



TOGETHER FOR CHANGE

Co-producing Whole Family Wellbeing in Fife

WHOLE FAMILY WELLBEING CO-PRODUCTION REPORT

September 2024

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INTRODUCTION

The Whole Family Wellbeing Co-production Project 'Together for Change' is a collaboration of third sector organisations (Barnardo's, Clued Up and The Cottage Family Centre), public sector partners (Fife Council and Fife Health and Social Care Partnership) and parents, carers and young people who have experience of using and receiving family support services in Fife. The project was co-ordinated and facilitated by Fife Voluntary Action (FVA).

The aim of the project was to develop our approach to co-production and to establish the conditions where the views and experiences of children, young people and families are central to system transformation and future funding of children's services so that in turn, children, young people and families in Fife experience better outcomes and are able to thrive.

Over the course of 18 months (January 2023 – June 2024) the project delivered the following:

- Recommendations to inform future children and family support service planning, commissioning, and design as part of the wider policy environment, No Wrong Door approach, and [Supporting Families Toolkit for Change](#).¹
- Evidence of meaningful engagement with children, young people and families across Fife.
- Reflection and learning on what supports successful co-production with children, young people and families alongside service providers to inform future practice.



¹[https://www.fva.org/downloads/SUPPORTING_FAMILIES_ A NATIONAL SELF ASSESSMENT TOOLKIT FOR CHANGE \(1\).pdf](https://www.fva.org/downloads/SUPPORTING_FAMILIES_A_NATIONAL_SELF_ASSESSMENT_TOOLKIT_FOR_CHANGE_(1).pdf)

BACKGROUND AND POLICY CONTEXT

The Together for Change Project is funded by the Fife Children's Services Partnership, through the Scottish Government's Whole Family Wellbeing Fund (WFWF)¹. The aim of the funding is to help family support services to make transformational system changes to reduce the need for crisis intervention and to shift investment towards prevention and early intervention.

The Scottish Government established a Children and Families Collective Leadership Group which developed a vision and blueprint for Holistic Whole Family Support in Scotland:

A subgroup of the Collective Leadership Group was formed - the Family Support Delivery Group which developed a route map² for delivering the vision and developed Ten Principles for Holistic Whole Family Support³ One of the ten principles is to take account of families' voice and states that:

EVERY FAMILY THAT NEEDS SUPPORT GETS THE RIGHT FAMILY SUPPORT AT THE RIGHT TIME TO FULFIL CHILDREN'S RIGHTS TO BE RAISED SAFELY IN THEIR OWN FAMILIES, FOR AS LONG AS IT IS NEEDED

There is a recognition that the voices of children and families should be at the centre, which means that:

- Children and families should have meaningful and ongoing participation in the design of services.
- Children and families feel and are recognised as equal partners whose voices and views are listened to.
- Families are provided with choice about support and that support is strengths-based.
- Families are involved in decisions that affect them.

In addition to the above, one of the improvement priorities set out within the Fife Children's Services Plan 2023 - 2026⁴ is 'supporting families' and part of this is ensuring that children and families are at the centre of service design.

Therefore, the Together for Change project seeks to develop our approach in Fife to co-production and ensure that the voices of children, young people and families are central to system transformation and the future funding of children's services in Fife.



¹ <https://www.gov.scot/policies/girfec/whole-family-wellbeing-funding/>

² <https://www.gov.scot/publications/routemap-national-principles-holistic-whole-family-support/>

³ <https://www.gov.scot/publications/routemap-national-principles-holistic-whole-family-support/>

⁴ <https://www.fife.gov.uk/kb/docs/articles/education2/schools-in-fife/fife-childrens-services-plan>

WHAT IS CO-PRODUCTION?

Co-production has many definitions and can sometimes be confused with traditional forms of participation and engagement. We used the following definition to help distinguish what co-production means:

CO-PRODUCTION REFERS TO A WAY OF WORKING, WHEREBY EVERYBODY WORKS TOGETHER ON AN EQUAL BASIS TO CREATE A SERVICE OR COME TO A DECISION WHICH WORKS FOR THEM ALL.
 (thinklocalactpersonal.org.uk)

Co-production is a collaborative approach to creating positive change. Although people and communities are often involved in decision making processes in traditional methods such as consultations and surveys, it's crucial to understand that co-production is more than just consultation or participation. It requires people to collaborate on an equal basis, be supported to share their lived experiences, skills, and ideas to create better services and communities. In the context of this project, it involved children, young people and families working together with service providers and professionals to produce recommendations for change so that children, young people and families experience better outcomes.



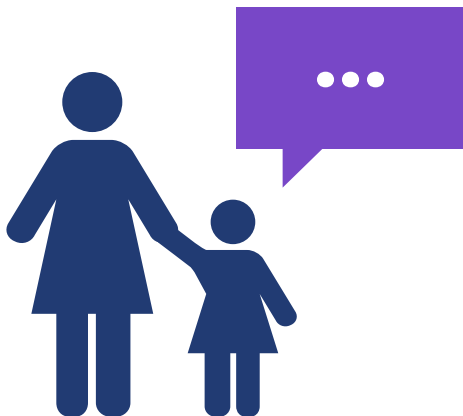
There is no right or wrong triangle, you may fit into one, two or three triangles depending on your experiences. Your knowledge is your lived experience.

By adopting a collaborative and co-productive approach, professionals can gain a deeper understanding of children, young people, and families' lived experiences. This partnership-based approach fosters a sense of mutual respect and

empowerment, where everyone's voice is valued, and families are collaborating with professionals, i.e. 'doing with' as opposed to being 'done to'.



(Co-production Spectrum, NHS Wales)



SCOTTISH GOVERNMENT AND CO-PRODUCTION

Co-production is the foundation of the Scottish Approach, the Scottish Government's framework for delivering policy and public services. The [Scottish Government's response](#)¹ to the [Christie Commission](#)² provides the overarching drivers for co-production and is centred on four priorities:

- A shift towards prevention, preventing problems arising or dealing with them early on.
- Working in partnership, bringing public, third and private sector partners together with communities to deliver shared outcomes that really matter to people.
- Public services need to be built around people and communities with recognition that there is a need to create opportunities for people and communities to co-produce services around their skills and networks.
- Improving performance of public services.

The [Scottish Approach to Service Design](#)³ is another Scottish Government policy driver for co-production. It sets out a way of thinking about, and creating,

public services that puts people at the centre and emphasises working together with people who use the services to understand their needs and challenges. Some of the key elements of the approach are:

- **Collaboration:** Working together with people who use the services to understand their needs and challenges.
- **Person-centred:** Focusing on the people who will use the service and designing it around their needs.
- **Openness:** Being open to different ideas and perspectives.

We used the Scottish Approach to Service Design alongside the [National Standards for Community Engagement](#)⁴ to explore the current issues and challenges within the context of whole family wellbeing to enable children, young people and families to work collaboratively with professionals so that everybody's voice could be heard.



¹ <https://www.gov.scot/publications/renewing-scotlands-public-services-priorities-reform-response-christie-commission/>

² <https://www.gov.scot/publications/commission-future-delivery-public-services/>

³ <https://www.gov.scot/publications/the-scottish-approach-to-service-design/>

⁴ https://static1.squarespace.com/static/5943c23a440243c1fa28585f/t/63c6badff203e74f2ba4c4d3/1673968356909/NSfCE%2BOnline_October.pdf

PROJECT PHASES

There were four distinct phases of the project:

1. Project Inception - forming partnerships and preparatory work.
2. Creating the conditions and discovery phase - establishing a co-production project team, developing relationships, developing a collective understanding of co-production and exploring the issues and challenges within the context of whole family wellbeing.
3. Wider engagement with children, young people and families across Fife.
4. Develop co-produced recommendations for change.



PROJECT INCEPTION

The project started in January 2023 with an introductory workshop for third sector partners which was facilitated by FVA and Fife Council. The purpose of the workshop was for partners to find out more about co-production and how this approach could be used to improve service design and delivery for children, young people and families in Fife. A [service brief](#)¹ was developed and information was also provided about funding, which was allocated from the Whole Family Wellbeing Fund to support the participation of third sector organisations in the co-production project, as well as supporting the participation of children, young people and families with lived experience of receiving and using family support services.

FVA then opened the application process and invited applications from third sector organisations working with children, young people and families in Fife. The application deadline was 20 March 2023 and FVA received five applications. Applications were assessed, and three of the five organisations were awarded funding: Barnardo's, Clued Up and The Cottage Family Centre. Staff from Fife Council and Fife Health and Social Care Partnership were also identified to take part in the project and to become part of the project team.



