

## **CABINET**

**19 OCTOBER 2021**

### **GATEWAY 1 PROCUREMENT COMMENCEMENT: ADVOCACY SERVICES TO MEET THE NEEDS OF BIRTH MOTHERS WHOSE CHILDREN ARE ON THE EDGE OF OR IN CARE (REPEAT REMOVALS)**

Portfolio Holder: Councillor Mrs Josie Iles, Portfolio Holder for Children's Services  
(Lead Member)

Report from: James Williams, Director of Public Health

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#### **Summary**

This report seeks permission to commence the procurement of advocacy co-ordination to meet the needs of mothers whose children are on the edge or in care, so they can protect and care for themselves and their children.

#### **1. Budget and Policy Framework**

1.1. The budget is jointly funded by the Council and the CCG 50:50 split. There are three elements to the programme. This is about the Advocacy element.

#### **2. Background**

2.1. Total Contract Value (estimated): £220k (over 2 years)  
Duration: 1<sup>st</sup> April 2022 – 31<sup>st</sup> March 2024

2.2. The Council is aware that some women return to court as respondents in care proceedings after having already experienced the removal of one or more children in previous proceedings. It is also recognised that a proportion of these vulnerable women return to court on many occasions and lose multiple children to public care and adoption. The 2020/21 budgetary process agreed a proposal to fully scope a proposal for an integrated programme to meet needs of birth mothers with children on the edge of care or whose children are in care. An independent review was commissioned which involved close consultation with women, service providers, literature review and learning/evaluations for programmes already up and running.

2.3. Medway currently faces a significant spend on placements for children and, as part of its Sufficiency Strategy and draft Children in Care Strategy, is seeking to support families as it believes children thrive best in their own families. Removing children into care involves significant spending - both in legal costs and the cost of placing children in foster or adoptive families, often for long periods of time. From a wellbeing and behavioural perspective, it also causes obvious significant distress and trauma to the families and often repeat behaviours (pregnancy, drug use etc). Simply removing children after each pregnancy does nothing to address the fundamental root cause of the problem or problems faced by vulnerable women. This then allows the situation to repeat itself, a cycle is hard to break, and families are unsupported with life-long trauma and costs to the wider system.

2.4. Key statistics to note are:

- Medway has a high level of women in this cohort. Between April 2012 and April 2017, a cohort of 58 women in Medway had 218 children removed.
- The average number of children removed per woman is 3.8. which was slightly higher than the other areas the project was delivered (ranged from 3 to 3.6).
- In Medway, 90% of the cohort was identified as having experienced domestic violence, 52% had drug and alcohol issues and 52% had mental health needs (not necessarily diagnosed). 28% of the women had a learning difficulty or disability. A total of 47% of the women had either a history of childhood abuse or neglect that they disclosed during the court process or had been known to children's services as a child, due to abuse or neglect.

2.5. There have been many different models of intervention trialled nationally to try and address this issue and that generally fall into two categories:

- a) A bespoke service with a named keyworker who will deliver multiple interventions across a wide range of disciplines to a woman/family providing an intensive programme of support, delivered on a one-to-one basis.
- b) A team around the person model, where a dedicated multi-disciplinary group of professionals work together intensively to support the woman/family aligned to a peer support model to stop repeat pregnancies but also work towards the ability to potentially keep or regain a child in the future (if appropriate)

2.6. Option A is often the approach taken by creating a bespoke team (similar to the PAUSE project), but research shows that for many local authorities the cost becomes prohibitive, and many schemes have been cancelled due to cost saving pressures. This proposal is to make a more sustainable integrated model which will need some additional investment spread across multiple agencies, and a coordinator post to oversee the programme, but will provide some long-term sustainability of the approach and allow for outcomes to be monitored.

