Family Inclusive Systems Change Briefing for Partnership Group   **16.08.19**

1. Introduction

1.1 This 'Getting Ready for Systems Change' project is funded by the Scottish Government's Challenge Fund and is a one-year project. The project will take place across East Lothian from August 2019 to the end of July 2020. Circle and Mid and East Lothian Drugs (MELD) are working in partnership and have recruited to the following two posts: 'Family Inclusion Coordinator' and 'Family Peer Support Worker' to gather lived experience of family members which will inform systems change so that services are better equipped to respond in a family inclusive way. Both posts will be co-located with the respective services at the Esk Centre, Musselburgh and will be part-time.

1.2 A consortium group of partners has been established consisting of representatives from Midlothian and East Lothian Drug and Alcohol Partnership (MELDAP), NHS Substance Misuse Services, MELD, Circle, Children's Wellbeing and the Getting it right for every child (GIRFEC) lead. The group will meet four to five times and will report via the Chair to MELDAP Commissioning and Performance Group.

2. What is Family Inclusive Practice?

2.1 'The definition of 'family' means anyone who is affected by a loved one's alcohol or drug use, including family members, partners, carers, friends, neighbours, work colleagues or concerned significant others…it is most often the family who is there 24/7 and are the first point of support…it is vital to support families in their own right, at any stage of the journey'

(Rights, Respect and Recovery, 2019, p41)

2.2 'Evidence supports the importance of family in alcohol and drug assessment and treatment, highlighting the increased emphasis on the role of families and wider social networks can:

- Assist in getting individuals to treatment and maintain engagement in treatment
- Improve both alcohol and drug related outcomes and family functioning
- Lead to a reduction of impacts and harm for family members and other's affected…

'There is highly processed and review level evidence that involving families in recovery care plans for affected individuals <u>and</u> providing support for family members themselves is beneficial to improve outcomes for both parties.' NHS Scotland Outcomes Framework for Problem Drug Use, 2014

(Scottish Families Affected by Alcohol and Drugs, 2014 www.sfad.org.uk/training)

2.3 Within 'Rights, Respect and Recovery; Scotland's strategy to improve health by preventing and reducing alcohol and drug use, harm and related deaths' we now have a commitment to:

- Ensure family members have access to support in their own right and, where appropriate, to be included in their loved one's treatment and support
- Ensure all families have access to services (both statutory and third sector) provided through a whole family approach, in line with the values, principles and core components of GIRFEC
- Involve children, parents and other family members in the planning, development and delivery of services at a local, regional and national level'

(Scottish Government, Chapter 6 'Getting it right for children, young people and families', p40)

'This approach requires joined up working. There have been significant developments across policy areas which are underpinned by the GIRFEC national framework including child protection, looked after children, support for young carers, child poverty and maternity and early years which together improve support for children affected by parental drug and alcohol use.' (ibid, p44)

2.4 As illustrated in 'A Guide to Evaluating Drug and Alcohol Services Using Quality Indicators' 2016 there are existing examples of good family inclusive practice e.g.:

- We actively support and encourage individuals to involve relevant people who play a significant role in their recovery if they want them to be…information is provided about drug treatment.
- We help individuals to minimise the impact that their drug and alcohol use may have on those around them through effective family-based interventions that involves a whole family approach.
- We are aware of the needs of other family that those receiving service may live with and we seek support for them if this is needed.
- We have effective joint working protocols with children's and adult services including health.
- We promptly share all relevant information with colleagues in other services, including Named Persons and jointly consider what action we need to take in their best interests.

2.5 The quality standards however tend to refer to treatment services, but it is worthy of note that many individuals with whole families are not in treatment services, including those at risk of serious harm:

"There are also concerns that 'did not attend' (DNA) rates are high in Scotland. These rates are not reported nationally and there may be problems with the incentive for services to follow up on people who do not attend, or an agency's ability to do that, for example because of money or lack of staff. A third of people who died of drug-related causes in 2012/13 in Scotland had never had contact with a drug treatment service." (Audit Scotland, 2019, p14) See page 22 of the same document for the disparity in health outcomes in areas of deprivation.