¹ <https://www.fva.org/downloads/Service-Brief-Co-production.pdf>

CREATING THE CONDITIONS

The project team was established in April 2023 with an initial focus to develop relationships within the project team and to develop our collective understanding of co-production.

Some members of the project team participated in a two-day training course with the [The Promise Design School](https://thepromise.scot/the-promise-scotland/what-the-promise-scotland-does/supporting-the-workforce/design-school/)¹ which introduced foundational concepts of service design and allowed the group to explore different tools and resources.

In June we undertook training on co-production which helped us to deepen our understanding of co-production methodology and explore in more detail what was required to make it work. The training focussed on four key principles:

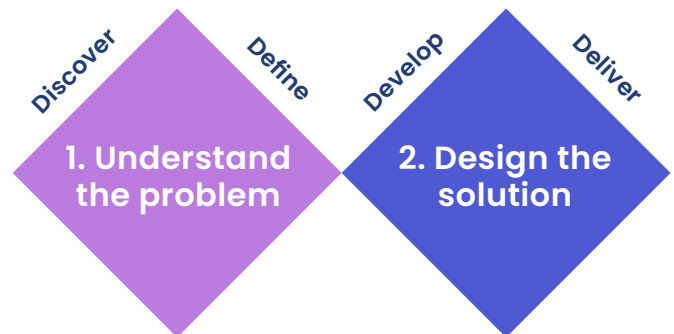
- **Prioritising relationships** – focus on building and nurturing relationships in the project.
- **Sharing power** – how power feels, boundaries, relationships and power.
- **Participatory means** – focus on making sure people are included, using creative approaches.
- **Building capacity** – focus on learning and learning from failure.

The training was well received, and feedback from the project team was positive. It was an important part of creating the conditions for the project team to fully understand the co-production approach and to allow us to explore how we would work together going forward.

The project team also developed the name for the project and decided on 'Together for Change', a logo was created so that the project could have an identity.

DISCOVERY PHASE

We used some of the principles and tools within The Scottish Approach to Service Design to help structure the project. We used the Design Council's Double Diamond model which is a visual diagram showing the different design stages.



The model helped us to structure the project and to map out the different stages. The focus of the project in this phase was about 'understanding the problem', to 'discover' and understand the current landscape and the experiences of receiving and delivering support for families in Fife.

In August 2023, we set up fortnightly meetings for the project team and set dates for the rest of the year which worked well as it allowed people to prioritise meeting dates and for future planning.

We used a variety of different tools to help explore our understanding and analysis of the problem. Some of the tools used were:

¹ <https://thepromise.scot/the-promise-scotland/what-the-promise-scotland-does/supporting-the-workforce/design-school/>

Problem definition tools

These tools helped the project team to understand and define the issues by guiding them through a series of questions and prompts to explore what the issues were, who it was a problem for, what social and cultural factors shaped the problem and to identify what evidence there was that a problem exists. The tools also helped to provide clarity by directly identifying the issues and challenges and allowed the project team to gain a deeper understanding of the problems and to identify some of the root causes.

Stakeholder mapping

Stakeholder mapping was a visual tool which helped the project team to understand and identify all the different stakeholders who would have an interest in, or be affected by, the problems that were being explored – this included people, organisations and services. The stakeholder mapping also helped to understand the relationships between different stakeholders and how they impact the problem.

Empathy Maps

We used empathy maps as another visual tool to help gain a deeper understanding of the thoughts, feelings and behaviours of a variety of different stakeholders. The map was split into four quadrants focusing on what someone was 'hearing', 'seeing', 'saying' and 'doing'. The map also explored fears and frustrations a person might have as well as their wants and needs.

Journey Mapping

The project team also used journey maps to understand the experiences of families in accessing services. The mapping helped to provide an overview of a family's journey and gave focus to the interactions, emotions, touchpoints and challenges a family might experience.

Knowledge Boards

Knowledge boards were used to keep track of what they were learning and was another visual tool to represent what the project team knew, what they thought they knew, what they didn't know and what the gaps were in relation to the problem they were exploring.

These tools helped the project team to understand in more detail some of the challenges faced by children, young people and families as well as service providers in Fife. One of the emerging themes from this work was 'disconnection', both in the context of services being disconnected as well as families feeling disconnected in accessing support. The project team developed a problem statement – its purpose was to provide a clear and concise description of the issues and challenges that were being explored:

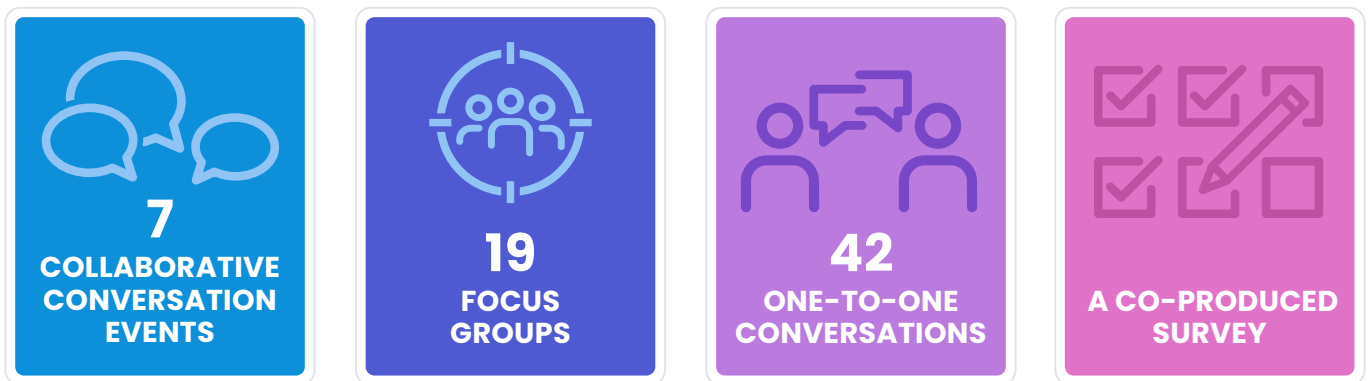
We felt that families and professionals in Fife were not as connected as they could be and struggled to find the right support at the right time because of:

- **Overstretched services**
- **Gaps in provision**
- **Not knowing where to go for help**
- **Referral processes being hard to navigate**
- **Lack of empowerment**
- **Lack of trust**
- **Stigma**
- **Criteria and thresholds for support**
- **Voices not being heard or listened to**

