A co-constructed and co-produced evaluation of the Anchor Project in Shetland.

KENNEDY, C., DOUGLAS, F., SPOLANDER, G., PERRING, E. and HALL, L.

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Executive Summary

This report details the findings of the independent evaluation of Shetland's Anchor Project (2018-March 2023) co-produced by a team of researchers from Robert Gordon University in Aberdeen (Professors Catriona Kennedy, Flora Douglas, and Gary Spolander) with Emma Perring and Lynsey Hall from Shetland Islands Council. This evaluation was funded by the Scottish Government.

Background

Shetland's Community Planning Partnership envisaged and implemented the Anchor Early Action Systems Change Project in 2018, pre the 2020 COVID-19 pandemic and ongoing (22/23/24) cost of living crisis. A key driver was recognising the need for planning and actions to ameliorate child poverty in the context of the inflated cost of living on the Islands rather than deprivation alone. Furthermore, a commitment to early intervention, prevention and interdisciplinary working and recognition of systems-based approaches is an integral part of service planning and delivery in Shetland.

The Anchor Project sits within an ambitious Scottish Government policy landscape to eradicate child poverty through involving children and families in a fair and inclusive manner. The overall aim of Anchor was to facilitate learning and action in family led problem solving and early intervention. Families are placed at the centre of decision making and the purpose is to direct resources towards early action rather than crisis management. A further aim was to enable system change by giving families and services the space to try out new ways of working together, moving from crisis intervention to early intervention and prevention.

What did the Evaluation of the Anchor Project Involve?

This evaluation had three distinct phases and three key objectives:

- to map Anchor in Phase one (completed January 2023)
- to explore mainstreaming the change in Phase two (completed February 2023)
- and in Phase three, to identify the opportunities and challenges from the learning of Anchor to mainstreaming the Anchor approach to other Island/Scottish contexts (completed October 2023).

This evaluation adopted participatory and co-produced methods within an action research framework to understand Anchor's component parts. The evaluation was designed in close collaboration with key stakeholders in Shetland Islands Council including the Anchor project manager and a project worker, and in its final stages, the Scottish Government. Throughout, the aim was to

capture the stories and experiences of key stakeholders involved in Anchor and those who may benefit from learning about the context of the Anchor project and how it works.

Fulfilling the co-production ethos of this project, the research team spent time in Shetland on two occasions (January and February 2023). This facilitated being embedded within the islands, working with parents, project workers and a range of key stakeholders from health and social care, education, police and the third sector. An ongoing dialogue with this community of informants was established to analyse, challenge, innovate and mainstream local solutions and implement ongoing evaluation which produced locally designed change and solutions to Shetland and its islands.

Data Collection and Analysis

Data collection took place during four phases.

1. In the later part of 2022, a Photovoice process of stakeholder engagement was designed and agreed with the Anchor project manager and workers in advance of the evaluators in situ fieldwork that took place in January and March 2023[3]. Photovoice is a qualitative method used in community based participatory research to help people record, reflect, and document their realities of experiencing, and providing Anchor support, using images and voice notes[4]. The data generated by this process underpinned the fieldwork and investigation that took place during Phases one and two.

2. In Phase one, eight project workers took part in workshops across two days. During a three day stay in Shetland, the researchers had opportunities to meet and speak individually with six parents to gather their lived experiences of engaging with Anchor project workers, and two head teachers whose schools were amongst the first to host Anchor workers when the project originally started in 2018.

3. In Phase two we held two half day - workshops (afternoon followed by a morning session) with a wide range of stakeholders drawn from the Anchor team, project board and across several Shetland-based sectors and organisations, feeding back on our emerging Theory of Change from Phase one to stimulate discussions.

4. Phase three included the presentation and several discussions of Phase one and two findings to national policy maker stakeholders and, then subsequent participation in the 2023 Child Poverty Peer Support Network's annual meeting involving a wide range of health, local authority and third sector stakeholders from across Scotland. This involved a further presentation of the Phase one and two findings as well as evaluation team and Anchor project

team members co-facilitating two workshops, involving 80 participants, representing 20 local authorities, five health boards and four National bodies. Key questions posed at the workshop aimed to illuminate components of Anchor which may or may not be relevant to other island and Scottish jurisdictions,

Data analysis was iterative and ongoing and at each stage involved checking our understanding of Anchor, the context within which it operated and how the Anchor team worked with key stakeholders. We applied a change theory known as Normalization Process Theory to further understand our findings as part of a growing social action in Shetland.

Key Findings and Learning from the Anchor Project.

A theory of change model is a key output from this evaluation which identifies key characteristics at the level of individuals (micro), services (meso) and organisations (macro).

At the micro level of families/individuals Anchor workers provide a family/person centred and relationship-based service, free from stigma which 'sits alongside' people, provides a social cushion and helps 'hold' people and prevent them slipping into crisis in the immediate and longer term. Anchor works to people's strengths, gives people time, helps them to identify and work with their needs, at a pace set by them and based on a premise of what is possible rather than a deficit model.

At the meso level of organisations and communities in Shetland, Anchor is not an emergency/crisis service and sits 'under the radar' in terms of Statutory Services and policy such as GIRFEC. Anchor was designed to ensure services engaged with families and individuals at a time best for them, helping to build resilient families. The sense of place and belonging for all key stakeholders, alongside a passion for improvement permeates Anchor's working ethos. We found that stakeholders regarded Shetland as their community and they wanted it to be an inclusive and fair place to live and work. **Time** to develop Anchor, leaders being **brave** and **thinking 'outside the box'** to achieve **partnership working** and **switching resources from** and between **statutory services** was evident.

Similarly, at the macro level, key components included achieving a shared vision, understanding collaborative working takes **time**, **resources**, **patience**, **trust** and **bravery amongst leaders** in negotiating 'systems changes' to enact early intervention and prevention across organisations.

Authentic and longstanding conversations around social inclusion, connectedness, and social interaction appeared critical to Anchor's success. However, there was a recognition that those

connections could easily become more fragile or dismantled if momentum was lost or financial support was withdrawn or compromised. Stakeholders recognised that impacts and outcomes take time to become apparent with this type of approach but helps work towards a sustainable model of change through the critical development of a social action through people and across their communities.

Based on the final Phase three discussions with national stakeholders, ten Anchor enabling factors/considerations for implementation in other contexts were identified.

Conclusions

The findings from this evaluation suggest Anchor is dynamic and developing as a social action in Shetland. Past, present, future and human behaviour of key participants influenced the behaviour of others and have become embedded and the norm. Using the theoretical lens of Normalisation Process Theory, we have identified the relevance of key stakeholders understanding of Anchor, what key stakeholders did to establish Anchor, the cognitive receptiveness and engagement of participants with Anchor and the different components within it, and what has been learned during the Anchor journey and the progress which has been made.

Table of Contents

Contents

Acknowledgements

Note

GIRFEC: Getting it right for every child

NPT: Normalisation Process Theory

There are numerous key stakeholders who are part of Anchor. For clarity throughout this report, we refer to Anchor/Anchor Project which describes the overall project. Within Anchor, key stakeholders are:

- Anchor Families: those who received support from the Anchor project.
- Anchor Project Workers: the eight workers who contributed to this evaluation and delivered the Anchor project.
- Anchor Project Team: the project workers and the project manager.
- Anchor Project Manager: the Anchor manager based in Shetlands Islands Council.
- Anchor Project Board: comprised representatives from the local authority, health, social, education, police and third sector services.

Report Overview

This report consists of **seven** sections. **Section One** outlines the key evaluation aims and questions and a description of the methods and approaches we used to address those. **Section Two** describes our understanding of the policy and local socio-economic and geographic contexts within which the Anchor project operates. **Section Three** sets out what we found out about Anchor's main elements i.e. **what** services and supports it consists of, **who** is involved in its **delivery**, **how it operates** and what **values underpin its operation**. This section also details what we understand about how Anchor **came into being** and what we came to understand about the **critical success factors** that enable Anchor to operate as it does. **Section Four** presents the views and perspectives of some of the **parents who have benefited** from Anchor, who told us about their Anchor experiences, and how they benefitted from it, during our field visits. This section also details Anchor project workers, team and Board members perspectives about who they thought were **missing out from benefiting** from Anchor, and, what they thought would be lost if Anchor did not operate in the future. **Section Five** presents our conclusions about and graphic representation of the **Anchor Programme Theory of Change,** as well as the **Theory of Change at the Individual Level** as described by the parents we spoke to who had engaged with Anchor. **Section Six** discusses our study's strengths and limitations including some of the data gaps in this report that merit further investigation. The final **Section Seven** outlines a set of enabling factors and considerations that are intended to guide the introduction, implementation and sustainability actions and scalability of this intervention in other island, remote, rural or other contexts in Scotland.

