

ITEM No ...8.....

REPORT TO: CHILDREN AND FAMILIES SERVICES COMMITTEE – 23 JANUARY 2023

REPORT ON: PROGRESS REPORT ON PAUSE DUNDEE

REPORT BY: EXECUTIVE DIRECTOR OF CHILDREN AND FAMILIES

REPORT NO: 23-2023

1 PURPOSE OF REPORT

- 1.1 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), 27 January 2020 (Article VIII of the Minute of the Children and Families Services Committee and report no 44-2020 refers) and 6 September 2021 (Article V of the Minute of the Children and Families Services Committee and report no 238-2021 refers). It provides members with information on the progress of the Pause programme since it began in 2019 and notes the efforts to seek longer term funding to provide services for vulnerable women who are birth parents, as part of a wider partnership approach to services for women with multiple and complex needs in the city.

2 RECOMMENDATION

- 2.1 It is recommended that the Committee:
- a notes the positive impacts of the programme on the 23 women who have been involved in the second cohort of the programme (see Appendix 1);
 - b notes the desire to expand the criteria and provide a broader range of flexible responses to the needs of women who have children removed from their care; and
 - c instructs the Executive Director of Children and Families to report back to the Children and Families Committee by June 2023 regarding the revised service model and funding implications.

3 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 required that the Council funded a second cohort of women on the programme if it has been shown to meet key outcomes. The funding allocated for the current financial year is £240,000.
- 3.2 The planned revised service model will take account of investment in related services elsewhere in the city, to allow for a greater number of vulnerable women to be supported and on a longer-term and/or intensive basis when required.

4 BACKGROUND

- 4.1 Previous reports have outlined the background to Pause in Dundee and its focus on supporting women who have had 2 or more children removed from their care. This focus has meant that since the first programme began in 2019, over 40 women have now had the support of the Pause programme to assist them in their daily lives and thereby reduce the risks and meet the needs that they have. The service, delivered locally on behalf of the Council by Tayside Council on Alcohol (TCA), has worked very closely with a wide range of partner services, including many who offer specialist provision. At its core is an approach which reaches out to these women through a caring, proactive approach, offering a helping hand to women who are often at their lowest ebb.

Previous reports have noted the substantial benefits to women who take part in this programme. 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.

- 4.2 Dundee is now nearing the end of the second phase of women who have been involved with the programme. Since its early stages of implementation, TCA has worked hard to ensure that the programme is fully integrated with related services for vulnerable women. Awareness of this group of women and their very specific needs was highlighted as a "good practice" example in the report "Joint Inspection of Services for Children and Young People at Risk of Harm in Dundee City", published in January 2022 by the Care Inspectorate. They noted the programme's "...compassionate, person-centred and collaborative approach."

5 PROGRAMME IMPACT

- 5.1 The second cohort of 23 women undertaking the programme are nearing its completion. These women have had a total of 61 children removed from their care. The Impact Report at Appendix 1 highlights that prior to starting the programme, all these women had significant trauma and challenges in their lives, including:

- a 78% have been identified as having experienced domestic abuse (both in current and/or historical relationships);
- b 96% have experienced a range of mental health issues;
- c 43% have issues with problem drug use and 43% alcohol misuse - a number of women are experiencing difficulty with both drugs and alcohol;
- d 13% have learning difficulties or disabilities, though not all diagnosed; and
- e 35% were care leavers or care experienced.

As with the first programme, the women have reported significant positive changes in their lives because of the support provided. Through reaching out to these women using an assertive outreach approach, support is provided to access specialist services, with much of this work having a profound positive impact on their everyday lives.

- 5.2 Examples of this work are detailed in the Impact Report and include:
- a Access to dental services - including being newly registered to receive dental care, access to the dental van as this was felt to be less stigmatising and extensive restorative dental work.
 - b Access to sexual/reproductive services - including some women who accessed such services - whether hospital-based services or via GPs - for the first time; this included one woman where cancerous cells were found during a screening, for which she is now receiving treatment.
 - c Improved relationships with their children - this continues to be a high priority for many of the women and therefore for the service. Close working between the service and the Council's Post-Adoption social worker to provide specific support to three women, but also advising and supporting the service on the ways in which family time can be improved. With support from the service, some women have also had positive changes in the contact arrangements with their children, with one woman having her children returned to her care full time.

