



# Voices

What Families Value About Family Services

ACADEMIC REPORT

includem 

November 2021



*"They are so down to earth and there to help you, they don't judge you":*

## What families value about services

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### Key Findings

- The literature on poverty highlights that after ten years of austerity, poverty was already widespread and is now set to get worse. The shame and stigma associated with poverty which was recounted by families means that it can be under-reported. Connections to support are shown to be vital for people to have a chance to get out of poverty. This research was an important opportunity for families to be heard and to recognise that poverty is not their shame.
- The literature on engaging families in child welfare services highlights the need to invest in skilled, sustained support to avoid removal of children from their families where possible. This requires a balance of relationship-based working with assessment and management of risk. However, feedback from families suggests this balance is missing; demonstrating a gradual shift from a culture of co-operation (supporting families to address challenges) to compliance (assessment of fitness to parent).
- The literature also demonstrates a trend towards child protection proceedings focusing on the poorest families, alongside the reduction of family support.
- This research heard from parents/carers from 20 parent/carers and 5 children and young people. Interviews were co-designed and conducted by peer researchers who were supported by includem in the past. This brought lived experience to the fore of the project.
- The circumstances faced were often complex with working families facing a daily struggle living in poverty and in a permanent form of lockdown, feeling shame and stigmatised. Families reported experiences of domestic abuse, past trauma, challenges around neurodiversity, substance use and online exploitation. The complexity could create challenges with finding the right support. We also heard about strengths within families, which could be built upon through trusting relationships.
- The families reported limits in their contact with statutory services, with gaps in provision around mental health, neurodiversity amongst young people and substance use. Families also identified that help only arrived when they were at crisis point.



- Includem’s support is highly valued. The extent to which families used the word ‘relationship’ in describing what they valued most from their includem workers was striking. Not feeling judged was also very important to the families, who reported being negatively judged by other services, sometimes by family members and in several cases for being poor. They also identified positive qualities of these relationships: listening, trust, authenticity, commitment, humour and fun and flexibility.
- Families also highlighted important features of includem’s service. Many appreciated includem staff working with the whole family, linking to positive outcomes and being able to open up and get financial support. The helpline is a lifeline for some families - playing a key role in averting crises, providing reassurance, and supporting family wellbeing. The advocacy role of includem was also highly valued.
- Small pockets of funding from includem resulted in the purchase of items with significant impact, as described in the earlier report from this research.
- The service has had a dramatic impact on children and young people who report being calmer and making ‘better’ choices which affect their future, such as ending contact with anti-social peers, stopping taking drugs and getting back into education. All felt that family relationships were now stronger.
- Suggested improvements from families were the need in some cases for greater consistency of workers, and a review of how contact ends showed that there could be greater clarity and communication around timelines and a need to ensure that families feel supported in this transition.

## Introduction and Overview

The research had three objectives. First, this research set out to hear about families’ experience of services overall including in the context of the pandemic. Secondly, families were asked whether and how poverty affects their lives. Thirdly, includem is currently refreshing its practice manual, known as ‘A Better Life.’ As well as working closely with practitioners on the refresh, includem is committed to hearing from families and young people about what works, and what doesn’t.

This report sets out an overview of includem and the relevant policy context influencing its practice. It then presents a brief review of literature on poverty and family views of child welfare services before describing the methods of this project, key findings and the conclusion.

## Background and Context

### Includem



Includem is a specialist Scottish charity, which provides intensive one-to-one support to Scotland's most vulnerable but also brilliant young people. It primarily works with children and young people aged between 12 and 18 who are subject to formal measures of care and who are also looked after at home. Includem believes young people and their families should have access to high-quality support at their time of greatest need and that by building strong communities the whole of society benefits.

## **A Better Life**

A Better Life is the heart of includem's practice model. It consists of 13 modules recently updated to reflect current evidence, policy and practice and centred on themes which can significantly influence whether children and families can achieve a better life. It includes theories and diverse methods blended with the practice wisdom of staff and the lived experience of children and families and is designed to be used flexibly, responsive to the situation faced by each family. The updated resource includes an explicit focus on trauma responsive, hopeful and context-oriented practice. It prioritises the importance of focusing on poverty and adversity in the lives of the children and families.

## **Policy context**

The includem approach is outcome focused, as informed by the overarching Scottish policy for work with children and families: Getting it Right for Every Child (GIRFEC). This links to includem's outcomes framework as informed by the key indicators SHANARRI, so that every child should be Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible and Included, at home, in school and in the wider community. Tailored work with children and families is developed through collaborative goal setting involving the child, family, includem and referring agency.

It is recognised in the policies *Getting our Priorities Right*, which is directed at families affected by substance use and *Rights, Respect and Recovery*, Scotland's alcohol and drugs strategy, that services should focus on working with the 'whole family'. The Promise, published by the Independent Care Review in 2020 also emphasises that families be supported to stay together. It states:

*For lives and futures to change, Scotland must change the way it supports families to stay together . . . Perpetuation of trauma and failure to support healing where children and*



*families are already experiencing poverty and inequality is reflected in poor outcomes for many who have experience of the 'care system' (Independent Care Review, 2020, p. 7).*

Includem's practice model is in line with the Promise's 10 principles of family support.

## Literature Review: Poverty and Parental Experiences of Child Welfare Services

To provide context to the voices of the families in this report a literature review was undertaken firstly on poverty and secondly on parental experiences of child welfare services. The literature on poverty highlights that after ten years of austerity poverty was already widespread and is now set to get worse. This is described by the UN Special Rapporteur as 'a political choice', highlighting the need for political will to turn the tide. The shame and stigma associated with poverty which was reported by families means that it can be under-reported. Connections to support are shown to be vital for people to have a chance to get out of poverty. This research was an important opportunity for families to be heard and to recognise that poverty is not their shame.

In terms of the literature on family services key themes emerged around cooperation and compliance, poverty and inequity, the importance of human resources (and their lack), and integrated and multi-disciplinary work. This research has taken place against a context in which the volume of child protection proceedings in the UK has escalated significantly since the 1990s, with additional concerns about the increasing and disproportionate focus on families in poverty (Bilson and Martin 2016), and the need for alternative approaches (Mellon 2017, Featherstone et al 2019). These studies identify the need for engagement with the complexity of people's lives and the challenges faced by practitioners seeking to support families in this complexity – described as being 'quite overwhelming' (Brandon et al 2020). The intention of the literature review as well as spotlighting the extent and impact of poverty, was to explore and identify policy and practice opportunities to support families to stay together where possible and in engaging with all parties where it is not.

### Key Findings from the Literature Review on Poverty

#### The deepening inequalities and impact of the pandemic

Even before coronavirus, around a million people in Scotland were living in poverty. 19% of adults and 24% of children (230,000 children each year) were living in relative poverty after housing costs, and 65% of these children were in working households. The extent of



inequalities is clear as the top 10% of the population have 24% more income than the bottom 40% combined (*ibid*). An independent report by the Joseph Rowntree Foundation (2021) shows that those in low paid and precarious work, BME households, lone parents, private renters and areas of high unemployment, poverty and already struggling have borne the brunt of the economic and health impact of Covid-19.

