iconic consulting

CHILDREN FIRST Protecting Scotland's Children

Family Wellbeing Service Model

Evaluation

Report

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Contents

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1 Introduction

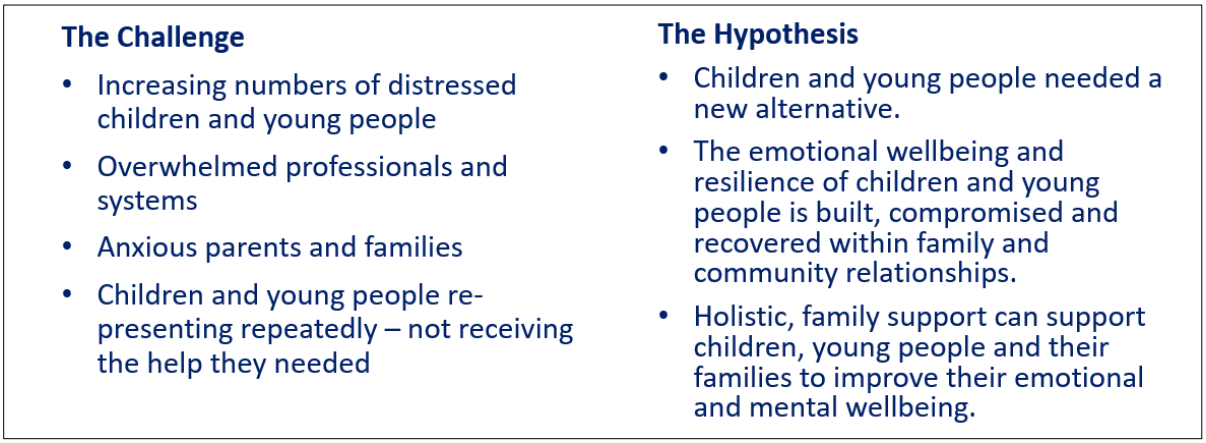
This report presents the findings of an evaluation of Children First's Family Wellbeing Service Model. Iconic Consulting evaluated the model on behalf of Children First and focused on delivery of the service in East Renfrewshire from its inception in 2017 to mid-2025. The aim of the evaluation was to identify the key elements and factors that lead to significant difference for children, families and the overall support system through the use of a Family Wellbeing Service Model. The evaluation was commissioned by Children First with the benefit of support from The Robertson Trust which funded the initial development of the service in East Renfrewshire.

Background

In the UK, it is reported that mental health of children and young people has been rising from one in ten in 2004, to one in nine in 2017 to one in six in 2020, and to one in five in 2023 (NHS Digital, 2021 cited in Healthcare Financial Management Association (2024). The increase in mental health issues has been attributed to the impact of the COVID-19 pandemic, as well as school pressures and social media (Healthcare Financial Management Association, 2024). Based on a study in England, children and young peoples' mental health has been shown to be linked to their perceived lack of control, feeling they have been treated unfairly, bullying and being worried about others (O'Neill et al. 2021). Whilst it is likely that a quarter of children and young people will encounter emotional and psychological difficulties, a mere third of those will seek help (ibid). Barriers to seeking professional help include their limited mental health knowledge and perceptions of help-seeking, stigma and embarrassment, perceptions of therapeutic relationships, including considerations around trust and confidentiality, as well as structural factors, including costs (ibid). Even with these barriers, CAMHS has experienced a significant increase in demand and one hundred referrals per day are made to Child and Adolescent Mental Health Service (CAMHS) in Scotland (Children First, 2024). Lengthy waiting times followed and the Scottish Government target, announced in 2014, that 90% of children and young people should start treatment within 18 weeks of referral to CAMHS was only met for the first time between October and December 2024 (Public Health Scotland, 2025).

In September 2017, Children First and East Renfrewshire Health & Social Care Partnership (HSCP) developed a one year pilot of the Family Wellbeing Service to provide early support for children and families who were experiencing emotional distress. The service was limited, at that time, to referrals from one GP practice in East Renfrewshire. A significant driver for the service was the number of children and young people presenting at their GPs with emotional distress and GPs having limited support options at a time when CAMHS was experiencing an unprecedented level of demand. In 2017 there were 657 referrals to CAMHS in East Renfrewshire of which 216 did not meet the referral criteria at that time; subsequently there were 717 referrals in 2018 and 733 referrals in 2019 (East Renfrewshire Council, 2020). The issue of mental health problems presenting at GPs and the limited support options available was highlighted in a recent report which cited evidence from the Deep End Project which has operated in the 100 most deprived general practice populations in Scotland since 2009. The report stated the Deep End Project showed 'how mental health problems are increasing and directly affecting general practice capacity… (and) how most new mental health morbidity will present in general practice, below thresholds for referral to mental health services' (Mental Health Foundation, 2025).

The background to the Family Wellbeing Service and the hypothesis for the pilot were set out by Children First as follows.



Source: Children First

Evidence gathered during the pilot showed the service improved emotional wellbeing in children, young people and families. This led East Renfrewshire HSCP to fund the service for a further year and extend delivery to six GP practices. Evidenced gathered during the year continued to show the service was impactful. This led East Renfrewshire HSCP and Children First to discuss additional funding to further expand the service through The Robertson Trust's Social Bridging Finance (SBF) model. The innovative SBF funding model aims to enhance the sustainability of public services, particularly those of a preventative nature. It involves the delivery of an evidence-based service by a third sector organisation (in this case Children First) which a public sector partner (East Renfrewshire HSCP) guarantees to sustain, via a legally binding contract, if mutually agreed success criteria are met by the end of an independently grant funded (The Robertson Trust) demonstration phase. The Robertson Trust agreed three year funding which aimed to expand the Family Wellbeing Service across all GP practices in East Renfrewshire. The SBF approach includes a six month development phase which began in June 2019 to finalise the service delivery model and success criteria before a two year delivery phase commenced in December 2019. Evidence gathered by Children First demonstrated the SBF success criteria were met and following extensive discussions, East Renfrewshire Integrated Joint Board agreed to sustain the Family Wellbeing service for a further two years from June 2022. Continuation funding was confirmed in 2024, albeit at a lower level.

In 2020, partners in East Renfrewshire developed the multi-agency partnership Healthier Minds to provide an earlier and co-ordinated response to distress in children and young people. The partnership includes representatives from education, including educational psychology, Renfrewshire Association on Mental Health (RAMH) Schools Counselling service, CAMHS, health, social work, and Children First. Healthier Minds aimed to increase capacity in schools to support children and young people as well as to provide a multi-agency response to needs that require targeted supports. Children First also benefitted from additional funding to employ two Project Workers to respond to needs identified through the multi-agency screening hub, referred to as the Healthier Minds Hub. These workers were part of a team, referred to as the Healthier Minds core team, with a manager, support workers, and teaching, educational psychology and CAMHS staff. The Hub and operational elements of the Healthier Minds partnership began in November 2020. In summer 2022, following a competitive tendering process, Children First was commissioned by East Renfrewshire Council to provide whole family early support as part of the Healthier Minds partnership, referred to as Children First's Healthier Minds service. The contract is due to be re-

tendered in 2025/26.

From 2019/20 to 2023/24 annual funding for the service was approximately £670,000. For the first three years this included a contribution of £320,000 from East Renfrewshire HSCP and approximately £350,000 from The Robertson Trust via the SBF funding model. As noted above, the HSCP agreed to sustain the service from 2022/23 and continued funding at £670,000 per annum for the first two years. In 2024/25, HSCP funding decreased substantially to £320,000.

Year	Total	East Renfrewshire HSCP	The Robertson Trust
2019/20	£670,677	£320,000	£350,677
2020/21	£659,864	£320,000	£339,864
2021/22	£673,815	£320,000	£353,815
2022/23	£670,000	£670,000	-
2023/24	£670,000	£670,000	-
2024/25	£320,000	£320,000	-

Throughout the period 2019/20 to 2023/24, the service had 14.1 full time equivalent (FTE) staff consisting of 10.5 Project Workers, 2.0 Team Leaders and 1.6 Service Managers. In 2024/25, the reduction in HSCP funding resulted in the service operating with 6.8 FTE (5.0 Project Workers, 0.8 Team Leaders and 1.0 Service Managers).

Evaluation

Children First highlighted the following drivers in the commissioning of the Family Wellbeing Service Model evaluation:

- Existing evidence on holistic family wellbeing models is limited.
- Although the SBF model provided some evidence of impact, the narrow focus of the success criteria did not show why the Family Wellbeing Service model as a whole worked and which elements were significant.
- Establishing a programme theory of the model as part of the evaluation, can provide a tool to review and test future services.
- There is a strong basis for ongoing learning and development and for wider influencing on future design of family support services.

The evaluation involved the following quantitative and qualitative research during the period January to May 2025:

- A rapid review of evidence on the Family Service model. Following discussion with Children First, the review focused on children's emotional distress and non-clinical interventions, multi-agency hubs, and evidence on the interaction between GPs and the third sector. The standalone findings from the review are shown in the Appendix.
- Analysis of data gathered by Children First throughout the delivery of the service including demographic information on the children, young people and families who were supported by the service, as well as the impact the support had. Children First provided data covering the period June 2019 to September 2024.
- Consultation with families supported by the service. This involved telephone and in-person interviews with nine parents/carers and two young people, and a group discussion with a further three parents/carers. Several other young people were given the opportunity to take part in an interview with or without their parents/carer or support worker, in a group discussion, or to provide written feedback on their experiences. None of the young people

took part with time constraints because of schoolwork and exam preparation cited as the main reason.
- A group discussion with ten members of Children First's Family Wellbeing Service team.
- Depth interviews with four Children First managers/senior staff.
- Depth interviews with three stakeholders from East Renfrewshire HSCP.

Report structure

This report is structured as follows:

- Chapter 2 examines the referral process of the service in East Renfrewshire.
- Chapter 3 focuses on the support provided.
- Chapter 4 assesses the service's impact.
- Chapter 5 identifies the key components of the Family Wellbeing Service Model model.
- Chapter 6 brings together our conclusions and learning on future design of family support services.

2 The Family Wellbeing Service referral process in East Renfrewshire

This chapter focuses on the Family Wellbeing Service model referrals process in East Renfrewshire covering referral routes and reasons for referral.

Summary of key findings on the referral process

- A total of 752 families were referred to the Family Wellbeing Service in East Renfrewshire between June 2019 and September 2024.
- Over the course of the delivery period two distinct referral routes have operated: GP referrals to the Family Wellbeing Service, and open referrals via the Healthier Minds Hub.
- Investing time to raise awareness of the service and put in place a clear referral process helped engage GP practices when the referral route was focused on GPs. Children First insisted GPs phoned the team to make a referral with no need to complete a referral form. 14 of the 15 GP practices in East Renfrewshire made referrals to the service during this period.
- One of the original success criteria was supporting 90% of families within two weeks of being referred by their GP and this was achieved throughout the SBF funded years. Providing families with a speedy initial response within a fortnight of referral helped them feel listened to and supported. Children First has applied this responsive approach to other services.
- Introduction of the Healthier Minds Service opened up the referral process and resulted in referrals from non-health sources including education and social work. Routing referrals through the multi-agency Hub provided a single referral point for several services and has led to Children First and the Family Wellbeing Service specifically being more integrated with other support for young people in East Renfrewshire than it was previously. The Hub meets weekly and the referral process is needs-led and very thorough.
- There have, however, been some challenges with the Hub referral process – the time it can take to access support which can be up to two months and some reticence to engage when referred by a professional rather than actively seeking support from their GPs. Children First's recent records show families who face the longest wait before being contacted were less likely to engage than those who were contacted quickly.
- The rate of referrals has been markedly lower in 2024/25 with only 11 referrals in the first six months of the year (2.5 per month) compared to between 12 and 14 per month in previous years. Children First reported that the decrease was due to various factors including the reduction in funding and the capacity of the team and a backlog of families who were on the waiting list at the end of the initial referral route through GPs.
- Emotional distress has been the main reason for referral although this covers a multitude of issues including school engagement, behaviour in and out of school, self-harm behaviour, and suicidal ideation. Early life trauma and the COVID-19 lockdowns were cited as contributory factors.

Referral routes

From June 2019 to September 2024, a total of 752 families were referred to the Family Wellbeing Service in East Renfrewshire. This was an average of approximately 140 families per year or 12 per month. Over the course of the delivery period two distinct referral routes have operated: GP referrals to the Family Wellbeing Service, and open referrals via the Healthier Minds Hub.

GP referrals to the Family Wellbeing Service

As noted in Chapter 1, The Family Wellbeing Service was developed to provide a support option for young people presenting at their GP with emotional distress. As a result Children First recorded 'health' as the source of all referrals in 2019/20 (Year 1), and the vast majority in Years 2-5. Notably, Children First invested considerable time at the outset engaging GP Practices across East Renfrewshire. This awareness raising of the service helped explain the target group, the support available, and the specific details of the referral process. Somewhat unusually for a third sector-led service seeking referrals from GPs, Children First insisted GPs phoned the team to make a referral with no need to complete a referral form. In total 14 of the 15 GP practices in East Renfrewshire made referrals to the service. Children First consultees reported that this referral process ensured GP practices understood the service and it helped embed the service as an additional support option for young people presenting with emotional distress. GPs that did not sign up cited workload and time constraints as the main barriers.

One of the original success criteria under the SBF model was the aim to support 90% of families within two weeks of being referred by their GP. Overall, this was achieved throughout the SBF funded years. Children First emphasised the importance of families receiving a speedy response after their GP appointment. They explained it reassured families that their concerns had been heard and they would be supported. They added the design and delivery of other Children First services had been informed, in terms of the speed they respond to referrals and the importance of communicating with parents/carers before support begins.

> "What was really good about the Family Wellbeing Service was they were speaking to somebody from the service within two weeks of seeing their GP. That responsiveness, that sense of being heard and not being alone had a huge benefit in terms of being able to progress things for families". (Children First consultee).