- 2.7. The funding would be staggered, with costs reducing year-on-year, and with a commitment to include the requirement in future contract re-procurements to absorb some of the costs and to formalise responsibilities (when contracts are due to be renewed). This approach means that specialists in the key vulnerabilities can work with the family (mental health, drug and alcohol, etc) and would operate in a similar way to the maternity continuity of care model that an individual will be introduced at the start to the small team that will be working with them and cases will be discussed in triage meetings.
- 2.8. The staggered approach would also give the system (Council/NHS/Police/VCS etc) a chance to embed this area of work as a priority gain with shared buy in and funding built into strategies to change working practices.
- 2.9. Some of the gaps that would need to be addressed when delivering interventions post removal would include:
- Lack of support around mental health. Waiting lists for adult mental health services are long and often would span the likely window of someone contemplating getting pregnant again (i.e. 3-6 months).
  - Lack of support, advice and action around long-term contraception immediately post birth.
  - Lack of motivational interview skills within teams working with mothers.
  - More advice and support around drinking and smoking in pregnancy and the impact to minimise long term challenges with the child around FASD or behaviour and general health.
  - Support post removal around trauma and loss.
  - Active referrals and timely support to drug and alcohol treatment services.
  - Domestic Abuse awareness and support.
  - The lack of peer support from others who have been through it or parents who have had challenging times.
  - Coaching and support.
- 2.10. One area that needs to be addressed post removal is the lack of support for mothers once the child is removed. The usual support mechanisms around the mother post birth (or post child death or still birth) are not in place such as additional support from health visiting, including the maternal mood assessment at 6 weeks, support from midwifery post birth. Taking a trauma informed approach to working with the mother who has carried the baby for 9 months, gone through the birth process and will still have all of the emotional and physical health needs a mother has as well as the trauma of having a baby taken away will support our ambition to delay or stop subsequent

pregnancies. We need to ensure that the intervention starts at this point where the mother is very vulnerable.

#### **2.11. Timetable**

For the Council to meet its financial and service requirements and specifically for this meeting needs of vulnerable children and adults as contained in the Sufficiency Strategy.

#### **2.12. Funding/Engagement from External Sources**

Funding is not sought from any external sources.

#### **2.13. Parent Company Guarantee/Performance Bond Required**

This is not required.

### **3. Procurement Dependency and Obligations**

#### **3.1. Project Dependency**

Wider strategy to reduce the numbers of children coming into care to control spends and for the Council to meet its statutory obligations and ambitions.

#### **3.2. Statutory/Legal Obligations**

The functions (including powers and duties) of local authorities in relation to children who are looked after by them are set out in the 1989 Act as principally amended by the Children (Leaving Care) Act 2000, the Adoption and Children Act 2002 and the Children and Young Persons Act 2008, and the associated Regulations and guidance in relation to those functions. Section 22(3) of the 1989 Act sets out the general duty of the local authority looking after a child to safeguard and promote the welfare of the child. This duty underpins all activity by the local authority in relation to children in care.

## 4. Business Case

### 4.1. Procurement Project Outputs / Outcomes

As part of the successful delivery of this procurement requirement, the following procurement project outputs / outcomes within the table below have been identified as key and will be monitored as part of the procurement project delivery process.

Outputs / Outcomes	How will success be measured?	Who will measure success of outputs/ outcomes	When will success be measured?
<b>1. Dedicated provision of support that is responsive to the needs of women so they can be empowered to make choices for themselves and their children</b>	Number of existing and new women seen and supported by the service Number of existing and new women who received support and making new choices for them and their children Number and type of meetings and consultations that women and advocates attend to influence the woman's choice	Project Steering Group  Sufficiency Strategy Multi-Disciplinary Group	Quarterly
<b>2. For women and their children to be better equipped to manage their physical and mental health well-being</b>	Attendance and Strength and Difficulties Questionnaire  Focus Groups  Testimonials	Project Steering Group  Sufficiency Strategy Multi-Disciplinary Group	Quarterly

