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*Digital Edition*

includem 

# VOICES

Families' Experiences of Poverty & Services







Includem would like to thank Dunlossit and Islay Trust for funding this research.

# Contents

Foreword	p.5
Summary	p.6
Introduction	p.7
Experiences of Poverty	p.8
Families & Support Services	p.13
Families & includem	p.16
What Families Value	p.19
Recommendations	p.37
Appendices	p.40
References	p.46
Acknowledgements	p.47

## We are includem

We work closely with children, young people, and their families, who are facing difficult challenges in their lives. Our trust-based, inclusive model of support is centred on the needs and rights of each young person. We help children and young people make positive life choices and empower them to build better lives for themselves, their families and their communities.

### Our Mission:



To provide the support young people need to make positive changes in their lives, and inspire a more hopeful future for young people, their families and communities.



### Our Vision:



A world where every young person is respected, valued, and has the opportunity to actively participate in all aspects of life and society.



### What we do:



We work closely with children, young people, and their families, who are facing difficult challenges in their lives.

Our trust-based, inclusive model of support is centred on the needs of each young person. We help young people make positive life choices and empower them to transform their lives; creating better outcomes for young people, their families and communities.



## About this report

This report is derived from a full academic research piece and includes some changes in language for accessibility. You can find the Academic Report at [includem.org](https://includem.org).

Fieldwork for this report was carried out by telephone over June - September 2021.

**Authored by:** Kevin Lafferty, Jane McGroarty, Lucy Lou, Dr Brieger Nugent and Dr Emma Miller.

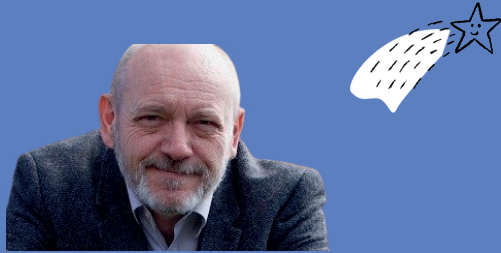
**Edited by:** Snow Curtis-Kulu and Meg Thomas







# Foreword



**Martin Dorchester**  
Chief Executive

Includem is committed to hearing from and acting on what children, young people and families tell us about services that affect them to support fit for purpose changes to **#KeepThePromise**.

This research includes hearing about children, young people and families experiences on the effects of poverty, social services and includem services – and what does or doesn't work.

We employed three people who had received includem support in their teenage years to design the research topic guide, alongside Dr Brieghe Nugent and Dr Emma Miller.

Using their knowledge of includem support and their lived experiences of poverty and services they designed insightful questions to explore more fully the themes includem had identified in research conducted in 2020.

The peer researchers received training in research techniques, boundary setting and self-care. The peer researchers conducted interviews with families who had been recruited by includem staff. All participating families were compensated for their time and expertise.

Families' views included a number of key themes, such as experiencing stigma and feelings of shame; facing complex challenges, including daily struggles with poverty and resulting isolation; and finding value in relationships based on trust. Their views bring greater depth in understanding the personal experiences that children, young people and families face, with many of these themes reflected in wider literature and the Independent Care Review.

What struck me as I read the report was how

the peer researchers were able to use appropriate self-disclosure about their own experiences to overcome some of the stigma and shame to support the families to share the depth of their experiences with honesty and without fear of judgement.

I am hopeful that the voices and experiences captured in this report will influence the much-needed debate about how we best support families to have a better life. That this prompts more conversations about how we can end poverty and destitution for all children, young people and families and how we can ensure that the gap in wellbeing for those experiencing poverty no longer exists.

**The families are clear about what helps and what hinders, and we are committed to improving our practice to ensure that we do everything we can to provide them with the best support possible.**

# Summary & Key Findings

## Peer researchers with lived experience

This research heard from 23 parents & carers and five children & young people, with interviews co-designed & conducted by peer researchers previously supported by Includem - ensuring lived experience sat at the heart of the approach. This was supported with a review of literature on poverty, families, and child welfare services (**appendix 1**).

## Poverty & stigma

With **poverty** already set to get worse after more than a decade of austerity, the associated **shame and stigma** can cause considerable under-reporting of challenges faced by families experiencing poverty. **Providing access to support is vital** to ensure an avenue to financial stability. Currently, there is a trend towards child protection services disproportionately affecting the poorest families,<sup>1</sup> alongside reduction of family support<sup>2</sup>.

<sup>1</sup> Bilson and Martin (2016)

<sup>2</sup> Galloway (2020)



## The need for balance to address emerging challenges

In engaging families in child welfare services, **there is a need to invest in skilled, sustained support, with a balance of relationship-based work alongside assessment and management of risk.** This balance is currently missing in the shift to assessing the fitness of parents/carers, away from a culture of co-operation that could support families to address emerging challenges. This balance is key to keeping families together and thriving, and maintaining trust in support services.

## The complexity of challenges & gaps in provision

The circumstances faced by families are often complex. Too many working families face a daily struggle living in poverty, with the additional burden of stigmatisation and feelings of shame.

For families who have experiences of domestic abuse, past trauma, the challenges of neurodiversity, substance abuse and/or online exploitation, finding

the right support in this complexity can be challenging. Building on a family's **strengths through trusting relationships** can help to navigate the complexity.

Currently, families reported having limited contact with statutory services, with gaps in support around mental health, neurodiversity among young people and substance use - with **help only arriving at crisis point.**

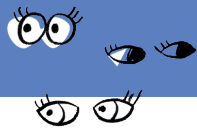
## Includem & keeping the promise

Includem's support was highly valued by families, with striking emphasis on the relationships they have developed with workers. Of key importance was not feeling judged, particularly for being poor, after negative experiences in other services and sometimes from family members.