> "One of the key things about the service was its ability to provide the right support at the right time. Families were contacted within two weeks of referral from their GP. That was one of the key things about the design of the service and its success. That first connection wasn't just we've got a referral for you, it was more about asking the family what is going on for them, what help are you needing, what can we do next, and in reality the support started there and then. Even if we didn't have the capacity to allocate a worker, we always made sure, and this is the feedback we got from families, that they felt held and heard". (Children First consultee).

Healthier Minds referrals

The development of the Healthier Minds Hub and Children First's Healthier Minds Service opened up the referral process and resulted in referrals from non-health sources including education and social work in Years 3 to 5 although, as shown in the table below, the numbers recorded by Children First were relatively low and health remained the main referral route in these years. In the first six

months of Year 6, there were 8 self-referrals and 3 referrals from education. Children First consultees suggested the self-referrals are likely to be young people signposted by GPs who have been informed that in order to receive support from the service they would suggest families self-refer to Healthier Minds, but that this will not guarantee support as this depends on the discussion and decision of the Hub. There were no direct referrals from GPs or other health professionals in Year 6.

The rate of referrals has been markedly lower so far in 2024/25 with only 11 referrals in the first six months of the year (2.5 per month). In previous years, the rate of referrals had consistently been between 12 and 14 per month. Children First reported that the decrease in referrals was due to: the reduction in funding and the capacity of the team highlighted in Chapter 1; an amalgamation of two separate teams; a change in referral pathway from GPs to the Healthier Minds Hub; and a backlog of families who were on the waiting list at the end of the initial referral route through GPs.

Referral source	Year 1 2019/20	Year 2 2020/21	Year 3 2021/22	Year 4 2022/23	Year 5 2023/24	Year 6 2024/25	Total	
Health	166	169	125	150	110	0	720	94%
Self-referral	0	2	3	4	2	8	19	2%
Education	0	0	2	9	3	3	17	2%
Social Work	0	0	1	2	2	0	5	1%
Children First	0	0	0	2	0	0	2	0%
Justice & Legal	0	0	0	1	0	0	1	0%
Note: Year 6 data covers the six month period from April to September 2024.								

All referrals (including self-referrals) are now discussed at the Healthier Minds Hub. The multi-agency group meets weekly to discuss the most appropriate way of supporting young people with mental health and wellbeing concerns raised by professionals or through self-referral. Children First is a member of the Hub alongside representatives from educational psychology, social work, CAMHS, and other partners. The process appears to be very thorough and involves an assessment of need and a roundtable discussion about the most appropriate means of supporting each young person and their family. Several consultees reported the Hub has led to Children First and the service being more integrated with other support for young people in East Renfrewshire than it was previously. Stakeholders reported Children First is a positive, proactive and very valued member of the Hub.

There were some elements of the Hub referral process that appear to have been challenging. The referral timescale is now longer and this has impacted on the service's ability to respond quickly which was highlighted above as a benefit of the original set-up. In some cases Hub referrals can take up to two months to progress. This can occur if school pastoral or teaching staff identify a wellbeing concern with a young person that is referred to the joint support team for an initial discussion and then subsequently referred on to the Hub. The time to complete a referral form with the young person and family, and the number of referrals to be discussed at Hub meetings can result in a wait of up to two months before support is agreed. Consultees who highlighted this as a concern, stressed they understood the need to assess each young person's situation, to have relevant information and to make the correct decision. It was also suggested that the Hub referral process has been a barrier to engagement for some of those referred. Whereas the previous approach was instigated by the family with the young person presenting at their GP, the Healthier Minds referral

process includes some young people referred by schools or other professionals. Children First reported this can, on occasions, lead to some reticence at the start which can take time to address.

> "What really worked about the essence of the Family Wellbeing Service was the families had made that decision by going to the GP surgery, they have actively gone seeking support. Essentially they were telling us they were ready, so when we started to support the family it was quite a fluid transition and they felt open and ready. When the referral route changed, the angle at which families are being referred changed, rather than referring themselves they were mostly being referred by someone else". (Children First consultee).

> "There is an element of being done to. A professional telling you that you need help. It is deficit-focused – something is not right with your family. Whereas previously it was families seeking help and it was early intervention really". (Children First consultee).

After the Hub meeting, Children First reported there may be a short wait until the team has the capacity to support a family. They emphasised however that initial contact is made to reassure the family they will be supported and, if relevant, to share resources that may help until a workers can be assigned. Children First highlighted that their recent records show families who face the longest wait before being contacted were less likely to engage when they were contacted about support starting than those who were contacted quickly about support starting. This emerging issue reaffirms the importance of supporting families as quickly as possible which was a feature of the Family Wellbeing Service model developed by Children First.

Children First also explained Hub referrals involve an internal allocation process to establish whether the support is provided and reported on as part of their Family Wellbeing Service contract or Healthier Minds contract. They emphasised that this is an internal contractual and reporting issue as the support the family receives is the same for both contracts. The decision tends to be linked to the reasons for referral and the intended outcomes. Referrals involving more complex family issues including known trauma tend to be aligned to the Family Wellbeing Service contract whereas those with a referral from education with concerns around school engagement or attainment tend to be aligned to the Healthier Minds contract.

Reasons for referral

Emotional distress has been the main reason for referral recorded by Children First although this is quite a broad term. Consultees explained that under the Hub referral route, professionals have made referrals when they have had concerns around emotionally based school attendance and parents not being able to cope with getting children to school, as well as behaviour in school, risk taking behaviour outwith school, mental health issues including the impact of early life trauma experiences, self-harm behaviour and suicidal ideation, and known or possible neurodiversity. They also highlighted the impact of the COVID-19 pandemic on young people's mental health.

Some of parents/carers described dramatic changes in the mental health of their children that preceded their referral to the Family Wellbeing Service. They described how their child had gone from being "happy" and "fine" to experiencing severe mood swings, becoming depressed and withdrawn, and in some cases suicidal. Some also had physical symptoms. There was experience among the parents/carers of being referred to CAMHS but not being offered support. These

parents/carers reported feeling at a loss about what to do at that time as they could not understand how their child had been assessed as not "bad enough" - in their own words - to be seen by CAMHS. Parents/carers also highlighted the negative impact that COVID-19 lockdowns had on their children's mental health and self confidence, and engagement with school during and after lockdowns.

> "I could have done with this earlier, probably right before when she was refusing to go to school, or even before. It was October that year when the COVID restrictions were lifted that this all came out, she was struggling, the whole sensory overload. It all came out because of COVID, taking away the routine and socialising". (Parent/carer).

3 Support provided by the Family Wellbeing Service in East Renfrewshire

This chapter focuses on the support provided by the Family Wellbeing Service Model in East Renfrewshire.

Summary of key findings on the support provided

- The Family Wellbeing Service provides help and support to families where there is a child aged 8-18 experiencing emotional distress.
- Support is provided by a Children First Project Worker who works with the whole family – the child/young person, parents/carers and other family members, if appropriate. Workers currently have a caseload of approximately 10 to 12 families.
- At the outset of the support, the worker meets the family to understand their situation and agree goals that are used to assess progress over time. Subsequent support is person-centred and multi-faceted combining individual and group sessions with children & young people and parents/carers, resources and information sharing, activities, access to other Children First services, and signposting to a range of follow-on services.
- Individual support sessions with children & young people and parents/carers are the core element of the service. The sessions take place at the family home, at school, at Children First's base in Giffnock or any other location, as appropriate. The regularity and informal approach help build a relationship and trust between the worker and the family members.
- Families provided very positive feedback on the support.
- Consultees reported "the environment needs to be right" for engagement and families need to be ready to reflect and want to make changes. The change in referral route from families actively seeking support via their GP to being referred by professionals, and previous negative experiences of support, were highlighted as challenges to engagement.
- The length of support has varied markedly from under four weeks to over four years. Approximately two thirds of families were supported for a year or less while approximately 1 in 10 were supported for more than two years.
- The length of support has been a recurring discussion point between Children First and East Renfrewshire HSCP, particularly since the introduction of the Healthier Minds service contract. Partners' views on support taking longer than anticipated may reflect, in part, limited awareness of the detailed support provided by the service which would be helped by Children First articulating more clearly how they support families.
- Staff numbers reduced from 14.1 FTE to 6.8 FTE following a reduction in funding.
- In total, 723 families were supported by the service during the period June 2019 to September 2024. Although demographic data was limited, between 2019 and 2022 approximately half of young people supported by the service were aged 16 to 18, more females (56.9%) were supported than males (40.9%) or non-binary and transgender young people (2.1%), and the majority of young people described their ethnicity as white (90.6%).
- The service successfully engaged families across East Renfrewshire including from the more deprived areas.
- In addition to the support for families, the service delivered professional learning sessions with school staff as well as groupwork and whole class interventions.

Support provided

Children First has described the service as follows.

> 'The Family Wellbeing Service provides help and support to families where there is a child aged 8-18 experiencing emotional distress. The distress that the child is experiencing may be due to relational disconnection and trauma. The Family Wellbeing Service is able to offer families space and time to talk through their experiences and their feelings. The team gets alongside the whole family to help them make sense of what's happened; to identify and connect with their own strengths and abilities; to strengthen their relationships and reduce emotional distress. Staff build relationships with families to best understand what they would like to be different and to agree on how this could be achieved'.

As noted in Chapter 1, the Family Wellbeing Services initially had 14.1 FTE staff consisting of 10.5 Project Workers, 2.0 Team Leaders and 1.6 Service Managers. The reduction in funding has resulted in a team of 6.8 FTE (5.0 Project Workers, 0.8 Team Leaders and 1.0 Service Managers). Although the service currently has two funding streams, the team itself is one united team. There is no distinction in terms of roles, support offered or families supported.

Children First assign a named Project Worker to support each family. Each worker currently has a caseload of approximately 10 to 12 families. At the outset of the support, the worker meets the family to understand their situation and agree goals that are used to assess progress over time. The multi-faceted support includes:

- Individual support sessions with children and young people.
- Individual support sessions with parents/carers.
- Joint sessions with young person, parents/carers and, if appropriate, siblings.
- Access to resources such as information on mental health, wellbeing, coping strategies, and neurodiversity.
- Specialist groups and activities for children and young people.
- Support groups for parents/carers including Coffee and Connect.
- Webinars for parents/carers and family members.
- A Facebook group for parents/carers and family members
- Access to support from Children First's other services including money advice team, Bide Oot outdoor activities, befriending, and Parentline
- Signposting and referral to follow-on support provided by a range of other partners.

Individual support sessions are the core element of the Family Wellbeing Service Model. Workers provide talking-based support to young people and/or parents and carers with joint sessions also delivered where appropriate. The sessions tend to take place weekly initially to allow the workers and family members to meet, discuss the drivers for the support, and identify goals and what they want to achieve from the support. The sessions take place at the family home, at school at Children First's base in Giffnock or any other convenient location. The regularity and informal approach help build a relationship and trust between the worker and the family members. The other elements of the support listed above complement the support sessions and are used to help address some of the issues that led to the referral. For example, resources help young people with coping strategies when faced with challenging situations, and help young people and parents/carers understand how the teenage brain develops. Groups help young people and parents/carers talk to their peers, find

reassurance that others are experiencing similar situations and share their own successes. Children & young people and parents/carers provided very positive feedback on the impact of the individual support, as detailed later in this report.

> "She spoke to me about how to be more calm and to talk about my feelings instead of taking it out on people…. It was things like coping techniques, thinking about what helps when you feel a certain way. We went over that and we kept doing it and then I seen progress. She told me about how teenager's brains think differently from an adult, how they haven't matured properly and they can react very quickly but it will change and it won't always be like that. And about things that can help when you feel like that, like going for a walk, listening to music, going out with friends. Techniques, and how to value yourself. Always think positively, if one bad thing happened it doesn't mean the whole day is going to be bad. I was a bit nervous at the start. I didn't really tell her everything. Then next time I seen her I noticed that she'd remembered things that I said and I started feeling like I could open up to her. She listened really well". (Young person).

Children First consultees noted that the support is tailored to what the family are ready for and able to engage with. They, and other consultees, stressed that a range of factors can impact on engagement and several reported "the environment needs to be right". Consultees emphasised that families need to be ready to reflect and want to make changes. Some consultees again noted the significance of the change in referral route from families actively seeking support to some being families referred by professionals. There were also comments that engagement can be affected by previous negative experiences of support especially if families have had several previous supports, which can result in barriers, mistrust and take longer to build a relationship - one consultee suggested families can be "burnt out" and this can deflect from the service being the right support.

The Family Wellbeing Service in East Renfrewshire has included various groups for children & young people, and parents/carers. During the COVID-19 lockdowns online groups were used to keep in touch with children & young people and give them opportunities to interact with their peers. Groups include an emotional literacy group for 8 to 11 year olds, a group for girls aged 12-15, a P7 transition group, and summer activity groups. More recently, Children First developed a group, Dungeons and Dragons, to support children & young people with additional support needs and neurodiversity. Although the number of participants has been small, Children First reported the group provided a way for participants to access support and had been impactful. Some partners questioned the value for money of this group given the small number of beneficiaries. For parents/carers, Children First established Coffee and Connect to provide informal peer support. Children First reported the group is well attended and parents/carers welcome the opportunity to share experiences of their child's distress and of the system. Parents/carers provided very positive feedback on the impact of the groups, as detailed later in this report.

