What Matters to You
A brief literature review

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Research for Real, Animate and Symmetric - Learning Partners for What Matters to You

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Contents

Executive Summary

The edges of care

- "Edge of care" is a useful conceptual device that reflects professional concerns despite the fact that there are challenges in being confident about who and how many are on the edge.

- The "edge of care" concept implicitly includes a recognition that there may have been preventative opportunities at earlier stages and that even at this late stage there may be ways of retrieving the child's place in the family.

- It is important to question the assumption that services are aware of the families who most need help, to consider what factors are limiting that awareness, and what other approaches might contribute to connecting families with help that they need.

- While the "edge of care" concept can be strategically helpful in framing the purpose of a change programme it is probably not helpful presentationally when working with families or communities because of its connotations and risk of stigmatising.

Obstacles to getting help

- Many families who need help are not accessing it. The scale of service provision is not nearly adequate to meet the level of need; there are large numbers of children and young people who are in high-end need but not receiving an appropriate service; and, there are large numbers of children and young people who are receiving high-end services despite not being in high-end need.

- In relation to getting help that is needed, stigma is one of the most important obstacles to parents' engagement with support. Families value the independence of that support from statutory services, especially independence from social work.

- Restricting a professional focus to the family's quality of care for children is an obstacle to building a constructive working relationship – triggering fear of stigma, fear of professional intervention, and failing to take account of cultural patterns of help-seeking.

- An alternative approach seeks alignment with families' and individuals' own understanding of the difficulties they face, providing family support rather than 'technical interventions'.

Adverse childhood experiences and trauma informed practice

- Adverse and traumatic childhood experiences are certainly important in the subsequent lives of those who have undergone them. Childhood adversity may take many forms, and the pathways and mechanisms linking to adult outcomes are complex.

- In the midst of debate about ACEs, understandings and concerns, for example about poverty and inequality have not been superseded by the ACEs perspective, and existing practice that is informed by awareness of the impact and dynamics of trauma will continue to be essential.

Engaging with families when they need help – promising practices

- There has been an evolution of thinking in Scotland about how best to engage with families where children's development, health and wellbeing are at risk.

- The *Getting It Right for Every Child* (GIRFEC) approach has broadened both the range of families and children who are in focus and greatly extended the set of professionals who have a role in responding to the need for help. It has opened the way to develop family support that responds to experienced need at whatever level rather than being constrained by thresholds.

- Awareness of the importance of certain issues in children's lives is an essential element in ensuring helpful responses. Many of these issues are comparatively well recognised such as living with domestic abuse, being a young carer, having a disabled sibling or a mentally ill parent. In terms of engaging with families when they need help, we highlight the prevention and mitigation of poverty and the impact of parental imprisonment.

- We highlight two examples, at both 'early-intervention – upstream' and 'high-end - downstream' levels, to identify principles and practices that seem to be promising in this changing and evolving environment: the *Maximise Family Advice and Support Project* in Edinburgh which offers flexible multi-dimensional support and *The Stepping Stones for Families' Family Wellbeing Service* that provides holistic support to the parents of pre-school children attending nurseries in Glasgow.

- Many features highlighted in the literature about what is thought to be effective family support are influenced more by what parents and workers identify as important in keeping families engaged, than evidence about what is known about the impact of services on outcomes; evidence of impact on outcomes tends to be patchy and complex.

- Potential areas for further examination in the area of community and strengths-based family support include developing a better understanding of the skills needed to build responsive relationships with a family as a whole rather than with particular individuals in the family; how parenting support can be more appealing for fathers, and to identify if fathers and mothers benefit from joint or separate input; and increased knowledge of the lived experience of children and families, especially young mothers.

Supporting families 'at the edge'

- In relation to supporting families 'at the edge of care', we highlight that local authorities are required by law to make available services to help children who are at risk of becoming looked after (near 'the edge of care') and their family members.

- The legislation specifically refers to *family group decision making* (FGDM), whereby the family group is supported to make a plan for the care of the child. FGDM Is a strengths-based approach that includes principles of collaboration, participation and dignity, involvement and informed choice.

- Notably, when FGDM is used in cases where a child is at risk of being removed from parental care the impact is to significantly reduce "the odds of removal", especially in high-risk cases.

- Exposure to domestic abuse has been increasingly recognised as a major issue for children. *Safe and Together* is a strengths-based alternative to the common practice of focusing on the 'failure to protect' a child from being exposed to domestic abuse. This approach has now been adopted in 10 Scottish local authority areas.

- In relation to children moving into adolescence, the LB. Enfield developed their *Family and Adolescent Support Hub* (FASH) as a response to the needs of families struggling with caring for their adolescent children and young people, with significant positive impact including keeping children and young people out of care and a reduction in safeguarding concerns.

The wider policy climate, effecting system change and learning from others

- The Independent Care Review seeks a fundamental shift in how decisions are made about children and families and in the way that families are supported to stay together. It strongly endorses a person-centred and relationship-focused approach to care and support and seeks to make early intervention and prevention a reality, through 'proper, holistic support for families' and a 'significant upscale in universal family support services'. Notably it also calls for a 'concerted effort to be made to hear more from parents and wider family members with children who are on the edge of or in care'.

- There are some concurrent initiatives seeking to effect system change, operating in similar domains to WMTY. There are some emerging interesting lessons particularly about how to build in learning and evaluation from early action system change and emerging examples of practices that can help to navigate the complexity of people, issues and systems.

- There is broader interest in "Place-based Working" and collective or collaborative leadership with much synergy between the themes and lessons and the experience and ambition of What Matters to You.

- Transferable lessons include the importance of reviewing the original theory of change, so that it reflects the experience of delivery of early action and enables exploration of assumptions that may be open to challenge. There is also a need to give sufficient emphasis to the 'systems change' and wider collaborative and partnership work being undertaken.

- For WMTY, the Lankelly Chase counsel that "building trust between actors is hard, particularly when the cast keeps changing." Their experience of place-based action inquiry encouragingly suggests that "amplifying the voices and sharing the authentic experience of people whom systems are supposed to be serving, seems to be a powerful mechanism for creating an impetus for change".

- Their learning suggests that all partners and roles within the action inquiry should be encouraged to adopt a learning approach and be involved in the process of developing a 'Learning Framework'. They found that there was ambiguity surrounding the boundaries between the roles within the action. They propose that the learning mechanisms for the action inquiry must be able to work with the inevitable ambiguity and uncertainty, bring these to the surface, enable conversation about them and build a container to hold the uncertainty.

1. Introduction

1.1. The purpose of this review is to help position the *What Matters to You* approach in a context of what is known about work with children on the edges of care and place-based approaches to system change – and the connections between the two areas of work.

1.2. This is a small-scale 'scoping review' rather than a systematic review of literature, undertaken to enable the funders and their key partners to position their own work alongside existing evidence. Wherever possible it also identifies implications for *What Matters to You* practice interventions.

1.3. Whilst we drawn on both peer-reviewed and grey literature we have largely confined ourselves to UK literature from the last few years and have sought to largely focus on parallel and relevant work being undertaken in Scotland.

1.4. We identify:

- Key concepts and definitions and related key characteristics or factors.
- Significant or interesting examples of work with children on the edges of care; place-based approaches; place-based care system changes.
- The policy climate and synergies with other domains seeking to effect system change.
- Potential implications for programme design for WMTY.
- Any significant gaps in evidence and knowledge.

1.5. The report is structured around a series of key topics:
- What is the 'edge of care' and what is a useful way to think about it?
- Obstacles to getting the help that is needed
- The place of ACEs and trauma-informed practice in our thinking
- Moving towards engaging with families when they need help
- Supporting families "at the edge"
- The policy climate and synergies with other domains seeking to effect system change.

2. What is the 'edge of care' and what is a useful way to think about it?

2.1. The term "edge of care" describes the status of those children who are at risk of being removed from their families into "care". The idea was used in a 2011 Ofsted report which identified the features of practice in 11 local authorities which had been successful in supporting such children to remain safely with their families.[1]

2.2. The Ofsted report reflects a narrow intention underlying the focus on "edge of care" – the discovery and implementation of approaches that can effectively support families where children are seriously at risk of being removed. It's worth noting that WMTY includes that intention within a wider perspective also concerned with early intervention and prevention.

2.3. The Independent Care Review has a working group focused on "Edges of Care" – with this term being used in a different way, that appears to reflect a different set of concerns. The remit of that group is to "understand what happens at each end of Scotland's 'care system' – the points that infants, children and young people are taken into care and the points that they leave care." In line with the overall objective of the Review, the intention reflected in this task description is to improve those transitional experiences for children, young people and their families – which might be seen as including provision of supports that prevent an admission to care.[2]

2.4. Enabling children to remain with their families whenever this is consistent with their wellbeing is a social policy goal, underpinned by legislative duties on local authorities to provide support to families for this purpose.[3] Avoiding the removal of a child from the family with the associated costs is also a saving to the public purse and is thus a high priority objective of local authorities.