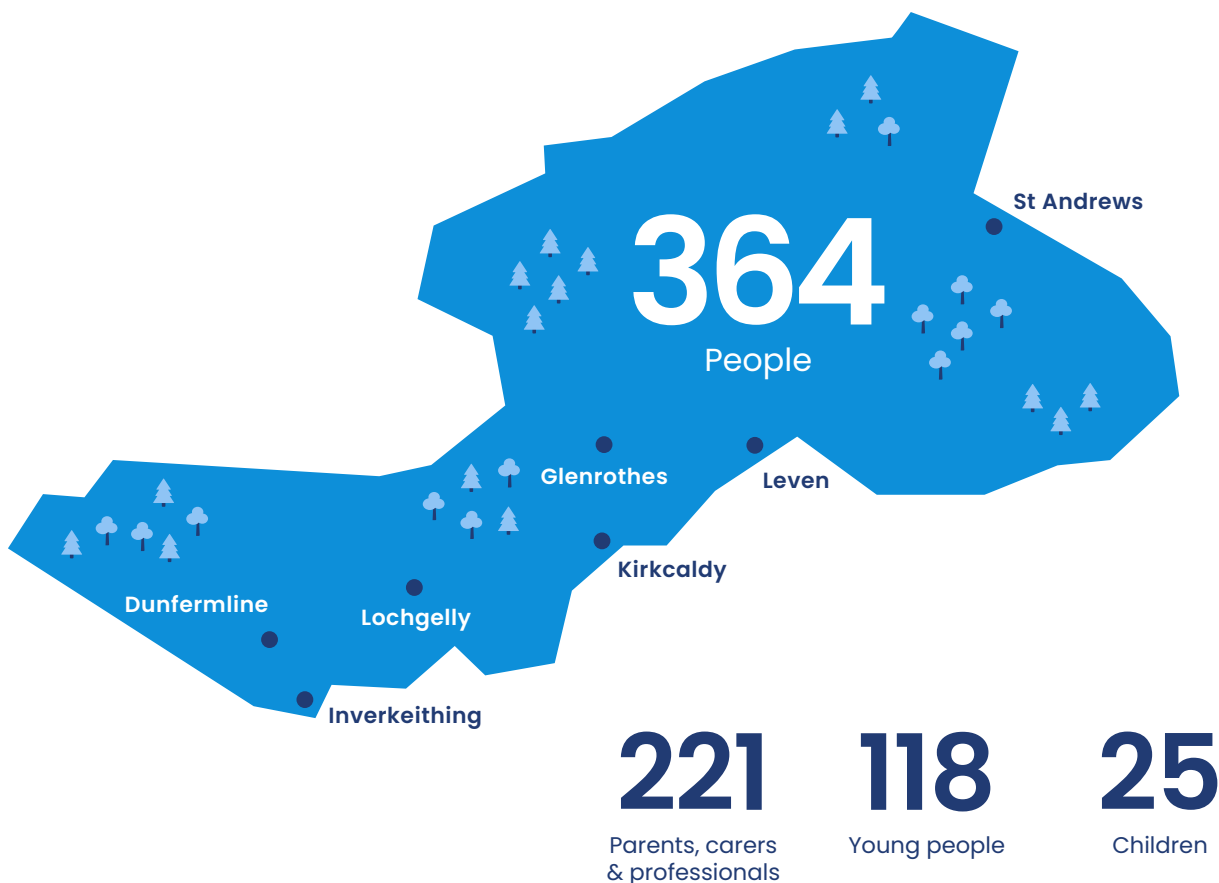
ENGAGEMENT PHASE

The next phase of the project was to undertake a series of engagement activities across Fife to gain a better understanding of what was important to

children, young people and families and the Children and Families workforce.



We engaged with 364 people across Fife



See Appendix 1 for equalities data.

ENGAGEMENT QUESTIONS

The project team developed a core set of five questions which were carefully created to better understand people's thoughts and experiences, as well as to establish if the problem statement was

accurate. These were 'open' questions to ensure that facilitators were not leading conversations and to gain the best understanding of what really mattered to people.

The graphic consists of five speech bubbles of various colors (purple, blue, light blue) arranged in a cluster. Each bubble contains a question number and text. To the right of each bubble is a dark blue circular icon containing a white question mark. The first bubble has one question mark, the second has one, the third has one, the fourth has one, and the fifth has two.

Q1. HOW DID YOU FIND OUT ABOUT THE SERVICE YOU USE AND HOW EASY WAS THIS TO ACCESS?

Q2. WHAT DO YOU VALUE MOST ABOUT THE SERVICE YOU HAVE RECEIVED?

Q3. HOW INVOLVED WERE YOU IN THE DECISIONS MADE ABOUT YOUR SUPPORT? HOW DOES THAT MAKE YOU FEEL?

Q4. IF YOU COULD CHANGE SOMETHING ABOUT THE SUPPORT YOU HAVE RECEIVED WHAT WOULD THAT BE?

Q5. WHAT DOES GOOD SUPPORT LOOK LIKE TO YOU?

COLLABORATIVE CONVERSATION EVENTS

We held seven collaborative events across Fife throughout March 2024.

The events were aimed at parents, carers, young people and those working with families to come together in a welcoming and safe space to discuss their experiences and give their thoughts about support and services for children, young people and families.

Posters and flyers promoting the events were distributed throughout Fife and shared across services, networks, forums, as well as through social media promotion.

The sessions lasted two hours and were facilitated by members of the project team. The focus of each session was to:

- Introduce Whole Family Wellbeing and co-production.
- Host facilitated conversations.
- Postcards and feedback.

The first part of each session was to ensure that a safe and welcoming environment was created so that people felt comfortable in sharing their thoughts and experiences. We also wanted to ensure that the language used throughout the session was jargon free and discouraged the use of acronyms so that conversations were accessible to all. We introduced Whole Family Wellbeing and the ambitions behind

this, we also introduced the concept of co-production and why the Together for Change project was created.

Participants were invited to introduce themselves at their tables and to share why they were attending or what they hoped to get out of the session.

Participants were then asked to do an activity which focused on three different words, *Family, Support and Services*. We asked participants to write down each word and to think about what this meant to them, each person then took a turn to share this with the other people at their table. The purpose of the activity was to show that although the same three words were given to each person, each word meant different things to different people.



The second and most substantive part of the session was a facilitated conversation led by members of the project team. Each table had a facilitator and a scribe so that we could capture what people were telling us. We used the five questions which were developed and set out earlier in this report to structure the conversations and gain insights into the thoughts and experiences of those attending the session.

At the end of each session, we set aside time and space for reflection. There was a strong possibility that some of the conversations could have been triggering and anxiety provoking for some participants, so it was important to recognise this. Project team members were available if anybody wanted to talk, and we also had self-care leaflets with contact details for helplines etc.

Participants were asked for feedback at each session by answering two questions, 1. What was good about today? and, 2. It would have been even better if.

Feedback was positive with many parents, carers and young people saying they would like more events like this as they felt their voices and opinions were being listened to. Professionals stated it was good to have the opportunity to discuss the barriers they faced and discuss potential solutions. Some specific feedback included:

I REALLY LOVED THAT WE COULD SIT AROUND A TABLE AND SPEAK FREELY, IT FEELS GOOD TO BE ABLE TO OPEN UP AND BE A PART OF SOMETHING

GOOD TO HIGHLIGHT AND ADDRESS ISSUES THAT WE FACE IN PRACTICE

I HAD GOOD DISCUSSIONS; I FEEL LISTENED TO

I FOUND IT REALLY POSITIVE AND IT'S GREAT THAT PEOPLES VOICES ARE BEING HEARD RATHER THAN DECISIONS JUST BEING MADE BY POLICY AND DECISION MAKERS

FOCUS GROUPS

In total, 19 focus groups took place. Many of the focus groups were facilitated by Barnardo's, Clued Up and The Cottage Family Centre, within their existing groups and forums. FVA also facilitated additional focus groups with other groups and forums across Fife.

All focus group sessions started with a discussion around confidentiality and anonymity. It was important that people felt safe that the information they were providing would not be shared or discussed outside of the group in a way that could identify them. Safeguarding was taken seriously at all sessions as some of the discussions could be anxiety provoking, therefore the opportunity for support or a debrief at the end of these sessions was provided.

Sessions were adapted to fit the needs of the groups, for example a focus group was held in a youth club with children under 12, the questions were made more accessible and simplified to obtain the best outcomes from the conversations. The focus groups followed a similar format to the collaborative conversations.

ONE-TO-ONE CONVERSATIONS

We also held a total of 42 one-to-one conversations as another form of engagement. As with the focus groups, these were largely facilitated by Barnardo's, Clued Up and The Cottage Family Centre with children, young people and families they were supporting. FVA also facilitated some one-to-one conversations at various events such as open days and community events.

In addition to the above, people who had expressed an interest in engaging with the project but were

unable to attend any of the engagement events were contacted and individual meetings were arranged. The project team were flexible and able to travel to any area of Fife to conduct these and had the flexibility of being able to do these out with normal working hours.

AN ONLINE SURVEY

A survey was also developed by the project team which centered around the five engagement questions and was aimed at parents, carers and young people. The survey was promoted across existing groups, networks, forums as well as social media channels. The survey was anonymous to encourage people to feel comfortable in sharing their responses honestly.