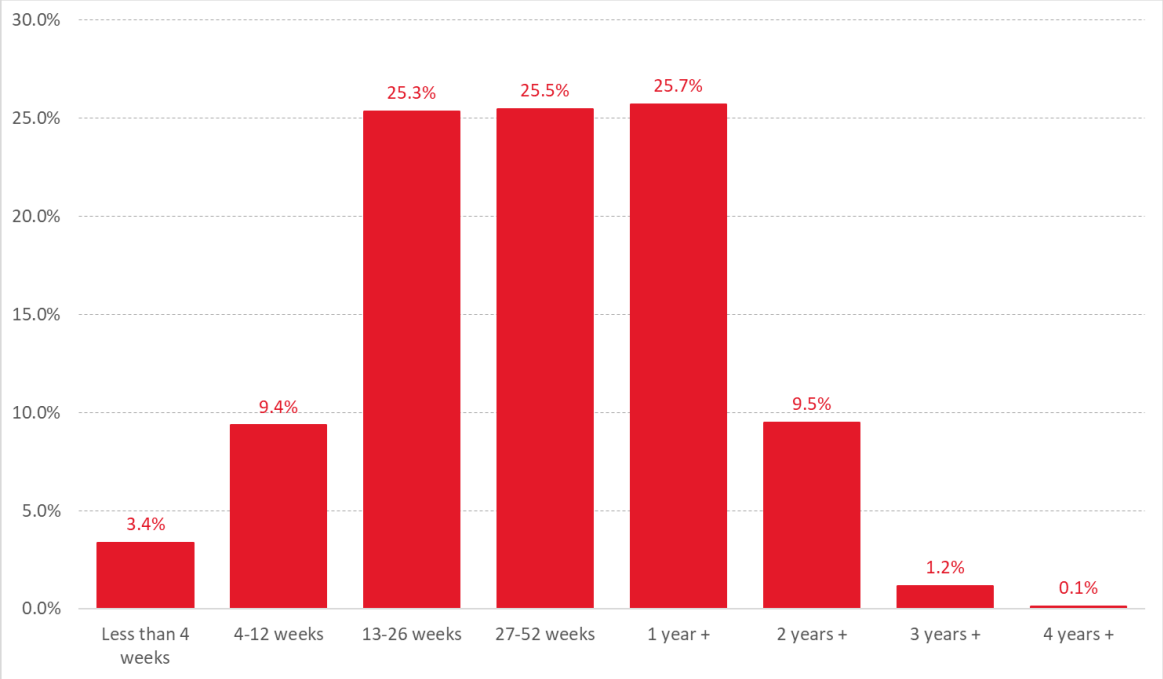
The parents/carers consulted said they had been given information and advice on other services and opportunities for their family, such as short breaks for carers, local autism groups, counselling and support to go on holiday. Parents felt workers had closed the cases thoughtfully, over time, tapering off the support, and also had made it clear to the family that the support they could give had now come to fruition. However, some parents/carers still described how they and their children felt a sense of "loss" at the end of the support. The success of the Coffee and Connect group suggests there is a desire among some families to continue some form of support beyond the more intense

provision families receive. Some parents/carers added they would like to attend a fun day after the support ends, to make connections and celebrate their time with Children First.

In addition to the support for families, the service has delivered professional learning sessions with school staff as well as groupwork and whole class interventions. Schools provided positive feedback on these additional elements which they found helpful in terms professional development and support for children and young people.

Length of support

The length of support provided by the Family Wellbeing Service in East Renfrewshire has varied markedly. As shown in the graph below, some families have been supported for a short period of time with 3.4% supported for less than 4 weeks and 9.4% for 4 to 12 weeks. Approximately a quarter of families have been supported for 13 to 26 weeks and a similar proportion for 27 to 52 weeks. In addition, a further quarter have been supported for 1 to 2 years and, notably, 10.8% for more than two years.



The length of support has been a recurring discussion point between Children First and partners, particularly since the introduction of the Healthier Minds service contract. Some Children First consultees reported pressure from partners to resolve issues as quickly as possible had increased in recent years. While very much aware of the need to support as many families as possible, they also highlighted the complex issues some families faced and noted that this can change and necessitate ongoing support. There was a suggestion from stakeholders that more timely and detailed communication from Children First about a family's needs, the support provided, and the goals for continued support would help. For their part, Children First reported that partners were supportive when they (Children First) had explained why families required support over an extended period of time.

> "There have been times in the past when we probably have held families open longer than we needed to but there in some of those situation the support has been absolutely

needed… Also, there is an acknowledgement internally that some families could progress quicker but there has also been a bit of a shift externally with the Hub referral route that that should be the case. There was less pushback from partners initially". (Children First consultee).

"The idea is to equip families with the confidence and skills moving forward. It is not for us to be with them forever. We are not there to fix everything in their lives so it is important that we maintain focus. We need to make sure that cases are closed off properly and other support is put in place if it's needed. However, that is not always easy as things happen in families' lives that we need to be able to respond to". (Children First consultee).

"One of the things Children First struggle a little bit with still is the length of time of their involvement compared to some of the other interventions that can be put in place and making sure we are getting the best value from the resource. They can run on a bit longer sometimes than what we'd anticipate. There has been a lot of dialogue about this and there have been improvements but there are still some issues around the length of time they are involved with some families, partly it's about communication with the other agencies about progress being more joined-up and stronger". (HSCP stakeholder).

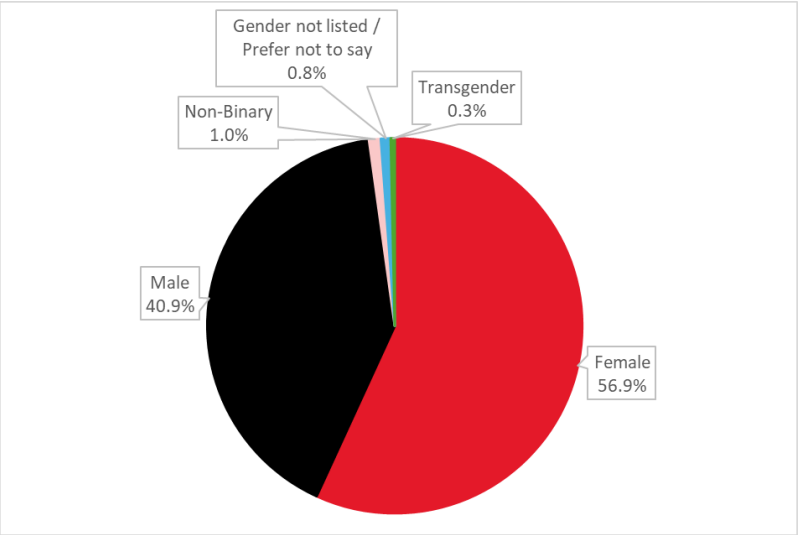
There was a suggestion that the pressure to reduce the amount of time families are supported may have contributed to an increase in some re-referrals, although this has not been evidenced in the service data.

Partners' views on support taking longer than anticipated may reflect, in part, limited awareness of the detailed support provided by the Family Wellbeing Service, in our view. This would be helped by Children First articulating more clearly to partners the support they provide to families, explaining what "the Children First way" and working in person-centred or family-centred involves.

Beneficiaries

In total, 723 families were supported by the service during the period June 2019 to September 2024. This is an average of approximately 135 families per year or 11 per month.

Children First migrated to a new information management system in late 2022 which resulted in some differences in the way data was recorded. The original system included the ability to identify the primary child involved in the referral. The new system did not have this feature and recorded information on the whole family. Therefore age, gender and ethnicity data from late 2022 is for all children in the family. We have therefore limited our demographic analysis to the period 2019 to 2022. It shows that over half (52.0%) of young people supported by the service were aged 16 to 18, with 43.1% aged 12 to 15 and 4.9% aged 11 or under. The majority of young people supported by the service described their ethnicity as white (90.6%) with 5.7% as Asian, Scottish Asian or British Asian, 2.9% as other, and 0.8% as mixed or multiple ethnic groups. As shown in the graph on the following page, the service supported more females (56.9%) than males (40.9%) plus a small proportion of non-binary and transgender young people (2.1%).



The vast majority (97.1%) of young people supported by the service live in the five postcode areas shown below. Newton Mearns was the most frequent location with 259 families.

Postcode area	Settlements in East Renfrewshire	Number of families supported
G77	Newton Mearns	259
G76	Busby, Clarkston, Eaglesham, and Waterfoot	227
G78	Barrhead	143
G46	Giffnock and Thornliebank	76
G44	Netherlee	26
Others		22

The Family Wellbeing Service successfully engaged families from the more deprived areas of East Renfrewshire. In total, 4% of families supported by the service lived in the most deprived areas (SIMD decile 1) compared to only 1% of East Renfrewshire's population living in these areas. Similarly, 33% of families supported by the service lived in the least deprived areas (SIMD decile 10) compared to 38% of East Renfrewshire's population living in these areas. Children First helped families travel to their base in Giffnock where public transport was costly or time consuming for families from areas such as Barrhead and Neilson. They reflected that additional community bases would have been ideal, if funding had allowed.

SIMD decile	Proportion of families supported by Family Wellbeing Service	Proportion of East Renfrewshire population as a whole
1 – most deprived	4%	1%
2	4%	4%
3	2%	3%
4	9%	7%
5	5%	6%
6	2%	2%
7	17%	7%
8	8%	13%
9	15%	18%
10 – least deprived	33%	38%

Children First recorded information on self-reported challenges among families they have supported. The information is not routinely gathered or recorded and should therefore be viewed as indicative of the issues affecting families. The following table shows the most frequently recorded challenges.

Challenges	Number of times recorded	Percentage of all recorded challenges
Child emotional wellbeing	841	28.3%
Family relationships	409	13.7%
School/education	282	9.5%
Family separation	161	5.4%
Self-harm	157	5.3%
Disability	124	4.2%
Parental mental health/wellbeing	113	3.8%
Bullying	109	3.7%
Parenting	104	3.5%
Social isolation	93	3.1%

4 Impact of the Family Wellbeing Service in East Renfrewshire

This chapter sets out the impact of the Family Wellbeing Service model. It draws on our consultation, particularly with children & young people and parents/carers, to highlight the impact of the support; the names used in this section have been changed to protect the identities of those who shared their stories. We also draw on the success criteria used during the initial SBF funding phase and the outcomes evidenced by Children First throughout the delivery period.

Summary of key findings on the impact of the model

- Improved mental wellbeing among children & young people. The support helped them to understand and manage their emotions which resulted in the young people being calmer, less anxious or depressed and more positive, and in turn this benefitted the whole family.
- Improved mental wellbeing among parent/carers. They felt relief at being able to open up to their worker about the issues they and their child were experiencing. Parents/carers felt listened to, heard, understood, and not judged by the workers.
- Assisted parents/carers to support neurodiverse children & young people. They welcomed support for young people without a diagnosis, receiving help on supportive techniques to help the child, and those attending groups the opportunity of speaking to others in the same situation as them.
- Improved family relationships. Some parents/carers were not initially aware that the service could work with the whole family and they valued this approach. Parents/carers reflected that the positive impact on the child that was experiencing issues meant the whole family benefitted. They reported communications were better and they were doing more things together as a family.
- Improved engagement with education. Stakeholders reported that a key impact from their perspective, was the service's success in supporting children and young people to engage with school. Referrals from education tended to be concerns regarding school attendance, behaviour and engagement in lessons and subsequent improvements helped demonstrate the service's value.
- Demonstrated the benefits of a social support model to GPs and other professionals. The service established itself as an impactful and trusted option for GPs and other professionals seeking an alternative to a medical approach to support young people experiencing emotional distress and other mental health issues. Senior Children First consultees also suggested there had been a culture change in the way professionals view emotional support, the language used, and how they speak to families.
- Under the original referral process, the service led to a reduction in the number of repeat presentations to GPs for young people referred to the service with emotional distress which was one of the original success criteria for the service.
- Outcome data gathered by Children First show the service had a positive impact on children & young people, parents/carers and families as whole.

Improved mental wellbeing among children and young people

All the parents/carers consulted said the service had helped their child's mental wellbeing. They explained the support had helped them to understand their emotions, recognise them as being normal and learn to manage them, developing techniques unique to each person. This resulted in the young people being calmer, less anxious or depressed and more positive, and in turn this benefitted the whole family. Some of the parents/carers said that without the support of the service they did not think either the children would be here, as they had become so low and desperate about the situation. Other parents/carers said they simply did not want to think about what may have happened to their child without support, indicating a similar level of desperation.

> "If it wasn't for <worker> and Children First I don't think me or my son would be here. He was wanting to commit suicide and it got to the point where I was thinking maybe we should both just do it to get out of the situation as it wasn't healthy for either of us. It is a lot better now. We were in crisis for about three years, some weeks we'd have maybe two good days and the rest of them were just chaos". (Helen).

> "She is now a different girl, she is more confident, she understands her feelings. She is coping so much better. School has also said the same". (Lisa).

> "She is just about to turn 18. She is just enjoying life and happy. No moods. I don't see her down at all which is great". (Julie).

One of the young people interviewed, Lucy, expressed her frustration at the start of the support at not being able to access the "happy" lives she felt others were having because of her autism, and not being understood by others. She said:

> "At that time I wanted any kind of help. I didn't know what I wanted to do. When you see teenagers all having fun in films and on TV and I didn't feel that way. I just wanted to be seen".

Her mother, Aileen said it was good that the Family Wellbeing Service had taken the time to build trust with Lucy and learn about each person in the family before beginning the sessions. They felt this was the reason Lucy had started to open up and was not "masking" in the sessions. She had also participated in the young people's group Children First had set up, helping to break isolation and raise confidence.

> "The worker also set up a group for the kids, and that got Lucy to meet someone in the same position as her (who has autism). That was my big thing about forcing her to go to school but she didn't have close friends. She never had these close friends who were always going to be there for her. When she stopped going to school, I wasn't worried about her education because she is smart. But it was the social isolation".

Aileen reported that her daughter was no longer prescribed antidepressants and was about to begin a college course. The worker had also supported and encouraged Lucy to travel to the shopping centre independently taking two buses which was building her confidence. Lucy's mother said that before engaging with the service her daughter did not leave the house. The worker helped her to build her confidence and went on the route with her to help know what she should do and where

to go. Lucy saw the transformation in herself, as she said:

> "I think if you saw me a year ago and now. You would think I was a completely different person".

Lucy added that without the service:

> "I don't think good things would have happened. Before I met my worker I wasn't getting into a better place as I wasn't accepting help. I don't think I would be here without it".