### **Poverty as a Political Choice**

Alston (2018: 22) the United Nations Special Rapporteur described poverty as ‘a political choice’. At present the focus is very much on the impact of Covid-19 and this has exposed levels of social inequality, but it is important not to forget that ten years of austerity preceded this. This past decade marked cuts to statutory services, closure of community-based support, welfare reform and housing insecurity which has led to more families experiencing destitution and more complex needs (Galloway, 2020). Families facing economic disadvantage are often pathologised and the unemployed and underemployed held in the lowest esteem (Treanor, 2020). The impact of poverty is often under-reported because of the shame and stigma felt (Walker, 2014).

### **Impact: The Daily Struggle to Meet Basic Needs**

A year ago, includem carried out research involving 126 young people and their families with a specific focus on the impact of poverty (Includem, 2020). More than a half reported that paying for food, heating, other bills, transport and the internet was a daily struggle. They also said their financial situation was now worse since the pandemic and over 40% were more in debt. Half said their physical health and three quarters their mental health had been adversely affected over this time. Building on this research over the past few months and using a peer research model 17 parents and carers and three young people took part in in-depth interviews and shared some of their experiences about living in poverty. The following presents the key themes and messages based on the analysis of these interviews.

### **The Importance of Connections**

Particular groups, such as children of lone parents, have a family member in prison, disability or are from an ethnic minority background are at heightened risk of living in poverty, because of the lack of social support structures and discrimination they experience (Treanor, 2020; Cebula et al. 2021). Connections and support are highlighted in the literature as being important to mediate against the effects of poverty, and equally without them, people are more at risk of being in and staying in poverty (Treanor, 2020).



## **Key Findings from the Literature on Parental Experiences of Child Welfare Services**

### **Co-operation and compliance**

The international literature on engaging families in child welfare services identifies the critical importance of investing in skilled and sustained support to avoid removal of children from their families where possible. This requires a balance of relationship-based working with assessment and management of risk. It is notable from the literature that there has been a shift over many years from working in cooperation with families to a culture of compliance (Littell and Tajma, 2000; Smith 2008), in other words there is increased focus on assessing the fitness of parents, without associated attention to the wider social factors impacting on family welfare. Dawson and Berry (2002) argue that the importance of working to meet the immediate needs of families in the engagement process cannot be overemphasized. Families often experience barriers to engagement, including inadequate housing, poverty, unemployment, and lack of transportation (ibid).

The research shows that there is tendency towards amplification of parental deficits in welfare services, with strengths underplayed by comparison (Hughes et al. 2016). A key recommendation is the need for a whole family focus, recognising that the needs of children and their parents are interwoven (O’Conner et al. 2014), requiring a move away from service provision being ‘all about the child’ (Bouma et al. 2020). Heubner et al (2017) identified effective strategies discerned through over ten years of research. These included timely access to treatment and recovery management and support. Alongside Hughes et al (2016) in Canada, and Smith (2008) in the US, Featherstone et al (2014) in the UK argue for acknowledgment of family strengths as well as vulnerabilities in the context of considerable adversities and the location of workers as agents of hope and support.

### **Poverty and inequity**

Alongside the drift from collaboration and support to intervention and compliance, concern is identified that despite the deepening inequalities as already highlighted, there has been a shift of attention away from the material struggles of family life. Featherstone et al (2019) advocate the utility of Maslow's (1943) hierarchy of needs in considering the requirements for human development: the food, water, warmth, rest, security and safety that a sufficient income and affordable housing in a safe environment represent (Featherstone et al 2019). Put simply, families of all types who receive simple and effective services at the beginning of involvement that take account of their needs are more likely to



build and maintain a relationship with staff (Lewis, 1991). The literature also points to growing concern about inequalities in child protection, with the most impoverished families more likely to be subject to proceedings (Fong, 2017; Wildeman and Fallesen, 2016). Other authors argue for the need to pay attention to how class and ethnicity interact in face of child welfare interventions (Fylkesnes et al 2017, Webb et al 2020).

The iniquitous attention paid to families in poverty, largely shaped by the perception that affluent children are low risk (Bernard and Greenwood 2019) has implications for the welfare of children in more affluent families who can miss out on needed support (Bywaters et al 2015). Evidence suggests that children from affluent backgrounds may suffer maltreatment, including neglect, in less visible ways (Felitti et al., 1998). The findings of limited research in this area reveal that more affluent parents are able to use their class privileges and resources to resist interventions, with poorer outcomes for those children (Bernard and Greenwood 2019).

### **Human resources**

The human resource aspects of child welfare services, including staff recruitment, training, supervision and support have important implications in terms of parental experience, outcomes for families and indeed inequalities. Lundahl et al (2020) focused on parents' experience of child welfare services and found that the most frequently identified helpful aspects included adequate services, clear communication, instrumental and emotional support, and responsiveness. Staff play a critical role in helping people understand the system, the requirements, timelines, and opportunities available to them. Yet, it is identified that the availability of such necessary human resources, including professional time to 'get a clear picture of the family's situation', is a challenge for community-based social care services because of financial constraints (Bouma et al. 2020; O'Connor et al. 2014). Ferguson et al (2020) define good practice as 'holding relationships', where social workers are regarded as reliable, immersing themselves in people's day-to-day existence and developing their life-skills, getting close to them, and practising critically by taking account of power and inequalities. Essentially though, Ferguson et al (2020) identify that more investment is needed to create the conditions that enable staff to be reliable, and ensuring they have the time, the emotional support and the space to think clearly and critically about their work.

### **Integrated and multi-disciplinary support**

The benefits of integrated and multi-disciplinary support are evident in the literature, although are again dependent on staff having time to engage with families (Bouma et al 2020, Join-Lambert, 2016). Integrated working can promote the cross-fertilisation of skills and expertise (Featherstone et al. 2019). The availability of diverse support was also found





to be beneficial in intended and unintended ways, including building friendships, improving mental health and gaining access to financial support, serving to challenge health and social inequalities experiences by young parents (Darra et al 2020). Huebner et al (2017) in the US also identified specifically that collaboration between child welfare and substance misuse treatment was effective in supporting family maintenance.

### **Conclusion to literature review**

As no single agency can respond to all the outcomes identified as important in a family, wider partnership working is required short and long term. Interagency collaboration is also identified positively by families, where it results in different types of support being available, and where staff have time to engage with them. How staff are supervised and supported is important, with potential to reflect on and effectively respond to hostile responses from parents (Ferguson) and to build in a focus on poverty and inequality in case planning (Featherstone et al 2019). A key message is that a focus on the wider social factors putting pressures on families is necessary rather than a sole focus on individualised risk.

## **Our approach**

### **Peer researchers**

The research was based on a peer research model. Three people who had been previously supported by includem were trained and employed to help develop the research tools (3 peers) and led on the fieldwork (2 peers). The analysis was carried out by the two main researchers but with all three Peer Researchers involved in the final drafting of the report. includem's decision to use a peer research model was intended to ensure that as far as possible lived experience continues to inform their practice.

