause Dundee, as well as women's own feedback, clearly evidences the difference Pause Dundee has made on their lives. The hope is that with further funding this can be built upon so that more women, their children, wider families and communities can benefit from the service.

<sup>1</sup> Funded by the Department for Education and carried out by the University of Sussex in partnership with Research in Practice and Ipsos Mori. Can be found online here: ([Evaluation of Pause \(publishing.service.gov.uk\)](https://publishing.service.gov.uk))

<sup>2</sup> PSSRU Unit Costs of Health and Social Care (<https://www.pssru.ac.uk/research/354/>)

## Woman's narrative and example

### **Rosy's story**

Rosy is 36 and has had four children removed from her care. Her three sons (aged 16, 13 and 7) are living in separate adoptive placements – Rosy has no direct contact with any of them. Rosy suffered a severe mental breakdown when her sons were removed – including 'blacking out and destroying her home', which she has no memory of. A few years later, Rosy's daughter was removed at birth. Her daughter (now aged five) lives in North West England with her paternal aunt and Rosy has regular contact with her.

Rosy has recently graduated from Pause after working with us for 18 months. As well as concerns about her mental ill health, Rosy was the victim of domestic violence and was struggling with misuse of alcohol, which is likely, in part, to be an attempt to self-medicate to help manage the trauma in her life. Building a relationship with Rosy took time and patience over a 15-week period. We were often seeing her daily during this time. When we met Rosy, she was having difficulties with self-esteem and lack of confidence. She was continuing to experience poor mental health but was not working with any services to support her with this. Rosy was very worried about the time she blacked out, becoming emotionally upset on a daily basis and fearing it could happen again.

Rosy was still technically living in the flat where she had lived with her children, surrounded by the memories, sadness and guilt about them being removed. The property was also too big for her, and she never stayed there; instead moving between her gran's and partner's properties, whilst her own mother (whose housing situation was insecure) stayed in Rosy's flat. We supported Rosy and her mother to complete housing applications. Her mother is now living in secure accommodation. An offer of tenancy for Rosy is in process but has been delayed due to the pandemic. However, with our support, Rosy – who had not been into the flat for five years due to the associated trauma – has been able to enter the flat and sort through belongings. It is now ready to be given up when she is offered a smaller property. She was also supported to clear her rent arrears and she is now paying her rent on time.

Rosy was working as a kitchen porter in a local restaurant when we met her, however she was not always guaranteed the hours she needed and was often given shifts at the last minute. This was affecting her benefits and contributed to her building up housing debts. With support from Pause and Remploy, Rosy changed jobs. She is now regularly getting more hours, with the offer to cover additional shifts. She is also notified about her shifts in advance, which has improved the quality of her working life. Being in more stable employment has been instrumental in giving Rosy a sense of purpose, and connectedness, and has improved her confidence.

Rosy has direct contact with her daughter but has not been able to see her face to face during the pandemic. Through conversation we explored how best to use online contact, thinking about activities to do together to feel connected. Rosy is now able to imagine a time in the future when her sons may seek out some form of contact with her and be able to see the mother that she has become – one that they can be proud of. Rosy hopes she can help them understand their past and let them know they were, and still are, loved.

While on the programme Rosy has lost over three-and-a-half stone. This was an important goal for her as she felt her weight was holding her back and causing health issues. Rosy has attended fitness groups with Pause, outdoor workouts and walks with her Practitioner. This has given her self-esteem a huge boost, and her overall mental health has also significantly improved. Through lots of reflective conversations and practice, Rosy now understands her emotional response to events and can better regulate her emotions, she is more resilient in managing difficult situations or significant dates in her life. She says she no longer feels stupid when talking to a range of professionals, and is better able to listen, take in and retain what is being said to her.

There has been an incredible physical transformation in Rosy since she started working with Pause. She is carrying herself with confidence and pride, taking care of her physical appearance, and enjoying being out and socialising with other people. She also has a better understanding of healthy relationships and how to keep herself safe.

Rosy feels positive about the future and is focused on building upon the strong foundations that she created during her time on the programme. She is also eager to use her journey to help other women:

*“[I] want other women to know that there is life after having your children removed, you can go on to set yourself goals, achieve them and create a positive future for yourself.”*