GCU Glasgow Caledonian University

SPIRU SCOTTISH POVERTY & INEQUALITY RESEARCH UNIT

Lets Grow Kids: An Impact Appraisal

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About this Report

This report draws from research conducted by the Scottish Poverty and Inequality Research Unit (SPIRU) in the Autumn of 2023. This work was commissioned by The Kilfinan Trust, the organisation that funds Lets Grow Kids. SPIRU have no vested interest in this work; this is independent appraisal.

About SPIRU

SPIRU is an interdisciplinary research group based at Glasgow Caledonian University, which often works in partnership with other stakeholders to investigate and develop effective responses to poverty and inequality in Scotland and beyond. SPIRU is committed to advancing GCU's mission to promote the Common Good and to align its research to the United Nations Sustainable Development Goals. SPIRU contributes to these ambitions through applied research, policy analysis and engaging with policy makers, campaign groups and community stakeholders.

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Executive Summary

What is aim of this report?

SPIRU has been invited by the Kilfinan Trust to appraise the work of Let's Grow Kids (hereafter LGK). SPIRU had no previous working relationship with LGK . An independent evaluation of impact was sought, to inform the understanding of the Trust and LGK staff, and to advise external parties that might be interested in replicating the work of LGK in their community.

Introduction to Lets Grow Kids

The central purpose of LGK is to keep children out of the care system, thereby reducing the burden on statutory services. LGK is in the final year of a three-year pilot to provide family support in Cowal and Bute. LGK aims to assist parents to care for their children (aged 0-3) and to better understand child development (and the role of play) through mentoring and coaching. LGK approaches this work grounded in principles and practice grounded in flexibility, minimising bureaucracy, and assuring confidentiality. LGK has supported 85 families since its inception, with an annual impact report outlining achievements.

What did we do?

- ***Stakeholder Interviews.*** We interviewed funders, staff, a range of external stakeholders, and a few families. We conducted 16 interviews in total.
- ***Desk-based review of LGK outcomes data.*** We analysed LGK's data, which tracked outcomes for families during their work with LGK
- ***Policy Mapping.*** We developed LGK's own policy profiling work to better understand how LGK aligns to local and national priorities.
- ***Trend Analysis.*** We reviewed national and local trends to better understand caseload for child welfare issues.

The Wider Context

- ***Busy policy landscape.*** The work of LGK aligns to many local (Argyll and Bute and NHS Highland) and national (Scottish Government) social policy and health policy priorities. This alignment includes broad strategies to improve child welfare (e.*g., the national ambition to tackle child poverty*) and specific approaches to working with children (*e.g., the trauma-based principles that underpin work in Argyll and Bute*).
- ***Demands for child protection services.*** There is volatility in annual counts of child protection cases in Scotland (and Argyll and Bute). Although low as a proportion of the total child population, the trend is toward a slight decrease in child protection cases among the population, although demands are not insignificant.
- ***Child development.*** Although broadly similar to Scotland as a whole, it is significant that child development concerns in Argyll and Bute are marginally higher than the Scottish average for children aged 13-15 months, but slightly lower thereafter. Concerns are expressed for around one-in-seven children in Argyll and Bute.
- ***Data deficits***. Notwithstanding the insight that can be gleaned from local authority and national data, it must be acknowledged that data are not always readily disaggregated

to Cowal and Bute, and that care must be taken when inferring from data of larger geographical aggregates of which Cowal and Bute are part.

- ***Wider economic and social context***. The work of LGK has been introduced to a backdrop of a pandemic and a cost-of-living crisis that is widely accepted to have impacted most adversely on the most vulnerable. It is highly probable that the demand for the support provided by LGK will have increased in recent years.

Making a difference?

- ***Highly regarded by professionals.*** The work of LGK was highly regarded by professionals (health visitors and social workers) and reported to reduce their own workloads and improve their own engagement with LGK participants.
- ***Impactful interventions.*** LGK was reported to work with parents to a range of ends, including bolstering self-confidence, supporting parenting, providing practical support to access services, championing parents in their interactions with services, assisting with homemaking and offering emotional and social support.
- ***Early years development.*** Participants reported that they were better placed to contribute to the development of their child, with the support provided by LGK.
- ***Programme completion***. Most participants complete the programme, a not insignificant finding for a population that is understood to be vulnerable and prone to disengage with services.
- ***Personal development***. Although there is (to be expected) volatility in metrics, LGK's heuristic tool to track participant progress finds that where there is change, it is overwhelmingly positive. For example, no change in 'confidence in connection with child' is recorded for 20 participants, progress is reported for 19 and regression is only reported for one. This patterning is evidence for each of the seven LGK indicators and for the overall Hardiker metric.
- ***Preventing caseload for the care system***. It is difficult to assert with absolute confidence that the work of LGK is the critical factor that impacts on care system caseload. Evidence of rising demands on the system and knowledge of other social supports make it difficult to draw a firm conclusion. However, what seems clear is that participants are better placed to support their child's development and seem to have developed as a parent (and an individual) with the support of LGK, greatly increasing the probability of reduced stress on the care system. There are also case studies of marked differences in life trajectory following the intervention and support of LGK.

Critical success factors

- ***Funding model.*** The funding and support arrangements from the Trust are atypical and greatly benefit the operations of LGK. Staff can concentrate on their work, without the distraction of chasing funding and processing administration that is a burden (and stress) on many other charities, large and small.
- ***Local connections.*** The work of LGK is predicated on strong local connections among professionals and an environment in which the contributions of others are valued and trusted.
- ***Committed leadership.*** LGK is a small operation. Without the drive, ability, and commitment of the Team leader, it would not be successful.

- ***Competency.*** The team has the required blend of experience and skills that enables it to deliver what is required of LGK.
- ***Credibility.*** The work of LGK is highly regarded by the local stakeholders, which LGK works alongside.
- ***Trust.*** LGK staff are trusted, both by professionals and clients.
- ***Flexibility.*** As a small team, LGK needs to be flexible to pivot resource to deal with priority cases and regular workload. Regular team meetings have been established to facilitate this.

Issues to consider

- ***Scalability.*** The critical success of LGK – in its current form – is a tight-knit team that has strong connections to external professionals. This can be achieved with the current resource at the scale at which it currently operates. Upscaling operations could alter the dynamic and roles of key staff, which could alter the way in which LGK operates to achieve success.
- ***Replicability.*** The critical success factors are specific and demanding, i.e., supportive funding, local connections, committed leadership, and flexible approaches. However, there are no good reasons why the model would not be successful elsewhere should these conditions be replicated.
- ***Vulnerability.*** There is a vulnerability to LGK. The lack of succession planning and/or planning for unforeseen availability of key staff could leave the operation poorly placed to maintain support to participants. This could be particularly problematic for families dependent on the on-going support that LGK provides.
- ***Gender-centric.*** It is widely accepted that providing support to mothers of young children is likely to be the most impactful way of supporting families. However, this is not to suggest that supporting fathers should not be a concern. Although there are examples of LGK supporting fathers, overwhelmingly support is provided to mothers. It should be considered whether the model, or way of working, could or should be modified to support the development of fathers.
- ***Funding support from statutory services.*** LGK is providing a service that seeks to reduce the asks of the public purse. It would be prudent to explore the propsects for financial support from those who would gain from their work, if not in Cowal and Bute, then in other localities which might adapt or adopt the model.
- ***Supporting families of older children.*** Although it is not within the remit of LGK to support families whose youngest child is older than 3 years old, it would be useful to explore whether there was the means to provide the equivalent of LGK support to these families (not necessarily by LGK).

Additional research asks

- ***Information sharing.*** It would be helpful to examine issues around information sharing. No tensions were reported, although parents praised LGK for being a trusted confidant, and stakeholders valued the role of LGK in sharing critical information to support families. It would be helpful to learn how this apparent contradiction is navigated.
- ***Mapping family outcomes.*** SPIRU was able to discuss experiences with three of the families supported by LGK. It would be helpful to provide a comprehensive account of outcomes and progress for all of the families supported by LGK.

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1. Introduction

1.1 – SPIRU and LGK

SPIRU has been invited by the Kilfinan Trust to appraise the work of Let's Grow Kids (hereafter LGK). SPIRU had no previous working relationship with LGK .

1.2 – The work of Lets Grow Kids

LGK is in the final year of a three-year pilot to provide family support in Cowal and Bute. LGK aims to assist parents to care for their children (aged 0-3) and to better understand child development (and the role of play) through mentoring and coaching. LGK approaches this work grounded in principles and practice grounded in flexibility, minimising bureaucracy, and assuring confidentiality. LGK has supported 85 families since its inception, with an annual impact report outlining achievements. The central purpose of LGK is to keep children out of the care system, thereby reducing the burden on statutory services.

1.3 – Aim of this report

An independent evaluation of impact was sought, to inform the understanding of the Trust and LGK staff, and to advise external parties that might be interested in replicating the work of LGK in their community.

1.4 – What we did

We completed four tasks, more details of which are provided in the Annex.

- ***Stakeholder Interviews.*** We interviewed the funders, each member of staff, eight external stakeholders (midwifes and social workers), and three families. We conducted 16 interviews in total.
- ***Desk-based review of LGK outcomes data.*** We analysed LGK's data, which tracked outcomes for families during their work with LGK.
- ***Policy Mapping.*** We developed LGK's own policy profiling work to better understand how LGK aligns to local and national priorities.
- ***Trend Analysis.*** We reviewed national and local trends to better understand caseload for child welfare issues.

1.5 – Structure of the report

This report is organised into five substantive sections, each of which draws from across the four work programmes to provide a rounded analysis of each issue.

- ***2 - Context.*** To understand the wider environment within which LGK operates, drawing from interviews and an analysis of externally published trend data to understand caseload and child welfare.
- ***3 - The Ambition.*** LGK's objectives, as stated and understood by staff and stakeholders, drawing from interviews and LGK documentation.
- ***4 - LGK Operations.*** A review of LGK's staff and how it delivers its service, drawing from interviews.
- ***5 - LGK and the ecosystem of support.*** A review of how the work of LGK aligns to statutory and other local provision, drawing from interviews and the policy mapping exercise.
- ***6 - Impact.*** An appraisal of impact, drawing from interview testimony and an analysis of LGK's monitoring data.

2. Context

2.1 – Introduction

LGK does not operate in a vacuum. To understand whether LGK is impactful necessitates an understanding of the wider environment within it operates. In this section, we consider: the societal drivers of demand (2.2), rurality (2.3), national and regional trend evidence of child welfare (2.4) and local intelligence on demand for the service provided by LGK.

2.2 – Societal drivers of demand

We consider the social factors that generate a need for the services LGK provides (2.2.1), the challenges of COVID times and post-COVID adjustment (2.2.2) and an understanding of increasing complexities in caseload (2.2.3).

2.2.1 – Drivers of case load

Several social problems were identified as being prevalent (or at least present) in the local area, Including poverty (1,2), alcohol abuse (2), drug misuse (2,3), anti-social behaviour (2), domestic violence (2,6), neglect (2), inadequate housing (4), ineffective welfare system (5) and children with complex needs (5). It was argued that these problems were inter-connected, e.g., it was suggested that poverty led to alcohol misuse and anti-social behaviour (1).

1 *[Poverty and that lack of resources] has an accumulative effect on our services and Let's Grow Kids ultimately as well. … poverty … and the pinch, the economic crisis just now is the pinch of that. We are probably seeing that as well, you know poverty increases pressures on families, and it maybe leads to more drinking, it maybe leads to more anti-social behaviour and things like that.*

(Social Worker 1)

2 *I think, like everywhere in Scotland, the poverty that people are experiencing, you know there's definitely areas in Cowal where you notice that there is more sort of deprivation and I would say that actually drug misuse that I have seen here is quite significant as well and levels of domestic violence, you know just for it being a small area I would say those are the main kind of things, you know the domestic violence, drug misuse, some kind of poverty, but you know neglect as well.*

(Social Worker 2)

3 *Talking about the drugs, I don't know how you combat that. We are going on drug awareness training .... There has been an increase lately in this area. Mothers' cocaine use is a big one, I think, at the moment.*

(Midwife 1)

4 *It's quite difficult in Dunoon. Very overcrowded. I had a patient recently said they had 7 kids, there was 7 of them in a 2-bedroom property. There's just not the properties, not the houses and there's not even rentals. There's nothing.*

(Midwife 1)

5 *Most of my families at the moment are struggling either with benefits and making sure they are getting the right money. I actually had a family that waited almost 3 months for child benefit just to be awarded which is bonkers. You should never have to wait that long for a benefit for a newborn baby. So there's a lot of benefits that are issues, and … I'm beginning to notice … quite a lot of families with children who are maybe not on the normal neurotypical pathway, so there's quite a lot of ASD and ADHD and things in children at the moment that are the parents are just like 'Argh what do I do, how do I help, how do I do this?' And then actually when they step back they are like 'actually I think I might have the same as my child' so I'm dealing with a lot of that at the moment which is quite hard, but it's good.*

(Project Early Years Practitioner)

6 *Domestic abuse is just off, off the scale just now. Without a doubt the thing that's peppered through the majority of our referrals … And the level of coercive control … Sharon's team has helped us with quite a lot.*

(Social Worker 4)

2.2.2 – Covid and post-Covid consequences

COVID had to be navigated when LGK was introduced. Although COVID presented challenges for the functioning of many services and businesses, it was not described as preventing the work of LGK (1):

1 *… any kids on the child protection register …Those children have to be seen weekly in their own home … we were still seeing families … with … safety equipment. … Anything that was classed as high risk or child protection there was still face to face. So we were kinda more involved than a lot of people in the social care sector.*

(Project Lead)

The way that lives were led during COVID was described as increasing the pressures on family life, e.g., more intensive interactions in the household (2,3). In turn, this was thought to have resulted in heightened social problems, e.g., more domestic abuse (2,3), poorer parental mental health (2) and more domestic conflict (3). Moving beyond COVID was not described as reducing demand for LGK services. On the contrary, it was described how demand spiked as COVID eased, as problems became more visible to outside agencies (4). Interestingly, the transition to greater use of telephony to provide support during COVID has persisted but is described as not necessarily being an approach that works best for all (5).

2 *… everybody was in the house a bit more. I think we saw a spike in referrals for domestic abuse. … and definitely for parental mental health … just because it was a really worrying, scary time for everybody.*

(Project Lead)

3 *It's Covid and the financial crisis has stopped people moving. … If you've got a couple that have been together a year and a half longer than they probably should have, that can then mean an unplanned pregnancy, it can mean an extra 18 months of domestic violence … 18 months is an awful long time for an infant and a toddler to be witnessing conflict in the home.*

(Project Lead)

4 *Coming out of Covid … was an absolute nightmare because you then had all of this complexity that had been neatly kept behind people's doors, that all of a sudden you had to deal with it. You know so that was the hard bit. That was the bit that burnt people out was the dealing with the deluge … You know you can't just leave people to not deal, you know, with not having a roof over their head or not being able to feed their family. You've got to work it out, so then it falls to you, as a practitioner, to sit with the family and work it out with them … so that put a massive pressure on us then to start addressing all of the issues that had developed over that 18 month period … they were passing that point … of universal early intervention. Everyone was at that crisis point, then they came out of that, you know where people had suffered bereavement and loss and heightened anxiety.*

(Project Lead)

5 *I would say since Covid things have changed quite a lot. A lot of appointments, especially medical appointments, I find are now on the phone which I think is creating massive barriers for people. A lot of meetings now seem to be taking place over the phone, which for some people is good. I mean for us it's good in some ways because you're not having to travel potentially hours to get to get somewhere or ferries, you know, it's hours out of your day to get to places but I think for a lot of families it's hard.*

(Social Worker 3)

2.2.3 – Complexity and changing challenges

Perhaps due to the heightened social challenges (2.2.1) and the adjustments during and after COVID (2.2.2), complexity of families' circumstances were reported (e.g., 1), and described as becoming more commonplace (2,3,4).

1 *As a single mum obviously it's hard … juggling with working yourself. My eldest daughter's father isn't allowed any contact with her, that was Court ordered, and social work have decided that he's not allowed contact either: that was due to child neglect and child abuse, so he isn't allowed near. And I've got my youngest daughter, I had to go through a whole series of events with her involving social work.*

(Parent 3)

2 *I think we're getting a lot more complex cases or families now than we had in the past. [cuts to statutory services is] why we're now getting more complex cases because the services now can no longer cope with it, and we can help.*

(Project Administrator)

3 *It is picking up fast now. The things you get through the door are getting more and more complex mental health wise, much much more, and social work and criminal and drugs is a big thing at the moment.*

(Midwife 1)

4 *I've been here five years, so yeh I would say there's a bigger demand … I feel the social needs of people are changing because their finances are not the same, or they're not able to manage their finances the same. And that's got a huge, big impact on health and wellbeing, mental health, physical health, eating ...*

(Midwife 4)

2.3 – Remoteness and rurality

Although often depicted as rural, both Rothesay and Dunoon are more accurately described as very remote small towns[1] (in that each has a population of between 3,000 and 10,000 and has a drive time of over 60 minutes to a settlement of at least 10,000 people)[2]. Beyond these small towns, the area served by LGK is 'very remote rural'.

LGK's stakeholders described several ways in which this remoteness exacerbated or created challenges for many families, which intensified the problems they already experienced. This included the visibility among the community for those thought to be encountering difficulties (1); a dearth of local provision of general family support services (2-4); many argued there was a dearth of specialist services to support families encountering difficulties (5-7) although this point was contested (9); and the additional cost in accessing services that are necessary, but not available locally (8,9).

1 *… you know being part of the gossips and being gossiped about … a lot of families really struggle with that.*

(Project Early Years Practitioner)

2 *There's not as much access here … for mums who are pregnant. You know, those kind of antenatal classes, or even just that socialisation. I think there's some baby and toddler groups on, but again not to that sort of significant levels there would be in more populated areas. So I think … we have seen quite a lot of women struggle after the … birth and just being quite isolated … It can be lonely especially if your partner or family are at work and stuff like that and you are … at home alone. So I think definitely … I think … it is just limited what is on offer here, and it does lead to those feelings of isolation. You know we are maybe getting an increased level of reports that you know maybe families are struggling cos they're just stuck in the house … here there is 6 of us … plus our manager … I think the staffing is a huge … thing for us here. … I think people would generally think cos it's quite rural it might be quieter, but it's definitely not in my experience. I think I'm way busier here. … you sort of miss out … [you end up] doing a lot of the work yourself … [in cities] there are so many different supports you can just refer people on to and then that's their role, whereas here you are kind of doing it all and trying to link in where you can … a lot of it you are doing independently.*

(Social Worker 2)

3 *Some of our clients come from Inverclyde, Glasgow … if we get a client who comes to Argyll and Bute [through] witness protection or … fleeing … domestic violence, you would be better actually landing them on a different planet. [where] they are coming from, they can get their shopping for £50 a week, they can go to the bingo 2 nights a week, they can, … go to a family centre and have everything on their doorstep. So, they can do that and then you drop them in rural Argyll and there's nothing. It can be really hard going for them, but they get used to it and it's about us … coaching them in the ways of rural living.*

(Project Lead)

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1 Scottish Government's Urban Rural Classification 2020 – Settlements 2020 Lookup: https://www.gov.scot/publications/scottish-government-urban-rural-classification-2020/documents/

2 Scottish Government's Urban Rural Classification 2020 – 8 Fold Description: https://www.gov.scot/publications/scottish-government-urban-rural-classification-2020/documents/

4 *It can be difficult to find work here. Then again … things like the nurseries have such a high volume of kids: if parents can't get their kids in … they are gonna have to stay at home and they don't have that childcare and for a lot of the families they don't have maybe their own family living here … the impact that can have too.*

(Social Worker 2)

5 *It's a small community with limited resources. There's not loads of referral pathways. If things aren't lined up for somebody … it's sometimes a challenge to find things to put the support in place. I used to work in children's centres ... They dismantled children's centres; well, I think there's still a few left in other places but there's not a lot here for families and so things tend to just carry on as they've always been and so it's hard for families to break a pattern.*

(Midwife 3)

6 *I would say probably a lack of resources is probably one of the major ones. Given that we are quite isolated, we don't have anywhere near as many services as you would, for instance, somewhere like Glasgow, although the services that we do have are actually really good and we all work quite closely because there is that community feel to it. Everybody wants to help each other. I think there's a thing of time and just not enough people to be able to do as much as probably what we'd want to do.*

(Social Worker 3)

7 *Obviously with it being a rural area … services that we have are maybe not as robust and … as available as maybe [in the] bigger cities. I'm thinking particularly for parental mental health, … Y'know the need for trauma support and counselling, that kinda thing. So, I think that along with … poverty and high unemployment can be real factors that impact on families in this area.*

(Social Worker 4)

8 *Cost of travel for appointments and things like that tend to be a little higher for … our women; with having to go over the water for appointments. … we don't have a consultant that comes here for our appointments. So, … a lot of the times the girls are having to … do the travelling for that.*

(Midwife 2)

9 *They're quite lucky. They've actually got a lot in place that … other places don't. So, I would say, the challenges probably are more to do with the amenities and stuff that are available here … cost of living and stuff like that … they've actually got everything at their fingertips. They've got smoking cessation. They've got the Perinatal Mental Health Team. They've got obviously their GP's. They've got us. They've got … the health projects, which I've used a few times. Obviously, they've got Let's Grow Kids. … we've got the … back up support of other perinatal mental health teams and the lead, Juliette who's the lead midwife here for that as well. So, they've actually got a lot in place.*

(Midwife 2)

There was no explicit recognition of the advantages of living in a rural or remoter location, although there was recognition that the services that were provided were of a high quality (6) and there was a desire to function as a community of support (6). Inadequate service provision was viewed to be isolating for some parents (2,3,5).

2.4 – Trend evidence

2.4.1 – Introduction

As with all national statistics, geographical disaggregation tends to be limited to the scale of the local authority, and data are not disaggregated to towns (e.g., Dunoon or Rothesay) or areas within (e.g., Cowal or Isle of Bute).

2.4.2 - Children's Social Work Statistics

Children's Social Work Statistics is the authoritative source of information on caseloads for local authorities and Scotland as a whole. Data from the latest report published in April 2023 for year 2021-22 were reviewed the provide a better understanding of the scale of the challenge in Argyll and Bute, and how it compares to the rest of Scotland.[3] In this report, we consider child protection and looked-after children.

[3] https://www.gov.scot/publications/childrens-social-work-statistics-scotland-2021-22/

Child Protection

Below, we summarise key evidence for child protection.