2.5. In law children are "looked after" by the local authority; this is often seen as identical to being "in care". However it is important to note that in Scotland the term "looked after" includes children who are still living with their families as well as others who are "accommodated" outwith their families.[4] The looked after status is in most cases conferred by virtue of a supervision order made by a children's hearing and this can refer to supervision either at home or away from home – for example, with foster carers, in residential care, or with kinship carers. All perspectives will see children who are accommodated away from their families as being 'in care'. There are also arguments for seeing those looked after at home as being 'in care' rather than 'on the edge' – significant decisions about the child lie with social work and a children's hearing rather than with the parents.

2.6. The number of looked after children is easily countable because of the clear recording of their legal status. However, this is not the case for those who are 'on the edge' of being

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[1] Ofsted, 'Edging Away from Care : How Services Successfully Prevent Young People Entering Care', 2011, http://dera.ioe.ac.uk/12278/2/Edging_away_from_care_-_how_services_successfully_prevent_young_people_entering_care%5B1%5D.pdf

[2] "The Independent Care Review will identify and deliver lasting change in the care system and leave a legacy that will transform the life chances and wellbeing of infants, children and young people in care in Scotland." https://www.carereview.scot This is referred to further in section 7.1.

[3] 'Children (Scotland) Act 1995' (1995). See especially section 22.

[4] The definition of "looked after" is given in s.17(6) of the Children (Scotland) Act 1995.

looked after. The process for children becoming looked after is a function of the interaction between the circumstances of the child and the assessment by a professional social worker of the level and type of risk and the viability of options for the child. Because this process is so case-specific and dependent on professional judgement, the categorisation of children, for the purpose of counting them, as being at this level of risk (or "on the edge of care") is not capable of being objectively undertaken apart from ascertaining the judgement of the social worker. This is an issue which may be significant for achieving agreement about how many children should be regarded as being in this category.

2.7. The difficulty of being sure about which children are in the "on the edge" population is underlined by research on 25 local authorities (including 5 in Scotland) reported by the Dartington Service Design Lab.[5] This work shows that there is a very significant mismatch between the level of "high-end" need and the services to meet that kind of need.[6] The mismatch is of three types:

- the scale of service provision is not nearly adequate to meet the level of need;

- there are large numbers of children and young people who are in high-end need but not receiving an appropriate service;

- there are large numbers of children and young people who are receiving high-end services despite not being in high-end need.

2.8. An implication of the Dartington research is that those who are responsible for delivering services and have data generated from the process of service delivery are unlikely to be well-placed to define the population or quantify the level of need.

2.9. In summary, "edge of care" is a useful conceptual device that reflects professional concerns despite the fact that there are challenges in being confident about who and how many are on the edge.

- It describes a situation which has progressed to an extreme state where the level of care and the options to improve it are such that a professional is considering it might be better for the child to bring statutory powers into play and potentially to remove the child from their family.

- The "edge of care" concept implicitly includes a recognition that there may have been preventative opportunities at earlier stages and that even at this late stage there may be ways of retrieving the child's place in the family.

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[5] Tim Hobbs et al., 'Matching Children's Needs and Services: A Case of Three Circles' (Dartington Service Design Lab, February 2019), https://static1.squarespace.com/static/5c86931b4d87114c07db1adb/t/5d1607ce0cde7c00011aa030/1562161978277/3+circles+report.pdf

[6] The definition of children in "high-end" need used in the Dartington report (above) is: "those children and young people that experience multiple impairments to their health and development, and/or a constellation of risks likely to knock them off a healthy developmental trajectory." The approach to quantifying these children is outlined in the report (p. 7) – it uses "Key Developmental Outcomes" and risk factors for which there is robust evidence that they are predictive of later difficulties.

- While the "edge of care" concept can be strategically helpful in framing the purpose of a change programme it is probably not helpful presentationally when working with families or communities because of its connotations. It reflects an organisational perspective rather than focusing on needs-as-experienced by families. It may lead to perceptions of the programme as an offer backed by the threat of child removal. It may also be stigmatising for those who would want help but do not want to be associated with that level of family failure.

- It is important to question the assumption that services are aware of the families who most need help, to consider what factors are limiting that awareness, and what other approaches might contribute to connecting families with help that they need.

3. Obstacles to getting the help that is needed

3.1. There are several reasons why families that could benefit from outside help do not receive it, and the families that are most in need may be the least likely to be able to access help.[7]

3.2. The role of stigma is widely seen as one of the most important obstacles to parents' engagement with support in their role as parents. The 2017 report of the Social Mobility Commission "Helping Parents to Parent"[8] repeatedly emphasises that parents are more likely to engage with non-stigmatising "universal" services than they are with "targeted" services. The discussion below in relation to family support considers this issue.

3.3. Families tend to seek help within the family and their view of 'outside' formal help is shaped by the character of the child welfare system and the messages it conveys – in the case of the UK and other similar systems these messages stigmatise families that need help with the challenges of parenting. Communication between professionals and family members can also be impacted by a mismatch between the conceptual framework employed by professionals to assess need for help and the ways that families think about their situation.[9]

- Even in family support services that are effective in engaging families with children in the early years, families are anxious about the independence of that support from statutory services, especially independence from social work.[10]

- There can therefore be problems about the interaction between service provision and families in relation to even starting a working relationship.

[7] Prof. John Devaney, 'Re-Imagining Family Support' (24 September 2019), https://www.gcph.co.uk/assets/0000/7637/John_Devaney_GHFF_-_Reimagining_Family_Support_-_Devaney_24th_Sept_2019.pdf

[8] Dr Barbie Clarke, Fatima Younas, and Project team, Family Kids & Youth, 'Helping Parents to Parent' (Social Mobility Commission, 20 February 2017) https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/592452/Helping_Parents_to_Parent_report.pdf

[9] Karen Broadhurst, 'Parental Help-Seeking and the Moral Order. Notes for Policy-Makers and Parenting Practitioners on "the First Port of Call" and "No One to Turn To"', *Sociological Research Online*, 2007, http://www.socresonline.org.uk/12/6/4.html. http://www.socresonline.org.uk/12/6/4.html

[10] Glasgow Centre for Population Health, 'Stepping Stones for Families' Family Wellbeing Service An Evaluation: 2016-2019', Evaluation (Glasgow, May 2019), https://www.gcph.co.uk/assets/0000/7537/Stepping_Stones_evaluation_web.pdf

- Even once services are involved, the relationships with professionals can be experienced as unhelpful – becoming, in fact, a prominent feature of a "journey to the edge of care".

3.4. This "journey to the edge of care" phenomenon is documented by Barry Percy-Smith and Jane Dalrymple.[11] Using an innovative "Rivers of Experience" approach to their research, they explore the nature of that journey with children and families who have travelled that way, including both the issues in their lives and the relationships with professionals. These relationships were often problematic with professionals not managing to hear and take account of the experience or the wishes of the child or family. In the research *"we sought to listen to, observe and understand better the realities of these everyday life dynamics of young people on the edge of care."* The research provides material in support of *"a more humane social work with families that argues for the 'moral legitimacy' of support as opposed to 'technical interventions' and the need to develop a family support project for the 21st century."*

3.5. The situations facing these families and the children within them are complex and Percy-Smith and Dalrymple do not oversimplify, however they point to the need for supports to families at an earlier stage, for approaches that involve effective attention being given to the experience of the child and the family, and for awareness of and sensitivity to *"the significant emotional/psychological legacy of early neglect and family disruption that rarely gets voiced or acknowledged"* – a legacy which can manifest itself as continuing anger, depression and *"lives characterised by instability and chaos"*.

3.6. In summary, some of the implications for WMTY are that:

- Many families who need help are not accessing it.

- Restricting a professional focus to the family's quality of care for children is an obstacle to building a constructive working relationship – triggering fear of stigma, fear of professional intervention, and failing to take account of cultural patterns of help-seeking.

- An alternative approach seeks alignment with families' and individuals' own understanding of the difficulties they face, providing family support rather than 'technical interventions'. Examples of such approaches are considered below in sections 5 and 6.

