

Part B

General Information and Specification

Delivery of the PAUSE Programme – Somerset

DN438672

Commercial and Procurement Team

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1 Introduction and Background Information

1.1 Procurement Procedure

The Authority is conducting this procurement process in accordance with the Public Contracts Regulations 2015. This tender opportunity falls within Schedule 3 of the Regulations (Social and Other Specific Services) and below the Light Touch Regime threshold. Whilst this means that this Tender is exempt from EU procurement rules, it will be run in accordance with the EU Treaty principles of transparency, non-discrimination, equal treatment, mutual recognition and proportionality.

At the conclusion of the Award stage, the intention is to award the Contract to one (1) Applicant. Where there is more than one (1) Applicant in **first (1**st) place the Applicant who scored the highest on the quality evaluation based on the process detailed in Part C – Selection and Award section 1.3 Evaluation of the Award Questions, shall be deemed to be the most economically advantageous tenderer and therefore will be awarded the Contract. the Applicant.

1.2 Contract Period

The Contract being offered is due to commence on: 1st July 2020 to 28th February 2022.

For avoidance of doubt, the maximum duration of this contract, including permitted extensions will be for 20 months.

1.3 Procurement Timetable

The key dates for this procurement process are currently anticipated to be as follows:

| Procurement Stage | Applicable to | Dates |
|----------------------------------------------------|---------------|-----------------|
| Publication of advertisement | All | 07/10/2019 |
| Procurement documents distributed to Applicants | All | 07/10/2019 |
| Clarification questions deadline | All | 21/10/2019 |
| Clarification responses to be issued by | All | 28/10/2019 |
| Bid Deadline | All | 04/11/2019 |
| Evaluation | All | 04–15/11/2019 |
| Intention to award | All | 02/12//2019 |
| Mobilisation Period | All | From 02/01/2020 |
| Implementation Period | All | From 01/07/2020 |
| Programme Delivery | All | From 01/08/2020 |

Page 3 of 20 Part B General Information and Specification Volume for Information Please note that the above timescales are indicative; the Authority reserves the right to change the above timetable at any time, taking in to account the complexity of the Contract and the time for drawing up Procurement Documents, subject always to the minimum timescales in the Regulations. In particular the Authority may in its absolute discretion extend the deadline for the receipt of Bids and in such circumstances the Authority will notify all Applicants of any change.

1.4 Authority Representatives

No person in the Authority's employ or other agent, except as so authorised by the Authority Authorised Officer or Procurement Representative, has any authority to make any representation or explanation to Applicants as to the meaning of the Contract or any other document or as to anything to be done or not to be done by Applicants or the successful Applicant or as to these instructions or as to any other matter or thing so as to bind the Authority.

| Contact Details | | |
|----------------------------|----------------------------------------------|--|
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| | | |

2 Specification

2.1 Introduction

Somerset County Council is seeking to reduce the number of children brought into care in Somerset. The results of a scoping survey published in January 2019 estimate that in Somerset, 253 children have been taken into care from 83 women in the last three years, demonstrating that there is a significant group of women in the county who have had multiple children removed in succession.

Women who experience repeat removals often have complex needs which are not currently being addressed. They may experience trauma and grief associated with the removal of their children, they may suffer from domestic abuse, mental health illnesses or substance misuse and they may have built up a mistrust towards children's social care services, resulting in poor engagement with existing support services. In Somerset, we believe that the best method of tackling this is to focus on supporting these vulnerable women to build a more positive future for themselves and ultimately, reduce the number of children coming into care.

Pause is a voluntary programme for women who have experienced, or are at risk of experiencing, repeat removals of children from their care. Pause aims to reduce the number of children coming into care by working intensively with women who have had multiple children removed, to improve their wellbeing, resilience and stability. The service is designed to provide women with an opportunity and the right support to 'pause' and take control of their lives. Somerset County Council is therefore commissioning a provider to deliver the licenced Pause Programme model (which will be called 'Pause Somerset'), so that women experiencing, or at risk of experiencing, recurrent care proceedings, will receive an offer of long-term intensive support which has not previously been available to them through existing universal, early help or specialist services.

2.2 Service Description

The delivery organisation will be expected to agree with and adhere to the Partnership Points outlined in the Pause Pledge (*see Appendix A*), as well as the Pause Practice Agreement (PPA). Pause National does not share the Practice Agreement with Applicants as part of the tender process. If, having seen the PPA the winning bidder has reasonable objections to it, they should work in good faith with SCC and with Pause to agree a compromise that will allow them to enter into the Contract on the published terms.