Some key values families identified from relationships with Includem workers included listening, trust, authenticity, commitment, humour, fun and flexibility.

Within Includem services provided, several important features were highlighted:





- **Whole family support:** Families appreciated that includem works with the whole family, linking to positive outcomes and being able to open up and get financial support.
- **Phone support:** 24 hour access to phone support at times of need can be a real lifeline for some families, and it has played a key role in averting crisis and providing peace of mind that there is continuous support for family wellbeing.
- **Advocacy:** Includem workers role in advocacy was highly valued, helping families navigate between different agencies and services.
- **Small pockets of financial support:** Financial support to families resulted in the purchase of small items that made a significant impact on physical and mental wellbeing.

Children and young people described includem's support as having a significant impact for them. They described themselves as being calmer and making choices to improve their lives & future in all areas – socially, with their health and in education. All felt that their family

relationships had strengthened. For improvements, some families suggested the **need for greater consistency of workers** and **greater clarity & communication** on the timelines for the **end of services** and ensuring this is not premature.

## Recommendations

Based on family views, the recommendations set out largely support the findings of the independent care review as Scotland seeks to **#KeepThePromise**.

These include the need for children, young people and family support services to be designed with awareness & mitigation of challenges from **wider economic and social factors; relationship-based practice** & working with the **whole family**; tackling **gaps in service provision** and greater **partnership working**; and investment in the **workforce**.

## Introduction

As organisations across Scotland work to #KeepthePromise following the findings of the Independent Care Review in 2020, the voices of children, young people and families must be placed at the heart of service design and development. This research forms a part of includem's work to ensure their continuous participation of children, young people and families to support fit for purpose change, share learning and seek out improvements.

**The aim of this research is to hear from families on their experiences of:**

- **Services**, including during the pandemic;
- **Poverty**, to understand how this affects their lives & wellbeing; and
- **Includem services** - and what does and doesn't work.

This research seeks to bring the voices of families to the forefront, alongside findings from literature (**Appendix 1**) to provide wider context to their experiences. This includes findings on facing the daily challenges of living in poverty & resulting impacts on accessing human rights; navigating complex challenges in family and support services; connecting to includem services and Covid-19 adaptations; and what families value – fundamentally, from includem, in outcomes & impact, and in moving on. Based on these views, the report makes a set of four recommendations to be considered both in wider services and within includem.





# EXPERIENCES OF POVERTY

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## Background

The pandemic has exposed and exacerbated existing inequalities. Before Covid-19, around a million people in Scotland were living in poverty<sup>3</sup> – **including 19% of adults and 24% of children<sup>4</sup>, with 65% of these children from working households<sup>5</sup>**. Those in low paid and precarious work, BAME households, lone parents, private renters and areas of unemployment and poverty have borne the brunt of the economic impact of Covid-19<sup>6</sup>. Notably, economically disadvantaged families face considerable stigma and feelings of shame, which can often lead to underreporting<sup>7</sup>. Therefore, the true scale of poverty is likely to be higher.

### *The daily struggle to meet basic needs*

According to research conducted in 2020 by Includem involving **126 young people** and their families, more than half reported a daily struggle to pay for food, heating, other bills, transport, and the internet.

<sup>3</sup> McCormick and Hay (2020)

<sup>4</sup> living in relative poverty after housing costs

<sup>5</sup> Brandon et al (2020)

<sup>6</sup> Joseph Rowntree Foundation, (2021)

<sup>7</sup> Treanor (2020), Walker (2014)

Families reported a worsening financial situation since the pandemic began, with **over 40% in more debt**. Half reported worsening physical health, with three quarters reporting an adverse effect on their mental health<sup>8</sup>.

## The Voice of Families

### *Shame, Stigma, and Pride*

The shame and stigma experienced by families about their situation was striking. All those interviewed were working, in some cases with multiple jobs and over 35 hours per week. Only one interviewee was in receipt of benefits and said the loss of the £20 increase for families on Universal Credit during the pandemic will have a significant negative impact on their quality of life as a family. There was a reluctance to ask for help, especially due to feeling judged when they do.

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

<sup>8</sup> Includem (2020)

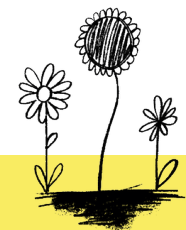
“I get a bus ticket from the council now and again to take the wee ones out because I am a carer...You feel like you are begging for things though.”

One person explained that social work services had asked them repeatedly if they needed help with finances, but they said ‘no’ because they were worried this would be used against them in Children’s Hearings.

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

Half reported their situation as being a daily struggle and a constant source of stress, with other’s ‘just managing’.

‘Big things’, such as paying for school clothing or new footwear as children grew was seen as almost unmanageable, and meant relying on family, friends or even taking out loans. One parent/carer explained that house maintenance, such as changing worn down carpets, was just not possible.



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

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

### *Hardship and Sacrifice*

All spoke about having to be very careful with how and where they spent their money – with one person keeping a monthly spreadsheet for strict control of spending. Parents and carers reported making sacrifices to ensure their children did not have to go without, with one parent speaking about **only eating one meal a day so their children had all three.**

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

### *Removal of Choice*

Having choices in terms of food, toiletries and access to activities was severely restricted. **One parent spoke openly about food banks and how this model restricted choices or variation in diet and could even be a source of reluctant waste.**

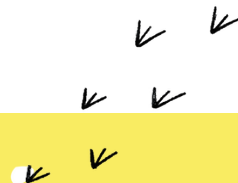
“I’m not ungrateful but it was the same all the time and I was like I’m supposed to feed my weans on tins of tatties, bags of pasta and I ended up saying just give this to someone who really needs it. I would just throw it out and waste it.”

