anderson solutions

YEAR 2 EVALUATION OF ANCHOR PROJECT

Report to the Early Action Programme Board

Abstract

The report provides an overview of the activity and impact of the Anchor Project in 2020/21 and proposes key questions for the Project's next steps.

31/08/2021

Contents

1   Introduction

In July 2021 the Anchor Project is 32 months into its four-year lifetime. The first evaluation was presented in July 2020, and this second evaluation of the Project provides an update on progress.

The first evaluation highlighted how the Coronavirus pandemic had inevitably affected project implementation and how the Project had been forced to adapt to the new context. The first evaluation also highlighted how things that once seemed near impossible had been achieved virtually overnight due to the challenges of the pandemic. The pandemic has continued to affect the Project in 2020/2021.

Role of the evaluation

The purpose of the evaluation is to answer the questions:

- What has been the impact of the support provided by Anchor Project Officers on the supported families?
- How sustainable is the impact of Anchor support on families that no longer actively receive support from Anchor Project Officers?
- How well has Anchor supported a shift in attitudes and opinions in the wider support system?
- What might a family's journey look like without Anchor support?
- What could a service model or system look like that has absorbed the lessons of the Anchor Project?

The Anchor Project commenced in December 2018 having been funded for four years by The Communities Fund. As of July 2021, the Project is expected to run for another 16 months.

The purpose of the Anchor Project is to demonstrate the value of family-led problem solving and early intervention; and actively encourage the uptake of family-led early intervention across the wider system of support in Shetland. The overall goal of the Project is to create a system of support that will actively reduce the number of avoidable family crises.

The objectives of Anchor are:

- objective one - to facilitate family-led problem-solving through direct support to families;
- objective two - to record and share learning on barriers and opportunities to family-led problem solving and the value of early intervention; and
- objective three - to demonstrate the potential value of system change, and facilitate system change through stimulating either small incremental changes or step-changes in service delivery in existing services.

Anchor in 2020/21

As reported in the previous evaluation in 2020 the pandemic has had an impact on the progression of the Project. The Project has had to respond to very challenging conditions both for families and for the delivery of services. In 2020/21 the Anchor Project:

- Reformatted its support model to provide remote early action support to 12 families.
- Continued vital work for the Coronavirus Support Hub during the early stages of the pandemic.
- Worked with Partners to design and coordinate the implementation of an Early Help Team to expand the provision of early action support to more families.
- Prepared and delivered food parcels to 62 families during the pandemic and encouraged families to obtain clothing vouchers. The cost of the food parcels and the vouchers were met by other funding sources.

- Undertook development activities to promote early action service responses.
- Worked with external stakeholders and the Project Board to build a vision for person-led service delivery across Shetland.
- Worked with the Project Board to expand the Board's remit which has seen the Board evolve into the Early Action Programme Board. This was a direct response to learning from the Anchor Project and a desire to accelerate system change. The Anchor Project remains at the heart of the Board's activity and focus.

Report structure

The remainder of the report is structured as follows:

- Section 2 provides vital context on the rationale behind the Anchor Project, including illustrations that demonstrates the potential value of the type of system change being pursued. The Anchor Project's strategic focus is also presented, including how this has evolved in the creation of the Early Action Programme Board.
- Section 3 presents the learning from the FCIA, including what impact the Anchor approach to family-led problem-solving has had on families, and what is it about the Anchor approach that families think make it successful. Initial findings on the lasting impact of Anchor support are also presented following a small number of interviews with families whose engagement with Anchor has ended.
- Section 4 describes how the Anchor Project contributed to the pandemic response in Shetland.
- Section 5 presents the strengths and weaknesses of the Project as viewed by Board members and how the Anchor Project is influencing system change. This includes impact on the Board members and their working practices, as well as the influence of the Project on others.
- Section 6 presents conclusions and key learning points from the Anchor Project. In Section 6 an analysis is also offered which aims to answer the evaluation question on what a service model could look like that has absorbed the lessons of the Anchor Project.
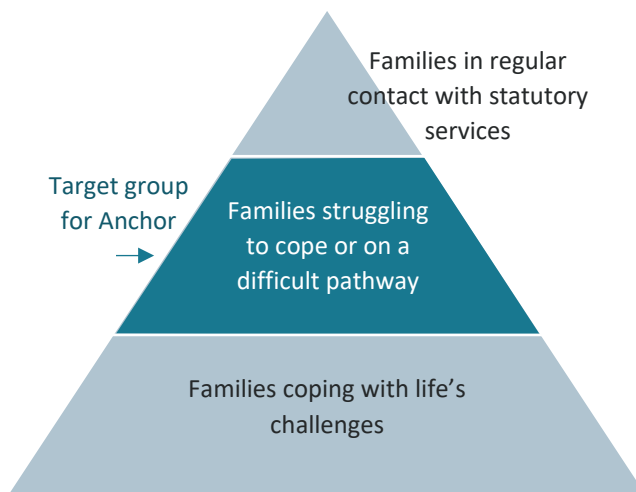
2   What is Anchor?

Project focus

The Anchor Project is a time limited research and development project. The Project is designed to work with families who may be struggling to cope and for whom the situation has not deteriorated to the extent where statutory support could be expected to intervene. The target group of families for the Anchor Project is described in the diagram to the right.

The aim of the Project is to generate knowledge and evidence that indicates whether early action might yield better results for families; and, if early action is seen to be effective, to work with service partners to promote and implement a shift towards early action in the wider system of support.

Figure 1:Population of families in Shetland

Families in regular contact with statutory services

Target group for Anchor →

Families struggling to cope or on a difficult pathway

Families coping with life's challenges

Structure of the Anchor Project

The structure of the Anchor Project includes a Project Board that meets quarterly and is composed of two tiers: a core Board and a wider Board. The membership of the Board is as follows:

- The 'core' Board is eight individuals who are Directors or Senior Managers from Police Scotland, NHS Shetland, Shetland Islands Council, Integrated Joint Board, and Voluntary Action Shetland; and
- A 'wider' Board of 10 individuals who are Senior Managers from NHS Shetland, Shetland Islands Council, and Integrated Joint Board.

Project delivery is undertaken by two Project Officers who together work 50 hours per week. The Project Officers are line manged by the Senior Team Leader in Children's Social Work and the Project is overseen by a Project Manager. Both of the Project leadership team members have other roles.

Rationale for the Project

The approach of the Anchor Project is 'research by doing'. A significant component of the Project Officers' remit is to work directly with individuals to support them to overcome challenges they are facing within their family unit. The two Anchor Project Officers work with supported individuals to break-down challenges into issues for which specific action can be taken or support can be sought.

Supporting families with early action has the anticipated benefits of:

- addressing issues before they escalate into more complex crises;
- improving family life in the short to medium-term;
- improving the outcomes for children and adults in the family in the longer-term; and
- reducing the number of families experiencing crises and therefore reducing the longer-term burden on statutory services.

Anchor works directly with families so that evidence on what is effective can be used to inform and stimulate a wider systemic shift towards 'early action'.

However, influencing such a shift in approach in the wider system is not easy. The current system of support is largely driven by specialised statutory services which often, by definition, only step-in once a family has begun to experience a specific type of crisis. Furthermore, existing universal and specialist services for families are service-led, i.e. the service defines the offer to families, with different professions often operating within clearly understood boundaries. However, this approach can fail to achieve the potential improvement available to a family because the service-led approach can mean an underlying cause is not identified, indicators that there is a need for support can be more easily missed, and because a service-led system can more easily leave gaps in the scaffolding of support. This challenge is recognised in The Promise, a new initiative from the Scottish Government which is focused on care experienced children and young people but is expected to have ripple effects across all services to children and young people.

Crisis response illustration

The following family illustration has been developed to demonstrate how the current system of support may respond to a family experiencing deteriorating family circumstances. The illustration is based on a fictitious family and personas, any similarities to a real family or real persons are unintended and accidental. The assumptions associated with staff time are based on a 'do minimum' approach and are contained in Appendix A. The do minimum approach assumes services are not providing additional support beyond that which is described.

The illustration demonstrates that as the fictitious family's direction of travel worsens, more and more services become involved, and there is likely to be an increase in stress and negative impacts for the family.

The timelines below present an illustration of a fictitious family of a mum and her three children. There is a stepdad in the household and an ex-partner who is the biological father of the eldest two children. The top timeline highlights some visible indicators of need, and the progression towards crisis for the family. The second timeline shows how services may become involved at different times in the family's timeline. Early action is designed to halt the progression shown below and improve the direction of travel for the family.

Four-year family timeline and indicators of need

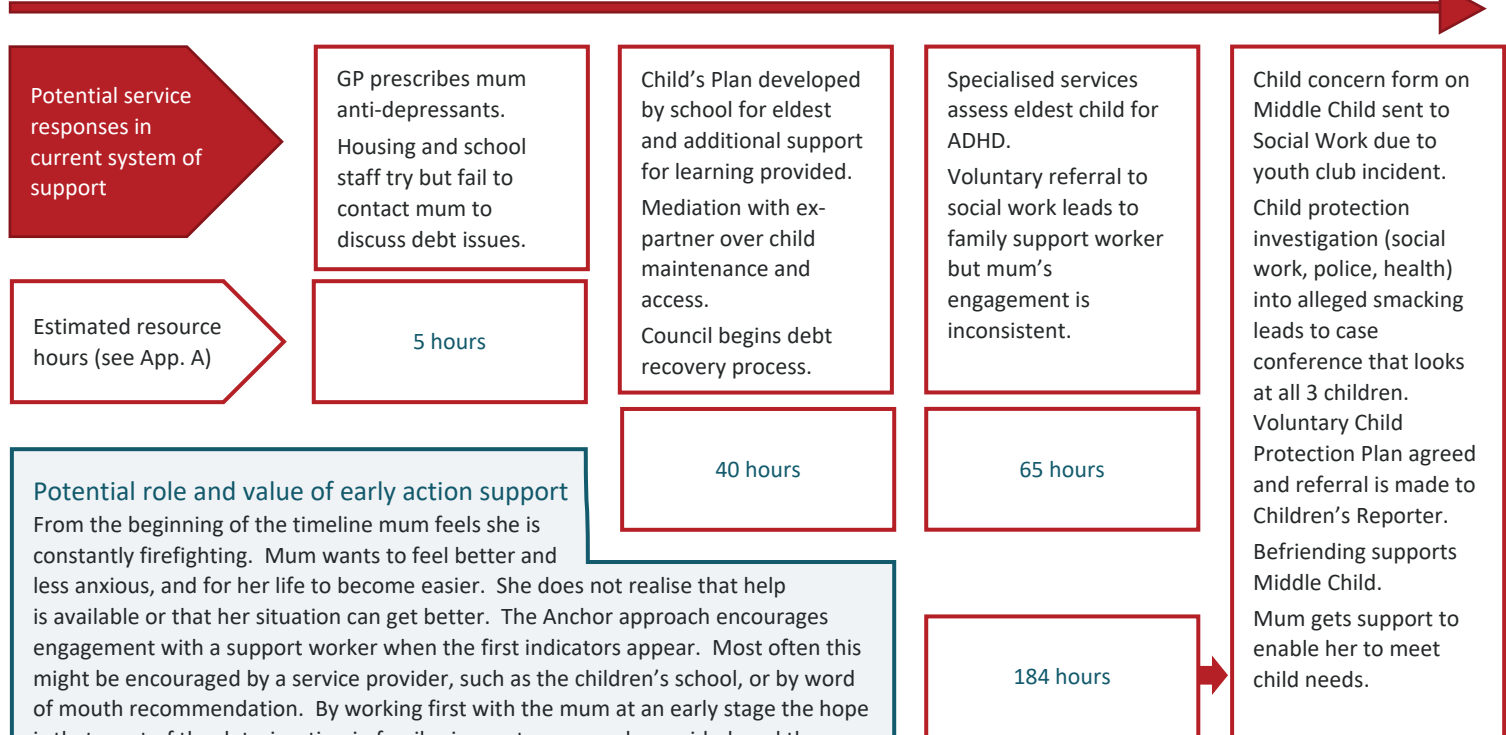|	Year one	Year two	Year three	Year four
Whole household	Overdue rent and school dinner payments.	Housing condition deteriorates. Occasional food bank usage.		
Mum	Friends and family observe mum is living with low mood and is self-medicating.	Reliability problems at work. Relationship with ex deteriorates.	School has concerns about mum's lack of engagement with child's plan.	Problem alcohol use
Eldest child Timeline age: 9 to 13 yrs		Poor nutrition and behaviour change observed at school and sports club.	School observes inappropriate clothing and ill health.	Challenging behaviour at home and school. Child self-reports smacking at school.
Middle child Timeline age: 7-11 yrs		Presenting well at school.	School observes inappropriate clothing.	Displaying anti-social behaviour. An incident at youth club involves police.
Youngest child Timeline age: 2-6 yrs	Health visitor milestones met	Presenting well at pre-school nursery		