Lucy had also been connected by Children First into volunteering and was supporting her to complete her PVG to work in a care home. She said she was "excited" to do this and would "love" to work in this field. Lucy's case was about to be closed and she said that although she was "sad", she also felt that it was important another young person who really needed the support would be able to get it.

Julie's daughter was not engaging in school and did not want to return. She reflected that the service had helped her to realise that was alright and to recognise other options were available to her daughter, such as college, and that this was really important to her daughter's mental health.

Improved mental wellbeing among parents/carers

All of the parents/carers consulted felt relief at being able to open up to their worker about the issues they and their child were experiencing. They welcomed the worker did not try to downplay their worries and reassured them their feelings were normal and manageable with the support of the service. Some parents/carers also commented on the value of attending the service's groups and being able to share their experiences.

> "For me it was good to know the feelings and emotions were normal and just to manage that. It was good to talk to another adult". (Lisa).

Several parents/carers described being at "breaking point" and feeling hopeless when they were first supported. Some reported they were on medication to try to deal with the situation but it was not helping, and they felt they were on the verge of a nervous breakdown, feeling lost about what to do and really worried about their children. Parents/carers felt listened to, heard, understood, and not judged by the workers. They also felt encouraged by the support they had received and welcomed the "space" to consider their own needs as well as their child's.

> "It was difficult because the school were, you know 'Why aren't you getting her into school?' It was quite difficult. I wanted her back at school too but it was a horrible time. I have blocked a lot of it out, it was so bad. I felt guilty as well as my mum had dementia, and that had spiralled. You don't see clearly when you are in that situation. I couldn't talk to anyone in the family because they were in it too. Even my husband, he had poor mental health before the pandemic, so I didn't want to tell him how bad things were but I could talk to her (worker) about it all". (Julie).

> "It really helped me and I feel a lot better about myself. Before I was always putting myself down but now I am a lot happier. One of the main things before was I cared what

people thought about me but now I don't really care". (Jenny).

"It was like night and day because someone was listening". (Pauline).

Parents/carers appreciated the workers providing practical and emotional support to help them, their child and the whole family communicate better and to develop coping mechanisms to promote positive mental and physical health. For example, they helped the parents/carers to realise they have to take time for themselves, do things they like, and look after their own needs as well as just think about their children. For one mother this was about going for a swim twice a week after she had stopped doing so at her lowest points, making her and the rest of the family "feel much worse", but since taking the time to do this she had felt much more able to cope. Another parent/carer had begun a Masters degree part-time. The support helped some parents/carers regain some of their own identity as well as be a better parent.

"I just got stronger through this and realised there were other options. I felt so helpless in the beginning…I was quite down myself. It did help me to get stronger. She told me it wasn't anything I was doing wrong, it is just a bad set of circumstances and she will get through this. I am providing a safe place and supporting her. To not push her back to school. It was nice to hear that I was doing all I could… That I needed to care for myself as well as others. I had stopped thinking about myself. Talking to her really solidified that for me. I started applying and then I got my place. I am just in the process of doing my Masters at University of Glasgow. It has really helped me. I would have maybe have done it, but she helped me to see it is the right thing to do. I have been doing it part-time." (Julie)

Many of the parents said that it was only when their child was improving that they had time to think of themselves and the mental burden they were carrying in worrying about their child on top of all the other responsibilities.

"It has made a difference to me. You don't realise how you feel at the time as there is so much going on. I was working full time. To come out the other side – I think I am in the best place I have been." (Lisa)

Children First established the Coffee and Connect group in response to a need identified to bring parents together to support one another facilitated by a worker. All of the parents/carers interviewed who attended said they had initially been reluctant to go. Aileen had been supported by the worker with travel and being introduced to others to attend the first week. They described how in the beginning they found it hard to talk about what was happening and were still making sense of it themselves. It took many months, and in some cases more than a year of the worker telling them about the group before they took it up. All said that attending the group had been really helpful, as all the parents are at different stages with their children in terms of progress, and therefore could inform each other, share and validate their experiences, and also offer hope, based on experience that things could improve. They added they had often felt very alone throughout this experience, because telling family members, they either did not want to know, were judgemental or would not really listen.

"People are in tears at the group and everyone is there to support you. Without guilt

> you can talk about your child, the stress, what the school is doing, not doing, and what your partner is not doing." (Aileen)

Some of the parents/carers reported their relationships had broken down and they had become the main carers. One woman said her now ex-husband had been completely in denial about their child's autism and claimed they "did not act" the way the mother described when the child was with the father. The mother added that this denial and silencing of their experience was hurtful. Having the opportunity then to speak completely openly to other women going through the same challenges helped to break the silence and the isolation felt.

> "The big thing for me has also been not feeling alone as I cope with all of this". (Isha)

> "I was terrified to go initially and then I went and I went another couple of times - it is invaluable. Everyone is at different situations. There were three of us who have the same situation, not going to school, autism and it is good to know you are not on your own. It was invaluable. I feel a lot better for going". (Aileen)

Parents/carers who had been bereaved by the loss of their partners were also able to offer each other support. They spoke about how they had become friends. Some of parents/carers had begun to meet outside of the group for coffee and all said they would like the meetings to also offer the opportunity to get out for walks together. Some of the parents/carers said their children had commented that they were "happier" when they come home after the group. The parents/carers also were very thankful for the WhatsApp group now set up which meant parents could share information and support one another, as well as sharing funny content to keep positive on an ongoing basis.

One parent reflected on the long term costs saved as a result of the services support:

> "They walk alongside you. I don't know how much it cost but it saved antidepressant for me, hospital admissions, money for support for her dad. I don't even have the words – I wish I could parade her in front of them." (Pauline).

Supporting neurodiverse children and young people

Parents/carers of neurodiverse children were appreciative of the service being neurodiverse affirmative. They welcomed not requiring a diagnosis, and receiving help on supportive techniques to help the child. Those attending groups also welcomed the opportunity of listening to other parents/carers in the same situation as them. Some provided positive feedback on a neurodiversity course delivered by another third sector service that the service had helped them to attend. They reported the course had helped them understand and adjust to issues sauch as the impact of sensory stimuli. One parent described the techniques and learning as being like having "a toolbox". She lamented that by the time she had developed this her daughter was "literally hitting her head of the wall", and she wished she had had the support earlier so it had not got to this point. It was interesting that the same parent said that finally getting the formal diagnosis of autism, or as her daughter referred to it as 'tism, had made her feel "ten stone lighter". For so many years she had so many people dismiss what she and her daughter had been saying, and this formal validation made a big difference. Having Children First in the interim validate her experience had been empowering. Parents/carers of neurodiverse children appreciated being able to understand more about what this

means, learning from other parents as well as the worker, the different coping techniques that can be adopted and recognising that they saw the "real" child because with them they were not masking.

Claire and Mary's daughters who have autism were given very practical advice that helped them to manage day to day life and to communicate more easily. Both young people are non-verbal at times or with people they do not know, and had both been helped by the service to use emotion and colour cards to communicate how they were feeling. Mary's daughter took the advice of the service to use headphones to cancel out noise in public and this made a material difference to her everyday life. The service also taught the young people breathing techniques to help them deal with difficult situations and "meltdowns". They felt this had made a big difference to all of their mental health.

> "My daughter has autism and really struggles…You know she has realised – I am different but I am ok. At the moment we are going through the – Why am I like this? stage and it is hard. Even now I will still phone her (Children First worker) if I have a problem I need help with for her. She helps me to put things into perspective. It is just like having a conversation with a friend. She helped us to put together colour cards, so that when she is trying to explain how she feels she can use this. She becomes selectively mute with people so this really helps her to communicate. She joined the Coffee and Connect version for the young people and I was really surprised that she has made a friend, like her, that has been a big breakthrough".

Helen's daughter was afraid of walking over any bridges linked to her autism. The service supported her to literally take a step at a time over many months, helping her to overcome her fear and this made a big difference for her in terms of how she managed day to day and getting out.

Improved family relationships

All parents/carers consulted reported their family relationships had improved. Some were not initially aware that the service could work with the whole family and they valued this approach.

The parents/carers reflected that the positive impact on the child that was experiencing issues meant the whole family benefitted. For example Mary's autistic daughter who is non-verbal at times was introduced by Children First to emotional cards, so she could let her mother know how she was feeling more easily. Mary said this simple but effective tool had really helped improve their relationship. Mary was advised about how to communicate better with her child and, in her words, "to change her mindset completely". She said that beforehand she would constantly be "shouting and bawling at her to get things done" but instead, as suggested by the Children First worker, to wait in the living room until she was ready rather than continually pestering her. Mary said this small but important change made a significant improvement to their relationship. Helen said that she understood the "window of tolerance" and was aware of the things she could do if she noticed people in the family, including herself were getting "prickly". Parents/carers also learnt to "step back" and allow their children to be more independent which they initially found hard to do. Parents/carers also said their children were now communicating better and they were doing more things together as a family. Two parents/carers felt that as a result of the support communicating with their partners had improved and they were re-finding their relationship.

> "As a family we are getting on better. Lucy said she wanted to be able to communicate

more. But for me it was a shock because she was so withdrawn in her room. She would never come out for her meals even. We are now watching box sets together. She is helping me a lot with cooking and things like that. So yeah a big change". (Aileen).

"My son had all these feelings but nowhere to put them. And then he'd put them on me but feel bad afterwards. He was angry. And it was the same for me. I'd get angry and upset with him. Now we laugh together, we do things together. He'll talk to me. It is a nice relationship now. I look forward to him coming in. I was at crisis point. I felt so exhausted. I felt upset. I had no confidence being a Mum anymore and I absolutely thought I can't do this anymore. I felt like I wasn't doing a very good job. And it is a horrible thing to say but I thought he would be better off with someone else as I had nothing left to give. Now I would say I am happy, I am thriving. I have got a relationship back with my son. I feel respected. I feel loved and I feel happy for him that I've got hope, hopeful for his future". (Jenny).

"We do demanding jobs and being able to press the pause button. It felt like the healing that happened, we were in convalescence and getting our strength back". (Pauline).

Two of the families consulted had been helped by Children First to engage with the Bide Oot service which allowed them to go on a trip away where they met other families. As a result, they made connections and have continued to build these, breaking the isolation felt of supporting a child with mental health issues.

Improved engagement with education

Stakeholders reported that a key impact from their perspective, was the service's success in supporting children and young people to engage with school. This was important as referrals from education tended to be concerns regarding school attendance, behaviour and engagement in lessons and subsequent improvements helped demonstrate the service's value. Stakeholders highlighted the service's impact in schools.

"In schools, there is definitely an impact in terms of young people's relationships and self-regulation. Children are more comfortable, confident, able to talk about their feelings and ask for help when they needed it. They are more able to recognise triggers and take themselves out of a situation. There's more emotional regulation and ability to talk about feelings". (HSCP stakeholder).

Some of the parents/carers also identified improved engagement in school as an impact. For example, Lisa said that as a result of the support from the service her daughter started attending school again and with her anxiety under control she had been able to manage the transition into high school well, even walking to school, something her mother did not think would have been possible when she had initially sought help.

Other parents/carers reported that their child had applied to or started college. For example, the parent/carer of a young person who was not attending school explained they felt pressured by the school to make their daughter return but the Children First worker had assured the parent/carer they were right not to force her. With support from the service, their daughter was now at college, and working part-time. Another parent/carer shared a similar story about their daughter who was

also not attending school who had been supported by the service and secured a college place. They explained that the worker liaised with the school and this helped the parent/carer feel less "harassed" by the school. The daughter felt that the support from Children First had been made aware of college and the other opportunities for education that suited her better, and in her own words made her "excited to learn" again. She said:

> "Honestly, I had very little expectations. I had already been to a psychologist. They wanted to get me back to school. <Worker> didn't force that on me. She said – there are so many other options. My mind was opened by that. I thought 'This woman is really different.' I think I have matured through being there and what <worker> has said and her perspective on life. My mum was quite strict about school about not going. She was brought up that school was necessary. People need to be brought up to realise there are other options… Before Covid I had been excited to go to school, and now I am excited to learn. <Worker> always said school was not made for everyone. Learning doesn't have to be this strict place with uniforms and being on time. College has been more laid back. I am doing Nat 5s. If all goes well I would do my Highers". (Lucy).

Demonstrated the benefits of a social support model to GPs and other professionals

There was a consensus among senior Children First and HSCP consultees that the Family Wellbeing Service in East Renfrewshire had successfully demonstrated the benefits of a social support model. The service has established itself as an impactful and trusted option for GPs and other professionals seeking an alternative to a medical approach to support young people experiencing emotional distress and other mental health issues.

In addition, senior Children First consultees reported a broader impact, which they referred to as a culture change, in the way professionals view emotional support, the language used, and how they speak to families. There was also a suggestion the service may have helped inform the HSCP's thinking in the development of the Healthier Minds framework.

> "There's been an impact on other professionals' understanding of emotional distress, GPs for example and how they started to think outside that medical model in having somewhere else to connect families to which encouraged them to think about how could this whole family be supported rather than seeing a child as an individual patient within a vacuum. The conversations we were having with GPs at that period when they were making referrals and reflecting on the service showed this was the case. They were starting to think a bit more about where the root cause of the distress was and what might be helpful to support that young person rather than treating the young person in a medical sense". (Children First consultee).

Success criteria

The Social Bridging Finance model is based on the achievement of a small number of success criteria. East Renfrewshire HSCP, Children First and The Robertson Trust defined three success criteria for the Family Wellbeing Service:

1) 50% reduction in the number of repeat presentations to GPs for young people referred to the service with emotional distress.
2) 90% of families referred to the service are contacted within two weeks or referral being received from the GP.