Section 1: Evaluation Aims and Objectives

1.1. Aims

The aims of this Anchor project evaluation were to:

- Undertake a co-constructed and co-produced evaluation study in collaboration with Shetland based families, planners, community, and professional stakeholders which identifies the key components, theory of change, mechanisms of action and contextual factors that are operational within the Anchor project, as family-led problem solving and early intervention support.

- Through co-production involving local participants and external evaluators, using a three-phase action research approach, establish key elements, the system changes requirements to replicate and mainstream the Anchor approach of embedding family-led problem solving and early intervention within existing health, social care, and educational systems within Shetland.

- Produce an Anchor 'blue-print' or 'programme map/theory' that could be used to guide the introduction, implementation and sustainability actions and scalability of this intervention in other island or remote and rural contexts in Scotland as a key lever to reduce child poverty, see for instance Tackling Child Poverty Delivery Plan 2022-26[1] and Poverty in rural Scotland: evidence review[2].

1.2 What Did the Evaluation Involve?

This evaluation had three distinct Phases, along with three key objectives:

- to map Anchor in Phase one (January 2023)
- to explore mainstreaming the change in Phase two (February 2023)
- and in Phase three, to identify the opportunities and challenges from the learning of Anchor to mainstreaming the Anchor approach to other Island/Scottish contexts (Network meeting 5th October 2023).

All three Phases are complete and now reported. This evaluation was designed in close collaboration with Shetland Island Council's organisational development lead and manager for the Anchor Project (Emma Perring) and one of the project workers (Lynsey Hall) who was fundamental to engaging and working with families through the evaluation. Early in the planning stages of this evaluation, the researchers recognised the need to use participatory and co-produced methods to capture the stories and experiences of all key stakeholders involved in Anchor. This accorded with the Scottish

Government policy approach with an essential focus on person centred approaches by placing children, young people and families at the centre of decision making. Furthermore, espoused policy values of compassion, dignity and fairness required an in-depth participatory exploration of Anchor to understand its component parts.

These key contacts have been crucial to the conduct and rigour of this evaluation process, building on their knowledge of the local landscape along with the relationships and trust that they have developed with families and other key stakeholders over three years of this project. Ethical approval for this evaluation was given by the School of Nursing, Midwifery and Paramedic Practice Ethics Review Committee at Robert Gordon University (SERP reference number: 22-10 approval granted 12/01/23) (Appendix i).

Fulfilling the co-production ethos, this project included those with lived experience, community leaders, and professionals in the planning and implementation. For the research team, physical engagement in Shetland on two occasions, facilitated working with parents and key stakeholders, added to the depth of information, and understanding we have on the context of Anchor and how it works. Working with a wide spectrum of the Shetland community, we have enabled an ongoing dialogue with the community to analyse, challenge, innovate and mainstream local solutions and implement ongoing evaluation which produces locally designed change and solutions to Shetland and its islands.

Within an action research framework we have used Photovoice[3] (i.e. participant-generated images as a data collection and generation methodology) with both parents, who were supported by Anchor project workers, and the Anchor project workers themselves. Photovoice being a qualitative method used in community based participatory research[4]. Using photovoice helped people record, reflect, and document their realities of experiencing Anchor support using images and voice notes (Parents (Appendix ii) and project workers (Appendix iii) photovoice data) which can be a more participatory, open and less intimidating form of eliciting participant perspectives.

Phase One: Anchor Mapping (data collection January 2023)

We conducted a two-day workshop with eight Anchor project workers. We also interviewed six parents supported by Anchor and two headteachers who have strong links with Anchor. A project worker, at the request of the parents, was present during the interviews/conversations so the researchers were able to observe the interactions between the parent and project worker. For

example, we noted the relationship and bond between the parents and the project workers which was calm, supportive, non-judgemental and parent led. In one such instance, the project worker took a child to school when their mother was struggling to cope that morning while remaining encouraging and engaging with the child's mother.

As at October 2022, 48 parents/families had engaged with Anchor and nine key workers who worked at various times over the duration of funding for Anchor. The staffing numbers had altered because of staffing changes and appointments over the duration of data collection for the project (January – October 2023). Our original intention was to have workshops with 8-10 parents, but none of the proposed parents felt comfortable enough to participate in a group, despite this, six were happy to communicate on a 1-1 basis with us. Three of those parents submitted photovoice data and we used these to base the dialogue with those who had submitted images.

We were informed of the importance of the participating primary and secondary schools who are key to identifying children whose parents/families might benefit from support. We held two interviews with two headteachers who were engaged with Anchor, at an early stage in its evolution, to understand the role of schools in enabling and supporting parents' access to support from Anchor.

Using the photovoice images and data generated by eight project workers, six parents and two headteachers we addressed the following questions:

- **What** is delivered as Anchor specific activity?
- **Who** is involved in the delivery of this activity?
- **What development processes** and **communications** underpinned this activity?
- **Map of demand and local contextual factors across the islands**
- **Who has benefitted** and how from Anchor activity - clients as well as other service/ system stakeholders? What are **perceived as valued outcomes** of this activity?
- Stakeholders' perceptions **about who has missed out on benefitting** from Anchor activity?
- **Identification of the critical success factors** in the delivery of Anchor in Shetland?

The research team mapped and produced preliminary Anchor programme theory/ logic models detailing Context, Mechanisms and Short and Medium-term Outcomes (Appendix iv). These were shared with the project workers for accuracy, feedback, and refinement. We also asked the project workers to identify a 'Day in the life of …….' to help the researchers further understand what Anchor

delivers and how Anchor workers operate typically day to day to provide further information on the nature and extent of the support provided (Appendix v).

Phase Two: Mainstreaming the Change (data collection February 2023)

We conducted two in-situ workshops with key leads/managers, community stakeholders and project workers to establish their views about:

- The relevance and applicability of the Anchor project for their communities / settlements based on their reflections of the Phase one mapping undertaken by the research team.
- Perceptions of barriers or risks to implementation of the Anchor-approach in non-Anchor sites.
- Views about the facilitators and opportunities that exist to introduce Anchor in non-Anchor sites in Shetland.

We produced a logic/theory of change model which integrates our findings (Appendix iv). From this we extracted our preliminary co-produced set of findings to facilitate our discussions about next steps in embedding Anchor-based approaches beyond those sites currently using these (Phase three).

Phase Three: Mainstreaming the Anchor approach to other Island/Scottish contexts (5th October 2023)

A key aim of the Anchor evaluation (Phase three) was to identify the opportunities and challenges from the learning of Anchor to mainstreaming the Anchor approach to other Island/Scottish contexts. A symposium was organised in association with the National Coordinator (Hanna McCulloch, of the Improvement Service) who is the national lead for the Local Action on Child Poverty Peer Support Network, which brings together colleagues from across local, regional, and national bodies, to discuss Anchor and how its evaluation findings might apply to other areas in Scotland. Three meetings were held with various Scottish Government officials representing policy directorates concerned with Child Poverty, Social Inclusion, Whole Family Wellbeing Support, the Islands, and stakeholders from Improvement Services Scotland. Through those meetings it was agreed to organise a one-day symposium on the 5th of October 2023 in collaboration with the Child Poverty Network.

The purpose was to share learning from Scottish Government funded Pathfinder pilot programmes based in Dundee, Glasgow and Clackmannanshire alongside presenting the Anchor project evaluation findings and allowing the evaluation team to run two workshops to address the Phase three questions around mainstreaming the Anchor approach.

This was attended by around 80 delegates who represented:

20 local authorities – Angus, Clackmannanshire, Dundee, East Renfrewshire, East Lothian, East Ayrshire, Edinburgh, Falkirk, Inverclyde, Moray, Glasgow, North Lanarkshire, North Ayrshire, Perth and Kinross, Renfrewshire, Shetland, Stirling, South Lanarkshire, West Dunbartonshire, West Lothian.

Five health boards - Ayrshire & Arran, Forth Valley, Lothian, Greater Glasgow and Clyde and Lanarkshire.