### **Who we spoke to**

There were 24 interviews involving 22 adults and five children aged between 8 and 14. The families involved were from different towns and cities across Scotland. Of the adults interviewed, 12 were mothers, 10 of whom were single parents; 3 were foster, adoptive or kinship carers and 2 were grandmothers. All interviews involved one adult except for 2 interviews involving two parents and one an interview with a mother and grandmother. There were 47 children being cared within the 20 families.

The families we spoke to were invited to participate by includem staff, who provided an information sheet to families, discussed it with them and then informed the research team



of anyone who expressed interest. The researchers then phoned the families to ensure they were happy to participate and arranged a later date for a three-way telephone interview with a peer researcher, researcher and parent/carer(s). We again checked with families at the start of interviews that they were happy to participate, explaining our confidentiality process and obtaining verbal consent. We also agreed with families that their names would not be used and have used pseudonyms in this report. Given that families were recruited by includem staff, this may not be a truly representative sample of all the families supported.

## Key Themes from the Research

The following key themes are structured to present the shame and stoicism families reported; the complex challenges faced, firstly setting out the backdrop of poverty that pervades everyday life and means they are in a form of permanent lockdown; before turning to outline their views of wider services and how service provision was affected by the pandemic before then turning to focus on views of includem.

### Shame, Stigma, Pride and Stoicism

One of the most striking findings from this research and which was less apparent in the early study is the shame and stigma families felt about their situation and reluctance to speak about the realities they are facing. All of those interviewed were what could be described as ‘working poor’ and in some cases had two jobs and were working more than 35 hours per week. Only one person was also in receipt of benefits and said that the loss of the £20 families had been receiving on Universal Credit during the pandemic would have a significant negative impact on their quality of life as a family. The interviews also revealed the pride that people take in being able to manage on the little they have and their reluctance to ask for help, and that when they do they often feel judged.

*“I sometimes struggle but I just get on with it...My kids would never go without, I would, but not them. Sometimes I only eat one meal a day. I did contact the food bank. I felt in there they were judging me. I wouldn’t go back.” (Lucy)*

*“I get a bus ticket from the Council now and again to take the wee ones out because I am a carer...You feel like you are begging for things though.” (Sharon)*



One woman explained that social work services had asked her repeatedly if she needed help with finances but she said ‘no’ because she was worried this would be used against her in Children’s Hearings.

## **Families’ contexts: Complex and diverse challenges faced**

### **The Backdrop of Poverty: The Emotional Toll, Sacrifice and Permanent Lockdown**

#### **The Emotional Toll of Struggling and ‘Just Managing’**

Half reported their situation as being a daily struggle and constant source of stress and the other half just ‘managing’. One of the clear findings from these interviews was the precarity faced, whereby ‘big things’ so for example having to pay for school clothing or new footwear as children grew up were almost unmanageable and meant relying on family, friends or even taking out loans. One woman explained that house maintenance, so for example changing carpets that were worn down was just not possible.

*“Sometimes kids need clothes and shoes and they (the Government) don’t think about that. They have to do with these things... I think with school coming up as well, you get your clothing grant...It is something they need to look at, they need a school bag, stationery, books, but it is all needing to come out of what I have. It doesn’t cover it.” (Deborah)*

*“I was meant to get help with carpets for when we moved in but then I got the call to say that we are not getting help and I felt like smashing my head off a brick wall.”(Lisa)*

#### **Austerity and Sacrifice**

All spoke about having to be very careful with how and where they spent their money and knowing which shops for example were the cheapest to go to buy the basics. One woman even said she had a spread sheet that she did every month to keep a strict control of spending. Parents and carers reported making sacrifices to ensure their children did not have to go without. In the most extreme example one mother spoke about only eating one meal a day so her children had all three.

*“I budget and I’m a saver – I don’t squander it – we are careful with money and I don’t go out.” (Caroline)*

*“I don’t smoke, I don’t drink, I don’t take drugs.” (Lauren)*



## Removal of Choice

Having choices in terms of food, toiletries and access to activities was severely restricted. One woman spoke openly about food banks and that this model was not conducive to choice and could even be a source of reluctant waste.

*“I’m not ungrateful but it was the same all the time and I was like I’m supposed to feed my weans on tins of tatties, bags of pasta and I ended up saying just give this to someone who really needs it. I would just throw it out and waste it.” (Rosie)*

## Permanent Lockdown and Realistic Low Expectations of Quality of Life

The impact of the pandemic on mental health of not being able to go out is shown to increase depression and anxiety.<sup>1</sup> This study brings to light that poverty imposes a form of permanent lockdown on families who are restricted in terms of what they can do or access. Families reported not ‘going out’ to restaurants, the cinema or engaging in social activities where costs were involved, or of being able to afford to go on holidays. One woman even described the overcrowding in her home, with her and her two children all sleeping in the same bed.

**Challenges that brought families to services: Substance use, neurodiversity, trauma, domestic violence, school**

It is important to emphasise that while most families identified positives about their lives, all also described facing serious challenges that had brought them into contact with services. Misuse of alcohol and drugs was identified as a concern in a few of the children and a small number were in conflict with the law. Several parents had significant additional caring responsibilities outside of their immediate family, including one who was helping to look after their nieces following a serious accident.

Despite significant variety, there were some prevalent challenges. Neurodiversity was a significant issue for half of the families and this included children with autism, ADHD, learning difficulties, Tourette’s or in several cases a combination. For two families, it

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<sup>1</sup> Knolle, F., Ronan, L. & Murray, G.K. (2021) The impact of the COVID-19 pandemic on mental health in the general population: a comparison between Germany and the UK. *BMC Psychology* 9, 60. <https://doi.org/10.1186/s40359-021-00565-y>



seemed life was on hold while they tried to obtain a diagnosis for a child with behavioural and learning challenges. Violent behaviour in the child was a concern in several families:

*My son has ADHD, Tourette's and severe LD and his behaviour at home was getting to the point that I wasn't able to manage. He was violent. I had no support during the first lockdown except bits from my family. He was smashing everything up, including his own TV and he left himself with nothing. (Morag)*

Trauma or post-traumatic stress disorder in the child were identified as a concern by more than a quarter of parents/carers. All three carers described the children they cared for as previously having experienced abuse and trauma, which was impacting on their wellbeing. Trauma was also identified by a few of the parents as impacting on their child's behaviour.

Five families identified domestic violence or abuse in the family background, with three linking this to trauma in their child(ren). One mother for example had sustained injuries as a result of the father of her children being violent towards her, and was permanently disabled as a result. Her mother was a key support in continuing to care for the children.

School based difficulties were very common for the families supported by includem.

*"He is not coping in school but sometimes I think the school don't handle it well either...That is the biggest issue right now is his behaviour. (Zoe)"*

While there were some more prevalent challenges, the combination of factors in each family was unique, with some also pointing to the internet as an additional source of concern.