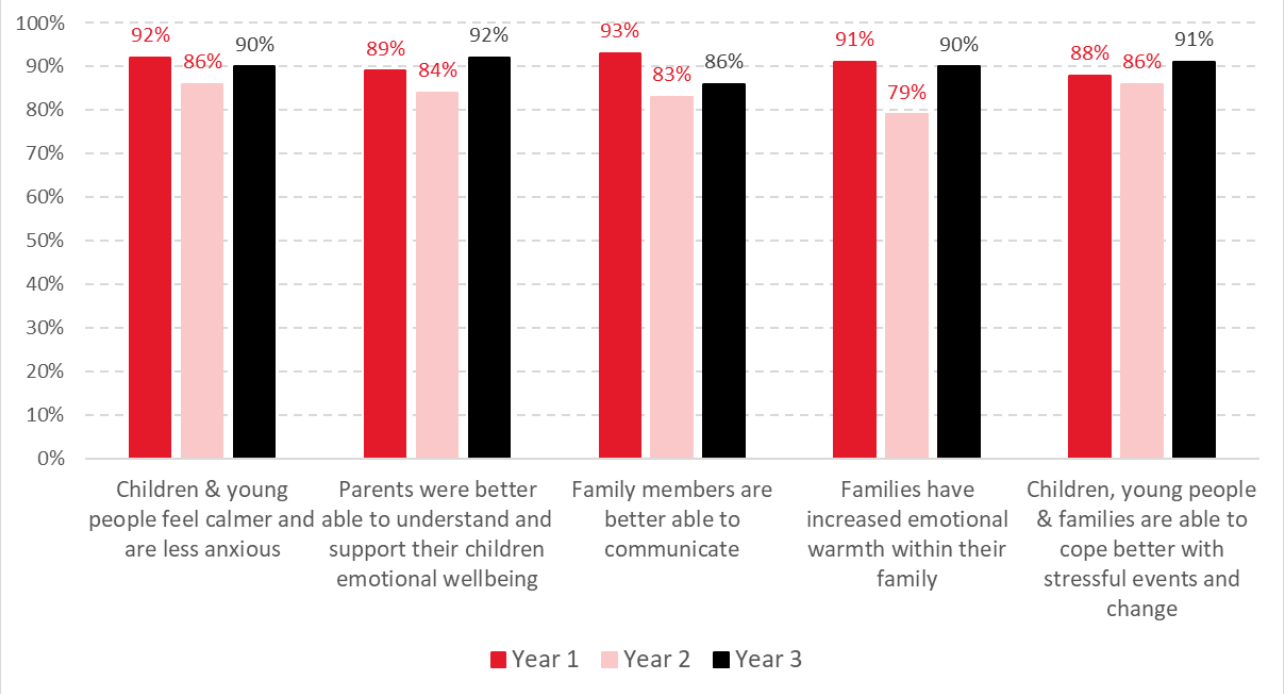
3) The service will work with a minimum of 178 children & young people per year.

Children First's final report from that period noted that the service had consistently exceeded the targets over the three year funding period. Most notably, the service led to a significant reduction in the number of repeat presentations to GPs for young people referred to the service with emotional distress – a key factor in the development of the service. For example, in Year 3, Children First reported a 66% reduction in re-presentation to GPs during the first six months since referral to the service and a 86% reduction in re-presentations to GP at six months post-closure to the service.

Outcomes

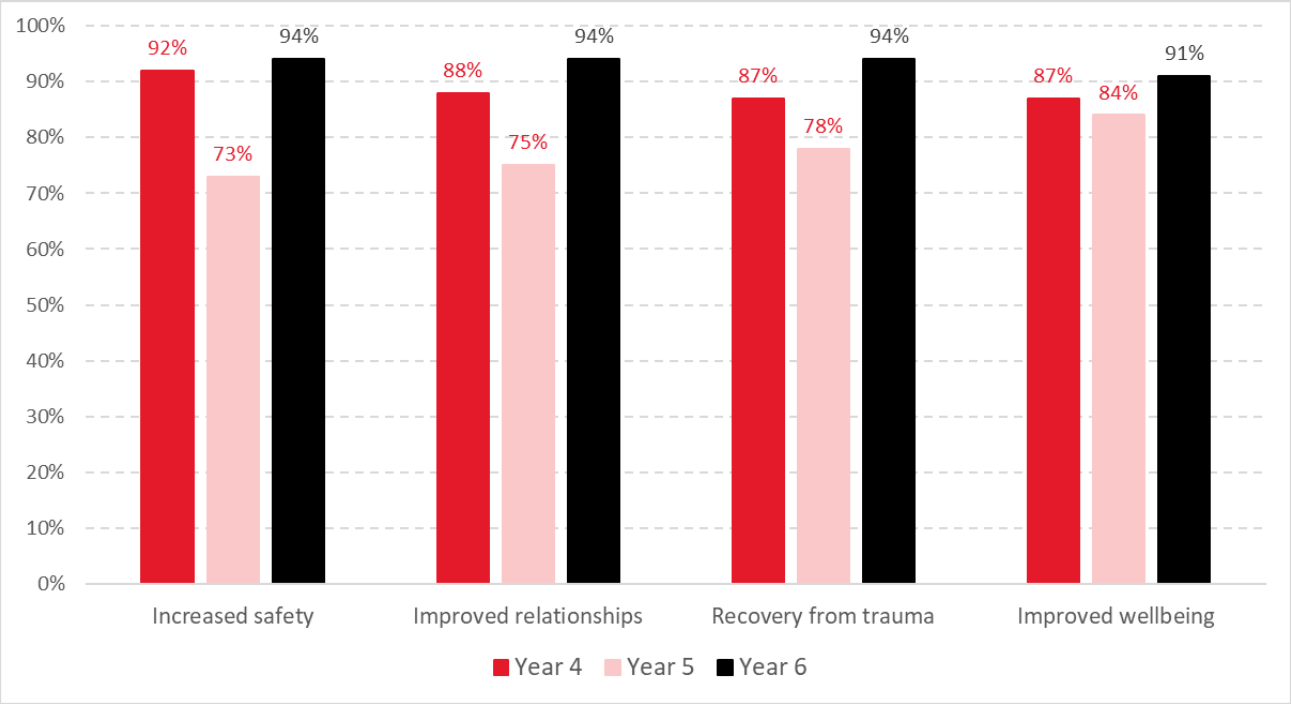
Children First defined a series of outcomes to evidence the impact of the Family Wellbeing Service in East Renfrewshire. The outcomes were revised in Year 4 when the funding changed and to align with Children First's new organisation-wide outcomes. There are therefore five outcomes for Years 1 to 3, and four different outcomes for Years 4 to 6. Both sets of outcomes show the service had a positive impact on children & young people, parents/carers and families as whole.

The graph below relates to the outcomes for Years 1 to 3. It shows the percentage of beneficiaries who reported an improvement in their rating of each outcome, as opposed to a decrease or no change in their rating. On all five outcomes the vast majority of participants reported an improvement in Years 1, 2 and 3. So, between 86% and 92% of children & young people reported feeling calmer and less anxious; at least 84% of parents/carers reported being better able to understand and support their children's emotional wellbeing; between 83% and 93% of family members reported being better able to communicate; at least 79% of families reported increased emotional warmth within their family; and between 86% and 91% of children, young people and families reported they were able to cope better with stressful events and change.



The next graph relates to the outcomes for Years 4 to 6. It also shows the percentage of beneficiaries who reported an improvement in their rating of each outcome. On all four outcomes the vast

majority of participants reported an improvement. Between 73% and 94% reported increase safety; at least 75% reported improved relationships; between 78% and 94% reported recovery from trauma; and at least 84% reported improved wellbeing.



5 Key components of the Family Wellbeing Service Model

This chapter identifies the key components of the Family Wellbeing Service Model that, in our view, contribute to the success described in the previous chapter.

Summary of key components of the model

- The Family Wellbeing Service is a social support model rather than a medical approach to supporting young people experiencing emotional distress and their families.
- It provides holistic or systemic support for the young person, parents/carers and family as whole. The evaluation demonstrated the importance of supporting parents/carers, alongside support for children and young people. Support for parents/carers was particularly important in addressing underlying issues that may have contributed to the emotional distress in the young people that led to the referral.
- Support is person-centred, focused on the needs of the young person, parents/carers and family as whole.
- There is flexibility in terms of the type and length of support rather than following a prescribed programme, pre-determined range of activities or set timescale. Children First emphasise that families are given the space and time to makes sense of their situation and are supported to implement an appropriate response.
- Relational practice based on consistency and building a strong trusting relationship between the worker, young person and parents/carer is an integral part of the service. Children First emphasise they work alongside families and are consistent.
- Strengths-based practice identifies and emphasises positive points rather than a deficit-based approach that emphasises weaknesses.
- The service is evidence-based, trauma-informed support delivered by skilled and knowledgeable professionals. Personal attributes including warmth, empathy, and understanding are also important in engaging and building a professional relationship with children & young people and parents/carers.
- Partnership working between Children First, East Renfrewshire HSCP, schools and other professionals was important, at both the strategic and operational levels. The SBF funding model provided space and time that resulted in a collaborative approach during the design and early implementation of the service; there was an acknowledgement that this may be difficult to replicate with a different procurement approach. Consultees highlighted the importance of key individuals in building and sustaining partner relationships.

Holistic or systemic support

The availability of support for all members of the family is an integral part of the model. Our discussions with parents/carers and Children First consultees demonstrated, very clearly, the importance of supporting parents/carers, alongside support for children and young people. The support for parents/carers was seen as particularly important in addressing underlying issues that may have contributed to the emotional distress in the young people that led to the referral. By identifying these issues and supporting ways to prevent them reoccurring there was a view that the benefits of support could be sustained.

> "Undoubtedly it is the inclusion of all family members to understand the nature of the

distress that makes it work. That is not to say the blame always sits with the family but it is to understand where the distress comes from. It is the way we work alongside the family to come up with a plan of support that takes account of all of their needs. If we just worked alongside a child or young person on their own that ignores both potentially the underlying reasons for their distress and doesn't acknowledge the impact on the rest of the family and help them to move to a place where they can recover together. Also, parents are the scaffolding round about young people and they are the people we need to be supporting and increasing their confidence to cope with any bumps in the road in the future. Often parents are desperate they don't know what to do, who to turn to, lost faith in their own ability to support their child". (Children First consultee).

"We work systemically. We talk about whole family support, and lots of organisations do, it's at the heart of The Promise, but actually doing it is another thing. We meet with family members individually but it is the bringing that back together, thinking about the child at the heart of that and if we are not connecting with parents then it is futile. If you are only working with the child and they are then going back to the family environment where there's been no connection in with the parents, nothing to help them understand their child's perspective then it is pointless, you are just dropping the child back in to the same situation. That systemic thinking, systemic analysis, really understanding the system around the child and also doing work with the system is really important. The work with the parents has been really important, helping them to help their child, helping them understand what was going on and in the long term it can help prevent them needing more support further down the line". (Children First consultee).

"She supported me. I felt I had lost my confidence as a parent. I felt that no matter what I done it was just wrong. I doubted myself all the time. I felt as if everything was just not going right. I felt as if my family was falling apart and I felt as if I didn't know what the right thing to do was anymore. When I met <the worker> she came and she just listened to what was going on. She said she'd work with us – I'll work with you as an individual and I'll work with <my son> as an individual. She gave me hope because she said teenagers brains are very different. There are things we can do. We can work with him and help him cos I remember saying to her that he couldn't regulate emotions. So she said I can work with him but I can also work with you". (Parent/carer)

Flexible, person-centred, relational practice

The Family Wellbeing Service Model focuses on the needs of each family and the individuals within the family unit. It is not a prescriptive programme or a pre-determined range of activities. The workers take the time to hear the family's story, to understand the issues that led to the referral, and to jointly work out what they want to get out of the support. Several consultees, as well as relevant literature, referred to a person-centred approach as a key component of the model. Children First's consultees also use the phrase but more frequently they talk about "working alongside families" and the use of relational practice which encapsulates the way the service is delivered. The focus on building relationships helps to engage families and build trust. The support that is delivered is person-centred and flexible to meet the needs of each family.

"They helped my child recognise what they were feeling was normal. When their emotions were heightened it was knowing then what they could do. It helped them to

recognise that they had these emotions and how to deal with them". (Parent/carer).

"It is absolutely about understanding each individual family and what is going on with them. Two families are never going to be the same. The flexibility is really important. Flexibility of developing individual plans and the ability to change the plans for the family if need be". (Children First consultee).

"Relational practice is at the core of the service. By focusing on that first it creates the environment for trust and families feel like they are listened to and heard. Sometimes they say things to us like you are the first person that's ever listened to me and believed me. We've had feedback from parents who have told us they feel like the support has saved their child's life, they weren't sure if they would still be here if it wasn't for the support". (Children First consultee).
"The advice was really practical. We were all able to use it and it was individualised. What worked for one child didn't work for the other. So it was about helping them to not feel overwhelmed." (Parent/carer).

Stakeholders also acknowledged the importance of the person-centred, relational practice approach applied by the Family Wellbeing Service.

"Families like the approach and the feel – it's not got that Council, Social Work sort of façade to it and it is easier for families to engage. Then there is the Children First way – that family-centred, person-centred, approach – when that works, it works really well and there is really good communication and connection between the worker, the family and the school". (HSCP stakeholder).

"It all stems from relationships and the strength of the relationship. It is a different relationship to the one families have with school for instance. It is non-judgemental. There is a focus on wellbeing. There is dedicated time set aside for families and it can be in a place that is most suitable for families so there is a level of flexibility there. And then it is having the wealth of resources, approaches, experience, different tools in your bag to share and offer people". (HSCP stakeholder).

Parents/carers emphasised their worker had taken time to build a relationship and trust with the family. They felt really listened to, validated, and supported by the worker. Communication between the family and worker underpins the work that takes place. Parents liked that the worker would check in on them regularly, and if appropriate update them on sessions with the child/young person without sharing too much and breaking any confidence. They liked that this communication was two way - with them in turn also updating the worker about how they or their child had been, any issues that had arisen and progress made.