- 21 children were on the Child Protection register on July 31st, 2022, in Argyll and Bute, which is a rate of 1.7 per 1,000 children; this compares to a rate of 2.2 per 1,000 children for Scotland as a whole. In 2022, Argyll and Bute had the joint 7th lowest rate in Scotland (of the 32 local authorities).[4]
- The trend is toward reduction in the both the number of children and rate of children on the Child Protection register. The number of children on the register in Argyll and Bute has reduced over the last decade from 48 to 21 (a rate reduction per 1,000 children from 3.3 to 1.7). In the last twelve months, the number and rate has also reduced (from 32 children and a rate of 2.6 in 2021). [5]
- There were 30 new registrations in Argyll and Bute between 2021 and 2022, and 41 de-registrations (some would have registered and de-registered within this period, while others who have been registered throughout). [6]
- Notwithstanding low case numbers, which necessitate cautious interpretation, although many concerns were lower in Argyll and Bute compared to Scotland as a whole, there was a higher percentage of concerns over domestic abuse and sexual abuse in Argyll and Bute (Table 1). [7] The same patterning was evident for children registered during the year 2021-22. [8]

Table 1: Percentage (and cases) of concerns reported at case conferences for children on the Child Protection register on 31 July 2022, Argyll and Bute and Scotland

	Argyll and Bute	Scotland
Domestic abuse	67% (14)	47%
Neglect	38% (8)	41%
Parental mental health problems	29% (6)	41%
Parental substance misuse	24% (5)	41%
Sexual abuse	24% (5)	6%
Emotional abuse	24% (5)	34%
Physical abuse	19% (4)	19%
Parental drug misuse	14% (3)	29%
Parental alcohol misuse	14% (3)	19%
Other concerns	14%	18%
Non-engaging family	10% (2)	26%
Child placing self at risk	0%	2%
Child sexual exploitation	0%	2%

Cases: Argyll and Bute (21); Scotland (2031)

4 Table 1.2(Publication tables) from: https://www.gov.scot/publications/childrens-social-work-statistics-scotland-2021-22/

5 Table 1.2 (Publication tables) from *Ibid (*note 4)

6 Table 1.9 (Additional tables) from *Ibid (*note 4)

7 Table 1.10 (Additional tables) from *Ibid (*note 4)

8 Table 1.12 (Additional tables) from *Ibid (*note 4)

Looked-after children

Below, we summarise key evidence for looked-after children.

- The numbers and rate per 10,000 children of looked-after children in Scotland has fallen in recent years. The rate of looked-after children at home has fallen steadily since 2011 (53 per 10,000, to 26 per 10,000 in 2022), while the rate of looked-after children away from home has fallen since 2016 (from 111 per 10,000 to 98 per 10,000 in 2022). Prior to these peaks, the numbers had been rising since 2004.[9]
- 144 children were being looked-after in Argyll and Bute in July 2022. This included 36 children who had started to be looked after since July 2021, but did not include an additional 43 children who ceased to be looked-after during the year. [10]
- The gender distribution of looked-after children was comparable to that for Scotland as a whole (54% boys in Argyll and Bute, and 55% in Scotland). On the other hand, twice as many looked after children in Argyll and Bute had a known disability, compared to Scotland as a whole (26%, compared to 10%). Only East Renfrewshire had a higher proportion of looked-after children with a disability. [11]
- Argyll and Bute had the joint-lowest proportion in Scotland of children aged under 5 among its looked-after children population (17 children, or 12%, compared to 17% for Scotland as a whole). [12]
- Placement type is broadly comparable for Argyll and Bute, and Scotland as a whole. Notably, a higher proportion are placed with parents in Argyll and Bute (Table 2). [13]
- The proportion of children returning to home with their biological parents having ceased to be looked-after was comparable for Argyll and Bute, and Scotland as whole (47% and 53%, respectively). The key difference was that a far higher proportion in Argyll and Bute were reported to be in continuing care (33%, compared to 7% for Scotland as a whole). [14]

Table 2: Placement type for looked-after children on 31 July 2022, Argyll and Bute and Scotland

	Argyll and Bute	Scotland
With friends/relatives	33%	34%
At home with parents	28%	21%
With foster carers provided by the LA	19%	23%
In LA/Voluntary home	11%	5%
In other residential care	7%	5%
With foster carers purchased by the LA	1%	10%
In the community	1%	2%

Cases: Argyll and Bute (144); Scotland (12,596)

9 Table 3.7 (Additional tables) from: https://www.gov.scot/publications/childrens-social-work-statistics-scotland-2021-22/

10 Table 4.1 (Additional tables) from *Ibid* (note 9)

11 Table 4.2 (Additional tables) from *Ibid* (note 9)

12 Table 4.2 (Additional tables) from *Ibid* (note 9)

13 Table 4.3 (Additional tables) from *Ibid* (note 9)

14 Table 4.5 (Additional tables) from *Ibid* (note 9)

Health trends

Below, we summarise key evidence for health services/child development.

- The proportion of parents receiving visits from health visitors is at a comparable level to Scotland as a whole at the earliest stages but falls behind the level for Scotland as a whole after 13-15 months (Table 3).[15]
- A developmental concern was registered at the 27-30 month review for just over 1 in 8 children in Argyll and Bute in 2021/22 (12.7%): this was lower than the rate registered for Scotland as a whole (17.9%).[16]
- The number and proportion of children in Argyll and Bute for which a developmental concern was registered at the 27–30-month review has fallen in recent years (from 21.2% in 2013/14 to 12.7% in 2021/22).[17]
- A developmental concern was registered at the 13–15-month review for just over 1 in 7 children in Argyll and Bute in 2021/22 (14.5%): this was higher than the rate registered for Scotland as a whole (11.9%).[18]
- The number and proportion of children in Argyll and Bute for which a developmental concern was registered at the 13–15-month review has increased slightly in recent years (the rate of 11.9% in 2021/22 is the highest recorded since 2017/18).[19]

Table 3: Coverage of Health Visitor Visits at Different Age Stages, Argyll and Bute and Scotland, 2021/22

	Argyll and Bute	Scotland
10 Days	96.5% (577)	96.2%
6-8 weeks	93% (561)	91.9%
13-15 months	83.1% (536)	89.3%
27-30 months	81.5% (563)	89.2%
4-5 years	58.1% (400)	75.9%

Sources: Table 2, 6, 10, 14, 18 from: [20]

15 Table 2, 6, 10, 14, 18 from: https://publichealthscotland.scot/publications/child-health-pre-school-review-coverage/child-health-pre-school-review-coverage-2021-to-2022/#:~:text=Of%20children%20becoming%20eligible%20for,and%2089%25%20of%20eligible%20children%2C

16 Table 4 (27-30 month review) from: https://publichealthscotland.scot/publications/early-child-development/early-child-development-statistics-scotland-2021-to-2022/

17 Table 4 (27-30 month review) from: https://publichealthscotland.scot/publications/early-child-development/early-child-development-statistics-scotland-2021-to-2022/

18 Table 4 (13-15 month review) from: https://publichealthscotland.scot/publications/early-child-development/early-child-development-statistics-scotland-2021-to-2022/

19 Table 4 (13-15 month review) from: https://publichealthscotland.scot/publications/early-child-development/early-child-development-statistics-scotland-2021-to-2022/

20 Table 2, 6, 10, 14, 18 from: https://publichealthscotland.scot/publications/child-health-pre-school-review-coverage/child-health-pre-school-review-coverage-2021-to-2022/#:~:text=Of%20children%20becoming%20eligible%20for,and%2089%25%20of%20eligible%20children%2C

2.5 – Local intelligence

Trend data suggested reducing caseloads, although not to insignificant levels. There would also appear to be ways in which caseload in Argyll and Bute is atypical of Scotland as a whole (2.4).

Although the LGK Project Lead was unsure what the scale of demand was for the service in Cowal and Bute (1), social workers reported that the majority of the families they worked with would benefit from LGK support (2,3,4): midwives reported that a substantial number of their clients would also benefit (5,6,7) and that the numbers working with LGK had increased after a 'slow start' (7).

1 *I knew you were gonna ask me that. Em don't know. Don't know. Honestly, don't know. Wouldn't even like to hazard a guess.*

(Project Lead)

2 *I think the majority of the families with under 3s that we work with would benefit from the support.*

(Social Worker 2)

3 *I would say quite a lot or the majority of families that we work with probably require more support.*

(Social Worker 3)

4 *It would be hard to pluck a number out of the air but there's definitely a … need for it. I would say there's definitely a … high uptake of the service. … I also cover as a manager for Dunoon in quite a few cases and I know all of the higher risk ones we tend to have sitting within that age group, Let's Grow Kids are involved.*

(Social Worker 4)

5 *Q: Thinking about vulnerable families, how many families with children aged 3 and under in Cowal and Bute d'you think are in need of extra support, such as offered by LGK and community midwives such as yourself?*
A; Eh, I'd probably say, erm- I'd say about forty percent.

(Midwife 2)

6 *Q: how many families that are in the remit of Let's Grow Kids and so with children aged 3 or under are in need of extra support in like Cowal at the moment?*
A: Quite a lot to be honest.

(Midwife 1)

7 *Since she came in to begin with, I could see that, well, people were slow to start referring but now I do sometimes think gosh it's a tidal wave, I've no idea how they're managing the number of referrals that they've got.*

(Midwife 3)

2.6 – Conclusion

There is clearly demand for the services that LGK provides, even if national and wider regional trends indicate reductions in caseload. There are several ways in which the nature of the challenge faced in Argyll and Bute is not typical of that for Scotland as a whole, and particular local pressures and challenges are described for Cowal and Bute.

3. The Ambition

3.1 – Introduction

Informal discussion with Kilfinan Trust and the Project Lead assert the core purpose of LGK is to keep children on the risk register out of care. While this may be implicit, or considered a consequence of LGK interventions, this focused sense of purpose is not conveyed through official documentation (3.2), was not overtly specified in interviews with LGK staff and the Kilfinan Trust (3.3) and was not mentioned by stakeholders reflecting on the work of LGK (3.4), each of which is considered in this section of the report.

3.2 – Formal articulation of goals

Official LGK documentation, such as the web pages[21] and the annual report from 2022[22] do not formally specify its goals.

The web pages open with a statement on the approach, which indicates an aspiration to enable 'little ones to thrive',[23] with additional pages describing what is undertaken,[24] coaching and mentoring,[25] education and outreach[26], community development,[27] and how LGK supports children' services across Argyll and Bute[28].

The annual report from 2022[29] describes LGK purpose around five themes (p.3), two of which are areas of work (education and caring for family) and three of which describe its approach to these tasks (flexibility, [minimising] bureaucracy, and confidentiality). The purpose is described in terms of two tasks (weekly supervision of caseload, and weekly staff meeting to discuss workload) and another three ways of working, i.e., encourage families to know all staff, creating a culture of learning with staff, and creating a culture of learning within the parent group (p.4). A flexible approach is then described as a key component, with implications for staff (p.5), families (p.6) and partner agencies (p.7).

3.3 – LGK staff and Kilfinan Trust articulation of LGK purpose

21 https://www.letsgrowkidsuk.co.uk/
22 https://www.letsgrowkidsuk.co.uk/_files/ugd/d1e052_54f543d4799a491f99e1b90b72e3251b.pdf
23 https://www.letsgrowkidsuk.co.uk/
24 https://www.letsgrowkidsuk.co.uk/what-we-do
25 https://www.letsgrowkidsuk.co.uk/coaching-and-mentoring
26 https://www.letsgrowkidsuk.co.uk/education-outreach
27 https://www.letsgrowkidsuk.co.uk/community-development
28 https://www.letsgrowkidsuk.co.uk/projects
29 https://www.letsgrowkidsuk.co.uk/_files/ugd/d1e052_54f543d4799a491f99e1b90b72e3251b.pdf

In discussion, a clearer sense of LGK purpose was shared, compared to the official documentation (3.2). LGK is described as a targeted intervention (1), which aligns to the ways of working and purposes of the statutory services (2) and national ambitions for children (3,4). However, the focus is on enabling parents to engage with these agendas (4), with what is described as "the biggest goal" being to improve family life of families which might be thought of as being dysfunctional (5), with the improvement focused on enabling the parent (6). Rather than 'blame these families', it is acknowledged that these are families that had been let down (7).

There is also explicit reference to the ambition of keeping families together (3) and reducing the demands on statutory services, or "dependency of the state" (8).

1 *It's a targeted intervention, it's not a universal service.*

(Project Lead)

2 *You need to cross check that against what that Child Protection Plan is because you can't consume their time and energy doing something that's not going to influence that Child Protection Plan, because actually the most important thing right now is that they address the things on that plan, get them done, get the child off the Child Protection Register and get social work out of their lives and then they can go on to look at the stuff that they want to do. As soon as Child Protection measures come into place, they become the priority because keeping that child safe is the priority.*

(Project Lead)

3 *We align with The Promise and keeping families together.*

(Project Lead)

4 *The parents should be genned up … what did we do to inform our parents of GIRFEC. What did we do to support them in their understanding of GIRFEC. We spent millions on our healthcare staff, social workers, education. We spent thousands and thousands of man hours supporting and developing it for our professionals so that we could get it right for every child. Parents are part of that.*

(Project Lead)

5 *Obviously, mums and dads being able to connect with their children. That's our biggest goal is to improve family life and vastly improve these wee kids that have been brought into families who, you know, at the outset are pretty dysfunctional … not actually just maybe the mum or the dad, it's the whole family circumstances, history. …*

(Project Lead)

6 *For me, … that child thriving within that home is what good parenting looks like. The parent actually … connecting with their child and identifying their child's needs, not having somebody else telling them what their child's needs are. As soon as that parent can get to that point and identify their own child's needs, for me, that's good parenting.*

(Project Lead)

7 *There's families out there that need us. Families have been let down.*

(Project Administrator)

8 *I feel very invested in building enough confidence amongst these women to be able, in the end, to not be dependent on the state. That's my ideal and … how close we can get to that ideal is just a matter of conjecture really and then it will be completely person dependent, but you know to me it would be a huge success if even if we got a few people that are seriously contributing to society rather than taking.*

(Kilfinan Trust)

3.4 – External stakeholders' understanding of LGK

External stakeholders understood that LGK was not designed to support families who were either far removed from child protection issues, or were already subject to interventions, which required specialist support from statutory services. Rather, LGK was understood to be able to provide support to those high-risk families, which otherwise may not receive support as resources were being directed at the most serious cases (1,2), or to provide supplementary support (3,4,5) to high-risk families (3), or to provide early intervention to avoid cases escalating into one which would require statutory intervention (6).

1 *The teams are on their knees and … there's just some families that we can't get to. That's … where LGK come in. That they are working with some of the high-risk families but there are families that need support … we as a team, we kinda did our own … assessment of the client list and marked it into red, amber, and green. And the families that we thought … were … high risk and more vulnerable we made an effort to see them because in a strange … way, it probably sounds really counterproductive but in some cases in social work when children are on the child protection register, we can be almost less worried about them because they are so visible. They are so visible to services. There's a really robust plan around them.*

(Social Worker 4)

2 *I felt like … if people are getting referred to social work when it's not an appropriate referral because it's not actually a child protection thing, quite often they're then packed to the side and they're actually lost ...*

(Midwife 2)

3 *I mean don't get me wrong, if she admitted that she was a heavy drinker, or she was a really poor eater I would, … offer her the addiction services. I would offer her to see a dietician or … get in contact with the dietetics team. … they would probably be my first port of call first. N' then I would give that a few weeks till their GIRFEC to see when, how, has anyone been in contact? How'd you feel? But at that point I would then refer onto Let's Grow Kids as an extra support.*

(Midwife 2)

4 *I've been in this role for two and a half years, and I work with Let's Grow Kids, or I've worked with them in a number of cases with families I work with, and they have been a good source of support, you know.*

(Social Worker 1)

5 *It's positive for us because our job would become doubly stressful if you've got nothing to offer people.*

(Midwife 3)

6 *There's an element of early intervention we always try but, social workers have to get allocated to the highest risk cases.*

(Social Worker 4)

It was also understood that LGK understood and administered a 'therapeutic' approach, which was one that was consistent with the approaches being adopted by the statutory agencies (7).

7 *One of the key things about … Let's Grow Kids is Sharon and her team have … - more so than some of the other people we work - a really good … therapeutic approach to working with families. But, also having … a good standard of risk and were that kinda comes into supporting vulnerable parents, but also having a clear idea on the safety of children.*

(Social Worker 4)

There was acknowledgement that LGK was also a source of support to stakeholders. Stakeholders reported how ideas were shared (8) and that LGK staff were involved in jointly devising care plans for families (9).

8 *The, the biggest positives is that Y'know, they're not only there for supporting the women, but they're there for support for us. … Y'know, we bounce off of each other quite, quite well.*

(Midwife 2)

9 *… they're good at helping us create care plans … Sharon has got a fountain of knowledge.*

(Midwife 4)

Although acknowledging the professionalism in approach (7) and status as equal partner (8,9), the key contribution of LGK was understood to be the broader (less specialist) support that was provided to families. This was described as being multi-dimensional (10,12), including support with regards to: financial well-being (10), inter-personal issues (10,11), parental education (10,13) and homemaking (10).

10 *The part where I feel like Let's Grow Kids come into it, is very much the financial, social, and perhaps the educational as well if they're needing a bit more intense parent education from what we can provide …. Let's Grow Kids are an ideal person to go in once a week; How you getting on with your washing? How you getting on with cooking? What about meal planning? What do you think about your shopping, 'n things like that. … If it's something that's just niggling at the back of your mind that this family might need support with. Even Y'know, … some people just don't actually know how to run a house. Like that young girl we were talking about, she'd never had her own house, to have her own income into her own bank for those bills to go back out the bank, and to do a food shopping, 'n preparing meals, 'n weaning the baby and things like that. … she had social work input because she already had that for herself, so her baby automatically. … I would say it was more the running of the house that she needed.*

(Midwife 4)

11 *Let's Grow Kids; we tend to use them if there's a lot of social support needed.*

(Midwife 2)

12 *A lot of the time, it's maybe about children and families involved that might have a dad on order or it could be that mum is looking for a bit of support to help mum and so we put a referral in to get a bit of support from Sharon.*

(Social Worker 3)

13 *Some people request it actually as well. I had a recent patient which I didn't think was in need, but she had heard from previous patients, her friends, and she asked me to refer her. It wasn't the typical ones that we would refer in terms of needs of social working things, but she needed the time. This was her first baby. She had no support here and so she was looking for just someone to help support her for what was normal. She asked me to refer her.*

(Midwife 1)

One of the most significant ways in which the purpose of LGK was rationalised was the presentation of LGK as being "in-between" statutory services and families. This support makes it easier for families to deal with statutory services (14-18) and provides a continuity of support between appointments with statutory series (19,20). An additional element of 'in-betweenness' was the service provided to those who just fall short of the threshold for intensive intervention from statutory providers (1,2).

14 *I'm forever explaining they're there for support, they're not there to take their baby away; that's the first thing they think about is it's bad, if they're involved, it's bad. And we're like, actually no, it's not bad, they're there to help … they're here to help you get to hospital and back. That's the reason we're getting them involved. So, it's trying to change … their perception of what the services are. … I would say that Let's Grow Kids is a good … mediation point for that because you can invite them in first, they start that relationship, and then they've not only got us as midwives, they've then got … Sharon as a second person. So, if they are going forward with social work meetings, they feel like they've got a couple of people on their team. And they're not coming to a table … full of professionals.*

(Midwife 2)

15 *The good thing is Sharon would be able to make phone calls she'd be like 'what is this, what is that?' and she'd be able to come back to me and explain it in full detail 'right this is what they are saying, this is what they are going, I've got paperwork here, here's a copy of it.' … she was very good at basically explaining everything, even if you didn't understand it … so Sharon was very good at chasing it up, I'd be phoning her like 'nobody's contacted me, we were due a meeting, blah, blah, blah, blah' and she was like 'yeah I didn't know either', so she was very good at chasing things up.*

(Parent 3)

16 *Support the parent … so the parent can then communicate with the nursery. You know, so that they can connect with the people that are looking after their child and have a conversation and know what they are talking about and understand why the nursery are doing something or not doing something. … So that connection that they are making with that nursery is better.*

(Project Lead)

17 *Sharon and Let's Grow Kids … bridges a gap. I suppose [that] is a good way of putting it. Do you know it's a bridge between social work, which are probably a bit more harder or perceived as a bit more official. … Let's Grow Kids [is] a bit softer and a bit different.*

(Social Worker 1)

18 *… that mum that I had pre-birth … had a really difficult experience previously where her oldest daughter was removed from her care down in England. So, I quite experienced a bit of hesitancy about working with us when she came here and she discovered she was pregnant again. But by Sharon … working alongside us with that mum and facilitating meetings, the mum felt clearly quite comfortable being able to talk with me in the presence of Sharon about her experience and her childhood. So, even just having someone there to reassure that mum like 'it's ok you can talk to her, I know her, you know nothing bad's going to happen' that made a real difference and it was really good jointly being able to do that, to find out the information I needed to do my own assessment while Sharon was also able to ask her questions which really helped me out a lot. … I learn from them I think, and it helps me learn things about my families that maybe my families wouldn't necessarily tell me.*

(Social Worker 2)

19 *I know that in-between there, in-between myself, in-between the consultants, in-between the health visitor, they're there. I know that she goes in once a week, twice a week, once a fortnight. She knows what that family needs at that time, and she would (update) that care specifically for them.*

(Midwife 3)

20 *We'll know when all their appointments are, so if there's a long gap between the appointments, like we could email Sharon and say, right she's not got an appointment for eight weeks. Can you stop in on four weeks so that she's … seeing someone every four weeks, because I don't need her in, in a maternity capacity, but I'd like someone just to check in.*

(Midwife 2)

4. LGK Operations

4.1 – Introduction

The operations of LGK are described in terms of origins and funding (4.2), staff composition (4.3), staff experience (4.4), staff values (4.5), triage (4.6), training (4.7), caseload (4.8), work with parents (4.9), approaches to working with parents (4.10) and extending reach (4.11).

4.2 – Funding and Kilfinan Trust support – genesis of LGK

4.2.1 – Origins

LGK's origin story is an alignment of shared common purpose (1,2,3), based on forthright articulation of wants (1). It is an investment in people, which is based on mutual appreciation (1,4).