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[11] Barry Percy-Smith and Jane Dalrymple, 'Stories from Journeys to the Edge of Care: Challenges for Children and Family Services', *Children and Youth Services Review* 94 (2018): 216–24, https://www.sciencedirect.com/science/article/pii/S0190740917310630

4. The place of ACEs and trauma-informed practice in our thinking

4.1. The research on Adverse Childhood Experiences has been influential in Scotland, adding powerful new terminology and energy to already prevalent ideas about trauma, resilience and helpful approaches.[12] The concept of "ACE Aware Scotland" has been the banner for influential conferences in 2018 and 2019.[13] The Scottish Government has articulated its response, including setting up an internal "Adverse Childhood Experiences (ACEs) and Resilience team".[14] NHS Health Scotland co-ordinates the multi-sector Scottish ACEs Hub which "aims to raise awareness and understanding about ACEs and progress national action".[15]

4.2. There has also been strong criticism of the original ACES study and alarm at the potential for this theme to distort understanding and misguide policy.[16] Examples of these criticisms articulated by Prof. Morag Treanor[17] include:

- determinism about individual and even intergenerational outcomes built into the ACEs concept;

- the fact that the originally identified ACEs are all situated in the home rather than the community;

- the lack of nuance in allocating identical scores to common experiences such as parental separation and less common criminal acts such as sexual abuse;

- the non-inclusion as ACEs of many experiences impacting on children including (a selection) benefit sanctions, being a young carer, living with a disability, being homeless or living in damp and overcrowded conditions, racism, bullying, being far from home because of political violence and war.

4.3. The *Centre for Research on Families and Relationships*[18] and the Scottish ACEs Hub have been helpful in contextualising the insights from ACEs research, challenging simplistic and narrow interpretations, and connecting them with already recognised understandings and good practice.

4.4. The Scottish ACEs Hub has proposed five principles to inform a Scottish approach to ACEs:[19]

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[12] The original study demonstrated association between the number of early traumatic experiences and later health and wellbeing outcomes.
https://web.archive.org/web/20151227092712/http://www.cdc.gov/violenceprevention/acestudy/index.html
[13] http://aceawarescotland.com
[14] https://www.gov.scot/publications/adverse-childhood-experiences/
[15] http://www.healthscotland.scot/population-groups/children/adverse-childhood-experiences
[16] The ACEs study considered the impact of a range of adverse experiences ("childhood maltreatment" or childhood trauma): physical abuse, sexual abuse, emotional abuse, physical neglect, emotional neglect, exposure to domestic violence, household substance abuse, household mental illness, parental separation or divorce, incarcerated household member. Information about the study is available at:
https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/about.html
[17] Morag Treanor, 'ACEs – Repackaging Old Problems in Shiny New (Emperor's) Clothes: – Making Scotland an ACE Informed Nation', 1 August 2019, https://blogs.ed.ac.uk/CRFRresilience/2019/08/01/repackaging-old-problems/
[18] https://blogs.ed.ac.uk/CRFRresilience/
[19] 'Adverse-Childhood-Experiences-in-Context-Aug2019-English.Pdf', accessed 29 October 2019,
http://www.healthscotland.scot/media/2676/adverse-childhood-experiences-in-context-aug2019-english.pdf

- ACEs inform our approach, but do not define it.
- ACEs questions are a limited proxy indicator of wider experience
- ACEs need to be understood in the context of poverty, inequality and discrimination.
- ACEs are about relationships.
- Our understanding of childhood adversity is improved by multiple perspectives.

4.5. The development of 'trauma-informed practice' speaks to the concern that Percy-Smith and Dalrymple express that practice needs to exhibit "awareness of and sensitivity" when dealing with the psychological legacy of early neglect and family disruption[20]. Because practice itself is organisationally shaped and constrained, there are system implications in ensuring that responses are based "on an understanding of the vulnerabilities or triggers of trauma survivors". The programme or service needs to build in "five core values: (1) safety, (2) trustworthiness, (3) choice, (4) collaboration, and (5) empowerment."[21]

4.6. In summary, traumatic childhood experiences are certainly important in the subsequent lives of those who have undergone them. Childhood adversity may take many forms, and the pathways and mechanisms linking to adult outcomes are complex.

- The ACEs scoring/questionnaires have a limited focus and are indicators for much wider ranges of experiences. At a population level, higher numbers of adverse childhood experiences are associated with a higher risk of adverse outcomes in adulthood. Importantly, these experiences do not determine those outcomes, and the risks measured at a population level cannot be applied to individuals as a predictive formula. Positive childhood experiences and protective factors also need to be taken into account, not least the presence of a trusted adult in childhood, which has been shown to have a powerful moderating influence.

- It can be expected that the dialogue and debate about the place of ACEs in Scotland will continue as a winnowing process to identify insight that should guide our practice, and it would be wise to keep in touch with those discussions. In the meantime, previous understandings and concerns, for example about poverty and inequality have not been superseded by the ACEs perspective, and existing practice that is informed by awareness of the impact and dynamics of trauma will continue to be essential.[22]

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[20] Barry Percy-Smith and Jane Dalrymple, 'Stories from Journeys to the Edge of Care: Challenges for Children and Family Services'.

[21] Charles Wilson, Donna M. Pence, and Lisa Conradi, 'Trauma-Informed Care', in *Encyclopedia of Social Work*, 4 November 2013, . https://oxfordre.com/socialwork/view/10.1093/acrefore/9780199975839.001.0001/acrefore-9780199975839-e-1063

[22] Charles Wilson, Donna M. Pence, and Lisa Conradi, 'Trauma-Informed Care', in *Encyclopedia of Social Work*, 4 November 2013, https://oxfordre.com/socialwork/view/10.1093/acrefore/9780199975839.001.0001/acrefore-9780199975839-e-1063

5. Moving towards engaging with families when they need help

5.1. There has been an evolution of thinking in Scotland about the responsibility to engage with families where children's development, health and wellbeing are at risk. Institutional social work established through the Social Work (Scotland) Act 1968 was seen as the mechanism for responding to this kind of need. That framing was further developed with an explicit emphasis on maintaining children with their families where that was consistent with their welfare in the Children (Scotland) Act 1995.

5.2. The *Getting it Right for Every Child* (GIRFEC) national reform programme places child outcomes in an 'ecological' context: in promoting positive development we need to recognise that the child grows up in a family within a local community in interaction with services and with the wider society. The reform framework has emphasised earlier intervention so that children and families "get the help they need when they need it" – effectively looking for a threshold-free approach. It also broadened the responsibility for identification of and response to need to include universal services – schools and the NHS. The implications of this change are still being worked through.[23]

5.3. GIRFEC includes a number of tools and components to support the emergence of a consistent national approach to child wellbeing. For example, the SHANARRI wellbeing indicators (Safe, Healthy, Active, Nurtured, Achieving, Respected, Responsible, Included)[24], are intended to promote a shared understanding of important domains of wellbeing. These feed into the assessments by different professionals and the inter-professional "child's plan" agreed at and then reviewed in 'child's planning meetings'. While GIRFEC applies at all levels of family difficulty, there is an expectation that positive early responses within universal services – where the 'Named Person' is located as a single point of contact in relation to any child – will reduce the likelihood of difficulties escalating.

5.4. GIRFEC has thus broadened both the range of families and children who are in focus and greatly extended the set of professionals who have a role in responding to the need for help. It has opened the way to develop family support that responds to experienced need at whatever level rather than being constrained by thresholds. And there are many imaginative initiatives that are extending practice and experimenting with family engagement approaches.

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[23] It is important to note that GIRFEC continues to be national policy despite the 2016 decision of the Supreme Court (https://www.supremecourt.uk/cases/docs/uksc-2015-0216-judgment.pdf) in relation to the Named Person provisions within the Children and Young People (Scotland) Act 2014. The court ruled that the information-sharing provisions were not consistent with existing law (the Data Protection Act and Article 8 of the European Convention on Human Rights). The Scottish Government has since decided not to revise those provisions and to repeal Parts 4 and Part 5 of the 2014 Act which relate to the Named Person and the preparation of a 'child's plan'. The intention is to support and develop good practice with these approaches rather than legislating. The Scottish Government, 'GIRFEC - Named Person', accessed 4 October 2019, https://www.gov.scot/policies/girfec/named-person/

[24] The SHANARRI domains are very broad and various organisations have sought to operationalise them in a way that better enables use that is shared with families and among professionals. An example that has proved helpful in practice is the Edinburgh Wellbeing Outcomes framework:
http://www.edinburgh.gov.uk/downloads/file/9768/edinburgh_wellbeing_outcomes and
www.edinburgh.gov.uk/download/downloads/id/9772/the_edinburgh_wellbeing_outcomes_guidance.pdf/

5.5. Practice both lags and precedes policy and legislation. We have not found published evidence about this, but experience from practice suggests that staff in universal services have needed to work out what it means for their role to be broadened and if there are benefits in that. On the other hand, managers and practitioners in high-end services can find it difficult and take time to realise what it means that important work to help families is being led and taken forward by other kinds of workers and services.