Service illustration one: Four-year crisis support response to need

	Year one	Year two	Year three	Year four
Potential service responses in current system of support	GP prescribes mum anti-depressants. Housing and school staff try but fail to contact mum to discuss debt issues.	Child's Plan developed by school for eldest and additional support for learning provided. Mediation with ex-partner over child maintenance and access. Council begins debt recovery process.	Specialised services assess eldest child for ADHD. Voluntary referral to social work leads to family support worker but mum's engagement is inconsistent.	Child concern form on Middle Child sent to Social Work due to youth club incident. Child protection investigation (social work, police, health) into alleged smacking leads to case conference that looks at all 3 children. Voluntary Child Protection Plan agreed and referral is made to Children's Reporter. Befriending supports Middle Child. Mum gets support to enable her to meet child needs.
Estimated resource hours (see App. A)	5 hours	40 hours	65 hours	184 hours

Potential role and value of early action support

From the beginning of the timeline mum feels she is constantly firefighting. Mum wants to feel better and less anxious, and for her life to become easier. She does not realise that help is available or that her situation can get better. The Anchor approach encourages engagement with a support worker when the first indicators appear. Most often this might be encouraged by a service provider, such as the children's school, or by word of mouth recommendation. By working first with the mum at an early stage the hope is that most of the deterioration in family circumstances can be avoided, and the family becomes more resilient and better able to cope with unavoidable challenges.
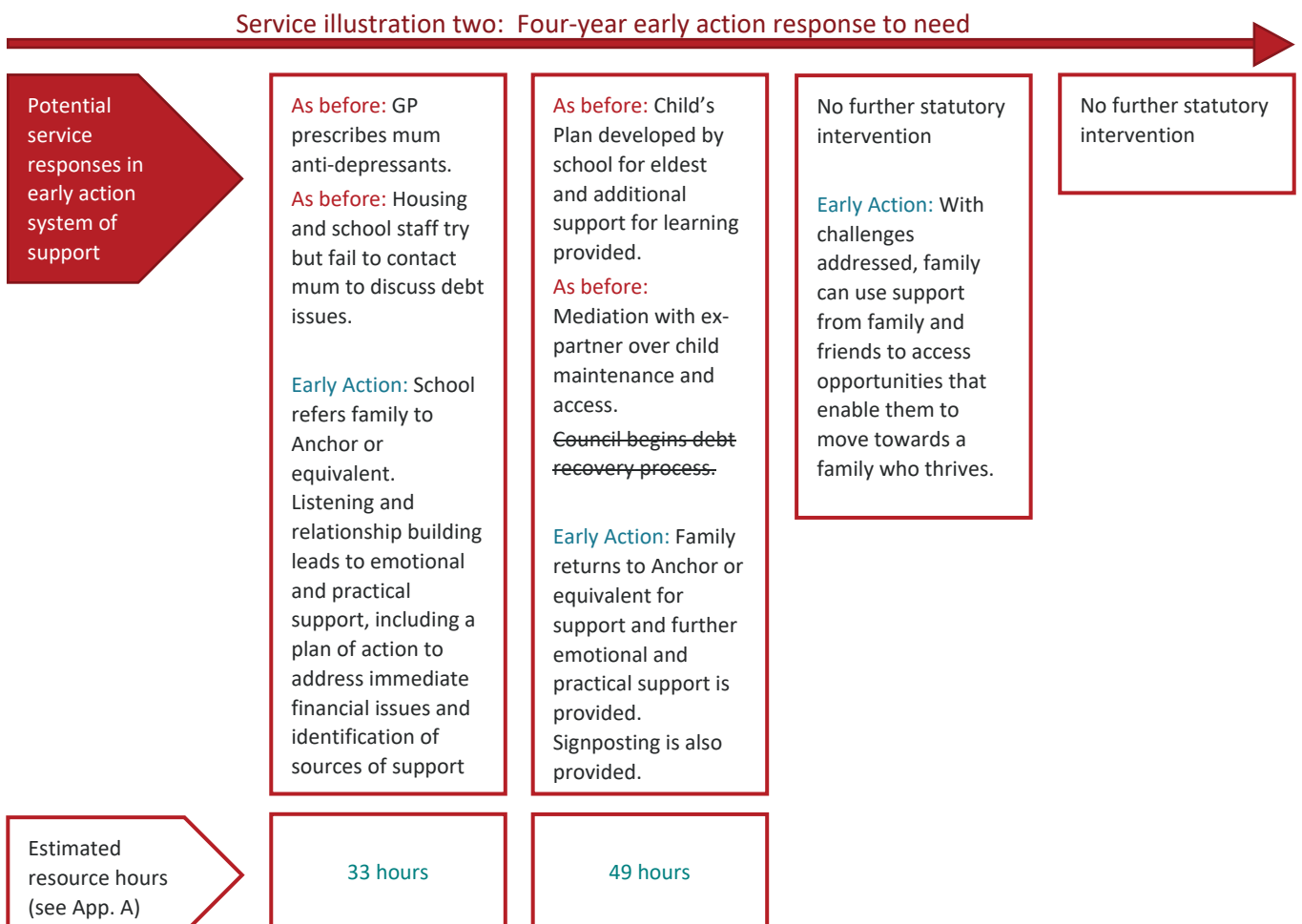
Those who informed the development of the illustration made the following observations:

- Often, but not always, by the time a situation has become a child protection issue there have been several indicators that something is not right in the household.
- The family circumstances described in the first year are not uncommon and any school could observe a family in this situation. The first year is a crunch time for mum and the wider family, a vital junction at which a direction of travel can be set for the wider family.
- Some indicators, such as problems at work, might not be visible to support services.
- The family would be landing on a lot of people's desks, but a joined-up approach does not occur until year four, when the situation has deteriorated, and at that point services work together to respond to urgent needs.

An alternative early action illustration

Illustration two, presented below, imagines the service response to the same family if an early action approach such as Anchor's is provided. The illustration assumes that the same challenges exist for the family in years one and two but, due to the emotional and practical support provided through effective early action, the deterioration observed in years three and four in illustration one is avoided.

Service illustration two: Four-year early action response to need

Potential service responses in early action system of support	As before: GP prescribes mum anti-depressants. As before: Housing and school staff try but fail to contact mum to discuss debt issues. Early Action: School refers family to Anchor or equivalent. Listening and relationship building leads to emotional and practical support, including a plan of action to address immediate financial issues and identification of sources of support	As before: Child's Plan developed by school for eldest and additional support for learning provided. As before: Mediation with ex-partner over child maintenance and access. Council begins debt recovery process. Early Action: Family returns to Anchor or equivalent for support and further emotional and practical support is provided. Signposting is also provided.	No further statutory intervention Early Action: With challenges addressed, family can use support from family and friends to access opportunities that enable them to move towards a family who thrives.	No further statutory intervention
Estimated resource hours (see App. A)	33 hours	49 hours		

The defining difference between the two service offers occurs in year one, where early indicators of need are either acted upon or not. Some more detailed differences between the two illustrations are:

- In the early action illustration:
  - mum is provided with one-to-one emotional and practical support in year one;
  - mum retains control over the development and implementation of a plan of action;
  - immediate financial challenges around school meal payments and rent arrears are addressed through pro-active responses rather than debt recovery;
  - financial problems within the household are lessened through support from a service such as CAB;
  - mum is supported to implement and update the plan of action through regular check-ins; and
  - mum is encouraged to identify people in her community (friends and family) support network who she can reach out to about different issues.
- Whereas in the crisis support approach:
  - much of the focus is on the children and addressing their needs, mum does not receive personal support until year 4;
  - the financial challenges within the household are not identified or supported; and
  - the financial challenges, amongst other challenges including mum's low mood, lead to deteriorating conditions within the household including negative effects on the adult relationship, relationships between the stepdad and children, and in the behaviour of two of the children.

Relative service resource implications of two approaches

The family and service illustrations provide an opportunity to estimate and compare the potential direct and immediate service resource implications the two approaches: crisis support versus early action support. However, it should be noted that each family is different and therefore each service response will be different.

It is estimated that delivering the described crisis support services (illustration one) over a four-year period will require a minimum of 294 hours of staff time across various public sector services. Delivering the early action interventions (illustration two) over the same four-year period, although only two years of intervention is required, will require approximately 82 hours of support[1]. Therefore, on the basis of these illustrations every one hour of early action support could replace approximately 3.5 hours of crisis intervention support.

These are relatively simple illustrations using informed estimates for the time required to support a fictitious family across a four-year period. However, taking a four-year snapshot is perhaps insufficient to fully understand the difference between the two approaches. Once a family has reached crisis, as shown in illustration one, the following circumstances could occur:

- The family requires ongoing support beyond year four as the family continues to experience crisis conditions, further increasing the resource required.
- If crises are not resolved there could be long-term consequences of adverse childhood experiences on the lifelong health and wellbeing of the children, and this could have associated service requirements to support one or more of the children into and through adulthood.

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[1] The estimate of hours for both service illustrations has been increased by 20% to incorporate the likelihood of optimism in the initial estimates of the time required to support the family.

The hours associated with delivering a service to the family have not been translated into a financial measurement because this is intended as a relatively rudimentary illustration to demonstrate the relative difference between two approaches. The relative difference in the hours required to deliver an early action service response relative to a crisis service response, using the illustration above, is a ratio of 1:3.5. The ratio may be widened in a financial analysis in which it would be useful to consider:

- the different salary costs associated with different resources; and
- employer costs and overheads associated with service staff involvement.

The graphs in Figure 2 are a simplified representation of the expected investment trajectory of the two service approaches over a four-year period, such as the period described in the family illustration. The pattern of escalating expenditure in the graph on the left is a common pattern in the current system of support, with expenditure peaking at the height of a crisis. The second graph anticipates the likely pattern of expenditure when effective early action is the model of support provided to the family. In the early action model, the peak of support occurs early so as to avoid escalation towards crisis and flatten, and in time reduce, a family's requirement for support services. The rapid response associated with early action is designed to avoid crisis. A person-centred, early action ethos supports individuals to overcome 'bad patches' and aims to strengthen the family and its resilience so that they can better cope with further challenges when they arise.

Figure 2: Comparative representation of service expenditure patterns in two alternative service delivery models over a four-year period: Crisis support *versus* Early action support
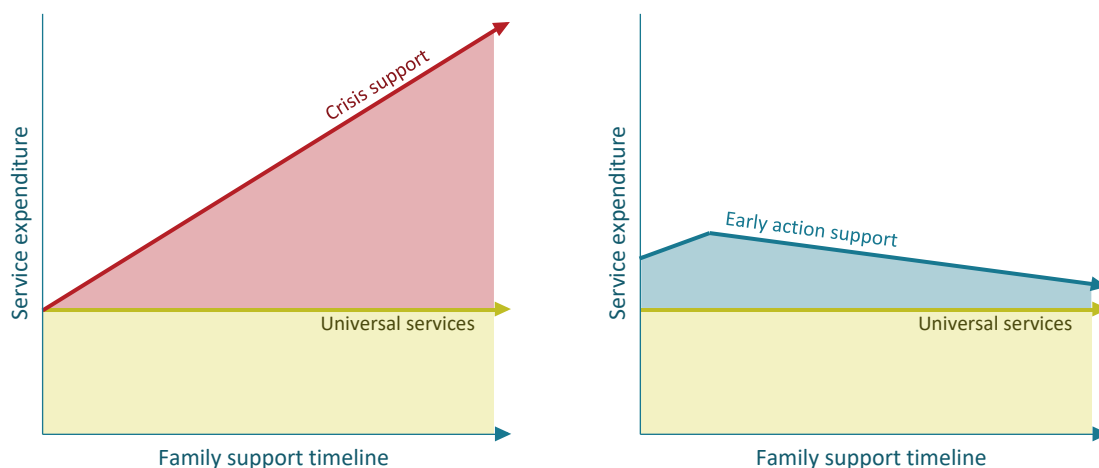
Whilst financial considerations are undoubtedly important, perhaps even more importantly early action is expected to improve family outcomes and therefore limit ongoing need for support beyond the four-year period, further reducing the potential public service costs associated with the family.

A strategic approach to the Anchor Project

The rationale which underpins the Anchor Project has been described above, and findings from the Project have been used to develop the family illustration that demonstrates the rationale. However, it is not reasonable to expect one project or programme to achieve everything that is required to transition the system of support to Shetland's residents from a crisis support model to an early action model. It is necessary to establish a clear focus for the Project, one which will support, but not be solely responsible for, the progression towards the system change envisaged.

At the beginning of the Anchor Project a logic model was developed to demonstrate the aim, objectives, and approach of the Project, and the impact it hoped to have. The first logic model is shown in Appendix B.

The aim of the Anchor Project is: To facilitate learning & action that demonstrates value of family-led problem solving and early intervention

The objectives of the Anchor Project are to:

- facilitate family-led problem-solving;
- record and share learning on barriers & opportunities to family-led problem-solving; and
- facilitate system change.

