

Theory of change

“The old grid of frozen inevitability gradually melts and people are suddenly finding new inspiration, motivation, and creativity.”

John O’Donohue, P140 Divine Beauty *the invisible embrace*

I feel that the realization of the *Promise* requires a paradigm shift. A shift that places the wellbeing of staff and the welfare and involvement of families, at the heart of the system.

I place the wellbeing of staff at the heart of the system and systems change because not only are they the advocates and navigators of the system, but also the gateway enablers and gatekeeper blockers. Staff that are burned out, fatigued and exhausted may resent and resist the changes needed for the actualization of the *Promise*.

Thus, the starting point of this change must be to provide safe spaces for staff to reflect on their wellbeing in respect to multiagency dynamics, primarily what is, and isn’t working. The intention is to enable the co-creation of brave conversations for children & families systems redesign. By advocating a truly open and participatory approach, engagement in these spaces will encourage staff to prioritize their wellbeing. It might also encourage them to bring their whole self to work.

I believe like many others do that the system could be trauma inducing for both staff and families. Just as we see intergenerational transmission of trauma in families, it is argued that unexamined organizational trauma leads to the perpetuation of trauma in the workforce. It is naturalized, often unspoken, individualized and pushed into a blaming and shaming culture (that politicians and media often jump upon). All of which prevents meaningful change from occurring.

Multiagency systems have emerged from the patriarch, which is both hierarchical and potentially exploitive. These systems’ core beliefs and behaviours can be viewed as demanding ‘power over’ rather than ‘power with’. Consequently, multiagency systems speak of cooperation yet are often organized into hierarchical competitive silos. The system could be viewed as being made up of well-meaning privileged middle-class professionals, such that silos reflect their needs and perceptions of risk. Little wonder a deficit and blaming model has become the norm, rather than ‘power with’ models based on recognition of assets and strengths for cooperation to meet the needs of families and staff well-being.

We need to evolve as a collective. We need facilitative leadership committed to opening up deliberative and discursive power sharing spaces. It requires that our professional and organizational belongings, along with our ego and reputational career mindedness be left at the door, to truly thrive as we enter these safe spaces. If we do so, collective community building has the potential to grow far greater than individual and silo gains. This evolution will require a significant challenge to our identity and ways of interacting but if not us, who will change?

American psychiatrist Dr Bruce Perry draws on the notion that there is potential for multiagency cooperation to become a ‘village for the healing of all’, rather than sustain the current system which creates more thresholds and criteria for judgement, stigmatizing and othering.

We need a narrative that allows trauma and shame recovery language to become embedded and normalized within everyday actions. Co-regulation, dissociation, discombobulation, repairing rupture, safe debriefings, holding, softening & soothing would allow staff to feel held and heard as well as their interest & well-being acted upon.

A crucial starting point to create space and time for staff to pause, reflect & recover from the decade of austerity, the pandemic, the Cost of Living Crisis, climate crisis and the next one to begin by providing safe spaces for staff to explore what's working and not working for their well-being in multiagency spaces.

This will allow them to bring their whole self to work and prioritize their well-being whilst acknowledging the trauma that the system may cause/imposes on them. This will allow the co creation of brave conversations for systems redesign, a truly participation centred approach placing staff at the heart of the system as they as the advocates and navigators of the system, gateway enablers and gatekeeper blockers.

Could this lead to what Bruce Perry calls for in *What happened to you?* The Growing of a village for healing of all, rather than thresholds and criteria based on judgement, stigmatizing and othering.

What does a good ancestor look like around the Promise and who are the agents of change? possibly new professionals & workers as the next generation, the midwives for the future and the retiring older generation, the hospice workers of the past! Supported by those retiring at the end of their career who cannot risk all...

Finally, we need to own our shame and blaming culture as it is and not deny or wash over it. We live in a punishment, guilt ridden, transactional society that is adversarial and demeaning to many. The definition of the patriarch, who it serves and who it damages, needs to be owned, mainstreamed, and addressed internally, as well as externally. Thus, we need to look at our confirmation and unconscious biases along with the othering we have perpetuated for millennia to survive. Does our fear-based, risk-adverse, protect our own gang mentality of professional boundaries fail to deliver the Promise to families or to prioritize staff well-being? (a nod to John Carnochan, ex- head VRU who calls out the gangs of professionals).

What does a good ancestor look like around the Promise and who are the agents of change? Whilst it is easy to look to new professionals & workers as the agents of change, surely, we have a responsibility to start the process of change now before those entering the system are changed by it. (Intergenerational)

Next generation the midwives for the future and the retiring older generation the hospice workers of the past! Supported by those retiring at the end of their career who cannot risk all.

What issues need to be surfaced – stigma, trauma-responsive/recovery rather than just informed, shame, blame, love trust and respect.

We need to codesign with equal power; lived experience and staff experience (from all sectors) alongside managers and power holders (of resources and culture) at start! Setting context.

Below are some systems reflections from researchers from different sectors.

Having a guiding set of values, principles and assumptions to underpin family rights, family inclusive practice and whole family approaches. *Imagine for a minute if we all saw ourselves as the same*

*service and we quarterly met to discuss this, reviewing as equal multiagency partners. Not just managers and commissioners, and with family involvement central!
Can we discuss regularly how you meet these values and where the system doesn't and why not!*

<https://childrenscotland.org.uk/conversations-for-change-supporting-families-affected-by-substance-use/>

1. A collaboration and movement building space Model 1 focuses on developing a Scotland-wide movement and peer-learning on attitude change work to challenge and change damaging attitudes towards and about women and girls. This model would work across communities in Scotland (practitioners, small charities, artists and community groups) and take a grassroots approach to change. This model would be member-led with co-production at its heart.

2. Project development and learning hub Model 2 focuses on supporting the learning and development of projects (both existing and new) which are working on attitude change directly. This model would provide intensive support for these projects over an 18-month period to deliver highly competent, evaluated and evidence-based interventions. The model would operate under a relatively flat and non-hierarchical staffing structure and be informed directly by the projects it works with

<https://www.zerotolerance.org.uk/gender-institute/>

What is Needed - Reframe the narrative Politicians and policy makers need to stop using the term 'toxic' masculinity to describe the behaviour of boys and young men Labelling boys and young men (predominantly working class boys and young men) as 'toxic' is not supported by either an evidence or a rights-based approach. Using the term simply alienates and demonises young people who are already disadvantaged without seeking to address the causes of harmful masculinity. If you must, then use the word 'harmful' instead. https://www.noknivesbetterlives.com/wp-content/uploads/2023/05/NKBL_ImagineAMan_Apr23_Policy-Briefing_R1-3.pdf

Action needs to be taken to map out the fairest way to meet the needs of all NHS stakeholders in the post-pandemic 'new normal'. In this article, we review the NHS Constitution, looking at it from a relational perspective and suggesting that it offers a useful starting point for such a project, but that new ways of thinking are required to accommodate the significant changes the pandemic has made to the fabric of the NHS. These new ways of thinking should encompass concepts of solidarity, care, and (reciprocal) responsibility, grounded in an acceptance of the importance of relationships in society. To this end, we explore and emphasise the importance of our interconnections as NHS stakeholders and 're-view' the NHS Constitution from a relational perspective, concentrating on the rights and responsibilities it describes for patients and the public as NHS stakeholders. We argue that the NHS Constitution, of which most stakeholders are probably unaware, can be used as a tool to engage us, and to catalyse conversation about *how* our responsibilities as NHS stakeholders should change in the post-pandemic 'new normal'.

<https://academic.oup.com/medlaw/article/31/1/83/6677202>