### *A State of Permanent Lockdown*

During the pandemic, it has been largely recognised that isolation to your home has shown to increase depression and anxiety<sup>9</sup>. However, families reveal that poverty imposes a permanent state of lockdown, restricting families in what they can do or access. Not ‘going out’ to restaurants, the cinema or engaging in social activities where costs were involved.

One parent even described feeling locked down in their own home due to overcrowding, with them and their two children all sleeping in the same bed.

<sup>9</sup> Knolle, et al (2021)





## *The Covid-19 Pandemic*

With the financial impact of the pandemic, some were having to spend more because their children were at home and eating more, with one grandparent concerned that after furlough ended, the family could face impending job losses with financial consequences.

Some had negative experiences from lockdown, with children set back by the experience.

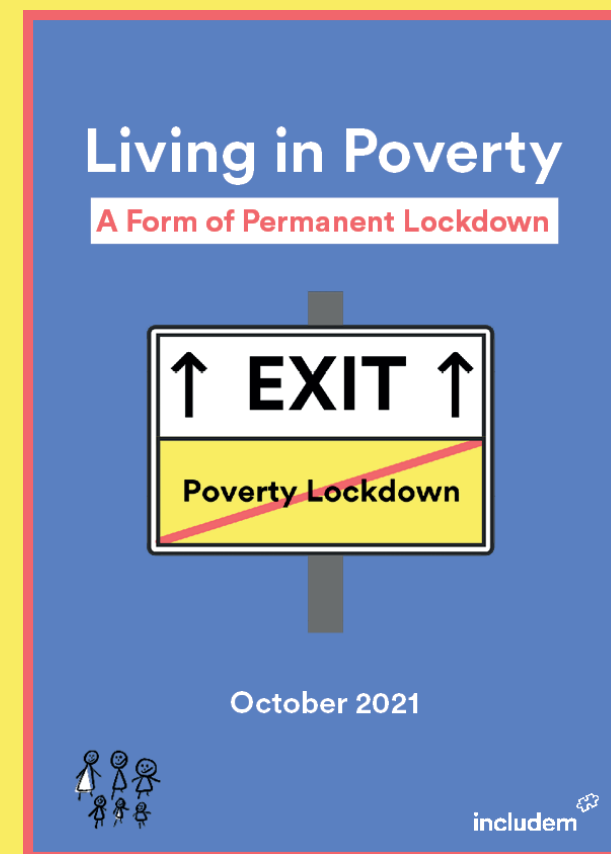
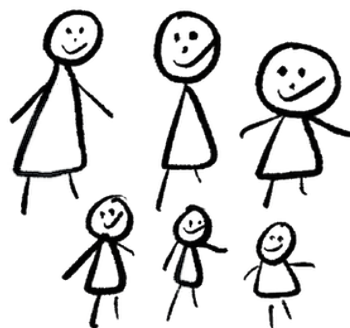
“I don’t think lockdown has helped. It has been hard to get him out. He hears about people having Covid and he doesn’t want to go out.”

With many children and families facing significant issues in school, some found the breaks from physically attending to be beneficial.

One parent’s anxiety had reduced in lockdown, and another parent explained that it had been better for their child, as they had been ostracised in the school environment.

Includem explored experiences of schooling (pre and during covid-19) further with young people as a part of a report published in August 2021 that goes into further depth in their experiences<sup>10</sup>.

<sup>10</sup> Includem (2021)



You can read **Living in Poverty: A Form of Permanent Lockdown** at **[includem.org](https://includem.org)**





# FAMILIES & SUPPORT SERVICES

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*Artwork from Young Person supported by includem Aberdeen*



## Background

Over a decade of austerity has resulted in cuts to statutory services, closure of community-based support, welfare reform and housing insecurity. The shift away from financing support services has had significant consequences for children, young people & families, highlighting the importance of these connections to address emerging challenges. This has led to families experiencing poverty, destitution and more complex needs<sup>11</sup>.

Due to lack of social support structures and discrimination, particular groups such as children of lone parents, with family members in prison, disability or from an ethnic minority background are at a heightened risk of living in poverty<sup>12</sup>. Connections and support are important to mediate against the effects of poverty – without them, people are more at risk of being in or staying in poverty<sup>13</sup>.

<sup>11</sup> Galloway (2020)

<sup>12</sup> Treanor (2020) Cebula et al (2020)

<sup>13</sup> Treanor (2020)



## The Voice of Families

### *Challenges That Brought Families to Services*

Whilst most families identified positives about their lives, all also described facing serious challenges that brought them into contact with services. With some children and young people, there were concerns about the misuse of alcohol and drugs, and a small number were in conflict with the law. Several parents had significant additional caring responsibilities outside of their immediate family.

Despite significant variety in difficulties and their combination for each family, there were some prevalent challenges.

### *Challenges with neurodiversity*

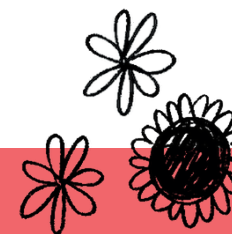
Neurodiversity was a significant issue for half of the families, and this included children with autism, ADHD, learning difficulties, Tourette's or in several cases a combination. For two families, it seemed life was on hold while they tried to obtain a diagnosis for a child with behavioural and

learning challenges. Violent behaviour in the child was a concern in several families:

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

### *Trauma*

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



## *Domestic violence*

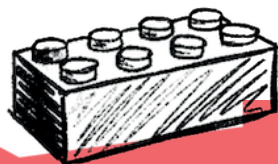
Five families identified domestic violence or abuse in the family background, with three linking this to trauma in their child(ren). One mother was permanently disabled as a result of domestic abuse by her children's father and required the ongoing support of her mother to care for the children.