- d Improved access to employment - five women were supported to access education, with others reporting having gained employment, improved college experiences and becoming a volunteer.
- e Money and benefits advice - with the cost of living crisis, most of the women have been affected by this and support around this area has been a key focus for the service, including navigating the benefits system, debt management and dealing with rent arrears.
- f Mental health - this has been a significant issue for most of the women, with most being supported to access specialist support services, including counselling, holistic support and supporting hobbies and interests.
- g Housing - again, most of the women have had housing related challenges and support to the women has included financial/grant advice, arranging essential repairs and making environmental improvements.
- h Substance use - again, this has been an issue for most of the women, whether drugs or alcohol, and the support provided through the programme is primarily focussed on consistent, positive engagement with medically assisted treatment programmes.
- i Domestic abuse - almost all women have experienced some form of domestic abuse and/or challenges within relationships. The Pause team have worked closely to address immediate concerns about safety and risk, as well as offering practical support e.g. supporting emergency repairs to be done or witness support in the justice system.

5.3 Service Re-Design

The current Pause programme ends in Spring 2023. It is a franchised programme supported by Pause UK but following the end of this programme cycle, Pause UK are handing over the programme design elements to TCA and the Council. This has allowed us the opportunity to take stock of the learning to date, including women's feedback and re-design the service based on the needs of women and key stakeholders. Learning has included:

- a Birth mothers value the relationship based model and intensive support offered. This enables women to make long-term sustainable changes leading to positive outcomes. This can be evidenced from the Impact Report.
- b It is helpful to have a programme with scope to offer eighteen months of intensive support, however greater flexibility would enable women who do not need this duration to exit the programme earlier.
- c Relationships with the sexual health service is key. A holistic approach to sexual health is essential for the health of women on any future programme.
- d The programme fits as part of a range of options for birth parents in the city, such as New Beginnings, Family Nurse Partnership and other family support and parenting programmes. Practitioners recognise that a future Pause-type programme should be targeted where women do not have children in their care and see the programme continuing with this as a criterion.
- e Practitioners report that contraception is part of the dialogue they have with women around sexual health and the possibility of future pregnancy. The decision and choices around this can be supported via the relationship-based approach.
- f There is a need to offer a service to birth fathers, particularly where the father or male partner is a consistent factor in the woman's life. This offers a more holistic "whole family" approach and is likely to lead to better outcomes for birth mothers and children.
- g The service should continue to target women who appear likely to have further pregnancies but there is scope to offer this at an earlier stage, eg following removal of first child. It is

acknowledged that widening the criteria has resource implications and therefore careful costing need to be prepared.

- h There is a need to consider how the needs of birth parents whose children are accommodated within kinship care arrangements can be better met. These arrangements often result in the withdrawal of a source of support to birth mothers, particularly where the maternal grandmother adopts the kinship carer role.
- i TCA is currently piloting the use of a peer worker, currently funded until end September 2023 to support birth mothers. This post is part of the "Women Only Mentoring" service, but in future will work across the two services.

5.4 Future Service Provision within a Broader Gendered Services Approach

- a With the opportunity for service re-design, key local stakeholders intend to take stock of this learning and build on the success of the programme to date. This includes the potential for the expansion of eligibility criteria, a refocus of the types and forms of support and a realignment of the service to ensure that it continues to work closely alongside the various related services within the broader gendered services network, maximising the total resource available.
- b To ensure the above learning is consolidated, it is important to reflect on the broader continuum of support available to vulnerable women. Stakeholders are keen to maximise the number of women who can benefit from intensive support, with links with other specialist services via close links to the new Women's Hub in Dundee. Funded by a grant from CORRA, the Women's Hub will support women with substance use and a variety of additional complex needs. The Hub will have an "open door" model and provide easy access to a wide variety of services for women.
- c The team at the Hub will support women to make informed decisions and provide information, support and advice primarily focused on substance use, whilst also recognising the range of additional challenges that women face alongside this e.g. accommodation; mental health; children, families and relationships; gender- based violence; access to education; training and employment; finance; benefits and debt; legal issues; health and wellbeing; commercial sexual exploitation. A trauma- informed approach will be a key element of service delivery.
- d The revised future "Pause-type" service, although offering dedicated time and support to women who have experienced the removal of a child, will therefore link closely with the Women's Hub and ensure an inclusive and trauma-informed approach for this specific group of vulnerable women.