National bodies represented included the Improvement Service, Public Health Scotland, COSLA, Scottish Government (including Child Poverty Delivery Unit, COVID Recovery Team and Public Sector Reform Team).

A presentation contextualising Anchor and the key findings from Phase one and two was underpinned by asking participants to consider the following questions as they listened. Two facilitated workshops followed to discuss the questions in depth:

Reflecting on our briefing paper and our presentation:

1   What, if anything, of our findings resonated with you, in relation to your local area and your work?

2   Do you think the Anchor approach could work in your area?

    a   If yes, why is that?

    a   If no, why not?

3   What do you think would need to be in place, in terms of supports (e.g. organisational) for Anchor to work in your area?

Post it notes, field notes and facilitators observations were collated, and the three members of the research team held an analysis workshop (November 2023) to consider the feedback and findings. The data from the workshop and findings from Phases one and two have been synthesised to produce the 'Ten Anchor Enabling Factors/considerations for implementation in other contexts' and these are reported in Section 7.

Section 2: Policy and Local Contexts

The Shetland Islands are the northernmost region of the United Kingdom with a population of around 22,000 at 2022. The Scottish Index of Multiple Deprivation identifies the Islands as one of the least deprived local authorities in Scotland with 0% in deciles 1-2 and 3% in decile 3 (decile 1 the most deprived and decile 10 the least deprived). The current (22/23) cost-of-living crisis adds to the already high cost of living in Shetland which is estimated to be 20-65% higher than the UK average[5].

Whilst Shetland weathered the pandemic reasonably well, post pandemic the persistent high cost of living, particularly fuel, is impacting on child poverty and hardship[6]. The Islands have the lowest unemployment rates in Scotland at 2.4% with the Scottish average for October 2021 to October 2022 at 3.5%. However, children living in low-income families (income less than 60% of the median income or in receipt of income support or income-based job seekers allowance divided by the total number of children in the area) increased from 6.8% in 2015 to 13.6% in 20/21. Using standard measures Hirsch & Stone (2021)[5,6,7] identified relatively few people are in poverty. However due to the high cost of living, which is estimated to be 20-65% higher to have an acceptable standard of living, over 40% of families who are in work may have not be able to cover minimum living costs. Different benchmarks are therefore required for Shetland.

In 2021, eight children (1.9 per 1000 population) in Shetland were recorded on the child protection register[8]. Across Scotland the rates of children on the register range from 0.4 in East Renfrewshire to 5.2 in North Ayrshire. The Islands therefore sit at the lower end of the scale for registrations for child protection.

2.1 Local Context: Socio-economic and geographic considerations

Some notable contextual issues, pertaining to Shetland and the national policy landscape are important to identify at this point to set Anchor and these co-produced evaluation findings in context. A recurring theme from parents, project workers and key stakeholders were the challenges and opportunities of living in an Island context. Generational issues and family history made life challenging for some individuals and families particularly, given the inter-related nature of personal and professional relationships, and the geography of Shetland. This required careful and sensitive navigation by the research team to ensure the privacy of both families and project workers. For example, one parent explained that Shetland was 'a 'paradise or a prison' when describing their personal challenges in navigating a complex family life, finding employment on the island and

ongoing health challenges. If a project worker had previous personal and/or professional (e.g. social work) connections with a family, then another project worker would take on that case.

2.2 National and Regional Policy Context

Scottish Government policies informed the key values and principles of Anchor in relation to its purpose, set up and conduct. The eradication of child poverty is central to Scottish Government policy and investment to meet aspirations of Scotland as the best place in the world for children to grow up in. Helping families to thrive, through promoting childcare support for working parents and flexible and healthy workplaces, is key. Specific to Anchor, and the context of Shetland, is the recognition that rural and Island poverty requires different systems and unique approaches to tackle poverty[1,2]. It is, therefore, appropriate that the funding for this research came through the Scottish Government's Islands Team, to deliver on the National Islands Plan, highlighting the importance of learning from the Anchor Project to inform approaches to tackle child poverty in Scotland's Island communities.

The Christie Commission on the future delivery of public services[9] identified the need to reform public services which would empower individuals and communities through the provision of integrated services. A focus on early intervention and prevention detailed by the Christie Commission was a key Scottish/ National driver for setting up Anchor. Furthermore, in Shetland, the Commission on tackling inequalities[10] reinforced the need to integrate services to reduce inequalities and improve equity.

The Anchor project/approach reflects other key policy drivers which have emerged since the start of this project such as placing the child/young person and family at the centre of decisions about them and providing the right support at the right time.

1. **The Promise**[11] (to meet the needs of care experienced children and young people) and **Getting it Right for Every Child**[12] (GIRFEC) were key drivers for Anchor. Both emphasise a strengths-based approach, working together with families and seeking to solve inequalities in a fair manner. A redesign of the hearings system to one which places the child or young person at the centre through giving them a voice, support for families and a system which is there when needed, define these policies.

2. Key to the eradication of child poverty is the need for whole systems transformational change. Transformational change theorises a situation where crisis intervention is avoided and reduced,

and the focus is on prevention and early intervention. A shift in investment towards prevention and early intervention is demonstrated through the commitment of £500 million investment (2022 – 2026) and an ambition that by 2020 at least 5% of community-based health and social care spend is focussed on preventative whole family support measures as detailed in the **Whole Family Wellbeing Fund**[12].

Reflecting on those policies and our findings, we found that Anchor not only sits within this ambitious Scottish Government policy landscape aimed at eradicating child poverty but does so through authentic involvement of children and families in a fair and inclusive manner. This report demonstrates the alignment of our research approach and findings to the key policy aspirations detailed above. Throughout the evaluation we have pursued approaches which take cognisance of the Shetland context.

2.3 The Shetland Islands Approach to Reducing Poverty Through the Anchor Project

Anchor derived from the recognition of local planners in Shetland that wider systems needed to prioritise early intervention and prevention for those who were not yet in crisis to help keep them out of statutory services such as social work and the criminal justice system or police attention. Scottish Government policy aims focused on addressing child poverty and, keeping children, young people, and families at the heart of services, was pivotal.

The geography of Shetland, the experience and risk of social isolation, constrained availability of local services, lack of anonymity, alongside a recognition of the complex and diverse needs of people, as individuals, underpin the Anchor approach. It was clear that parents viewed Anchor differently to other statutory services, especially Social Work and their (largely negative) experiences of GIRFEC reviews. Parents we spoke to identified feeling safe and secure with Anchor staff, and without fear of stigma or judgement.

Anchor Project stakeholders and workers stressed their belief that because Anchor was not public sector funded but was able to operate like a third sector organisation, with the benefits of the infrastructure of a local authority (e.g. legal support, funding, staff, management), Anchor had time to grow and evolve in an organic way to meet the needs of those who needed support.

Anchor has worked mainly, but not solely, through the education system, sometimes with an established Anchor project worker physical presence in the school. Headteachers and their staff are

key partners of Universal Services, and fundamental to helping identify and guide children/families in need towards Anchor. People can also contact and self-refer to Anchor.

How Anchor came into being: Early foundation building

In Shetland, a key stakeholder Anchor catalyst was the former Chief Inspector who, recognised there were some young people who needed help to shape their life decisions and chances. This early impetus for Anchor was strengthened by the shared recognition of other key stakeholders within the community, social and health systems of the need for early intervention and prevention and a strong desire to make the community in which they lived and worked, better and fairer for everyone.

Shetland's Community Planning Partnership envisaged and implemented the Anchor Early Action Systems Change Project in 2018 pre the 2020 COVID-19 pandemic and current (22/23) cost of living crisis. It was identified as a key improvement project within Shetland's Partnership Plan. In addition to the powerful sense of community responsibility identified above, a key driver was recognising planning and actions to ameliorate child poverty needed to be seen in the context of the inflated cost of living rather than deprivation alone. Furthermore, a commitment to early intervention, prevention and interdisciplinary working is an integral part of their approach to service planning and delivery[13,14,15].

Statutory services such as social work and school nursing were not perceived to be struggling to meet needs when Anchor was planned. However, there was a desire to help families who would benefit from support out-with statutory services to prevent unsupported needs escalating to those which require intensive, statutory support. In 2023, post pandemic and the cost-of-living crisis, key stakeholders recognise more need for Anchor emerging than before and the poverty landscape in Shetland changing.

How Anchor came into being: Setting up

In 2018 the Anchor project commenced, supported by The National Lottery Community Fund through their Early Action Systems Change Fund. Shetland Islands Council was the host organisation working within the Shetland Partnership and Police Scotland chaired the Project Board.