## *Challenges at school*

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

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

*You can read more about this in **includem's School Experience report at [includem.org](https://includem.org)***



## *The internet adding to challenges*

Some parents also pointed to the internet as an additional source of concern.

"I blame social media for a lot of kids having problems. I blame [social media platforms]. There is pressure on kids. If you had an argument with someone years ago, that would be it done there and then, but now there are videos and then that is put up there and winds someone up. Kids have to follow this new person who is in [a video sharing platform]...and so if they are drinking, everyone is drinking, so it is to be part of it, and then they are all meeting up and fighting."

Some parents identified specific concerns/harms from online activity to their own child - including conflict in school resulting from a neurodivergent child posting unsuitable material online, needing to stay vigilant with use of social media with a child with learning difficulties, and online grooming related to sexual abuse in real life exacerbated by the lack of legal repercussions.

## **Barriers to Accesssing Services & Support**

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

Many families described how challenging and frustrating it had been to find the 'right service' – including gaps for young people with **mental health issues, substance use** or facing challenges associated with **neurodiversity**. In search for the 'right service' families had many people and services involved, with exhausting complexity.

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



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

### *Lack of Support Until Crisis Point*

Following these challenges, families felt they had not had enough support from services until they were connected with includem, with this only coming into place when they had hit crisis point. This included examples of situations where a young person had tried to commit suicide, as well as experiences of grooming and sexual abuse as a continuing concern.

Some families reported **not being believed** despite reporting behavioural problems at home to services and asking for help. One carer and a parent explained that their neurodivergent child would use masking outside the home to manage their behaviour, so professionals didn't understand the extent of the challenges faced. When the behaviour did manifest in school, or through developing a relationship with a professional, this could be a great source of relief for parents who felt that they were not believed until this point.

### *Insufficient Support from Social Work and CAMHS*

Many families reported not seeing their social worker enough and/or struggling to get appointments with CAMHS (Child and Adolescent Mental Health Services), which added to their stress. **Some families reflected feeling like life was on hold until their child got a diagnosis and not feeling listened to by their social worker.**

A couple of parents linked this to the lack of time spent with them, with one family in particular distrusting the service - feeling misjudged and concerned about what was being written in reports and said about them at review meetings.

**Feeling judged and lack of support from statutory services were frequently cited concerns, including a family taking legal action against the service because of lack of support.**







**FAMILIES &  
INCLUDEM**

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## Connecting with includem

Most families had not heard of includem before direct involvement, which was usually initiated by social work or through police involvement. Some families described initial scepticism, contributing to a shaky start.

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

Building trust over time with children as well as parents could be a sustained process, with one parent explaining that it took a year before their child had built a relationship with includem staff.

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

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

Families had varied levels of support from extended family or friends. One described ways in which their aunt had supported them over the years, and another had ‘family all around’ them.

However, more often there were limits to family support, and some identified that includem was able to help fill that role. Parents sometimes felt judged by family members, at times associated with a sense of personal failure. When the situation improved, and this sense began to lift, **bridges could be rebuilt.**

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

## *Pandemic impact on includem services*

This research was undertaken as Scotland was coming out of Covid-19 restrictions and most families had worked with includem either entirely or mainly during the pandemic.

For a short period in March/April 2020, includem support had to be delivered remotely.

One parent found that their child responded well to remote baking sessions, and another adoptive parent described the benefits their family experienced through includem creating a fun quiz evening, focused on their interests.

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

However, some found these to be challenging times. One parent explained their child's mental health had deteriorated to the point of being suicidal, feeling they had no choice but for their child to be looked after by professionals and they were placed into care.

Although includem moved as quickly as possible to face-to-face support, at times this was limited by travel restrictions and closure of venues. Some struggled with limits to home visits.

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

There were difficulties in being restricted to being outside only, with the weather presenting additional challenges – with one parent commenting that their teenagers weren't overly keen to go out in the rain. Two people felt they had benefitted from going out with includem staff during lockdown.

**"I was able to see includem through it so it was fine."  
(young person)**

What was evident was rapid adaptations made by includem and creative and person-centred responses to continued support during this hugely challenging period for everyone.





# WHAT FAMILIES VALUE

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Throughout interviews, families discussed a number of areas that they valued - including the fundamentals of good relationships with includem staff and outcomes & impact achieved. They also highlighted challenges in moving on which some wanted improvements in.

## What Families Value: Fundamentals

There were a number of fundamental elements to includem services that families valued - including listening, trust, authenticity, continuity and commitment, humour & fun, and flexibility. These fundamentals represent valued aspects of relationship based practice as defined by families rather than services.

Throughout this research, the extent to which families discussed the importance of the relationship with service staff was striking. In developing these relationships with families, includem staff were recognised for their skills in being able to navigate support to families whilst ensuring the safety and wellbeing of the children and young people.



### Listening

Parents were very positive about feeling that they are listened to by includem workers, sometimes linking this to being included in decision-making or feeling able to speak up.

“We are being listened to as granny and mum. We are entitled to say what is happening.”

Some families recognised that includem staff were able to spend more time to support them than other services.

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

One parent had never had the opportunity to build a relationship with social work in the way she had with includem. Another felt overlooked by social services during referral to includem.

“I don’t feel comfortable speaking to social work, I don’t have a relationship with them. I don’t think they have been really supportive, they just shunted me off to includem.”

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

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

Some children and young people described the listening or attentiveness of their worker as being important to them.







“[He] listens to me. When I ask for something, he helps....includem have been my main support...I didn't like them at the start. My main worker...was like Polly the Parrot, all she did was repeat herself. I was checking if she had an off button. Ian sees when I am annoyed and he knows when to shut up.”