5.6. The progress represented by GIRFEC should not restrict practice to the envelope it defines.

- GIRFEC is explicitly an approach to "children's services", however the acknowledgment of the ecology surrounding a developing child makes it clear that many other types of services and features of society are of relevance – some of which are able to be influenced at a local level, for example housing, adult education, economic development, employability, mental health and substance misuse services, welfare rights.
- GIRFEC is premised on a focus on the individual child within the individual family and practitioners need to stretch the framework to cope with different ages of children within the same family and, importantly for WMTY, to see the family's needs as an important focus.
- While the 'GIRFEC National Practice Model'[25] acknowledges that families are located within communities, the model does not provide a framework for supporting or working with communities.
- The requirement to pick out from the collectivity that includes "every child" those specific children who are facing difficulties and need help or intervention remains a potentially stigmatising feature of GIRFEC which can delay or even deter families from seeking help.

The prevention and mitigation of poverty

5.7. Poverty places great pressure on families and impacts on short and long-term outcomes for children.[26] With an emphasis on the requirement to engage with the family's experience and not just the child's experience, one of the highest priorities will commonly be how to mitigate poverty and the impact of poverty. This question is the focus of the What Works Scotland report *"Tackling child poverty: Actions to prevent and mitigate child poverty at the local level"*.[27]

5.8. The report is addressed to local Community Planning Partnerships and Local Authorities who have the duty[28] in their area to coordinate responses and to plan for improvement of

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[25] Scottish Government, 'GIRFEC National Practice Model - Gov.Scot', January 2016,. https://www.gov.scot/publications/girfec-national-practice-model/
[26] NHS Health Scotland, 'Child Poverty in Scotland: Health Impact and Health Inequalities', n.d., http://www.healthscotland.scot/media/2186/child-poverty-impact-inequalities-2018.pdf
[27] Morag Treanor, 'Tackling Child Poverty: Actions to Prevent and Mitigate Child Poverty at the Local Level' (What Works Scotland, September 2017), http://whatworksscotland.ac.uk/wp-content/uploads/2017/08/WWSActionsToPreventAndMitigateChildPovertyAtLocalLevel.pdf
[28] Part 2 of the Community Empowerment (Scotland) Act 2015

outcomes – including the mitigation of child poverty. Local authorities and the local NHS board also have an annual duty[29] to publish a Local Child Poverty Action Report.

5.9. Before outlining specific measures available at the local level to prevent and mitigate poverty, the What Works Scotland report emphasises the need to address misunderstanding about the real causes of poverty – and in particular for the Community Planning Partnership to ensure through education, training and ongoing discussion that all staff do not confuse the consequences of poverty with its causes, with minimisation of stigma to the forefront.

5.10. Specific measures are described under the following headings:

- Income maximisation.
- The operation of the school system including costs and opportunities to help.
- Childcare – availability, costs and quality.
- Specific response to the situation of lone parents.
- Consideration of wider factors including health, disability, housing, transport and area regeneration – all important in impacting families in poverty.

Parental Imprisonment

5.11. Awareness of the importance of certain issues in children's lives is an essential element in ensuring helpful responses. Many of these issues are comparatively well recognised such as living with domestic abuse, being a young carer, having a disabled sibling or a mentally ill parent. However, some issues are under-appreciated as significant, leading to families in great difficulty being missed, or their situation not being understood. An example of this is the experience of having a parent in prison.

5.12. The direct impact of parental imprisonment on families and on children within families is very significant. Research shows that families are fragmented through loss of contact and marriages breaking down and there are well-evidenced difficulties with long-term consequences for children across many domains of life: emotional problems often exacerbated by the trauma of witnessing the arrest; loss of income and financial hardship; housing issues including loss of home; harm to children; anti-social behaviour by young people in distress; loneliness; social stigma and victimisation; and practical difficulties of separation including difficulties with travel and transport.

5.13. The scale of parental imprisonment is also considerable. Across Scotland's 32 local authorities on any day there are an estimated 16,500 children with a parent in prison. Nearly 2,000 are separated from their mother through imprisonment - and in any year approximately 30,000 children will have experienced the imprisonment of a parent. It has been noted that more children experience the imprisonment of a parent than the divorce of their parents. [30,31]

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[29] Section 13 of the Child Poverty (Scotland) Act 2017

[30] Candice McGillivray and Families Outside (2016), 'Rendering Them Visible: A Review of Progress Towards Increasing Awareness and Support of Prisoners' Families', accessed 22 September 2019, https://www.familiesoutside.org.uk/content/uploads/2016/08/FO-In-Brief-No11-Single-Pages.pdf

[31] 'Children, Families, Young People and the Criminal Justice System | SCCCJ', accessed 23 September 2019, http://www.scccj.org.uk/index.php/scottish-crime-and-justice-faqs/children-families-young-people-and-the-criminal-justice-system/

5.14. Much of the focus on this issue has addressed the functioning of the criminal justice system. The goal has been to seek process change to mitigate the collateral damage that is inflicted on families and children when the purposes of justice are being pursued. The 2008 report to the Scottish Parliament: "Not Seen. Not Heard. Not Guilty" by Scotland's then Children's Commissioner, Kathleen Marshall, made recommendations which related to the various stages of the criminal justice process from arrest through to imprisonment and beyond.[32] A review in 2011 of "Not Seen. Not Heard. Not Guilty" noted that the original report *"had sparked considerable activity"* and that *"the Scottish Government and the Scottish Prison Service have generally been supportive of initiatives to make progress for children",* however *"there remain considerable challenges in changing practice and organisational cultures."*[33]

5.15. It does not lie with agencies at local level to make changes in the complex world of the criminal justice system. However, the responses to the families and the children of prisoners can be well informed about the specific challenges facing these families and they can be strategic. Local agencies and services can also recognise in the way they work together to take account of the point made in the 2011 review that *"every organisation and institution […] can, and must make progress for the children of offenders, it is clear that no one agency can tackle the multi-faceted issues facing this sizeable and often vulnerable group."*

Promising practices

5.16. The following paragraphs use examples at both 'early-intervention – upstream' and 'high-end - downstream' levels to identify principles and practices that are seen to be promising in providing effective support to families.

The Maximise Family Advice and Support Project

5.17. The *Maximise Family Advice and Support Project* in Edinburgh is delivered in partnership by two 3rd Sector organisations, supported by the local health and social care partnership, the local authority, the NHS board and the employability strategy delivery body for the city.[34] The project works through School Clusters which also contribute to the finances with some of their Pupil Equity Funding (PEF).

5.18. The Maximise approach has been designed to take seriously the challenges faced by families impacted by poverty while offering a menu of support options which can be taken up in any order by the family: income maximisation, money advice, housing advice, employability support, family support and welfare rights. Three specialist staff members are committed to each school cluster – an advice worker, a family support worker and an employability worker. They are "embedded" in the schools who have taken ownership of the service and ensured that it is attractive, visible and promoted.

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[32] Scotland's Commissioner for Children and Young People and Kathleen Marshall (2008), 'Not Seen. Not Heard. Not Guilty. The Rights and Status of the Children of Prisoners in Scotland.'
https://dera.ioe.ac.uk/9399/2/Not%20Seen%20Not%20Heard%20Not%20Guilty%20compress.pdf
[33] Scotland's Commissioner for Children and Young People (2011), 'Not Seen. Not Heard. Not Guilty. The Rights and Status of the Children of Prisoners in Scotland'. Review 2011.
https://www.cypcs.org.uk/downloads/Adult%20Reports/2011_NSNHNG_report.pdf
[34] Capital City Partnership, 'Maximise! South East Impact Report 2018-2019', (2019)
https://www.joinedupforjobs.org/uploads/store/mediaupload/158/file/Maximise!%20Impact%20Report%2018-19%20V9.pdf

5.19. The evaluation report for Maximise demonstrates the effectiveness of providing this kind of flexible multi-dimensional support with significant impact across the different aspects of family life and children's experience. In addition to gaining more than £250,000 across 90 families in the year, the project has addressed issues of homelessness, rent arrears, parent anxieties about their child's sleeplessness and anger and was seen as having contributed to the removal of children from the Child Protection Register.

5.20. Features of the Maximise project which appear to address the obstacles to family engagement with support include:

- Basing the work within the community and in the school – a universal non-stigmatising service – and becoming a trusted part of the school world.
- Practical skilled help with navigating the worlds of housing, benefits and employment as well as issues of child wellbeing, family life and parenting.
- Flexibility of engagement on the basis of the priority concerns of the family

Stepping Stones for Families' Family Wellbeing Service

5.21. The *Stepping Stones for Families' Family Wellbeing Service* provides "holistic support to the parents of pre-school children attending nurseries in the north west and north east of Glasgow. Parents are referred to the Service for support on a range of issues including poverty, social isolation, poor mental or physical health, addictions, and parenting."[35]

5.22. In practice, the service engaged with families on the basis of both formal and informal referrals and often as a result of the Wellbeing Service workers chatting with parents in the nursery. The evaluation found that parents felt that *"engagement with the Service had occurred informally, regardless of whether a referral between the nursery and the Service had actually prompted that engagement."* And nursery staff commented that the skill of the workers in their way of speaking with parents meant that stigma was minimised.