1 *We had this idea 'how do you keep kids out of care?' She (Sharon) was the one we went to talk to … we wanted to try and get to the most difficult people … to the people who couldn't get to a meeting.*

(Kilfinan Trust)

2 *I was approached by Nick and Jane Ferguson. We had been carrying out a piece of work, a piece of research and they wanted to do a full year's research with particular attention to the 0-3 age group. At that time, I was looking for other work anyway and we decided to get together and have … a conversation around what that might look like, … what did they want, their project, what did they want to address, what did I want to address.*

(Project Lead)

3 *They started talking about their vision. … what their vision was, what they wanted to address, what bothered them. So, I thought … what bothered them is what bothered me.*

(Project Lead)

4 *He's (Nick) just phenomenal. He's so incredible and he makes you want to do your best. Does that make sense? I mean most people would do it. I mean I'm quite driven anyway, but I'm actually even more driven by the fact that I've got somebody of that stature willing to give me their time. You know, for me, that's pretty major.*

(Project Lead)

4.2.2 – Funding

The funding arrangements are atypical. LGK is funded to the order of around £80K per annum, with funds being used to ensure that operations are efficient (5). Most importantly, there is security in the funding arrangement, which allows the LGK project leader to fully concentrate on service delivery (6).

5 *They go and take notes after their meetings. So, the first thing I said was, 'have you got iPads? Because you don't want to write it down on a bit of paper and then come and type it back' and we gave them all iPads. Now a lot of charities, even if they were funding*

[using] our model, … would have had to go through some system and decision-making process and all that garbage.

(Kilfinan Trust)

6 *The biggest things about this project for me is the way it's funded. I don't need to do funding applications. Now I would say about 40% of people's time is taken up with funding applications.*

(Project Lead)

4.3 – LGK staff team

LGK is a small staff team of three, all of whom worked together on a previous project (1). Although a small team, it is described as proportionate to workload (2), with each staff member having a clearly defined role (2,3). By design, LGK does not work with volunteers (4), as the model is based on working with highly trained staff (4,7).

1 *I took two [staff]. I took two because there were two in particular who were brilliant at what they did.*

(Project Lead)

2 *We don't have a massive caseload because there's only 2 practitioners. … I've got a small caseload … I knew there would never be a huge volume coming through the door and so we don't need an Admin for more than 20 hours a week.*

(Project Lead)

3 *Susan is part-time as well, just short of full-time but she's part-time and I'm full-time doing the front facing stuff 4 days a week and doing the strategy and planning one day a week.*

(Project Lead)

4 *Our families need highly trained targeted interventions. That's what we're doing here. We are doing targeted interventions by people that are highly trained and if in 3 years' time we come to the end of the 3 years and there's a need for volunteers, we'll review it.*

(Project Lead)

4.4 – LGK staff experience

The importance of experience (4.4.1) and local connections (4.4.2) were both stressed.

4.4.1 – Experience

It was noted that LGK staff were selected for their experience (point 1 in 4.2.1 and point 1 in 4.3). Some important elements of this experience were acquired by virtue of roles held in previous positions (1,2,3), although other aspects reflect life experience (2,3). Of particular importance to social workers (4,5) was the Project Lead's experience in child protection (4-7). Experience in dealing with complex situations that require innovative solutions has also been acquired through working with LGK (8). The team describe themselves are having complementary strengths (9) and as partners in co-designing LGK operations.

1 *I ran the volunteer agency, yeah so, I was the manager.*

(Project Lead)

2 *I was an administrator for Home Start and it's really just life skills I have. I don't have any formal child or family training other than I've raised 3 children of my own, nieces, nephews, friends, that type of thing. I suppose at my age I've seen most things. That's why they call me the nurturer … I do all the admin. I keep all the records, timesheets, time records, diaries, all the paperwork and I also mentor families at a low level. When they come through on their way out ... I sort make sure that they are calm and in a good place by the time they go.*

(Project Administrator)

3 *I am a mum of 4, I started off really young having my first child at 16, unsure where to go from there so went into education and became a nursery nurse. Did that for 20 odd years and knew that there was something missing from working with kids and parents but didn't know what. So, when I heard about Let's Grow Kids it seemed like the perfect fit. It was what was missing from the 3-year-old with the parent being at home, rather than just the education side of it.*

(Project Early Years Practitioner)

4 *Sharon is so knowledgeable, and she also has that child protection experience, that's really beneficial because we know even if we are working with the family and it's a child protection case, Sharon's got that knowledge and understanding of … our … assessment or our role, our intervention … and she is able to … balance that work and … the team as well and their role around that.*

(Social Worker 2)

5 *… always been around that - the scene of working with vulnerable children.*

(Social Worker 4)

6 *If the child's got any kind of child protection measure in place they come straight to me at triage.*

(Project Lead)

7 *We needed to write a Child Protection Policy. So, I went ahead and did that. Did the policy writing.*

(Project Lead)

8 *… Sharon had had someone else in a similar situation and Sharon had come up with the idea of getting an Air B&B. … which obviously cost a lot of money, and that's what social work weren't too happy about. But if it meant that that mum and baby could stay together, why not? Because the only alternative was, this girl going back to the home and that baby being accommodated which costs x amounts of money so, why not put a little bit more towards it and keep that mum and baby together. I would never have thought of that. 'Because I've never been in that situation before, so she does have a lot of knowledge that … us … midwives don't have.*

(Midwife 4)

9 *I've been here since Day 1. We all got together and sort of brainstormed and came up with how we wanted the service to be. The team of 3 are all very different. I think we are all very different which I think we need because all families are different.*

(Project Administrator)

4.4.2 – Understanding the local ecosystem

All staff were familiar with the local area, which left them well placed to advise practitioners who moved into the area (9). However, of greater importance was the deep understanding of the people, processes, policies, and organisations that comprised the local support ecosystem – knowledge that the Project Lead had accumulated (11-14). This knowledge, visibility, and credibility among local practitioners, positioned the Project Lead well when approaching these stakeholders to offer LGK support for their work (14,15).

10 *I'm quite new to the, the whole havin' to refer … people [for] not havin' y'know … maybe the finances …. It's not something that I've came across because I've never worked in the community. So, yeh, I feel like they've got a lot more experience in that, 'n I can learn a lot from them so that I can support … It might not be that ma lady needs support, it might just be that I need the information so that I can support her.*

(Midwife 2)

11 *Knowing what other people's jobs are has been a huge benefit for me, understanding there's a maternity pathway there and that midwives are following it and that's why a decision's made at a certain time … Having an understanding and a knowledge of child protection means that I can work alongside them and understand they are making the decisions they are making.*

(Project Lead)

12 *I've been able to sit on the strategic planning board for the Children and Young People Service Plan. On behalf of the third sector, not just for [LGK]. I've been able to sit on the Child Protection Committee, … I chair the Learning and Development of Child Protection Training for Argyll and Bute, so that's in there as well. What else is there? UNCRC – I don't sit on the working group for that, I oversee that, so I just sort of help kind of manoeuvre everyone about in the right direction and I will support them to deliver their training for their elected members and for their community partnership.*

(Project Lead)

13 *All our Children is a collective of third sector managers across the whole of Argyll and Bute. We had practitioner forums locally and so I had the oversight for a few years of the locality of the practitioner forms and so I got to know all the staff.*

(Project Lead)

14 *I've sat on the child protection committee for 5 years now, not because they approached me and said, 'oh we've heard about you, and we think you're amazing' but because I went up and chapped their door and said, 'I want to sit on this table'. And I was very fortunate that Moira didn't tell me to get stuffed.*

(Project Lead)

15 *Got it down on paper, got it out to the stakeholders, the people who would introduce families to us, made that connection with them, talked through what the service was and by the end of January I think two thirds of our caseload was full … I worked my backside off to connect … with people … got to know all the social workers in Bute and the midwives and all the rest of it and so when it came to doing this and I went back over and said, 'I'm just about to open up a project, do you need me? It was like a no brainer for everybody, and they were like, 'Yeah, absolutely.' Because they already knew, you know, they had that confidence in me about what I could and couldn't do already and so it was fine.*

(Project Lead)

4.5 – LGK Staff Values

It was reported that the values held by LGK staff (1) and the motivation and belief in the value of LGK's work (2) were as important as the experience that staff had acquired in laying the foundations for the organisation's success.

1. *I don't think it's important that we work well together, I think it's important that they've got the same value set as the company: everything else falls into place after that … I mean when Liz came in Liz came from a business background, she didn't come from a children and families background and she'd done a bit of work before with children and families but she's trained over the last 18 months to provide you know support to families directly because her value set allowed her to do that. If she didn't have the same value set, she'd still be in admin which is fine, however, she's now of more value to me as a worker.*

(Project Lead)

2. *I had, the work that I'd done up to that point that led me to this point basically. Let's Grow Kids in my head was gonna address the things that had frustrated me about the other stuff that I'd done so the things that I'd been doing, purely because I had to do it and I was getting paid to do it but actually if it'd had been up to me I'd have done it a different way. I was given the opportunity to do that and that's why I work.*

(Project Lead)

4.6 – Triage

As is reported in the Annual Report of 2022 (p.5),[30] the weekly staff meeting to triage is an important part of LGK operations. It was described as a way of allocating workload (1), with the workload allocated to match the needs of the family with the talents of the LGK team (2-6). The process is described as one in which workload is agreed collectively (5,6). Although the weekly triage is the primary way in which workload is allocated, instances were described in which LGK were also able to work nimbly and collaboratively to attend to circumstances that emerged between triage meetings (7).

1 *We sit down on a Monday, and we triage the families that we've already got and the families that have been introduced … that week. … then we allocate the families.*

(Project Lead)

2 *So, once we get that information we can sit down and go right ok, so there's poor parental mental health, however, they are specifically talking about how it's impacting on their ability to connect and play with their child, that's a no brainer, they're not always that clean cut but you know if it's a nurture role Liz would take up the nurture work, breastfeeding, introducing people in to the community, … trying to connect people that way. That would be Liz that would do that. If the child's got any kind of child protection measure in place they come straight to me at triage.*

(Project Lead)

3 *We triage on a Monday. It means that I might have a case load with 7 or 8 people on it which is too much for me right, I should have 6. So, if I've got 7 or 8 people on my case load what I might be then doing is going right ok, so I've got 3 people that are just about ready for coming off my case load let's start doing a soft handover. So that then immediately takes the pressure off of me, you know as far as time goes because Susan or Liz is then picking up that person's visit, but they are out of child protection measures, so they no longer need my expertise. My expertise is in that field, they don't need me anymore. You know they actually are now looking at that maintenance stage, which is Susan and Liz, so we do the soft handover. So, if my caseload is looking full and it's not looking like any of the families are ready to move on to Susan or Liz, I'll then have a bit of … a hard month or two … where you knock your pan in for a couple of months. That's ok for a couple of months if it was to go on longer than that we'd have a problem.*

(Project Lead)

4 *Monday, if I come in, I go, 'Aw this family are not getting what I'm trying to give them' … we all take very different approaches on things. I'm quite a light and airy-fairy person, I'll be like, 'ouch yeah it will be fine tomorrow, everything will be ok'. Sharon's very straight down the line, 'no this is how we are going to do it' and Liz is quite old school. So, we've got a real good mix of ideas.*

(Project Early Years Practitioner)

5 *With a complex case, we'll have 3 different opinions on how to handle the family and between the 3 of us we work out what's best for them because I might think of something and Sharon would say, 'Oh, I never thought of that.' We've all got our wee bits and it's about having respect for each other to take what they say on board. It might not be what I think but it might better for that family because my approach might not fit this month and maybe a wee bit further down the line a wee bit more nurturing whereas sometimes, they need a bit more structure. They need a bit more input. We all bring something different to the table and hopefully it shows in our approach to the families.*

(Project Administrator)

[30] https://www.letsgrowkidsuk.co.uk/_files/ugd/d1e052_54f543d4799a491f99e1b90b72e3251b.pdf

6 *If a new family comes in, I'll do the paperwork and send it all out and so we've all got eyes on the family. We look at why have they been referred and then Sharon will say 'Their needs aren't as complex and so I don't need to deal with them'. Susan might say 'It's not particularly child behaviour problems'. If a new family comes in to the town, it will give them the confidence to go out and about and those families come on board because … that is a confidence thing, you know, just meeting new people, whereas Susan might be dealing with complex child needs and again that's longer and then once that maybe calms down and mum's then feeling a wee bit more confident and maybe the children are too boisterous and so Susan will work with that and then I'll maybe give her the confidence to then take it forward and so then it's a whole circle.*

(Project Administrator)

7 *Went into a house and I came out and I thought, 'I can't leave that the way it was'. I really wasn't happy. So for me I just came straight to the office, sat down with Sharon and went, 'right this is what's happened, this is what I see is happening, this is what I think might be happening, where do we go with it?' and we sat and we had a brainstorm, I wrote my paperwork out and then Sharon looked over it, checked it and was like, 'yip ok' but then we sat and thought, 'right ok we can't sit with this, just us' so we then called the health visiting team and said, 'look can you come down and have a meeting?' We then had a professional meeting regarding that family and in the end, there was a referral done into social work.*

(Project Early Years Practitioner)

4.7 – Training

Also reported in the Annual Report of 2022 was a commitment to staff learning, training and development (pp.4-5).[31] A culture of learning is reported, with a wide range of training being undertaken, some of which broadens horizons (1,2,3), although much of the training has focused instrumental purpose (1). Training was reported in psychotherapy (1), play therapy (1), infant development (3), mental health (4,5,6), trauma training (4), social security (5), family mediation (5) and perinatal training (7). Each staff member reported their experience of training and upskilling, with examples given of how the training had informed their understanding and practice (3,4,6). Beyond formal training, there is also a recognition that development can be furthered within the staff team (8). Training has also been a vehicle to strengthen the working partnership between LGK and local stakeholders (9).

1 *We have signed up for DDP [Dyadic Developmental Psychotherapy] so it's a therapeutic intervention that's been offered so we'll do that. We've done all sorts of other things, like me personally I did like Play Therapy and that kind of thing just out of sheer curiosity. Do I ever think I'll use it? Probably not.*

(Project Lead)

[31] https://www.letsgrowkidsuk.co.uk/_files/ugd/d1e052_54f543d4799a491f99e1b90b72e3251b.pdf

2 *We'll talk at the start of the year about what people are wanting, you know so where do you want to direct your time? … we've got a certain number of hours and days of training up to a certain value that I'm comfortable with … I say to them, 'What do you want to do? What do you fancy doing?' You know, certain things you have to do but there's also scope for them to do stuff that they like the look of.*

(Project Lead)

3 *I've done quite a bit of training on … infant brain development. I did a really good thing last week. It was actually through the Scottish Book Trust. They called it Reading, Rhymes and something or other. It was about the practicalities, and I thought I wished I'd have known that when my kids were young. I would have had more patience. Did you know that we see 10 frames a second and a child only sees one? So, if you drop a ball, it just vanishes. I was amazed and I said to Sharon, 'Did you know that?' … infant brain development … I'm very interested in that because I deal mostly with wee kids and so I've been doing quite a lot of courses online.*

(Project Administrator)

4 *Sharon does everything first because she's got to make sure that it's ok … I do training on mental health. I've done quite a bit on that, adverse childhood and also trauma training is a very big thing. We've done quite a bit on trauma training. Probably forgotten half of it already. I'll need to do a refresh course. … All that type of training kind of keeps your brain ticking over … Sharon gave us a list to work through on our own through time. I think trauma training was on that one. I think I've done a few other ones on my own, but I think the trauma training is a big this because you've got to see where people are coming from and be able to not re-traumatize them.*

(Project Administrator)

5 *Lots of training online. And again, talking with Sharon I mean like, 'I need help with Social Security' so she'll find like this course is coming up or that course, and I'll go right, 'I'll pick that one or that one', … the mental health I think was online. We've done training with family mediation …*

(Project Early Years Practitioner)

6 *I've learned about infant mental health, … it's very much changed how I look at everything.*

(Project Early Years Practitioner)

7 *There's certain training that you have to do, but the perinatal training that came up through the midwifery programme for me was hugely beneficial you know so stuff like that that doesn't cost us anything.*

(Project Lead)

8 *Susan is our Early Years Practitioner … Susan's got an HNC in Early Years and has worked in the industry for about 20 years and is very personable. The worry with Susan was that working with families in that intense one-to-one might be quite hard going for her and so I thought right ok, so she's got that warmth, and you can't teach that, but you can teach somebody how to be resilient, you know, how they develop their professional resilience. I thought I can teach her that.*

(Project Lead)

9 *… that works quite well in partnership and so we do our bit and we've trained LGK in the perinatal mental health things and they provide that long, ongoing support and also help people understand how it could impact on their children but equally how to not let it impact and how to … keep them safe.*

(Midwife 3)

4.8 – Caseload

It was reported that caseloads were stable (1), typically working with around 28 families at any one time (2), although the amount of time devoted to any family will vary according to need (2). Although most support was provided to mothers, it was noted that support was provided to one dad (3).

1 *We kind of always sit at the same number of families. Sometimes it'll go down and sometimes it'll go up but we kind of coast at the same level. It's been the same on Bute.*

(Project Lead)

2 *So the typical is caseload would sit about 28 at any given time. … and then we work with about 48 families throughout that period and those families can have 2 hours a week. They might have an hour a week, you know, if they are just about to sign off, they'll be like, 'Oh, I'll just pop round for a coffee.' That's only an hour but … there might be another family that takes up 4 hours and so it … balances out to an average of 2 hours a week.*

(Project Lead)

3 *… mums do end up, for the most part, with the care of the children but we've had a couple of dads. We had one dad who had custody of his infant.*

(Project Lead)

4.9 – Working with parents

LGK was reported to work with parents to a range of ends, including bolstering self-confidence (4.9.1), supporting parenting (4.9.2), providing practical support to access services (4.9.3), championing parents against services (4.9.4), assisting with homemaking (4.9.5) and offering emotional and social support (4.9.6).

4.9.1 – Bolstering self-confidence

Stakeholders (1) and families (2) acknowledged the role of LGK in bolstering the self-confidence of families, with examples of this action provided by LGK staff (3) and explanation of the techniques that are used to achieve this (4).

1 *I'm sure what she does for people is to make them feel that they can do it, 'Yeah, I can do this!' and it's ok to feel bad, or, you know, to feel the difficult feelings but I'm sure she would just make people feel that they can get past them and they are going to do it and they are going to do a job and I think she would be really empowering and people would probably start to feel more confident and more able and like, 'Oh, I do know how to negotiate and I do know how to do this'. I'm sure she'd pick up loads of the positives and help people feel good about themselves.*

(Midwife 3)

2 *You get stressed so that's where she helped as well because she's like, 'stop it you're fine believe me!' every single time.*

(Parent 2)

3 *She really just needs somebody to give her a cuddle and tell her she's doing a great job. I actually said that to her. I said 6 months ago if this had happened, she'd have had a break down. So, somebody there to give a wee bit of reinforcement to help her get over hurdles and … giving her the confidence to manage things a bit better.*

(Project Administrator)

4 *You need to build up that confidence and do it visually. You know, have that visual. 'Last month you told me you were a 4 and this month you are a 6. That's amazing! How did we do that? What happened?' You know, and having that conversation about, 'Did that work? Did that not work? Right, that's fine. Don't worry about it. Let's look at this, this, and this'. And, giving people permission to not be perfect.*

(Project Lead)

4.9.2 – Parenting

Much attention is paid to enabling parents to develop their parenting skills, by challenging misperceptions of what the parent might understand to be a problem (1) and by raising awareness and extending their capabilities (2,3). The objective here is not only to align with wider national objectives (2), but to bolster their self-confidence, and to enable them to engage more and more effectively with other service providers who interact with their children (3). Testimony from parents confirms that this work helps parents to re-assess their parenting practice (4,5), the value of which is also acknowledged by professional partners (6,7).

1 *To me building that bond between a mother and a child or helping them just look at things, just in a slightly different way to how they were looking at it can make such a difference. Do you know a parent might see a child eating the same food for 6 days as a major barrier and they might be really, really stressed about it, 'I can't get them to eat anything else' but actually we're maybe saying to them, 'well they've had it for 6 days but it's a healthy food and they are ok with it, why would you get yourself stressed?' It just helps them to relax a wee bit, so I like to think that I've got quite a calming approach going into a house that we can talk and just get them to look at things from a slightly different angle.*

(Project Lead)

2 *Our role isn't just to align with the GIFREC vision, our role is to support our parents to understand … nursery rhymes and read[ing] books to your kids … here's the science behind why it's a good idea to do it and here's how we can do it and do you want a hand to do it.*

(Project Lead)

3 *Supporting the parent with their organisational skills … you can do that quite quickly. It was actually the value in … supporting the parent to understand what the child is doing at nursery and supporting them to replicate what's happening at nursery.*

(Project Lead)

4 *I think that helped a little bit because there was someone there every week to tell them everything that upset me, to tell them that I didn't sleep for 3 nights because I was at the beginning of my journey for breastfeeding, it was my first time as well because my daughter was bottle fed and in the past I suffered a lot and I blamed myself because I didn't breastfeed my daughter. Susan helped a lot with these things.*

(Parent 2)

5 *… because she had experience with children you know, she sat down in her play area and she played with XXX while like we were talking, '… I'm worried about her socialising, maybe she's not socialising enough, so I want to involve her to a nursery even before she's 3'. So, then we started talking about nurseries and helping make a decision which was very good for me.*

(Parent 2)

6 *I have used Sharon for a patient that I had who had a personality disorder and she didn't get her child. … Sharon worked with her … bonding and attachment … because with the personality disorder, she's not quite showing for the social work what normal people would show … [Sharon is] trying to work with that to show what normal love would look like ...*

(Midwife 1)

7 *… supporting one of my families last year … supporting with the parenting skills as well, we had another one last year which was a mother who was pregnant and Sharon was amazing with both parents who were both care experienced themselves, had their own difficulties and just kind of creating that plan of working through positive parenting skills because it was recognised they hadn't had that growing up.*

(Social Worker 2)

4.9.3 – Practical support with accessing services

Although there were some concerns over the range of services that were accessible to parents in Cowal and Bute (2.3), availability alone does not ensure that a service is accessible. Examples were shared of LGK facilitating access to key health services (1,2) and of LGK being able to assist parents to navigate the landscape of services, drawing on their local knowledge and contacts (3).