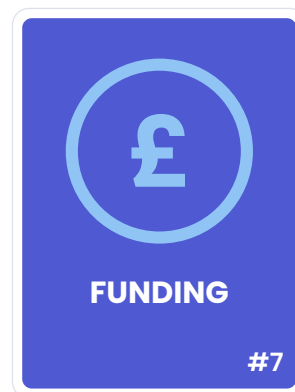
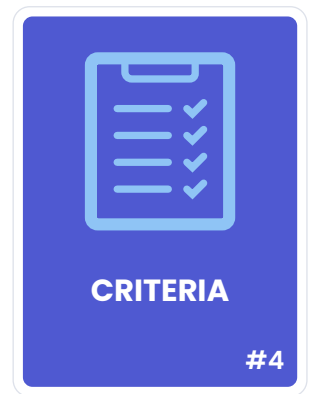
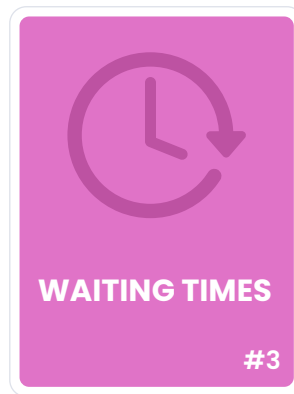
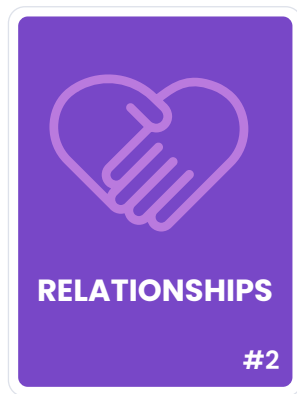
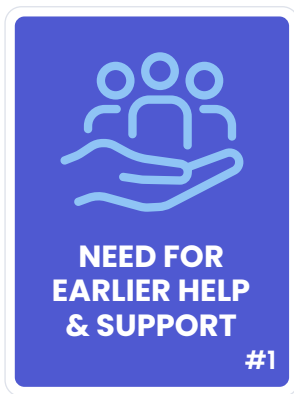
In all forms of engagement, participants were encouraged to be as open and honest as they could. The project group endeavoured to remove as many barriers to participation as possible such as accessibility, how the information was gathered, used jargon-free language, held sessions at different times and provided food and childcare. Consideration was also given to allowing time to reflect after the sessions with the provision of someone to talk to, if required.



WHAT DID PEOPLE TELL US?

After the engagement activities across Fife, we formed a sub-group of the project team and undertook a thematic analysis of all the information

and data gathered from the different methods of engagement. From this analysis seven clear themes emerged:



THE 7 THEMES:



Getting the right support at the right time did not always happen for many of the people we heard from. Many individuals we spoke with expressed a strong desire for earlier support and intervention. They shared experiences of difficulty navigating

complex systems, being referred to the wrong services, and facing significant delays in receiving assistance.

These experiences highlight a need for more timely and effective support systems. Many families felt overwhelmed by the process of seeking help, often having to recount traumatic events multiple times. In some cases, this exacerbated their distress and hindered their ability to recover.

Young people emphasised the importance of receiving early support within schools. Some young people described instances of limited

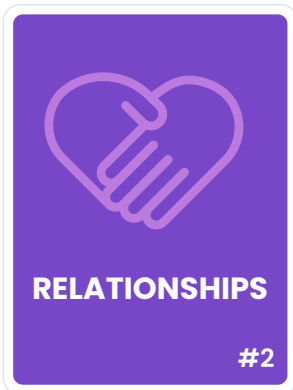
access to support, feeling unheard, and a lack of understanding from staff, no one picking up on their circumstances or staff not knowing how to help them. Many reported struggling with poor mental health and the limited availability of support. Furthermore, participants highlighted the need for organisations to be more proactive in reaching out to individuals seeking help and providing ongoing support. The message was clear: ‘don’t give up on me’.

Professionals also emphasised the need for earlier interventions to prevent families from reaching crisis points. They suggested that in order to identify those at risk and provide timely support, we must strengthen our early identification and referral processes. By investing in early intervention, we can alleviate the current strain on services and ensure individuals receive the appropriate assistance when they need it most. Additionally, improved communication between organisations is essential to ensure seamless co-ordination and delivery of services and support.

IT IS VERY DIFFICULT TO FIND THE RIGHT SERVICES - YOU CAN GET MOVED FROM GROUP TO GROUP AS NOBODY CAN REALLY HELP AS THEY ALL HAVE STRICT GUIDELINES.

I WAS EXCLUDED FROM SCHOOL BECAUSE OF MY BAD BEHAVIOUR AND NOT GOING, I WANTED SCHOOL TO HELP ME BUT THEY DIDN'T KNOW THAT, THEY JUST THOUGHT I WAS BAD AND DIDN'T WANT ME THERE. MY MUM DIDN'T KNOW WHAT TO DO WITH ME EITHER. I THINK IF I GOT HELPED THEN I WOULDN'T FEEL SO BAD AND NEED AS MUCH HELP NOW.

I WAS GIVEN COUNSELLING THERAPY WHEN I WAS AROUND 12 - I WASTED THIS OPPORTUNITY AS I DID NOT TAKE THE SESSIONS SERIOUSLY- EVERYONE WAS PUSHING ME TO GO SO I JUST TOLD THEM ANYTHING. THEY DID NOT TRY TO DELVE DEEPER INTO WHAT WAS GOING ON WITH ME. WHEN I FINISHED THOSE SESSIONS (12 WEEKS) I WASN'T OFFERED ANYTHING ELSE. I REGRET NOT USING THESE SESSIONS PROPERLY.



A central theme throughout our engagement was the crucial role of relationships in providing effective support. Children, young people and families emphasised the importance of being listened to, understood,

and supported without judgment. Building trust was deemed essential, as individuals often felt vulnerable when seeking help. A compassionate and person-centred approach was identified as being vital for creating safe and supportive environments.

Some people told us that when they found a helpful organisation, they continued to use their services beyond initial support. This was due to having a person they could trust and having dependable services which were there for them.

Sometimes they relied on their support workers to advocate for additional support, when they felt their voices were not being listened to.

Time was identified as a critical factor in developing meaningful relationships with professionals. Participants talked of the importance of taking time to truly understand individuals' needs and establish trust. Imposing strict time limits was detrimental and limited access to ongoing support. However, it's important to acknowledge that such restrictions were often due to resource constraints and funding limitations.

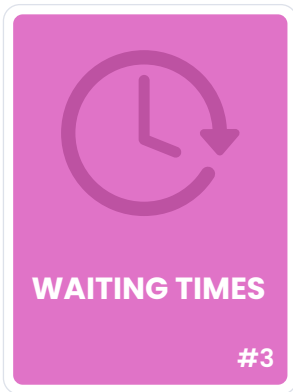
Some professionals expressed frustration within their organisations where time restrictions were imposed on the support that they could provide. They felt that this was detrimental and didn't always take into consideration the time required to build effective relationships.

IT FEELS SO MUCH BETTER TO HAVE THE SAME PERSON, THEY BUILD A RELATIONSHIP UP WITH YOU THEY START TO RECOGNISE YOU AND RECOGNISE THINGS IN YOU.

IT'S HARD TO TELL YOUR STORY OVER AND OVER AGAIN. IT'S SO HARD TO DO THIS WHEN WORKERS CHANGE, OR YOU HAVE TO SEE A DIFFERENT PERSON EACH TIME.

NOT BEING SENT OUT OF CLASS – UNDERSTAND ME, DON'T CHUCK ME OUT

I HAD MY SON AT 34, HAD A GREAT FAMILY, AN OLDER SON, PEOPLE AROUND ME BUT NEVER FELT SO ALONE. MY SON WAS CHALLENGING, THE HEALTH VISITOR ASKED ME QUESTIONS IN FRONT OF MY MUM, AND I SAID EVERYTHING WAS GOOD – NEXT TIME SHE VISITED I WAS ON MY OWN AND SHE ASKED THE SAME QUESTIONS AND I STARTED TO CRY AND TOLD THE TRUTH, YOU DON'T WANT TO THINK THEY'RE THINKING YOU AREN'T COPING. SHE GAVE ME THE NUMBER FOR A FAMILY SUPPORT ORGANISATION, AND I CALLED TO SPEAK TO SOMEONE – THEY SAID PUT YOUR SHOES ON AND COME ROUND – I HAD A LOTS OF PEOPLE BUT STILL NEEDED THAT SUPPORT.



A consistent theme amongst participants was the frustration caused by lengthy waiting times and difficulties accessing support. Many individuals reported delays in referrals, confusing eligibility criteria, and a lack of

clarity regarding available services.

These delays had severe consequences, as individuals' conditions deteriorated during the waiting period, sometimes requiring more intensive intervention. Many young people described experiencing significant distress due to the extended

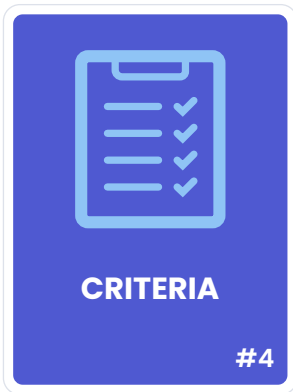
time it took to receive appropriate support. Some families expressed similar frustrations, often feeling unheard and unsure about the status of their referrals. The current system was perceived as inaccessible and time-consuming, leading to a decline in individuals' hope and resilience. Providers acknowledged the challenges posed by limited capacity, resource constraints, and staff fatigue. The increasing demand for services, coupled with the complexity of needs, has contributed to longer waiting times. Additionally, external factors such as the cost-of-living crisis, the COVID-19 pandemic, societal changes, and the impact of poverty have exacerbated these pressures. The geographic distribution of services in Fife further complicates access, with certain areas experiencing limited availability and longer wait times.