The Pause Model

The Pause model starts by looking at the woman's life as it is and the factors that may have led to her children being removed. A key element of the model is the relationship between the woman and her skilled, experienced Practitioner who will use professional judgement and skill to create a holistic, bespoke programme tailored to meet the unique emotional, psychological, behavioural and practical needs of that individual woman, thus enabling her to begin tackling the root causes of destructive patterns and avoid further trauma.

The women that Pause works with are the core focus of the intervention. Each woman works with her Practitioner to establish and prioritise the goals she wants to achieve over the course of the programme; these are regularly reviewed and adapted accordingly. Working with the woman directly to set achievable goals that are important to her, is an essential element of the model to ensure success.

The diagram below highlights the key elements of the Pause licenced model of therapeutic, practical and behavioural support which the delivery organisation will deliver in Somerset:



Relationship Based Practice

The relationship between the woman and her Pause Practitioner is central to the success of the model. It is vital that Practitioners work hard to establish an effective relationship with each woman; a secure and consistent relationship where women are valued and respected for who they are. This relationship empowers each woman to lay the foundations to build a more positive future for herself.

In order to establish and nurture their relationships with the women, Pause Practitioners will:

• have advanced interpersonal, communication and relationship-building skills;

- work to gain and maintain each woman's trust by providing consistent support and honouring commitments to them;
- demonstrate belief in and respect for each woman;
- offer compassionate but where necessary, assertive support to enable the women to view situations from new perspectives;
- positively encourage women to access support to meet their needs, particularly as many of the women will have previously experienced difficulties with support services, leading them to either not engage or disengage in the past;
- support women to address negative and complex issues when they are ready, for example, substance misuse, domestic violence, mental health illness etc;
- support women to move into and sustain safe and stable accommodation;
- work collaboratively with each woman to develop a bespoke programme of support reflecting her goals and strategies that can help her achieve these;
- model behaviours such as how to build healthy boundaries and how to navigate everyday systems and 'bureaucracy', so that women can form and experience healthy, non-exploitative relationships;
- support women to reflect on their past experiences, including traumas and the loss and guilt associated with losing children;
- support and encourage women to discuss ongoing relationships with children who have been removed from their care;
- encourage women to express their feelings and to discover their individual identities, needs and aspirations.

To align with the Pause model, each Pause Practitioner should have an active caseload of between 6 and 8 women. This limit is necessary to allow for the intensity of the work that is required to establish trusting relationships between the women and Practitioners and to support those women to make sustainable changes.

Approaches to Working with Women

Strengths based approach

Pause Practitioners will focus on each woman's individual strengths in order to build their confidence and self-esteem and develop their resilience and aspirations for the future. It is important that each woman's personal qualities are recognised and developed to help increase her feelings of self-worth.

Tenacious and persistent approach

Pause Practitioners will not 'give up' on women; they will demonstrate a high level of commitment to them through an assertive outreach approach characterised by tenacity and persistence. This is particularly important for those women who are the most challenging to engage with. This approach, often in the face of resistance, is the key to building the women's trust and sustained engagement with the programme.

Personalised and holistic approach

The Pause programme works with each woman as an individual and recognises that factors such as domestic abuse, substance misuse, mental ill health and poverty are often interlinked with each other and the woman's feelings of self-worth, making it difficult for her to face the complexity of those issues. During the initial period of engagement, the woman's needs are identified, along with the factors that are likely to have led to the removal of her children. Intervention is then focused around addressing the root cause(s) of the presenting problems. A personalised programme of support is developed for each woman, designed around her needs and holistically looking at the various elements of her 'network' e.g. her partner, the father(s) of her children, her family members and friends.

Multi-agency approach

The Pause Practitioner will coordinate the involvement of other practitioners to deliver an integrated multi-agency programme of support. Effective team-work and information sharing across partner agencies will be key in the success of the programme, by ensuring that all those supporting the woman respond consistently and work to achieve the same goals.

Eligibility Criteria

Pause Somerset will be focused on supporting women who have experienced at least two episodes of care proceedings resulting in the removal of their children.

Each woman engaged in Pause must be able to focus on her own needs and therefore must:

- be of child-bearing age;
- have no children in her care;
- have experienced, or be at risk of experiencing, repeat pregnancies that are likely to result in a child being removed into care; and willing to take a pause from the destructive cycle of pregnancy and removal.