The aims of Anchor were to

- Facilitate learning and action in family led problem solving and early intervention.

- Place families at the centre of decision making to direct resources towards early action rather than crisis management.
- Enable system change by giving families and services the space to try out new ways of working together, moving from crisis intervention to early intervention and prevention[10,11].

Setting up Anchor took time and resources which required conversations, trust amongst leaders, pathways development, values clarification, and case study building prior to the commencement of its operation. Anchor project workers were encouraged to think 'outside the box' in their day-to-day work by the Anchor project team. This was recognised to be challenging and needed agreement to be reached about the ways of working needed between the range of public and voluntary services that Anchor workers linked across. Shetland's strategic partnerships, within the wider Shetland Partnership have journeyed together over several years in developing their understanding of poverty and disadvantage across communities, with a shared appreciation of the need for early intervention and vision for a support service such as Anchor was evident.

A key recurring theme to emerge from the Photovoice process, informal conversations and Phase one and two workshop dialogues with Anchor staff, managers and other key stakeholders was the notion of leaders within the different systems that interlinked around Anchor needing to be on board with the Anchor concept, to be brave in their leadership and decision making, have a desire to work differently and exhibit a willingness to switch resources to early intervention when the need arose. This indicates the need for authentic conversations between partner organisations around social inclusion, connectedness, and social interaction. External funding was secured to fund key resources to achieve the project; however there was recognition, from the outset, that the time of many others would be committed to project delivery and governance. Partners were required to sign up to this commitment of resource, encouraging key strategic partners to work together and collaborate in diverse ways compared to previous ways of working.

Section 3: Anchor's Key Elements

3.1 Services and Supports Offered by Anchor

Anchor provided a range of services and supports which fell into to the following broad categories.

1. Anchor was perceived as **a listening, befriending, 'boundary spanning' and agency linking service, which has grown organically in response to the needs of its users and community rather than a place**. Predominantly, but not exclusively situated in schools, Anchor enabled school staff and project workers to work closely together. Family members could approach Anchor workers directly and for many, the main sources of help sought were associated with gaining access to fuel vouchers, food or children's clothing which constituted most of the initial support provided to most families who engaged with Anchor. Some of these initial practical assistance contacts, along with growing trust and relationships with Anchor staff evolved into face-to-face contact and support once the 'door' to Anchor started to open.

2. Project workers had **flexibility and autonomy related to deciding who, when, where and for how long they engaged with those needing support**. The perception of parents receiving support was they were "allowed to get things wrong" providing important opportunities for growth and opening the door to accept later support or try alternative ways of coping. This was in an environment where often statutory services, which are under constant governance scrutiny, find it difficult not to be viewed as engaging in punitive decisions or actions. Drawing on expertise and collaborations, being brave and creative in doing things differently and risk taking were all critical to the ongoing development of Anchor. The professional boundaries, predominant in health and social care roles, did not exist. **Rather the project workers worked with the child and family in a way akin to a 'professional friend'** supporting those with lived experience wanted to engage and accept support.

3. **Anchor sits outside statutory services and operated like a third sector organisation but with the benefits of organisational infrastructure to support its activities**. Given Anchor's position within Children's services in Shetland Islands Council, access to Anchor was facilitated through Schools. This was a key factor **valued by parents who felt they had somewhere to get help without fear of stigma or judgement**. This was linked to epistemic mistrust of statutory services for those experiencing generational cycles of poverty, abuse and bias, and complex family histories, which Anchor was helping those affected to overcome and change.

Anchor had always aligned closely with Schools and more recent developments have seen Anchor workers based in schools. This approach was deemed successful from the perspective of parents, Anchor workers and from headteacher perspectives. There is convincing evidence that teachers being able to refer children and families to someone embedded in the school environment but not perceived to be part of the education system had played a key role in improving relationships between parents and teachers and resulted in positive outcomes for those parents and their children alike. Increasingly Anchor activities involve health, education and promotion in schools alongside targeting children who are showing signs of stress, poverty, or absenteeism.

4. Anchor could be **considered as both a service and a 'way of being'** with the workers being fully embedded in their community – the 'Anchor approach'. Anchor has a 'footprint' and is providing early/right support at the right time to those who need it. Although in its infancy, key stakeholders judge the vision of Anchor will pay off but will take time to demonstrate the scale of positive change observed at the individual level to date. Despite this open approach, the service confirmed that the average family received around 11 hours of support time (direct and indirect).

5. As **a person centred and relationship-based service,** Anchor focussed on helping people to help themselves **without fear of judgement** which parent participants associated with statutory services such as social work. The Anchor project challenged assumptions that all solutions lie in statutory services. In contrast to statutory services which tend to have a pre-determined purpose and remit, Anchor as a service which 'sits alongside' people, provides a social cushion and helps 'hold' people and prevent them slipping into crisis in the immediate term, while supporting alternative strategies; important for those who also need support to consider and utilise alternative strategies in their lives.

Significantly, Anchor was **a service which worked to people's strengths, gave people time, helped them to identify and work with their needs,** at a pace set by them and what was possible rather than a deficit model.

Who Delivers Anchor

Anchor is delivered by project workers who bring a wealth of expertise to this role; social/work/care, school nursing, early years education, police work, community development, dental nursing and working in the third/charitable sector. In the past, workers were also seconded from the non-statutory sector but are now all Council employees, making the ethos of the project akin to a non-statutory service.

The researchers were struck by the diversity of the team who, through our joint working, demonstrated a clear and shared vision and understanding about the nature Anchor and its aims as an approach to addressing child poverty and helping families cope with daily living, while aspiring to work collaboratively as workers and with those with lived experience.

Anchor connects a range of sectors and services which includes social/work/care, school nursing, early years education, police work, community development, dental nursing and working in the third/charitable sector. Anchor is a linchpin which draws services together, a role which it seems to have developed due to its organic growth and absence of statutory requirements. The Anchor for Families team, which was created from the findings of the Anchor Project, sits within the Family-Focused Services, within Children and Families Social Work.

How Anchor Operates

The diverse roles of the project workers emerged during the Phase one workshops. Their freedom to determine interactions with families, whilst a strength, meant it was challenging to establish how Anchor works on a day-by-day basis. To help our understanding, four family project workers mapped out a typical working day from the previous week. Participants were clear that no two days were the same, but this mapping revealed a diverse and person-centred service (Appendix v).

Anchor provided practical support such as cooking skills for parents and health promotion work in schools e.g., dental hygiene and care. Anchor project workers also supported individual children experiencing distress at school and transitioning from primary to secondary school. The head teachers reported improved behaviour and attendance at school in children whose families were being supported.

As a 'professional' friend, project workers helped parents to build relationships with agencies such as schools and feel more confident in coping with the GIRFEC process. Project workers also reported helping to take children to school and sports training where appropriate. This helped to support building confidence and skills development within the family. In this regard, Anchor acted, as a friend will often do for others, by helping with day-to-day activities. In this context, this was to help children engage in education and sport to their perceived advantage.

One of the research team accompanied a project worker who took a child to School before they returned to speak to the parent. Without this intervention, the child would have missed out on important activities linked to their development. The freedom to support children and families in this

way is a key feature of the autonomy and flexibility of project workers to agree with parents what helps.

Anchor has an open-door policy, is never considered the 'wrong door', people were taken at face value, and no one was turned away. Interventions were 'organic', developed according to need with onward referral, signposting, and interface with other services as appropriate. Meeting calls for practical help and assistance such as fuel vouchers, clothing, and food parcels was part of the work most days. For some people, help beyond this was not required, but workers cited examples where receiving practical help opened the door or functioned as a hook or means by which people enter a conversation with Anchor staff. Other referrals were through the schools where staff noticed a child who seemed withdrawn or with behaviour issues, hungry or inadequately dressed. Schools play a central role as one mechanism by which Anchor works. One school Head talked about how working in collaboration with Anchor, had allowed some families with generational challenges with education relationships, to positively change the way they perceived and interacted with educational bodies and teachers and thus radically alter the life chances of their children and educational achievement. A call from Anchor was perceived to have a different tone for families to one received from the Head or other school staff.

Anchor is not an emergency/crisis service and sits 'under the radar' in terms of Statutory Services and policy such as GIRFEC. The researchers recognised Anchor as the 'liquid between the stones' providing advocacy, brokering, support and a professional friendship. The Anchor team helped to ensure services engaged with families and individuals at a time that was best for them. Through helping people to recognise risky behaviours and try out different behaviours compared to what they might have previously enacted, Anchor helped to build resilient families.