For one child being listened to was particularly important as they did not feel heard at school, and subsequently was able to use their personal experiences to raise awareness of life with ADHD through includem.

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



## Trust



Many families welcomed not feeling judged by includem staff, which helped to build trust with both children and adults.

“[He] works with me and I have a trusting relationship with him – he is not stuck up.  
**He's normal – he doesn't judge.**”

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

One parent linked this to ‘feeling safe’, enabling them to open up about their concerns. Similarly, a young person described their includem worker as being open-minded, which meant they felt able to talk to them and felt included:

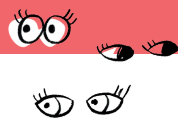
“I have an includem worker. It was quite good, you felt included. I was able to talk to them. They were very open and always open-minded.”

Concern was expressed about workers who were newer in post, with a lack of experience contributing to engagements that were felt to be less helpful. One parent had a newer member of staff attend a children's hearing about their child, who did not explain the challenges the family were facing in a way that they would have expected from a more experienced worker:

“sending a new guy who had not been there long – that isn't right.”

In one case, a parent expressed the view that an includem worker could have handled communications around a situation differently: “*she had to report it, but she hadn't told me.*” However, understanding was expressed that the situation in the house that day had been volatile and challenging for a new worker to face.





## Authenticity

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

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

“You feel that they really care about the young person and about all of you.”

A parent who felt that includem staff really cared, went on to explain that whereas previous services had worked in a more formal approach with the family, the includem staff had different skills and ways of working which had a faster impact:

“They are very natural with both of them. They are not therapy or social work .... Not to denigrate other services...but we have never seen any improvement – we have not seen actual changes. Patrick does what was asked of him at these

services – but it hasn’t filtered through....I think for him it was always feeling that it was a bit maybe like school or a test like there were right answers he had to give.”

## Stickability: Continuity and Commitment

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

“I don’t think they get paid enough... Chris has given them dog’s abuse but they have still kept coming back.”

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

“I think that was when that relationship developed -that consistency that they did turn up even if it was only 20 minutes walking.”

This perseverance was shown to have

improved outcomes with some young people. For example, a young person who had risky behaviour was now contacting their includem worker when they ran away and/or felt at risk:

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

Consistency was not always available however, due to workers leaving. This was particularly challenging when the child was neurodiverse, and change was more of an obstacle.

One parent described how they had lost two workers from includem, which had contributed to their son having ‘drawn down his shutters’. A further concern raised by two separate parents was not always knowing when appointments would be, wanting clearer communication about this:



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

### *Humour and fun*

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

“My older daughter gets on with [him] too – she finds him funny.”

For example, ‘banter’ around football team rivalry could help break the ice.

“At first when he didn’t know them he was a bit hingmy.... Neville is [a football club supporter] and Pat [supports a rival team] and there was banter with that and that got him into the way of it. And they did wee questionnaires with him and all that.”



### *Flexibility*

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

“They were in and out here when I went into hospital in April. They took the girls out. I think it is a great service.”

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

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

One parent was clear that the family had not gelled with their first worker, but that things had improved with the subsequent workers. Another parent identified that they would have preferred a male worker, however at the time they were grateful for any support they received.

### *Recording & Relationship Based Practices & recording*

Tied to the above fundamentals is how they can be negatively impacted by current approaches in recording

Without prompt, there were several occasions that families expressed views on recording by staff in wider services, including feeling suspicious about what was recorded about them, or where this came in the way of good relationships with services. One parent valued that the includem worker did not appear to have prejudged her child based on records. There was also a sense from a couple of parents that professional perspectives dominate in official reporting so the voice of families is muted by comparison:









“I think social workers take a situation and then write reports and they get listened to, the public aren’t given access to express themselves proper.”

A parent described how they felt able to trust their includem worker because they were ‘normal’ and they didn’t feel judged by them. The parent went on to associate the trust with there being ‘no tick boxes’ involved, showing the need for transparency with recording that is meaningful rather than bureaucratically driven.

“You can swear in front of him – he gets it – there are no tick boxes”

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

## What Families Value: From includem

Families identified **four key ways includem worked with them to help address challenges** – with attention to both what worked for the children and young people as well as the whole family.

### *Social activities with children and young people*

Parents often singled out includem’s practice of creating a separate space with the child or young person to build trust - by taking them on trips, activities or working online or outside during the pandemic.

Activities were usually tailored to the interests of the child to enable the **development of person centred and hopeful relationships**, and could for example include taking children and young people to cafes, sports venues and the beach.

“I see him twice a week an hour and a half. We sometimes go to the driving range and to the beach. He is alright.”

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

“I don’t know, I think they might take folk for [food], I prefer though to see them in the house, so nothing I would change personally. I prefer sitting in.”  
(young person)

Although families generally valued these activities, care is required to avoid a perception that challenging behaviour is being rewarded.

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

There were also examples of where workers used activities/trips to develop



relationships and reward young people with persistence with their goals, with signs that this was working.

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

### *Working with the Whole Family*

The value of working with the whole family as a model of practice was clearly and explicitly valued by parents and carers. Because of the relationships built with families, some parents told us that they were able to think differently about aspects of their lives they were struggling with. One adoptive parent expressed the difference it made when a worker they trusted asked about their wellbeing.

“They understand in a different way and they know us all so well. She asked last week are you ok, you don’t look yourself. And that made me think, I am sad. I don’t feel myself. It made me think this is a struggle. We were always resistant to respite... And it was a kind way, it felt

as if.... Maybe I do need to say yes to the respite. It felt – because it’s natural and they know us – it wasn’t a criticism or we could do better...in all the years we have been involved - I can’t remember anyone saying are you ok.”

For some families where there was initial reluctance, work continued more directly with parents whilst working hard to engage with the child or young person.