1 *If the mum's said I can't afford to go over to that appointment, then, … first of all we would try an' change the appointment to a virtual appointment or telephone appointment, or we'd do it in a way that maybe they're not havin' to travel over to Inverclyde 'cause that's often where they have to go. If that's no' possible, then that's usually when we would phone Sharon 'n say, 'they can't afford to go 'n they really need to go to this appointment, is there anything that you can do?'*

(Midwife 2)

2 *Sharon and social work have in the past gone up and collected patients.*

(Midwife 1)

3 *That 'cos of my experience of people judging you and not listening to you correctly, you know it was great that Sharon was able to do that for me, she had all the contacts.*

(Parent 3)

4.9.4 – Championing parents against services

Although portrayed as offering a supportive role enabling access to services, examples were also provided of LGK adopting a stance that supported families when service provision was not meeting their needs. Examples were cited of LGK persisting to offer support when services have been withdrawn due to disengagement (1,2) or defending parents when it appears that professionals are directing criticism toward parents who themselves are victims of circumstances, in which they were embroiled (3).

1 *My biggest challenge for them is the Perinatal Mental Health Team. … if they don't turn up to the first appointment, or they don't answer the phone call they'll be taken off the books, and then we need to do a rereferral and it's, it's quite regulated.*

(Midwife 2)

2 *Mental Health team – nah they don't get it at all. They can't work out how you can a have no three strikes and you're out policy. But I was very firm about that from the start, you know, why would you take the most vulnerable of people in your community and then tell them to get stuffed 'cos they never turned up for an appointment three times?*

(Project Lead)

3 *The social work and things were very discrimination (sic). Although they would say, 'oh you're the victim' they very much didn't treat you so much as a victim, they were quite, 'oh but you were with this person and you did this, so you allowed this and … You just felt … the target and put to blame, while Sharon was very on the point about that she said, 'no she is a victim here, this is not her fault, she did not ask for this so you are not going to target her now and blame her for something that's out of her control'.*

(Parent 3)

4.9.5 – Homemaking

LGK staff presented having a stable base as a pre-requisite for living a good life (1). However, focusing on the quality of the homespace was understood to be beyond the sphere of influence or capacity of professional partners (2), even if they themselves acknowledged its importance. Stakeholders acknowledged LGK's work in assisting families to meet these basic needs (2,3), as did families themselves (4).

1 *For me getting it right at home first and then getting it right in your education service is huge because … if you've got it right at home and that child feels loved and secured and happy and well looked after, then it's gonna thrive at whatever life throws at it. But if you are struggling and you're tired and you're hungry and then you are asked to do something, it just doesn't work, you know, so it's all about building the foundations I suppose, making sure that you can get as happy a house and home and love as you can.*

(Project Early Years Practitioner)

2 *A lot of families … dealing with poverty and neglect … home conditions are quite poor and people need support cleaning out the house or repainting or decorating. That's stuff that I've seen Sharon and her team do before and that's really helpful because we just don't have the capacity or time to go and do dump runs or go to the tip and bin things, or you know spend time cleaning the oven, you know with the families. That's really helpful that it's not just kind of parenting skills and stuff: it's actual practical things that they need help with that makes a difference.*

(Social Worker 2)

3 *Sharon's worked with developing women's … insight of domestic violence and the impact that can have on them and their children. But I know they do like homemaking and stuff like that as well which is very valuable, you know for certain families … and for young mums, and just mums and families ... there's a homemaking role … which is pretty valuable as well and that lets people get their basic needs and it lets them think about other things as well: you know, for the kids to thrive and stuff like that.*

(Social Worker 1)

4 *… they would do anything to help you like if you are stuck in the house they would say, 'we can do your groceries if you want' or 'we can go to places for you if you don't have time.' … very supportive in this matter as well. It didn't happen I think but I'm pretty sure every time my kids got sick or anything Susan always used to message back, 'if you need anything or you want me to take you for shopping, you want me to go to go shopping with you, I'll come with you and I'll help with the shopping if they're not settled' … any kind of support they would offer it all the time.*

(Parent 2)

4.9.6 – Offering emotional and social support

Softer and less tangible, albeit no less important, was the support that was provided to families. The importance of this was readily acknowledged by parents (1-3), who appreciated being understood in ways that was not always perceived to be replicated elsewhere (although see 3). This support was wide-ranging, including taking families out for dinner (3), looking after children to provide a parent with some time for personal care (4), being available to talk in stressful situations (5,6) and to provide pre-emptive support for what is expected to be stressful situations (7). It was also explained that this support could, on occasion, lead to the professionals being better informed by LGK (8).

1 *100% because I knew there was going to be somebody who was listening and understood and knew I wasn't lying or making things up ...*

(Parent 3)

2 *It's just, having that somebody that can talk you down off that ledge. Sharon was my person tae fall back on if I needed somebody. Like, she was ma emotional support … you can get people that financially support … 'n stuff like that, 'n help out a wee bit and stuff like that, which is fair enough. But somebody to actually understand where you're coming from, 'n your needs and expectations as a parent, is outstanding.*

(Parent 1)

3 *I had an amazing midwife; I had an amazing health visitor. These people from the organisation they are amazing as well … I called them friends before I called their official name. So if I see Susan I'm like, oh she's a friend, I see Sharon also as a friend, you see them as friends, my health visitor as well. She supported me a lot as well, I remember she even took me for dinner to a restaurant with my kids.*

(Parent 2)

4 *I know that Sharon's watched kids before, just to let the mum have a shower cos she's not had time to have a shower.*

(Social Worker 2)

5 *We've got a girl just now who's going through a potential loss 'n, … Let's Grow Kids are already involved in her care as well as her other children's care. But I know that right now she's been phoning from Paisley hospital to Let's Grow Kids for emotional support, because she doesn't have visitors coming to see her because they don't have the finances, or the ability to go do that. So, she knows that she can phone us, but she knows that we're in a professional capacity; we're busy and things like that. She finds it's more a friend, not friendlier but an easier accessible person, rather than having to phone the midwives at the hospital. So, I know that Sharon's came in very valuable there 'n it's been good for her.*

(Midwife 4)

6 *I think she's had a huge impact on them, really supporting them down to just simple things. It can be helping to get a pram. I've got a patient that talks to her and still does for her last pregnancy. It's just someone she phones has a rant to, do you know? Just a check in if you're feeling a bit lonely, has a chat to, she's bipolar, and it's a chance to get it out there and then she can go back to her normal life.*

(Midwife 1)

7 *My Ex is due out of … prison … so I reckon there'll be probably more social work involvement again which I know Sharon will be brilliant with working with.*

(Parent 3)

8 *… a non-statutory service like Let's Grow Kids, it kind of takes away that stigma and that barrier where they are kind of OK talking with Let's Grow Kids. … Let's Grow Kids feeding back to us, that works quite well.*

(Social Worker 2)

4.10 – Approach to working with parents

The way in which support was provided also important. LGK had a crisis-first orientation (4.10.1), sought to empower in a parent-centred way (4.10.2), exerted flexibility around timeframes (4.10.3), were personable (4.10.4) and non-judgemental (4.10.5).

4.10.1 – Deal with crisis, then rebuild

LGK was described as identifying and acting on the critical factors that were creating or sustaining crisis (1,3), which provided a basis from which to rebuild (2): dealing with crisis was a means to an end, rather than an end-goal. These crises were described as, for example, financial (1), nutritional (1), related to benefits (2), self-harm (3), and dealing with core household equipment (2). The importance of this approach was that it could help avoid situations where problems intensified to the point where there was no option than to accommodate a child (4). This was experienced by parents as having a source of support to which they could turn at any time (5) and one which was sustained, perhaps even after statutory service support had been withdrawn (6).

1 *What we need to do is work through this and so how are we going to do that? How do you want to do that? Like, the child isn't provided with a nutritional diet. Right, what's the barrier to that? Is it financial, is it capacity, what's the barrier?' And so, we'll work through the stuff that's on that plan and then as soon as we start coming out the other side of that, we'll go 'Right. Let's start doing the stuff. Let's start re-building.*

(Project Lead)

2 *I've not got a cooker at the moment, so … Sharon has applied for … white goods from Allied Energy. … and she's also helping with ma welfare fund, … to get the grant for ma house. … at the start … we went over all ma benefits to see that I was on the right things.*

(Parent 1)

3 *If somebody says that they're self-harming, do you know what, 'are you clean, are you safe, … do you have an emergency contact number?' You know it's not about lifelong judgement on that person: it's about making sure they are OK right now and let's work out how we are going to start coming away from that. … So, we'll do that. … That's something that we developed ourselves, .*

(Project Lead)

4 *We would get to family interventions, and we would go, 'Well, we need to go at their pace.' Then, when watching kids being accommodated, because the parent hasn't managed to turn around their situation quickly enough.*

(Project Lead)

5 *They are so busy, but … they won't be just like 'oh yeah we'll get in touch.' They are never like that. If they say they are getting in touch, they get in touch. … a 6 o'clock at night phone call …. you know they will get in touch… You don't get that anywhere else I don't think. Everywhere else you usually get 'we'll call you; we'll be in touch; we'll send you a letter' and you're like 'waiting 6 months for my letter! … but you don't get that here, if they say they are gonna do it, they mean it.*

(Parent 3)

6 *I love the fact that I've got that support right up until XXX's three I think it is? … I was worried that … after she turned a year that Sharon would be gone, or if the social workers pulled out that I wouldn't have Sharon.*

(Parent 1)

4.10.2 – Empowering and parent-centred

There was a desire not to 'talk at' parents, but to engage in a respectful way that enabled them to be empowered (1,2). It was described how LGK sought to take the parents' view, even when that contrasted with positions adopted by other professionals (3). This parent-centred approach led to the recognition that home was a haven that must be protected for parents: this shaped the way in which LGK engaged in this space (4). The value of this approach was recognised by parents who described LGK as providing sustained support, which was something that had not been experienced previously (5).

1 *We're not statutory … we're asking them what they want rather than them being told, … the families that come through the care system already … they're used to being pigeonholed and told what to do and when to do it. We're now giving them some of their life ownership back. You know, what do you want, when do you want to do it, how can we help you? We talk to them and not at them and so you're giving some of these young families a service and … giving them a wee bit of respect.*

(Project Administrator)

2 *Before I came here I did a lot of work in recovery … for me … it's a kind of skills transfer over to children and families … so supporting families to work out their own support networks and identify gaps, identify what they were really nailing down, identify gaps. So, we developed the Toolkit to support people to work that out and support people to visually identify what they need to have in their toolbox, so what they rely on when they are feeling rubbish, you know what can they pull on? They can phone their pal, or they can go out for a walk, or they can … shampoo their carpet, … different people find different things therapeutic.*

(Project Lead)

3 *Let's Grow Kids was introduced to me by the social worker that was working with me during the domestic abuse and all the rest of that by XXX. He had stated that he's worked with Sharon numerous of times with other people and says it's a great programme, she gets on well, she's non-judgmental, … she's lived life you know she knows exactly what it's like, she's a mum herself and everything. So he put me in touch with Sharon and I met with Sharon a few times and yip, everything went well and she was giving good advice, she was great support, you know she understood exactly my point of view, where I was coming from, even when the social work was on a different point of view.*

(Parent 3)

4 *There's a lot of trauma with the parents, I tend not to talk about traumatic events in somebody's home. That might be their … wee cosy den. That might be the only place they feel safe, why would I take that into their home and make them talk about it? Nonsense! I'll bring them here and we'll talk about it here.*

(Project Lead)

5 *She's stuck by me every single bit of the way 'n I think that's, … amazing because I've never had that. Never.*

(Parent 1)

4.10.3 – Flexibility around timeframes

Although LGK had a model of support that is based on 16 weeks, with monthly monitoring (refer to section 6 of this report), flexibility around timeframes was applied as necessary. This has already been demonstrated with regards to persisting with support when there is no initial response (points 1 and 2 in 4.9.4) and offering sustained support (point 4, in 4.10.2). Flexibility might involve extending the period of support beyond the 16 weeks that are envisaged (1) or taking a pause in the support if circumstances dictate (1,2). There was recognition that circumstances can change for families, often at short notice (2), and that at other times extra support is required by some parents (3,4).

1 *It's 16 weeks minimum and that would be for a family that have maybe got low mood or there's a lower level of need. If you are in a child protection process and your children are on the edge of care, then 16 weeks isn't going to quite cut it. But, if you get to 16 weeks and go, 'Actually, I'm no coping with this.' That's fine. We'll pause for a wee while. Why don't we pause for a couple of months and let you do the work with that person instead and then we'll step back in in a couple of months' time once things have settled a wee bit. So, the flexibility really shines through in certain aspects of it. You know, that ability to not be bound by a policy.*

(Project Lead)

2 *We couldn't do this job without flexibility. It is so key because you could have a family that you visited yesterday that were absolutely brilliant who had a great week, great month, everything's been great. They could wake up tomorrow and it could be a mental health issue and they just don't know where to turn to, so it's really important that we are as flexible as we can be that we can offer extra support if it's needed or if a parent says, 'actually do you know what, I just need a week to myself, I don't want to see anybody', that's ok we're not, we're not gonna strike you off and say, 'that's you at the bottom of the list when we come back and see you like some services do' because actually at that point in time that's what that family needs and we have to listen to our families because that's who we are here to help.*

(Project Early Years Practitioner)

3 *In the beginning in first place when I met Sharon … we sat there. I was only supposed to stay for an hour, … I think I stayed like 3 hours.*

(Parent 2)

4 *There is times when it goes kinda hectic 'n I need that wee bit of extra support.*

(Parent 1)

4.10.4 – Personable

Parents appreciated that LGK staff took time to 'get to know' them (1), an approach which led to trust being established (2).

1 *I think what's worked really well is … Sharon taking better time to get to know … me.*

(Parent 1)

2 *The families trust Sharon and things like that you know, whereas it's not always the case with social workers. They don't always trust us unfortunately you know and there's a difference … perhaps a softer element to her support.*

(Social Worker 2)

4.10.5 – Non-judgemental

Parents also appreciated that they were not being judged by LGK (1), which allowed them to be more open and to feel more comfortable about talking about themselves (2), as did their perception that information shared was treated in confidence (3). Interestingly, parents were more comfortable talking to LGK than some other well-known and trusted charities that exist to support women in difficult situations (3,4): in the case of Women's Aid, perhaps because working with LGK rather than them meant that the root cause of their problems would be less obvious to others in the community (4).

1 *Sharon will arrange an appointment. She'll either come to me if I can't literally get out you know with the little one, otherwise I'll bring the little one with me here. She's great, you know sometimes it's good just to have a chat … I vent, you know where it's needed and she's non-judgmental you know.*

(Parent 3)

2 *… I thought like OK with these people I can just be myself.*

(Parent 2)

3 *I genuinely don't trust people locally from Dunoon, because everybody talks, … so I was very nervous … but I soon realised … Sharon's not very like that, she doesn't go about sharing information … which was very comforting for me, that I had somebody I could actually talk to that I knew I wasn't going to get fired back from someone else.*

(Parent 3)

4 *… we've got Women's Aid, it's local to the town, it's local people working in it, it's people going to know your business, you know … so I would never have went and gone and reached out and gone, 'here, here's my business, do you want to help me out with this?*

(Parent 3)

4.11 – Above and beyond

Although admirable, examples were shared when staff chose to extend themselves beyond regular duties, i.e., to familiarise with legalities (1) to develop resources to assist LGK and other organisations to deal with child protection issues (2), to engage families socially (3) and at times to engage beyond standard 'working hours' (4).

1. *And if that means that you are sitting at 8 o'clock at night reading on the legality around a child protection order then so be it, that's what you choose to do.*

(Project Lead)

2 *The child protection work last year I created a suite of documents, so it was like a sample policy, procedure, reporting a concern for a child, there's a whole suite of documents that went to the PQA for Argyll and Bute and got signed off, so it now sits on the Argyll and Bute website. Now that was something that I sat and did because it fascinates me, and I enjoy doing it in my own time more or less.*

(Project Lead)

3 *… I see Sharon also as a friend, you see them as friends, my health visitor as well. … I remember she even took me for dinner to a restaurant with my kids.*

(Parent 2)

4 *You know whether it's a 6 o'clock at night phone call or you know they will get in touch… You don't get that anywhere else I don't think.*

(Parent 3)

4.12 – Staff – a critical success factor

The key role of the staff – their experience, working practices, and values – are central to the success of LGK. This is acknowledged both by professional partners (1), the Kilfinan Trust (2-3) and – indirectly – by the staff themselves (4).

1 *It's a lot to do with Sharon but it's really important that a service isn't just about one person, isn't it? I don't know what someone else would make of the role.*

(Midwife 3)

2 *We had a long session this morning and one of his questions was is it scalable and if so, how? And I said we'll you'd have to find a number of Sharon Erskine's. And then back them and trust them.*

(Kilfinan Trust)

3 *One is the need to find Trustees and to have Trustee meetings regularly, cos it's just us two and we go and see her regularly but not frequently. And it's very informal. The second is we've taken away from her the need to fundraise because our charitable trust just pays the wages, I literally, once I month I transfer money to their wage accounts and pay their expenses for ferries and all that. And so, they don't have to think about fundraising, these are things that a lot of heads of small charities can spend 40% of their time on.*

(Kilfinan Trust)

4 *We've got massive spill over in Argyll and Bute and I don't know that that would be replicated. You know, not everybody would have those connections.*

(Project Lead)

5. LGK and the ecosystem of support

5.1 – Introduction

In this section, we consider how the work of LGK aligns to national (5.2) and local (5.3) priorities, before reflecting on the capacity of stakeholders to deal with the problems that present in Cowal and Bute (5.4) and the various ways in which LGK works with and alongside other local services (5.5).

5.2 – Alignment to national priorities

The introduction of statutory child poverty targets (Child Poverty (Scotland) Act 2017) had led to an extension of local action to tackle child poverty across Scotland.[32] The agenda recognises the importance of early intervention in influencing outcomes for children with the Early Years Framework (2009)[33] at the core of the Child Poverty (Scotland) Act. LGK works within this framework to provide holistic support services for families of small children who are struggling with parenting, with their target delivery group being the parents of children under 3 years.

The commitment to provide all children, young people, and families with the right support in Scotland, underpins the GIRFEC framework, which is also a core commitment to LGK: LGK utilise the SHANARRI wellbeing indicators laid out in GIRFEC. By utilising the wellbeing indicators that are compatible with indicators being used by other services in the area, LGK contributes to the goal of the Children and Young People (Scotland) Act 2014 to make the children's services framework more consistent.

In supporting children at risk for statutory intervention, LGK aims to minimise the need for intervention for the families they work with. This is in line with the Scottish Government's commitment to Keeping The Promise[34] and focusing the care of children on their needs.

The new, more targeted strategies on tackling child poverty have been implemented in Scotland with varying levels of success. The COVID-19 pandemic and lockdowns, inflation, and cost-of-living crisis (see also section 2.2) have also added further challenges and obstacles to realising the targets the Scottish Government has set out. The proactive, flexible approach to engagement with families and holistic nature of the service LGK provides has allowed the organisation to adapt their response to these challenges whilst working within the national policy frameworks and towards the goals set in them.

32 https://www.legislation.gov.uk/asp/2017/6/contents/enacted
33 https://www.gov.scot/publications/early-years-framework/pages/3/
34 https://www.gov.scot/publications/keeping-promise-implementation-plan/pages/4/

Relevant national frameworks include:

- Child Poverty (Scotland) Act 2017
  - In line with the UN Convention on the Rights of the Child, the Act sets out statutory targets to reduce child poverty so that less than 10% of children in Scottish households should be living in relative poverty by 2030.[35] The progress of the targets is outlined in the national Tackling Child Poverty Delivery Plans, of which the most recent is *Best Start, Bright Futures*[36] launched in 2022. According to the Poverty and Inequality Commission,[37] the Government' current progress on the targets indicates the 2030 target will be missed.
- Children and Young People (Scotland) Act 2014
  - The Act made some key aspects of GIRFEC, such as the definition of wellbeing, statutory. The Act also introduced four requirements for local authorities to develop children's services plans, and that a child with a wellbeing need has a personalised child plan developed.[38] This is consistent with the UNCRC requirement to make progress towards the realisation of children's rights over time.
- Getting It Right for Every Child (GIRFEC)
  - As a part of the Children and Young People (Scotland) Act 2014, GIRFEC introduces a more consistent, national framework for supporting and safeguarding the wellbeing of children and young people.[39] GIRFEC places its principles on children's rights, and promotes eight wellbeing indicators: Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible, and Included (SHANARRI).[40] Despite the efforts to introduce consistency in the national children and families services industry, some implementation gaps remain (Brown 2020).[41]
- Early Years Framework
  - Focusing on the period from pre-birth up to 8 years old, the Early Years Framework recognises the right of young children to high quality relationships and environments and services that meet their needs.[42] The Framework views the early years of a child's life as the best opportunity for intervention for securing the same outcomes for all children, and seeks to have this recognition in the background of national and local policy development.

35 https://data.gov.scot/poverty/

36 https://www.gov.scot/binaries/content/documents/govscot/publications/strategy-plan/2022/03/best-start-bright-futures-tackling-child-poverty-delivery-plan-2022-26/documents/best-start-bright-futures-tackling-child-poverty-delivery-plan-2022-2026/best-start-bright-futures-tackling-child-poverty-delivery-plan-2022-2026/govscot%3Adocument/best-start-bright-futures-tackling-child-poverty-delivery-plan-2022-2026.pdf

37 https://povertyinequality.scot/clock-is-ticking-for-scottish-governments-2030-child-poverty-targets-which-will-be-missed-without-urgent-action/

38 https://www.legislation.gov.uk/asp/2014/8/part/5/enacted

39 https://www.gov.scot/policies/girfec/

40 https://www.gov.scot/policies/girfec/wellbeing-indicators-shanarri/

41 https://policyscotland.gla.ac.uk/what-does-moving-forward-look-like-considering-the-role-of-getting-it-right-for-every-child-in-recovery/#:~:text=Critiques%20of%20GIRFEC%20have%20been,well%E2%80%90being%20and%20protecting%20children

42 https://www.gov.scot/publications/early-years-framework/pages/3/

- The Promise
  - The Independent Care Review published The Promise[43] in 2018 setting out requirements to work towards transformational change for care-experienced children, where love and relationship are central to the childhood experiences of every child. The Scottish Government signed up to these in 2020 and committed to reducing stigma around being care-experienced and focusing the care of children on their needs, not the system's.

Other professionals acknowledged that LGK worked in ways to were aligned to some of these agendas (1).

> *1 Everyone's working with the GIRFEC tool. … that's used quite a lot in conjunction with other agencies … includin' LGK.*
>
> (Midwife 2)

5.3 – Alignment to local priorities

The Argyll and Bute Child Poverty Action Plan has set out the local plans and targets to meet the Scottish Government 2030 Child Poverty commitments. The Plan is updated annually and aims to adopt a trauma-informed approach, and to provide trauma education to those employed in Argyll and Bute. According to the latest Local Child Poverty Action report, this has been largely implemented.