<p><b>3. Women to have an advocate and help navigate the health and social care system</b></p>	<p>Numbers of advocates/navigators who are recruited and trained to support women</p> <p>Staff rotas</p> <p>Continuous Professional Development records</p> <p>Focus Groups</p>	<p>Project Steering Group</p> <p>Sufficiency Strategy Multi-Disciplinary Group</p>	<p>Quarterly</p>
<p><b>4. Work with the woman to advocate the benefits of LARC (Long Acting Reversible Contraception)</b></p>	<p>Strength and Difficulties Questionnaire</p> <p>Feedback</p> <p>Pre and post LARC consultations and results</p>	<p>Project Steering Group</p> <p>Sufficiency Strategy Multi-Disciplinary Group</p>	<p>Quarterly</p>
<p><b>5. Women to be better able to choose and determine their own and their children's future</b></p>	<p>Surveys</p> <p>Interviews</p>	<p>Project Steering Group</p> <p>Sufficiency Strategy Multi-Disciplinary Group</p>	<p>Quarterly</p>

#### 4.2. Procurement Project Management

Medway Council will lead the procurement process.

#### 4.3. Post Procurement Contract Management

Sufficiency Strategy multi-disciplinary group will oversee the project via quarterly meetings monitoring the outcomes. A Co-Ordinator for the whole project will sit within Medway Council who will oversee the day to day co-ordination of the whole project.

### 5. Market Conditions and Procurement Approach

#### 5.1. Market Conditions

There are providers already in existence and are likely to come from the voluntary and charitable sector.

#### 5.2. Procurement Options

##### Option 1: Do nothing

Option	Risks and issues	Benefits
Do nothing	<p>An increase in the number of repeat removals for Medway families year on year</p> <p>The reunification of children in statutory protection with their naturally connected blood families would continue to be a concern as support through prevention and intervention would not be limited.</p> <p>Increased demands on the Councils budgets and Medway services such as Health.</p> <p>Psycho-social costs and issues for families living apart and lack of a timely response to meet trauma, bereavement, loss and ongoing emotional well-being of children that</p>	<p>In the short-term Medway Council would not provide for this unmet need.</p> <p>Reduced commissioning, procurement and contract management with minimal processes safeguarding and sanction alerts.</p> <p>Possible to still use existing pathways to services</p> <p>No tendering process to be undertaken along with no requirement to evaluate bids.</p>

	<p>negatively impact on their development and coping strategies.</p> <p>Continuation of tying up Council's and families time and resources in legal family law and protection processes.</p>	
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## Option 2: Competitively Tender Services

Option	Risk	Benefits
<p>Competitively tender for a new Advocacy service to voluntary/charitable sector</p>	<p>Cost of initial outlay during lead in time</p> <p>Uncertainty of market capacity</p> <p>Programme delivery likely to be delayed</p> <p>New project/design without any learning to intelligently inform the model locally.</p>	<p>Clear pricing mechanisms - Agreeing prices at the tender stage for a period gives certainty to the market.</p> <p>A closed arrangement means providers cannot resign and then re-join at higher prices.</p> <p>Able to link and control annual price increases to Medway budget planning processes.</p> <p>Strong contract management arrangements in place to ensure service is delivered in accordance with agreed performance &amp; quality levels.</p> <p>Easier to maintain and develop supplier relationships for an open and constructive relationship. Most local providers like having a strong relationship with their host authority.</p> <p>There is an appetite and willingness within the local market to work with Medway in some form of contractual arrangement other than spot contracts</p>



### Option 3: Locate in Council as part of Edge of Care Service

Option	Risk	Benefits
<p>Locate within the Council as part of the Edge of Care service</p>	<p>Council provision seen as punitive and stigmatising for women who are already known to Services</p> <p>Finding future funding and unknown sustainability</p>	<p>Fit with wider strategy and links to other key roles.</p> <p>Key worker role open to existing expertise on a secondment basis and backfill.</p> <p>Social workers are highly skilled with the knowledge and experience to offer in complex family situations.</p> <p>Pathways are in place and would be built on for unmet needs.</p> <p>Long term and permanence planning work to be co-ordinated with the lead agency and support from other key professionals</p>