6 CONCLUSION

- 6.1 The Pause Programme to date has proved to be very effective in transforming the lives of some of Dundee's most vulnerable women, with significant impacts outlined in the Impact Report. Going forward, we are pursuing the opportunity to re-design a local service to meet local needs based on the experiences and views of women who have been supported by the service, as well as the views of the staff team and local stakeholders. Proposals are being developed to ensure that a similar type of service exists going forward, for women who have had children removed from their care.

7 POLICY IMPLICATIONS

- 7.1 This report has been subject to an Integrated Impact Assessment to identify impacts on Equality & Diversity, Fairness & Poverty, Environment and Corporate Risk. An impact, positive or negative, on one or more of these issues was identified. An appropriate senior manager has checked and agreed with this assessment. A copy of the Integrated Impact Assessment showing the impacts and accompanying benefits of / mitigating factors for them is included as an Appendix to this report.

8 CONSULTATIONS

8.1 The Council Leadership Team were consulted in the preparation of this report.

9 BACKGROUND PAPERS

9.1 None.

Audrey May
Executive Director of Children and Families

Author: Derek Aitken

Dundee City Council
Dundee House
Dundee

AM/DA/KM

21 December 2022

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APPENDIX 1



Pause Dundee

Impact Report
November 2022



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Background to Pause Dundee

Pause Dundee is a partnership between Pause, TCA and Dundee City Council. Pause works with women who have had, or are at risk of having, recurrent care proceedings and supports them to focus on themselves to build strong foundations for the future. Pause Dundee was set up in June 2019 and is now working with its second community of women. The impact on the first community of women was reported in September 2021. This second impact report focuses on the progress made by the second community of women and provides a very brief update on community one.

Local need

Need in Dundee remains high with 72 women identified as eligible for the second community. A decision was made locally to intervene earlier and extend the programme to care experienced young women who have had one child removed. Through assertive outreach a community of **23 women** have **signed up** to the programme. These **23 women have had 61 children removed from their care.**

All 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 23 women in the second community:

- **78%** have been identified as having experienced **domestic abuse** (both in current and/or historical relationships).
- **96%** have experienced a range of **mental health issues**.
- **43%** have issues with **problem drug use** and **43% alcohol misuse** – a number of women are experiencing difficulty with both drugs and alcohol.
- **13%** have **learning difficulties or disabilities**, though not all diagnosed.

- **35% were care leavers or care experienced.**

As Pause Dundee has become more embedded locally, some of the women in the second community have been recruited through a direct referral process, rather than being identified through scoping data. However, there were a number of women that the Pause Dundee team approached who did not take up the offer. The team were unable to locate some women and there were others whose circumstances had changed. This included two women who were already pregnant again and a number who had moved out of area.

What difference does Pause make to women in Dundee?

Pause works. There is a growing body of robust independent evidence that demonstrates that Pause is a highly effective intervention. Our experience in Dundee with both communities of women reflects these findings. The second community have not yet finished the programme but already we are seeing change across several areas. For many women, what has been vital is the holistic nature of the support from their Practitioners, which responds to their mental health and wellbeing needs in conjunction with other stressors like debt, housing, family and the vital importance of building on strengths and relationships.