Since the initial logic model was developed there appears to have been two notable developments that have affected the Anchor Project's own trajectory:

- there is increasing acceptance of the need to move towards a system of support that acts early; and
- the early success of the Project has drawn in support and encouraged the Partners to begin to join the dots between Anchor and other initiatives.

Both of these developments are described further below.

Shifting opinions on early action

When the first logic model for Anchor was developed there was an expectation that a substantial amount of project resource would be spent persuading others of the value of early action. At the time of the second project evaluation, the pandemic appears to have accelerated discussions and shifted attitudes and opinions towards early action. This shift in attitude has also been supported by an increasing national focus on early intervention and person-centred service delivery, one example of this is the Scottish Government's commitment to The Promise. However, this change is primarily observed in opinions and intention, it does not mean that a transition to an early action system of support will be easy or that everyone's definition of early action will be the same.

Joining the dots

In Autumn 2020 the Anchor Project sponsored a programme of workshops in partnership with individuals leading on other change projects. The purpose of the workshops was to create a shared vision for household support in Shetland. The term 'support' is intended to encompass the support provided by family and friends, the support provided by third sector initiatives, and the support provided by the public sector. The goal was to develop a clear direction for the way forward for service provision in Shetland, and to create a shared vision across the many different agencies and initiatives working hard to support Shetland's residents, including the Anchor Project. The vision which emerged envisages a new model for person-centred service delivery in Shetland.

The vision was condensed into three target strategic outcomes, or pillars, and early action is one of the three pillars. The strategic outcomes are that Shetland's residents:

- access early support;
- receive strengths-based support; and
- find no door is the wrong door when seeking support.

One consequence of both of the developments described above is that the Anchor Project Board agreed to expand its remit to encompass the research, development, and promotion of early action responses, including strategic oversight of two other initiatives: Community Led Support and the Emotional and Wellbeing Resilience Project. To reflect this wider remit, the Board changed its name from the Anchor Project Board to the Early Action Programme Board. The change is accompanied by a new logic model for the programme and includes actions to promote the new vision for service delivery in Shetland.

Perhaps the most notable change for the Anchor Project is that within this new context and logic model there is less focus on 'persuasion' activities and a subsequent move forward into more 'development' activities.

Evaluating the Anchor Project

It is vital that the evaluation looks for the evidence of impact that can be attributed to Anchor Project activities. The report presents findings associated with the following three elements of the Anchor Project in the previous 12 months:

- **Family-led support -** Anchor Project Officers working directly with families to understand the challenges families face, the barriers to improvement they face and the support they need to enable positive change.
- **Pandemic response** – the work undertaken by the Anchor Project Officers to support the pandemic response.
- **System change** – the Anchor Project working with its Board and other service providers to promote early action and to engage others in the provision of early action activities.

The next three sections of the report consider each of these elements in turn.

Methodology

In order to answer the questions posed in the evaluation (see Section 1), the report presents findings from the following research activities:

- Family Centred Impact Analyses (FCIA) – a bespoke monitoring and evaluation toolkit developed to evaluate the Anchor Project's direct support to families;
- Project Officer records of activity;
- Workshops undertaken with Projects Officers, Board members and wider stakeholders during 2020;
- Survey of Board and Wider Board members; and
- Interviews with Project Officers, the Project Manager, one Board Member and one Wider Board Member.

3   Impact of family-led activity

At the core of Anchor's research by doing is its family-led support activity. The evaluation of this activity uses the Family Centred Impact Assessment (FCIA) toolkit. The FCIA is used to assess progress against two of the original objectives of Anchor:

- objective one - to facilitate family-led problem-solving with those families engaged with Anchor; and

- objective two - to record and share learning on barriers and opportunities to family-led problem solving and the value of early intervention - an objective to which the evaluation is one response.

The original logic model for the Anchor Project states that the short-term outcomes expected for the families who receive support include improved or extended:

- awareness of available support;

- problem-solving skills; and

- willingness to engage with support services.

The medium-term outcomes of these improvements are expected to be that families undertake or experience the following:

- pro-active problem-solving behaviour; and

- tangible results in priority areas for family.

The remainder of Section 3 explores the impact of the Anchor Project using the tools in the FCIA.

About the Family Centred Impact Assessment (FCIA)

The FCIA allows for the benefits of the Anchor approach to be understood, critical success factors to be identified and the learning that others can gain from. The FCIA was used in the first evaluation and the tools were updated for evaluation two. For the second evaluation, a new element was added to the FCIA whereby families who are no longer in contact with Anchor are asked about the lasting effects, if any, from their engagement with the Project. The value of this information is to indicate whether the support received has had a lasting beneficial impact for the individual supported and their family because some form of lasting benefit is key to the effectiveness of early action.

The FCIA uses a package of tools:

- A questionnaire to capture the perspective of the supported individual on the outcomes and impact for their family from Anchor support.

- A questionnaire to capture the observations of the Anchor Project Officers on the outcomes and impact for each supported family (one questionnaire per family).

- A questionnaire to capture the observations of support service staff on how Anchor support is benefitting the supported families (one questionnaire to cover all supported families known to the interviewee).

- A questionnaire which asks whether the supported individual is continuing to experience benefit after engagement with the Project has ended.

All four tools are designed to be used by the Anchor Project Officers.

Activity

The family-led intervention undertaken by Anchor is designed to be flexible to the needs of the family and key to this is creating an environment through which need can be established. Activity undertaken

by the Project Officer varies by family. This flexible but supportive approach builds the trusted relationships required for guiding and facilitating change.

The two Project Officers make available approximately one-fifth of their 50 hours, equivalent to approximately 10 hours per week to providing direct or indirect support to families, providing a capacity of approximately 450 hours per annum to support families. In 2020/21 twelve families received regular one-to-one support, and the Project Officers spent an average of 10.5 hours working with each supported individual or family. The total time spent supporting each family varied from between 2 hours and 21 hours. The time was spent in either direct contact with the family or working indirectly on the family's behalf, for example, exploring avenues of support. Therefore, the utilisation of the Project Officer time available for family-led support is 126 hours, or 28% of the available 450 hours. However, the time allocated recognised that delivering direct support to families would be challenging and in order to be successful it was vital that families could be connected to the service and therefore a substantial amount of time was spent building relationships with schools and services to encourage referrals, and time was spent promoting the service directly to families through online channels and at events (pre-pandemic).

Furthermore in 2020/21 the Project Officers also contacted and supported many more families through the pandemic orientated activities they were engaged in. This activity is discussed further in Section 4.

An overview of the number of families that have been supported by the Anchor Project in order to gather evidence is presented in Table 1.

Table 1: Anchor Project Family Support Activity

Evaluation	Type of support provided	Number of families supported	Target number of families
One *(Dec 2019-May 2021)*	One-to-one Anchor support	8	8-10
Two *(June 2021-May 2022)*	One-to-one Anchor support	12	8-10
Two	Covid response centre discussions, including signposting to further support where appropriate	116	0
	..plus follow-up support	17 of the 116	0
Two	Food parcel support to families	62	0
	..plus discussions including signposting to further support where appropriate	39 of the 62	0
	..plus follow up support	19 of the 62	0

In the previous evaluation, the average time a Project Officer spent working with a family was 11.2 hours, the slight reduction in 2020/21 may reflect reduced face-to-face contact due to the pandemic.   In the previous evaluation the range of time spent with each family was between 5.5 hours and 22 hours.

The two evaluations indicate relative stability in the average time spent, although numbers of families are relatively small. If this data is to inform future service provision, it would perhaps be best to be somewhat conservative and assume an average of 12 hours per family, or slightly more, over a twelve-month period.

A key finding from the first evaluation was how important it had been for the Anchor Project to develop a good working relationship with the staff at Sound Primary School. This relationship was seen as key in connecting families in need with the early action support available. However, with schools closed for

much of Anchor's second year, the opportunity to build new relationships with more schools has been restricted. Nevertheless, the Anchor Project has met its targets around the number of families supported.

The FCIA process has been fully completed for ten of the twelve families who were supported in 2020/21 and a summary of the support provided by the Anchor Project Officers to each of the twelve families is presented in Table 2.

Table 2: Support provided by Anchor Project Officer, as described by the officers

	Number of families
I listened	12
I provided reassurance	12
I supported them through a problem-solving process (analysis, planning etc)	8
I signposted them to sources of support	11
I provided advice	12
I accompanied them to an activity/appointment	2
Other (please describe) Shared personal information with another service at their request or contacted a service to find out more.	7

Impact on families

In understanding the impact of engaging with the Anchor Project on families there are three core questions. Each question builds on the previous and creates a logical flow from personal benefit to action taken, and onto family impacts. In simplified form the questions are:

- What personal benefit has the supported individual gained? For example, have they gained new learning, a new perspective, or a change in feelings or opinions.
- What action did they then take? i.e. did they do something they would not previously have done.
- What impact did this have on their family? For example, has there been an improvement in family life.

The following paragraphs explore the findings to each of these questions in turn.

What personal benefit has the supported individual gained?

The FCIA asks the Project Officers for their views on the immediate effect of Anchor support on the individual. The most commonly reported benefit to the individual reported by the Project Officers was that the individual was reassured that their issues or concerns are important. The Project Officers also noted that nine out of the 12 had a new perspective on their challenges and more willingness to engage with support. Other benefits are listed in Table 3.

Table 3: Observed personal benefits for the supported individual, as described by supported individual

	Number of individuals
New knowledge/understanding	6
A new perspective on the challenge(s)	9
More willingness to engage with support	9
Reassurance that their issues/concerns are important	12
A new willingness to act on issues of concern	8
A change in opinion/attitude	5
Other (please describe)	2

When supported individuals were asked about the immediate benefits they personally received their responses included:

- *"I got support I didn't know I needed…..You made me realise that I could speak to people about what was going on for me and my daughter. I feel like I was given a boost to do things."*
- *"It has helped us feel a bit more in control of our life."*
- *"It has made me feel less ashamed about asking for help and made me feel less stressed about caring for all my children's needs. Many families could find themselves in the same situation…it has been a difficult time for me…but I can see a light at the end of the tunnel and I am thankful for the support I've had to help get me there." "I feel more in control now and I can manage everything in my life with a little support"*
- *"I've felt more able to sort things out after speaking with you. I've not buried my head in the sand so much."*
- *"I have learned more about the parenting support available and what the school can help me with." "I feel more secure in myself and less judged."*
- *"They made me aware I qualify for free school meals and that many of the sports groups allow free access to families who get FSM, and they supported me to access a course at the local college."*
- *"I now feel more capable of taking control of my family circumstances."*
- *"I didn't want to speak to the teachers and felt that school was unapproachable and that everyone was looking down at me and thought that I was a bad mum… [now] I realise if I keep in contact better with the school I will be able to get the right help they need."*
- *"Anchor helped me know what was available to us as a family, and get support for some issues we were going through."*
- *"I learned about how to access food parcels and financial support for my family. I also learned about local organisations that were able to help with vouchers and got in touch with CAB through you. I feel that I am calmer in myself as I know where I can ask for help."*

What action was taken?

When supported individuals were asked about what action they subsequently took, their responses included:

- *"I've been more proactive in contacting folk about problems. I wrote to my MSP about a housing issue and I've spoken more openly about my problems with school staff and my employer."*

- "[I held] discussions with our school about a phased return to school, something that has been causing us all anxiety."
- "I accepted food parcel support while I waited for my Universal Credit claim to be processed…which CAB helped me with. The [Anchor] workers also encouraged me to speak out to my supports and this has helped put things into perspective and I feel they are there to help me."
- "I've felt better about sorting through paperwork and I've felt less anxious about approaching CAB and getting my money sorted."
- "I feel like I can have more open dialogue with the school about my daughter's needs... I have made better decisions about how I would like to approach my daughter's behaviour at school… I've also changed the way that I interact with her dad in a more positive way."
- "I want to explore new options for getting a job with a decent income so I can support myself."
- "I have had to be proactive in securing us an income and also deal with a solicitor which was a daunting experience. I've agreed to take part in a course to start getting back into the community, also it might help as I look at returning to work."
- "I have managed to get a lot of things sorted out with the school, transport for my [child], and I've had my benefits looked at." "I feel like I have a better relationship with the school now… I've not been shying away from appointments that I used to miss… and they understand better what's going on with my family." "My partner has gone to get counselling… he needed help."
- "Money is tight and I have accepted the food parcels which have helped and made me feel less stressed. I wouldn't have accessed that kind of thing before but as it's through Anchor I don't feel judged." "I have accessed support for my children and Anchor has also found me resources for their emotional health."
- "I have felt more confident to approach the school about issues my kids were facing. I have spoken to the housing department about moving properties. My husband has been more proactive looking for work and has been introduced to employment support though you."

What impact was there on the family?