WAITING LISTS BREAK DOWN TRUST, REFERRALS TAKE TOO LONG AND PEOPLE SEEM TO NEED TO GET TO A CRITICAL POINT BEFORE BEING ABLE TO ACCESS SUPPORT.

I WAS REFERRED TO A SERVICE, THERE WAS A LONG WAITING LIST WHEN ALL THAT TIME I WAS GETTING WORSE.

I WAS REFERRED THROUGH THE SCHOOL. IT WAS NOT EASY TO ACCESS, NO ONE REALLY KNEW WHAT SERVICES WERE AVAILABLE AND I WAS SENT TO AN ORGANISATION WHERE THERE WAS A LONG WAITING TIME FOR CONSULTATION, ONLY TO BE SENT ON ELSEWHERE.

IT TOOK ME SIX YEARS TO GET A SPACE OPEN WITH AN ORGANISATION WHO SUPPORT YOUNG CARERS, I WAS AT HIGH SCHOOL AT THE TIME, IT MADE MY MENTAL HEALTH REALLY DETERIORATE, JUGGLING SCHOOL, HOME, CARING WAS JUST TOO MUCH. I WAS ON MY OWN WITH NO SUPPORT.



Concerns were highlighted that eligibility criteria can hinder access to support for many families. Many staff described feeling overwhelmed by the volume of referrals and the challenges of providing adequate

support within a strained system.

Restrictions on the length and scope of support can create a sense of powerlessness leading people to feel they have no say, aren't listened to and feeling like things are 'done to' them rather than 'done with' them.

Some staff reported struggling with the complexity of referral processes, often involving multiple organisations, with varying criteria, and time-consuming paperwork. They also expressed feeling overburdened by their responsibilities.

Early intervention within school and nursery settings was identified as being crucial for highlighting potential issues and establishing supportive relationships with families. Family workers in these environments can play a vital role in identifying children and families in need, relieving pressure on staff.

The third sector landscape was described as confusing and sometimes hard to navigate with a lack of clarity regarding available support services.

IT IS VERY DIFFICULT TO FIND THE RIGHT SERVICE, YOU CAN GET MOVED FROM GROUP TO GROUP AS NOBODY CAN REALLY HELP AS THEY ALL HAVE STRICT GUIDELINES.

SOMETIMES IT'S AN INTERNAL BATTLE ABOUT WHETHER TO SEND A REFERRAL IN AS YOU KNOW THEY MIGHT NOT MEET CRITERIA, BUT THEY DESPERATELY NEED THAT SUPPORT.

WHY SHOULD I HAVE TO WAIT UNTIL SOMETHING IS BAD BEFORE SUPPORT IS PUT IN PLACE?

PEOPLE REACH OUT TO SERVICES AND ARE TOLD THEY DON'T FIT CRITERIA; IT BREAKS THEM DOWN AND TAKES HOPE AWAY. SEEING BEYOND THEIR CRISIS, TREATING PEOPLE AS HUMANS INSTEAD OF AS A PROBLEM SHOULD BE PART OF PRACTICE.

HAVING A CHILD WITH A DISABILITY AND ADDITIONAL SUPPORT NEEDS - EVERYTHING IS A FIGHT - HEALTH, HOUSING AND EDUCATION. AS HER MUM, I KNOW WHAT SHE NEEDS AND WHAT SUPPORT WOULD MAKE HER LIFE BETTER, BUT IT'S ALL A FIGHT.



We identified some areas in Fife where some people experienced poor access to services and limited options for support.

Services were not always available and accessible to families near their communities. They felt changes needed to be

made to make support more flexible, available in all areas, in safe comfortable venues and delivered in different ways.

Rural areas experienced issues with service availability. Isolated pockets of rural Fife had little in the way of support services and limited, affordable transport networks to allow people to get to services. Some young people talked about the anxiety and mental health issues associated with having to travel to access a service, meaning sometimes they just didn't go.

When accessing support, many people told us they want to have less formalities, more chances if they happen to miss appointments (not one strike and you are out), more empathy, less time restrictions and to be involved in the decisions made about the support. A common theme was the flexibility of support, being sent to the right place and receiving support for as long as the person using it felt that it was required.

Some services offered time-limited support, which was identified as insufficient for many individuals. As mentioned earlier in this report, strong relationships are crucial for effective support, and building these can take time. When services can no longer support individuals, a smooth transition process to alternative support is important. Some people described examples of services ending abruptly without providing any follow-up support due to unmet criteria. For example, one parent described their child's support ending abruptly at age six without any alternative services offered. Another parent reported their case being closed without notification.

As discussed under the criteria and waiting times theme, early intervention is crucial to preventing children, young people, and families from reaching crisis points. Some young people we engaged with described issues arising in primary school but not receiving help until they were older. In some cases, families had reached breaking point, and young people had left home. A focus group conducted in a homeless accommodation unit echoed this sentiment, with all five participants attributing their current situations to a lack of support during childhood. They emphasised that early intervention could have prevented much of the subsequent trauma in their lives.

I AM CARE EXPERIENCED AND HAVE BEEN MOVED 22 TIMES. I HAVE HAD A HORRIBLE TIME AND NOW STRUGGLE TO TRUST ANYONE OR ANYTHING ANYONE SAYS. I AM IN COLLEGE BUT ONLY BECAUSE I DID IT MYSELF. MY LIFE HAS NOT HAD GOOD EXPERIENCES, PEOPLE SAID THEY WOULD HELP THEN I WAS MOVED, OR THEY LEFT THEIR JOBS, SO I WAS JUST SENT TO THE NEXT PLACE.

I LIVE IN BURNTISLAND AND THERE IS NOT MUCH IN THAT AREA - IT TAKES ME TIME TO TRAVEL IF I NEED COUNSELLING OR SUPPORT, SOME PEOPLE ARE TOO ANXIOUS TO GET ON THE BUS WHICH MEANS THEY WILL NOT LOOK FOR HELP "



Stigma often prevents individuals from seeking help. People spoke of feeling judged based on the services they used, without consideration for the underlying reasons or their unique circumstances. Some parents and carers

expressed concerns about organisations making assumptions about them based on referral information rather than the people themselves.

In rural areas, stigma was felt to be particularly prominent due to close-knit communities and long-standing family histories and some people described being hesitant to seek help to avoid judgement.

Some young people discussed the stigma associated with mental health services and the fear of negative perceptions if seen accessing these services. They also mentioned traumatic experiences in primary school, such as being removed from class by workers in front of others. They felt this caused shame, embarrassment, and were often frequent occurrences without explanation.

I HAVE HAD PARENTS SAY THAT THEY FEEL THAT PROFESSIONALS DON'T LIKE THEM. A LOT OF PARENTS AND KIDS ARE LABELLED AND WHEN THIS HAPPENED, PEOPLE SOMETIMES GIVE UP ON THEM.

DON'T PULL ME OUT OF CLASS IN FRONT OF EVERYONE.

PASSED FROM PERSON TO PERSON, I FELT LIKE I HAD FAILED AS A MUM.

BE MORE HUMAN, MORE UNDERSTANDING.

IN PRIMARY SCHOOL, I WAS JUST TAKEN OUT OF CLASS BY A WORKER, I HAD NO WARNING, DIDN'T KNOW WHO IT WAS OR WHY THEY WANTED ME. THEY WOULD TAKE ME IN A CAR, AND I DIDN'T KNOW WHAT WAS HAPPENING, THIS MADE ME NOT TRUST SERVICES

I FEEL LIKE SOME PROFESSIONALS HAVE READ ABOUT YOU ON PAPER BUT DON'T KNOW YOU IN LIFE AND WHAT YOU REALLY WANT AND NEED – IT ISN'T TAILORED TO YOU



Funding was a source of frustration. Smaller organisations felt they were constantly having to apply to numerous funding streams for relatively small amounts of money. Applications required long forms to be completed and data to be

monitored. The qualitative nature of many services makes it difficult to quantify outcomes, hindering reporting efforts. For small organisations with limited staff, this can divert resources from service delivery.

Larger organisations face different funding challenges due to their size, staffing needs, and

multiple project and funding streams. A sudden loss of funding in one area can have significant implications for the entire organisation and the community it serves. The competition for funding has become increasingly intense.