LGK operates from a trauma-informed basis, contributing to the Argyll and Bute Council's target of a trauma-informed workforce. NHS Highland also uses the same trauma-informed approach that is consistent with the one used by LGK. The partnership that takes a trauma-informed approach in Argyll and Bute has committed to providing responsive and preventative support for the children and families they engage with.

The contribution of LGK to the Argyll and Bute children's services framework is in line with the strategic priorities set out in the Local Children and Young People's Service Plans. In providing early intervention for children and mental health support for parents, the provisions respond to the Service Plans' priorities centring Mental Health and Wellbeing, as well as Early Help and Support.

[43] https://www.carereview.scot/wp-content/uploads/2020/02/The-Promise.pdf

Relevant local policy frameworks include:

- **Argyll and Bute Child Poverty Action Plan**
  - The Local Child Poverty Action Plan[44] sets a goal to meet the Scottish Government's statutory child poverty targets locally, and with all partners in Argyll and Bute committed to this. The plan is reviewed annually, and any local action taken on child poverty in Argyll and Bute is recorded in the Local Child Poverty Action Reports authored by the council in partnership with the local health authorities. The Action Plan details Argyll and Bute's role as a national pilot area for the delivery of trauma training, and the services in the area are aiming to take a trauma-informed approach as set out in the plan. The LCPAR from 2021-2022 detailed how 95% of education and residential care workforce had participated in trauma training.[45]
- **Argyll and Bute Children and Young People's Service Plans**
  - The Argyll and Bute Children and Young People's Service plans, underlined by GIRFEC and The Promise, are a part of the Children and Young People (Scotland) Act 2014 statutory requirements to local authorities. In fulfilling this, Argyll and Bute set their strategic priorities as GIRFEC: Leadership and Communication, Early Help and Support, Children and Young People's Voice, and Improve Mental Health and Wellbeing.
- **Argyll and Bute Learning and Development Strategy 2021-2023**
  - Authored by the Argyll and Bute Child Protection Committee, the Learning and Development Strategy sets commitments for Argyll and Bute workforce to have up-to-date, necessary knowledge, skills, and qualifications to achieve the best outcomes for children, young people, and families.
- **NHS Highland Integrated Children's Services Plan 2023 – 2026**
  - Fulfilling their statutory commitment to deliver a Children's Services Plan set out in the Children and young People's (Scotland) Act 2014, NHS Highland has set Poverty and Child Protection as their priority themes in their newest Integrated Children's Services Plan. The Plan, along with the council's Children and Young People's Service Plan, has GIRFEC and The Promise at the core and embedded in the plan. In line with Argyll and Bute's goal to trauma educate their workforce, the Plan has set out to deliver a trauma-informed approach in the NHS Highland catchment area.

Just as there was evidence of LGK working in ways that aligned with national priorities (5.2), there was also examples of LGK using tools that were consistent with other local ways of working (1).

> 1 *So, they also use the care assessment tool kit … using those … even … some of the partner agencies and statutory organisations … don't always use the right assessments., … what I've found with Sharon [is] that [she] will use that assessment, but also talks about the national risk framework.*
>
> (Social Worker 4)

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44 https://www.argyll-bute.gov.uk/moderngov/documents/s139000/Child Poverty Action Plan.14.6.19.pdf

45 https://www.argyll-bute.gov.uk/moderngov/documents/s189173/Argyll and Bute child poverty review final.pdf

On the other hand, although there was much alignment with national and local priorities, it was opined by social workers that working with families of older children was a local need that LGK was not focused on addressing, given its scope and ambition (2-4). Similarly, one parent indicated that they wished that LGK could broaden its focus to support more families (5).

2 *Would love to see them being accessible to more of our families. It's just obviously with their kind of age cut off. For me, I work with so many parents and teenagers who would really benefit from having someone like Sharon, but obviously they can't work with them because of the age. I think if anything could be changed, that would be amazing for us. Because like I said, we don't have many supports for teenagers in the community and parents struggle with teenagers' behaviour as well as younger kids so if there could be that change, even just slightly to allow more kind of involvement with a wider group of families, that would be amazing.*

(Social Worker 2)

3 *I think the ages are 0-3, I think that there could be a larger scope for families with older children because 0-3 is a very small amount of kids, … they would need more money, they would need more staff and support, but I think, you know, 0-3 is a young age then where does that then go? That support is there from 0-3 and then all of a sudden that's no longer there, you know, and I think there's big changes because kids are going to school and everything is changing and so it's like although they are going to have that support from the school, it's still very different, isn't it, from having somebody coming in and actually doing specific work and supporting your family roles. I think if they were able to expand that way it would be quite good.*

(Social Worker 3)

4 *We would argue that sometimes, … teenagers, would require just as much, … support with, y'know, social media and, y'know, child mental health. I think if they had the scope to work with older kids as well, I'm sure she would love that.*

(Social Worker 4)

5 *Me just wanting them a wee bit longer … I think if they could … make it more accessible to more families I think, because it is really, really amazing. So, like say we get it down here if they could make it further for other people. Erm, 'cause I would love for people to benefit from what I've been through and got what I've got from it.*

(Parent 1)

5.4 – Stakeholder service capacity

The capacity of local providers to deliver statutory services was described in terms of caseload (5.4.1), the complementary nature of the work of LGK (5.4.2) and the compensatory nature of the work of LGK (5.4.3). Praise was effuse (1).

1 *Sharon is brilliant. As soon as I heard that she existed, I was like 'Yes, we want you!' and then she's wonderful.*

(Midwife 3)

5.4.1 – Caseload

Stakeholders held mixed opinions on their caseload. Some considered that caseloads were low and manageable (1), others acknowledged that caseloads were low, but that they had limited time available to them (2) and were unable to offer support beyond their core service offer (2,5). Others suggested that caseloads were high (3) or were heightened at times when some were on sick leave (4).

1 *Our caseloads aren't particularly the biggest.*

(Midwife 2)

2 *We do our best, but we are under limitations, not so much time constraints, Y'know we're quite lucky here that we don't have a caseload and things but, sometimes you do feel as … there is only so much you can do. Y'know, I work three days a week, … I can only give so much … We do what we can but obviously we're limited in our time and availability to do enhanced programmes.*

(Midwife 4)

3 *Perinatal mental health worker is for the whole of Argyll. That's one person for the whole of Argyll. I know that case load is particularly heavy.*

(Midwife 1)

4 *At the moment … I am covering a case for a colleague of mine who's off on sick leave and Sharon is very heavily involved with the family … I am really struggling to sort of spend that time that maybe the allocated social work would, so it's good then that Sharon is on board and she is really good at phoning me or if you need to know something, … she'll kind of come to me which is really helpful when we do have members of staff off sick that we know that the family aren't really missing out on that kind of support.*

(Social Worker 2)

5 *Sometimes we are so busy that we don't always have that time to dedicate to doing this one-to-one sort of practical work with the families.*

(Social Worker 2)

5.4.2 – Complementary support

LGK was not understood to be providing an alternative service, or a service that competed with statutory providers. Rather, as noted above (2,4,5 in 5.4.1), LGK was applauded by professionals for providing a service that complemented their work. LGK was able to provide support that was beyond the remit of these professions (1,2,5), but which was valued by them (1). It was also acknowledged that the way in which LGK support was received was important (3) and that the range of ways in which LGK was able to support families was valuable (4).

1 *I think it's been massive to be honest. … having somebody outwith the statutory services coming in and really helping the families, because what you find in social work is we all have great intentions or really wanting to get in there and doing all the work that we would love to do but unfortunately the way things are with resources you just don't always have the time to do absolutely every single thing that you want.*

(Social Worker 3)

2 *I would say it was more the running of the house that she needed. Who on earth would you call for that? The health visitor doesn't have time to do that. The midwives can't really - that's not what we're here for.*

(Midwife 4)

3 *I think for the families having somebody there that, that to be blunt is not social work, and is not statutory, …, regardless of how friendly and trauma informed, … the way that we are when we visit families, they still know that we carry a lot of power and that can be intimidating.*

(Social Worker 4)

4 *That's probably the value of Let's Grow Kids … because there is such a limited pool of resources to help families … and they … are kind of multi-spread I suppose you know, multi-faceted or whatever you want to term it as.*

(Social Worker 1)

5 *During that kind of crisis point we spoke to Let's Grow Kids, and … with the experience they've got and working with children and y'know their assessment of risk, they were able to help us supervise some of that family time.*

(Social Worker 4)

5.4.3 – Propping up statutory services

Notwithstanding that LGK provided complementary support, there was also some sense that the need for LGK reflected some failings of statutory provision. These were related to under-resourcing (1,2) and staff shortages (3).

1 *We're the poor cousins within the NHS Highland, let me tell you.*

(Project Lead)

2 *We're talking about getting it right for every child and The Promise and all these things, … Don't get me started, I'll be here all day. They can only do it if there's money there to pay the staff to do it.*

(Project Administrator)

3 *… again goin' back to lower resources 'n a rural area like this, we've just lost … our ADHD nurse. There was a specialist ADHD nurse who was able to prescribe medication … a lot of kids with … that diagnosis … could be really challenging to care for, can be sometimes quite violent. And we've had a spike in those referrals where I've been havin' tae go back and say well hang on a minute this … is a health issue, y'know … Almost to be advocating for the families and goin' y'know just because there's now not this health service, it's not fair that they then have a social worker at their door.*

(Social Worker 4)

5.5 – Formal contributions

LGK was described as a presence, rather than merely a service of which statutory providers were aware (5.5.1). Referrals were described as working well (5.5.2), with LGK also valued as a source of information (5.5.3) and a sounding board (5.5.4). Significantly, LGK was viewed as a reliable partner (1)

1 *They're reliable, Let's Grow Kids are completely reliable.*

(Midwife 4)

5.5.1 – Presence

The competency of LGK led to participation in formal meetings, allowing LGK to make positive contributions to decision-making (1,2). Time was devoted to establishing and maintaining these links (3), which for some made LGK feel part of the team (4). It was also explained the joint visits between LGK and Social Work were helpful, as they were less overwhelming for families (5) and ensured that messaging was consistent across organisations working to support families.

1 *… also confident and articulate enough to participate in … official meetings, like child protection or care reviews to give a balanced overview.*

(Social Worker 4)

2 *Sometimes they can be part of our kind of bigger multi-agency meetings so what's good is we tend to have a general idea of who's going to cover what sort of areas, because obviously, … we don't want that overlap of we are just doing the exact same things as the others ....*

(Social Worker 2)

3 *Sharon probably would probably spend the majority her time with external partners because she puts a lot of things in place.*

(Project Administrator)

4 *Every week Sharon is here and works here a full day. So, she feels like a member of the team.*

(Social Worker 4)

5 *We do a lot of joint visits which also helps because it helps to show the family that everybody is working together rather than having all these single agencies all coming in and when you're talking to somebody, … everybody is all working together. It just keeps the main focus on the kids, doesn't it rather than it all coming in dribs and drabs and everybody doing different things and I suppose if we are trying to do one thing, if we're doing a bit of offence focus work with either mum or dad then it's really important that Children and Families and other services know that we're doing that because at the same time as that being productive it can also, especially for domestic abuse work, … teach people of certain behaviours if they're taking that on board and using that in an appropriate and so if everybody's aware of what's happening, particularly in survivors or sort of victims.*

(Social Worker 3)

5.5.2 – Referrals

LGK stressed the importance of quality referrals, to ensure that those who were referred were the 'right' clients who would benefit from what LGK had to offer (1). Lines of communication were reported to be strong to enable these discussions on referral (2,3), while there was also recognition from stakeholders of what would not be an appropriate referral (4,5). It was acknowledged that LGK had also been a source of referral, exercising professional judgement that more intensive social work support was required in some instances (6).

1 *We basically ask people why are you referring someone onto Let's Grow Kids? You know why are you introducing them to us? And make people explain why, otherwise it would just be a tick, tick, tick, go. I would go back to the person that sent me the introduction, talk to them about why I think this other agency might be a better fit than us, ask them to have a conversation with their client and say to their client, 'you know they can absolutely have Let's Grow Kids, however I think that you know Addictions might be a really good shout at this point in time'.*

(Project Lead)

2 *They're also a support network for us. ... If there's something I'm not sure about I could quite easily pick up the phone and ask Sharon. What do I do in this situation? What do you think? Do you think I should put in a referral to you? Cause we don't want their referrals to be unnecessary referrals either. We want to make sure that we're using it appropriately.*

(Midwife 2)

3 *Lift the phone or send an email. I don't actually know if there is an official form. I'm sure there probably is, but … I would normally just pick up the phone or send an email.*

(Social Worker 3)

4 *I mean don't get me wrong, if she admitted that she was a heavy drinker, or she was a really poor eater I would … offer her the addiction services. I would offer her to see a dietician or … get in contact with the dietetics team. … they would probably be my first port of call first. N' then I would give that a few weeks till their GIRFEC to see when, how, has anyone been in contact? How'd you feel? But at that point I would then refer onto Let's Grow Kids as an extra support.*

(Midwife 2)

5 *I kind of refer everyone to them. No, I don't! That's not true! They are just great workers. They will do what's needed at whatever level is needed … there's a clear referral pathway when a family has got issues that are going to need child protection … or domestic violence …, all the complicated things that a definite to Let's Grow Kids. But equally if I've got a family who might be young and vulnerable only because they are young and may be their mum's quite dominating and it'll be hard for them to find their own pathway, I would send them to her. Kind of everything. If there's anything extra needed, I send them to Let's Grow Kids because there isn't anyone else to send them to.*

(Midwife 3)

6 *Sometimes the referral might come the other way, where Sharon is putting the referral into social work, … her referrals have much more information.*

(Social Worker 4)

5.5.3 – Source of information

LGK was described as well-connected (1), with participation facilitated at formal meetings (2, and see 5.5.1), which presented a platform to share relevant information to those also supporting the same families (1,2). Instances were also described when LGK was negotiating fractured relationships between professionals and families to ensure that health services had access to relevant information about the families that they were supporting (3). LGK was described as willing to share relevant information (4) and partners described how they would seek information from LGK to increase the chances of their own work being fruitful (5). Thus, information sharing was both through formal arrangements (1,2) and informal exchanges (3,5,6).

1 *It's a service that's really well known and I think that's down to all the work that they do sort of really, getting involved and coming to a lot of joint things instead of it being like a totally separate service. Sometimes you forget that it's something totally different … I think they really do keep you informed about what's going on.*

(Social Worker 3)

2 *A lot of the meetings that I chair, I'll be having a member of LGK, or Sharon, come to the meetings to give an overview of the work that's been carried out and how that contributes to the overall assessment of trying to reduce risks.*

(Social Worker 4)

3 *I've got one family in particular who don't get on with their health visitor, who will suffer a visit and that's about it. So, sometimes if the health visitor wants to know more information … she'll maybe come to me and say, 'could you just clarify this, or could you just check that?' When we first go into a family we always share our privacy statement and we say, 'do you know if we have any concerns or any worries we'll always share this information with your health visitor or your midwife or whoever your contact is', so I don't then need to go back to that family and say, 'I'm going to go and share this.' So, it takes away a little bit of that awkwardness.*

(Project Early Years Practitioner)

4 *They all kind of keep up to date with everything as well … they all share the right information which needs to be shared, which is fantastic.*

(Parent 3)

5 *I would go back and ask her if she's had an interaction with the person. How did it go? … if there's not a social worker involved, then we might have an antenatal planning meeting and so she would be involved them and I'd see what she's doing and what support and how the person is interacting to see if they're doing the things that I want them to do.*

(Midwife 1)

6 *… when I have families that are using the service I'll speak to Sharon probably a few times a week, and it covers everything really, do you know if it's just even having a chat with the family and being that emotional support, or then engaging more with us in a practical kind of plan around parenting support, or supervising ...*

(Social Worker 2)

5.5.4 – Sounding board

The regard with which LGK is held is also reflected in accounts that some stakeholders who seek counsel from LGK on appropriate actions to take with families (1)

1 *She's also very good at making herself very available and so she is one of those people that you would just pick up the phone to and say, 'I'm just going to run this by you, or I'm worried about this person, what do you think?', which I think is probably what makes her so great for the families as well. … we were setting up the perinatal mental health thing, I would run things by her or be like, 'Ah, Sharon, this isn't working the way it should be, what are we going to do?', because she would always have an idea. She always says, 'Oh, we could do this, or we could do that. Let me think about that. I'm going to take to this person.' So, yes, she is kind of very much a community person.*

(Midwife 3)

6. Impact

6.1 – Introduction

The impact of LGK is described with reference to LGK monitoring data (6.2 and 6.3), the perceived impact on local statutory provision (6.4) and the reported impact on individuals (6.5).

6.2 – LGK monitoring process

Tracking the status of participants in embedded in the practice of LGK (1).

> 1 *How can we track and measure how somebody's feeling? Well, you ask them how they're feeling about it and then you ask them again in 4 weeks' time. So, that for me was a bit of a no brainer and other organizations do measure, but they'll measure every 8 weeks, every 12 weeks … we started collecting the data in January and then we reported on the data in the November 2021.*
>
> (Project Lead)

Every four weeks, participants are asked to self-evaluate for seven key indicators, using a ten-point scale (higher is better), each of which reflects the goals LGK seeks to achieve:

- Confidence in connection with child
- Being involved in child's development
- Coping with existing health problems
- Getting out & about - appointments
- Getting out & about - socially
- Coping when things go wrong
- Family relationships

An eighth indicator – making new friends - was dropped after the first year as it was not yielding useful insight).

LGK staff appraise the status of each participant using the four-point Hardiker scale, widely used and accepted in the field:[46]

1. All children and young people
2. Children who are vulnerable
3. Children in need in the community
4. Children in need of rehabilitation

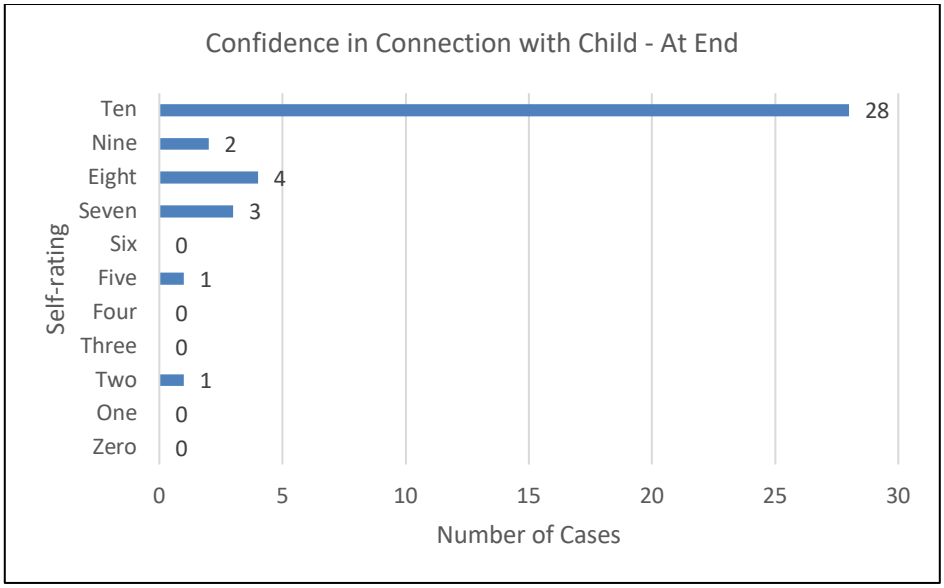
The monitoring is not an end in itself. Rather, it is used as a working tool to inform priority actions at any given point in time.

[46] https://www.ncb.org.uk/sites/default/files/uploads/files/16%2520ncbparenting__2_.pdf

6.2 – LGK monitoring and progress

Although a working tool, the monitoring data can be used to appraise the impact of LGK work. Progress can be tracked for each of the seven LGK indicators. Figures 1 and 2 illustrate status and status change for one of these indicators (confidence in connection with the child). Figure 1 reports latest status (which is the end of the programme for some families) and Figure 2 reports status change– these data include families in the early stages of involvement with LGK (for which improvement in status may be marginal or not yet evident).

Figure 1: Rating with 'Confidence in Connection with Child' for LGK Families at end of engagement



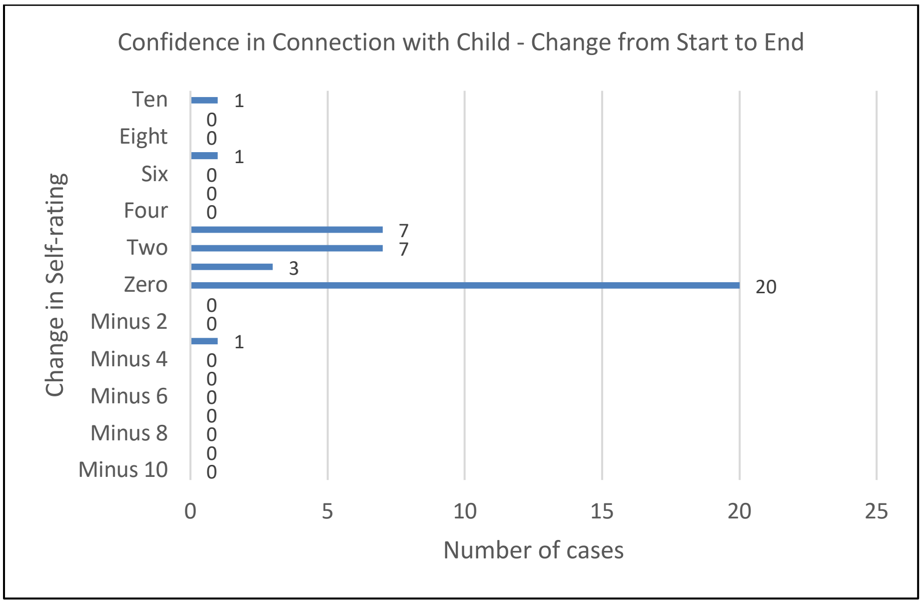
Cases: 39
Source: LGK data

LGK monitoring data report that most families record a high score for confidence in connection with their child – with more than two-thirds of families (28 of 39) reporting the maximum score of 10 (Figure 1).

Similarly, one-half of families report that their confidence in connection with their child has improved over the time that they have been working with LGK (19 of 39), with most of the remainder maintaining their status in relation to this issue (Figure 2).

These data are typical of the seven LGK indicators.