### Option 4: Combination of Options 2 and 3 (Recommended Option)

Option	Risk	Benefits
<p>Combination of options 2 and 3</p>	<p>Attracting the right skills mix given the context of COVID</p>	<p>Phase in as appropriate following the piloting and learning. Likely to be sustainable over time.</p> <p>Building partnerships between the statutory and independent sector through a partnership agreement, governance, information sharing, risks sharing etc to use synergies to meet needs.</p>

		<p>Studies examining what support should be made available to mothers who have had children removed demonstrate that it should not be presented as an offer from the services that advocated for the removal of their children.</p> <p>The setting up of a steering group made up key personnel to oversee and steer the management and development of the initiative, embed the model and secure longer-term funding.</p> <p>For example, the <i>Mother's Apart</i> research project identified that women who have had children removed did not want support from the service they saw as responsible for the removal of their children. Similarly, an exploratory study conducted by the Children's Workforce Development Council and subsequent Research in Practice guidance have highlighted that any service offered to women post-removal should be independent</p>
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### 5.3. Procurement Process Proposed

An Open Tender procedure will be conducted in which any providers can express an interest and download and respond to the invitation to tender.

### 5.4. Evaluation Criteria

The valuation criteria will be geared 60:40 Price and Quality.

## 6. Risk Management

Risk Description	Risk Category	Likelihood	Impact	Plans to Mitigate
Timeframes: The preferred option would involve some setting up and would not be in place immediately therefore will not make the impact in 2021/22 as expected	Procurement Process	D	D	Elements of the innovation could commence through existing staff with requisite expertise; the piloting information would also be used to shape the delivery model within the independent sector once a partner was identified.
Governance: The risks and responsibilities may limit the choice of organisations willing to bid	Contractual Delivery	D	C	There are precedents to build from and a memorandum of understanding would be put in place. Market testing and engagement will take place to ensure interest in the tender.
Financial and longer-term stability	Sustainability / Environmental	D	C	The initial outlay will be provided by the Council. Future funding will be brought forward as part a standing agenda and goal for the project's steering group to oversee. This will include the provider having goals around bidding for funding to extend the project and the project team demonstrating to the Council and the CCG that the project improves outcomes and reduces the amount of women that have multiple children taken into care.

## 7. Consultation

### 7.1. Internal (Medway) Stakeholder Consultation

Current and ongoing consultation which has informed the model initially carried out by Tonic, an independent research agency who did an in depth and extensive piece of work with women in families in Medway, professionals and stakeholders and other local authorities who are trying to address the problem. Stakeholder engagement with Children's Services, Health, other Council Departments and other statutory services has taken place.

### 7.2. External Stakeholder Consultation

A service user forum will be set up and lessons learnt from other LAs with service user groups will be used to refine the model. A regularised forward planner is in place and quality assurance meetings to influence policy and service design and development are in place.

## 8. Financial Implications

8.1. The procurement requirement and its associated delivery (as per the recommendations at Section 14), will be funded from joint Council and CCG funding.

8.2. Further detail is contained within Section 2.1 Finance Analysis of the Exempt Appendix at the end of this report.

## 9. Legal Implications

9.1. The Authority continues to be committed to promoting the welfare of and protecting the most vulnerable children and young people in Medway. The underlying foundation of any intervention lies in our commitment to ensuring that children and young people remain within their families wherever possible. It is only when they are not safe to do so that they are placed with foster carers, adopters or in residential care.

9.2. The functions (including powers and duties) of local authorities in relation to children who are looked after by them are set out in the 1989 Act as principally amended by the Children (Leaving Care) Act 2000, the Adoption and Children Act 2002 and the Children and Young Persons Act 2008, and the associated Regulations and guidance in relation to those functions. Section 22(3) of the 1989 Act sets out the general duty of the local authority looking after a child to safeguard and promote the welfare of the child. This duty underpins all activity by the local authority in relation to children in care.