A key feature of the way Anchor worked was the role of parents/families in setting the pace and agenda including where they met their project worker. This was often in a local coffee shop or the community centre. The researchers emulated this practice and of the six parents we spoke to, four conversations took place in public cafés and two were at their home.

Underpinning Characteristics of Anchor
The 'open door' and 'never the wrong door', where no-one was turned away, exemplifies Anchor characteristics. Interventions were 'organic', developed according to need and agreement of the parent with onward referral, signposting, and interface with other services as appropriate. One single

parent with children with additional support needs, was empowered by the support of the worker to challenge the conduct and focus of a GIRFEC meeting. The GIRFEC process was causing the parent distress. The parent was clear the confidence to speak out would not have happened without Anchor support. The same parent registered with an academic institution to undertake a degree which was also attributed to the support available through Anchor and the confidence it instilled.

Another parent who had longstanding and negative memories of school was experiencing problems with non-attendance at school of the youngest of four children and the only one still of school age. The support from the worker was helping the parent to speak to the child and encourage school attendance. In this case it was about supporting strategies for the parent to communicate and encourage school attendance and the situation was improving.

Our interactions with parents and project workers suggest Anchor operates on characteristics including fairness, compassion, humanity and kindness with flexible boundaries to meet the needs of parents/families (see below and Appendix v 'A day in the life of…..')

Apparent Anchor Characteristics *that underpin the modus operandi of the Anchor workers and their managers*

- Bravery
- Flexibility in terms of the where, when and for how long, of client engagement
- Compassion
- Non-judgemental
- Gave permission to fail and still receive help and support
- Worked in collaboration with families and other community support systems
- Walked beside and worked with parents as they wished and at the point they need help - no more, not less
  Cross-organisational Operating Principles

- Collaboration
- Good boundary spanning relationships
- Trust
- Shared vision
- Shared aims
- Being willing to share resources and take risks
- Being comfortable to experiment to find out what works.
  Being willing to give up power on the basis of evidence of what works

Critical Success Factors

Key to the success of Anchor is its problem-solving and practical approach; for example, if a child needs shoes or a warm coat, Anchor workers prioritise this and without the need to know why in the first instance. This speaks to the non-judgemental, openness, compassion, humanity, and kindness the researchers identified as part of the Anchor approach, building trust, and encouraging long-term independence and sustainability.

Anchor aimed to be and has been successful in offering a people facing service, valued by those who experience and deliver it. Evidencing the impact in the short term is difficult so there is a need to move towards longer term and impact. Early intervention/prevention is less costly than crisis intervention but hard to quantify and 'light touch' means of doing that should be agreed, going forward.

Anchor is perceived to contribute to a fairer society but cannot fix everything and is part of a wider picture of support in the Islands. It is important to consider how the principles and values of Anchor; person centred, early intervention, prevention, compassion, humanity, offering professional friendship and kindness, can be incorporated into the 'whole system'.

Time, resources, and patience have contributed to success thus far. Recognition that conversations about pathways, values clarification, and examining case studies take time (in relation to Anchor this was around two years) is key. Anchor has required thinking 'outside the box' to achieve a sufficient level of agreement about ways of working between the various public services. A shared journey of partners has resulted in an agreed appreciation of the need for early intervention and vision for a support service such as Anchor. This seems to be working, as leaders are on board and have been brave in developing Anchor. They have realised a desire to work differently and switch resources to early intervention, if there was some slack in the system. This evidences the need for authentic conversations around social inclusion, connectedness, and social interaction. Anchor demonstrates the importance of authentic conversations as part of its success.

Anchor has helped to draw services together through links with e.g. social work, Shetland Family Centre and the 'No door is the wrong door' policy. Services need to link together and agree multiagency ownership for ensuring people have a better and fairer society in Shetland.

Statutory services are increasingly working with high level cases, so Anchor is needed in Shetland for those who need support but sit out with or at the margins of statutory services. Overall, the vision of services needs to shift to early intervention.

Key to the success of Anchor is the sense of place and belonging for leaders, workers, and communities. Passion for improvement was visible to the researchers and permeates Anchor. Shetland is their community and they wanted it to be an inclusive and fair place to live and work.

Section 4: Experiences of Anchor's Benefits and Perspectives about Who's Missing Out

4.1 Benefits Experienced by Parents

Project workers responded to practical needs for fuel credit, clothing, and food on an almost daily basis. For some families this was the extent of their involvement with Anchor. The six parents we engaged with had experienced Anchor over a longer period and identified how this had helped them with a range of complex social, emotional, and practical issues.

Two parent participants were incomers to Shetland. They described isolation and loneliness when life presented challenges such as bereavement, personal problems and traumatic family break up. Support through Anchor helped them to stabilise and maintain family life. Others who had longstanding commitments to Shetland, also talked about the sense of isolation, loneliness particularly when they sought to make life changes after having a long family history of disruption, as well as involvement with statutory services. The parents we spoke to identified feeling lonely and a lack of support due to family breakdown, lack of friendships and fears of stigma. Anchor helped them overcome some of the challenges isolation was causing. Anchor project workers helped parents access benefits to which they were entitled; complete job applications; and access higher education.

Female participant:

"I have been involved with the project for some time now, receiving support at times on a weekly basis. The support has been a huge benefit in a number of ways. These involve food packages and clothes when I'm in desperate need due to a low income and growing children. I think the biggest benefit however has been being able to speak to one of the anchor workers. We often speak through texts and phone calls. When things have gotten really hard, she has always been a phone call away for reassurance and support. I was often reminded that I was doing a great job of being a Mam to my wonderful children but I had to think about my own needs sometimes too. She encouraged me to do something I'd been really anxious about starting and eventually I signed up to do a degree which has been one of the best decisions of my life. Without the support and encouragement, I don't think I would of signed up when I did. I am extremely grateful for the support I have received from Anchor and would highly recommend them to anyone needing that little bit of extra support."

One parent discussed the challenges of growing up in Shetland within a family which they described as problematic, where their mother had long term substance misuse difficulties and problematic relationships with their father. As an adult, they had sought to make different decisions with their child, resulting in no contact with their family and hence feeling isolated. The discussion covered the challenges this presented, the ongoing challenge of being unable to seek advice and support regarding childcare and life from their family, the difficulties without a partner to share problems and seek views and support regarding a range of challenging situations including with neighbours, especially at night. The Anchor approach allowed them to consolidate independent skills and seek a different future. This parent viewed their story with Anchor as not yet being complete.

A young father who we spoke to, who had barriers to employment and health issues was unemployed, described how the Anchor project worker had helped to transform his relationship with his children's school. In so doing, he described how this had helped to improve his personal standing as a parent in the eyes of the teaching staff. He described how his Anchor worker had been the only person who had truly listened to him and helped him during the previous, very difficult five years. He indicated he had an ongoing, difficult relationship with the mother of his children, but that he had also had a difficult relationship with the school in the past too. He disclosed that he was affected by drug dependency, had often felt ignored by the school and other statutory authorities (including health care and social services) when it came to any communication concerning his children. He indicated that his relationship with his Anchor project worker had not only enabled him to be involved in school communications and engage with the school in a more positive way compared to previous times but had led to him getting access to resources for himself and his children that he believed he would not have been able to secure otherwise.

Male participant:

"(project worker) from the Anchor Support Service was the first person in all this time who has helped me. I wouldn't have what I do now if it hadn't been for her. She has listened to me. She has been in and connected with agencies for me, telephone, sent emails, shared information and attended meetings with me. The agencies I have dealt with in my situation are often I feel dismissive and unhelpful. (project worker) has attended (name) School to have my voice heard, she took me to a hub for food and clothes which was a life saver at this time of year, helped me with CAB as I found them useless in the past. Provided me with a chrome book for the kids to do homework on and helped me get a man to come and fix it all up for me. She has provided

me energy support for my quarterly bills and is providing a good parcel for Xmas that will be so helpful. She is my anchor. I think it is great as it is cannot think of anything to do more of, just do what you do for more people."