Many participants agreed that funding cycles need to be extended. Short-term cycles of one to three years hinder organisations' ability to plan and operate effectively. Commissioning practices should be revised to support staff retention (and thus retain skills, knowledge and relationships with people and communities) and optimise service delivery. Job security and temporary contracts in the third sector can lead to higher staff turnover, adversely affecting knowledge, experience, and ultimately, service quality.

SUSTAINABLE FUNDING IS ESSENTIAL, NOT ONE YEAR, TWO OR THREE YEAR CYCLES.

TOO MUCH MONITORING AND EVALUATION.

COMMISSIONING IS COMPETITIVE, IT'S NOT ALWAYS HELPFUL.

THE MORE YOU STRETCH SERVICES THE MORE THEY BECOME LESS FLEXIBLE.

RECOMMENDATIONS

Following the thematic analysis the subgroup presented the findings to the wider project team. The project team then met regularly to consider the evidence gathered from the themes identified and explored above. It was important to fully understand the voices of the people we engaged with to ensure that their experiences, as well as the experiences of the project team, were the basis for forming recommendations. Based on the findings, the project team have produced the following recommendations:

EMBED CO-PRODUCTION ACROSS THE CHILDREN'S SERVICES PARTNERSHIP:

Ensure the meaningful involvement of children, young people, and families in the design of services by developing a collective approach to co-production.

STRENGTHEN RELATIONSHIPS:

Foster consistent and positive relationships between children, young people and families and service providers through training and development in relationship-based practice to ensure consistency.

PRIORITISE EARLY INTERVENTION:

Explore co-locating services in communities and aligning with the "No Wrong Door" approach. Simplify referral processes using a universal referral form or system.

EXPLORE DIFFERENT COMMISSIONING MODELS:

Explore different models such as alliancing for family support services. Consider longer-term funding and aligned budgets for greater impact. Establish a co-produced working group with children, young people and families to explore these possibilities.

ESTABLISH CO-PRODUCED WORKING GROUPS:

Address specific gaps identified in the research, such as support for children, young people and families affected by disability and additional support needs.

WHAT GAPS WERE IDENTIFIED?

Support for children, young people and families affected by additional support needs

Some families spoke of their difficulties and experiences in receiving sufficient support and diagnosis for children and young people with additional support needs (ASN), and there was a perceived lack of support and resources. Schools are frequently the first to recognise ASN, but the system is already under strain and there is a shortage of support workers. This can lead to difficulties in managing behaviour and negative outcomes for children who do not receive timely support. Neurodiversity is often overlooked, impacting mental health and leaving individuals without appropriate support.

Support for children and young people without a diagnosis is sometimes hard to find. Children and young people who do not meet the specific criteria of targeted support groups may struggle to find appropriate resources. Additionally, many organisations focus on specific demographics, excluding individuals who do not fit certain criteria. This can lead to gaps in services and limited access to support for children who may be in need.

Children, young people and families affected by disability

The availability of services for children, young people and families affected by disability was identified as an area where participants felt there is a lack of provision. It was specifically suggested that there is a gap in support when a young person with disabilities moved from child to adult services and the existing (child) provision was removed. Families who were previously surviving and relying on limited support and respite suffered at this point of transition. This then put pressure on other services as the families struggled to find suitable support.

Support in the early years

Between the initial health visitor visits and the start of nursery, some families experienced a significant lack of support from services. This is a crucial period for a child's development, and early intervention can be vital for their wellbeing. During this time, families may face numerous challenges, the absence of ongoing support for some families can lead to missed opportunities for identifying and addressing issues early on, potentially resulting in greater difficulties later in life.

Rural service provision faces significant challenge

There can be limited access to support and services in isolated areas in regions like North-East Fife and South and West Fife. Transportation links in these areas are also inadequate and can be expensive, limiting access to support.

Holistic family support

Families who experienced their child being removed described experiences of inadequate support and a lack of resources to help them address underlying issues and work towards reunification. Those in rehabilitation programmes frequently report a focus on individual recovery, with insufficient attention given to more holistic family support, family dynamics and the challenges of maintaining family bonds. Some parents expressed their desire that more support could have been offered on parenting skills and help with maintaining household tasks to help them to develop their parenting skills. Some parents and carers also reported gaps in support where their children do not fall within specific target groups. Many organisations and services are tailored to specific groups like young parents, lone parents, those with substance use issues, etc. Families who did not fit these criteria have sometimes struggled to find appropriate support.

WHAT IS WORKING WELL?

Children, young people and families appreciate local services and facilities such as community centres and organisations that offer a variety of services in one location. They value the opportunity to build relationships, learn new skills, and engage in activities like cooking and eating together. More opportunities for free activities, including food, arts and crafts and sports available in local communities was a common request. An informal approach, free food, and activities aligned with people's interests, were also important factors.

Families who received flexible support highlighted the importance of persistent workers who build relationships and offer flexible support. A relaxed, non-judgmental environment, as well as local parks, cafes, or outdoor settings, were effective environments for people to receive support. Many people reported that the persistence of their workers was instrumental in their positive outcomes.

Many families also emphasised the importance of a welcoming and safe environment for receiving support. Friendly reception staff were crucial in easing the anxiety of seeking help. Many shared positive experiences with organisations that made them feel comfortable from their first visit.

Relationships, empowerment, and decision-making were recurring themes. Individuals valued workers who listened to them and involved them in decision-making processes. Once they found a good match, they were reluctant to let go of those relationships. The workforce demonstrated a strong commitment to their roles and the people they support. Despite workplace fatigue, service pressures, and increasing demands, their dedication and passion were evident. While challenges exist, the workforce's commitment to children, young people, and families is clear.

GIVING PEOPLE TIME, TIME TO LISTEN, SPENDING THAT TIME TO LISTEN EVEN IF IT IS NOT WHAT WE ARE GOING OUT TO DO. SOMETIMES WE HAVE TOO LITTLE TIME AND RUN FROM VISIT TO VISIT – WE ARE NOT ALWAYS BEING SOLUTION FOCUSED – TAKE THE TIME TO LISTEN.

I'D PROBABLY BE IN JAIL IF IT WASN'T FOR THE SUPPORT I GET FROM THE SERVICE I USE, THEY KEPT TRYING TO HELP ME AND DIDN'T GIVE UP

POSTCARDS

Throughout all of the engagement activities participants were provided with postcards to complete and were asked the question: If you had three wishes that could improve support for children, young people and families, what would they be? This is a summary of the feedback:

The comments provided were consistent with the findings of the themes that were identified throughout the engagement. The strong message being that people want services that listen to them, are there for them when they need them, are easy to access and available for as long as required.

85
comments

were received around **improvement to services:** a need for more services, more youth provision, more disability provision, support early on and lasting as long as families require.

78
comments

on the **importance of relationships:** family-led support, better communication and more partnership work featured heavily.

64
comments

around **waiting times and criteria:** There were many comments on the need to reduce waiting times and have systems in place where there is earlier intervention.

37
comments

on **funding:** to be less restrictive, more funding is required, longer lengths of funding and using this to reduce waiting times.

37
comments

on **stigma free service.**

REFLECTION AND LEARNING ON CO-PRODUCTION

In addition to co-producing recommendations for the future design, delivery and commissioning of family support services and undertaking meaningful engagement with children, young people and families across Fife, another focus of the project was the reflection and learning on using co-production approaches and how we can develop this as a Children’s Services Partnership. FVA commissioned Iriss to undertake an independent evaluation of the project with a focus on reflection and learning to better understand “What supports successful co-production with children, families and service providers in Fife”.

A link to the evaluation reports can be found here:

- [IRISS Evaluation - What Supports Successful Co-production - Executive Summary](https://www.fva.org/downloads/WFWF_Fife_evaluation_Executive_Summary.pdf)¹
- [Iriss Evaluation - What Supports Successful Co-production - Full Report](https://www.fva.org/downloads/WFWF_Fife_evaluation_What_supports_successful_co-production.pdf)²

Co-production builds upon related approaches, such as consultation and engagement but it is distinct in its emphasis of shared power and developing true partnerships. Unlike these related approaches, co-production involves people working together equally to develop and implement solutions. This distinction is crucial for ensuring that co-production is truly collaborative and effective to bring about positive change.