“[Pause Practitioner] has given me lots of confidence to leave the house and interact with peers, less anxious”

Physical health

All of the women have been supported to make better use of primary health services in Dundee. Four women have been supported to register with dentists and receive dental treatment, this includes a woman supported to access specialist trauma-informed care as she found dental treatment traumatic following historical sexual assaults. One woman has chosen to use the dental van as she experiences less stigma accessing help this way. Another woman

has been supported to attend a number of dental appointments for extensive restorative work, which included having teeth removed to get a full set of dentures.

13 women have been supported to access specialist sexual and reproductive health services. For some of these women this is the first time they have accessed specialist sexual and reproductive health care from Ninewells. Others have accessed support through their GPs. In addition to contraception, women have also accessed a range of other services including testing and treatment for STIs, cervical screening and pregnancy testing. One woman who had treatment carried out at sexual health services while exploring her contraception options has been advised they have found cancerous cells. The woman is currently receiving treatment to have these removed.

Relationships with children

Improving relationships with their children remains a top priority for women working with Pause Dundee. This year, Pause Dundee has been working closely with Dundee's Post Adoption Social Worker – so that they can better support women in letterbox contact and share learning from women's personal experience of trying to maintain relationships with their children. The Post Adoption Social Worker has also provided individual support to three women to help resolve issues. Women have been supported to improve their emotional regulation before attending family time, travel independently to family time, and improve relationships with kinship carers. Improved quality of family time will have a positive impact on the women's emotional wellbeing, but we also anticipate it will have a benefit for the children too.

We have also seen improvements in contact arrangements. One woman has moved from supervised to unsupervised contact, meaning she can spend time with her children in the community. Another woman has made significant progress in addressing her substance misuse, which has meant she has been able to increase contact with her son and can now

stay overnight. Whilst reunifying women with their children is not a focus of the programme, one woman has had her children returned to her care full-time.

Employment, education and training

Four women have been supported with their employment skills. This included help writing a CV, support to apply for jobs and interview preparation skills. Two of these women are now working full time.

One woman was being financially exploited by her employer and was supported to recognise and challenge this appropriately. The woman is now working for a more reputable company and has had no further issues but feels more confident in tackling this if it does come up in the future.

Five women have been supported to access education – three of these women have successfully completed their first year at college, with one woman moving on to the next course and another securing employment. Another woman started a course in August. One woman was experiencing difficulties with social isolation and bullying from her peers on her course. Her practitioner was able to support her to meetings with the college to address this, the woman was given additional support in class and went on to have an improved experience, making friends and completing her course.

One woman has applied to do the peer mentoring training with TCA with the view to becoming a volunteer.

“[Pause Practitioner] is doing an amazing job. We get on really well, we have a great working relationship, and I can tell her anything. She has pushed me to do things that I have always wanted to do. I feel a great deal better to be involved in community projects which is something that I always wanted to do but needed the push that [Pause Practitioner] has given me.”

Money and benefits

The cost of living crisis impacts heavily on women working with Pause. Significant work has been undertaken by the Practitioners in supporting women around managing their money and debts. 16 women have received help with their benefits including help to apply for benefits, support around assessment interviews and learning how to use online universal credit journals. Women have been supported with debt advice including help with rent arrears and help to budget. The current financial crisis has already had an impact on the women's financial situations with increased energy bills/debts and increased reliance on food parcels. The recent cost of living payment, although helpful for some to receive a lump sum, has proved more problematic for some women.

"I feel that [Pause Practitioner] listens to me. Helps me sort out issues including recent money issues. I'm quite a shy person but feel that I can discuss any issue with [Pause Practitioner]"

Mental health

Mental ill health is a presenting issue for 96% of women in community two and emotional wellbeing continues to be a key area of support. 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 engage with their GP for referral to the community mental health teams. Practitioners have worked to ensure women get the support they need. This has included: ensuring they are supported to access counselling services, giving support in a crisis, and help collecting and taking medication.

Practitioners have worked with women to help them develop a range of strategies to manage their mental health. 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, which 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.

“[Pause Practitioner] has been very helpful and since working with her, X has been less anxious.”