One of the head teachers talked at length about the qualitative changes that they had noticed because of Anchor. The perspective considered the school as an integral and essential part of the community and to enable changes of lives and family circumstances. The head talked about the challenge of people either having poor educational experiences as children or that there had been generational challenges and poor relationships with schools. Anchor they felt had changed this through providing a generic and open services to all, resulting in less stigmatising engagement with the schools. One example discussed was where the school had noticed that a child's clothing and general demeanour had deteriorated that it might be Anchor that would make the call to the parents to see if there were any problems or things that they could help with. This was felt to be better received by parents, rather than having the head of the school contacting them, which could immediately start to have wider implications. The involvement of Anchor was therefore seen as a low key and non-threatening support of a professional friend.

4.2 Who's Missing Out and What Would be Lost if Anchor No Longer Existed?

As part of the second workshop in Phase two we asked participants what would be lost if Anchor no longer existed. Responses focused around three key areas: impact on families, multiagency working, and the opportunity for meaningful 'systems' change.

The **impact on families** and lost opportunities to improve outcomes for individuals and families was paramount. This was linked to lack of early intervention, negating established relationships, stopping families slipping through the net and the loss of local intelligence around families who would benefit from some support to lessen their chances of needing more intensive support from statutory services. Participants acknowledged Anchor removed stigma for those who engaged. The researchers identified this as a prominent issue for parents who were very comfortable with Anchor as a helpful and supportive intervention.

Participants also identified a significant loss to the progress they have made on **multi-agency working** if Anchor ceased. The Anchor journey has extended over several years and progress around shared vision, understanding and collaborative working was evident. However, there was recognition this was fragile and could be dismantled if momentum was lost. Sustaining Anchor in the longer term was

identified as challenging by key stakeholders but the commitment to doing so came over as strong and palpable to the researchers.

The researchers identified the pride felt by key stakeholders in Anchor and its 'strengths-based approach'. The journey through Anchor has brought, and continues to bring and maintain key players to, and at, the table. Significant work towards a shared vision and understanding has been achieved which is feeding into **meaningful systems change**. A key strength of Anchor lies in the family/community intelligence it is gathering which is unlikely from other statutory services, given their more defined role boundaries and reporting requirements.

Section 5: Anchor Theory(ies) of Change – Micro, Meso and Macro Levels

Evaluation data illuminated components of the Anchor project which contribute to change at the level of micro (individuals), meso (services) and macro (organisations).

At the micro level of families/individuals and relationships:

1. As a person/family centred and relationship-based service Anchor helps people to help themselves without fear of judgement, which parent participants associated with statutory service such as social work. This was highly valued by parents.

2. Anchor is perceived to be free from stigma, 'sits alongside' people, provides a social cushion and helps 'hold' people and prevent them slipping into crisis in the immediate and longer term.

3. Anchor works to people's strengths, gives people time, helps them to identify and work with their needs, at a pace set by them and what is possible rather than a deficit model.

At the meso level of organisations and communities in Shetland the following are key:

1. Anchor is not an emergency/crisis service and sits 'under the radar' in terms of Statutory Services and policy such as GIRFEC. The freedom for Anchor to develop in this way has been important to ensure services engage with families and individuals at a time that is best for them, and through helping people to recognise risky behaviours, helps build resilient families.

2. The sense of place and belonging for families, leaders, workers, and communities was significant. Passion for improvement was visible to the researchers and permeates Anchor. Shetland is their community and they wanted it to be an inclusive and fair place to live and work.

3. Leaders being brave and thinking 'outside the box' to achieve partnership working and switching resources from statutory services was evident. Two years of conversations and discussions about what Anchor might look like preceded its inception.

At the macro level, key components for organisations include:

1. Achieving a shared vision, understanding and collaborative working takes time, resources, patience, trust and bravery amongst leaders in negotiating 'systems changes' to enact early intervention and prevention across organisations.

2. Authentic conversations around social inclusion, connectedness, and social interaction need to be sustained as fragile connections could be dismantled if momentum or trust was lost.

3. Impact on outcomes takes time to evidence so adopting the Anchor approach will not provide a quick fix to family support and early intervention but rather work towards a sustainable model of change through the development of a social action across people and their communities.

Summarising Emerging Components of the Theory of Change

To further illuminate what our findings mean about the process of embedding change we now apply a theoretical lens drawing from the dynamic process of social change described by Weber[16] (1991) and four constructs of Normalisation Process Theory (NPT) developed by May and Finch[17] (2009).

Weber (1991) describes social action as being influenced by the past, present and future and when human behaviour influences the behaviour of others, becomes embedded and the norm. Key participants have different roles but collectively they contribute to the social action. Our findings suggest the roles and bravery of all the key partners; families, project workers, local authority, health, social care, police and education services are connected, and Anchor is developing as a social action in Shetland. Our phased approach to data collection, the participation of key stakeholders and our understanding of the policy and local drivers and the mechanisms which make Anchor work (Appendix iv) suggest a journey characterised by putting in the ground work to grow a shared understanding of what needs to be done, what needs to change and what the future could look like.

To understand further what these evaluation findings mean and how they might transfer/apply to other Island contexts or areas of Scotland, we apply NPT[17] which has four constructs to help explain this process of social action. Using NPT as a theoretical lens, we use four key concepts to discuss the findings of this evaluation in more detail.

Coherence as a construct of NPT illuminates key stakeholders understanding of Anchor. Anchor as predominantly a school-based initiative needed to bring on board several key stakeholders with responsibilities for child and family wellbeing. Families and project workers perceived Anchor to be unlike other statutory services in that it is child and family centred and provides support across a range of issues. Parents understood Anchor was 'different' to other services they had experience of such as social work and the GIRFEC process. They appreciated the lack of stigma in being involved with Anchor. Staff in schools also understood Anchor as a safe space to nudge children and families into. School staff reported there were generational issues and histories associated with schooling with some parents and being able to hand over or suggest Anchor was helpful.

Other key stakeholders from health and social care, police, education and local authority who are members of the Anchor project board, have met regularly since the inception of Anchor planning and implementation. During the Phase two workshops there was a high level of agreement and understanding amongst these participants of what Anchor represents and why it is needed. Trust in each other and understanding of what needs to happen has been a catalyst for shared understanding of the needs of Shetland to provide a safety net for families to improve decisions and outcomes. This comprises a wide range of services across health and social care, education, local authorities, and Police. Across all key stakeholders we spoke to there was a shared understanding of the values we identified which underpin Anchor; fairness, compassion, kindness and humanity.

Cognitive participation relates to the cognitive receptiveness and engagement of participants to Anchor and the different components within it. The need for flexibility and the scope of Anchor to cover the diverse activities reported in a Day in the life of…. (Appendix v) was understood by all key stakeholders, as was the need to avoid turning Anchor into a more formal/statutory service and the restrictions this would impose. Linked to this was the willingness to take risks and experiment, with Anchor as an inductive approach driven by those intended to benefit and children and families placed at the centre.

Over time, Anchor has come to be understood as a safe space rather than a service, per se. The receptiveness of and trust between local authority, health and social care, education and police stakeholders has taken several years to achieve and has required regular communication and interface between services. There was also recognition that the level of receptiveness and openness could be fragile should significant changes in personnel occur.

Collective action refers to what key stakeholders did to establish Anchor and what has been learned during the process. The driving force behind Anchor was the desire to do better and intervene early for some of the most vulnerable families in Shetland and prevent them slipping into crisis. Relationships at micro, meso and macro levels were key alongside breathing space, permission to do things differently and permission to fail. Over time, this desire became a collective one across local authority, health, social, education, police and third sector services. This took time, transformational thinking about what services could look like, bravery amongst leaders and embedding new ways of working. Leaders who put outcomes for families and change first, rather than organisational issues, demonstrated bravery in putting families first. Collective action was further enabled by commitment from support services such as the head of finance, legal support for issues around information

governance and HR prioritising job evaluations.

Reflective monitoring is about reflecting on and appraising the Anchor journey and the progress which has been made. Throughout, Anchor has conducted ongoing monitoring and evaluation which has captured changes in families and systems. The impact of Anchor on the families they engaged with demonstrated increased self-awareness, empowerment, and confidence. This was due to the non-judgmental ethos of Anchor which gave people permission to try things out and permission to fail. This also applied to staff and leaders across organisations. Relationships and trust at micro, meso and macro levels, which require time and commitment, facilitated reflexive monitoring of the Anchor process and how it has become embedded and successful in Shetland.