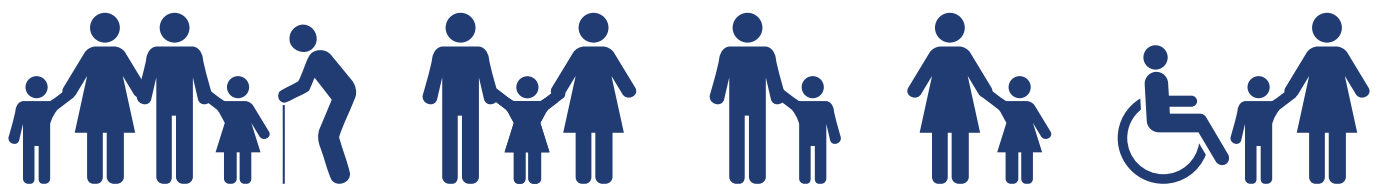
One of the parents who was part of the project team said:

BEING ON THIS GROUP HAS BEEN AN AMAZING OPPORTUNITY FOR ME. I REALLY FEEL MY VOICE HAS BEEN LISTENED TO AND I HAVE AN IMPORTANT PART IN THE PROJECT. I AM SO PASSIONATE ABOUT MAKING SURE OTHER PEOPLE DON'T HAVE THE SAME EXPERIENCES THAT I HAVE HAD AND WANT TO HELP CHANGE THINGS.

Based on the experiences of the project team we have highlighted some key learning and reflections:

Building a strong foundation and creating the conditions for co-production

Successful co-production requires careful groundwork. Before diving into project work, groups need training, support and time and opportunities to build relationships. Co-production thrives on trust, which is fostered through regular meetings in welcoming environments.



¹ https://www.fva.org/downloads/WFWF_Fife_evaluation_Executive_Summary.pdf

² https://www.fva.org/downloads/WFWF_Fife_evaluation_What_supports_successful_co-production.pdf

Removing barriers to participation

Our group addressed this by providing childcare, food, and flexible timings. We covered travel expenses and offered vouchers to acknowledge people’s time commitment. The Scottish Government has released guidance on paying participant expenses which can be accessed here: [Research – paying participant expenses and compensating for time: guidance - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/guidance-paying-participant-expenses-compensating-time/)¹

Balancing power dynamics

Equality is crucial. In our project, professionals removed name badges and introduced themselves simply by name and not their job title. Activities encouraging open discussions about power imbalances and challenging authority roles were valuable for deepening understanding of the process.

Navigating conflict

Disagreements are inevitable. In our project, we dedicated time at the end of meetings for reflection and support, with a designated person available outside of meetings. Co-production thrives on authenticity, which can sometimes be emotionally charged. Therefore, support mechanisms are essential to ensure the wellbeing of participants.

Beyond project completion

Thinking about project endings is crucial. While professionals might return to “business as usual”, co-production can be transformative for participants with lived experience. Their voices are finally heard, and they contribute to a project of personal significance. The end of a project can trigger feelings of loss, which needs acknowledgment and support. Our group aims to continue to involve children, young people and families in future projects, allowing them to share their co-production experiences and advocate for change.

By working together, co-production can create a more positive and empowering experience for everyone involved, ultimately leading to better outcomes for families and communities.

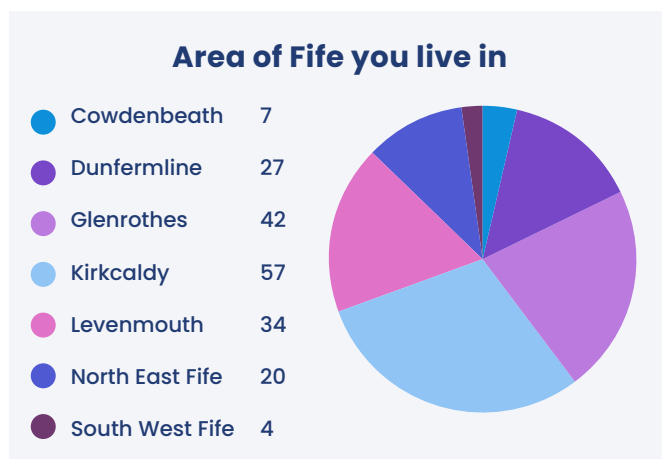
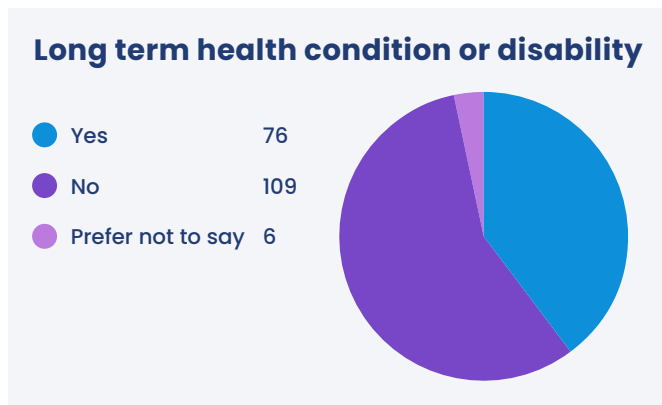
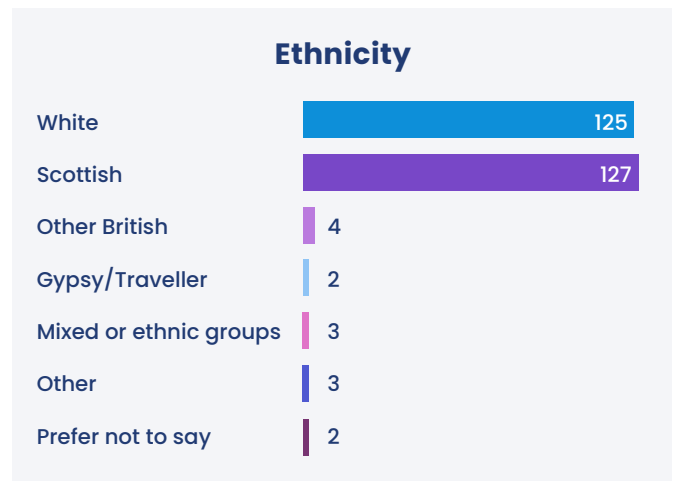
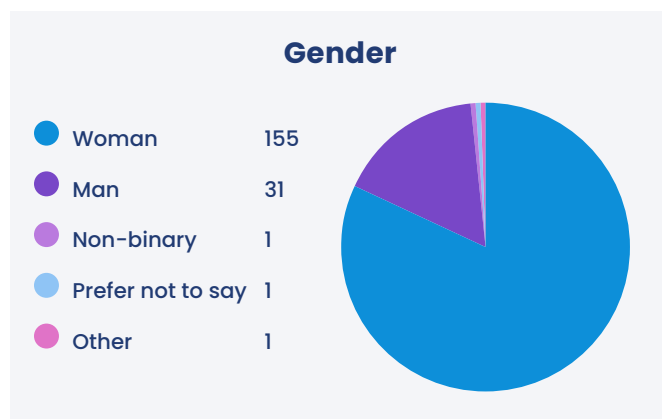
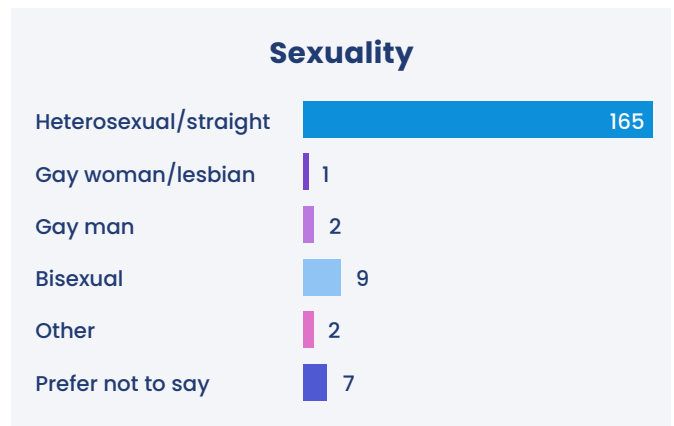
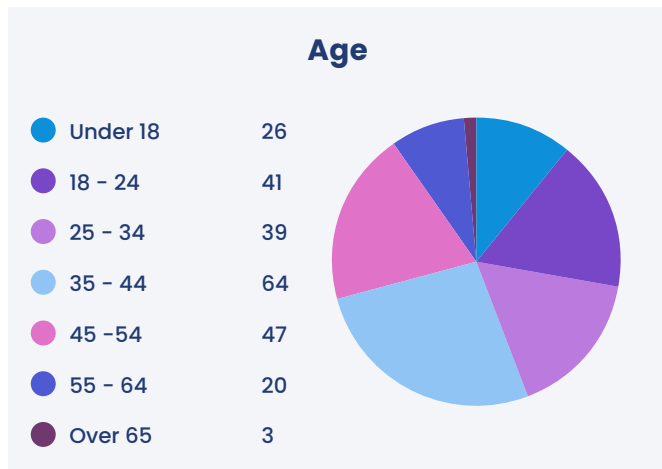
NEXT STEPS

Stage 2 of the project will begin in autumn 2024 and will work with more families and services to explore some of the recommendations in more detail and provide useful resources to help further improve services in Fife.