"She worked with us to what we needed. When things were really difficult we would see her often, when things were good she'd back off but tap in every know and again to make sure everything was OK… she would see my son if, say he was struggling with something like exams or whatever. Basically she would base it around what our needs were". (Parent/carer)

Consistency was also important with families welcoming support from the same worker, at regular intervals, fitting around the needs of the family, often coming to their home initially and then, if appropriate, progressing to meetings and groups at Children First's base in Giffnock. Some parents/carers highlighted the importance of support from the service continuing during the pandemic with weekly phone calls and outdoor walk and talk sessions with their child providing a "lifeline". Parents/carers appreciated the workers were flexible and fitted around their needs, coming to the home for example if this is what they wanted, and taking them to appointments with other services they knew would otherwise be a struggle to attend.

> "They are so approachable, all of them. So when we went to the office – every single person was so lovely and there are kids there with other challenges and they can work with everyone. The fact that they could be so flexible, so I worked full time and it was after work. She picked us up and took us to the different appointments too which was really helpful". (Parent/carer).

> "They are so intuitive, and they really care. You don't want to go on about it to your family and friends and they can say this is how you do it. She listens to you. She said to me you are not alone, this is normal behaviour. I was not getting that from anyone else…They come across as if it is not just a job. You are not there ticking boxes. It is at your pace as well. They don't force anything. I think other services could learn from this. After the second session she knew about my breakdown, the split up and how my daughter was not going to school. It is all part of the story that got us there. They didn't try to find a quick fix and instead taking it week by week and making her life better". (Parent/carer).

> "They are consistent. When they say they are going to phone you back they do or they'll get someone else to and that was really good because you always knew there was someone to speak to. Whereas if you phone social work you have to keep harassing them and they would say no I never got your call. Children First were consistent with how they would get back to you and they'd go right into detail about the support and what they could do and what they couldn't do". (Parent/carer).

Parents/carers described how they felt the service had reflected on the issues that led to the referral and which workers would work best with the young person, showing there was a supportive environment from the outset. They were also grateful that support was taken at the pace of the young people and their families, not pushing them to do things, ticking boxes or being time constrained. One parent reflected that this must come from having supportive and caring management.

Social, strengths-based, evidence-based, support model

Several Children First consultees emphasised the importance of the Family Wellbeing Service Model as a social support model rather than a medical model. They highlighted that the support is evidence-based and workers use their knowledge and experience to support families and compared this favourably to medical treatments. They also emphasised this was a strengths-based approach which they also compared favourably to the medical model which can be deficit-based.

> "It was probably the first time we developed a service to focus on young people's

> emotional distress at a time when, and this still applies, CAMHS is under extreme stress. Young people's distress was higher than we'd seen previously and then there was the pandemic adding to that. Some of the other services we've developed since have taken lessons from the Family Wellbeing Service, particularly that way of working at a deeper level". (Children First consultee).

> "The model is an alternative to where a lot of areas are just now where CAMHS isn't taking referrals and the impact that has on schools, health, families, the police and a whole host of things. The model can help to address some of those issues". (Children First consultee).

Stakeholders also noted the crucial point of difference of the service as a systemic, strengths-based, social model rather than clinical approach.

> "The focus is on working with families, hearing their story, trying to take a holistic less clinical deficit-focused type approach and really connecting with the young person and the narrative around that young person, helping to work with the family to understand that and maybe change that. It is very much about family support although there is flexibility within the service to focus on individuals. The thinking around the Healthier Minds Hub was to have a range of support around children and young people's mental health and this is one of a number of options we have, very much around connecting with the family and the young people and working with them as a system. They have a range of approaches but we know they are consistent with other approaches around getting alongside a family, trying to understand what it is they are experiencing and trying to empower them to address some of the challenges… The approach is very much aligned to our Children's Plan and our values and what is important to children and young people". (HSCP stakeholder).

There was an acknowledgement from some Children First consultees that the strengths of the model – its flexible, person-centred, relational practice based approach – can make the model appear somewhat nebulous. They emphasised the strong evidence base that underpinned the model.

> "Sometimes what looks quite straightforward in terms of the support is much deeper. It is about promoting connection, supporting understanding within family relationships which are often really complex. It is about the recognition of the emotions that sit in relationships. On the surface it might just look like providing parents with some hints and tips, the support is absolutely underpinned by a systemic understanding of family relationships. The emotions that go along with that. How trauma can impact connection and disconnection. We were very intentional about our model of practice, integrating an understanding of systemic practice, trauma-responsive practice, relational and restorative practice. The service was designed around all the models of working with families that we knew were likely to be successful and really trained the staff up on all of them and focus on them in supervision". (Children First consultee).

Some parents/carers compared their experience of the Family Wellbeing Service very favourably with previous interactions with CAMHS which some described as "cold". For example, one parent reported their child had been diagnosed by a clinical psychologist as being autistic and told the child

may be hospitalised, without actually seeing them and they contrasted that to the person-centred support they had received from the Family Wellbeing Service.

> "We were just like 'Oh my God' they were so thoughtful, mindful, curious, not interested in the diagnosis. They were interested in hearing my take on it and trying to understand. I felt listened to, believed, stronger, because they were asking questions, complimentary, and not in a patronising way – you know 'Mum well done', that kind of way". (Parent/carer).

One parent/carer compared the support they received from the service to other options that had been mentioned to her.

> "Parenting style was not the issue. I needed someone to listen, someone to work with my son to help him understand his emotions and be able to regulate himself. So something like a parenting class they would have said you need to have bedtimes, routines, this and that. I was doing all that. I would have sat in there thinking why am I here? This option has to be here for children and parents. There are so many external factors that can impact on young people these days. Children First is a unique service, it is the only service that offers you, I know it's not counselling, but it's young people feeling heard and listened to and learning simple techniques. It needs to be open to other parents as it really has positively changed our lives". (Parent/carer).

Some parents/carers who had been to Children's First base in Giffnock commented on how bright and welcoming it was. For a couple who had engaged with CAMHS services, they thought this was in direct contrast to what they had experienced there and felt that these services could learn from Children First about how to make spaces child friendly. Children First reported that the space had been designed with a "trauma sensitive palette" and positive feedback had informed the design of Scotland's first Bairns' Hoose opened by Children First in 2023. Based on the international and evidence-based Barnahus model, the vision for the Bairns' Hoose is 'that all children in Scotland who have been victims of or witnesses to abuse or violence, as well children under the age of criminal responsibility who may have caused harm or abuse, will have access to trauma informed recovery, support and justice'[1].

Skilled, knowledgeable and experienced team

Children First's Family Wellbeing Service team have been another key component in the success of the model. Their skills, knowledge, experience and personal attributes help to engage families and build trust, allowing them to identify and find ways to address the issues raised by families. They are equally adept at supporting children & young people and parents/carers which is vital in delivering a holistic service.

> "The team are skilled at navigating families through those early conversations. It can be scary for the family going through whatever the situation is and they can be looking for something very tangible at the start, show me what I am going to do about this. But the staff come and the first conversations can be along the lines of I'm not going to tell you what to do, together we are going to figure it out. That can be a bit scary as it feels like a blank canvas. They are really skilled at steering those early conversations and making

[1] https://www.bairnshoosescotland.com/

> sense of what it feels like to be in your world. So it is important we protect that space, but the team do it with purpose and are intentional with their conversations so actually something tangible does come for the young person. So they know they will feel better about this because I have done that, there a goals that they can work towards". (Children First consultee).
>
> "There is a doggedness to the team and families say to us, you never they never give up on us even when we have difficult days and weeks, there was no judgement there and there was real compassion and understanding for what they were going through". (Children First consultee).

Feedback from children & young people and parents/carers showed the high regard they have for the workers and demonstrated their importance in the model's success. Their person-centred and trauma-informed approach was evident with parents/carers explaining workers had taken time to hear from the family and get to understand each individual's perspectives. For example, one parent/carer described how they had told the worker that their daughter really liked animals and as a way to introduce herself the worker had sent a card with a picture of what she looked like and said she also liked animals as a way to prepare the daughter for the first meeting. Parents and the young people described having fun with their worker, using arts and crafts, going out for a hot chocolate and therefore dealing with difficult subjects in different and engaging ways. Workers explained they try to make sessions enjoyable, where appropriate, but added that there was always a purpose behind activities.

> "I could talk to her about anything and she would come back with a response. Whereas with a counsellor they just listen really… She gives good advice. So with me going out, I struggle with going out, but she slowly tempted me to get on the bus. At one point she said – even if you don't want to do it, if not for others do it for yourself. She saw it from my point of view". (Young person).
>
> "The only thing that was still a major issue was the OCD. I had talked to them about some of the approaches I had taken. They picked that up and went with it. It was about addressing my daughter's feeling she had a failure in her. She called it 'Brutus.' That transferred into her chats with the worker. She never had to explain anything. They drew pictures of Brutus and made it fun and the recovery was just amazing" (Parent/carer).

Parents/carers reported the workers were empathetic, warm and understanding. They felt they could open up and be honest about the issues they were dealing with. Young people also related that they could be their true authentic selves with the workers. This gave young people and their families space to reflect, understand and make sense of the complexities of their lives at their own pace. For example, a young person echoed the parents that although they had a main worker, all of the workers they came in contact with were really warm, caring and supportive.

> "When I met <worker> I felt like I was at the point where I didn't know what life was. <Worker> has helped me a lot with my confidence and talking to her randomly, about things like why fish swim the way they swim. It is hard to explain but I feel like I can talk to her about anything... I think she is someone anyone can talk to. I think if she saw someone fall over in public she would go and help them. She is that kind of person…

When I speak to people about being autistic, they say they know, but for her she doesn't pretend she knows but always tries to understand. She will make it clear to you what she understands and what she does not and really listen to you… All of the workers – have a glow about them. Instead of being in a gloomy room, they see you and don't know everything about you, they see all the dark things but they see the light. I think at High School, they were very selective with what they said. They didn't treat me like a normal pupil. I would have liked to have been treated like anything else... I think it is just the people. All the people when they get together. I have seen it myself when <worker> comes in with the other workers. It is mind blowing how they are able to bounce ideas off each other. For them though it is just a normal afternoon". (Young person).

"You know I thought her pastoral teacher was great, but no one really understood the way the worker here did. The impact here is that they are just so supportive, you get great advice… There are no demands. You just have other parents and the workers here who listen. This is a safe environment for us to be totally honest". (Parent/carer).

"You feel very judged when you're a parent and I could say anything to her. Tell her how I was feeling, I could cry, and she listened and she wouldn't make a judgement on me. She would offer me advice and support that made sense and it worked. I felt alone, I felt my relationship with my husband was failing because we were under so much stress. I felt my friends were sick of hearing it and some would say why are you putting up with that behaviour. And I felt judged, everyone judged me. I was an emotional wreck. She would listen and remember things and next time ask how it was going. Things like strategies to use – she'd ask how did it go and if it didn't work it was OK we can try something else. She just didn't judge. She was really understanding". (Parent/carer).

"My son was comfortable with her. He can be very moody and he wouldn't talk at all some days and she was the one who would. If it was her he was fine, if it was anybody else some days he would say I don't want to see them. He built up a really good relationship. She is lovely, she's like a wee angel. She was brilliant". (Parent/carer).

Parents/carers appreciated that the workers were knowledgeable about mental health, neurodiversity and were able to support families to understand and simplify the complexities, develop practical coping techniques, such as breathing to calm a situation. They also supported families to understand the impact of lights and sounds for neurodiverse people, so that families could reconfigure their home to be a safe place taking account of their needs. For example, one parent/carer described how they now knew their son liked to eat his meals at the corner of a table near a wall whilst reading because this made him feel safe and cocooned, and had transformed meal times from being a difficult and stressful situation to instead a positive family experience.

Workers are also not afraid to challenge through encouragement, and because of their empathetic approach this has a positive impact.

"There are very strong relationships with families but they are based on really clear roles, there are parameters. It is a relationship built on honesty, which can sometimes be a difficult conversation, so workers might say to families I am worried about you or this feels concerning for me, but do so in a way that retains the relationship with the

> parents. There are really clear expectations about our role – why we are there, what we are doing, what they can expect from us, and what we won't do like diagnose". (Children First consultee).

During discussions with the team it was reported that Children First provide good support for the team who are dealing with some families experiencing traumatic situations. This includes quarterly reflections sessions for the team as a whole, as well as individual supervision and support sessions.

Partnership working

Partnership working, at the strategic and operational level, has been a key factor in the success of the Family Wellbeing Service model. This has been apparent throughout and was seen as particularly important at the outset. The evaluation of the Social Bridging Finance model pinpointed the importance of the collaborative approach, involving senior staff from East Renfrewshire HSCP and Children First, during the design and early implementation of the service. Children First and HSCP stakeholders confirmed this view during the consultations for this evaluation. There was an acknowledgement that the SBF model provided the space and trust for these discussions which may be difficult to replicate depending on the procurement approach adopted by the public sector partner.

> "Success originally was all about those relationships, the combination of having the right people, with the right vision". (HSCP stakeholder).

> "One of the strongest points of the East Renfrewshire experience has been the strength of relationships. We developed really strong relationships with key people in the authority and they displayed a real readiness to look at things in a different way. What The Robertson Trust model allowed was to develop that trust, it really embedded a whole organisational buy-in that demanded people at certain levels doing certain things. And because of that it created a really strong bond between Children First and East Renfrewshire authority. We have had like-minded people working towards a unified goal. That needs to be thought about if the model is to be looked at in another area but it would be difficult to replicate in a tendering process. Perhaps if the partners can get into a conversation about the spec before that would help". (Children First consultee).

Children First consultees highlighted the importance of individuals in building and sustaining these relationships. They identified a risk if key individuals, from either partner, move on. There was a suggestion this had contributed to what one Children First consultee described as "an erosion of the (Family Wellbeing Service) model, its integrity, and the quality of the service" in East Renfrewshire alongside budgetary constraints.

Stakeholders reported the service is embedded within the Healthier Minds framework in East Renfrewshire. The service complements the Healthier Minds core team by providing needs-led support to children, young people and families. In addition, Children First has regular contact with partners at the Hub and contract monitoring meetings. The organisation is also an active member of strategic groups such as the Improving Outcome group.