A couple of parents mentioned the role of includem in navigating conflict within families, with one parent experiencing a positive effect specifically through mediation.

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

### *Support with parenting: Advice and guidance*

In the context of a trusting relationship with includem staff, parents valued their advice and guidance with parenting.

With established trust, parents felt listened to, they were very receptive to or even sought out advice from staff.

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

Several families spoke about includem’s support specifically with setting boundaries with their child or young person, particularly in response to difficulties due to neurodevelopmental issues, or other behavioural difficulties.

An adoptive parent explained such challenges with their child, aware of the difficult start their child had in life. They didn’t want to be overly harsh and were also unsure about whether statutory services would support them in setting limits.

“A couple of times it has felt harsh. For example, feeling torn between feeling so sad for him and tough, I don’t know what to do and how to sort it. If it was Steven I would have thought that’s too bad – he just needs to face the consequences. Gloria

said just leave him. I always worry about social work coming in and being judged. I need to just let him stew.”

This adoptive parent later described this advice as *“the most helpful thing in the world.”*

While some single parents described challenges with managing alone, there could also be challenges with boundaries when two adults were working to different rules, and includem was identified as having helped with consistency between the adult parent/carers:

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

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

“Includem is there and if they see any danger they have to report that of course, but they still talk to us and they are there to talk to us as well as the kids.”

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

### Advocacy

Parents/carers valued the advocacy role played by includem staff with other agencies, including social work, housing, education and CAMHS. In some cases, it was identified that because includem staff spent a lot of time with the family and had developed a relationship with them, they were well placed as advocates: *“having them to back up what we say and corroborate it has made a difference.”*

For example, in one situation the parent described their child as ‘causing havoc’ in class, and how includem arranged their

support during that class, thus easing pressure all-round the situation.

In the following example, a grandparent explains how the pressure is eased for them by having support to engage with and email the various agencies involved with their grandchild. This is not so much about having their point of view represented, but simply about having to manage the level of communication required. Here includem played a bridging role:

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

Another parent pointed out that although their worker was ‘not biased towards’ them, the worker was able to help portray their perspective:







“Any of these meetings – they are going to listen to social work first – and I say to [him] you are coming too – for my side – he is not biased towards me but **he knows the story from our point of view.**”

### *Financial support*

Given the hesitancy of families to open up about experiences of poverty, it is significant that nine of the families had accepted financial support from includem – highlighting the level of trust they had with includem workers. This support ranged from families getting small items, such as phones, to larger items such as a new bed or oven.

In one case the family reported being given money to clear their housing debt, preventing them from becoming homeless. One other family had been supported financially to go on their first holiday, as includem recognise that holidays are a space for families to be together, share new experiences and make memories.

Even support to get the ‘small things’ was life changing with all reflecting that

**without includem they would not be able to afford these changes.** For example, one young person spoke about includem getting them football boots, which meant that they were no longer on the streets and mixing with older people taking substances, but instead trained and played for their local team.

**These families recognised that ‘doing without’ was affecting their quality of life** and this raises questions about those families not engaging with support - and the need for long-term solutions to address poverty to be taken forward.

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

### *24h access to support*

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

“... I’ve never had to wait long for an answer when I have asked for something or advice.”

**Experience of using 24/7 phone support was overwhelmingly positive.** Even for some families who had never used the helpline, knowing it was there was a “great reassurance”.

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

“...just knowing I could pick it up at any moment. It really relaxed me. I wasn’t so anxious... Number one is the Helpline. You need to keep the helpline..... It brought me so much reassurance and peace of mind.”

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





## What Families Value: Outcomes & Impact

There are a number of key outcomes from includem services that were particularly significant to families.

### *Safety*

One young person reported how **includem helped them to feel safe** and taught them what to do when their sibling became violent.

“I think they help with my brother, and they help me to be safe. I go upstairs. I need to be safe.”

### *Having a voice and moving on*

Overall families felt that children and young people improved their confidence and were now ready to move on from includem’s support.

“Mark has calmed down. **He has a voice now and is expressing his own opinions.** He is making his own choices.”

He wants to live a normal life now, no appointments. He wants to be no different to his brothers.”

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

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

“ ”

### *Consequential thinking and making positive choices*

Through supporting children and young people with challenging behaviours to develop consequential thinking skills, includem contributed to positive choices being made. Children and young people reported having stopped ‘hanging-out’ with negative influences, stopping taking drugs and reengaging in education, all of which had a **significant impact on their lives.**

“They got him away from the troublemakers”

“Daniel got on great with includem and he even got an [award], and they only finished working a couple of months ago. He got his [award] in March, the Dynamic Youth Award.”

“I get on well at school now... I would like to be a police officer maybe when I am older.”  
(young person)

“**She basically stopped him from going to jail.** I think the intervention was done at the right time.”





## Wellbeing of the parent/carer

For one family includem provided whole family and individual support for the parent, while their children received befriending from another service. The parent greatly benefited from getting support in their own right to address their childhood and earlier adult trauma. As a result, they said their mental health and wellbeing had significantly improved.

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

## Improved family relationships

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

**“I would say I am more respectful and helpful and not fighting anymore. It is just by having people who are there to help me.”**  
(young person)

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

**“Me and my mum are getting on better. Me and my sister are getting on better too. It is because I am behaving.”**  
(young person)

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



## Breaking the cycle

One parent described how support for their family from includem and another voluntary agency was ‘breaking the cycle’ of generations of abuse and trauma:

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

## What Families Value: Moving On

Views were mixed about how support had ended or would be approached. Six families had not even begun to consider what life would be like without includem in their lives and felt that this was still very far away. Three families were concerned about





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NEW  
Betty Crocker  
Temples of  
Temptation  
Cookie Mix

ASDA

Milk  
Chocolate

Betty Crocker

Chocolate

HAPPY  
EASTER

HAPPY  
EASTER

British

BIG

British

POP  
STAR



moving on and five wanted more clarity about when this might happen.