The next stage in assessing impact is to understand what impact the described benefits and action has had. Respondents stated that impacts included:

- "My [child] is happier because I am more organised and relaxed. They are more settled at school and at home."
- [The action] has eased anxiety in the home and made it a much more pleasant environment."
- "More income to support my family. It has helped me not feel as stressed about everything... I feel things are slowly getting back under my control."
- "Our financial situation has improved …. my kids are less stressed out because I'm less stressed out."
- "Better atmosphere at home. Less turbulent relationships with child's dad. And because of this daughter is less anxious and happier. I feel like I have more of a voice"
- "I hope my child getting access to a sports group will give them a boost, physically and mentally."
- "I feel more in control of things and that helps family life be a bit calmer"
- "I've been taking care of myself better. "We are happier and coping better. There was a period of time when life was chaotic, it's better now, more settled, and my [child] is doing good."
- "I hope my relationship with the school will stay more positive… I feel I don't hide away from the children's problems as much, I don't always have answers for their problems but I'm in a better place to listen to them and try to help. I think my kids can see that things are getting better, we

still have our moments but for a while I don't think we did much together and now we try a bit harder."

- *"We are continuing to improve our financial situation – at the moment it's with local support and benefits but we hope to be able to stand on our own two feed especially when my husband finds work and I can hopefully return to work." "My kids are happier due to my ability to be able to voice concerns at school and husband less stressed when he's getting support to look for work and free training. General wellbeing of family has improved."*

Commonly reported family outcomes and impacts

The observations and reflections of supported individuals, as shared above, are extremely valuable for providing meaningful insight into the impact of Anchor but it is also useful to recognise that there are patterns emerging in the responses to each of the three questions:

- What personal benefit did the supported individual gain? The responses from supported individuals commonly include:
  - o   increased confidence;
  - o   a feeling of being more capable and in control; and
  - o   learning about steps they can take and sources of support that can help them to improve things.
- What action did they take? The action reported by individuals most commonly includes examples of:
  - o   accepting support such as food parcels and vouchers;
  - o   proactively seeking and securing practical assistance around finance and housing;
  - o   developing better relationships with the school; and
  - o   pursuing opportunities such as new employment, training, or community connections.
- What impact did this have on their family? Individual responses show that the impact of the support received from Anchor, and of the action subsequently taken by the family, includes significant improvements such as:
  - o   improved financial circumstances for the family;
  - o   a calmer and more settled family life, with associated reduction in stress for all family members; and
  - o   improvements in child's or children's wellbeing and behaviour.

Additionality of Anchor support

To better understand the role that Anchor played in the reported improvements, each respondent was asked a question on the additionality[2] of the support provided by Anchor. The question was 'do you think you would have received the same level of benefit if you had not been involved with Anchor?' The responses are shown in the table below. The responses show that in seven out of the 10 responses, the benefits reported by the family can be fully attributed to the support received from Anchor, i.e. the impacts would not have occurred through a different route. Three respondents said they would have been able to get the same level of benefit, but it would have taken them longer. Therefore, there is partial additionality associated with the Anchor support. Two respondents thought the timeframe to achieve a similar level of benefit would be less than three months and one thought longer than three months. None of the respondents thought that they could have achieved the same benefit at the same time without the support from Anchor (Table 4).

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[2] Additionality measures the influence of the support received on what happened. It attempts to gauge whether the support did have an impact or might the benefits have occurred anyway.

Response	Respondents
Yes, I would have got the same benefit at the same time without Anchor (zero additionality)	0
Yes, but it would have taken me longer (less than 3 months) (partial additionality)	2
Yes, but it would have taken me longer (more than 3 months) (partial additionality)	1
No, I would not have got the same benefit without Anchor (full additionality)	7

To test the likelihood that individuals who reported partial additionality would be able to secure the same benefit without Anchor, a follow-up question was asked about where they might have got similar support from. The responses from the three respondents who reported partial additionality were:

- *"I think things would have had to get a lot worse and it would have taken me longer to dig us back out of the hole we'd have been in if I hadn't had contact with Anchor. I contacted Anchor myself after speaking with the Council's rents department about my low income issue."*

- *"I think we knew what we needed to do but just felt apprehensive about raising the issue."*

- *"I don't think I could have ignored things for too long, but it might have been more as 3 months. As soon as my [Anchor] worker knew what had happened they offered support and advice at a time when I didn't have the focus to explore those things for myself. I am grateful for their support and also can see that I am managing better as I expected and some of that i think is being supported to speak and explore options."*

None of the responses above demonstrate that the individual had an identified alternative pathway to addressing the challenges the individual was experiencing. The responses suggest that the additionality associated with Anchor could be higher than reported.

Consequences for the family if Anchor support was not received

As explained in Section 2 of the report, the value of early action is not just that it improves things for families but that it also helps families to avoid further challenges and a deterioration in circumstances. To test the extent to which engaging with Anchor has not just improved things but changed the trajectory of each family's pathway, each respondent was asked 'if you had not been able to get Anchor support, what do you think would have happened?'. The responses are included below:

- *"We wouldn't have been able to afford food. Me and my husband would have gone without and fed the kids. We would've fallen into further debt without the financial support, and I would've felt more down had I not had someone to speak to."*

- *"Things would've deteriorated."*

- *"I wouldn't have done anything. It's only because of you that I was able to ask for help. If it wasn't for you I wouldn't have asked for help. I'm not sure where we may have ended up."*

- *"I would be worse off financially and more stressed out and have less positive time with my kids."*

- *"Our financial situation would have just gotten worse, I had no savings for extra bills and was just living in fear of what would break next. I don't think my kids school realised what was happening, we are going through a divorce like many other families but for me, my income is low, and I can't manage as a single parent."*

- *"Our child may have stayed longer at home due to our own anxieties, impacting on everyone's emotional wellbeing which may in turn have broken down attempts to get back into school routines."*

- *"My child would have missed out on this opportunity for getting involved in a football group. I would have continued to struggle with our money and costs, electricity is crazy, and I just have so*

little to live on once the bills are paid. I wouldn't have felt motivated to do something for myself to try and better myself."

- *"School exclusions would have continued, and I wouldn't have handled it well. I can't do my work if my kids are home from school. It's an added pressure for me to get by but still be a Mum. My kids' emotional health would have deteriorated further, the help they are getting now has made a difference."*

- *"I might have ignored things for too long and gotten myself even more stressed. I've had to claim benefits for the first time and be dependent on handouts to get by. My kids have to accept the fact they need to take the FSMs as money is tight. I wouldn't have known about other things available to me other than Universal Credit. Also just chatting about everything has really helped and the worker has motivated me to set small goals around the house to get things done."*

- *"Social work may have gotten involved. I would probably have gone to Women's Aid because of my relationship problems."*

The Project Officers were asked for their own reflections on each family supported, including what they think would have happened in the family without support from Anchor. Their responses reflect their own experience and knowledge of the family and represent another view of the likely outcomes for the family if early support had not been available. In their view, conditions would have deteriorated for all 12 of the supported families and they think it possible that for three of the 12 families a further deterioration would have required Social Work input.

Can early action provide a lasting legacy?

The findings from the Anchor Project's work with families as described above are similar to the findings in year one. This is very positive and indicative of an effective service methodology. However, if the early action ethos that is being tested in the Anchor Project is to translate into the real-life benefits being sought i.e., a permanent improvement in family circumstances, better outcomes for the children, a reduction in the number of families in crisis, and a reduction in need for intensive statutory support, then early action support must have a lasting impact on the family.

To understand the extent to which the support from Anchor is having a lasting impact, four individuals who were supported in year one and who are no longer in receipt of support from Anchor were interviewed as part of the FCIA. The Project Officers conducted the interviews and findings from the interviews are presented below.

The interview started by asking the supported individual if they are still feeling any benefit from their interaction with Anchor. All four respondents reported they are still experiencing benefits from the work they did with Anchor. The benefits reported were that they are continuing to:

- access opportunities including new employment and additional welfare benefits;
- enjoy improved relationships within the family; and
- experience improved mental health.

Respondents were also asked if they have engaged more with, or have begun engaging with any other services, projects, or community activities since working with Anchor. Two of the four have, and another described how they are engaging more with their family. Comments included:

- *"I speak more with my child's nursery, I ask questions and tell them more things about us, I used to keep that all very private but I can see now it's important for them to know stuff. My new work takes up most of my time during the day but now I do more things with my child after Nursery as I'm not rushing out to work at night. I meet more friends and socialise with other Mum's at the park."*

- *"No {contact with new services], but I did look into family mediation around the pandemic time but as things got a bit better, we didn't continue with it. I think if things got worse though I would know I could make contact with that team as it made sense and I could see why it would help us. I have probably spoken more with family about my worries."*
- *"I have started a college course and I'm getting more involved with my role in [community group].*

With regards to the role of Anchor in the changes described, three of the four respondents said that improvements and the additional activities that they have undertaken would not have happened without the work they did with Anchor. The fourth respondent said that they are doing things they would have done anyway but they are doing so with additional knowledge and more confidence. This finding shows that there is high additionality associated with ongoing benefits, i.e. further benefits are occurring because of the individual's engagement with Anchor.

Two of the respondents also reported the following personal benefits as a result of working with Anchor:

- *"I feel better about myself and everything has slipped into place so I'm happier for my child which is good."*
- *"It was nice they got in touch with me a few times over the pandemic…. I didn't feel so alone"*

Further evidence of the beneficial impact of Anchor can be seen when the four respondents were asked what might have happened if they had been unable to get Anchor support. The responses were:

- *"I think i would still be working nights and would be seeing less of my child, I would be stressed about my finances and I wouldn't know where to start."*
- *"I don't know if we would have managed to all stay living together, the strain of our relationship was taking its toll on my mental health and I felt I got little help from my ex. I was happier once my child had a clear pathway for after leaving school, that was worrying me and think was part of the reason we were falling out."*
- *"I would be worse off financially and would probably be more depressed."*
- *"I'm not sure."*

These are very positive indicators from an average direct and indirect intervention that amounted to an average of 10.5 hours of Project Officer time per family. Furthermore, the comments do support the rationale that early action can halt and even reverse a worsening situation for families.

However, the number of individuals interviewed who are no longer in contact with Anchor is very small with only four people interviewed. Furthermore, the timeframes are still relatively short (two years) so it is not possible to research the longer-term benefits for the supported families. However, the indications from these four interviews of the longer-term value of early action are extremely encouraging.

Learning for future early action initiatives

As well as understanding the benefits arising from the Anchor Project, the FCIA seeks to understand what it is about the support provided that leads to the benefits described. Respondents who are still involved with Anchor were asked 'what is it about Anchor that made a difference to you?', the responses were as follows:

- *"Having someone to speak to."*
- *"Having someone to speak to."* (two people made the same comment)
- *"Talking to you and the financial support (clothes vouchers in particular)."*
- *"Someone friendly to speak to about what I can do to improve my circumstances."*

- *"Having someone to speak with or email made a difference. It was good to speak with them and they helped me see that it can happen to anyone and not feel ashamed. I'm glad things are improving but I'm grateful for having them available to help at the time."*
- *"Having someone to speak to and understand our worries. They helped us see our child's needs and speak through things as COVID rules changed and we got a vaccine. We didn't have a lot of contact but the calls we had were useful and we knew we could contact them if needed. The parcels have been a nice bonus and something we didn't think we could ever get."*
- *"I've enjoyed having someone to talk with, it's been nice knowing someone cares about us and wants to make a difference for us. It was good they kept phoning as I would leave things like the FSM form and put off doing it and they would phone and remind me and offer to help. I didn't know what was available and should have asked folk sooner. I didn't feel rushed."*
- *"Just speaking with someone, and them speaking on my behalf. I get a bit worked up and come across as angry but I'm just annoyed and speaking things through helped me stay a bit calmer."*
- *"Emotional support and practical support with food parcels, vouchers etc. Having someone touch base with you every fortnight has really helped me get by as I can hold onto things I want to speak about. My relationship with some of my children has been very strained over the last 6 months but talking through their behaviour linked to their development has put things into perspective, picking your battles is my new motto."*
- *"Having you to speak to and contact through Facebook. It's so good being able to message and I know you'll get back to me. It's been really great having a contact that can help me with the school stuff as it was making me very anxious."*

The ten respondents were also asked 'what is the one most valuable thing about Anchor?':

- *"You're very approachable, easy to speak to and that's really good."*
- *"Having someone listen."*
- *"Being able to have you to talk to."*
- *"Speaking to someone who won't judge me and can give useful confidential advice."*
- *"Not feeling helpless, Anchor workers are happy to help and just to speak things through confidentially was a big help."*
- *"Communication - having someone to listen and speak things through."*
- *"Information - having someone who knows what you can get and how to go about it."*
- *"Not being pushy."*
- *"Help when I needed it, just being there and even responding to my emails over the last year when I just wanted to run something past them."*
- *"Having someone to speak to that's like a friend."*

The four respondents to the follow-up survey were also asked 'what is the one most valuable thing about Anchor?' and they responded:

- *"I trust them to help me and they listened to me."*
- *"Just having someone listen to all of us and help us communicate."*
- *"Meeting up for a cuppa and a chat and getting clothes vouchers."*
- *"Having someone who doesn't judge you and being able to have a cup of coffee and just speak about anything."*

Key characteristics of Anchor support

Feedback from families suggests that the success of the Anchor approach to family-led support is enabled by Project Officers who are prepared to:

- build a trusting relationship;
- provide the opportunity to talk about any issue;
- enable access through a communication channel that suits the individual (Facebook, email, phone, face-to-face meeting);
- listen without judgement;
- support access to services and information at the right time for the individual, which requires the Project Officer to have a breadth of knowledge about available support; and
- maintain an open door to enable potential follow-up if further support is required.