Creating a 'pause' between cycles of pregnancy and care proceedings is of pivotal importance for the women to be able to solely focus on themselves and take control of their lives to build a more positive future. This is recognised in the requirement that the women who choose to engage with Pause must agree to taking a break from pregnancy and that for most women this will facilitated by using an effective form of reversible contraceptive for the duration of the programme. Any woman who is potentially eligible for the programme but not ready to take a break will be supported to access alternative sources of support.

Research published by the Department for Education in 2017 based on interviews with women who have engaged with the Pause programme in other areas, identified that 90.2% of women had felt completely comfortable with the requirement to use contraception for the duration of the programme, viewing it as a way to ensure a welcome break from pregnancy. The remaining 9.8% had some initial reservations – mostly centred on the possible side effects of contraception - however ultimately made the decision to accept this requirement. Having the opportunity to discuss their contraceptive options at a sexual health service reassured the women and helped them to reach an informed decision to engage with the programme.

Referral Route

Somerset County Council have worked in partnership with Pause (national) [licence and intellectual property holder for the Pause programme: <u>www.pause.org.uk</u>] to identify the potential women who meet the eligibility criteria. A scoping survey was carried out in Somerset by Pause (national) in January 2019, which identified a cohort of 83 women in Somerset, all of whom have had two children or more removed, live within the Somerset local authority area and may go on to have another child. These are the women who could potentially gain the maximum benefit from a Pause Practice in Somerset.

During the mobilisation period, the delivery organisation will be required to work in collaboration with Somerset County Council and Pause (national) to use the scoping results and current Children's Social Care data, to engage with a target group of 24 women. During this initial period of engagement, the Pause Practitioners will work to establish a

relationship with each woman, undertake a full assessment of need and gain consent to fully engage with the programme.

The delivery organisation will work with Local Authority partners to agree any additional referral pathways.

Geographical Delivery of Pause

The Pause model will predominantly be delivered on an intensive outreach basis, therefore one of the challenges of delivering Pause in Somerset is the rurality and geographical layout of the County.

Many of the women may not be able to drive and may not have access to, or be willing to use, public transport. It is for the successful delivery organisation to determine and propose how they will overcome the geographical layout of the county to ensure successful engagement with the women. Depending on resources, the delivery organisation may propose to target particular areas of Somerset to reduce travel costs and time. Likewise, the Delivery Organisation may opt to look at wider coverage of the county, if they can demonstrate that the additional travel won't be detrimental to the programme. Importantly, the broad geographical layout of Somerset must not impact upon the successful engagement with, or sustained support of, these women.

Below is a map extracted from the scoping survey, which shows the location of the 83 women based on an analysis of their postcodes. Although the majority of the women reside in and around Bridgwater, Taunton and Yeovil, the distribution of the women as a whole, is significantly widespread.



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Somerset County Council will make their premises available wherever possible to enable Pause Practitioners to access facilities throughout Somerset. However, the Pause Somerset Practice will also have at least one appropriate, accessible and client-friendly hub/office base within Somerset. These premises must have suitable provision for:

- Confidential/clinical supervision
- 1:1 confidential conversations between Pause Practitioners and the women they are supporting
- Group sessions

Access for women

Each Pause Practitioner must have a work mobile phone to enable agile, mobile working and assertive outreach and to maintain contact with their clients. The mobile phones must be smartphones capable of downloading and running the Pause app.

Pause Somerset will be provided for 52 weeks of the year and specific service delivery times will be dependent on the individual needs of the women. On occasion, this may include out of hours working (i.e. outside of 9am – 5pm Monday – Friday).

Women's Resource

The Pause model recognises that sometimes it is not possible to bring about positive sustainable change for a woman with complex needs without materially and practically changing her circumstances. Women that are homeless or in poor, unsafe housing conditions may need some financial support to help them secure accommodation and equip it with the basics of a home.

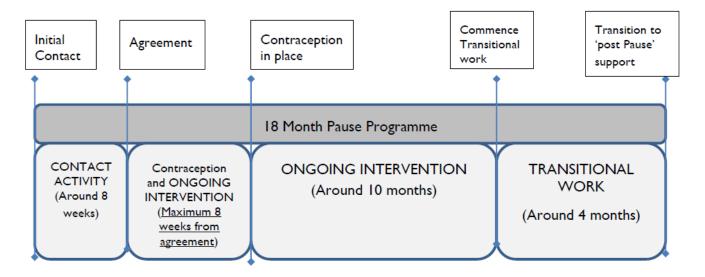
As part of the overall Pause Somerset budget, Practitioners will have access to a budget of £2,000 for each woman to spend across the duration of the programme. Practitioners will use their professional judgement when planning the spend of this budget and effective systems must be in place prior to 'go-live,' to enable Practitioners to access these funds as part of their daily interaction with the women.