### Internet and social media adding to the challenges

Although we didn't ask about this, several parents and carers identified ways in which they found social media and/or the internet were adding to the challenges faced. One woman identified 3 different platforms as contributing to the pressures at home:

*I blame social media for a lot of kids having problems. I blame Facebook, Tik Tok. There is pressure on kids. If you had an argument with someone years ago, that would be it done there and then, but now there are videos and then that is put up there and winds someone up. Kids have to follow this new person who is in YouTube...and so if they are drinking,*



*everyone is drinking, so it is to be part of it, and then they are all meeting up and fighting.*  
(Paula)

Other parents identified specific concerns and/or actual harms for their own child relating to online activity. One parent described how the family had faced adverse reactions locally after their neurodiverse son had posted unsuitable material online, which also led to a conflict situation in school. One woman whose son has significant learning difficulties identified that she stays vigilant with regard to her son's use of social media. Another parent described how her teenage daughter had a history of being groomed online and, related to that, had been sexually abused by an older man in real life. This had caused great distress in the family exacerbated by the lack of legal repercussions for the perpetrator.

## **Views on the Wider context of services**

### **Trying to Find the 'Right Service'**

Quite a few families described how challenging and frustrating it had been to find the 'right service.' Gaps in provision were identified for young people with mental health issues, substance use or facing challenges associated with neurodiversity. In the search for the 'right service' families had many people and services involved and this too was exhausting.

*There are so many services offering a bit of this and that but nothing for kids on the spectrum with anger issues. You are trying to grapple with things and then you have far too many people involved. It is very exhausting...There were no mental health beds for someone their age, no drug residential services for those under 18. There are no service that deals with Asperger's, drug addiction and mental health issues. (Jane)*

*I had the social worker and two other services and they were all running with meetings every fortnight. It was overwhelming. Every fortnight getting the pounding. (Cheryl)*

### **Lack of Support Until Crisis Point**

Following from the challenge of finding the right service some families felt that they had not had enough support from services until they were connected with includem, and that this had only come into place when they had hit crisis mode. One example was a situation where the young person had tried to commit suicide. Another was the situation where a



teenage girl had been groomed online and then experienced sexual abuse which was identified as a continuing concern. A few families also reported that despite reporting the behavioural problems at home to services and asking for help, they were sometimes not believed. One carer and a parent both used the word masking to explain how their neurodivergent child was managing their behaviour outside the home, so that professionals did not understand the extent of the challenges faced. When the behaviour did manifest in school, or through developing a relationship with a professional, this could be a great source of relief for parents who felt that they were not believed until this point.

### Insufficient Support from Social Work and CAMHS

Many families reported not seeing their social worker enough and/or struggling to get appointments with the CAMHS services, which added to their stress. In terms of CAMHS, some families reflected feeling like life was on hold until their child got a diagnosis. Some families felt that their social worker did not listen to them, with a couple linking this to lack of time spent with them. One family in particular distrusted the service, felt misjudged and expressed concern about what was being written in reports and said about them at review meetings. Feeling judged was a frequently cited concern in the families we spoke to. Another family reported that they were taking legal action against the service because of lack of support. While a few families noted that includem were involved with them through being referred by social work, most did not comment on this connection.

### The Pandemic

This research was undertaken as Scotland was coming out of Covid-19 restrictions and most families had worked with includem either entirely or mainly during the pandemic. In terms of the financial impact of the pandemic, a small number said they were spending more, because their children were at home and eating more than had they been at school during the day. One grandmother was concerned that after furlough ended the family would be affected financially with the potential for impending job losses.

Given that issues with school were such significant concerns for many of the children and families, it was not surprising to hear that breaks from physically attending school had been beneficial for some. One mother explained that things had got to the point where her son was being ostracised, and that it was better to not be in this situation. Another mother identified reduced anxiety from lockdown. However, for others, lockdown was experienced negatively, with some children 'set back' by the experience.

*I don't think lockdown has helped. It has been hard to get him out. He hears about people having Covid and he doesn't want to go out. (Cheryl)*



For a short period in March/April 2020, much of the contact was remote. One parent identified that her sons had responded well to doing baking sessions remotely and he made a point of being home and ready for these sessions. Another adoptive parent described the benefits her family had experienced through includem creating a quiz and fun evening specifically for them with questions designed around their interests:

*Even in lockdown – the workers did a zoom quiz and [older son] wasn't for it – they brought food and drinks for the boys and asked us for {the boys'} interests...I felt emotional with the two quizzes – he looked so pleased.... It was so hard in lockdown – but it was lovely, a fun thing for the four of us. That was a turning point. It showed they were there for them both. (Christine)*

One mother explained her son's mental health had deteriorated to the point that he was suicidal, and she felt she had no choice but for him to be looked after by professionals and he was placed in care.

Although includem moved quickly to face-to-face contact, this was at times limited by venues being closed and travel restrictions. Some struggled with limits to home visits:

*She doesn't get anything out it just now because of lockdown. Sometimes she will agree to go out and sometimes not. She can't talk here because you are in the living room and hearing everything. (Joanne)*

When includem staff started to take kids out there were difficulties in being restricted to being outside only, with the weather presenting additional challenges, and one mother commenting that her teenage girls were not *overly keen on going out in the rain*. Two young people we spoke to identified that they had benefited from going out with includem staff during lockdown:

*I was able to see includem through it so it was fine. (Barry, Fiona's son)*

What was evident here was rapid adaptations made by includem (similar to those reported by other agencies) and creative and person-centred responses to continued support during this hugely challenging period for everyone.





## Connecting with includem

Most families had not heard of includem prior to their direct involvement with the organisation, which was usually initiated by social work or through police involvement. Some families described initial scepticism, which could contribute to a shaky start.

*At the start I was worried about talking to them as I never heard of them, I thought they were kidding on to me that they were not social workers. I had never dealt with any of that so I didn't know what to expect. It was all through the police and I was scared about it at the start...It took time to build that trust. (Paula)*

For children as well as parents, the need to build trust over time could be a sustained process, with the following parent explaining that it took a year for her son to build a relationship with includem staff.

*He growls at them but John got him a bike and Nathan goes for a cycle with him. I think John has got through to him more than anyone. I have noticed a big difference, he has went from growling at them to at least going with John. (Cheryl)*

## Includem playing a distinct, sometimes similar role to family

The extent to which the families we spoke to had support from extended family or friends varied. Morag described ways in which her aunt had supported her over the years, including being the first to identify her son's developmental delays. Another mother identified having 'family all around me'. However, more often there was a sense of limits on family support, pointing to specific gaps, which includem could fill. Limits with family support were sometimes identified as being due to parents feeling judged by family members, which could be associated with a sense of personal failure. When the situation improved, and this sense of failure started to lift it was also possible for bridges to be rebuilt:

*Yeah, we were always quite close, but I was drifting away from my family because I felt like I had failed. My mum would come down and she said he is not a bad kid. You do feel like you are failing, especially as a single parent, so it is hard. I realise now that no one is looking at me like that now. (Paula)*



One adoptive parent identified that her own parents had been judgemental of her adopted son in the past and this had created a breach in trust and a gap which had been filled by includem, who were identified as being ‘like family’:

*You share the worst things about your family. They know more about our family – stuff you don’t want others to particularly know. There is something about that and them knowing what goes on and still having time for your child...And they won’t think that you are a terrible parent and they are a terrible child. That is refreshing. I’ve never said that out loud. They are like family or friends (Christine)*

## **What families value in their relationships with staff**

The extent to which families mentioned the importance of the relationship with includem staff was striking. More than half of the interviewees used the word ‘relationship’ when talking about what they valued about working with includem. In this section we explore the various relational factors which families identified as important. In general terms includem were recognised for their skills in being able to navigate support to families whilst ensuring the safety and wellbeing of the children, with tensions sometimes emerged between these goals. In one case, a mother expressed the view that an includem worker could have handled communications around a situation differently: “she had to report it, but she hadn’t told me.” However, understanding was expressed that the situation in the house that day had been volatile and challenging for a new worker to face.