To summarise, we propose viewing Anchor as social action within an NPT framework has enabled us to highlight key elements of the change process as undertaken by key participants in Anchor. Therefore, learning from Anchor has relevance to other Island and Scottish contexts. Phase three focussed on the relevance of this learning to other Island and Scottish contexts and is reported below in Section 7.

Section 6: Study Limitations, Data Gaps and Strengths

Prior to drawing together the key components of a theory of change in establishing similar services in other contexts it is important to consider the limitations, data gaps and strengths of this co-produced evaluation.

This qualitative interview-based and participatory study was undertaken over a 10-month period during 2023, and therefore represents a snapshot in the development of Anchor and services in Shetland. The team visited and were embedded for brief moments in the history of the Anchor project and recognise this poses some challenges. While attempts were made to have a more holistic view of Anchor, such an approach has limitations. The results capture a moment in time and thus may not be reflective of the final perceptions of participants. The number of participants was limited due to logistical challenges of recruitment of family members.

Our data are narratives and stories gathered using participants' photos, conversations, written comments, participant generated data on flipcharts and field notes of discussions from workshops. A range of participants are represented in these findings which is a strength of the co-produced methods we employed. Such a diverse range of participants as contributors may raise questions about the rigour of these findings. However, the three researchers are all experienced academics with professional backgrounds in nursing (CK, FD) and social work (GS) and demonstrable records in planning, conducting, and disseminating robust research. Working together as a research team alongside the Shetland Anchor Project Team and key leaders, we have sought to produce a trustworthy and authentic characterisation of Anchor and its component parts. Co-production is increasingly recognised as desirable when it is important to hear the voices of key stakeholders and uncover embedded experiences and characteristics. We suggest the resonance of our findings to those connected to Anchor (Phase one and two) and the wide range of participants in Phase three, support our findings and interpretation.

Section 7: Anchor 'Blueprint' Principles and Recommendations

In this final section of the report, we set out principles and recommendations that are intended to guide the introduction, implementation and sustainability of actions and scalability of this intervention in other island or remote and rural contexts in Scotland.

These are based on a synthesis of the findings reported thus far from Phase one and two data, alongside our analysis of Phase three data which was focussed on using the findings of Anchor to determine how Anchor could be rolled out to other contexts. These are presented as:

Ten Anchor Enabling Factors/considerations for implementation in other contexts.

1. *Relationship based interactions and services are critical and fundamental at micro, meso and macro levels to family support and linked to providing breathing space and time. Families should be at the centre of relationship building to 'Anchor' a holistic approach to early intervention and family support.*

Relationships at micro, meso and macro levels are key. Robust relationships within and between individuals/families/workers (micro), local systems and communities (meso) and system wide (macro) are fundamental. Reciprocal trust between families, Anchor workers and leaders helps build relationships and impacts on perceptions of risk as Anchor did not work through a lens of risk which other services may be guided by.

2. *Investment in breathing space and time at micro, meso and macro levels alongside faith and belief in this approach reaps benefit for families, workers/leaders and communities.*

Breathing space and time are necessary to build relationships and establish trust across partnership working. Time should be spent with families and working together at their pace. The investment of time by leaders and service providers to reach shared understanding revealed benefits were possible in the immediate, short, and longer term.

3. *Leadership approaches should be dynamic and distributed and include the recipients of services as partners. This requires commitment, trust and energy amongst leaders of services and organisations to support this.*

Dynamic and distributed leadership involves doing what is right for the families and community as a priority. Checking things out, peer support, consultation, and trust alongside no requirement for

workers to 'seek permission' from managers to act in the best interests of families worked. Permission to fail for both families and workers set the pace and agenda, so both were not passive providers or recipients of a service.

4. *Universalism of the service links to the empowerment of key stakeholders at micro, meso and macro levels.*

The **universalism** of Anchor, which required no eligibility check, was linked to trust in the leadership and empowerment with everyone taking individual and/or collective responsibility. Shifting power was complex, challenging and dynamic but achievable. Everyone needs to see it is as part of the job, including leaders 'letting go'. The importance of developing a shared understanding and vision from top to bottom, and vice versa, empowers families through establishing relationships which could help them to address their needs at their pace.

5. *Interactions need to move beyond signposting to 'walking beside', holding and empowering families, if support is to be authentic.*

Supportive, flexible interactions focussed on the family. Interactions were not restricted by statutory requirements and were mediated between services and families and vice versa. Importantly Anchor workers acted as advocates and not just a signposting service. They acted as a 'professional friend' not bound by professional identity/regulation and viewed the situation through a 'different' risk lens, which included permission to fail and authority to build trust between workers and families. Modelling skills and walking beside families, empowering families, going ahead and doing, getting on with things needing doing were key interactions. Anchor workers were quietly confident about doing and acting and demonstrated innate professionalism in their accounts of their work and engagement with parents who had engaged with Anchor. For the workers themselves, they seemed to derive intrinsic rewards with them being regarded as being the 'good guys' by the families.

6. *Individuals, services and organisations need to recognise, value and characterise a continuum of non-traditional outcomes beyond those which can always be observed and quantified.*

Recognising non-traditional outcomes – outcomes in early intervention and prevention work take time and may not be measurable by traditional methods. 'Holding' the families suggested the togetherness of the families and workers who provided immediate practical outcomes around food, clothing and fuel (practical needs a priority without needing to know why the problem exists at the

outset). Meeting practical needs could be a precursor to building a longer-term relationship. Medium/longer term outcomes included building parenting skills, improving school attendance and transitions and keeping young people out of the youth justice system.

7. *To achieve family centred outcomes a family/person centred ethos/approach and strengths based approach is needed rather than a deficits model/focus.*

Family centred outcomes – families at the centre of the service and desired outcomes defined by families themselves. Permission and support to try things out, fail with no consequences and at a pace led by families.

8. *Continuity and consistency of funding for services is critical for workers and families.*

Continuity of services - linked to longer term commitments to building and sustaining Anchor. Workers need assurance about jobs through secure funding cycles to retain people and build the service rather than a reliance on secondments. Short term funding could be detrimental to the relationship basis of a service – families and workers need consistency.

9. *Recognition of the emotional labour involved in delivering a family focussed prevention and early intervention service is important.*

Emotional labour - emerged as the workers identified their involvement with families who were experiencing difficult times. In the context of Shetland this could be particularly challenging given the family histories and connections across communities of the workers themselves, and their potential ease of accessibility as a consequence.

10. *Scaling of an Anchor service requires creative solutions to data sharing whilst safeguarding family information to meet GDPR requirements.*

Identifying solutions to Data sharing – creative solutions to sharing data across services and dealing with GDPR implications associated with sharing data across service boundaries are important. A system such Fast Online Referral Tracking (FORT) was judged to have potential by Phase three participants.

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Appendix i. Robert Gordon University Ethics Approval

Professor Catriona Kennedy

School of Nursing Midwifery & Paramedic Practice

Robert Gordon University

12 January 2023

SERP reference number: 22-10

Dear Catriona

A co-constructed and co-produced evaluation of the Anchor project in Shetland.

Thank you for submitting your application for minor amendments to be considered in respect of the project noted above. The School of Nursing, Midwifery & Paramedic The amendments have been approved. You may go ahead with your research unless the project requires further approval. Where the project involves NHS patients, approval through IRAS system must be obtained. Where the project involves NHS staff, approval through the NHS R&D office must be obtained and this is usually done through IRAS. https://www.myresearchproject.org.uk/ Please email a copy of this approval letter along with your study protocol to Jill Johnston j.johnston4@rgu.ac.uk who tracks NHS IRAS applications on behalf of Sponsor Professor Nick Fyfe.

SERP approval is valid for 1 year from the date of this letter. If your data collection period progresses beyond 1 year please notify the SERP convenor.

Please include your SERP reference number in a footer on all documents related to your study.

If you require further information please contact the committee by email at SNMP-SERP@rgu.ac.uk

Yours sincerely

Dr Aileen Grant

SNMP SERP Convenor on behalf of the committee.