The women's resource ensures that, where necessary, Practitioners are able to pay for things which would otherwise be unattainable. Examples include:

- essential items, such as a deposit for safe and secure accommodation, food and household items e.g. bedding;
- crisis items e.g. where a woman has just been released from prison and needs toiletries or a change of clothes;

- a pay-as-you-go mobile phone to enable the woman to keep in contact with her Practitioner and others;
- a bus pass or driving lessons to enable the woman to gain independence and attend appointments;
- photographic ID such as a passport;
- things to help build a positive relationship between the woman and her Practitioner e.g. a cup of tea/coffee or lunch;
- positive or creative activities that enable the development of confidence, skills and resilience to help the woman towards achieving her goals – or that just enable the woman to have some fun and feel good about herself.

In addition to financial support, there are other forms of practical support the Practitioners will need to provide. Practical tasks that Practitioners may undertake include, supporting women to apply for benefits, obtaining photographic ID and making/facilitating attendance at appointments.



Pause Timeline of Support

Contact activity (approximately the first 8 weeks from 'go live') involves assertive outreach to locate, establish contact with and begin to develop a relationship with the women. It also includes information gathering to enable a full assessment of each woman's needs. Consent to participate in the programme must be secured from each woman, informed by the understanding that they will need to agree to use an effective form of reversible contraception for the duration of the programme. Contraception must be in place by week 16 at the latest. Once consent has been gained and a needs assessment carried out, the woman is able to begin her bespoke programme of support.

Page 13 of 20 Part B General Information and Specification Volume for Information Any woman who needs additional support to make an informed decision about engagement with the programme (e.g. due to learning difficulties/disability) will receive support appropriate to her needs.

Transitional work (approximately the last 16 weeks of the Pause intervention) is carried out between women and their Pause Practitioners because as women come to the end of the Pause programme, the transition from high levels of focused support to less intense support can be challenging. It is crucial that each woman has the best possible transition towards the end of the Pause programme to support and sustain her into and during the post-Pause phase.

2.3 Collaborative working

Partnerships

Pause Somerset will work collaboratively and proactively with a local network of relevant partner agencies to deliver the Pause programme. These agencies will include social care, health, substance misuse services, domestic abuse services, housing and criminal justice agencies.

A close partnership with Pause (national) will be maintained throughout the programme, who will offer operational and strategic advice and support. Pause Somerset will have a National Practice Lead, who will work with the Somerset Practice to ensure fidelity to the Pause Model and offer support, knowledge and experience to develop the Practice and staff within it.

Local Pause Board

As part of the Pause model, a Local Pause Board will be established in Somerset, known as the Pause Somerset Board, to ensure strategic partnership working across key agencies and allow for continual review of the Practice. The Supplier will lead in the establishment of the Pause Somerset Board, working in collaboration with the Council and Pause (national). During the initial stages of service mobilisation, the Supplier (with input from the Council and Pause (national)) will set standard agenda items for the Board and will seek appropriate strategic membership from relevant partner agencies, such as social care, health, substance misuse services, housing and criminal justice. Board membership will also include the lead Commissioner from Somerset County Council and a designated representative from Pause (national) who will provide support and challenge, where necessary.

2.4 Pause Membership

The delivery organisation will pay the annual Pause membership fee (£25,000 per year or part thereof) to Pause (national), which will be payable at the start of each 'Pause year' (the month the Practice goes live in).

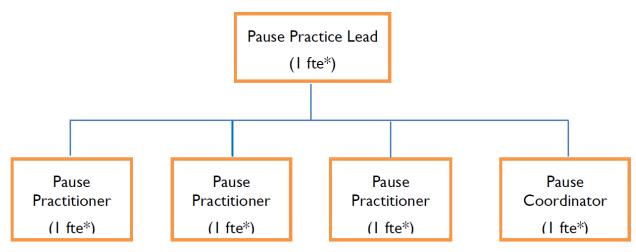
The benefits of Pause membership for Pause Somerset include access to:

- Intensive mobilisation and implementation support;
- Induction training on the 'go live' date;
- A designated National Practice Lead trained in coaching, providing quality assurance and support. The National Practice Lead will visit the Practice monthly to spend time with Practitioners, participate in reflective supervision and hold discussions of practice;
- Troubleshooting support for specific operational and strategic challenges faced in Somerset;
- Support for Practitioners and the Practice Lead with delivering the Pause Programme;
- A comprehensive practice and learning programme including:
 - > quarterly local Pause Practice development days;
 - regular Practice Lead development days;
 - Pause co-ordinator network;
 - quarterly regional learning forums that combine peer learning, masterclasses and exposure to leading practice from outside the Pause Partnership;
 - annual two-day Pause Conference;
 - training around specific topics, such as complex mental health problems.
- Tools and resources, such as the Pause Good Practice Guide app a unique multimedia tool for Practitioners to gain access to information and tips on the go;
- The Pause Monitoring, Evaluation & Learning system with optional case recording functions, to track progress and outcomes;
- A licence to use the Pause trademark and branding.

2.5 Staff

Team Structure

The dedicated team structure of Pause Somerset will be as shown in the diagram below.



^{*}fte = full time equivalent

Recruitment

The Supplier will recruit the Pause Somerset team during the service mobilisation phase (approximately a 6-month period), ensuring that all successful recruits meet the requirements of the job descriptions and person specifications provided by Pause (national). The recruitment campaign will be internal and external to the Supplier's own organisation and will be supported by Somerset's allocated National Practice Lead within Pause (national), who will actively participate in the selection process, including forming part of the interview panels.

To ensure the Practice is ready to 'go live' on the intended date, the Supplier will:

- recruit the Pause Somerset Practice Lead to commence in post *at least one month before the Practice 'go live' date*, and
- recruit the remainder of the Pause Somerset team to commence in post *immediately prior to the Practice 'go live' date*.

The Roles

Practice Lead – will oversee and lead the Practice and provide management and support to Pause Practitioners.

Pause Practitioner – will work directly with the cohort of vulnerable women, designing and implementing a bespoke programme of support for each. All Pause Practitioners (including the Practice Lead) must be highly skilled and dedicated and will have extensive experience of working with individuals experiencing entrenched, interlinking and complex issues and challenges. Due to the nature of the role, Pause Practitioners must have high levels of personal resilience and will receive clinical supervision on a monthly basis.

At least one of the Pause Practitioners (or the Practice Lead) will be a qualified Children and Families Social Worker with recent experience (i.e. within the last 2 years) of working in a statutory children's social care environment.

Pause Coordinator – will manage a wide and varied range of tasks, from the design and implementation of finance, data and performance monitoring systems, to event organising and high level strategic management support, including coordination of meetings for the Pause Somerset Board.

Training

Pause Somerset will participate in the training opportunities within the learning programme provided by Pause (national) including:

- A 3 day induction for new recruits;
- Pause Learning Forum events;
- The Pause annual conference;
- Regular training events and development days

2.6 Delivery Timeline

Below is an indicative timeline of Pause Somerset, including the 6 month mobilisation phase which is *outside of the scope of paid service delivery*. The mobilisation pack is prescriptive and the delivery organisation is expected to undertake mobilisation activities as set out within the Pause Practice Mobilisation Pack, working closely with the Pause (national) Programme Manager and Pause National Practice Lead to ensure successful mobilisation.

Phase one: Mobilisation – 6 months*

Set up governance and operational design. Establishment of communications and partnerships. Recruitment of Pause team.

| ٠ | Kick off meeting | Month 1 |
|---|----------------------------------------------|---------|
| • | Recruitment of Pause team begins | Month 1 |
| • | Identification of Board Members/invites sent | Month 1 |
| • | Local awareness raising of Pause | Month 2 |
| • | First board meeting | Month 3 |
| • | Partnership event | Month 3 |
| • | Second board meeting (readiness sign-off) | Month 5 |
| • | Practice agreement negotiated and signed | Month 5 |
| • | Infrastructure/operational planning complete | Month 6 |
| • | Confirmation of Comms plan | Month 6 |
| • | Scoping refresh | Month 6 |
| | | |

* Please note: Delivery organisation does not receive payment during this 6 month mobilisation period.