Specific features of these working relationships were repeatedly highlighted by families.

### **Listening**

We specifically asked interviewees whether they felt listened to. Responses to this question from parents were very positive. The experience of being listened to was sometimes linked to being included in decision-making or as in the following case, feeling able to speak up:

*We are being listened to as granny and mum. We are entitled to say what is happening (Elaine and Amy)*

At the same time, there was recognition from some families that includem staff perhaps had more scope to spend more time than other services:



*I could trust her. I was never rushed. They will never say – I need to go now. They have that freedom to do that. That is so useful. (Jane)*

Another mother identified that she had never had the opportunity to build a relationship with social work in the way she had with includem. This was one of few parents to identify that social work had involved includem though in this case this was not viewed positively:

*I don't feel comfortable speaking to social work, I don't have a relationship with them. I don't think they have been really supportive, they just shunted me off to includem. (Fiona)*

One couple described includem having listened to and being 'clued up' on the situation in their house as being a 'light at the end of the tunnel' while they were waiting for a diagnosis for their child, and for a report they were seeking from social work. One mother described her significant mental health struggles, noting the importance of being listened to:

*I ended up in intensive care, I have two other kids too and it has been hard. I feel like I am a bad person when I have my anxiety and then I think I have done ok, but then I can have a meltdown. Especially if I am going out shopping and especially with Covid, and then I have Ian or Lorna out from includem and they sit and listen. (Cara)*

The following two examples are from children who describe listening or attentiveness of their worker as being important to them. The first boy describes feeling not being listened to at school. He goes on to describe how he has gone on to use his personal experience to speak at groups through includem to raise awareness of life with ADHD:

*I felt listened to by the includem worker but I didn't feel listened to by the teachers at primary school and they were not very understanding. They used to pin us for everything and listen to the teachers but not listen to me...I went to groups and told them about ADHD and I think I helped them to understand more. I think people could be better at understanding more. (David, Sharon's son)*

*Ian listens to me. When I ask for something, he helps....Includem have been my main support...I didn't like them at the start. My main worker...was like Polly the Parrot, all she*



*did was repeat herself. I was checking if she had an off button. Ian sees when I am annoyed and he knows when to shut up (Barry)*

## Trust

It was notable how many families welcomed not feeling judged by includem staff, which helped to build trust with both children and adults:

*Ian works with me and I have a trusting relationship with him – he is not stuck up. He’s normal – he doesn’t judge. (Cheryl)*

*I have a good relationship with Ian, he is a good person. They get on really well and before he (Adam) had a meltdown but then was good when he came back...I think it is because they are so down to earth and there to help you, they do not judge you. The outcome has been good for Chris. (Cara)*

This was also linked to ‘feeling safe’ by one parent, which enabled her to open up about her concerns. Similarly, a young person described his includem worker as being open-minded, which meant he felt able to talk to them and felt included:

*I have an includem worker. It was quite good, you felt included. I was able to talk to them. They were very open and always open-minded. (David, Sharon’s son)*

Concern was expressed a couple of times about workers who were newer in post, whose lack of experience had contributed to what was viewed as less helpful engagement. One mother was taken aback when a newer member of staff attended a children’s hearing about her son and did not explain the challenges the family were facing in a way that she would have expected the more experienced includem worker to do: “*sending a new guy who had not been there long – that isn’t right*”.

## Authenticity

Closely linked to the importance of not feeling judged and having trust was authenticity. Families frequently mentioned the importance of their workers being ‘down to earth’ or ‘genuinely caring.’



*He really liked her. She is a normal down to earth woman who had lived experience similar to mine. Her heart was in the job. (Jane)*

*You feel that they really care about the young person and about all of you (Christine)*

This parent who described feeling that includem staff really cared went on to explain that whereas previous services had worked more formally with the family, the includem staff had different skills and ways of working which had faster impact:

*They are very natural with both of them. They are not therapy or social work .... Not to denigrate other services...but we have never seen any improvement – we have not seen actual changes. Patrick does what was asked of him at these services – but it hasn't filtered through....I think for him it was always feeling that it was a bit maybe like school or a test like there were right answers he had to give (Christine)*

### Continuity and commitment

The includem principle of 'stickability' - or determinedly persevering with children despite challenges with engagement - was evident in some of the accounts provided by families:

*I don't think they get paid enough...Chris has given them dog's abuse but they have still kept coming back. (Cara)*

The persistence of workers, including during the restrictions of lockdown, was valued in helping to build relationships:

*I think that was when that relationship developed -that consistency that they did turn up even if it was only 20 minutes walking. (Christine)*

This perseverance was shown to have improved outcomes with some young people. In the following example, a boy who had been putting himself at risk was now contacting his includem worker when he ran away and/or otherwise placed himself at risk:



*The includem staff explained about what they did – they helped him in different ways. He was on the hard shoulder of the motorway and he spoke to Eve – she has a way of speaking to him – there is trust there (Mary)*

Consistency was not always available however, due to workers leaving. This was identified as particularly challenging when the child was neurodiverse, and change was more of an obstacle. One mother described how she had lost two workers from includem, which had contributed to her son having ‘drawn down his shutters’. A further concern raised by two separate parents was not always knowing when appointments would be, identifying that they would like clearer communication about this:

*The only downside is that they are not very good at telling me when the appointments are. So we will have arranged to do something and they turn up, that is my bugbear. Communication could be better and I have raised it. (Maureen)*

### Humour and fun

Several parents used the word ‘fun’ when describing how includem worked with their child and/or them, with some identifying the role of humour in the relationships.

*My older daughter gets on with Ian too – she finds him funny (Cheryl)*

In the following example ‘banter’ around football team rivalry helped to break the ice:

*At first when he didn’t know them he was a bit hingmy.... N is Celtic and P is Rangers and there was banter with that and that got him into the way of it. And they did wee questionnaires with him and all that. (Jackie)*

### Flexibility

There was a sense that rather than having a fixed way of working, includem staff work with families in responsive ways that suit their circumstances and could change over time.