(https://www.auditscotland.gov.uk/uploads/docs/report/2019/briefing_190521_drugs_alcohol.pdf)

3. What is Systems Change?

3.1 The recently published 'Partnership Delivery Framework for Alcohol and Drug Partnerships' indicates that ADPs will:

'continue to lead the development and delivery of a local comprehensive and evidence based strategy to deliver local outcomes. This should be achieved through applying a whole system approach to deliver sustainable change for the health and wellbeing of local populations. The Partnership Delivery Framework should have the following key features: A clear and collective understanding of the local system, in particular its impacts, how it is experienced by local communities and how effectively it ensures human rights are met"

(Scottish Government, August 2019, p5)

3.2 In relation to Public Health Reform the Scottish government and COSLA note that:

"The Scottish Government and COSLA agreed six Public Health Priorities in June 2018. These are intended to support national and local partners across Scotland to work together to improve healthy life expectancy and reduce health inequalities in our communities. They include the priority: A Scotland where we reduce the use of and harm from alcohol, tobacco and other drugs" (p1) and:

"To improve Scotland's health and wellbeing we need to work together to shift our focus towards preventing ill health, reducing inequalities and working more effectively in partnership. This will require a different way of working that supports everybody as part of a whole system to move towards a shared vision for public health."

https://publichealthreform.scot/media/1577/a-scotland-where-we-reduce-the-use-of-and-harm-from-alcohol-tobacco-and-other-drugs.pdf

- Collectively form an **understanding of the issue, context and wider system**.

- **Create a plan for action collaboratively** with a wide set of stakeholders. Actions should be aligned and jointly prioritised.

- **Learn and refine as you go by involving stakeholders and embedding monitoring and evaluation**. Considering the 'so what?' and 'now what?'
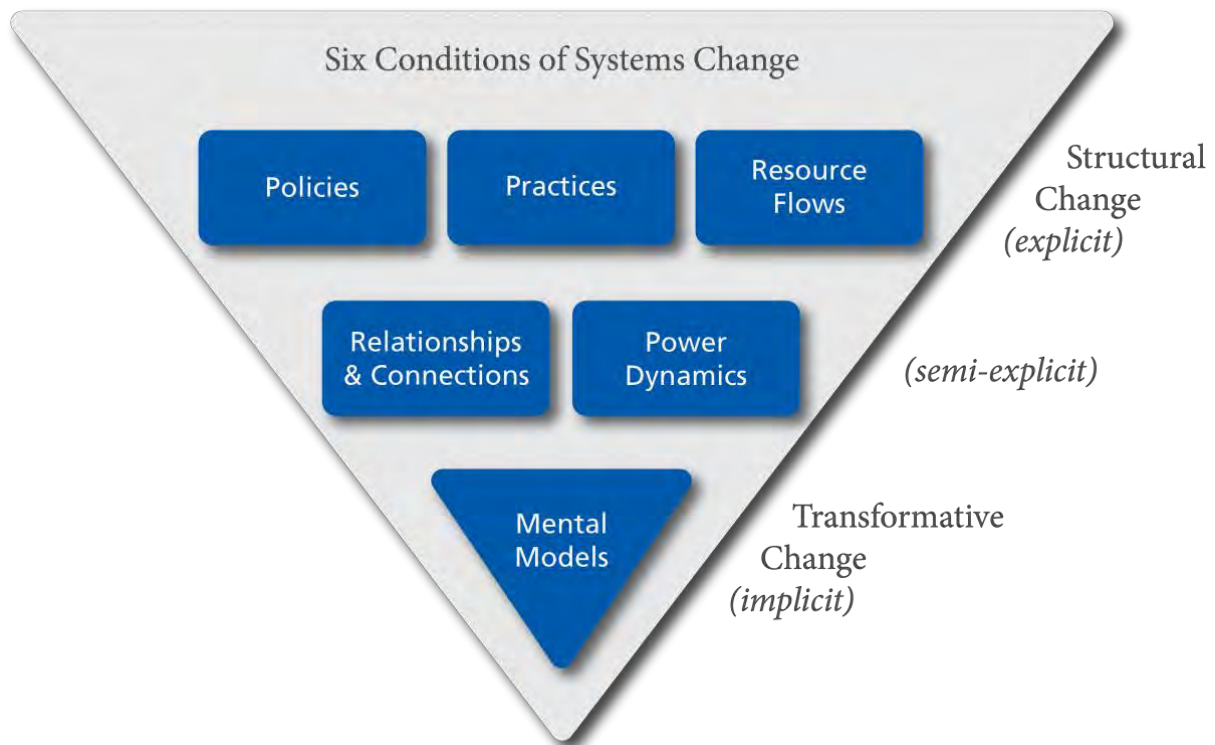
https://publichealthreform.scot/whole-system-approach/whole-system-approach-overview

The 'Enabling the Whole System to deliver Public Health Priorities' characteristics are reproduced as an Appendix and include the following: **System thinking; Learning culture; Facilitative and Adaptive Leadership; Purposeful engagement; Governance and resourcing; Sustainable collaborative working; Shared commitment and outcomes; Place is important; Creativity and innovation.**

3.3 "*Systems change is both a process and an outcome. Both a verb and a noun. Collective impact is literally an approach for leveraging representatives of a* system *to* change *the conditions associated with a complex problem.*" (Ursula Wright, Managing Director, Reimagining Social Change https://www.fsg.org/blog/systems-change-noun-and-verb)

Six Conditions of Systems Change

Policies · Practices · Resource Flows — Structural Change *(explicit)*

Relationships & Connections · Power Dynamics — *(semi-explicit)*

Mental Models — Transformative Change *(implicit)*

(Kania, Kramer and Senge, 2018. https://www.fsg.org/publications/water_of_systems_change)

4. What do we aim to do?

4.1 Place individuals and family members' experiences at the heart of systems change by seeking family members' views in relation to barriers, expectations and hopes for being included in a loved one's recovery journey <u>and</u> having access to support and services in their own right.