Phase two: Implementation – 2 months

Setting up the practice, identifying women to approach, implementing assertive outreach to find and engage women.

| Practice lead in post | Month 7 |
|-----------------------------------------------|-------------------------------------------------------------------------------------|
| Practice team in post and inducted | Month 7-8 |
| Cohort of 24 women identified and prioritised | Month 8 |
| 'Go live' - assertive outreach work begins | Month 8 |
| | Practice team in post and inducted Cohort of 24 women identified and prioritised |

Phase three: Programme Delivery – 18 months

Project is operational and delivering to women.

| ٠ | 24 women signed up to programme | Months 8-22 |
|---|-----------------------------------|-------------|
| • | Transition work with women starts | Month 22 |

- Transition work with women starts
- Women supported to access less-intensive support services Month 26

2.7 Performance monitoring

In order to ensure fidelity to the Pause model, Pause Somerset will be measured against the Key Performance Indicators (KPIs) specified in the 'Minimum Quality Standards' table below.

If at any stage Pause Somerset is not adhering to one or more of the Partnership Points within the Pause Pledge, or if it is not meeting one or more of the Minimum Quality Standards, the Practice Lead will develop a plan to achieve compliance as soon as possible. This plan will be agreed with the Chair of the Local Practice Board or, if the Chair does not represent the delivery organisation, the authorised representative of the delivery organisation and the Pause National Practice Lead. The Pause (national) Practice Lead will provide additional support, drawing on their own expertise and on support from other Practices as appropriate. However, it remains the responsibility of the delivery organisation to ensure the Pause Practice achieves compliance in a timely manner. Progress will be reviewed on a regular basis by the Chair or authorised delivery organisation representative and the Pause National Practice Lead.

If a Pause Practice repeatedly or persistently fails to meet the Pause Pledge or the Minimum Quality Standards this will amount to a breach of contract and contract termination procedures may be invoked (*see terms and conditions for further information on contract termination*).

| Fidelity area | What is being monitored | If practice is outside of these levels, Local Board and National Practice Lead to support | Practice is working to the model |
|-------------------------------------|----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| Small caseloads | Small number of staff in place. | 5 (1 x Practice Lead, 3 x Practitioners, 1 x Coordinator). | 5 (1 x Practice Lead, 3 x Practitioners, 1 x Coordinator) |
| | Number of staff inducted. | 100% completed Pause intensive induction within 3 months of start date. | 100% completed Pause intensive induction within 1 month of start date. |
| Engagement and intensive support | Drop-out rate from agreement to participate to contraception being verified | Number of women that agree to participate in Pause but who do not go on contraception is 30% | Number of women that agree to participate in Pause but who do not go on contraception is 10% |
| | Drop-out rate from contraception being verified to planned transition from Pause | Number of women where contraception is verified but who have an unplanned | Number of women where contraception is verified but who have an unplanned |

Minimum Quality Standards:

| | | transition out of | transition out of |
|-------------------|--------------------|----------------------|----------------------|
| | | | |
| | | Pause is 20% | Pause is 5% |
| | Full caseloads | Number of women | Number of women |
| | reached by month 6 | open 80% = 20 | open is 100% =24 |
| | | women | |
| | Number of | Number of active | Number of active |
| | practitioner | women in last | women in last |
| | activities per | month / number of | month / number of |
| | woman per month | activities is larger | activities is larger |
| | | than 10 | than 15 |
| Focus through the | Quality of | Questions 1-4 of | Questions 1-4 of |
| lens of women | relationship with | Experience of | Experience of |
| | Practitioner. | Service | Service |
| | | questionnaire 70% | questionnaire 90% |
| | | "certainly true" or | "certainly true" or |
| | | "partly true" | "partly true" |
| | Reported focus on | Number of | Number of |
| | own goals. | programme | programme |
| | | participants who | participants who |
| | | answer "certainly | answer "certainly |
| | | true" or "partly | true" or "partly |
| | | true" to statement 5 | true" to statement 5 |
| | | of Pause Women's | of Pause Women's |
| | | Experience Survey / | Experience Survey / |
| | | the total number of | the total number of |
| | | women responding | women responding |
| | | to the survey is | to the survey is |
| | | above 70% | above 90% |
| "Pause" from | Use of | Number of women | Number of women |
| pregnancy | contraception | maintaining | maintaining |
| pregnancy | contraception | contraception | contraception |
| | | schedule in last | schedule in last |
| | | quarter/ number of | quarter number of |
| | | women is above | women is 100% |
| | | 90% | |
| | Reported | Number of women | Number of women |
| | pregnancies | who are pregnant / | who are pregnant / |
| | | number of women | number of women |
| | | open is below 6% | open is 0% |
| | | | |