Housing

Housing remains a challenge for women in the second community. The team has supported 18 women with a range of housing issues. This includes 11 women being supported to complete housing applications for new tenancies. One woman, who has been sofa surfing for over a year, has been offered her own tenancy – the team will support her to move into this and apply for community care grants to make it a home. Women have been supported to have essential repairs carried out to feel safe in their homes. One woman has avoided eviction after being supported to liaise with a private landlord and understand her rights and responsibilities as a tenant. Women have also been advised on the practicalities of maintaining a tenancy and household hygiene skills to improve their living conditions.

One woman would not allow her Practitioner into her home when they first met due to the shame she felt around her household hygiene, which was a contributing factor in the decision to remove her children. After months of building a trusting and non-judgmental relationship, the woman was able to start addressing this with her Practitioner room by room. She also decorated her hall and was supported by Pause to get a hall carpet. She now takes pride in her home and regularly invites her Practitioner up to the flat for a coffee.

Partnership work with housing has also been very successful. One woman – who was moving out of a temporary flat into her own tenancy – was allowed to take the white goods and other furniture from the temporary flat into her new flat, rather than waiting the months it can take for community care grants to come through. This allowed the woman to move out of a distressing environment, which was detrimental to her recovery, and into her own home much quicker.

Drugs and alcohol

Substance use remains a presenting issue for women in the second community. While the team has noticed a reduction in the number of women who are actively using drugs in community two, they are seeing similar numbers for alcohol. 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 heightened interest around the increased issue of both drug and alcohol related deaths.

For many of the women working with Pause Dundee, 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. We have seen some success in community two, with partnerships working well together, and two women experienced long periods of almost 6 months not using any substances.

Domestic abuse

The team has had a clear focus on keeping women safe 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. Pause Dundee has supported eight women to address housing needs as a result of domestic violence – from securing emergency accommodation, completing applications and carrying out repairs of damage caused by violence. Four women were referred to the local MARAC and Pause worked in partnership with other services for five women, including victim support for one woman who had to attend high court as a witness against her perpetrator. Additionally, work has been undertaken with 11 women around healthy relationships.

“There isn’t anything I would change about [Pause Practitioner], she has supported and listened when I needed someone”

Please see Appendix A for a case study of one woman’s progress.

Update on community one

21 women successfully completed the Pause programme in community one – of these, 17 women remain involved in the Next Steps offer which is light touch support. One woman working with Pause became pregnant towards the end of the programme. The woman has since given birth to a baby who remains in her care. Another woman in community one, who became pregnant shortly after completing the programme, has also given birth and this baby has also remained in her care with no ongoing social work involvement.

Please see Appendix B for the comic book that was produced with some women from community one, which illustrates their journeys through the Pause programme.

Financial impact

As reported previously, 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 evaluation¹ found that, on average, areas delivering Pause showed a reduction of 14 infants being removed each year.

¹ 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)

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 PSSRU² 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 delivering Pause 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 investing in a service.

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

Appendix A – C's story

C is 30 years old and has had three children removed from her care. Her eldest two daughters lived with her for a few years before they were removed together – they now live with their father. Her youngest daughter was removed at birth and has since been adopted. C has letterbox contact with her youngest but has no direct contact with her other two children. C has been in unhealthy and abusive relationships her whole adult life and began using substances at a young age to cope with childhood trauma – this, alongside poor mental health, contributed to the removal of her children.

C has been open on the Pause programme for 12 months. When we first met her, she was living in her ex-partner's flat while he was in prison for a serious physical assault on her. C was terrified that he would be released and come home to find her there – she was concerned for her safety. C's Pause Practitioner advocated for her to be offered temporary accommodation, rather than a hostel, and supported her with housing applications. C was offered a flat in the multis in Dundee, which solved the initial issue of her physical safety but presented new challenges for her substance use. Her new accommodation and local area were densely occupied by substance users or dealers. C's drug use escalated, and her mental health deteriorated. At this stage, her engagement with Pause fluctuated – her Practitioner would see her a couple of times a week for a few weeks, then would not be able to get any contact with her for a few weeks. She had set out some clear priorities: getting her sexual health needs addressed, getting mental health support and resuming her medication, securing her own permanent accommodation, applying for PIP, and future ambitions of applying for college.