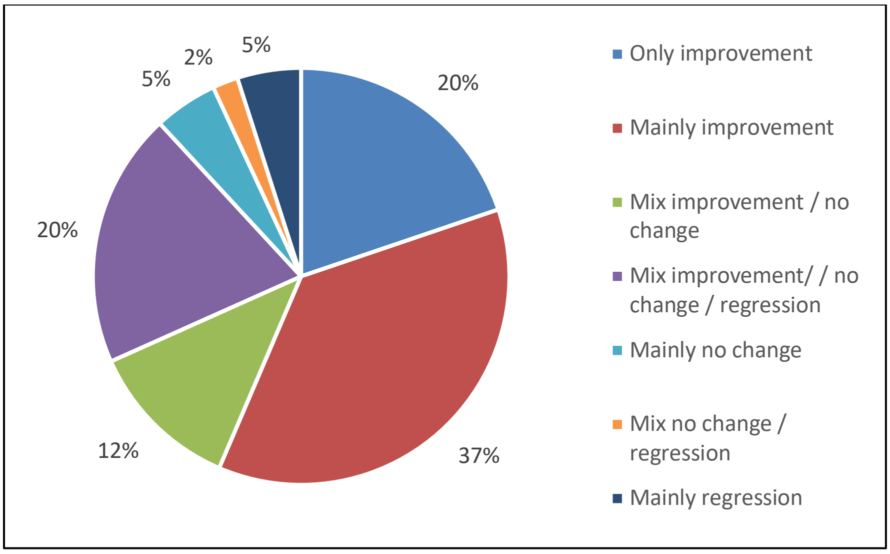
Figure 2: Changes in 'Confidence in Connection with Child' for LGK Families



Cases: 39
Source: LGK data

Figure 3 presents an overview of status change through time for all LGK families. SPIRU draws a descriptive conclusion for each family based on the data recorded for all seven LGK indicators. As with the individual indicators, this overview includes families in the early stages of involvement with LGK (for which improvement in status may be marginal or not yet evident). Each family is described in terms of its pattern of change across the seven indicators from start to finish (for those who have completed the programme) or start to current status (for those currently supported by LGK).

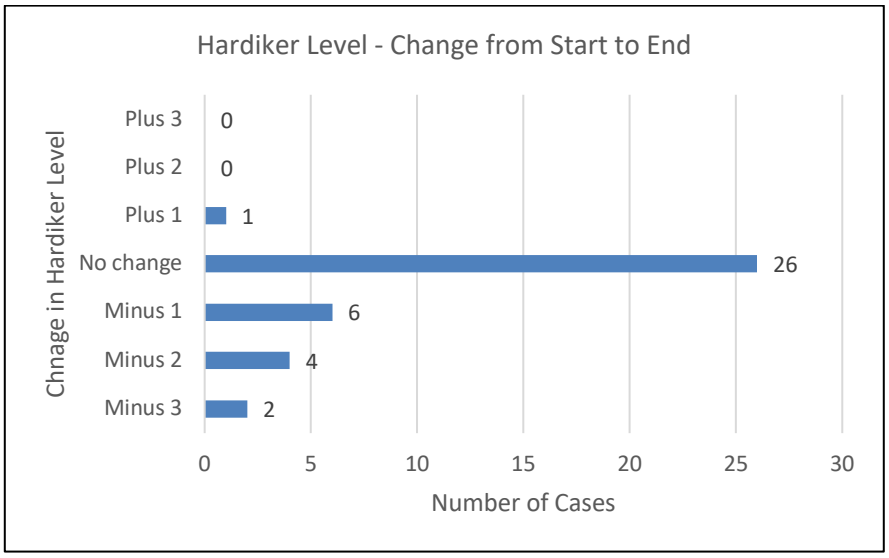
Figure 3: Summary of Changes Tracked for LGK Families



Cases: 41
Source: LGK data

Tracking data suggest that LGK is impactful overall (Figure 3). One in five families report improvement in status for all seven LGK indicators (20%), with almost two in five families reporting improvement in most of the indicators (37%). A further one in eight families report a mix of improvement and no change in status (12%). Together, more than two-thirds of the families with which LGK support are reporting significant improvements in status across the LGK indicators. Most of the remainder also show some evidence of improving status. Only a small minority do not register – at the census point – progress from working with LGK.

Figure 4: Changes in Hardiker Level Rating for LGK Families



Cases: 39
Source: LGK data

Positive changes are also evident in Hardiker status (Figure 4), although the impact is less dramatic than for the LGK indicators . Almost one-third of families are reported to have improved their Hardiker status (12 of 39), with most of the remainder retaining their status (which includes those who have not yet finished their work with LGK).

6.3 – Perceived impact on local ecosystem of support

The LGK model is to provide targeted and person-centred support to families who at risk of having their children enter the care system. It was described how this initially led to working with four families – identified by social work – which led to successful outcomes for three of these families, i.e., the risk of children being taken into care was avoided (1). Although it is conjecture to draw conclusion against a possible counter-factual, stakeholders held strong opinions that not having LGK would have an adverse impact on the service that they were able to provide (2,3), with examples being cited of the work of LGK reducing the demands on statutory provision. LGK was described as an integral part of a well-rounded system, providing a level of support to a population group that was hitherto missing (5).

1 *So what we need to do is go, right, who is right on the edge of care at this point in time. 'Who within that group are, in your opinion, recoverable?' You know, there is a point where you get to with a family where you can see the writing on the wall, and you are basically marking time. So, 'Who have you got in your caseload that you think are recoverable right now?' He was like, 'I can think of 4 families straight away.' I was like, 'Right, you need to have a think about those 4 families, how you would envisage our support would help move that situation around and let's do it.' So, he got back to me a week later with the 4 referrals and we went in and 3 of the families did really well and out the other end of it.*

(Project Lead)

2 *Q: Would you be able to carry out the work that you are doing in Dunoon if- at the capacity that you're at- if LGK was no longer there?*
A: I think it would have a massive impact. A massive negative impact.
Q: On not just the families but the staff as well?
A: Yeh, yeh. Definitely.

(Social Worker 4)

3 *Q: Imagine if you took that service right out of the game. If you took LGK right out now.*
A: Oh, it would be rubbish. It would be awful. There would be nothing and there would be nobody and Dunoon would really really suffer because there's no-one else ... We don't have Home Start. We don't have anything. We've got social work … Social work is when you are doing badly. There's nobody to support through parenting except for LGK. It would be disastrous. Don't pull their funding! … It's not replaceable because we can't offer what she does ... Even just that frustration that you don't have that person to refer on to because the services have been removed in the community. It would be disastrous. Nothing would work because there isn't anything.

(Midwife 3)

4 *… that mum increased really well to the point where you know she didn't kind of need that kind of support from them.*

(Social Worker 2)

5 *I felt like there was a big gap. I felt like there was- It was going from nothing to social work. … sometimes it just didn't warrant social work, but it didn't warrant nobody stepping in … I would say it's definitely made it a more well-rounded service. 'Cause it's, it's bridged that gap, … not only for … professionals but for families, … that require some support but not maybe not as intense as a social work referral.*

(Midwife 2)

6.4 – Reported impact on individuals

The ambition of LGK was to deliver quality interventions, rather than high volume impact (1), reflecting the service provided and the group targeted. Although low volume, it is understood that it is potentially high impact if the desired outcomes are achieved (1). LGK was also praised for delivering on its promises to parents (2). Professionals identified how LGK was able to identify situations that needed intervention before crisis emerged (3) and to implement programmes of action that prevented situations escalating (4,5).

1 *I'm not into, … 'we worked with so many people this year'. … I suppose it comes from working within the industry for so long because I'll sit and look at it and go, 'And what?' … you might have worked with 150 people but what was the impact of that?*

(Project Lead)

2 *Y'know, people make a lot of promises. I'm not saying Sharon didn't promise me a lot of things, but a lot of people make a lot of promises n' it was nice to see that she fulfilled those promises. Like now, looking back it's nice that she's said that what she was gonna do, 'n she's done that.*

(Parent 1)

3 *Referrals can get put to the side. Whereas Sharon, obviously has the knowledge and the skills to say well actually, y'know I've had a look at national risk framework and y'know what I'm seeing is that's probably looking at, could be veering towards child protection if we don't get in early.*

(Social Worker 4)

4 *They're able to offer their support at a … lower level as well, which then, if you don't provide that support it ends up in child protection.*

(Social Worker 4)

5 *I'd say that Let's Grow Kids are really good at seeing them several times before these sorts of things come up, to ensure that they've got that relationship with them. So that it makes the women, and the families feel comfortable …. It's… a very anxious time for them.*

(Midwife 2)

Parents perceived that the work of LGK had de-escalated the level of support required from social services (6,7), as well as enabling them to interact more effectively with these services (8). It is notable that one parent is now able to self-described themselves as being a 'good parent' (7).

6 *Q: What do you think life would be like for you if LGK wasn't there?*
A: To be honest with you, without sounding drastic, I think social work would have had to intervene a lot more, a lot heavier. 'N I don't know if I would have ma kids as much as I would have ma kids just now.

(Parent 1)

7 *As a good parent am I proud of, proud of the fact I've been able to raise my children completely on my own, … considering everything I've gone through … I am very proud of myself being able to raise happy, healthy children . It's kinda pulled me out of a darker place I guess working with Sharon because I could have done down a different route and I could have struggled a lot and I didn't, … so I've got to be proud of that … I did keep going. … I would have ended up in a whole different situation if I didn't have the support from Sharon. Honestly, I think Social would have personally attacked me even worse than what they did, and I think I would have been in a whole different situation than I was now. … Social had put my children on a child welfare register and you know they were wanting to take it to Children's Panels and Courts and things which was bizarre to me because none of it was against me. You know I hadn't done anything wrong to my children. It was all to do with one person's behaviour who wasn't even in my home, … and I reckon if Sharon hadn't been there, able to stand up for me and go, 'this is ridiculous, this is barbaric' … I mean … they …listened to her. I think it would have been a whole different situation.*

(Parent 3)

8 *It's changed a lot because normally I wouldn't have really reached out to go to other places because of my trust issues, but you know I've started to realise that some of its ok, ... it seems to have made me expand myself a little bit more. … it's kind of shown me what not to say and what to say at the right times.*

(Parent 3)

There was a belief that the work of LGK had a significant positive impact on families (9), a point of view that was supported by testimony from a range of other professionals. In some instances, LGK is described as making a key contribution that enabled children to safely stay with their parents (10), and enabled parents to view their own situation differently, which meant that they were willing to access the professional support available to address their situation (11).

9 *It's such a massive positive impact. I think, … if you had any opportunity to talk speak to, … the families that you would get that. … it's always been positive, it's never been a negative, and that's the honest truth. … if you were to speak to families that's the response you would get from them.*

(Midwife 4)

10 *I would say massive. There, there's been so many cases we've had were there's been positive outcomes for the children in terms of being able to safely remain with parents. … which is always what we strive to achieve. … that baby which I just referred to, we were able to safely rehabilitate her back to her parents, ... LGK were (sic) involved in not only helping supervise that family time … but also doing that direct emotional work with the parents, and also passing on practical tips and advice.*

(Social Worker 4)

11 *We spoke to Sharon about how the task was to inform her about domestic abuse, the coercive control element and the kind of nuance aspects of domestic violence and things like that, and she worked with the woman to inform her of this and develop her insight and awareness of this … relationship building … is what it is and trusting … the families trust Sharon and things like that you know whereas it's not always the case with social workers, they don't always trust us. … there's a difference of, perhaps a softer element to her support. I mean this family I'm talking about, within weeks, well months and weeks, … she realised that she shouldn't be putting up with this and it's in her interests and mentally, and for the children's interests it's best for her not to experience this and for them not to experience this.*

(Social Worker 1)

These testimonies from parents (6-8) and professionals (9-11) affirm the claims of positive impact from LGK, which are shared in terms of individual transformation (12) and system impact (13).

12 *We had this other mother who has now moved on and she came to the door one day and I thought, 'Oh, my Lord'. She just looked awful. She just looked resentful about being here and then at the end of it she's like calling up ... She said those bitches are complaining and stuff. She turned out to be a wonderful mother, which you would never have expected if you'd seen her on day 1. She came in at a very high level with Sharon … through time, she's just one of our wonder stories.*

(Project Administrator)

13 *A social worker said to me one day, 'With the help of Let's Grow Kids, in the future I'll have less people'. She deals with aftercare. For every one family that we can help, like that mum that I was telling you about, I think if we hadn't intervened, her kid would probably have gone into care at some point and she's not the only one. She's so far off social services radar now and I think that's it. I remember when that social worker said that to me, something like, 'Let's Grow Kids stops it getting worse'.*

(Project Administrator)

7. Conclusion and recommendations

7.1 – Introduction: the aim of this report

As outlined in 1.3, an independent evaluation of impact was sought, to inform the understanding of the Trust and LGK staff, and to advise external parties that might be interested in replicating the work of LGK in their community, with the focus on the central purpose of LGK, which is to reduce the burden on statutory services and to keep children out of the care system.

7.2 – Is LGK making a difference?

There is evidence of positive impact.

- ***Highly regarded by professionals.*** The work of LGK was highly regarded by professionals (health visitors and social workers) and reported to reduce their own workloads and improve their own engagement with LGK participants.
- ***Impactful interventions.*** LGK was reported to work with parents to a range of ends, including bolstering self-confidence, supporting parenting, providing practical support to access services, championing parents in their interactions with services, assisting with homemaking and offering emotional and social support.
- ***Early years development.*** Participants reported that they were better placed to contribute to the development of their child, with the support provided by LGK.
- ***Programme completion***. Most participants complete the programme, a not insignificant finding for a population that is understood to be vulnerable and prone to disengage with services.
- ***Personal development***. Although there is (to be expected) volatility in metrics, LGK's heuristic tool to track participant progress finds that where there is change, it is overwhelmingly positive. For example, no change in 'confidence in connection with child' is recorded for 20 participants, progress is reported for 19 and regression is only reported for one. This patterning is evidence for each of the seven LGK indicators and for the overall Hardiker metric.
- ***Preventing caseload for the care system***. It is difficult to assert with absolute confidence that the work of LGK is the critical factor that impacts on care system caseload. Evidence of rising demands on the system and knowledge of other social supports make it difficult to draw a firm conclusion. However, what seems clear is that participants are better placed to support their child's development and seem to have developed as a parent (and an individual) with the support of LGK, greatly increasing the probability of reduced stress on the care system. There are also case studies of marked differences in life trajectory following the intervention and support of LGK.

7.3 – Critical success factors

SPIRU identified six factors that were important in determining whether LGK was a success:

- ***Funding model.*** The funding and support arrangements from the Trust are atypical and greatly benefit the operations of LGK. Staff can concentrate on their work, without the distraction of chasing funding and processing administration that is a burden (and stress) on many other charities, large and small.
- ***Local connections.*** The work of LGK is predicated on strong local connections among professionals and an environment in which the contributions of others are valued and trusted.
- ***Committed leadership.*** LGK is a small operation. Without the drive, ability, and commitment of the Team leader, it would not be successful.
- ***Competency.*** The team has the required blend of experience and skills that enables it to deliver what is required of LGK.
- ***Credibility.*** The work of LGK is highly regarded by the local stakeholders, which LGK works alongside.
- ***Trust.*** LGK staff are trusted, both by professionals and clients.
- ***Flexibility.*** As a small team, LGK needs to be flexible to pivot resource to deal with priority cases and regular workload. Regular team meetings have been established to facilitate this.

7.4 – Issues to consider

Notwithstanding evidence of the success of LGK (7.2) and the identification of factors that underpin this (7.3), there are a range of points to consider if the work is to be adapted or adopted in other localities:

- ***Scalability.*** The critical success of LGK – in its current form – is a tight-knit team that has strong connections to external professionals. This can be achieved with the current resource at the scale at which it currently operates. Upscaling operations could alter the dynamic and roles of key staff, which could alter the way in which LGK operates to achieve success.
- ***Replicability.*** The critical success factors are specific and demanding, i.e., supportive funding, local connections, committed leadership, and flexible approaches. However, there are no good reasons why the model would not be successful elsewhere should these conditions be replicated.
- ***Vulnerability.*** There is a vulnerability to LGK. The lack of succession planning and/or planning for unforeseen availability of key staff could leave the operation poorly placed to maintain support to participants. This could be particularly problematic for families dependent on the on-going support that LGK provides.
- ***Gender-centric.*** It is widely accepted that providing support to mothers of young children is likely to be the most impactful way of supporting families. However, this is not to suggest that supporting fathers should not be a concern. Although there are examples of LGK supporting fathers, overwhelmingly support is provided to mothers. It should be considered whether the model, or way of working, could or should be modified to support the development of fathers.

- ***Funding support from statutory services.*** LGK is providing a service that seeks to reduce the asks of the public purse. It would be prudent to explore the propsects for financial support from those who would gain from their work, if not in Cowal and Bute, then in other localities which might adapt or adopt the model.
- ***Supporting families of older children.*** Although it is not within the remit of LGK to support families whose youngest child is older than 3 years old, it would be useful to explore whether there was the means to provide the equivalent of LGK support to these families (not necessarily by LGK).

Annex 1: Our Approach to the Fieldwork

Introduction

In this section, we describe and appraise the approach taken for the interview fieldwork.

Research Team

John McKendrick (SPIRU) managed and designed the overall project. Fieldwork was conducted by John, Susan Lyons, Anni Taitto, and Mandy McConville. Each of the team also had a specific supplementary responsibility: Susan supported with analysis of secondary data, Anni reviewed the policy landscape; and Mandy undertook preliminary analysis of the interview data. The research team maintained regular contact throughout the fieldwork phase to discuss progress and reflect on emergent themes and research issues. The Interviews were recorded and transcribed verbatim. John McKendrick analysed each interview and drafted the research report on behalf of the whole team.

Research Design

John McKendrick drafted the initial interview schedule, which was revised after comment from the wider research team. The interview was adapted for (i) professionals; (ii) parent participants; (iii) staff; and (iv) Trustees. It was hoped to interview staff from Argyll and But Council, but this was not possible due to availability and time constraints. The interview comprised open-ended questions and was adapted in the field to avoid repetition, and to address the most pertinent issues for each participant.

Research Ethics

The Ethics Committee of the Department of Social Sciences at Glasgow Caledonian University approved the fieldwork. At each stage of the research design and administration, steps were taken to ensure that the research adhered to recommended practice. Specific steps taken included:

- Providing interviewees with information about the purpose of the research and the research requirements, to ensure that participation was based on informed consent.
- Asking for permission to record interviews and explaining the reasons for recording.
- Storing research data securely, for example, password-protecting interview transcripts and recordings.
- Storing data in line with General Data Protection Requirements.

More generally, we approached the work in was that adhered to the ethical principles and guidance as outlined by Social Policy Association[47].

[47] For more information, visit: http://www.social-policy.org.uk/downloads/SPA_code_ethics_jan09.pdf

Accessing Participants and Arranging Interviews

LGK provided details to access participants and, in many cases, made arrangements for the interview. To incentivise participation, and to acknowledge the time voluntarily given to this research, each participant received a £25.00 voucher that could be redeemed locally.

Timeline

Interviews were conducted in the Autumn of 2023.

Participant Profile

The research was not designed to be representative of participating families. Rather, it purposively sought to learn from the experience of a wide range of stakeholders – participants, staff, Trustees and professional partners (Table 1).

Table 1: Participant Profile

ID Number	Date	Interviewer/s	Specialism	Mins
1	230818	John	Project Manager	65
2	230908	Anni	Midwife 1	23
3	230908	Anni	Midwife 3	24
4	230908	Mandy	Midwife 2	29
5	230908	Mandy	Midwife 4	18
6	230909	Anni	Project Manager	73
7	230912	Anni	Social Worker 2	16
8	230912	Anni	Social Worker 1	23
9	230912	Anni	Staff Member 1	32
10	230914	Anni	Criminal Justice Social Worker	26
11	230914	Mandy	Social Work Manager	37
12	230914	Anni	Parent 4	25
13	230919	John	Funders	28
14	231003	Sue	Parent 1	32
15	231003	Sue	Parent 2	33
16	231003	Sue	Parent 3	30

Data Collection

Interviews were conducted in-person at a time and place chosen by the interviewee.
Interviews lasted between 18 and 73 minutes (with an average of 32 minutes).
No participants were distressed because of discussing the issues raised in the research.