*They were in and out here when I went into hospital in April. They took the girls out. I think it is a great service. (Elaine and Amy)*



While some families described fluctuating levels of support according to their changing circumstances, others were clear that they had a set number of hours. Within this there was flexibility as to how this time was used and how the workers engaged with families, with staff getting to know the families first and then allocating workers accordingly:

*Ian also works with Connor – it varies but that is the way it has settled down...My two youngest daughters – they get one visit a week and they like doing it together – my 13 year old felt under pressure if she was on her own but she can relax if her sister is there. Cheryl*

Things had not always gelled between children, families and workers. One mother was clear that the family had not gelled with their first worker, but that things had improved with the subsequently allocated workers. Another parent identified that she would have preferred a male worker for her son, though she had not explicitly mentioned this yet to includem:

*Perhaps, having male involvement might have helped. His support worker is female. I think a male might have been better. I don't know if I could say that to them though, it is just me being me. At the time I was just grateful for any type of support. (Trish)*

## **Where recording plays a role in working relationships with families**

We did not specifically ask families about their views of recording by staff in services. There were however several occasions when families expressed suspicions about what was recorded about them in systems, or where they felt recording could get in the way of good relationships with services. One mother reported that she valued that the includem worker did not appear to have prejudged her child based on records. There was also a sense from a couple of parents that professional perspectives dominate in official reporting so the voice of families is muted by comparison:

*I think social workers take a situation and then write reports and they get listened to, the public aren't given access to express themselves proper. (Dean and Sarah)*

The following mother described how she felt able to trust her includem worker because he was 'normal' and she didn't feel judged by him. She went on to associate the trust with there being 'no tick boxes' involved, again, showing the need for transparency with recording that is meaningful rather than bureaucratically driven.



*You can swear in front of him – he gets It – there are no tick boxes Cheryl*

These spontaneously expressed views tell us about the role that recording can play in building trust and relationships and also on the other hand can be a source of distrust and feeling prejudged on the basis of negative recording. This highlights the importance of ensuring voices are effectively captured and communicated in reports and records.

## **Positive Aspects of includem’s service identified by families**

What we have discussed so far is a multiplicity of relational qualities which families identified as important founding stones for how they were supported by includem. These factors interact with each other as well as with particular ways that includem works with families. We will now consider four ways identified by families in which includem worked with families to address their challenges. There is some attention here to how includem works with children, as well as the family-oriented work that includem does.

### **Social activities with children**

We have already noted examples of families describing includem staff taking their children out on trips and activities. In our discussion of the pandemic, we identified ways in which includem staff worked initially online and then through walking in all weathers, to maintain separate contact with children. We saw that this contact was sometimes singled out by parents as important in providing space from the family in helping to build trust with the young person. Includem staff were variously described as taking children to cafes, sports venues and the beach for example. Activities were usually tailored to the interests of the child to enable the development of person centred and hopeful relationships with children. As with the work with the parents, this was about building trust and relationships with the children.

*I see him twice a week an hour and a half. We sometimes go to the driving range and to the beach. He is alright. (Neil, 14)*

Not everyone supported by includem wanted to go out, and a few parents and one young person appreciated that the staff would work on a home-based approach if required:





*I don't know, I think they might take folk for McDonalds, I prefer though to see them in the house, so nothing I would change personally. I prefer sitting in. (Barry)*

Although in general families valued their child being taken out to spend time with includem staff, care is required to avoid a perception that challenging behaviour is being rewarded:

*If there has been an incident at home, he sometimes sees it as a reward, they will take him to a shop and buy sweets, but there is also...if he sees it as a reward for negative it can escalate it. He is very attention seeking and it doesn't matter if it is positive or negative. He can't help it, it is what it is. (Maureen)*

There were contrasting examples where it was clear that trips were being used by staff as incentives for children to keep working towards goals, with signs that this was working.

*Recently they said that they are taking me to a game. It has to be for a big reward so I would need to stay out of trouble for a good while. (Barry)*

### Working with the family, not just the child

Echoing the literature review, the value of working with the whole family as a model of practice was clearly and explicitly valued by parents and carers. Because of the relationships built with families, some parents told us that they were able to think differently about aspects of their lives they were struggling with. In the following example an adoptive mother describes the difference made when a worker she trusts asked her if she was ok:

*They understand in a different way and they know us all so well. She asked last week are you ok, you don't look yourself. And that made me think, I am sad. I don't feel myself. It made me think this is a struggle. We were always resistant to respite... And it was a kind way, it felt as if... Maybe I do need to say yes to the respite. It felt – because it's natural and they know us – it wasn't a criticism or we could do better...in all the years we have been involved - I can't remember anyone saying are you ok. (Christine)*

There were a couple of situations amongst the twenty families where the child was not fully engaging with includem. In these situations, there could a period where work continued more directly with the parent, but still with a view to improving their support of the child.



The role of includem in navigating conflict within families was mentioned by a couple of parents, with the following mother specifically talking about mediation, to positive effect:

*They helped us as a whole family and Sarah came and done mediation, we said our issues and she said that she was there for us. She counselled us through it. She gave us suggestions in how to go forward and it did us wonders...(Sharon)*

### Support with parenting: Advice and guidance

While parents valued advice and guidance with parenting from includem staff, it is important to acknowledge from the outset that this advice seeking took place within the context of the trusting relationships with includem staff. Where trust had been established as with the following parent, and they felt listened to, they were also very receptive to or even sought out advice from staff:

*It is almost like a chat with a family member – and they are able to say what about trying x, y or z. (Christine)*

Several families spoke about includem support specifically with setting boundaries with their children. Difficulties with boundaries could arise due to neurodevelopmental issues, or other behavioural difficulties. In the following example, an adoptive mother explained such challenges with her adopted son. Because she knew of the very difficult start her adopted son had had in life, she wanted to make allowances and not be overly harsh. She was also unsure about whether she would be supported by statutory services in setting limits.

*A couple of times it has felt harsh. For example, feeling torn between feeling so sad for him and tough, I don't know what to do and how to sort it. If it was xxxxxx I would have thought that's too bad – he just needs to face the consequences. Zoe said just leave him. I always worry about social work coming in and being judged. I need to just let him stew (Christine)*

This adoptive parent later described this advice as 'the most helpful thing in the world.' Only a minority of the families we spoke to had two adults in the family. While some single parents described challenges with managing alone, there could also be challenges with boundaries when two adults were working to different rules, and includem was identified as having helped with consistency between the adult parent/carers:



*The two of us are checking things out with each other more – we are trying that more. They used to work between us – and go from one to the other until they got the answer they wanted - and that caused us a lot of arguing. We are still learning (Elaine and Amy)*

In a few cases, parents/carers acknowledged that includem had a role in ensuring that children were safe and this might mean identifying risks at home. However, this seemed to be more accepted if the service was supporting the adults too:

*Includem is there and if they see any danger they have to report that of course, but they still talk to us and they are there to talk to us as well as the kids (Amy)*

What we see here is a sense in many families that includem were viewed as a safe source for advice and guidance. This was particularly important for parents who had experience of feeling judged by others – including extended family or other services. Knowing that includem were there to support the parents/carers as well as the children was fundamental.