“We have not had those conversations yet. I was told there was an initial period of six-ten weeks and review but that has not happened...I think it would be good if there was some idea of where things are going.”

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

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

“I don’t have an includem worker anymore.  
I think it ended at the right time.”  
(young person)

One family felt that the support had ended too soon and wanted to regain support, expressed by both the parent and child:

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

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

Finally, another family had their support ended and restarted because the child’s behaviour had begun to deteriorate. While now starting to feel ready to move on, the

parent felt reassured that they could still access support via the phone when needed.

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

“When I left them before, I thought it was the right time...I feel like I work better with them this time, because last time I had four different workers and now I see only Ian... Things were going fine but I picked up a charge...I feel like I will be rid of them soon as I am in school full time. I am training with a football club too.”  
(young person)









## What else would they like to see change?

Many families noted the cuts to services in their local area and wanted to see more accessible services and activities available for children and young people locally to feel safer. Two parents/carers reflected how the local area used to be much 'better' for children and young people when they were growing up and had experienced a severe decline.

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

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

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

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

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





# RECOMMENDATIONS FROM THE REPORT TO #KEEPTHEPROMISE



Includem are committed to amplifying the voices of the children, young people and families who have contributed to this report. The following recommendations will enable includem and others to **#KeepThePromise** and Plan 21-24 and should be considered in the development of the National Care Service. We recognise that the status quo needs to change for families, and their voice and experience have shaped the following four interdependent recommendations:

## Children, young people and family support services must take into account and mitigate the wider economic and social factors impacting wellbeing.

Entrenched poverty and destitution should not be the shame of under supported families, particularly in light of the of low wages experienced by the working poor, cuts to support and inequality in local services & safety<sup>14</sup>.

Poverty puts pressure on families, severely impacting both physical and mental wellbeing of children, young people and families; forming a barrier to access their human rights.

Multiple challenges of adversity must be recognised in practice to address underlying barriers to achieve A Better Life. For example, this research highlights the importance of targeted financial support to reduce stress and enable participation of children, young people and families.

<sup>14</sup> This is reflected in peer research including children & young people published by Children in Scotland on the impact of community and place on health inequalities. See Ross & co. (2020)

## Services should be built on relationship-based practice & working with the whole family – where and when they need it.

Social services must balance compliance with a culture of co-operation with families. Particularly in light of experiences of stigma & shame, building trust through relationship-based practice is critical for children, young people and families - in order to tailor support according to their unique challenges, strengths, interests and hopes. Families need time, persistence and reliability to develop trust and to make changes. This needs to be in their time.

Clearer communication is an essential feature in this. In reporting, greater clarity is needed regarding what information is shared with other agencies and ensuring families' experiences are reflected. In moving on, clarity is needed on timelines, to prepare for these changes and could include a period of review or reduction. Continued access to support at times of crises, including being available 24/7, can provide peace of mind in these transitions.







## Addressing gaps in service provisions and greater partnership working are necessary to support families to overcome complex challenges.

Families face complex circumstances, including daily struggles with living in poverty & stigmatisation, experiences of domestic abuse, past trauma, challenges of neurodiversity, substance abuse and online exploitation. There are considerable gaps in services for children and young people, particularly in early intervention, and the current support from social work and CAMHS is too limited.

Children, young people and family support services in areas such as mental health, neurodiversity and substance misuse and greater partnership working across agencies could help address these challenges as they emerge and prevent families reaching crisis point.

Additionally, families must be able to self-identify as needing support, and be believed & supported to access responsive services. This could provide a number of benefits, including safeguarding family wellbeing and avoiding more costly interventions down the line.



## Investment in & support of the workforce are critical to enable them to undertake this highly valuable and skilled work.



Parents/carers' recognition of understaffing in statutory services does not mitigate their negative experiences of feeling under supported, judged and unheard. When expressing concerns about wider services, families talked about the concept of poverty of time – time with workers, to build relationships of trust or to make the changes services expect based on risk rather than needs.

To build relationships with children and families in a meaningful way, there is a need for investment in the workforce, the availability of help according to need, and sufficient time to allow for flexibility and trusting relationships. Staff must be supported in this highly skilled work to ensure retention and recruitment of talent, and rebuilding families' trust in services.

To continue its work to keep the promise, Includem will work to ensure workforce participation in considering how to best support greater consistency of workers, and that new staff feel fully supported.



# APPENDICES

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## Appendix 1: Supporting Literature - Family & Child Welfare Services



What families have reported reflect many trends and findings from literature on family and child welfare services, providing wider context to these experiences.

The volume of child protection proceedings in the UK has escalated significantly since the 1990s, with additional concerns about:

- The increasing and disproportionate effect on families in poverty<sup>15</sup>.
- The need for alternative approaches<sup>16</sup> & engagement with the complexity of people's lives<sup>17</sup>.
- The challenges faced by practitioners seeking to support these families<sup>18</sup>.

<sup>15</sup> Bilson and Martin (2016)

<sup>16</sup> Mellon (2017), Featherstone et al (2019)

<sup>17</sup> Brandon et al (2020)

<sup>18</sup> Brandon et al (2020)

To address these concerns, there are several elements that can be considered in developing fit for purpose child welfare services that engage families.

**Co-operation and compliance:** Skilled and sustained support is critically important keep families together and thriving. This requires a balance of relationship-based working with assessment and management of risk.