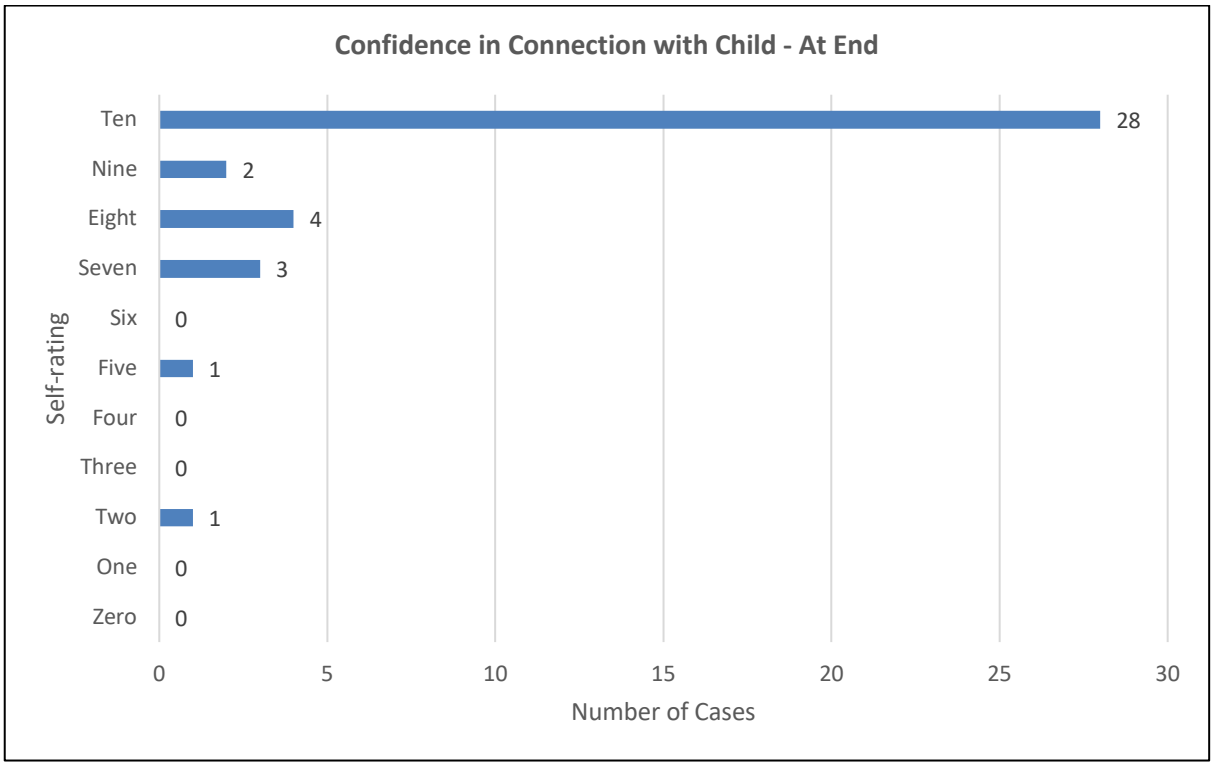
Data Analysis

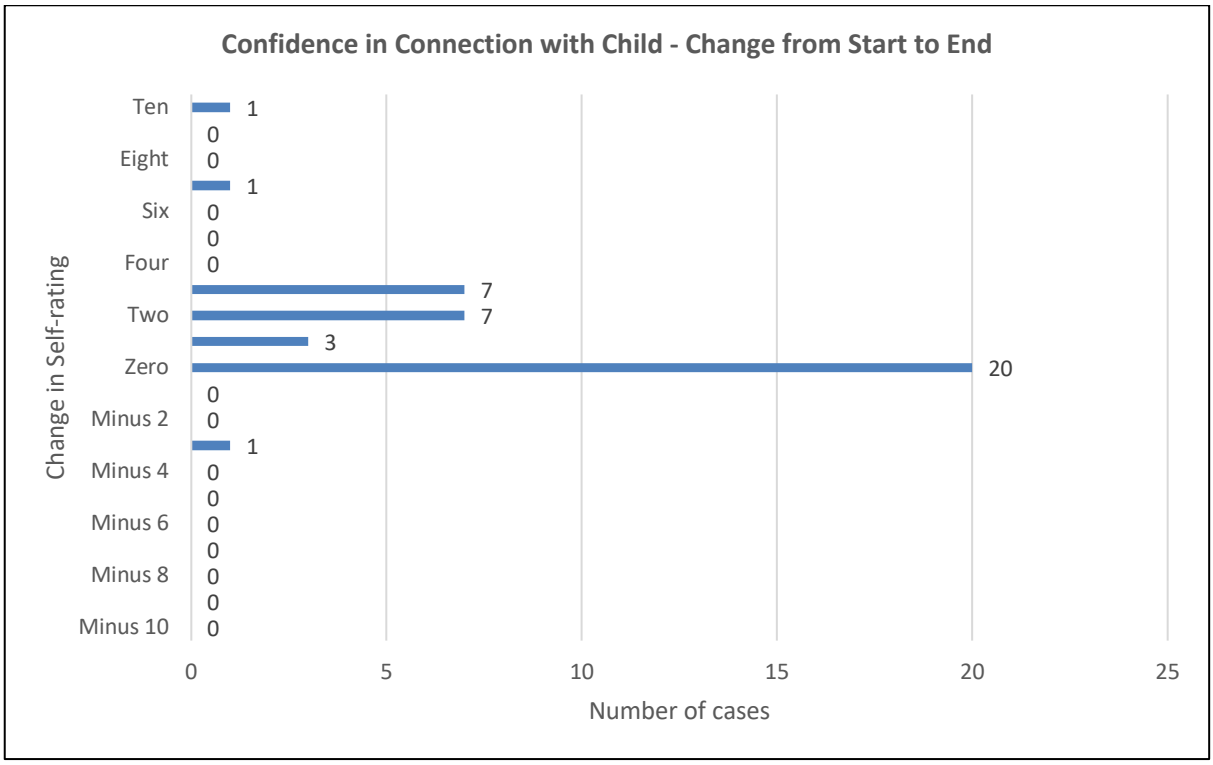
The interviews were transcribed verbatim. Each interview was analysed by two members of the research team (Mandy and John), although each interviewer also summarised key points from their interviewer. Although focused on meeting the research objectives, key themes were allowed to emerge from the data, as analysis was approached in an inductive manner.

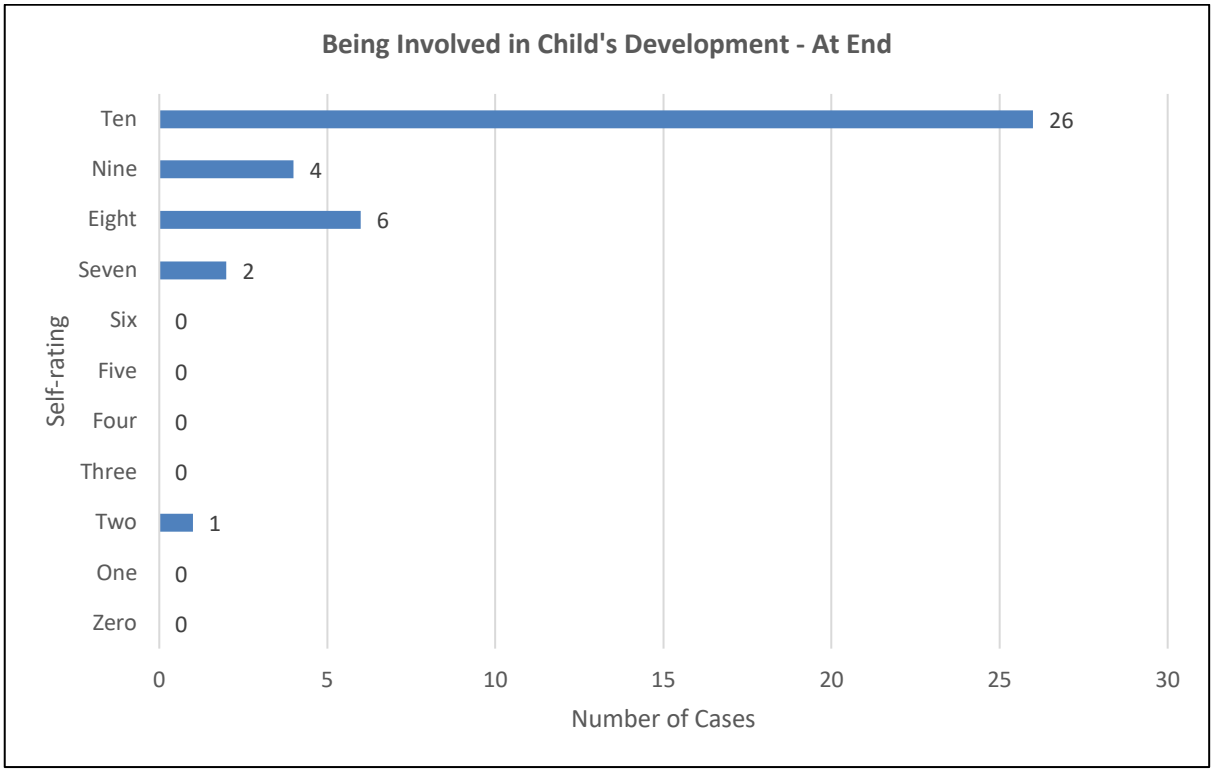
Conclusion

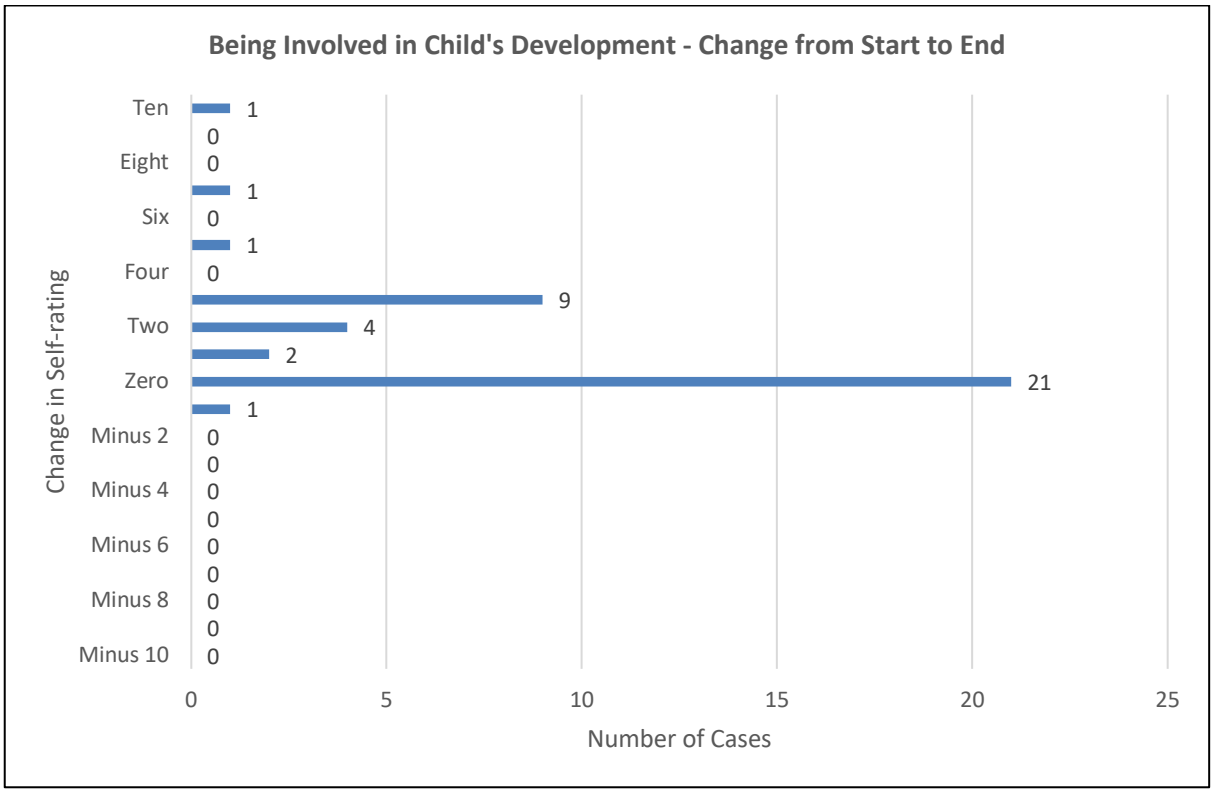
Notwithstanding the challenges that were faced, the fieldwork delivered what was required, enabling the research team to offer insight into the experience of a diverse range of families as they navigated services and managed everyday life across Perth and Kinross.

Annex 2 – LGK Indicator Evidence






Being Involved in Child's Development - At End
Self-rating
Ten
Nine
Eight
Seven
Six
Five
Four
Three
Two
One
Zero
26
4
6
2
0
0
0
0
1
0
0
0
5
10
15
20
25
30
Number of Cases


Being Involved in Child's Development - Change from Start to End
Change in Self-rating
Ten
Eight
Six
Four
Two
Zero
Minus 2
Minus 4
Minus 6
Minus 8
Minus 10
1
0
0
1
0
1
0
9
4
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21
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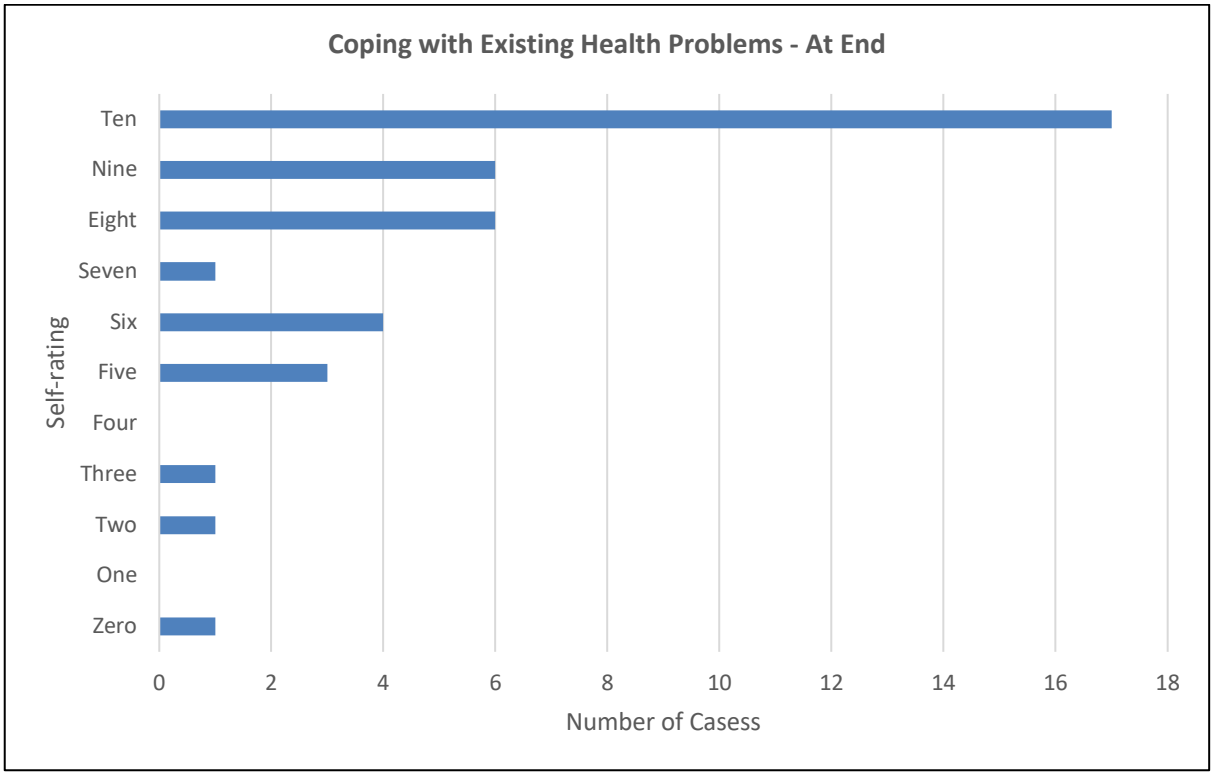
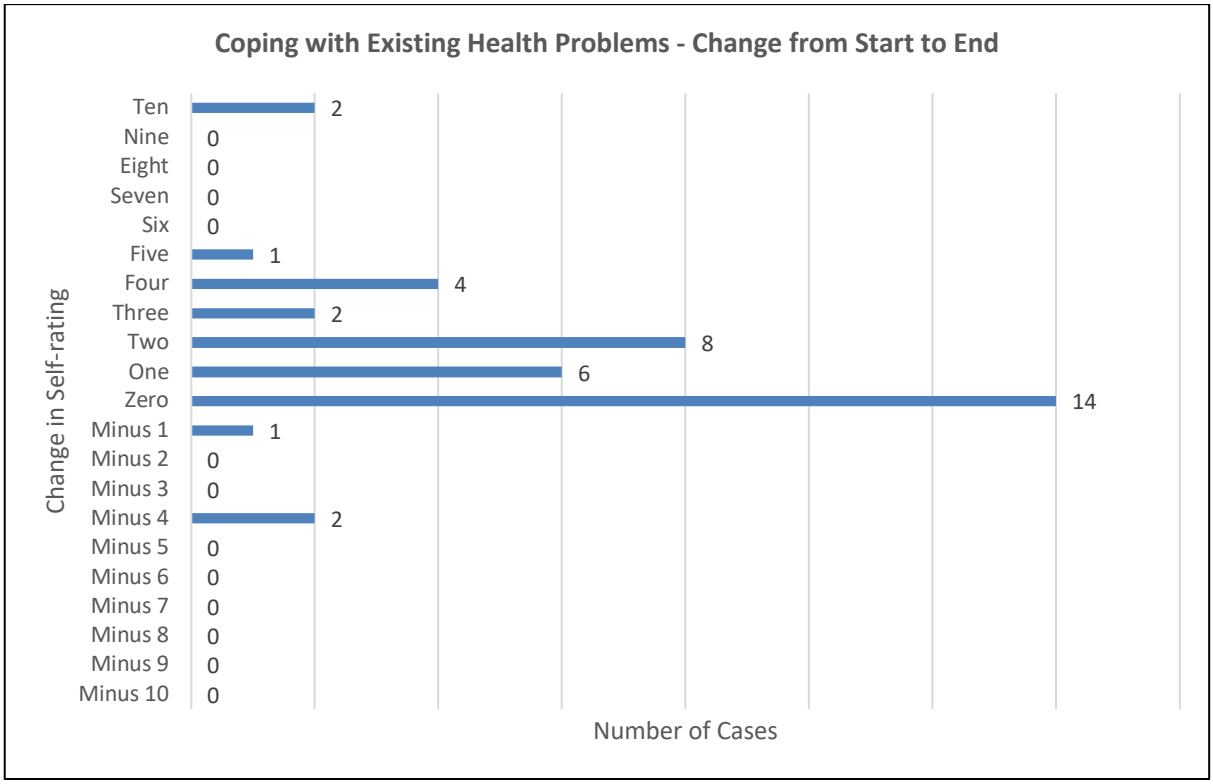
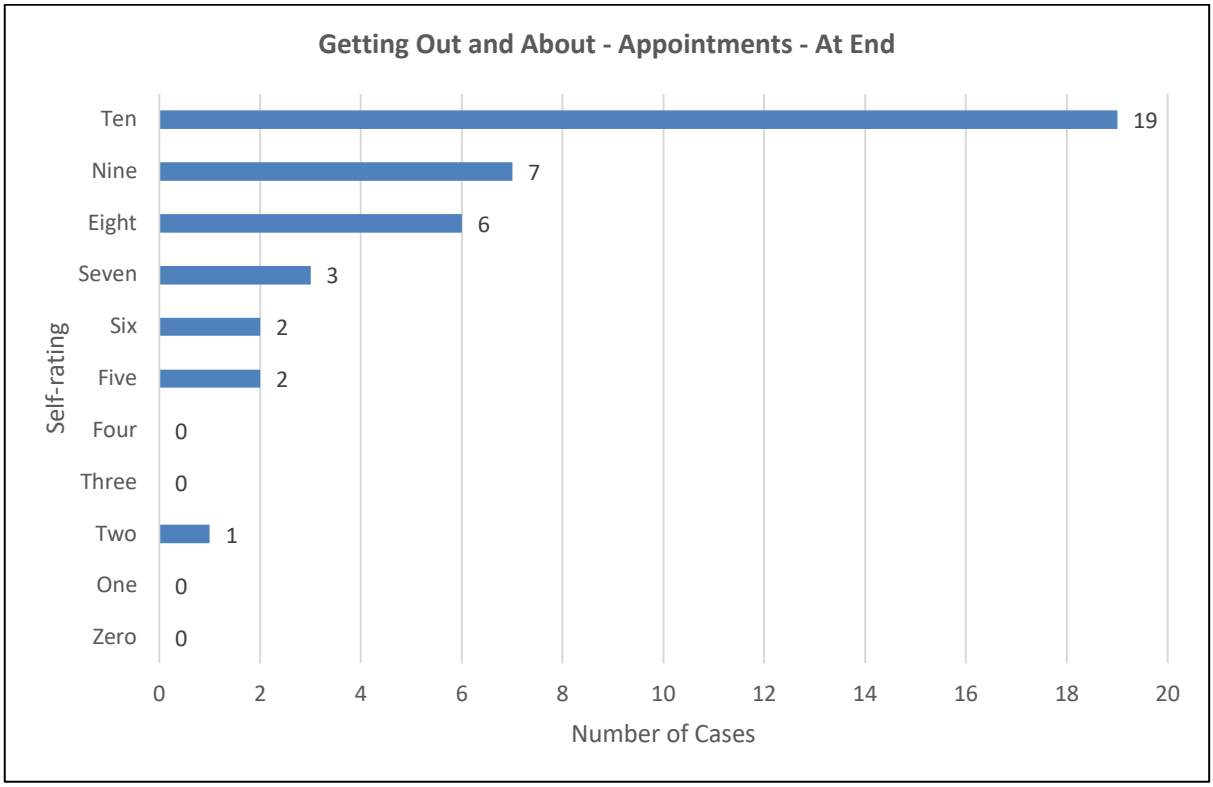
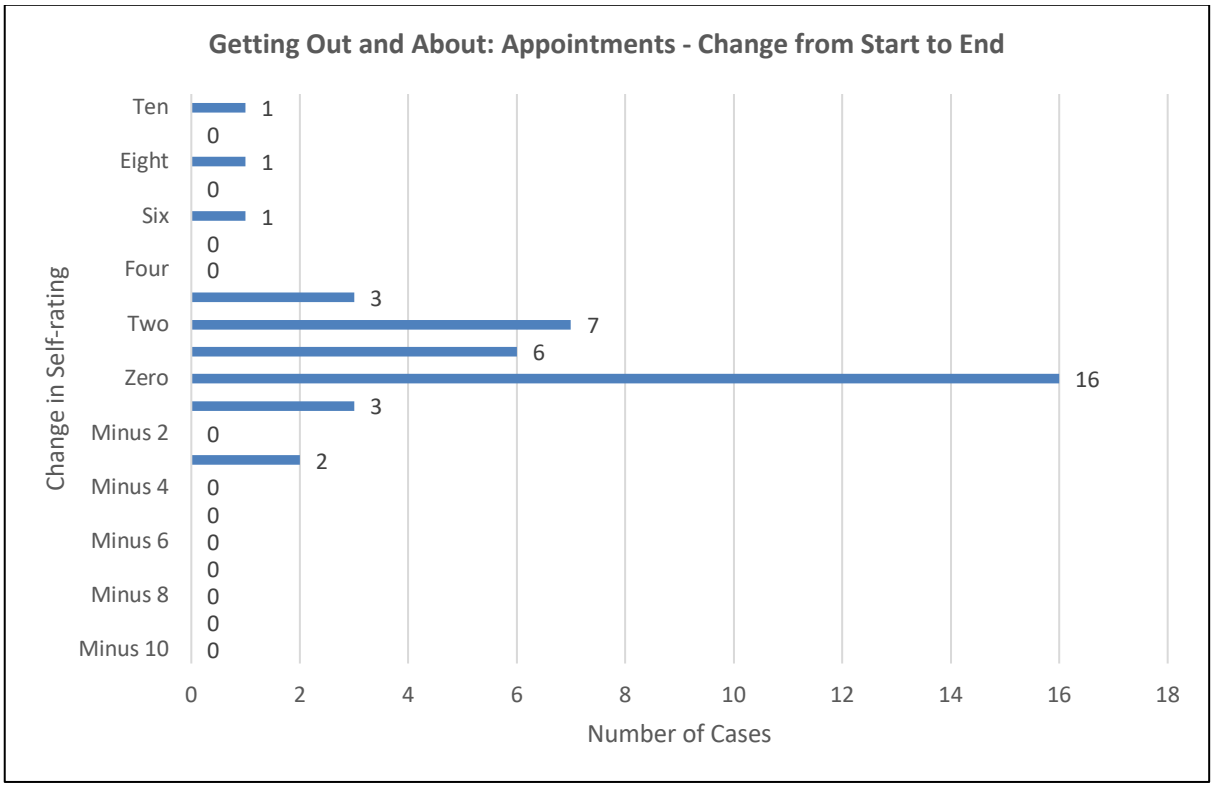
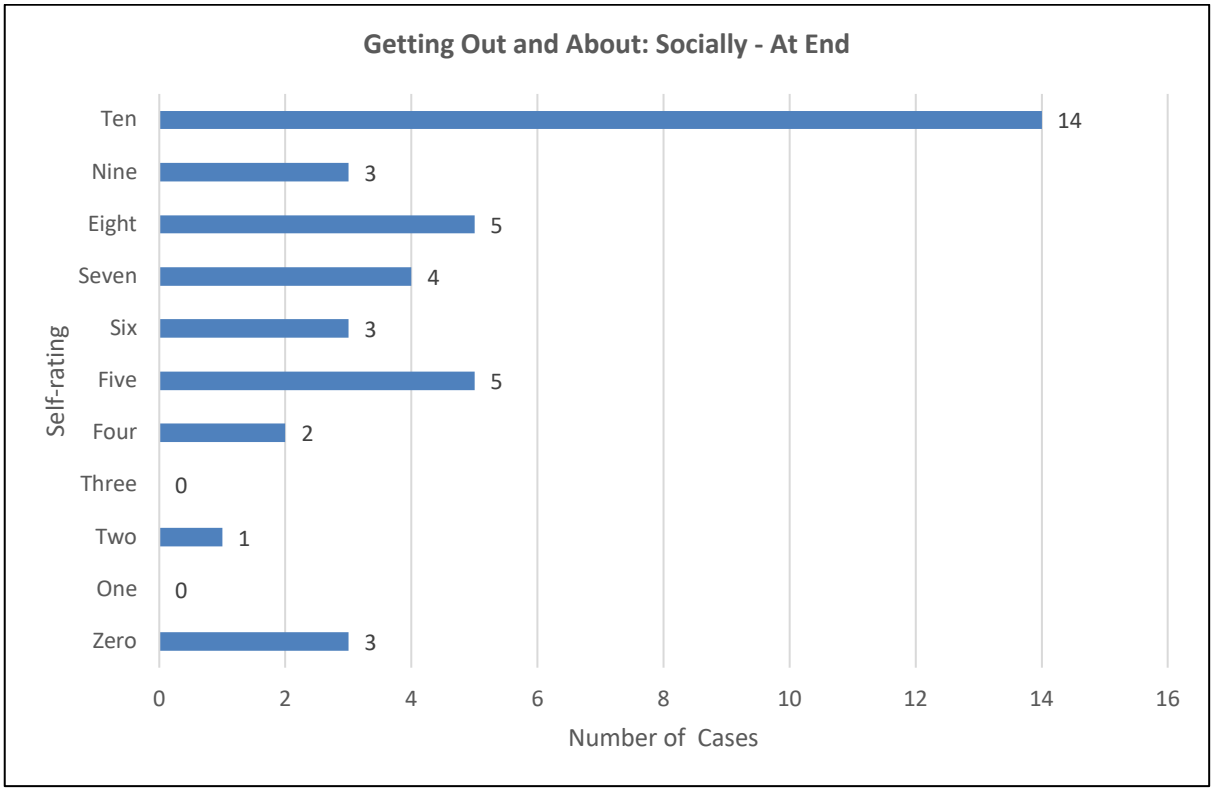
5
10
15
20
25
Number of Cases