The Project management also highlighted how the skills, values, and attitudes of the Anchor Project Officers contributed to the successful relationship building with families, and also partner services and organisations.

These six characteristics may provide useful guidance to the future development of early action responses in the wider support system.

Summary of family impact

The original logic model for the Anchor Project stated that the short-term outcomes for supported families should be:

- awareness of available support;
- problem-solving skills; and
- willingness to engage with support services.

The medium-term outcomes were expected to be that families will undertake or experience the following:

- pro-active problem-solving; and
- tangible results in priority areas for family.

The extent to which Anchor has delivered against these outcomes for supported families is evident in almost all of the comments from supported families. A summary against the outcomes contained in the logic model is presented below.

- Awareness of available support – supported individuals learned that they could qualify for support they previously had not thought they were eligible for or were not aware of.
- Willingness to engage with support services – supported individuals frequently began to engage better with their child's school. Some explicitly stated they would have avoided engaging before. Some respondents have also accepted help such as food parcels and clothing vouchers.
- Problem solving skills – individuals identified how they have learned about steps they can take to improve things, and the interviews with those who are no longer in contact with Anchor indicate these skills continue to have benefit beyond the period of support.
- Pro-active problem-solving behaviour – supported individuals proactively sought out and secured practical assistance from a range of services including housing, CAB, elected representatives, and also from family and friends. Some have also pursued new opportunities such as new employment and training.

- Tangible results in priority areas for family – supported individuals identified a range of benefits including improved financial circumstances for the family, a calmer and more settled family life, reduced stress, and improvements in child's or children's wellbeing and behaviour.

What was not foreseen in the logic model is the importance of improving the supported individual's confidence as an outcome of the support provided. Almost all supported individuals highlighted how working with Anchor has given them greater confidence, and a feeling of being more capable and in control. The evaluation of Anchor is beginning to highlight the importance of providing support which boosts an individual's confidence in order to achieve medium- and longer-term success. An individual's confidence to act may be more central to understanding the difference between the outcomes achieved through early action and crisis intervention than simply the timing or delivery of the intervention.

4   Pandemic response

The pandemic created new needs in the community and limited the expected expansion of the Anchor Project. This challenging context meant activity had to change whilst still maintaining alignment with Project objectives. The requirement to respond to the pandemic was also reported on in the first evaluation of Anchor.

Support to Shetland's pandemic response

During the pandemic the Anchor Project responded to short-term community needs by deploying the Project Officers to:

- support the short-life Covid Response Centre; and
- prepare and deliver food parcels.

The Project also worked with Partners to pursue the development of a larger Early Help Team to expand the provision of Anchor style support to more families. These different activities are described below and their value appraised.

Covid Response Centre

The role of the Anchor Project Officers in the Covid Response Centre was to call a proportion of the households on the shielding list in May and June of 2020. This work was undertaken at the end of the period covered by the first evaluation, but no data was presented in the report. The activity associated with the Covid Response Centre and any follow-up activity is recorded in the bullet points below:

- The Anchor Project Officers were allocated 147 households who were considered likely to most benefit from support. The Officers made attempts to contact all 147 and discussions were held with individuals from 116 households, the remainder did not answer the calls made.
- Follow-on conversations were held in order to provide additional support to individuals from 17 households.
- Anchor Project Officers provided the following additional support or guidance to a number of households:
  - 18 individuals were referred to CAB;
  - 7 households were referred to Connecting Scotland Device and Internet Accessibility and received a laptop and 12 months internet access. The Project Officers checked in with the beneficiaries to make sure it was working as intended; and
  - 13 individuals were referred to another service. Places signposted included Hjaltland Housing Association, Tesco, Local Health Centre, Relationship Scotland, and Adult Mental Health Service.

The breadth of knowledge held by the Anchor Project Officers equipped them to undertake the role required. The Project Officers reported that often when they had follow-up call(s) with those on the shielding list what the officers were providing was:

- reassurance;
- signposting;
- a general check-in to see if a previously raised issue had been resolved; and
- an important contact opportunity for those feeling isolated.

Food Parcels

The Anchor Project coordinated, prepared, and in some cases delivered food parcels to sixty-two family households during the pandemic. The majority of food parcels were delivered every two weeks to

schools for onward delivery or collection from the school. A minority of food parcels were delivered by the Anchor Project Officers. The strategic rationale for Anchor's involvement was that this form of contact could create a pipeline of families who may benefit from early action support and the food parcel arrangements provided an opportunity for contact and an initial discussion.

The food parcel support provided valuable support to the families, as recognised by those who were also receiving family-led support. The Project Officers called each of the households that were receiving food parcels to check-in with them in the same way as the individuals on the shielding list were contacted. Of the 62 households, conversations were held with 39 individuals. Of the 39, the Project Officers held further conversations with 19 of the households. During these conversations the Project Officers spoke through any issues the household was experiencing and conducted a general welfare check. Where appropriate the Project Officers also:

- signposted individuals to various services;
- provided clothing vouchers (supported by external funding);
- highlighted opportunities to engage with community initiatives such as Transition Turriefield; and
- assessed internet access.

Early Help Team

The Early Help Team was developed to transfer the Anchor approach into a wider system response. Discussions were held in Spring 2020 with a range of partners who considered releasing staff resource to fulfil a role similar to the Anchor Project Officers role and provide direct support to families.

The transfer of resource from existing services to this new role occurred on a relatively modest scale. A number of hours were allocated from the roles of two individuals to provide early action support, and a third individual was associated with the Early Help Team due to the similarity of their role. Over the 12 month lifetime of the Early Help Team a further six families were supported by those allocated to the Early Help Team and the associated post (not technically within the Early Help Team) supported a further seven families.

The role of the Anchor Project in the Early Help Team was to:

- receive family referrals from schools and allocate the family to the most appropriate worker, either an Anchor Project Officer or someone in the Early Help Team;
- facilitate the contact between the family and the worker;
- update the referrer as the support progresses and when it comes to an end; and
- provide guidance and peer support to the workers in the Early Help Team.

The families supported by the Early Help Team were not subject to the FCIA process because the contribution of the Anchor Project was to provide support to the Early Help Team workers, and therefore it is in this relationship where the direct impact would exist. Furthermore, the likely impact of the early help team workers role with families is relatively well understood through the Anchor monitoring and evaluation process.

The value of the Early Help Team to the Anchor Project was:

- the additional resource released Anchor Project Officer time to focus on other Project activities; and
- the Anchor Project Officer could allocate family referrals to a wider range of skill sets, increasing the chance of a better match and therefore improved effectiveness.

Furthermore, an interview with one of the Early Help Team officers showed that the Anchor approach is readily transferred out to new workers and the additional capacity enabled support to be provided to

more families. The observations of the early help team worker on the benefit to the families they supported is very similar to that of Anchor Project Officers.

However, there appears to have been challenges with the implementation of the Early Help Team:

- The purpose, objectives, and expected lifetime of the Early Help Team were not clearly stated so from an evaluation perspective it is difficult to assess whether the Early Help Team achieved its goals. This may be a common characteristic of initiatives that began during the early stages of the pandemic.

- Early enthusiasm from partners did not translate into the scale of resource expected. This is understood to have been influenced by resource challenges within potential partner services and an insufficient number of family referrals.

- There were fewer family referrals than expected. The barriers to making contact with families who could benefit from early action support are explored in Section 6 of the report, and these were likely to have been exacerbated by the pandemic.

- The different roles and reporting structures were loosely defined, which appears to have created uncertainty around the role of the Anchor Project in the Early Help Team and the relationship between the Early Help Team and the associated staff member.

It appears that the development, delivery, and eventual demise of the Early Help Team after 12 months could provide very important learning that should inform future attempts to expand early action service provision. It may be valuable to convene a discussion with all stakeholders who were involved to ensure the learning is collated and available to inform the development of future initiatives.

The impact of partnership working on Shetland's pandemic response

In addition to the practical support provided by the Anchor Project Officers during the pandemic, several people have highlighted how the relationships built through the Anchor Project Board enabled a better service response to the challenges associated with the pandemic in Shetland.

The depth and quality of the relationships between members of the Anchor Project Board are thought to have developed from early challenges in the Project's lifetime which required the Board Members to learn more about each other's activities and perspectives, and to learn to work through disagreements to develop a positive consensus around the Project.

The survey of Board Members asked 'Do you think the existence of the Anchor Project, including the Board, had an effect on Shetland's response to the pandemic? If yes, what effects did you observe?'. Respondents made the following comments about the impact on Shetland's response to the pandemic:

- *"Yes, there are examples of work carried out supporting staff in some schools to support families very effectively. This was not only important from the direct support to families but in the indirect support it gave to school staff on the frontline across this time."*

- *"It helped us in the sense that we had good relationships and that meant there was a high degree of co-operation and support."*

- *"I do think it had enabled relationships to be built which then supported the Caring for People strategy and community response teams."*

- *"The development of the Anchor Project prior to the pandemic put public services and board members in a positive place, whereby relationship were quickly established to develop new approaches to service delivery."*

Whilst the value of this is hard to measure, it is reasonable to conclude that this is a substantial and valuable benefit directly linked to the partnership approach adopted by the Anchor Project. The value

can be directly attributed to the Project's requirement for the Board to be proactive and a vital conduit in the transfer of learning from the Project to the wider system. This necessitated active engagement from the Project Board and willingness from the Board members to invest time and effort in the Project. This has required more from the Project Board than might commonly be expected in initiatives in receipt of similar levels of funding.

It appears reasonable to conclude that the deliberate partnership approach adopted for the Anchor Project, perhaps enhanced by the Chair being from Police Scotland, helped to develop new understanding and improved relationships between Board members, and that has had and continues to have multiple knock-on benefits including but unlikely to be limited to a stronger service response to the pandemic.

5   Impact of system change activity

Section 5 reports on the activity and impact of Anchor's system change activity. The activity, and its subsequent impact, can be used to assess progress against Anchor's third objective: to demonstrate the potential value of system change, and facilitate system change through stimulating either small incremental changes or step-changes.

The original logic model for the Anchor Project states that the short-term outcomes expected for individuals who provide or manage support services are that they improve or extend their:

- willingness to engage in a different way with families;
- awareness and understanding of value of family-led approach;
- aspirations to move towards a more family-led approach; and/or
- attitude towards partnership working.

The medium-term outcomes of these improvements are expected to be that people who provide or manage support services take the following actions:

- investment in service delivery;
- changes to service delivery;
- changes in the nature of partnership working; and/or
- policy changes.

The remainder of Section 5 explores the impact of the Anchor Project in its role to support system change.

Activity

Section 5 highlights the following activities associated with the Project's activity around system change:

- workforce development;
- the Project Board and partnership working; and
- informing and influencing system change.

Workforce development

During its second year, the Anchor Project Officers have been working in partnership to develop responses to particular needs. Many of the families that Anchor are in contact with face substantial financial challenges, including the system of Universal Credit. To provide better understanding in the support system, and improve signposting to support, Anchor, CAB, and the Health Improvement Service have worked together to design and deliver a financial workshop to help raise awareness and upskill the workforce on the financial issues affecting families, including important considerations around the cost of the school day. Anchor's contribution is around how service providers can have difficult conversations with families around financial concerns. At the time of the evaluation the workshop 'Money Worries' has been delivered several times. The intention is to offer it to frontline workers across Shetland. The workshop is one example of how Anchor can support incremental improvement within the system which should lead to better support for families.

The Project Board and Partnership Working

As described in Section 4, the Anchor Project Board had developed into an effective network of senior officers across a number of agencies. Once the Project has gathered the evidence through family-led support activity, the Project is reliant on decision-makers taking the learning onboard and promoting and advocating for more early action investment. The individuals on the Project Board are well placed to take the learning back to various services and organisations and explore early action investment.

Board membership has changed as individuals move on to other roles. Past and current Board Members were asked for their feedback on the Anchor Project via an online survey. The survey received seven responses and a further two individuals were interviewed in-person. The feedback from the Board is presented below. There was some evidence via the response to the survey request that at least one individual on the wider Board is unclear of their role in the Project and this may therefore be an area for development in year three.

Survey respondents were first asked about their satisfaction with the Anchor Project at the end of year two. There was a positive response, four respondents said they are somewhat satisfied and three said they are very satisfied.

Strengths of the Anchor Project

All Board members were asked about the strengths of the Anchor Project. The most commonly recognised strength was around the value of the collaborative partnership approach. The strengths identified by Board members are described below.