> "The support of partners was important in allowing us to explore and intentionally develop a service that has got to the root causes of a young person's distress and how

> do we work alongside families so they have the confidence to promote recovery for that young person". (Children First consultee).
>
> "We have a strong partnership with Children First. They have their own identity, their own culture is very strong, their values and way of working is all very strong. The changes to the funding and the service over the years couldn't have been easy for them but they have managed it very well and retained a strong partnership. They are a very valued partner that is an important part of the jigsaw". (HSCP stakeholder).

At an operational level there was also evidence of good partnership working and a positive relationship with schools.

> "There are good relationships between the Family Wellbeing Worker and the schools. They communicate really well, seek advice, share strategies". (HSCP stakeholder).

Stakeholders stated communication with education was not always consistent across the team and the support sometimes felt "disconnected". It was noted however that this may reflect the family's wishes in not sharing information with the school. More consistent and clearer communication about progress - a feedback loop - was cited by some stakeholders as the means of improving this.

6 Conclusions

With a focus on its implementation in East Renfrewshire, this evaluation has identified the key elements and factors of the Family Wellbeing Service Model that lead to significant difference for children, families and the overall support system. The success of the model in East Renfrewshire support its replication in other areas, if the key components of the model are present, and, if necessary, it is adapted to the local context.

The development of the Family Wellbeing Service benefitted from the use of the Social Bridging Finance model by The Robertson Trust to fund its expansion from a pilot in one GP practice to an in East Renfrewshire-wide service. It allowed partners time at the outset to clearly identify need and design the rollout of the service across the whole of East Renfrewshire. It also allowed for a more equitable relationship between the public and third sector partners than a traditional tendering exercise. This led a level of trust and collaboration between Children First and East Renfrewshire HSCP that has been evident throughout the delivery period. The SBF model also helped Children First demonstrate the service's impact through the success criteria, and to secure further funding from East Renfrewshire HSCP.

The evaluation has shown the model operated effectively in East Renfrewshire with the two distinct referral routes that were used at different times. The initial GP-led route benefited from the time Children First invested at the outset to raise awareness of the service and the simple referral process with GP practices. Children First's focus on providing families with a speedy response within a fortnight of referral by GPs was noteworthy as parents/carers explained they felt listened to and supported. Later, referrals via the multi-agency Healthier Minds Hub widened the referral routes, and added a greater level of assessment of need. Children First has been an active and valued partner in the Hub. The Hub referral process led to Children First and the Family Wellbeing Service being more integrated with other support for young people in East Renfrewshire than it was previously. There have, however, been some challenges with the Hub referral process – the time it can take to access support which can be up to two months, and some reticence among families to engage when referred by a professional rather than actively seeking support from their GPs.

The Family Wellbeing Service model provides multi-faceted support for children & young people and parents/carers although individual support sessions are at the centre of the support provided. The regularity of the sessions and informal approach adopted by the Project Workers helped build relationships and trust between with family members. Children & young people and parents/carers provided very positive feedback on the insights, information, and practical and emotional support the workers provided. The individual support sessions were complemented by groupwork with children & young people and parents/carers, access to other Children First services, and signposting to a range of other organisations and services. The length of support in East Renfrewshire varied markedly from under four weeks to over four years. Approximately two thirds of families were supported for a year or less. The length of support has generated debate between Children First and HSCP partners with the latter noting that some families were supported for longer than anticipated.

The evaluation found engagement with the service leads to positive impacts for children & young people, parents/carers, and professionals. Under the original referral process, the service in East Renfrewshire led to a reduction in the number of repeat presentations to GPs for young people referred to the service with emotional distress. Throughout the period the service has: improved

mental wellbeing among children and young people; improved mental wellbeing among parents carers; assisted parents/carers to support neurodiverse children and young people; improved family relationships; and improved engagement with education. The service also demonstrated to GPs and other professionals the benefits of a social support model rather than a medical approach to supporting young people experiencing emotional distress. Children First consultees also reported a broader impact in the way professionals view emotional support, the language used, and how they speak to families.

The evaluation sought to identify the key components of the Family Wellbeing Service model. Based on delivery in East Renfrewshire, we identify the key components as:

- Holistic or systemic support for the young person, parents/carers and family as whole.
- Person-centred support that is focused on the needs of the young person, parents/carers and family as whole.
- Flexibility in terms of the type and length of support rather than following a prescribed programme or timescale; Children First emphasise that families are given the space and time to makes sense of their situation and are supported to implement an appropriate response.
- Relational practice based on consistency and building a strong trusting relationship between the worker, young person and parents/carer; Children First emphasise they work alongside families and are consistent.
- Strengths-based practice to identify and emphasise positives points rather than a deficit-based approach that emphasises weaknesses.
- Evidence-based support delivered by skilled and knowledgeable professionals.
- Partnership working with the HSCP, schools and other professionals at the strategic and operational level.

In conclusion, the evaluation has identified the key elements of the Family Wellbeing Service Model that lead to significant difference for children, families and the overall support system. The success of the model in East Renfrewshire suggest it could be replicated in other areas, if the key components of the model are incorporated and adapted to fit the local context.

Appendix - Rapid Review of Evidence

This rapid review of evidence was undertaken to inform the evaluation of Children First's Family Wellbeing Service in East Renfrewshire. The review was carried out using Google Scholar and Edinburgh University. Three areas were focused on, firstly children's emotional distress and non-clinical interventions, secondly, the impact of multi agency hubs and thirdly, evidence on the interaction between GPs and the third sector. Thirty relevant papers were found and have been included in the analysis, drawing out the key themes and messages within each of the three areas, and also providing background information on the prevalence of mental health for young people.

Mental health and young people

Mental disorders are the leading cause of disease burden among young adults (aged 18–24 years) worldwide (Global Burden of Disease Collaborative Network, 2022 cited in Gossip et al. 2024: 773). Approximately 75% of mental disorders first occur prior to age 25 years and close to 15% of the world's young adult population are estimated to be experiencing mental disorders at any point in time (Global Burden of Disease Collaborative Network 2022; Kessler et al. 2005 cited in Gossip et al. 2024: 773). According to the World Health Organization, unipolar depressive disorders were ranked as the third leading cause of the global burden of disease in 2004 and is expected to move into first place by 2030 (Lépine and Briley, 2011 cited in van Dijk et al. 2021). In the UK, it is reported that mental health of young people has been rising from one in ten in 2004, to one in nine in 2017 to one in six in 2020, and now to one in five in 2023 (NHS Digital, 2021 cited in Healthcare Financial Management Association (2024). Whilst it is likely that a quarter of adolescents will encounter emotional and psychological difficulties, a mere third of those who do will seek help (O'Neill et al. 2021).

The increase in mental health issues has been attributed to the impact of the COVID-19 pandemic, as well as school pressures and social media (Healthcare Financial Management Association, 2024). Based on a study in England across six sites and 32 interviews with young people aged 11-12 years old, young peoples' mental health has been shown to be linked to their perceived lack of control, feeling they have been treated unfairly, bullying and being worried about others (O'Neill et al. 2021).

Barriers to seeking professional help for children and adolescents can include their limited mental health knowledge and perceptions of help-seeking, stigma and embarrassment, perceptions of therapeutic relationships, including considerations around trust and confidentiality, as well as structural factors, including costs (cited in O'Neill et al. 2021). Even with these barriers, in Scotland a hundred referrals for children's mental health support are being made a day and the target for waiting times has still not been met (Children First, 2024).

Children's emotional distress and non-clinical interventions

The Promise's Evidence Framework (Care Review, 2021: 749) describes holistic support as:

> *Embedding emotional well-being in 'system'; rather than seeing well-being as something that is the responsibility of specialist (mental health) services alone… a 'whole 'system' approach that prioritises the emotional wellbeing of children in care, across social care and health (Bazalgette et al, 2015).*

The emotional wellbeing of children is the responsibility then of all services to work together. The evidence also emphasises the importance of services working together, taking time to build relationships, working alongside communities to provide families the practical and emotional support they need and want (Porter et al. 2023; Ottoway et al. 2023, Scottish Government, 2021). Now, post pandemic and with an enduring cost of living crisis, many children and families are struggling in relation to health, finances and housing (Ottoway et al. 2023).

Non-clinical services can help young people improve mental health functioning by helping people to build social and life skills, participate in education and employment and improve physical health (Gossip et al. 2024). A meta-analysis of the impact of non-clinical interventions that covered 17 studies showed that most of these studies focused on the positive impact of employment support, some studies on physical activity, nutrition, education, and only two studies on family support, which had mixed results (ibid). The first of these family support studies, a quantitative study in Australia, found that after parents and children had attended a groupwork programme they had more empathetic communication. The other was a longitudinal US study of a short programme for young adults with eating disorders. The intervention included psychoeducation, relationship building between young adults and parents, skills training and dietary support. When followed up one-year after the intensive intervention, the study found that the self-reported psychosocial impairment experienced by young adults had declined, however scores were still within the clinically significant impairment range. It was concluded that the evidence base on this area needs to grow, particularly as there was no evidence found on peer support, and in young adulthood peers are often the most significant influence (Gossip et al. 2024).

A meta-analysis based on nine studies focused on the impact of mindfulness on young people found it had a positive impact on decreasing stress, but had no impact on anxiety and depression (Fulambarker et al. 2023). School plays an important role in the lives of young people and a systematic review found that interventions delivered by school staff were effective at reducing symptoms related to anxiety and depression in the short term only (Gee et al. 2020). Interestingly, interventions delivered by external staff and without the inclusion of parents worked best (ibid). Further research focused on migrant children and adolescents also found that support in school for mental health delivered in a number of ways, and mainly non-clinical interventions, such as peer support and education had a positive impact (Bennouna et al. 2019). The research also highlighted the challenges this population face related to specific traumas and cultural barriers in being able to speak about mental health issues at all (ibid). This raises the importance of intersectionality across age groups. This is further affirmed by McDermot et al. (2024) who carried out research into LGBT+ mental health needs, leading to a call for a human rights based approach to be applied across services to address inequalities.

A recent systematic review of literature of young people who self-harm found that they were more positive about non-clinical, that is social services and the voluntary sector, than clinical services such as emergency departments and GPs (Uddin et al. 2024). Medical staff were reported to be uninterested and dismissive of psychological distress and the care given not individualised (Uddin et al. 2024). The young people described building a rapport with staff from non-clinical interventions, but their experiences of medical staff were on the other hand, variable (ibid).

A child psychiatrist developed a social prescribing programme in England called ‘Safety Nets’ for children awaiting support from CAMHS (Garside et al. 2024). This combined sport with

psychoeducation sessions, covering topics such as peer relationships. A study based on 30 young people aged 11-16 years old who participated found there was no deterioration in anxiety or depression during this time and they remained stable (ibid). The authors are also clear that because of the small sample there is need for further research.

All of this evidence indicates that clinical and non-clinical interventions have their benefits and limitations, as well as the need for a range of choice so that responses can be person-centred. In short, studies on non-clinical interventions for children, young people and their families as yet is small, but the awareness of the value of these interventions is growing.

Multi-agency hubs

Hubs, that is spaces that bring services working together so they are co-located, are often delivered through the NHS in partnership with the local authorities and third sector, enhancing multi-agency working (Ottoway et al. 2023). They offer wrap-around holistic care, which is needs-led and person-centred, providing a range of interventions such as therapy, support with housing, sexual health, promoting health and wellbeing for young people (The Children's Society, 2020). Young people respond better to services that are youth specific and in England it has been found, that making hubs open access and drop-in, means that more marginalised groups are able to more easily connect to support (ibid). Taking a longer-term view these initiatives are cost-saving by preventing the escalation of mental health issues (The Children's Society, 2020). A campaign has successfully been carried out for the hub model to be invested in to take the strain off the NHS in England, with 24 hubs and £8million committed last year (Healthcare Financial Management Association, 2024; Department of Health and Social Care and Caulfield, 2024). Support in school is also recognised as being important with 400 mental health support teams in place across England, covering over 3 million children or around 35% of pupils in schools and colleges, and this is to be extended to at least 50% of pupils in England by the end of March 2025 (Department of Health and Social Care and Caulfield, 2024).

The current arrangement for the Family Wellbeing Service is not based on services being co-located together and it is worth noting the work of White and Featherstone (2005) that found that co-location does not automatically lead to better communication between services. To help inform the review further a more general search of multi-agency working and decision making was carried out.

Cooper et al. (2015) carried out a review of inter-agency working in the field of children and young people's mental health, drawing on 33 studies, they concluded that the findings on the success of such initiatives was mixed. The factors that facilitated collaboration were commonly good communication, joint training, mutual valuing, senior management support and a named link person. Communication is key, and sometimes organisations do not use the same language or have the same common understanding around key principles that guide work, such as around children's rights (Salmon, 2004; Salmon and Rapport, 2005).

Further affirming the challenges to partnership working, Dixon et al. (2022) describe collaboration as complex and complicated. One way for services to work better together is through being educated together, for example through multi-agency mentoring, shared learning sessions, and multi-agency peer support (Dixon et al. 2022).

Overall, the evidence base on multi-agency working is that it is difficult, but can lead to effective results, both for services and for those using them.

GPs and the third sector

GPs are often the first point of contact when people have health concerns and their role as gatekeepers is important (van Dijk et al. 2022). The Scottish Government (2024) recently published the 'Mental Health in Primary and Community Care Report', this emphasises the importance of the GP working together with the local community to support people and the need to strengthen links. Specific funding has been allocated for young people and with a particular focus on prevention and early intervention (ibid). It has been increasingly recognised that GPs working with the voluntary and community sector, or third sector is what is required to address deep seated or 'wicked' problems and to prevent the NHS from buckling under pressure (Southby & Gamsu, 2018). It is also raised that this is not a new area of work, with welfare rights providers in the UK and Canada working with the health care sector in the early 2000s (Parry et al, 2021).