C's circumstances became progressively worse over the space of a few months. She had started a new relationship with a male who was also using substances and was very paranoid and controlling. She was using crack cocaine every day and having suicidal tendencies. Numerous welfare reports had been made as there were concerns for her safety. This all came to a head at a point which C describes as her 'rock bottom' when she was arrested and

hospitalised within the space of one weekend. C had been reported missing and was found passed out in the city centre. She spent several days in the hospital. C was suffering from severe withdrawal and could not remember details of her life, which she was finding very confusing. When her Pause Practitioner went to visit C in hospital, she had not had any substances for a week – she was determined to try and stay off them. C was extremely worried about her recovery if she had to return to her flat. Fortunately, while she was in hospital, she was offered her own permanent tenancy. Pause Dundee was able to support C in a hotel for four nights to bridge the gap between moving into her new accommodation. C recalls the difference this made for her and states that she does not think she would be alive today if she had gone back to her flat as she would not have been able to remain off substances for any length of time.

C worked hard at her recovery and remained off all substances for more than six months. During this time she moved into her new flat and made it a home, applied for her PIP, began letterbox contact with her youngest child, was successful in applying to college and started taking part in a local gym group. The gym group was a huge part of C's success story and gave her a purpose every week – she thoroughly enjoyed the challenge of pushing herself. C also reconnected with her family and had a solid support network around her. She was able to see the challenges her relationship presented and separated from her partner, which allowed her the space to grow uninhibited.

C is currently in a relapse period. She reflected that a combination of struggling with her mental health, the grief of losing her children and unexpectedly bumping into them, and being around other people in recovery has contributed to her relapse. C initially pulled away from support when this happened and was stuck in a cycle of shame and embarrassment. The relationship that C has with her Practitioner has allowed her to work through that, be open about her current struggles, and seek the support she needs to move forward.

The journey of healing is not linear, and we know that relapse is often a part of the recovery journey. However, C's story shows that all the work she has done with Pause has helped her

improve her overall situation and feel more prepared when things do not go to plan. C is reengaging with drugs services, but she is not starting out from where we met her a year ago. She has the experience of knowing what a trusting professional relationship looks like, she has her own home, her family around her, involvement with the community, and the knowledge that just a few months ago she was celebrating an amazing six months of being substance free – that gives her the hope that she will get there again.

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APPENDIX 2



Integrated Impact Assessment

Committee Report Number: 23-2023

Document Title: Progress Report on Pause Dundee

Document Type: Service

Description:

Committee report on progress of programme to meet needs of specific group of vulnerable women in Dundee

Intended Outcome:

Promote awareness of impact of service

Period Covered: 04/01/2023 to 04/01/2023

Monitoring:

Via further report to committee.

Lead Author:

Derek Aitken, Service Manager, Children and Families Service,
derek.aitken@dundee.gov.uk , 01382 436006,
5 City Square, Dundee

Director Responsible:

Audrey May, Executive Director, Children and Families Service
audrey.may@dundee.gov.uk, 01382 433071
5 City Square, Dundee

Equality, Diversity and Human Rights

Impacts & Implications

Age: No Impact

Disability: No Impact

Gender Reassignment: No Impact

Marriage & Civil Partnership: No Impact

Pregnancy & Maternity: Positive

The report describes significant positive impacts for women, which will reduce risks for these women for any future pregnancies that they might have.

Race / Ethnicity: No Impact

Religion or Belief: No Impact

Sex: Positive

The report outlines various positive impacts on the health and well-being of vulnerable women who have previously had children removed from their care.

Sexual Orientation: No Impact

Are any Human Rights not covered by the Equalities questions above impacted by this report?

No

Fairness & Poverty

Geographic Impacts & Implications

Strathmartine:	No Impact
Lochee:	No Impact
Coldside:	No Impact
Maryfield:	No Impact
North East:	No Impact

East End:	No Impact
The Ferry:	No Impact
West End:	No Impact

Household Group Impacts and Implications

Looked After Children & Care Leavers: Positive

The report outlines positive impacts of some care experienced children and their mothers by assisting rehabilitation, reducing risk factors around the women involved, and promoting positive contact arrangements, including post-adoption.