5.23. The 'holistic' nature of the service seems to have been significant. The focus was on issues that mattered to the family including:

- Social isolation and lack of confidence
- Parent wellbeing
- Child wellbeing
- The impact of deprivation and poverty
- Specific issues facing migrant/refugee and asylum-seeking families.

5.24. The service had a positive impact on:

- parenting skills, resilience, parent/child and family relationships
- parental, physical, mental and emotional health and wellbeing – including on parent's confidence and social isolation.
- on children's confidence and capacity to learn – and on their behaviour and attendance.

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[35] Glasgow Centre for Population Health, 'Stepping Stones for Families' Family Wellbeing Service An Evaluation: 2016-2019' (Glasgow, May 2019) https://www.gcph.co.uk/assets/0000/7537/Stepping_Stones_evaluation_web.pdf

5.25. The evaluation identified the key elements of the service as: *"direct inputs to build parenting skills; provision of social activities/engagement drawing people in; provision of social activities courses/ classes; holiday activities; problem-solving on practical issues; advocacy and advice; accompanying/ walking with parents figuratively and literally; and providing a listening ear, a safety net and reassurance."* It noted that the qualities of the service were as important as the practical offerings: *"The ability of the Service to make a long-term commitment to parents to act with their interests at heart, to treat them as being of value, and to provide skilled, calm and committed staff to work with them in a friendly, welcoming, and non-judgemental way across whatever issues they present, are key to its contribution to the lives of parents and their children."*

5.26. The nature of effective services and interventions and what it is about them that has been found to be helpful is commonly summarised in evaluations and research overviews,[36]. There does appear to be a largely shared set of features.

5.27. The *Coalition of Care and Support Providers in Scotland* (CCPS) used focus groups with family members who had accessed family support.[37] This research identified four key themes:

- Supportive Relationships
- Flexibility and responsiveness
- Non-judgemental approach
- Practical Support to enable Participation

5.28. The CCPS also commissioned a literature review by the Stirling University Centre for Child Wellbeing and Protection[38]. This review drew up the following indicative list of elements of effective strengths-based family support:

- Trust and openness
- Non-judgmental person-centred support
- Workers as humans
- Consistency of worker
- Collaboration between families and workers
- Peer support

5.29. It notes the features of effective service provision as:
- Accessible services
- Flexible service duration
- Meeting needs
- Range of interventions

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[36] Louise Hill, Nadine Fowler, and Robert Porter, 'Supporting Families: A Review of the Implementation of Part 12: Children at Risk of Becoming Looked after as Set out in the Children and Young People (Scotland) Act 2014' (CELCIS (Centre for Excellence for Children's Care and Protection), May 2019), https://www.celcis.org/files/4315/5748/1820/Supporting_Families_Final_Report_May_2019_pdf.pdf

[37] CCPS (Coalition of Care and Support Providers in Scotland), 'CCPS Family Support Research Project - Part 1: What Families Think about Family Support Services', January 2018, http://www.ccpscotland.org/wp-content/uploads/2018/01/Family-support-research-project-Part-1.pdf

[38] Ruth Weston and Jane Scott, 'CCPS Family Support Research Project - Part 2: What Does Existing Research Identify as Effective Strengths-Based Family Support? Scoping Review' (Centre for Child Wellbeing and Protection, University of Stirling, January 2018), http://www.ccpscotland.org/wp-content/uploads/2018/01/Family-support-scoping-review-part-2.pdf

- Building social support
- Partnerships and advocacy
- Planned endings and transitions.

5.30. The review also notes: *"Many features highlighted in the literature about what is thought to be effective family support are influenced more by what parents and workers identify as important in keeping families engaged than evidence about what is known about the impact of services on outcomes".* Evidence of impact on outcomes tends to be *"patchy and complex".*

5.31. The Stirling University study also highlights challenges in providing family support. Workers can face dilemmas in responding to the needs of different people within the family system including whether the whole family focus means the child is not getting enough attention. Fathers can often be left out of consideration. Developing and maintaining a strengths-based focus can involve managing a number of perspectives and expectations including those of referrers, senior managers and funders as well as the perceptions of family members and that of the practitioner. Family members can feel that practitioners are not adequately recognising the adversities faced by the family. Setting achievable targets that are shared with the family is essential, as is reviewing them, and this requires discussion and negotiation.

Gaps in our knowledge about community and strengths-based family support

5.32. The Stirling Study commissioned by CCPS[39] provided a helpful note of potential areas for further examination in the area of community and strengths-based family support – either described in research they quote or identified through their own literature review process. These are:

- Understanding the skills needed to build responsive relationships with a family as a whole rather than with particular individuals in the family.
- How parenting support can be more appealing for fathers, and to identify if fathers and mothers benefit from joint or separate input.
- More longitudinal research:
  - on practitioner's 'practice wisdom' following long-term interventions with children and families
  - on longer-term outcomes from families' perspectives, especially where situations had moved from crisis point to a more settled time.
- Increase knowledge in the lived experience of children and families, especially young mothers.
- Longitudinal evaluations of parenting support approaches in the UK coupled with further research into the underlying structural causes impacting on parents and their children.
- There is limited research on what specifically third sector organisations might contribute and their impact in terms of supporting families as distinct from statutory agencies.
- There is limited research conducted directly with children and the lack of their views about what works for them and the benefits to them of family support.

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[39] Ruth Weston and Jane Scott, 'CCPS Family Support Research Project - Part 2: What Does Existing Research Identify as Effective Strengths-Based Family Support? Scoping Review'.

- There is limited research into the impact of family support services on children and families.

6. Supporting families "at the edge"

6.1. Part 12 of the Children and Young People (Scotland) Act 2014[40,41] requires local authorities to make available services to help children who are at risk of becoming looked after (near 'the edge of care') and their family members. In addition to "support services in relation to parenting" which we have already discussed, this legislation refers to family group decision making (FGDM).

Family Group Decision Making

6.2. FGDM is described as "a service which is designed to facilitate decision-making by a child's family in relation to the services and support required for the child". Support services in relation to parenting are services "designed to increase parenting skills" – the *Stepping Stones for Families' Family Wellbeing Service*, mentioned above, is a positive example of this kind of service.

6.3. In addition to having a duty to make these services available, local authorities have a specific duty to publish "information about the provision of relevant services" and "the ways in which persons can contact the local authority about the provision of those relevant services".

6.4. FGDM is already deployed in several Scottish local authority areas. Because it requires significant commitment from the network of extended family members and friends and substantial professional input it tends to be most used in critical circumstances, such as when there is a serious likelihood of a child being removed from the family.

6.5. The core principle in FGDM is that the family group is supported to make a plan for the care of the child. Such plans may include realistic supports for birth parents, the child moving to kinship care (also referred to as "family and friends care" [42]), or arrangements for the child to maintain crucial relationships with family while in foster or residential care. The national guidance on Part 12 states that the values inherent in FGDM as a strengths-based approach include "principles of collaboration, participation and dignity, involvement and informed choice".[43]

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[40] 'Part 12 of Children and Young People (Scotland) Act 2014' (n.d.), http://www.legislation.gov.uk/asp/2014/8/part/12/enacted

[41] 'The Children and Young People (Scotland) Act 2014 (Relevant Services in Relation to Children at Risk of Becoming Looked After Etc.) Order 2016', accessed 12 August 2019, http://www.legislation.gov.uk/ssi/2016/44/made

[42] 'Research and Practice - Family Rights Group', accessed 13 November 2019, https://www.frg.org.uk/involving-families/family-and-friends-carers/research-and-practice

[43] Scottish Government, 'Children and Young People (Scotland) Act 2014: National Guidance on Part 12: Services in Relation to Children At Risk of Becoming Looked After, Etc.', December 2016, https://www.gov.scot/binaries/content/documents/govscot/publications/advice-and-guidance/2016/12/children-young-people-scotland-act-2014-national-guidance-part-12/documents/00511327-pdf/00511327-pdf/govscot%3Adocument/00511327.pdf

6.6. The CELCIS review of the implementation of Part 12[44] refers to the more than 20 years of evidence supporting the efficacy of FGDM as an intervention in child welfare proceedings and notes the "overwhelmingly positive" experience of participation in a family group meeting with family members feeling "listened to and valued". This evidence includes a recent Scottish study.[45] When FGDM is used in cases where a child is at risk of being removed from parental care the impact is to significantly reduce "the odds of removal", especially in high-risk cases.

Safe and Together

6.7. Exposure to domestic abuse has been increasingly recognised as a major issue for children. It was added as a ground of referral to a Children's Hearing in 2011.[46] It was recorded as a reason for Child Protection registration in 37% of cases in Scotland in 2016-17.[47] It is therefore worth considering an approach that has been increasingly introduced in Scotland: Safe and Together.