Partnership working takes time, good leadership, and relationship building through the negotiation of professional boundaries (Independent Care Review, 2021; Southby and Gamsu, 2018). There needs to be clear pathways between health and the third sector and where possible listening to young people directly about what they want (Coalition of Care and Support Providers in Scotland, 2023). An insightful example was reported on by Includem who asked the young people they were supporting who had issues with substance use what 'help' they wanted, and it was not about discussing their substance use, but instead addressing housing, education and family problems - the reasons underpinning the substance use (Coalition of Care and Support Providers in Scotland, 2023.

Social prescribing is the most commonly recognised way in which these sectors work together, so that patients are linked into non-clinical interventions (Southby and Gamsu, 2018). A recent Australian qualitative study found that social prescribing for adults with severe mental health issues to engage in football, singing, gardening and reading had significant benefits (Aughterson et al. 2024). Benefits reported were increased self-confidence, self-esteem, sense of purpose, reduced loneliness, an enhanced sense of community, independence and healthier habits (ibid). One review reported on four specific studies focused on young people and social prescribing (Hayes et al. 2022). The young people presented difficulties relating to anxiety, loneliness, emotional difficulties, being socially isolated or at risk of social isolation, general mental health difficulties, and young mothers who were classified as vulnerable. One pilot evaluation in England reported on two studies, and found an increase in mental and personal wellbeing at a six month follow-up following social prescribing, and a £5 saving for every £1 spent (Bertotti et al. 2020 and Parks, 2021 cited in Hayes, 2022). It also raised the need for greater organisation between the services and the level of mental health needs were higher than expected (ibid). A third evaluation from Leeds on young people aged 16-25 found the same increases in mental health and wellbeing (Brettell et al. 2020 cited in Hayes, 2022). The final study reported on focused on young first-time mothers aged 17-25, and this showed that Link Workers helped them to increase their well-being, confidence and self-esteem, but there were challenges reported with information sharing and the referral processes (Halliday and Wilkinson 2009 cited in Hayes et al. 2022).

Kimberlee (2015 cited in Southby and Gamsu, 2018) developed a framework around social prescribing in which GP and voluntary and community sector collaboration can be understood as 'light', 'medium' or 'holistic'. A Dutch study of 13 GPs found what was referred to as a 'diagnostic

struggle' that emerged (van Dijk et al. 2022). There was a paradox found in the way GPs think about de-medicalization on a macro level and the way they proactively acted on a micro level. On a macro level, the interviewed participants all recognized the social factors that may lead to an increase in complaints of sadness among young adults. They mentioned the importance of refraining from attaching medical labels on patients and the importance of alternative non-medical perspectives. On a micro level, however, with a patient actually sitting in front of them, all GPs wanted to do something, and acted differently and clearly 'struggled' with making their macro thinking realised (van Dijk et al. 2022). In a conceptual paper Beeker et al. (2021) describe this as the psychiatrization of society, whereby individuals' mental health becomes focused on the treatment of the individual, turning attention away from structural inequalities, thus avoiding the long-term solutions that are really needed to be taken forward. The other barriers to the services working together are a lack of mutual respect between the sectors, a lack of structure, different cultures being unable to work together, share information and GPs being out of touch with community resources (Southby and Gamsu, 2018). The other issue is that supporting people to address poverty is difficult, time-consuming, complex and the results are not immediately apparent (Parry et al. 2021). Finally, procurement processes can prove challenging with third sector and health organisations reporting they have to find ways to work around these, rather than the system being easy to navigate (Sheaff et al. 2024).

A review of 214 papers on the role of primacy care and interventions to help address poverty found the positive impact of a patient navigator, such as a link worker (Parry et al. 2021). They can help to bridge the gap between the norms of the health promoter and specialist services, particularly if they have lived experience, however they also have to manage expectations and set boundaries (Parry et al. 2021). Most of the research in this field based on children has been in the USA where in paediatric settings further support can be provided (Ibid).

Conclusion

Mental health disorders in young people and inequalities are on the rise. Demand for clinical services is increasing with enduring waiting lists. There is a growing acknowledgement that clinical services alone are not always the answer, or the only answer, and services need to work together, providing holistic support. Intersectionality, such as the impact of race and sexuality on mental health is also important. Although the evidence base on the value of non-clinical interventions is small the benefits to physical and mental health are clear. The research shows that both clinical and non-clinical interventions have their limitations. GPs are often the first point of contact for people regarding their health and clear pathways between health and the third sector are needed. The main barriers to this work happening are that it takes time for services to build relationships, mutual respect, negotiate professional boundaries, procurement processes, to understand the options available and share information. Across the UK there has been an investment in 'hub' spaces to bring services to work more closely together, providing non-clinical as well as clinical interventions, and social prescribing has been shown to be very successful in improving physical and mental health for children, young people and adults. Being holistic means being person-centred, taking account of needs, their context and responding with practical, emotional support and where needed providing a clinical response. Medicalisation or psychiatrization of issues is not only dangerous to the individual, but at a societal level means the structural problems remain unchallenged.

References

Aughterson, H., Fancourt, D., Chatterjee, H., & Burton, A. (2024). Social prescribing for individuals with mental health problems: An ethnographic study exploring the mechanisms of action through which community groups support psychosocial well-being. Wellcome open research, 9, 149. https://doi.org/10.12688/wellcomeopenres.20981.1

Bennouna, C. Khauli, N. Basir, M. Allaf, C. Wessells, M. Stark, L. (2019) School-based programs for supporting the mental health and psychosocial wellbeing of adolescent forced migrants in high-income countries: A scoping review, *Social Science & Medicine,* 239, https://doi.org/10.1016/j.socscimed.2019.112558

Beeker T, Mills C, Bhugra D, te Meerman S, Thoma S, Heinze M and von Peter S (2021) Psychiatrization of Society: A Conceptual Framework and Call for Transdisciplinary Research. *Psychiatry* 12:645556. doi: 10.3389/fpsyt.2021.645556

Coalition of Care and Support Providers in Scotland (2023) *Summary of the Supporting the Third Sector Project's Workshop: Engagement with children, young people and families in strategic planning and co-design of family support services in Highland and Stirling*. Available at: https://www.ccpscotland.org/wp-content/uploads/2023/06/Whole-Family-Support-Conference-STTS-Workshop-Writeup.pdf

Cooper, M., Evans, Y., & Pybis, J. (2016). Interagency collaboration in children and young people's mental health: a systematic review of outcomes, facilitating factors and inhibiting factors. Child: care, health and development, 42(3), 325–342. https://doi.org/10.1111/cch.12322

Children First (2024) *Staggering 100 referrals a day for child mental health support.* 26th November. Available at: https://www.childrenfirst.org.uk/news/staggering-100-referrals-a-day-for-child-mental-health-support/

Department of Health and Social Care and Caulfield, M. (2024) *Extra funding for early support hubs.* Available at: https://www.gov.uk/government/news/extra-funding-for-early-support-hubs

Dixon, S., Kendall, B., Driscoll, J., & Pope, C. (2022). Supporting the 'multi' in multi-agency working: learning with and from each other could enable multi-agency safeguarding. The British Journal of General Practice, 72(722), 438–439. https://doi.org/10.3399/bjgp22X720617

East Renfrewshire Council, 2020. East Renfrewshire's Children and Young People's Services Plan 2020-2023. https://rightdecisions.scot.nhs.uk/media/2zshhhfn/er-childrens_services_plan_2020_to_2023.pdf

Fulambarkar, N., Seo, B., Testerman, A., Rees, M., Bausback, K. and Bunge, E. (2023), Review: Meta-analysis on mindfulness-based interventions for adolescents' stress, depression, and anxiety in school settings: a cautionary tale. Child Adolescent Mental Health, 28: 307-317. https://doi.org/10.1111/camh.12572

Garside, M., Taylor, A., Dias, R., Powell, L., Parker, J., Fenton, C., & Roscoe, C. M. P. (2024). Safety Nets: A Social Prescribing Intervention to Support Young People on CAMHS Waiting Lists. Child & Youth Services, 1–20. https://doi.org/10.1080/0145935X.2024.2389114

Gee, B., Reynolds, S., Carroll, B., Orchard, F., Clarke, T., Martin, D., Wilson, J. and Pass, L. (2020), Practitioner Review: Effectiveness of indicated school-based interventions for adolescent depression and anxiety – a meta-analytic review. J Child Psychology & Psychiatry, 61: 739-756. https://doi.org/10.1111/jcpp.13209

Gossip, K., John, J., Comben, C., Erskine, H. E., Scott, J. G., & Diminic, S. (2024). Do Non-Clinical Services Help to Improve Functional Outcomes Among Young Adults With Mental Disorders? A Systematic Review. *Early intervention in psychiatry,* 18(10), 773–788. https://doi.org/10.1111/eip.13606

Hayes, D., Jarvis-Beesley, P., Mitchell, D., Polley M., & Husk K. [On behalf of the NASP Academic Partners Collaborative]. (2023). '*The impact of social prescribing on children and young people's mental health and wellbeing'*. London: National Academy for Social Prescribing.

Healthcare Financial Management Association (2024) *Fund the Hubs: The road to early support in every community.* Available at: https://www.hfma.org.uk/system/files/2024-10/Centre%20for%20mental%20health%20panel.pdf

Independent Care Review (2021) *Evidence Framework, Feb 2017-Feb 2020*. Available at: https://thepromise.scot/resources/2020/evidence-framework.pdf

McDermott E, Eastham R, Hughes E, Johnson, K., Davis, S., Pryjmachuk, S., Mateus, C., McNulty, F., & Jenzen, O. (2024) "What Works" to Support LGBTQ+ Young People's Mental Health: An Intersectional Youth Rights Approach. *International Journal of Social Determinants of Health and Health Services*. 54(2):108-120. doi:10.1177/27551938241230766

Mental Health Foundation (2025). Poverty of ambition: why we need bold action to tackle poverty and improve mental health. Mental Health Foundation, UK. https://www.mentalhealth.org.uk/sites/default/files/2025-06/MHF%20JRF%20Poverty%20and%20Mental%20Health%20Report%20June%202025.pdf

Ottaway, H. McTier, A. Manole, M. Anderson, M. Porter, R. Scott, J. Young, E. Fowler, N. Soraghan, J. McIver, L. Anderson, C. and MacKinnon, K. (2023) *Children's Services Reform Research: Learning and Implications for Scotland. Concluding Report*. https://www.celcis.org/application/files/6117/0245/9620/CSRR_Concluding_Report_-_CELCIS_-_13_December_2023.pdf

O'Neill A, Stapley E, Stock S, Merrick H and Humphrey N (2021) Adolescents' Understanding of What Causes Emotional Distress: A Qualitative Exploration in a Non-clinical Sample Using Ideal-Type Analysis. *Public Health* 9:673321. doi: 10.3389/fpubh.2021.673321

Parry, J., Vanstone, M., Grignon, M., & Dunn, J. R. (2021). Primary care-based interventions to address the financial needs of patients experiencing poverty: a scoping review of the

literature. *International journal for equity in health*, *20*(1), 219. https://doi.org/10.1186/s12939-021-01546-8

Porter, R. Young, E. Scott, J. McIver, L. Mackinnon, K. Fowler, N. Ottaway. H. (2023) *Children's Services Reform Research: Rapid Evidence Review.* Available at: https://pure.strath.ac.uk/ws/portalfiles/portal/170917434/Porter_etal_CELCIS_2023_Childrens_services_reform_research_rapid_evidence_review.pdf

Public Health Scotland (2025) Child and Adolescent Mental Health Services (CAMHS) waiting time Quarter ending December 2024. Available at: https://publichealthscotland.scot/publications/child-and-adolescent-mental-health-services-camhs-waiting-times/child-and-adolescent-mental-health-services-camhs-waiting-times-quarter-ending-december-2024/

Salmon, G. (2004), Multi-Agency Collaboration: The Challenges for CAMHS. Child and Adolescent Mental Health, 9: 156-161. https://doi.org/10.1111/j.1475-3588.2004.00099.x

Salmon, G., & Rapport, F. (2005). Multi-agency voices: a thematic analysis of multi-agency working practices within the setting of a Child and Adolescent Mental Health Service. Journal of interprofessional care, 19(5), 429–443. https://doi.org/10.1080/13561820500217307
Scottish Government (2021) *What Do We Already Know? Our Whole Family Evidence Bank*. Available at: https://www.gov.scot/publications/already-know-whole-family-evidence-bank/

Scottish Government (2024) *Mental health in primary and community care: report - December 2024.* Available at: https://www.gov.scot/publications/mental-health-primary-community-care-report-december-2024/

Sheaff, R. Paine, A. Exworthy, M. Gibson, A. Stuart, J. Jochum, V. Allen, P. Clark, J. Mannion, R. and Asthana, S. (2024) Consequences of how third sector organisations are commissioned in the NHS and local authorities in England: a mixed-methods study. *Health and Social Care Delivery Research*, 12(39): https://doi.org/10.3310/NTDT7965

Southby, K., & Gamsu, M. (2018). Factors affecting general practice collaboration with voluntary and community sector organisations. *Health & social care in the community*, *26*(3), e360–e369. https://doi.org/10.1111/hsc.12538

The Children's Society (2020) T*he case for open access emotional health and well-being services.* Available at: https://www.childrenssociety.org.uk/sites/default/files/2021-01/The-Case-for-Open-Access-Hubs.pdf

Uddin T, Pitman A, Benson G, Kamal Z, Hawton K, Rowe S (2024). Attitudes toward and experiences of clinical and non- clinical services among individuals who self- harm or attempt suicide: a systematic review. Psychological Medicine 54, 13–31. https://doi.org/10.1017/S0033291723002805

van Dijk EL, van Tol DG, Diemers AD, Wienen AW and Batstra L (2022) Sick or Sad? A Qualitative Study on How Dutch GPs Deal with Sadness Complaints Among Young Adults. *Sociology,* 6:765814. doi: 10.3389/fsoc.2021.765814

White, S. and Featherstone, B. (2005), Communicating misunderstandings: multi-agency work as social practice. Child & Family Social Work, 10: 207-216. https://doi.org/10.1111/j.1365-2206.2005.00372.x