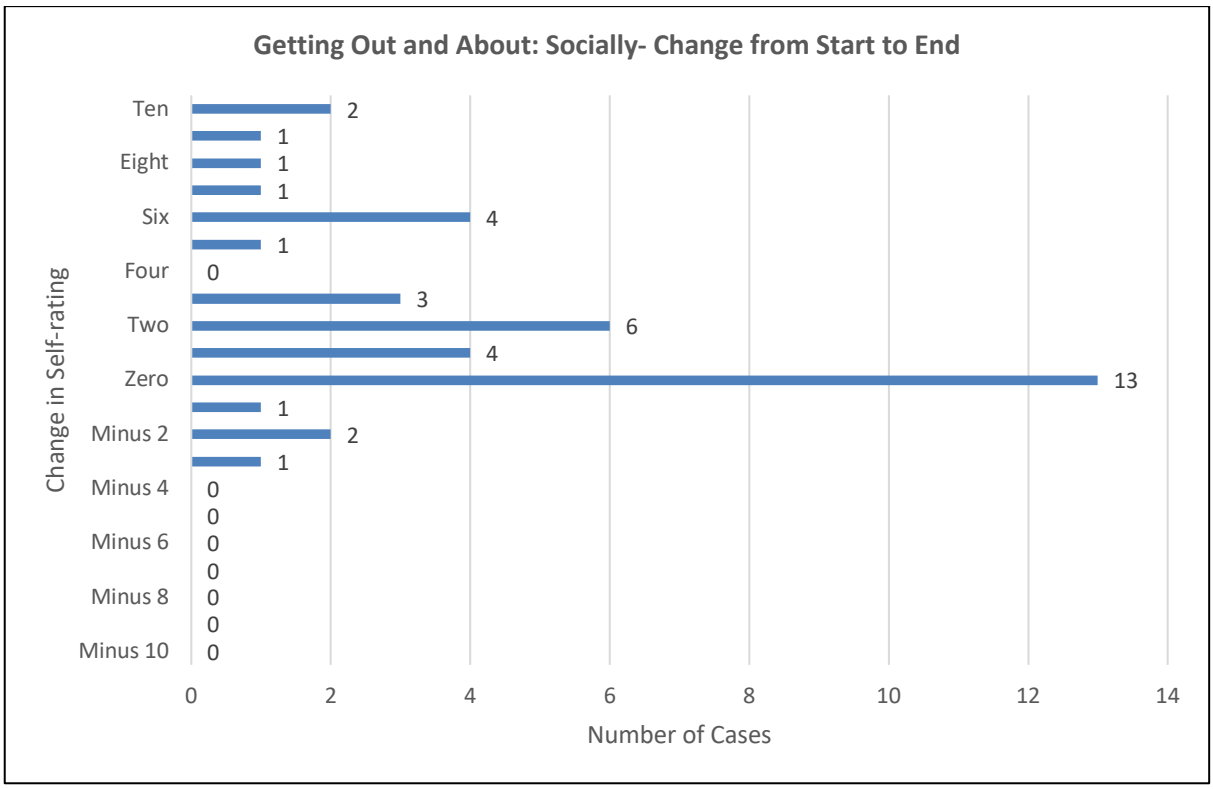

Coping with Existing Health Problems - At End
Ten
Nine
Eight
Seven
Six
Five
Four
Three
Two
One
Zero
Self-rating
0
2
4
6
8
10
12
14
16
18
Number of Casess

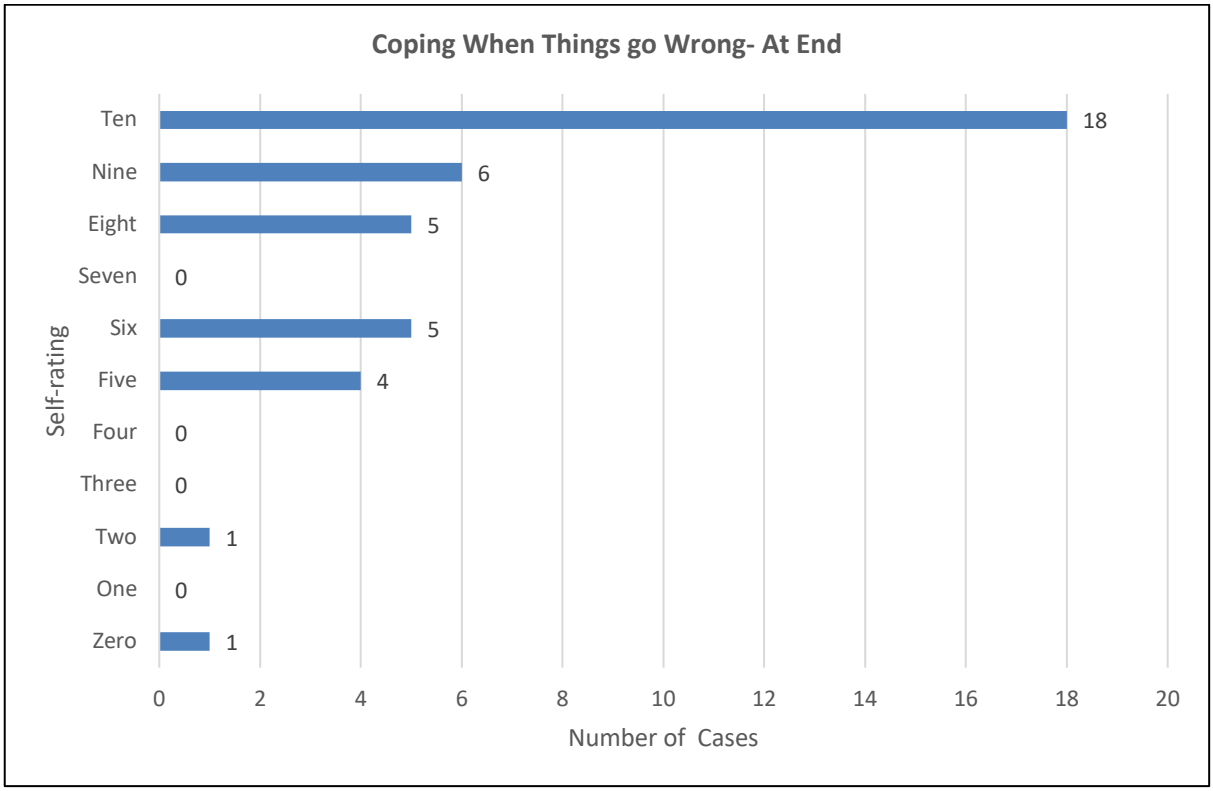

Coping with Existing Health Problems - Change from Start to End
Ten 2
Nine 0
Eight 0
Seven 0
Six 0
Five 1
Four 4
Three 2
Two 8
One 6
Zero 14
Minus 1 1
Minus 2 0
Minus 3 0
Minus 4 2
Minus 5 0
Minus 6 0
Minus 7 0
Minus 8 0
Minus 9 0
Minus 10 0
Change in Self-rating
Number of Cases

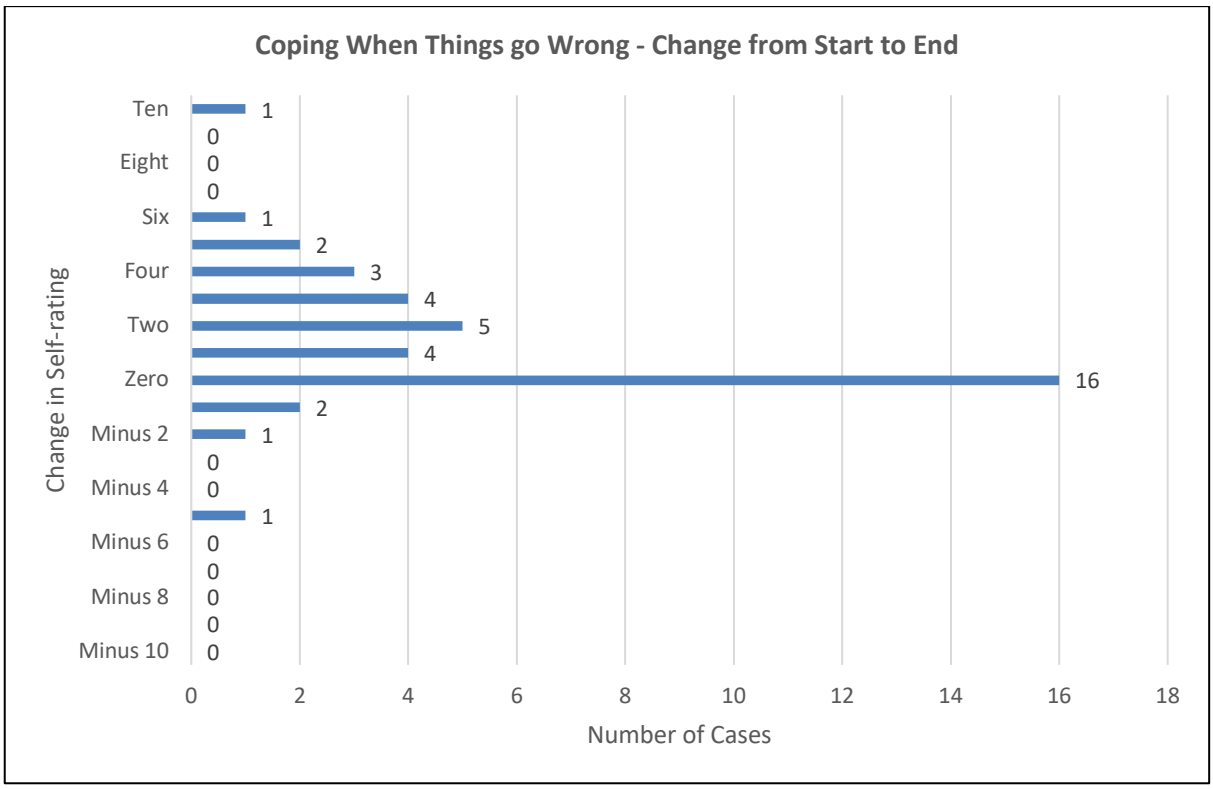

Getting Out and About - Appointments - At End
Self-rating
Ten
Nine
Eight
Seven
Six
Five
Four
Three
Two
One
Zero
19
7
6
3
2
2
0
0
1
0
0
0 2 4 6 8 10 12 14 16 18 20
Number of Cases

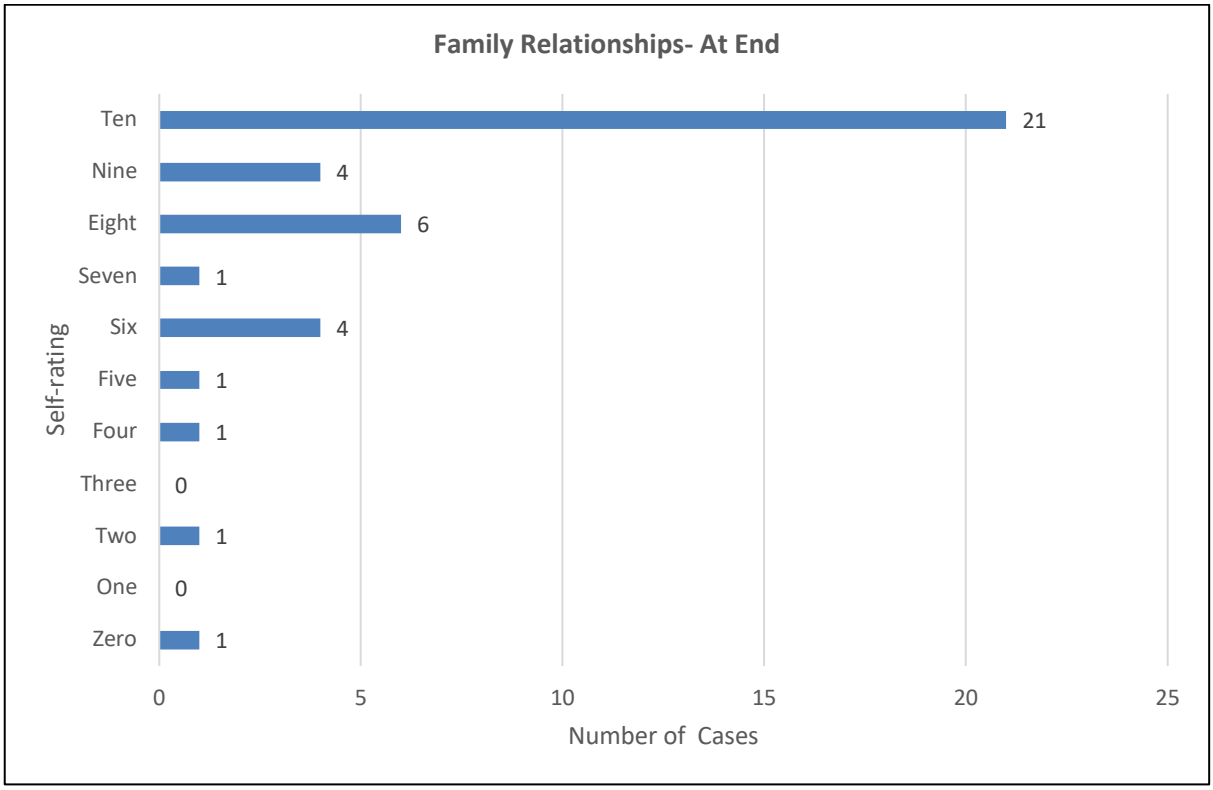

Getting Out and About: Appointments - Change from Start to End
Change in Self-rating
Ten
Eight
Six
Four
Two
Zero
Minus 2
Minus 4
Minus 6
Minus 8
Minus 10
1
0
1
0
1
0
0
3
7
6
16
3
0
2
0
0
0
0
0
0
0 2 4 6 8 10 12 14 16 18
Number of Cases

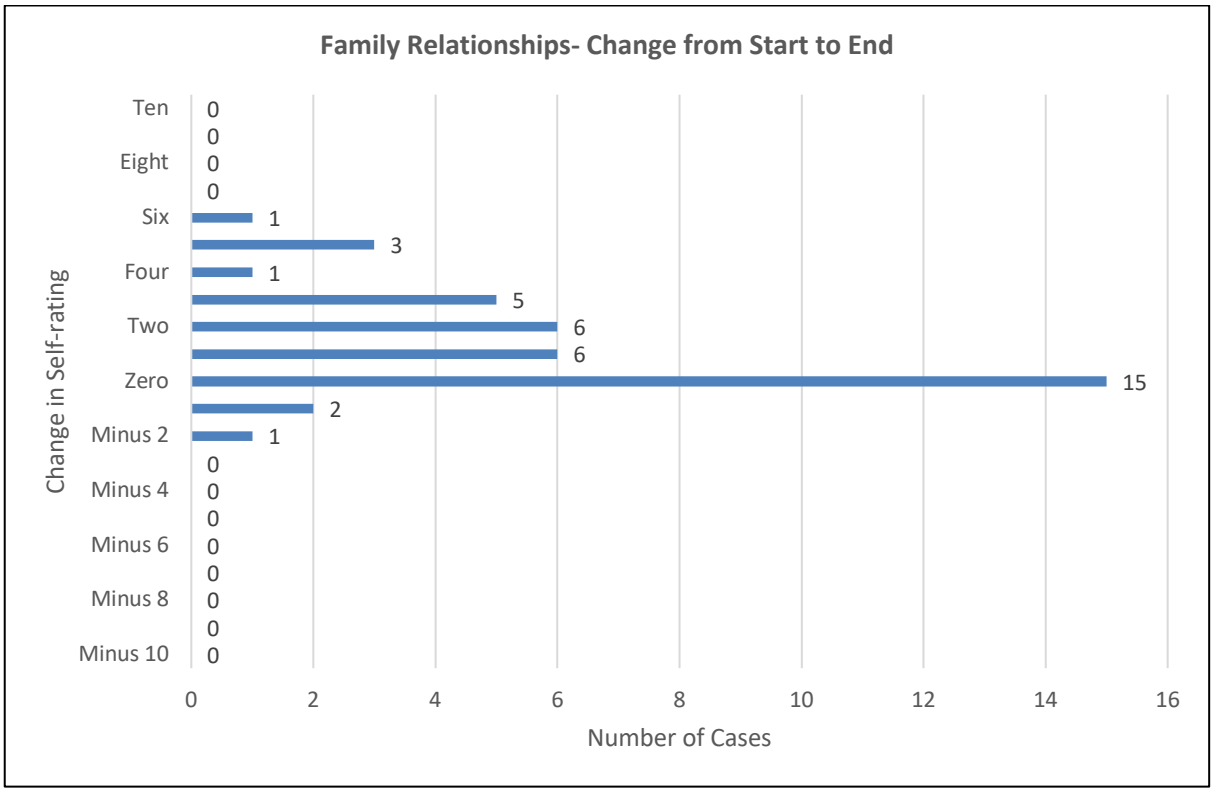

Getting Out and About: Socially - At End
Ten
Nine
Eight
Seven
Six
Five
Four
Three
Two
One
Zero
Self-rating
14
3
5
4
3
5
2
0
1
0
3
0
2
4
6
8
10
12
14
16
Number of Cases


Getting Out and About: Socially- Change from Start to End
Ten
Eight
Six
Four
Two
Zero
Minus 2
Minus 4
Minus 6
Minus 8
Minus 10
Change in Self-rating
2
1
1
1
4
1
0
3
6
4
13
1
2
1
0
0
0
0
0
0
0
0
2
4
6
8
10
12
14
Number of Cases


Coping When Things go Wrong- At End
Ten
Nine
Eight
Seven
Six
Five
Four
Three
Two
One
Zero
18
6
5
0
5
4
0
0
1
0
1
Self-rating
0
2
4
6
8
10
12
14
16
18
20
Number of Cases


Coping When Things go Wrong - Change from Start to End
Ten
Eight
Six
Four
Two
Zero
Minus 2
Minus 4
Minus 6
Minus 8
Minus 10
1
0
0
0
1
2
3
4
5
4
16
2
1
0
0
1
0
0
0
0
0
Change in Self-rating
0
2
4
6
8
10
12
14
16
18
Number of Cases


Family Relationships- At End
Ten
Nine
Eight
Seven
Six
Five
Four
Three
Two
One
Zero
Self-rating
21
4
6
1
4
1
1
0
1
0
1
0
5
10
15
20
25
Number of Cases


Family Relationships- Change from Start to End
Ten
Eight
Six
Four
Two
Zero
Minus 2
Minus 4
Minus 6
Minus 8
Minus 10
Change in Self-rating
0
0
0
0
1
3
1
5
6
6
15
2
1
0
0
0
0
0
0
0
0
0
2
4
6
8
10
12
14
16
Number of Cases