6.8. Safe and Together is a strengths-based alternative to the common practice of focusing on the 'failure to protect' a child from being exposed to domestic abuse. The failure is usually attributed to the non-abusive parent – in most cases this is the mother - who is seen, in consequence, as unable to offer a safe or good enough environment to the child. Practitioners usually communicate with the non-abusive parent about concerns and only superficially with the abusive parent. Following warnings, the child may then be removed and placed with alternative carers.

6.9. Practice informed by a Safe and Together perspective, views the key risk factor in a domestically abusive context not as failure to protect but as the behaviour pattern exhibited by the perpetrator. Practitioners focus on the efforts made by the non-abusive parent to provide safety and normality for their child and will seek to support this parent and child to remain together. In contrast with the historically normal approach, the practitioner will engage directly with the abusive parent holding (most often) him or her accountable for harm being inflicted on both their partner and their child.

6.10. The Safe and Together Institute explains: *"This child-centered model derives its name from the concept that children are best served when we can work toward keeping them safe and together with the non-offending parent (the adult domestic violence survivor). The Model*

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[44] Louise Hill, Nadine Fowler, and Robert Porter, 'Supporting Families: A Review of the Implementation of Part 12: Children at Risk of Becoming Looked after as Set out in the Children and Young People (Scotland) Act 2014'. (Glasgow, May 2019) https://www.celcis.org/files/4315/5748/1820/Supporting_Families_Final_Report_May_2019_pdf.pdf

[45] Mary Mitchell, 'Reimagining Child Welfare Outcomes: Learning from Family Group Conferencing', *Child & Family Social Work* 0, no. 0 (2019), https://doi.org/10.1111/cfs.12676

[46] Children's Hearings (Scotland) Act 2011 - Section 67(2)f "Child has or is likely to have a close connection with a person who has carried out domestic abuse."

[47] [47] Scottish Government, 'Children's Social Work Statistics 2016-2017', 27 March 2018, https://www.gov.scot/binaries/content/documents/govscot/publications/statistics/2018/03/childrens-social-work-statistics-2016-17/documents/childrens-social-work-statistics-scotland-2016-17/childrens-social-work-statistics-scotland-2016-17/govscot%3Adocument/00543713.pdf

provides a framework for partnering with domestic violence survivors and intervening with domestic violence perpetrators in order to enhance the safety and wellbeing of children".[48]

6.11. Problematic features of practice within the historically normal approach include

- an overemphasis on singular incidents of physical violence, rather than recognition of a wider pattern of abuse and control.
- an assumption that separation or removal of the perpetrator will automatically reduce risk – which is empirically not the case.
- While encouraging separation as 'the solution' to the abuse, not addressing risks around safe contact or ongoing disruption to family life

6.12. The perspective and practice of the Safe and Together approach are underpinned by a set of practice tools and practitioner training. The Safe and Together approach has now been adopted in 10 Scottish local authority areas. There is a Safe and Together Lead for the UK, based in Edinburgh.

6.13. Among the evidenced consequences of practice based on the 'failure to protect' narrative is an increase in fear of engagement with social work – and therefore fear of and reluctance to call the police who would generally refer concerns about children on to social work. There is therefore an unintended increase in risk as a result.

6.14. A second consequence relates to the likelihood of removing a child from the family. Safe and Together starts from the assumption that the child's safety, healing from trauma, stability and nurturance are most likely to be served through continuing together with the non-abusive parent. And practical support through a strengths-based partnership with the parent is then provided to that end. Practice based on the 'failure to protect' narrative, in contrast, requires a change in the level of domestic abuse – often with a prescription of separation - as a condition of allowing the child to remain. Research has shown both improvements in professional attitudes and practices and reductions in child removal in areas where the Safe and Together model has been implemented.[49]

6.15. A recent report into institutional arrangements to support the development and implementation of Safe and Together in Scotland concludes that: *"Safe and Together provides a model which allows government ambition and good practice principles to be put into practice. It is an approach that provides a framework and language for professionals from different perspectives to come together to work with and support a greater number of children and families. There are links also to the growing rhetoric around a shift away from the risk paradigm towards a more enabling and relational upstream approach. Safe and Together, however, is one approach that can contribute to wider systemic change but needs support from all levels within an organisation and should be reflected in national priorities and local strategic planning structures across services."*[50]

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[48] Donna Gentile, 'ABOUT THE MODEL', *Safe & Together Institute* (blog), accessed 13 November 2019, https://safeandtogetherinstitute.com/about-us/about-the-model/
[49] Jane Scott, 'Safe and Together Institute for Scotland: Report of Scoping Activity' (Social Work Scotland, February 2019), https://socialworkscotland.org/wp-content/uploads/2018/01/Safe-and-Together-Institute-Report-of-scoping-activity-final.pdf
[50] Scott.

6.16. Families can face particular challenges as their children move into adolescence. In 2017 in Scotland 12-17 year olds represented 30% of those becoming looked after (including both 'at home' and 'accommodated'). The London Borough of Enfield developed their Family and Adolescent Support Hub (FASH) as a response to the needs of families struggling with caring for their adolescent children and young people.

6.17. The overall FASH Hub includes three teams, one (the RAST – Reunification Adolescent Support Team) supporting the return of children from a care setting to their family, one (CSEP – Child Sexual Exploitation Prevention) - which focuses on child sexual exploitation, and the FAST (Family and Adolescent Support Team) which *"provides intensive support and family mediation to 13 to 17 year olds and their families to prevent them from entering the care system."*[51]

6.18. Core ideas in the design of the Hub included[52]:

- the inclusion [alongside social work] of other services (psychology, mediation, learning mentors, youthwork) rather than referring out to other agencies
- an increase in face-to-face working and greater flexibility of operation to establish effective relationships and support.
- Whole family assessment, case planning and review, and customised whole-family intervention.
- Recruiting highly skilled social workers.
- training up Parent Champions who could provide peer to peer support for parents experiencing similar challenges

6.19. The evaluation in December 2017 concluded that there had been significant positive impact on several target variables:

- Children and young people were kept out of care – estimated as a 20% reduction over the previous year in admissions to care.
- The majority of young people experienced a reduction in safeguarding concerns. Almost one half of the 246 families referred to the service had been closed to social care following support. And young people's difficulties were mitigated – with improved family relationships.
- Where engagement with the family was good, the families appreciated the service. They particularly valued having dedicated practitioners who could *"make a difference"*.
- The ratio of costs and benefits was also positively evaluated: for every £1 invested in FASH support, there was a return of £3 (ROI of 3.0). This compared with a loss of 70p for every £1 invested in support for the historical comparator group (ROI of 0.3),

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[51] Paul Sutton (Enfield Council), 'Family and Adolescent Support Hub (FASH)', (n.d.), https://governance.enfield.gov.uk/documents/s56155/FASH%20Presentation.pdf

[52] John Rodger et al., 'Evaluation of Enfield Family and Adolescent Support Service (FASH)', Evaluation, Children's Social Care Innovation Programme (Department for Education, July 2017), https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/625240/Evaluation_of_Enfield_Family_and_Adolescent_Support_Service.pdf

demonstrating a relative cost effectiveness of the FASH approach. When the overheads for this kind of project (management, training and supervision of staff) and an annual caseload are taken into account the return on investment is 1.84 – lower but still positive.

6.20. There were also challenges.

- There were unanticipated problems in setting the project up and ensuring that it worked as intended. It was difficult achieving change in administrative processes, organisational behaviours.
- The initial service manager was new to the authority and the services were unhelpfully isolated within the overall system and the necessary protocols and practices were not clearly developed.
- There were difficulties in recruiting enough social workers with the necessary levels of experience and skill. The early career staff found it difficult to embrace the complexity of whole family working and tended to prefer working with the young people rather than the family.
- Practitioners also did not take advantage of important resources including the Parent Champions and the opportunity to use Family Group Conferencing [another name for Family Group Decision Making (FGDM)].
- Some families were unhappy that the professional support was not sustained for long enough.

6.21. This project and its evaluation appear to support the following:

- In addressing serious difficulties with young people, it is important to work with the family and its concerns and not just directly with the young person.[53] Where specialist help is required this needs to be integrated into the response system and available – rather than requiring onwards referral.
- The need for support not to be discontinued too early – always recognising that decisions about this are a managerial and practice challenge.
- Engaging with families requires a high level of skill. It is not realistic to expect staff to have the necessary skills or attitudes purely on the basis of their qualification.
- There are lessons from Enfield about organisational aspects of developing a new approach such as this: the importance of engaging with and preparing the wider service system, the time required to develop necessary systems and protocols, the need to recruit train and support staff to work in the required way.