4.2 Map existing processes to identify areas where family inclusive practice can be developed, e.g. Recovery Orientated Systems of Care (ROSC), GIRFEC and Child Protection.

4.3 Identify participation tools and key points within processes to ensure family members' views are included in recovery plans and family members' views are included in children's wellbeing and safeguarding in relation to the impact of parental substance use.

4.4 Build on the respective work force training agendas to increase knowledge, skills and values to be more family inclusive.

4.5 We will share agreed findings and tools locally and nationally to support the development of best practice.

4.6 Where possible we hope to leverage in resources to support system change, e.g. Family Recovery Initiative Fund, National Development and Challenge Funds.

5. Outcomes and Outputs

Outcomes	Outputs
Family members' views and needs are better represented and met in service delivery responses (i.e. ROSC, GIRFEC and Child Protection)	Thematic report of Conversation Café Family survey of need and views – combination of qualitative and 'likert' scales Family inclusive participation tools are adopted by staff
Staff involved in key processes (ROSC, GIRFEC and Child Protection), better understand when, where and how to identify and meet family members' needs	Prevalence data and survey of presenting need Map of case simulation, each service provider (ROSC, Wellbeing, Child Protection) identifies where family inclusive practice can be developed
Services show increased willingness to work in a family inclusive way by increased knowledge and skills and supports for meeting family member's needs	Develop and pilot training pack over two training sessions: for Universal Services, e.g. wellbeing staff; and Targeted Services, e.g. children and families social work staff Pre- and post-test link sent out to all participants via Survey Monkey Trainers' Pack reviewed and amended

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Appendix

https://publichealthreform.scot/media/1520/phob-enabling-the-whole-system-to-deliver-the-public-health-priorities-paper-22.pdf (p6)

System Thinking

- Recognition that public health outcomes are influenced by a complex and adaptive system of interacting components, which will require the action of many organisations across sectors to change.

- This will require exploration of changing local context; connections between system components; patterns across the system such as feedback loops and cause and effect. The bringing together of many different, and sometimes conflicting, perspectives with data and intelligence will be needed. System mapping tools may be helpful.

- Actions are drawn from the identification of points of leverage in the system and are tested by evaluating their impact on the system, being mindful of unintended consequences.

- The system is monitored to understand change overtime.

Learning culture

- An ongoing process of reflecting, learning and adapting is adopted.

- Robust monitoring and evaluation is embedded and provides the foundation for ongoing improvement.

- This supports the identification, testing and refinement of actions to change the system.

- It will help to identify and share learning on what is and importantly what is not working.

- Senior leadership will have an important role in creating this culture.

Facilitative and Adaptive Leadership

- A different type of leadership is required which is facilitative and adaptive.

- Leaders must build and sustain collaborative relationships across the system; be committed to drive change over a longer period; empower leadership at all levels; be flexible; champion, test and learn from new ways of working across organisational and professional boundaries.

Purposeful engagement

- Clear methods to enhance the ability of organisations and sectors to engage meaningfully with the communities who experience the system are needed.

- Communities can provide insights on how the system behaves and is experienced and help identify and prioritise opportunities for intervention or different ways of working.

Governance and resourcing

- To drive and sustain Whole Systsem Approach (WSA) clear and robust governance structures are required which enables shared accountability and aligns outcomes across organisations.

- Commitment to sustainably resourcing this way of working is also needed.

Sustainable collaborative working

- Includes flexibility and co-ordinated action which requires strong relationships

- WSA is a social and collective approach and is intended reach beyond the partners we usually and comfortably work with.

Shared commitment and outcomes

- Identify, connect and align shared longer-term outcomes to engage partners beyond health.
- This develops a shared vision and purpose which will help sustain collaborative relationships.
- It also provides the foundation for better connection and alignment of actions.

Place is important

- All those responsible for providing services and looking after assets in a place need to work and plan together and with local communities to improve the lives of people, support inclusive growth and create more successful communities.
- Local context is important and will shape systems at a local level. This means that the components and behaviours of public health systems will vary across Scotland.
- WSA will take account of this and adapt to meet the differing needs of different places.

Creativity and innovation

- Mechanisms which support the translation of evidence in a flexible way to best fit local needs and to support creative and innovative actions and ways of working should be in place.