- The development of good relationships. Observed strengths include:
  - *"With all agencies being involved, this built relationships of openness and trust."*
  - *"The improved relationships created by the Anchor Project Board helps across entire working remit."*
- The development of shared ambitions. Observed strengths include:
  - The development of *"shared goals".*
  - *"Ability for senior leaders to agree a shared vision."*
  - *"The development of the vision and the plan for the new Programme Board."*
- The level of Cross-agency working. Observed strengths include:
  - The level of *"multiagency working and cross-service working".*
  - *"Ability of all sectors to work together on a joint project with shared aims."*
  - *"Strong partnership working."*
  - *"Good engagement with colleagues and working together to influence system change."*
- The focus on action in the Anchor Project. Observed strengths include:
  - *"The Project is very action focused, rather than a partnership that 'talks'."*
  - *"Anchor was never a new concept, Anchor took action that we've been talking about for years. Anchor created the focus and was a platform for raising awareness by providing the opportunity to try rather than talk. The approach gave permission to try something different."*
- A dedicated and skilled project team with permission from senior leaders to try new things. Observed strengths include:
  - *"Those driving this project really believe in what they are trying to achieve and are willing to try different things."*
  - *"The commitment of the Project Officers and success recruiting the right people."*
  - The Project's *"willingness to try new approaches."*

o   *"Willingness for leaders to step back, listen and support."*

- Targeted and strengths-based approach. Observed strengths include:

    o   *"The concept of targeting schools [is a strength] because it is where there is a lot of welfare need and the people who are in schools are there to deliver education"* although the same respondent highlighted a risk that it could become seen as a *"school thing"*.

    o   *"The provision of support directly to families in need – early intervention."*

    o   *"Willingness to work collaboratively with parents, families and partners."*

- The positive impact on families and how the learning gained is then of value to service providers. Observed strengths include:

    o   *"The positive outcomes for children and families."*

    o   *"Raising awareness of issues impacting on children and families."*

One respondent highlighted how the Agile approach to project management had supported the Project to respond to what it learned along the way. Another consultee commented that having people independent and external to those who regularly meet each other for various different reasons has also been a strength: *"With independent support, people can be brought together in an unthreatening way to realise what they have in common and develop shared goals."*

Weaknesses of the Anchor Project

Board members were also asked about the weaknesses of the Anchor Project. The following weaknesses were identified by Board members:

- Bureaucracy and service-led approaches within agencies can hinder progress. Observed weaknesses include:

    o   *"Bureaucracy and scepticism hindered progress in some areas while we waited for public agencies to buy-in."*

    o   *"It took a long time to get things done when it just needed someone in power to have faith and not be so risk averse."*

    o   *"Perceived as a local authority programme."*

- Concerns around scale and focus of project activity and therefore in the available evidence. Observed weaknesses include:

    o   *"Limited data due to number of areas of Shetland they have been able to become involved in."*

    o   *"Are we managing to connect with those really hard to reach families that would benefit from support?"*

- Communication concerns. Suggested weaknesses include:

    o   *"Data availability in an easy format e.g. what have we achieved in infographics."*

    o   *"Difficulty in expressing the core aims and objectives of the Project easily."*

    o   *"Still confusion between 'early years' and 'early intervention'."*

    o   *"I'm still concerned that if you asked several people to describe Anchor they might provide very different answers."*

    o   *"Community understanding and [a need for] stronger communications."*

- Concerns around the legacy of the Project. Suggested weaknesses include:

    o   *"Risk of being seen as a new service versus building on core services and supporting new ways of working."*

o *"Although this Project has been about systems change, I feel we do now have a reliance on this as a service so, what happens when the money runs out? We need to better plan for this to make this approach sustainable now."*

o *"Not clear that we are changing 'normal' practice yet."*

o Project needs a *"Sustainable funding stream to provide longevity and security for Project staff."*

One respondent also highlighted that the Project needs a dedicated resource at manager level.

System change impacts

Board members were asked a range of questions which explored whether Anchor is having an impact beyond its family-led support activities. These questions sought to understand the impact of the Project on the wider system in Shetland and therefore its contribution to system change.

The first question asked Board Members if their involvement in Anchor had an impact on them, for example have they gained new knowledge or skills. Five of the seven respondents said Anchor had an impact on them. The impact on Board members included:

- *"Better understanding of the data around families and the support available in the community to support - e.g. CAB, benefits, etc."*

- *"Validated some of my own thinking about systems and service approach and improved my networking across services."*

- *"The feeling of being listened to."*

- *"I have learned about reducing barriers in service provision for the service user."*

- *"[I learned the] importance of focus on establishing a strong partnership and building good working relationships first, and taking time with this / making sure it's a priority."*

- *"Hopefully a capacity to be more patient and understanding of other roles."*

- *"Appreciation of the requirement to work more effectively in collaboration, understand emotions and competing demands placed on others. The Project has matured my leadership skills."*

Board members were then asked if Anchor has had an impact on what they do, for example are they working differently, do they have new working relationships, or have they made changes in their team. Six of the seven respondents said that their engagement with Anchor had an impact on what they do. The most common impact is on cross-agency relationships and working.

- *"Working relationships and building of trust."*

- *"My remit has grown to include child poverty related issues and work directly related to my involvement with Anchor Project. It has also broadened my understanding of issues impacting on families and children as well as increased the networks that I regularly work within."*

- *"Improved working relationships with other agencies due to mutual respect gained through the Project."*

- *"Stronger working relationships with colleagues and in partner agencies."*

- *"I feel [my team] have always tried to work across agencies, model prevention and early intervention, and work to a person-led model. We are currently looking at moving a step further, so that practitioners have a toolkit of skills, based on positive conversations and motivational interviewing, that they can use with individuals and groups, that would start with where they are at, rather than being focused specifically on [one issue]."*

- *"I strive to work collaboratively and share the learning of the Anchor Project across other areas."*

The examples above are extremely positive and evidence of how the learning and effort around Anchor can stimulate incremental, and somewhat hidden changes within the system of support.

Comments already reported have highlighted the importance of the partnership approach to the Anchor Project. The survey also contained a question that asked specifically about the value of the partnership approach to the Anchor Project, the following responses were received:

- *"No one service can 'solve' the particular difficulties faced by some of our families and it is a systems change that is required. Most of this change is to do with changing values and attitudes, everyone taking a responsibility and making a change overall in our community. By having a partnership approach, the reach of the Project is much wider and the impact can be more consistent across all public services."*
- *"Partnership approach has been hugely beneficial as the Project would not have worked without all agencies being equal partners."*
- *"Key strength of Anchor has been the focus on partnership working and building strong working relationships."*
- *"Has allowed some interesting/difficult conversations to take place; not sure how it is trickling through to practice though."*

Board members were also asked directly whether they think the Anchor Project is achieving its ambitions around informing and influencing wider system change? The following responses were received:

- *"In a small way."*
- *"Yes, but the pandemic has had an effect and I do worry that we will reach the end of the Project's life without the necessary changes having been embedded because of this lost time. We know that early intervention is best, but we need more information about the variety of changes we need to make, particularly in the more remote and rural areas of Shetland."*
- *"Yes - this is a long-term ambition and it will take time for all individuals working across the system to think differently, respond differently."*
- *"I think this is improving but has a long way to go as the practitioners outside of the Project are not well informed. This is probably due to the pandemic happening in the middle of the Project."*
- *"Yes - I think it's important to remember that this will take time and sometimes the change might be happening in ways that don't appear connected to the Project itself e.g. changes in thinking in relation to core service developments or changes in understanding / awareness of issues."*
- *"Not sure, I'm afraid, I don't have a sense of how far/whether wider systems are changing."*
- *"Still early days for the Project but there is clear evidence of significant change in attitudes towards a mindset of shared vision and a willingness to embrace new ways of working together."*

When Board Members were asked about the most important lessons from the Anchor Project so far the responses included:

- *"That you can achieve better outcomes for families if you just listen."*
- *"The amount of time required to support a family and have a positive outcome is much less than I would have first thought. Small changes can have big results for individuals."*
- *"That you have to design the change together, at grass roots level and with people who are requiring support. There needs to be senior leadership and ownership - otherwise it will get lost amongst other priorities."*

- *"Barriers can be removed for families to access care. The barriers may still be present but the practitioner working with the family can overcome them without the family being conscious about their existence."*
- *"The value of relationships and importance of giving individuals and families time to build relationships with officers and just talk about what matters to them."*
- *"Collaboration."*

One final comment from a Board member concludes the presentation of findings on how Board members have experienced and witnessed system change *"Anchor has been a very worthwhile Project and has made huge changes to attitudes and systems already. I have found being part of this Project invaluable and feel it is even more important in the light of the pandemic and the impact that has had on so many lives."*

Informing and influencing others

The Anchor Project is of course much more than the family-led support that it provides under the watchful eye of an active and engaged partnership board. The aim is for the reach of the Project to extend beyond its own boundaries and for its learning to inform and influence widespread system change. There are three identified impacts from Anchor that have occurred in pursuit of this ambition in 2020/21:

- the creation of a shared vision for person-led service delivery across Shetland;
- others have been influenced to adopt the early action ethos; and
- additional funding and expertise have been levered into Shetland as a result of Anchor.

Each of these impacts is described further below.

Creating a shared vision

The evaluation report has already mentioned that the Anchor Project sponsored and facilitated workshops to develop a new vision for service delivery to Shetland's residents. The vision has early action as one of its key strategic pillars, with the strategic outcomes expected to be people centred service delivery that provides Shetland's residents with:

- access to early action support;
- support that is strengths-based; and
- a connected and accessible system represented by the phrase 'no door is the wrong door'.

The narrative and longer version of the vision for the future of service delivery is presented below. The challenge for the Project is now to encourage others to adopt the vision so that it becomes a truly shared and widely adopted vision for service delivery to Shetland's residents. The new Early Action Programme Board has an action to promote the vision more widely so as to encourage others to adopt it and develop policy and services to match.

People-centred service delivery: A vision for change

The support available to individuals in Shetland is enabling and kind.

When Shetland's residents encounter difficult to overcome challenges, early interaction with potential support is the norm.

Friends and family play a vital and widely recognised role in the provision of support.

Where support from services is sought, the presumption is that support will be delivered in a local community-based setting that creates a comfortable environment for the individual.

The support system works with an individual using a strengths-based approach and targets improvement in an individual's confidence and capacity to act.

The organisations providing support services operate under a no door is the wrong door policy.

The individual is listened to. What an individual says they need is listened to and the whole household is considered.

The value of time spent with an individual to build a trusting relationship is recognised as a good investment by service providers. Engaging in simple practical helpful actions can be transformative.

The individual receives tailored and flexible support that meets their needs and is matched to their capacity to act.

The individual experiences a seamless transition from touch point interactions to, where appropriate, working with more specialist services on issues at the core of experienced challenges.

Professionals and support workers have a wide knowledge base, supported by learning on the job, the sharing of best-practice, and good relationships between services.

Understanding the value of early action

Evidence of the influence of the Anchor Project is in the Shetland Island's Council new Corporate Plan for 2021-2026. The Plan has embraced the early action ethos and has stated that one of the Council's five imperatives is a stronger focus on early intervention and prevention (see right for extract from Corporate Plan). It is understood that the Anchor Project, and the discussions that it has triggered provided the catalyst for this significant commitment to early action.

The Anchor Project is also informing national discussions:

- Education Scotland has used the Anchor Project as a learning case study in its National Improvement Hub. The case study can be found by following this Link to Education Scotland.
- COSLA has also highlighted the Anchor Project in its 10-year review of the Christie Commission as an example of empowering individuals and communities. Anchor, Early Action System Change – Shetland | COSLA

Five imperatives must now guide our work more than ever before:

01 A stronger focus on early intervention and prevention.

02 Demand management, including ensuring we deliver services right first time through Customer First and applying our learning from complaints and customer feedback.

03 Harnessing community strengths, collaboration and assets, particularly to tackle inequalities and enable more improvements in wellbeing to be delivered by the community.

04 Ensuring our services are targeted and make a difference to those people who need them most.

05 Growing our economy and improving people's ability to access opportunities through learning, skills and training.

The partners in Shetland were approached to apply for The Promise Diagnostic Funding and it is understood that this was because of the Anchor Project. Funding of £140,000 has since been awarded and will be used by the Early Action Programme Board, alongside the original funding for the Anchor Project, to develop early action service responses that can be applied across Shetland. The funding is accompanied by specialist expertise to train the Anchor team to develop service design skills. This is a good example of how one innovative change project can be used to leverage in additional funding and expertise to support further action.

All of the impacts described above appear to demonstrate exceptional visibility, influence, and impact from a project that has been operating for a relatively short period of time. Perhaps this success is in part linked to the earlier comment that the concept is not new, what was required was a real-life demonstration of early intervention alongside high-level partnership engagement around the ambition and project activity. The combination of partnership working, permission to do things differently, and a focus on action appears to be ensuring that valuable lessons around early action are learned and importantly are being transferred into the wider system.