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[53] This is also the strongly asserted position of the very well evidenced (albeit with a different theory of change) Multi-systemic Therapy (MST). https://www.nes.scot.nhs.uk/education-and-training/by-discipline/psychology/multiprofessional-psychology/multisystemic-therapy-(mst).aspx

7. The policy climate and synergies with other domains seeking to effect system change.

7.1. The Independent Care Review was published in February 2020.[54] It concludes that a fundamental shift is required in how decisions are made about children and families and in the way that families are supported to stay together. The Care Review strongly endorses a person-centred and relationship-focused approach to care and support that involves fundamentally shifting the primary purpose of the whole of Scotland's 'care system' from protecting against harm to protecting all safe, loving, respectful relationships. The review proposes that Scotland must fulfil its commitment to early intervention and prevention, which is seen as an aspiration best realised through 'proper, holistic support for families'. It calls for a 'significant upscale in universal family support services'. Of particular note for WMTY is the call for a 'concerted effort to be made to hear more from parents and wider family members with children who are on the edge of or in care'.

7.2. There are some concurrent initiatives seeking to effect system change, operating in similar domains to WMTY. There are some emerging interesting lessons particularly about how to build in learning and evaluation from early action system change.

National Lottery Community Fund (NLCF)

7.3. The National Lottery Community Fund (NLCF) in Scotland have awarded £5.9 million to eight multi-agency, place-based partnerships through a strategic one-off initiative, Early Action System Change (EASC). This runs from March 2018 for up to five years. The purpose is to help accelerate the shift to investing a greater proportion of public resources in effective, early action. It offers dedicated resources to enable these partnerships to re-focus efforts towards a longer-term preventative approach through improved data, greater collaboration with local communities and a co-production approach. The funding covers one of two themes: children, young people and families facing significant challenges or women and the criminal justice system.

7.4. Each partnership is responsible for their own evaluation arrangements, which are generally expected to be contracted in. In addition, the partnerships also have access to limited evaluation support, available to NLCF funded projects. The NLCF has also established a Learning Support contract (held by Research for Real/Animate) in response to an identified need for collaborative working and sharing learning and best practice among the partnerships. At present, this focuses primarily on experiential learning support through face to face and on-line peer-to-peer support and information sharing.

Early Action Neighbourhood Fund (EANF)

7.5. The Early Action Neighbourhood Fund (EANF) is funded by a collaboration of funders from different sectors with an interest in supporting early action approaches. The Big Lottery Fund, Comic Relief and the Esmee Fairbairn Foundation have invested collectively £5.25m to support three pilot projects which are testing early and preventative action approaches in

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[54] See https://www.carereview.scot/

different areas of public services in England.[55] Evaluation was undertaken by the Centre for Regional Economic and Social Research (CRESR) at Sheffield Hallam University.[56]

7.6. During the evaluation it became clear that the original theory of change no longer reflected the Evaluation Team's and projects' experience of delivering early action and that a number of the assumptions were open to challenge. These were:

- *That the pilot projects will undertake early action.* There was lack of consensus and clarity about what constitutes early action; this led to a broad definition being adopted to encompass a variety of preventative, rather than reactive interventions.

- *That EANF funded activities lead to a fall in need in the pilot areas, which is both identifiable and measurable.* This confronts issues of attribution. Pilots became less ambitious about the range of outcomes to be measured, the types of data accessed, and the level of analysis undertaken.

- *That a reduction in need leads to a reduction in spending on acute services.* There were difficulties in monetising benefits and attributing them to their interventions and issues of the financial context in which public bodies are having to reduce spending regardless of need.

- *That evaluation will identify the mechanisms through which the EANF pilots lead to a reduction in preventable need.* There was a need for evidence of the way that pilots collaborated to influence changes in services, leading to reductions in need. Key factors include changes to cultures, systems and practices. This suggests a need for greater qualitative insight and clarity about timescales in which it might be expected to see change.

- *That the EANF evaluation evidence base will provide a strong case for increased spending on early action with the pilot areas and more widely.*   Local public bodies did not have the financial capacity to increase spending: in reality, 'success' might mean the preservation of existing early action funding, or the protection of early action budgets from the most severe cuts.

7.7. The researchers conclude that the original approach did not give enough emphasis to the 'systems change' and wider collaborative and partnership work being undertaken by each project. The pre-funding period work, before any interventions were delivered, was an important strand of activity, alongside delivery. This work included defining a clearly identified target population for their early action intervention and a good understanding of the nature and consequences of preventable need associated with this population. It also required projects to have developed a credible evidence-based intervention (or series of interventions) and to have secured buy-in from key stakeholders to support the implementation of the interventions.

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[55] http://www.earlyactionfund.org/
[56] http://www.earlyactionfund.org/evaluation

7.8. Capturing the importance of this work became a key objective. After some revisions, the focus of the on-going evaluation became testing the assumptions and the relative importance of different mechanisms for change in specific localities.

Corra Place Based Working (PBW)

7.9. The Corra Foundation convened a Place-based Working Project in October 2017, funded by Scottish Government. This brought together a cross-sector group including organisations from the third sector, central and local government. The group met regularly to build a shared view of what place-based working means and understand how it has been applied in Scotland, through case studies. The group also looked at how to improve practice and encourage others to adopt place-based approaches, culminating in an event in March 2018.[57]

7.10. There were several clear themes and messages, including:

- It is time to learn from communities what they want and co-produce a vision for the future. A 10-20 year time frame is needed to enable real sustainability of places, and to counter short electoral and funding cycles.
- A wider range of voices are needed in these discussions. In particular private businesses, young people and seldom heard groups were noted to be under-represented. The mental separation of 'professionals' vs 'communities' was also questioned.
- The language used can be too dense and jargon-filled to be easily understandable. There needs to be a balance between discussing the complexity of place-based work and an understanding that PBW is essentially about asking people in a place what they want, and then helping them achieve that.
- Building skills around facilitation and brokering are needed to enable people to have better conversations across sectors and with communities.
- Greater transparency and "making the invisible visible"; collective prioritisation over individual organisational aims; and sharing accountability and ownership of initiatives are some of the key behavioural changes needed.
- Funders play a unique role, especially in terms of driving the reporting of outcomes and measures of place-based work.
- What needs to happen next is the development of test-sites for collaborative place-based initiatives to be implemented, studied and measured.

Collective Leadership for Scotland (CLfS)

7.11. Collective Leadership for Scotland (CLfS) provides Scottish Government funded facilitative and learning support to people working with systemic issues which reach beyond the boundaries of traditional hierarchies and public institutions. The programme works directly with inter-professional teams as they seek to lead change and offers a highly bespoke support structure for the teams and for the wider changes they seek to achieve. CLfS sites have also addressed a wide range of issues at local and national levels, including how to achieve the best outcomes for children and families through better collaborative between schools and social work in Fife.

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[57] https://www.corra.scot/place-based-working/place-based-working-project/

7.12. CLfS has recently published a core document for transformational work in Scotland: "Collective Leadership: Where nothing is Clear and Everything Keeps Changing: exploring new territories for evaluation".[58] The report draws on and synthesises the literature on action research and social change – a field that specifically addresses the systemic and messy complex interactions of culture, power, psychology, environment and so on. The model for practice outlined in the report moves away from approaches that are more suitable for addressing linear problems that can be abstracted and generalised from local environments and for which there are potentially clear solutions.

7.13. Some of the key messages are:

- Even "well evidenced" programmes if deployed, must be developed and understood afresh in a new local context.
- People who are close to an issue must be central to sense-making and devising and evaluating solutions. These people can include local citizens and professional or managerial staff in various organisations. Ethical research is always <u>with</u> people who are recognised as agents.
- It is not realistic to separate learning about an issue from engagement with it. Learning requires engagement and learning (eg 'research') is itself a form of intervention. Conversely intervening generates learning, so learning is built in from the start,
- The process of learning requires disciplined attention to the range of voices and experiences, and to all other forms of evidence that provide illumination.
- An appreciative approach to the situation gives insight and provides direction for positive future development.
- Time is given to understanding the nature of the issue and how it is experienced.
- Attention to desired futures and solutions is given priority, rather than an analysis or critique of past conditions or practices.
- Throughout, and at all times, this must be a human process involving the development of relationships and mutual confidence, enhancing communication.

National Lottery Community Fund and the Tudor Trust – Exploring the new world

7.14. Jointly funded work by the National Lottery Community Fund and the Tudor Trust "Exploring the new world: Practical insights for funding, commissioning and managing in complexity" has explored emerging examples of practices that help people and organisations to navigate the complexity of people, issues and systems.[59] They characterise these responses as 'human learning systems' (HLS) which entails:

- *Being human* - recognising the variety of human need and experience, building empathy between people so that they can form effective relationships, understanding the strengths that each person brings, and deliberately working to create trust between people. Rather than attempting to proceduralise what happens in good human relationships, staff are encouraged to focus on the capabilities and contexts which help enable these relationships, providing support that is bespoke.