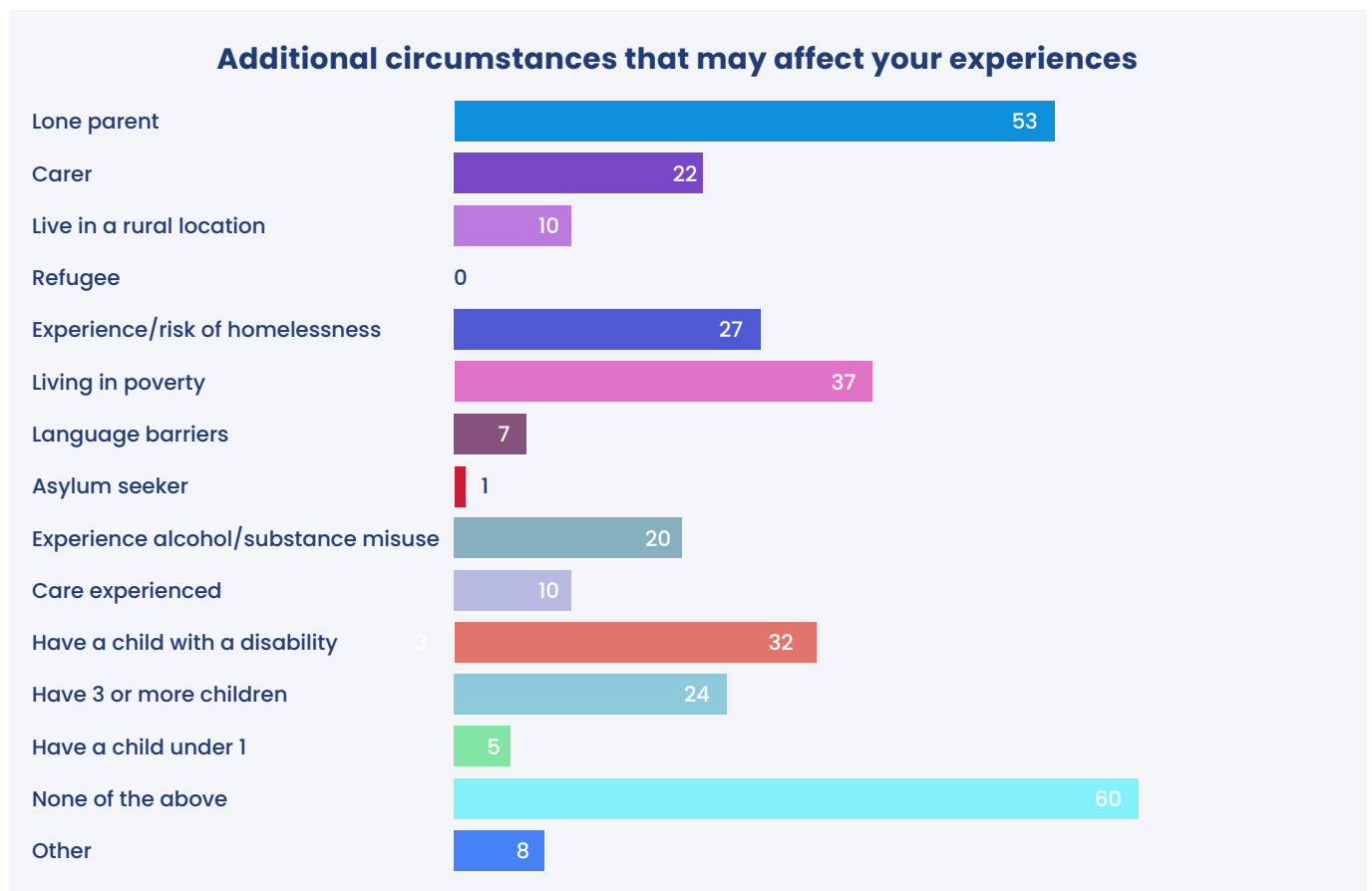
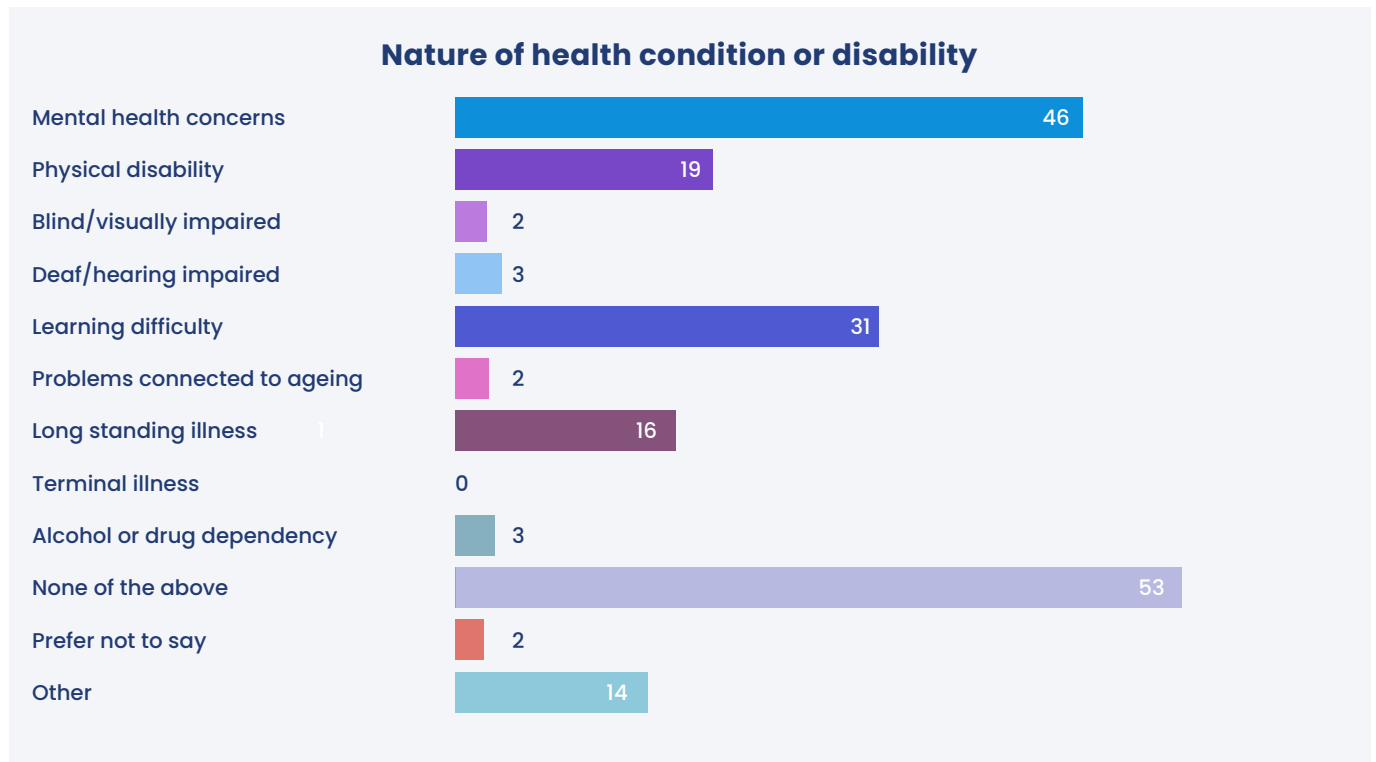


¹ <https://www.gov.scot/publications/guidance-paying-participant-expenses-compensating-time/>

APPENDIX 1: EQUALITIES DATA



EQUALITIES DATA





TOGETHER FOR CHANGE

Co-producing Whole Family Wellbeing in Fife

Thank you for reading this report,
to find out more about the project, please e-mail
togetherforchange@fva.org, or call 01592 760728.

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