Summary of system change impact

A reminder that the short-term outcomes pursued by the Anchor Project under the objective of influencing system change are that decision-makers develop a new:

- willingness to engage in a different way with families;
- awareness and understanding of value of family-led approach;
- aspirations to move towards a more family-led approach; and/or
- attitude towards partnership working.

The medium-term outcomes pursued by the Anchor Project under the objective of influencing system change are:

- investment in service delivery;
- changes to service delivery;
- changes in the nature of partnership working; and/or
- policy changes.

The findings in the evaluation appear to suggest that half-way through the Project there has already been significant progress in the pursuit of short-term and perhaps surprisingly also medium-term outcomes. The Anchor Project's successes in supporting system change at the end of a challenging year two are summarised below.

- Awareness and understanding - The further learning recorded and capable of being shared on the Anchor approach to effectively supporting families through early action. Key learning includes evidence of how to engage to ensure positive outcomes for the families; and further evidence of how little service resource this can require.
- Changes in the nature of partnership working - The development of stronger and better relationships between key strategic partners in Shetland has had tangible benefits during the pandemic and is continuing to have benefit in partnerships and activities beyond the Project.
- Policy changes - The creation of a new vision for person-centred service delivery for Shetland which sets the direction for all service providers across Shetland, and which is hoped will influence policy development.

- Investment in service delivery - The leveraging of additional funding through the Promise to support additional capacity and new skills within the Project. This additional capacity will be used to support service redesign and stimulate further system change.
- Investment in service delivery – the 'money worries' workshop is one example of how workforce development activities can be used to embed knowledge and understanding that can support early action.
- Policy changes - A direct influence on the inclusion of early intervention and prevention as a substantial goal in Shetland Island's Council new Corporate Plan (2021-2023); and
- Awareness and understanding - Informing national conversations around early action.

However, there are also lessons to be learned. The experience of the Early Help Team shows it is possible to transfer the Anchor approach, but it is not easy to scale up and rollout a service which is equivalent to Anchor's support for families. Further lessons are likely to be available from this experience so that future attempts at developing a new service response are better equipped for success.

Furthermore, there are opportunities and threats for the Project that need to be considered. Perhaps the most relevant issue at this time is the potential impact of other national and local initiatives that align with early intervention. This may present both challenges and opportunities. The challenges or risks are that there may be duplication of effort, competition, and insufficient learning or sharing lessons about effective practice. All of which could lead to less than optimal outcomes in the pursuit of meaningful system change with the consequence of sub-optimal outcomes for Shetland's families. The opportunities are that if the different initiatives develop coherently, supported by clear communications, and potentially underpinned by the vision for change, there is potential for more rapid progress to an early action system. This is because a critical mass of complementary early action initiatives working together under a shared ambition is likely to have greater impact.

6   Conclusions and learning from the Anchor Project

The Anchor Project is a 'learning by doing' Project which aims to embed the early action ethos into the wider system of support for Shetland's residents; and by doing so play its part in achieving a new person-centred relationship between Shetland's services and residents. The vision for the future of Shetland's services states residents will:

- access early support;
- receive strengths-based support; and
- find no door is the wrong door when seeking support.

Early action support which is strengths-based and collaborative will take Shetland a significant step toward this vision. However, the transition will be challenging, and the Anchor Project is just one relatively small but important cog in the wheels of change.

One of the questions for the evaluation was 'What could a service model or system look like that has absorbed the lessons of the Anchor Project?' A clear objective of the Anchor Project and the new Early Action Programme Board is to share learning so as to embed the early action ethos and activity across the support system. The learning from the first two years of the Anchor Project provides an opportunity to strengthen the likely success of new initiatives succeeding. In Section 6, key learning from the second year of the Anchor Project is highlighted so as to inform discussion around future action, both in the Project and elsewhere.

Section 6 covers:

- what Board members would like to see the Anchor Project achieve next;
- the characteristics of the Anchor Project which have supported success;
- the characteristics of the Anchor approach which families say supported effective early action;
- the barriers to early action;
- a system map to help understand early action; and
- aomments on the number of different initiatives working with similar ambitions.

What next for Anchor?

Board members were asked what they would like to see the Anchor Project achieve in its third year, as part of the Early Action Programme. The responses were:

- *"I would like to see it rolled out in more locations, its needs more resource, but if you buy into this way of working it can only be better for those we are trying to help."*
- *"More work with rural and remote areas."*
- *"More thought regarding how the learning is embedded in practice."*
- *"More work on ensuring the Project or its work is sustainable as we move towards the end of the Project."*
- *"Creating the foundation for sustaining innovation, tests of change and capability building."*
- *"Improve sustainability and spread the influence further into practice within the agencies."*
- *"Development of the Project in relation to e.g. health & social care and review of any new policy priorities that have developed since the Project started e.g. in relation to Covid19, or family learning / support."*
- *"I would like to see it move from a focus on schools, to families in communities. I worry that we are still in the business of providing solutions for people rather than helping them to develop their own solutions."*

- *"Clear evidence of participation and a 'do with' not 'do to' approach to service delivery."*

The comments appear to indicate an appetite to move faster. This further strengthens the conclusion that the need to persuade people of the value of early action is perhaps less than was first envisaged when Anchor began. However, this awareness and perhaps impatience is present at the level of individuals involved in the Anchor Board, it may be that those in the wider system may still require persuasion.

Characteristics of a successful project

The success of Anchor is not only measured in the effect the Anchor approach is having on families but also in the effect it is having on the wider system. This is key to the Project's legacy. The comments from Board members presented in Section 5 suggest there may be three vital factors that combine to support Anchor's success as a project:

- Effective senior-level partnership working and engagement. In the Anchor Project effective partnership working appears to have emerged by working through disagreements and scepticism and by undertaking training and development activities together. This enabled the partnership to not just reach consensus but also improve relationships and understanding between partners, which as previously evidenced, is having benefits well beyond the boundaries of the Project.
- Permission to do things differently. The Anchor Project was not bound by the rules of existing service delivery.
- A focus on action. The Project focused on action in order to influence strategy. This can make the Anchor Project difficult to understand in a culture where often the opposite is true. It is an example of a bottom-up knowledge flow whereby real-life experiences are informing decision-making.

Characteristics of successful early action

Feedback from families suggests that the success of the Anchor approach to family-led support is enabled by Project Officers who are prepared to:

- build a trusting relationship;
- provide the opportunity to talk about any issue;
- enable access through a communication channel that suits the individual (Facebook, email, phone, face-to-face meeting);
- listen without judgement;
- support access to services and information at the right time for the individual, which also requires the Project Officer to have a breadth of knowledge about available support; and
- maintain an open door to enable potential follow-up if further support is required.

These characteristics are similar to those identified in the first evaluation. Attempts to translate the Anchor approach into new settings could usefully apply these characteristics as checks in the service design process.

One further but equally important feature of Anchor which sits alongside the characteristics described above is that officers offer a highly flexible response, with the time invested in each family by the Project Officers varying between 2 hours to 21 hours in the second year of the Project. Across both evaluations the average is between 10.5 and 11.2 hours. For further rollout of the Anchor approach, it may be useful to use a conservative version of this average to manage capacity. It will be important to record and test if this average is maintained in further early action rollout as any notable divergence may have implications for the efficiency of the early action approach.

How these characteristics contribute to success for the families is also important to understand. There are indications that central to the success of Anchor's support to families is how the support enhances the individual's confidence and sense of control. The ability of the Anchor approach to support increased confidence in the supported individual appears key to the successes described in the evaluation. It may be that the instillation of confidence and control in the supported individual is the most significant difference between effective early action and crisis support.

Barriers to early action

In attempting any change programme, it is important to be clear about what problems you are trying to solve and/or what opportunities you are trying to take. This can be a complex picture. One element of this picture is likely to be barriers, these can be barriers which are the target of change, or they can be barriers to change. A workshop discussion with the Anchor Project team focused on the barriers in the current system that can stand in the way of families receiving early support. The discussion is presented here because overcoming these barriers is likely to be key in a new early action model that has absorbed the lessons of Anchor. The discussion around barriers recognises that no one in the system is actively waiting for families to experience crisis before stepping in, rather the discussion around barriers reflects the fact that early action, for a complex mix of reasons can be challenging to achieve, even if there is widespread acknowledgement of its potential value. This is an issue that is perhaps best highlighted in the fact that there have been fewer referrals of families to the Anchor Project than might have otherwise been expected – although not fewer than the target number for the Project.

The workshop discussion highlighted three main types of barrier:

- an individual/family who could benefit from early action support not recognising the need or the potential benefit of support;
- opportunities to connect the individual/family to appropriate support are not taken; and
- there is insufficient service capacity to support early action.

Each of these barriers is explored further below.

Barrier 1: Individual/family does not recognise the potential benefit of support

Under the barrier of not recognising the potential benefit of support, you may have individuals who are reluctant to seek support or who lack awareness of the opportunity to benefit from support. Examples include individuals who:

- may not be willing to speak to others about the challenges they are experiencing;
- may not feel able or ready to resolve an issue;
- may have a less than positive memory of working with a support service previously which hinders them from trying again;
- may be unaware of the opportunity to get support; or who
- may have an incorrect perception of where the problem lies, for example "it's the child, not me".

The discussion with the Anchor Project team highlighted that services can exacerbate or reinforce these issues, causing higher barriers to engagement if the situation worsens.

Barrier 2: Opportunities to connect the individual to support are not taken

Often opportunities to connect an individual to appropriate support are missed. Reasons for missing these opportunities can lie with the individual or the support service and may include fear or a lack of access to engage, and a lack of knowledge of the available support or a high degree of complexity in the family's circumstances, both of which can make it difficult to identify appropriate support. Examples of this type of barrier include:

- individuals who are afraid that seeking support will make things worse;
- individuals are unwilling to engage due to embarrassment or stigma;
- poor communication of potential support opportunities to individuals and to service providers;
- difficult to access support opportunities, for example 9-5 or Lerwick based services;
- lack of confidence or skills of a service provider to engage on an issue they may view as outside of their remit;
- misdiagnosis of the problem leading individual/family in the wrong direction; and
- prejudice or personality clashes.

Barrier 3: Insufficient service capacity to support early action

The barriers identified under capacity include both structural and cultural barriers. Examples are described below.

Cultural capacity barriers within the current system of support can include:

- reluctance or fear to engage beyond immediate remit;
- rigidity in the way in which a service is provided or viewed; and
- unhelpful professional boundaries and negative perceptions of other services.

Structural capacity barriers include:

- limited capacity/time to have discussions important to the individual or family;
- challenges caused by duplication or overlapping of services; and
- fragmentation of service provision and lack of communication and knowledge exchange between services.

The barriers affect the efficient and effective operation of the 'system' and in this case the system can be viewed as including the individual or family who is experiencing challenging circumstances. If a shift towards early action is to be achieved, overcoming or minimising barriers must be a focus of system change activity moving forward.

Mapping an early action system

Over the course of the Anchor Project, comments have been made that although current support services are described as a 'system' of support there is no such system but rather a collection of poorly connected services. In responding to the question 'What could a service model or system look like that has absorbed the lessons of the Anchor Project?', the following system map is proposed as a concept to support partners to discuss how the current 'system' can be improved or changed to pursue the vision for Shetland's early action system.

At the centre of the system map is the individual or family who could benefit from support. Around them is what is described here as the early interaction circle. The nodes on the early interaction circle represent those who have direct contact with a family and therefore have the opportunity to spot indicators of need. The nodes on this circle could represent friends, family members, teachers, police officers, youth club workers, amongst others.

In an early action system, those operating around the early interaction circle will act on indicators of need and refer or connect the individual to appropriate support. Beyond the early interaction circle is the services or support systems that an individual could be connected to in order to gain support for the challenges they face. This outer support system accepts the referral or approach and works collaboratively, where appropriate, to meet the needs and build on the strengths of the individual or family, rather than providing a service driven by service-led conditions.

Some of the nodes on the early interaction circle will act as a gateway to a system of support. The Anchor Project could be viewed as one such node, a GP could be another. However, for some nodes, their best action may be to recommend, or refer, the individual to speak to a gateway node, for example a friend may recommend an individual speaks to their GP.

Some of the early interaction nodes may also provide a role in the support provided. For example, a youth worker might identify a need and then be part of a longer-term response or support system.

In shifting toward an early action system, addressing the barriers which mean the system fails to act on early indicators of need, or operates inefficiently or ineffectively is a key requirement. Addressing barriers to early action is therefore one of the challenges facing those seeking to move toward an early action system.

The system map presented below is not too different from a map that could be used to describe the current system. As with the family illustration in Section 2, the difference is the responsiveness and connectedness of the system. In an early action system, early indicators of need are quickly acted upon and turned into early action, a response that may depend on collaboration between services.