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[58] https://workforcescotland.files.wordpress.com/2018/11/collectiveleadershipreport1.pdf

[59] Lowe, T and Plimmer, D (2019) Exploring the new world: Practical insights for funding, commissioning and managing in complexity, Collaborate for Social Change and Northumbria University https://collaboratecic.com/exploring-the-new-world-practical-insights-for-funding-commissioning-and-managing-in-complexity-20a0c53b89aa

For funders, the focus is on creating trust with and between the organisations they fund. This enables funders and commissioners to let go of the idea that they must be in control of the support that is provided using their resources.
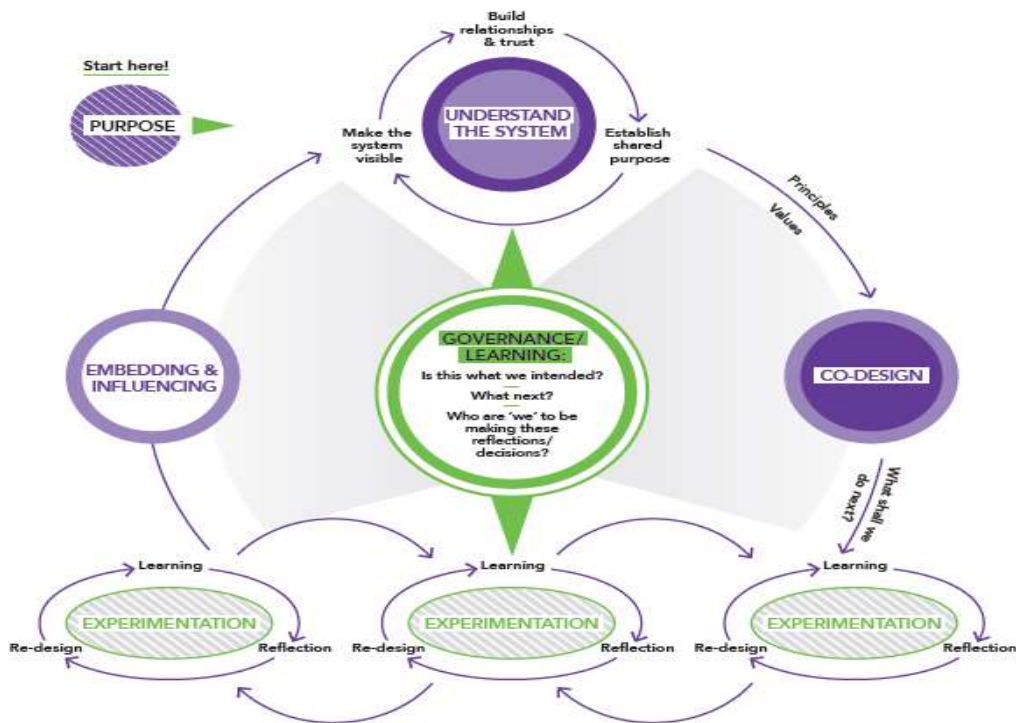
- *Learning and adaptation* – rather than delivering a standardised service, a continuous process of learning allows for adaption to the changing strengths and needs of each person with whom they work. Rather than purchasing clearly specified services, funders are resourcing the capacity to learn and adapt to continuously improve outcomes in different contexts. This demands different forms of accountability, involving 'dialogue, not just data'.

- *Systems* – there is recognition that outcomes are produced by whole systems, rather than individuals, organisations or programmes. Outcomes improve where there is a focus on creating 'healthy systems' in which people are able to co-ordinate and collaborate more effectively. Funders and commissioners see a collective responsibility for creating the conditions for people to achieve better outcomes as stewards of a system of care and support.

7.15. They identify the steps of change that different organisations have used to bring about this kind of working and suggest that the process of change is an example of HLS practice itself. Organisations have created change by an iterative process of:

- Starting with purpose
- Understanding the system
- Making the system visible
- Building relationships and trust
- Establishing shared purpose
- Developing principles, values and behaviours
- Co-designing
- Experimentation, reflection and redesign
- Putting learning at the heart of governance
- Embedding and influencing

7.16. Figure 7.1 below provides a visual representation of this change process.

Figure 7.1: Human Learning Systems

Start here!

PURPOSE

Build relationships & trust

Make the system visible

UNDERSTAND THE SYSTEM

Establish shared purpose

Principles

Values

EMBEDDING & INFLUENCING

GOVERNANCE/ LEARNING:
Is this what we intended?
What next?
Who are 'we' to be making these reflections/ decisions?

CO-DESIGN

What shall we do next?

Learning — EXPERIMENTATION — Re-design — Reflection

Learning — EXPERIMENTATION — Re-design — Reflection

Learning — EXPERIMENTATION — Re-design — Reflection

Lankelly Chase – Place Action Inquiry

7.17. In late 2016, as part of its ongoing journey into understanding the role a foundation can play in changing the systems that perpetuate severe and multiple disadvantage, Lankelly Chase (LC) began exploring how to support places work better as systems, from the perspective of those who are most marginalised. LC set up an action inquiry that asks "how do we support places to build the system behaviours?" Encouragingly, they suggest that "amplifying the voices and sharing the authentic experience of people whom systems are supposed to be serving, seems to be a powerful mechanism for creating an impetus for change" and counsel that "building trust between actors is hard, particularly when the cast keeps changing." They suggest specific effort, which includes investing in ongoing infrastructure for marginalised voices, helps with this. They also propose that external facilitation is helpful for creating effective spaces for dialogue across the system, but at some point, these spaces must become owned collectively by actors in the system.

7.18. They see this work as developing a trust-based approach to funding, partly as a necessary response to necessary to cope with the dynamic complexity of the challenges encountered in each place which make it impossible to specify particular objectives or key performance indicators without them becoming out of date before they could serve their purpose. This approach is combined with an approach which seeks to "cross the river by testing for stones" by creating significant autonomy for all the roles within the action inquiry.

7.19. A reflective learning report issue in December 2018 provides lots of useful insight, particularly about their action inquiry process.[60] It is especially worth noting, the importance of creating a set of roles and relationships which help to bring about desired system behaviours in each place. They distinguish between:

- Actors in place - including people with lived experience of disadvantage, local authority members and officers, other public servants operating in those places and voluntary and community sector organisations.
- Associates – those funded to support local people's efforts to create systems change within each place.
- Funders staff – part of their role is to have ongoing dialogue with those places about how the work was progressing, and the future needs of that place-as-system.
- Learning partner – seen as a mechanism to help the people and organisations playing the various roles to be able to reflect on their work and build understanding about the process of place-based systems change.

7.20. The fact that LC's work in this field is framed as an "action inquiry" rather than a "programme" is regarded as significant. All partners and roles within the action inquiry are encouraged to adopt a learning approach and be involved in the process of developing a 'Learning Framework'.   They found that there was ambiguity surrounding the boundaries between the roles within the action

7.21. inquiry, for example, around which role within the action inquiry leads on the relationship with actors in place and they suggest that the learning partner needs to directly engage with actors in place. In addition, they have found that the action inquiry would benefit from more reflection time, and the people playing the roles would like more rapid feedback.

7.22. Uncertainty is a recurring theme and that in such environments, ambiguity and uncertainty will inevitably arise. They propose that the learning mechanisms for the action inquiry must be able to bring these to the surface, enable conversation about them and build a container to hold the uncertainty.

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[60] https://lankellychase.org.uk/wp-content/uploads/2019/01/Place-Action-Inquiry-Learning-to-Date-Jan19.pdf

8. Gaps in our knowledge

8.1. The Stirling Study commissioned by CCPS[61] provided a helpful note of potential areas for further examination in the area of community and strengths-based family support – either described in research they quote or identified through their own literature review process. These are:

- Understanding the skills needed to build responsive relationships with a family as a whole rather than with particular individuals in the family.
- How parenting support can be more appealing for fathers, and to identify if fathers and mothers benefit from joint or separate input.
- More longitudinal research:
  - on practitioner's 'practice wisdom' following long-term interventions with children and families
  - on longer-term outcomes from families' perspectives, especially where situations had moved from crisis point to a more settled time.
- Increase knowledge in the lived experience of children and families, especially young mothers.
- Longitudinal evaluations of parenting support approaches in the UK coupled with further research into the underlying structural causes impacting on parents and their children.
- There is limited research on what specifically third sector organisations might contribute and their impact in terms of supporting families as distinct from statutory agencies.
- There is limited research conducted directly with children and a lack of their views about what works for them and the benefits to them of family support.
- There is limited research into the impact of family support services on children and families.

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[61] Ruth Weston and Jane Scott, 'CCPS Family Support Research Project - Part 2: What Does Existing Research Identify as Effective Strengths-Based Family Support? Scoping Review' http://www.ccpscotland.org/wp-content/uploads/2018/01/Family-support-scoping-review-part-2.pdf