### Advocacy

Parents/carers valued the advocacy role played by includem staff with other agencies, including social work, housing, education and CAMHS. In some cases, it was identified that because the includem staff spent a lot of time with the family and had developed a relationship with them, they were well placed as advocates: *‘having them to back up what we say and corroborate it has made a difference’*. In one situation where a child was ‘causing havoc’ in a certain class, the includem worker arranged her contact time during that class, returning him to school to attend his next class, thus easing pressure all-round the situation. In the following example, a grandparent explains how the pressure is eased for her by having support to engage with and email the various agencies involved with her grandson. This is not so much about having her point of view represented, but simply about having to manage the level of communication required. Includem play a bridging role here:

*Eve – if there is any problems in any shape or form – I phone Eve and she takes the pressure off and she will phone social work and I don’t have to do it and repeat myself – same with CAMHS too. They (Eve and Shane) pass it on because I can’t do emails and I can’t phone every person to explain all the time*

Another parent pointed out that although her worker was ‘not biased towards’ her he was able to help portray her perspective:



*Any of these meetings – they are going to listen to social work first – and I say to Ian you are coming too – for my side – he is not biased towards me but he knows the story from our point of view (Louise)*

## Financial Support

Considering how reluctant families are to open up about levels of poverty experienced, it is significant that nine families accepted financial support from includem, highlighting the level of trust they had built between them and their worker. Help given ranged from families getting small items bought such as a phone to larger things such a new bed or oven. In one case the family reported being given money to clear their housing debt and this prevented them from becoming homeless. One other family had been supported financially to go on their first holiday. Even support to get the ‘small things’ was life changing with all reflecting that without includem they would not be able to afford these things. For example, one young boy spoke about includem getting him football boots and this meant that he was no longer on the streets and mixing with older people taking substances, but instead trained and played for his local team. These families recognised that ‘doing without’ was affecting their quality of life and this raises questions about those families not engaging with support and also the need for long-term solutions to address poverty to be taken forward.

*“We are in debt arrangement schemes, so we struggle quite a bit, she (includem worker) saved us and managed to get my rent arrears paid off. She saved our house.” (Cara)*

## 24 hour access to support

Responsive support when families need it was identified as a vital service by some families. For example, one parent appreciated how responsive includem was when needed:

*I’ve never had to wait long for an answer when I have asked for something or advice (Louise)*

The helpline was identified as a vital support by some families. Even for families who had used it rarely, knowing it was there was a ‘great reassurance’.

Experience of using the helpline was overwhelmingly positive. Some parents using the helpline emphasised the immediate mental health and wellbeing benefits they gained from having access to effective support at crisis points:

*...just knowing I could pick it up at any moment. It really relaxed me. I wasn’t so anxious... Number one is the Helpline. You need to keep the helpline. I think Stirling Council were*



*talking about dropping it, but that is the worst thing you could do. It brought me so much reassurance and peace of mind. (Fiona)*

One parent described the role the helpline had played when the family were at crisis point:

*I don't know how other services can't do that – at that absolute moment of crisis...What are we going to do. It was half past midnight. We were at crisis point. When we called the helpline they looked at the notes – they used those skills – talked to him – calmed it down. (Christine)*

## **Additional outcomes and impact identified by families**

We have already identified many examples of impact and outcomes of includem's work with families in previous sections of the report. Here we focus on a few key areas where we heard significant outcomes identified by families.

### **Having a voice, maturing and moving on**

Overall families felt that through the support children and young people improved their confidence, matured and were now ready to move on.

*Mark has calmed down. He has a voice now and is expressing his own opinions. He is making his own choices. He wants to live a normal life now, no appointments. He wants to be no different to his brothers. (Mary)*

*The benefits of this has been that David is quite reserved, he opened up though and he has grown up quite a bit over the 6 months and we have seen a dramatic change. He has really matured. (Sharon)*

### **Safety**

One young person reported how the service helped her to feel safe and taught her what to do when her brother became violent.

*I think they help with my brother, and they help me to be safe. I go upstairs. I need to be safe. (Rose, Senga's granddaughter)*

### **Consequential thinking and making positive choices**



Through supporting children and young people with challenging behaviours to think consequentially, includem was identified as having contributed to positive choices being made. Children and young people reported having stopped ‘hanging out’ with anti-social connections, stopping taking drugs, engaging again in education and no longer getting into trouble, all of which had a significant impact on their lives.

*They got him away from the troublemakers (Cara)*

*It is better but I think it is more about him deciding not to take drugs. Ciara was great because she was out the back talking to him, and I have no doubt she had mentioned his drug use. I know they had a great relationship. I think she may have played a part in it. I think him stopping drugs, 80% is down to him making that decision. (Jane)*

*Daniel got on great with includem and he even got an SQA, and they only finished working a couple of months ago. He got his SQA in March, the Dynamic Youth Award. (Zoe)*

*I get on well at school now... I would like to be a police officer maybe when I am older. (David, Sharon’s son)*

*She basically stopped him from going to jail. I think the intervention was done at the right time. (Sharon)*

### Parent calmer

The following parent had includem and another voluntary service working with her and her family at the same time. She described the benefits of getting support from services in her own right, and how with the support she had received with addressing her own childhood and earlier adult trauma, her mental health and wellbeing had significantly improved.

*I don’t have to be superwoman all the time – I always feel I have to be a strong person so people don’t think I’m weak. But now being able to get things off my chest – I’m not so angry – I’m not so nippy and a lot of the anxiety has went away too – opening up about everything (Erin)*

### Improved family relationships



Overwhelmingly families reported that as a result of includem's support they now had improved family relationships. The following examples are both from mother-son pairs who each describe improvements in child behaviour and family dynamics:

*I would say I am more respectful and helpful and not fighting anymore. It is just by having people who are there to help me. (David, Sharon's son)*

*Yes, big change. David and me are very open now instead of him lashing out and hitting something. If we ask him to do his room he does it. There has been a dramatic improvement. His manners and everything, there has been a great difference. (Sharon)*

*Me and my mum are getting on better. Me and my sister are getting on better too. It is because I am behaving. (Barry, Fiona's son)*

*It has been great. Hand on heart, I don't know where I would be without them. The biggest benefits is his behaviour changing so much. Before he was running away and being abusive, calling me names, he assaulted me, it was just horrible. But now he is back to his old self. (Fiona)*

### Breaking the cycle

One parent described how the support from includem and another voluntary agency working together with her family was 'breaking the cycle' of abuse and trauma through generations of her family:

*The whole house was ready to break in half – we all carry trauma – me through domestic violence and childhood trauma and the boys from their dad and then Ava's dad – we were all hurting and hating...I don't want my children to grow up and be victims like I was. I want them to be positive and head strong. I had to change for my children to change, if I speak about what went on – I have to break the cycle (Erin)*

### Ending Contact



Views were mixed amongst families about how contact had ended or was being broached. Six had not even begun to consider what life would be like without includem in their lives and felt that the idea of contact ending was very far away. Three families were concerned about contact ending and five wanted more clarity about when this might happen.

*We have not had those conversations yet. I was told there was an initial period of 6-10 weeks and review but that has not happened...I think it would be good if there was some idea of where things are going. (Maureen)*

One family had had their time extended with includem by another six months and this was greatly appreciated. Three cases had been closed and the families felt this had been planned well with the support tapered off and at the right time.