Figure 3: Early action system map
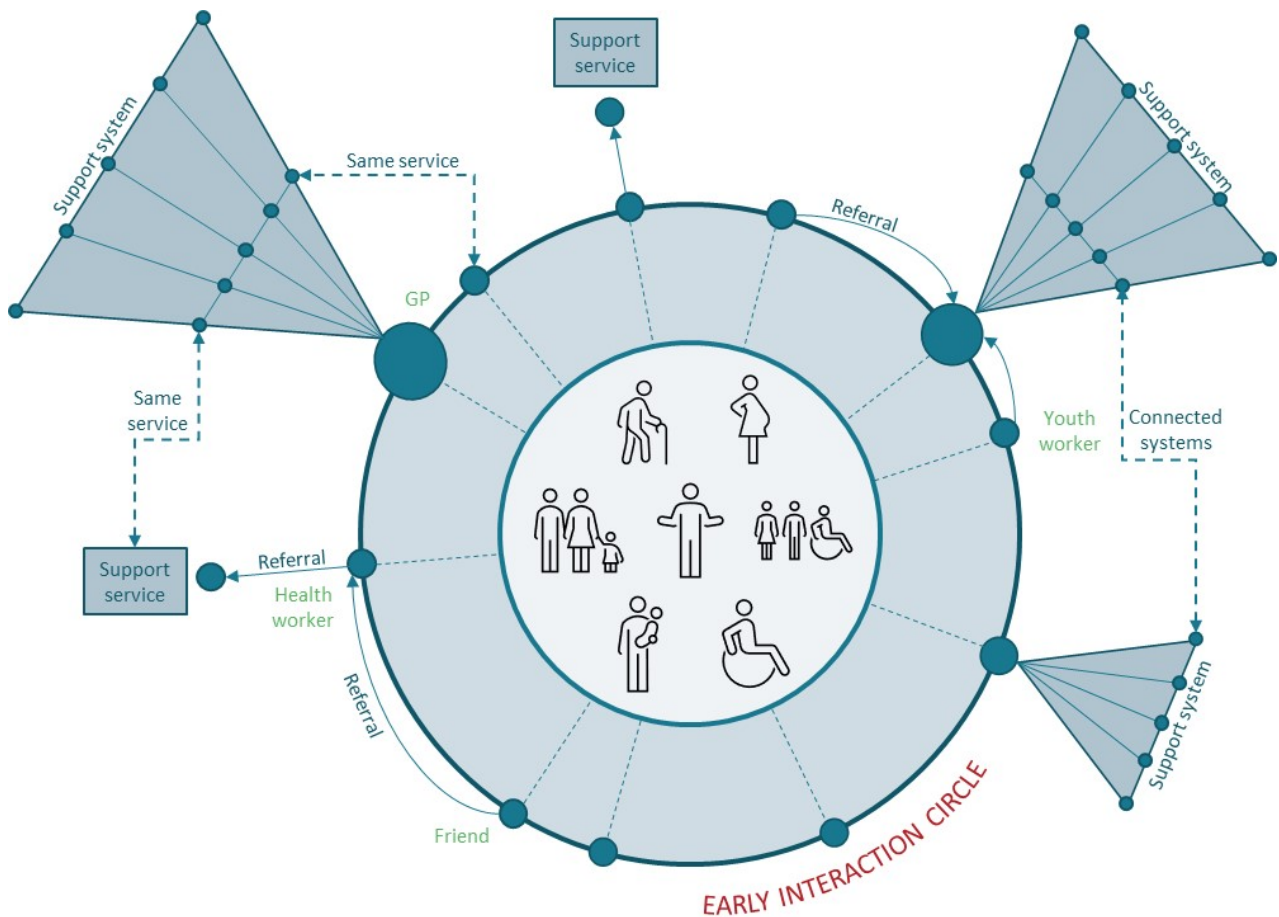
Key challenges for Anchor in year three and beyond

The evaluation had a broad remit and as a consequence the report contains a large amount of information which highlights strengths, weaknesses, opportunities, and threats for the Anchor Project and the Early Action Programme Board.

The evaluation has found significant beneficial impacts from the Anchor Project in year two, and this has been achieved within the context of the pandemic. There has been rapid progress towards the

outcomes envisaged in the initial logic model, and the impact on families and the impact on the wider system of support is significant in a relatively short timeframe. Recognition of Anchor's success is perhaps captured in a Board member's comment "*It is important that the ethos of the Anchor Project is echoed across all strategic partnerships and groups across Shetland. [Alongside a] Focus on tackling hidden harms such as addiction, mental health, inequality, and poverty.*"

However, there appear to be two fundamental questions which face the future of the Anchor Project and the shift towards an early action system. These are:

- Is Anchor a service or a methodology? Scattered throughout the comments from Board members is evidence of a dilemma for the Anchor Project. Is it a service that should be expanded and rolled out or is it demonstrating a way of working that needs to be embedded into existing services. The Project set out to be the latter, but it is possible that it has identified a gap in service provision that is not easily filled.

- How can complementary early action initiatives be connected to generate greatest benefit for Shetland? The consultations for the evaluation highlighted a range of initiatives that appear to align with the ambition for Shetland to have an early action system of support. The feeling is that Shetland is at a junction and there is a threat that efforts achieve less than optimal impact due to duplication and confusion, but there is also an opportunity for the various initiatives to coalesce around a shared direction and accelerate the progression towards an early action system. It is not yet clear which direction Shetland will follow. One Board member's comment may act as a useful principle "we need to find a way to work smarter because we can't work harder".

Beyond the substantial success of the Anchor Project and the two strategic questions described above, there still lies substantial issues associated with system change. These include finding ways to overcome the barriers to early action that are described above and create the connected system of support that acts on early indicators of need. A key challenge for Anchor in the remainder of its lifetime and the Early Action Programme Board is likely to be engaging others to design and implement the changes required to embed progress towards an early action system.

Appendix A: Estimates applied in family illustrations

Illustration one: crisis support

Year	Service provider	Issue/requirement	Action	Total hours	No. of staff	Hours per staff member
1	GP	Low mood	Prescription every 3 months	1	1	1
1	Council - Housing	Rent arrears	Attempts to contact family (calls and visits)	2.5	1	2.5
1	Council - Education (meals)	School meal arrears	Attempts to contact family (emails and calls)	1	1	1
2	GP	Low mood	Prescription every 3 months	1	1	1
2	Council Revenues	Arrears	Letter regarding arrears sent	0.25	1	0.25
2	Relationship Scotland	Child maintenance and access	Mediation	10	1	10
2	School	Preparation of child's plan	Research	2	1	2
2	School	Preparation of child's plan	Plan write up and term updates	4	1	4
2	School	Preparation of child's plan	One family meeting per term	6	1	6
2	School	Preparation of child's plan	Distribution of plan and updates to all stakeholders	2	1	2
2	School	Monitoring of child's plan	Regular checks with staff	8	2	4
3	GP	Low mood	Prescription every 3 months	1	1	1
3	Education and health	Suspicion of ADHD	Education psychologist and health specialist involvement (ADHD ruled out)	6	2	3
3	School	Inconsistent engagement on child's plan	Meeting with mum	3	2	1.5
3	Social Work (Family support worker)	Regular meetings with mum	One hour every two weeks with mum (meeting or chasing) plus admin and contact with school (further 2 hours per month) all over period of 6 months	24	1	24
3	School	Monitoring	Regular internal school discussions and discussions with mum	20	2	10
4	GP	Low mood	Prescription every 3 months	1	1	1
4	Police	Incident at youth club	Police attend and complete paperwork and child concern form	3	2	1.5
4	Youth workers	Incident response		2	1	2
4	Social Work	Child Concern form logged on system	No further action	0.25	1	0.25
4	School referral re smacking	Internal school discussion following report	Referral	1	2	0.5
4	Social Work	Child Protection Investigation	Planning Meeting	2	2	1
4	Police	Child Protection Investigation	Planning Meeting	2	2	1
4	Health	Child Protection Investigation	Planning Meeting	1	1	1
4	Admin attendee	Child Protection Investigation	Report on Planning Meeting	2	1	2
4	Police	Child Protection Investigation	Individual child interviews and debrief	3.5	1	3.5
4	Social Work	Child Protection Investigation	Individual child interviews and debrief	3.5	1	3.5
4	Police	Child Protection Investigation	Interviews with mum and stepdad (under caution) plus reporting	5	2	2.5

4	Social Work	Child Protection Investigation	Follow-up planning meeting/debrief, decision taken to go to Case Conference	1	2	0.5
4	Police	Child Protection Investigation	As above	1	2	0.5
4	Health	Child Protection Investigation	As above	0.5	1	0.5
4	Social Work	Child Protection Investigation	Report of CPI prepared and meetings held with family members	8	1	8
4	Social Work	Case Conference	Chair, Admin, Social Worker and Senior Social Worker attend meeting	6	4	1.5
4	Police	Case Conference	Attend meeting	1.5	1	1.5
4	Health	Case Conference	Attend meeting	1.5	1	1.5
4	School	Case Conference	Attend meeting	1.5	1	1.5
4	Social Work	Child Protection Plan	Plan amended after case conference	2	1	2
4	Social Work	Implementation of CPP	Social worker/family support worker meets with child every 2 weeks, plus regular discussions with mum, school, and siblings (Ave of 3hrs every 2 weeks across 6 months)	36	1	36
4	Social work (SW and admin)	Core group	Montly meetings for 6 months with mum and stepdad/dad (1hr meet plus 30 mins prep)	18	2	9
4	School	Core group	As above	9	1	9
4	Health	Core group	As above	9	1	9
4	External org. support	Mum's wellbeing	One-to-one weekly support for 3 months	12	1	12
4	School	Monitoring	Regular internal school discussions and discussions with mum	20	2	10

Per annum summary of service support hours in the crisis support illustration

Year	Total service support hours	Optimism bias allowance (+20%)
1	4.50	5.40
2	33.25	39.90
3	54.00	64.80
4	153.25	183.90
Total estimated service hours		294.00

See over for early action illustration and estimates.

Illustration two: early action support

Year	Service provider	Issue/requirement	Action	Total hours	No. of staff	Hours per staff member
1	GP	Low mood	Prescription every 3 months	1	1	1
1	Council - Housing	Rent arrears	Attempts to contact family (calls and visits)	2.5	1	2.5
1	Council - Education (meals)	School meal arrears	Attempts to contact family (emails and calls)	1	1	1
1	Anchor	School refers mum to Anchor over indicators of need, including lack of engagement around school meal payments	Listening, relationship building, financial review, developing a plan of action for family	6	1	6
1	Anchor	Support to kick-start plan	Support mum to build and present case for housing and school meals debt. Refer mum to CAB for more thorough financial review.	5	1	5
1	Anchor	Low confidence/ uncertainty/ loneliness/ motivation to act	Meeting with mum every 4 weeks for 6 months to check on progress / adapt plan	6	1	6
1	CAB	Financial challenges	Review of benefits, possible debt consolidation	6	1	6
2	GP	Low mood	Prescription every 3 months	1	1	1
2	Anchor	Mum contacts Anchor as there continues to be challenges	Listening, offer emotional and practical support, signposting to support and opportunities (e.g. training). Regular check-ins.	8	1	8
2	Relationship Scotland	Child maintenance and access	Mediation	10	1	10
2	School	Preparation of child's plan	Research	2	1	2
2	School	Preparation of child's plan	Plan write up and term updates	4	1	4
2	School	Preparation of child's plan	One family meeting per term	6	1	6
2	School	Preparation of child's plan	Distribution of plan and updates to all stakeholders	2	1	2
2	School	Monitoring of child's plan	Regular checks with staff	8	2	4

Per annum summary of service support hours in the early action illustration

Year	Total service support hours	Optimism bias allowance (+20%)
1	27.50	33.00
2	41.00	49.20
3	0	0
4	0	0
Total estimated service hours		82.20

Appendix B: Anchor Logic Model

Aim: To facilitate learning & action that demonstrates value of family-led problem solving and early intervention

Objectives: 1. Facilitate family-led problem-solving 2. Record and share learning on barriers & opportunities to family-led problem-solving 3: Facilitate system change

Outputs	Outcomes – Impact		
Tasks, processes and relationships	Short-term	Medium-term	Long-term
What we do and who we reach	What the immediate results are	What the medium-term results are	What the impact is
Work with families to discuss their needs and facilitate problem-solving Work with services to secure support for family-led solutions Collaborate with strategic, network and community partners to ensure delivery of Anchor aim and objectives Delivery of a learning and communications plan which incorporates rapid learning cycles in support of continuous project and system improvement Share and promote feedback and evidence with partners in order to influence decision-makers and facilitate improvement	**Learning** **For family** Awareness of available support Problem-solving skills Willingness to engage with support services **For system** Willingness to engage in a different way with families Awareness and understanding of value of family-led approach Aspirations to move towards a more family-led approach Attitude towards partnership working	**Action** **For family** Pro-active problem-solving behaviour Tangible results in priority areas for family **For system** Investment in service delivery Changes to service delivery Changes in the nature of partnership working Policy changes	**Conditions** **For family** Sustainable improvements in family life **For system** Redistribution and reduction in service spending Avoidance of mistakes that hinder progress