## 10. TUPE Implications

10.1. Not applicable.

## 11. Procurement Implications

- 11.1. The requirements exceed the public procurement threshold for services (£189,330). However, the nature of the service requirements and the contract value would fall in the scope of the Light Touch Regime. An open tendering procedure will be conducted.

## 12. ICT Implications

- 12.1. None.

## 13. Other Considerations

### 13.1. Diversity and Equality

The Public Sector Equality Duty applies to the Council when it makes decisions. The duty requires us to have regard to the need to:

- a) Eliminate unlawful discrimination, harassment and victimisation and other behaviour prohibited by the Act. In summary, the Act makes discrimination etc. on the grounds of a protected characteristic unlawful.
- b) Advance equality of opportunity between people who share a protected characteristic and those who do not.
- c) Foster good relations between people who share a protected characteristic and those who do not including tackling prejudice and promoting understanding.

- 13.2. The protected characteristics are age, disability, gender reassignment, pregnancy and maternity, marriage and civil partnership, race, religion or belief, gender, and sexual orientation. The Act states that 'marriage and civil partnership' is not a relevant protected characteristic for (b) or (c) although it is relevant for (a).

- 13.3. The Equality Impact Assessment (EqIA) indicates that the proposals in this report will not have a disproportionately adverse impact on any people with a particular characteristic. The completed EqIA has indicated a positive impact on all of the protected characteristics equality groups, with low extent of impact. The primary beneficiaries of the service will be existing and new mothers as well as children in care.

### 13.4. Social and Economic Considerations

It is the Council's position that children thrive best with their own families. However those children who need to live away from home there is a commitment to place children and young people with local foster families to allow them to maintain contact with families and friends continue at the same school and thrive within their own community. Mothers whose children are on the edge or in care will have poor social and economic outcomes and have adverse childhood experiences (ACES).

- 13.5. The growing demand and complexity of needs arising from COVID is noticeable in Children's Services and a sufficiency strategy is in place and one of the key programmes is managing current and anticipated demand and to provide a safe family environment for those children who are identified as able to return to their families.
- 13.6. Spend for children's social care is escalating and this initiative will assist in bringing aligning budgets and for the Council to provide non-statutory preventative services.

#### 13.7. **Environmental Considerations**

The tender process will address the requirements for providers to meet and adhere to the Council's policies.

### 14. Recommendation

- 14.1. Cabinet is recommended to approve commencement of procurement to procure through an open tender an advocacy service aimed at women whose children are on the edge or in care (Option 4 to the report).

### 15. Suggested Reasons for Decision

- 15.1. This proposal is to make a more sustainable integrated model which will need some additional investment spread across multiple agencies, and a coordinator post to oversee the programme, but will provide some long-term sustainability of the approach and allow for outcomes to be monitored.
- 15.2. The funding would be staggered, with costs reducing year-on-year, and with a commitment to include the requirement in future contract re-procurements to absorb some of the costs and to formalise responsibilities (when contracts are due to be renewed). This approach means that specialists in the key vulnerabilities can work with the family (mental health, drug and alcohol, etc) and would operate in a similar way to the maternity continuity of care model that an individual will be introduced at the start to the small team that will be working with them and cases will be discussed in triage meetings.
- 15.3. The staggered approach would also give the system (Council/NHS/Police/VCS etc) a chance to embed this area of work as a priority gain with shared buy in and funding built into strategies to change working practices.
- 15.4. The benefits of the project will allow for initial piloting and the learning to inform the pathway, early identification of risks to better manage the growing demand for services and prevent more children coming into care. There will be mitigations to be put in place to address future funding and sources not open to the Council.

- 15.5. Building partnerships between the statutory and independent sector through a partnership agreement, governance, information sharing, risks sharing etc to use synergies to meet needs.

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### Appendices

Exempt Appendix 1

### Background Papers

None