Household Group Impacts and Implications

Carers: No Impact

Lone Parent Families: No Impact

Single Female Households with Children: Positive

The report outlines positive impacts of some care experienced children and their mothers by assisting rehabilitation, reducing risk factors around the women involved, and promoting positive contact arrangements, including post-adoption.

Greater number of children and/or young children: Positive

The report outlines positive impacts of some care experienced children and their mothers by assisting rehabilitation, reducing risk factors around the women involved, and promoting positive contact arrangements, including post-adoption.

Pensioners - single / couple: No Impact

Unskilled workers or unemployed: Positive

The report outlines positive impacts for some women relating to volunteering and employability.

Serious & enduring mental health problems: Positive

The report outlines some positive impacts for some women relating to mental health.

Homeless: Positive

The report outlines some positive impacts for some women relating to their housing situation.

Drug and/or alcohol problems: Positive

The report outlines some positive impacts for some women relating to substance use.

Offenders & Ex-offenders: Positive

The report outlines some positive impacts for some women regarding various risk factors for offending.

Socio Economic Disadvantage Impacts & Implications

Employment Status: Positive

The report outlines positive impacts for some women relating to employability.

Education & Skills: No Impact

Income: No Impact

Caring Responsibilities (including Childcare): Positive

The report outlines positive impacts relating to some aspects of parenting for some of the women on the programme.

Affordability and accessibility of services: No Impact

Fuel Poverty: No Impact

Cost of Living / Poverty Premium: No Impact

Connectivity / Internet Access: No Impact

Income / Benefit Advice / Income Maximisation: No Impact

Employment Opportunities: Positive

The report outlines positive impacts for some women relating to volunteering and employability.

Education: No Impact

Health: Positive

The report outlines significant positive impacts relating to physical and mental health.

Life Expectancy: No Impact

Mental Health: Positive

The report outlines significant positive impacts relating to physical and mental health.

Overweight / Obesity: No Impact

Child Health: No Impact

Neighbourhood Satisfaction: No Impact

Transport: No Impact

Environment

Climate Change Impacts

Mitigating Greenhouse Gases: No Impact

Adapting to the effects of climate change: No Impact

Resource Use Impacts

Energy efficiency & consumption: No Impact

Prevention, reduction, re-use, recovery or recycling of waste: No Impact

Sustainable Procurement: No Impact

Transport Impacts

Accessible transport provision: No Impact

Sustainable modes of transport: No Impact

Natural Environment Impacts

Air, land & water quality: No Impact

Biodiversity: No Impact

Open & green spaces: No Impact

Built Environment Impacts

Built Heritage: No Impact

Housing: No Impact

Is the proposal subject to a Strategic Environmental Assessment (SEA)?

No further action is required as it does not qualify as a Plan, Programme or Strategy as defined by the Environment Assessment (Scotland) Act 2005.

Corporate Risk

Corporate Risk Impacts

Political Reputational Risk: Positive

This is a positive example of the Council commissioning a service which has made a significant impact on those who have been involved with this programme.

Economic/Financial Sustainability / Security & Equipment: No Impact

Social Impact / Safety of Staff & Clients: Positive

The report outlines various improvements in the lives of very vulnerable women, which have had various positive social impacts.

Technological / Business or Service Interruption: No Impact

Environmental: No Impact

Legal / Statutory Obligations: Positive

This service has assisted the Council to discharge its duties to promote social welfare via various aspects of children's legislation. Organisational / Staffing & Competence: No Impact

Corporate Risk Implications & Mitigation:

The risk implications associated with the subject matter of this report are "business as normal" risks and any increase to the level of risk to the Council is minimal. This is due either to the risk being inherently low or as a result of the risk being transferred in full or in part to another party on a fair and equitable basis. The subject matter is routine and has happened many times before without significant impact.