There has been a shift over many years towards a culture of compliance<sup>19</sup> with an increasing focus on assessing the fitness of parents, without attention to the social factors impacting the family's wellbeing. Families' immediate needs & barriers to engagement - such as inadequate housing, poverty, unemployment, and lack of transportation – are important to consider and work on in the engagement process<sup>20</sup>. Additionally, research shows a tendency towards the amplification of parental deficits in welfare services, with strengths underplayed by comparison<sup>21</sup>.

<sup>19</sup> Littell and Tajma (2000), Smith (2008)

<sup>20</sup> Dawson and Berry (2002)

<sup>21</sup> Hughes et al. (2016)

There is a need for a focus on the whole family, recognising that the needs of children, young people and their parents are interwoven<sup>22</sup> - rather than a sole focus on individualised risk. Effective strategies include timely access to treatment and recovery management and support,<sup>23</sup> acknowledgement of family strengths as well as vulnerabilities in the context of considerable adversities, and the role of workers as agents of hope and support<sup>24</sup>.

**Poverty and inequality:** Families of all types are more likely to build and maintain a relationship with staff if the beginning of their involvement takes account of their needs<sup>25</sup>.

Despite deepening inequalities, there has been a shift away from addressing the material struggles of family life. There is additionally growing concern about inequalities in child protection, with the most impoverished families more likely to be subject to proceedings<sup>26</sup>. This attention to families in poverty is likely shaped by

<sup>22</sup> O'Conner et al. (2014), Bouma et al. (2020)

<sup>23</sup> Heubner et al (2017)

<sup>24</sup> Smith (2008), Featherstone et al (2014)

<sup>25</sup> Lewis, (1991)

<sup>26</sup> Fong, (2017); Wildeman and Fallesen (2016)





the perception that affluent children and young people are low risk, which may result in children missing out on needed support<sup>27</sup>. Evidence suggests that children from affluent backgrounds may suffer maltreatment, including neglect, in less visible ways<sup>28</sup> – with parents able to use class privileges and resources to resist intervention<sup>29</sup>.

As a starting point, services must consider the context of the family regarding the requirements for human development – such as food, water, warmth, rest, security and safety – that a sufficient income and affordable housing in a safe environment represents<sup>30</sup>. Additionally, there is a need to pay attention to how class and ethnicity interact in face of child welfare interventions<sup>31</sup>. A focus on poverty and inequality must be built into support planning, to bring focus on the wider social factors putting pressures on families.



27 Bernard and Greenwood (2019)

28 Felitti et al. (1998)

29 Bernard and Greenwood (2019)

30 Featherstone et al (2019)

31 Fylkesnes et al (2017), Webb et al (2020)

**Human resources:** Staff recruitment, training, supervision and support have important implications in terms of parental experience, outcomes for children, young people and families and inequalities.

Staff play a critical role in helping people understand the system, the requirements, timelines, and the opportunities available. Yet, the availability of the necessary human resources, including professional time to understand a family's situation, is a challenge for community-based social care due to financial constraints<sup>32</sup>.

For parental experience of child welfare services, helpful aspects included adequate services, clear communication, instrumental and emotional support, and responsiveness<sup>33</sup>. Good practice includes 'holding relationships', where social workers are regarded as reliable, immersing themselves into people's day-to-day existence and developing their life skills, getting close to them and practicing critically by taking account of power and inequalities. More investment is essential, to create conditions that enable staff to be reliable, and ensure

32 Bouma et al. (2020), O'Connor et al. (2014)

33 Lundahl et al (2020)

they have the time, emotional support, and the space to think critically and clearly about their work<sup>34</sup>.

### **Integrated and multi-disciplinary work:**

Integrated working can promote the cross-fertilisation of skills and expertise<sup>35</sup>, and the availability of diverse support is beneficial to addressing the complex challenges faced by families. While the benefits of integrated and multi-disciplinary support are evident from research, this depends on staff having time to engage with families<sup>36</sup>.

Multidisciplinary and diverse support can have a number of benefits - including building relationships, improving mental health and gaining access to financial support, serving to challenge health and social inequalities experienced by young parents<sup>37</sup>. No single agency can respond to all outcomes important to a family, and wider partnership working is required in the short and long term.

34 Ferguson et al (2020)

35 Featherstone et al. (2019)

36 Bouma et al (2020), Join-Lambert (2016)

37 Darra et al (2020)



## Appendix 2: Methodology

This research was undertaken by researchers, including peer researchers who had received includem support in the past to ensure lived experience informed the approach in engaging families. Peer researchers co-designed the topic guide and conducted interviews, alongside Dr Briege Nugent and Dr Emma Miller.

Field work for the research included 20 interviews, involving 23 adults and 5 children/young people between the ages of 8 and 14. Families involved were from different towns and cities across Scotland. Of those interviewed 12 were parents - of whom 10 were single parents; 3 were foster, adoptive or kinship carers; and 2 were grandmothers. There were 47 children being cared for with the 20 families. The interviews were conducted between June and September 2021 as Scotland was experiencing an easing of restrictions due to the COVID-19 pandemic.

Families were invited to participate by includem staff, who provided an information sheet to families, discussed

it with them and informed the research team of those who expressed interest. The researchers then spoke to families over to phone to ensure they were happy to participate, and arranged a later date for a three-way interview with a peer researcher, a researcher and parent/carer(s) (including additional checks for consent and an explanation of the confidentiality process). All names mentioned in this report are pseudonyms to preserve participants anonymity. Given that families were recruited by includem staff, this may not be a truly representative sample of all the families supported.



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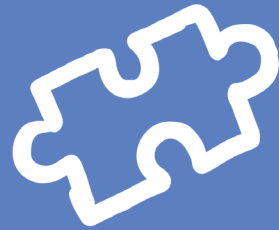
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