*They had seen that he was more settled. They tried dropping it down a couple of days, but from there I think it was good for him to move on...I was happy for it to end...They said that if we needed anything and always could call, so it was there for him. (Paula)*

*I don't have an includem worker anymore. I think it ended at the right time. (David, Sharon's son)*

One family felt that the support had ended too soon and wanted to regain support, as expressed by both the mother and son below:

*It came to an end and to be honest, see that even, they should cut it down to one visit a month so that there is that additional time given...The education psychologist agreed with me that there has been a change since they left...I can't fault anything what they done, but I think it is about how it ends, maybe the higher bosses need to think about what happens when they are no longer getting that help...(Zoe)*

*It ended in April. I was ok with it. It just sort of happened that it ended. I would prefer to have a worker for longer. They had a conversation about it ending and I said it was alright but I do want them back. Since includem has ended I feel like I am getting in trouble a lot more. (Daniel, Zoe's son)*





Finally, another family had their case closed and reopened again because the child's behaviour had begun to slide back. They were now at the stage where they felt that it was time for the case to close, with the mother reassured that the Helpline was still accessible.

*They haven't mentioned us moving on. We were signed off before but now they are back in touch. It was explained before and they reduced the visits and stuff like that. It was all done quite well. I was worried I was going to lose the Helpline, but the worker said I could still use it, that they have mums that are signed off but still use it. (Fiona)*

*When I left them before, I thought it was the right time...I feel like I work better with them this time, because last time I had four different workers and now I see only Ian...*

*Things were going fine but I picked up a charge...I feel like I will be rid of them soon as I am in school full time. I am training with a football club too. (Barry, Fiona's son)*

#### What else would they like to see change?

Almost all have noted the cuts to services in their local areas and wanted to see more services and activities available for children and young people to access and go to, and for the area to feel safer. Two women reflected how the local area used to be much 'better' for kids when they were growing up and had experienced a severe decline in this regard.

*"I'd make sure there was something for all kids to do – there is nothing here – no clubs for them. And I'd put in more cameras and get some of the greenery cut back because it's creepy at night. We need more cameras to stop muggings in this kind of area. There are a lot of lanes and side streets – open that up. When the dark nights come in you want to be safe." (Mary)*

One woman explained that she earned £50 a month more than the current threshold to be able to access free school meals and uniforms. She felt that the assessment structures needed to be reviewed to take more account of the cost of living.

*I could have cried when I couldn't get access to the uniforms...I think they should look at how much people are actually earning and give more access to the uniforms and free school meals. (Sarah)*



Another women felt that the acceptance in society of food banks and low-income families having to struggle daily needed to be challenged.

*“Just to increase the money for low paid families and to do away with food banks. It’s terrible to see families struggling.... I do wish that we could stop people struggling. It’s heart-breaking to see. People going to the bother of working and they still have to choose whether to eat or pay bills.”*  
(Fiona)

## Conclusion

The literature on poverty highlights that poverty is endemic. The true extent of poverty is largely unrecognised because of continuing shame and stigma which families feel. Most of the families we spoke to are working poor, adding weight to the case for decent wages and family incomes in general. This research was an important opportunity for families to be heard and recognise that poverty is not their shame. The literature on family perspectives on involvement with child welfare services describes a shift away from working in co-operation with families to a culture of compliance. Alongside this reduction in support with meeting basic needs, there is concerning and accumulating evidence that the most impoverished families are more likely to face child proceedings. In parallel to this there is increasing policy recognition in Scotland, including in the Promise, that the multiple challenges of adversity, trauma and poverty within families need to be recognised and addressed across services. There is also recognition across the UK that further investment is required to recruit and retain staff who also need ongoing training and support to be able to successfully undertake this phenomenally skilled work. Further, the literature tells us that no single agency can respond to all the outcomes identified as important to a family and so wider partnership working is required short and longer term.

A year ago, includem highlighted the impact of poverty on families as having to manage day to day and the detrimental impact this stress had on physical and mental health, and regrettably this research shows that this has not changed. This research through in-depth interviews has brought to the fore the shame, stigma and powerlessness families felt about their situation. It also spotlights the awareness families and young people had of their diminished quality of life because of restrictions on choice related to all areas that affected them, such as food, how they spend their time, where they can go and what they can do. It was shown that families in poverty live in what could be described as a form of permanent lockdown and this is a breach of human rights.



While there were exceptions, families generally felt that at present the support they have from social work services and CAMHS is too limited. Some families reported struggling to get the ‘right service’ until their situation got to crisis point, with specific gaps highlighted in provision for children’s mental health, substance misuse or neurodiverse children. A few parent/carers expressed understanding that understaffing in statutory services contributed to the struggles faced. However, this did not mitigate negative experiences of feeling unsupported and un-listened which was associated at the same time with feeling judged. The lack of time spent face to face with staff was also associated with reservations about what was recorded by services with considerable suspicion that again, they could be unfairly judged on the basis of records that they had not seen or contributed to. Concerns about feeling judged also features strongly in our partner report on poverty in the same families.

The families we spoke to highlighted the development of trusting relationships as central to effective engagement with services, identifying includem’s role in helping to achieve this. Given the extent to which families reported feeling judged, the importance of establishing trusting relationships based on mutual respect take on particular salience. The families identified that trusting relationships were underpinned by the workers really listening, caring, being committed, authentic and having a sense of humour. Families acknowledged that the workers had more time than the other services and used this to understand their challenges and strengths, both as individuals and as families, hearing from them directly rather than a ‘tick box’ exercise. Consistent with the literature, families also identified the importance of targeted financial support which reduced stress and enabled child participation in valued activities for example (see other report). It could be said, in terms of the literature, that includem’s practice is more focused on co-operation and meeting practical as well as emotional needs, whilst also having a compliance role, consistent with what Ferguson et al. (2020) define as ‘holding relationships.’

They do this by working with the whole family, taking time to get to know each family member and tailoring support as they get to know their challenges and strengths, interests and hopes. Working on the basis of trusting relationships, there was less concern about being judged and therefore greater acceptance of includem’s role in providing advice and guidance, and by being able to open up also receive welcomed financial support This was viewed as making a positive contribution in setting boundaries within families and in tackling challenges behaviours. The Helpline also emerged as being a significant source of reassurance to families and greatly appreciated particularly at times of crisis. The advocacy role played by includem was highlighted as helping to build bridges with other agencies. The main improvement families suggested for the service were to ensure as far as possible consistency of workers and to ensure communication is always as clear as it can be with regards to what is said at and written for multi-agency meetings. A review of ending contact showed that when done well families are clear about timelines as the support tapers off.



However, in some cases this could be better and the service could consider factoring in a period of review so that families are more prepared for and supported in the transition.

The impact of the service was reported to be significant, with young people calmer and making 'better' decisions to inform their future around peers, substances and education, and family relationships were stronger. Overall, this research shows that through persistent and patient investment in building trust, includem is welcomed by these families, making a sustained difference. The structures or 'scaffolding' (ICR, 2020) that make this possible include investment in human resources, the availability of help when it is needed, and workers being given time and support that in turn enables them to build trust and support with families in a mutually meaningful way.

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