Appendix ii. Anchor Parents Photovoice Data

Parent Information Returned Before the January 2023 Meeting

Male Parent Participant

Background – I am a single male parent of two daughters …. I have for the past five years shared split custody with my ex-partner………

I have unfortunately used illegal substances as a crutch. I am currently on a methadone programme and I am attending substance misuse hub. I have mental health issues and am finally getting support. I have been let down very badly though in the past. As a result of all of this I have been unable to work for some time. All in all I have felt complete despair

(project worker) from the Anchor Support Service was the first person in all this time who has helped me. I wouldn't have what I do now if it hadn't been for her. She has listened to me. She has been in connected with agencies for me, telephone, sent emails, shared information and attended meetings with me. The agencies I have dealt with in my situation are often I feel dismissive and unhelpful. (Anchor worker) has attended (name of School) School to have my voice heard, she took me to a hub for food and clothes which was a life saver at this time of year, helped me with CAB as I found them useless in the past. Provided me with a chrome book for the kids to do homework on and helped me get a man to come and fix it all up for me. She has provided me energy support for my quarterly bills and is providing a good parcel for Xmas that will be so helpful. She (project worker) is my anchor. I think it is great as it is cannot think of anything to do more of, just do what you do for more people.
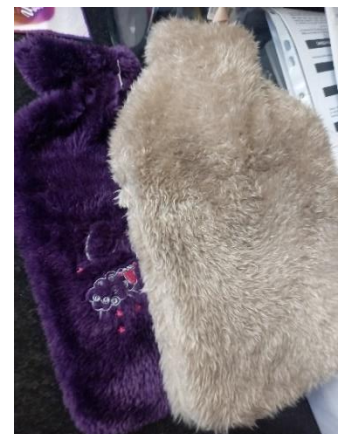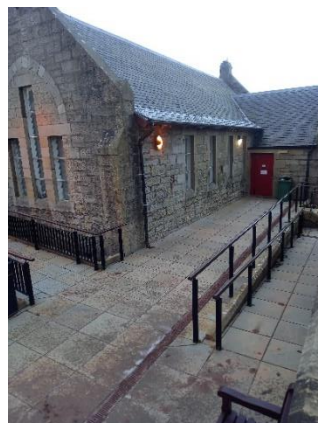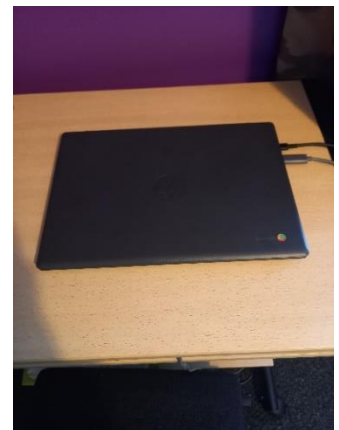
Female Parent Participant 1

(Project worker) from Shetland anchor project asked if I could give you a few sentences about my experience with them.

I honestly don't know where to start. Both (project workers) have been incredible.
They have helped me and my daughter so much.
(project worker) never lets me feel ashamed when I ask her for help especially when it comes to money worries. It's so hard being a single mum and struggling to keep your child warm. But (project worker) is always there to help us whether that's giving us advice or handing us blankets and hot water bottles.
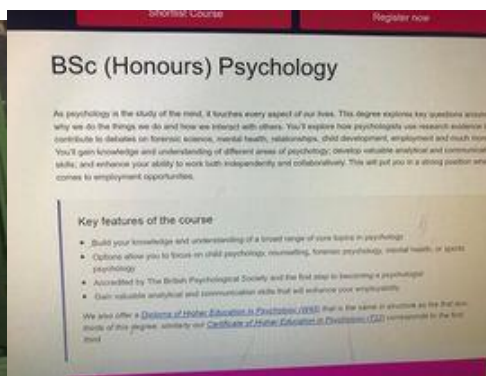And she always goes above and beyond for us.
She's always there when I need someone to talk to, advice or practical help.
The anchor project is really lucky to have her as part of the team.

Female Parent Participant 2

Here are the pictures I took and a small piece of writing.

I have been involved with the project for some time now, receiving support at times on a weekly basis. The support has been a huge benefit in a number of ways. These involve food packages and clothes when I'm in desperate need due to a low income and growing children. I think the biggest benefit however has been being able to speak to one of the anchor workers. We often speak through texts and phone calls. When things have gotten really hard, she has always been a phone call away for reassurance and support. I was often reminded that I was doing a great job of being a Mam to my wonderful children but I had to think about my own needs sometimes too. She encouraged me to do something I'd been really anxious about starting and eventually I signed up to do a degree which has been one of the best decisions of my life. Without the support and encouragement, I don't think I would of signed up when I did. I am extremely grateful for the support I have received from Anchor and would highly recommend them to anyone needing that little bit of extra support.

Appendix iii. Anchor Project Workers Photovoice Data

Anchor Project Worker Information Returned Before the January 2023 Meeting

Participant 1

As a person working for the Anchor Project it means, early support preventing escalation of a families situation. Enabling families to recognise when they need a little help, having the confidence to ask for assistance when needed. Anchor is for anyone no one knows what is over the hill, so should be stigma free!

The great part for me is having the time to build a relationship with families this can be pretty quick but having the time to visit and have a coffee and chat helps build trust. This is important when families are feeling bogged down with issues and do not know where to turn. This chat can bring out lots of information that can help turn the glass half empty to half full, making the family feel listened too. And the right signposting at the right time to other agencies. For this the staff need to be informed and empathetic.

The hub has been amazing I feel this could be expanded on to be a safe place for people to come not only for food, blankets, clothing etc. but build that trust to have more dialogue. The work in schools has been good but school is not always a positive place for everyone.

Anchor needs to be welcoming, safe, comfortable like a warm coat or virtual hug. I feel more could be done to bring families together to encourage peer support in localities, to combat isolation, this can be just as much an issue in Lerwick as rurally.

More of what we have been doing but reaching out to more families.

Participant 2

What does Anchor mean to you?

It means getting help when you don't know who to ask or where to turn. When you've got a problem but you're not sure who to speak to about it. It's knowing that you can have a conversation about something that's worrying you and you will be listened to and supported. Taking things at your own pace.

A friendly ear. Being able to build up a trusting relationship.

What has been good about Anchor?

The way it has evolved and adapted, its flexibility, its friendliness and openness, its willingness to try different ways of working by listening to the champions of Anchor as well as the critics.

Having the time to spend with people, not being rushed and being able to have one-off conversations or build relationships that last over many months. Breaking free from the rigidity of timescales.


Breaking down the stigma of asking for help. Making existing systems more transparent and accessible for families and individuals e.g. GIRFEC, ASN/Mental Health assessments for children, benefits system, demystifying schools and how they work. Working more closely with Parent Councils and helping them to establish themselves as a legitimate and valued resource for the school.

What could Anchor do more of?

Working more outside school setting. Perhaps working more closely with other groups in the community throughout whole of Shetland.
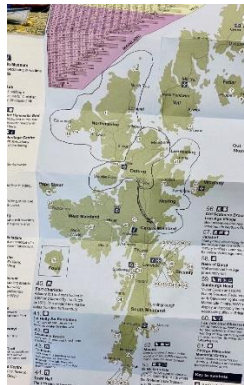
A mobile vehicle travelling around, like a library van but with Anchor staff who would sit and have a cuppa and a chat as well as receive any practical support/advice they may need (food,clothes,fuel vouchers)This would be especially good for the more remote areas of Shetland. I think sometimes we expect folk to come to us when they are experiencing hardships but at times these people need gentle encouragement to speak and going to them can give them a reason to open up about their worries.

More Anchor champions! Using existing school staff and workers who already have established relationships in their communities to be advocates for Anchor, to understand and promote the Anchor ethos and ways of working. Connecting people together and enhancing communication throughout Shetland.

Participant 3

What does Anchor mean to you?

"Smile at the Obstacle for it is a Bridge"

"Let us help you take the right path"

It's a team of people, there to listen without judgement, to support you to find the right direction to take when life is difficult and you don't know who or where to turn to. When things are so overwhelming Anchor shows kindness and care to help build bridges and take down the walls, to direct you down the right path while always shadowing your journey.

Let Anchor be that light that guides you along that difficult road.

What has been good about Anchor?

"Let us help you establish those links"

"Anchor can help put the pieces back together"

The way it has established links within the community and continues to put the pieces together to find the right area or service to ensure you are getting every help and support you may need, by having those conversations you may find difficult.

The support and care they give, whilst showing empathy. The listening ear, their time without watching the clock. The compassion and allowing you to build that trust in your own time. Creating the calm after the storm.

Anchor by its name is a secure point that things attach too, a point of reference that keeps you centred, if Anchor can build on that security and be the point of strength to help overcome those difficulties and problems. To keep instilling the support in the community to diminish the stigma behind asking for help. To help alleviate the negative opinion of services such as Mental Health, GIRFEC, Social work etc.
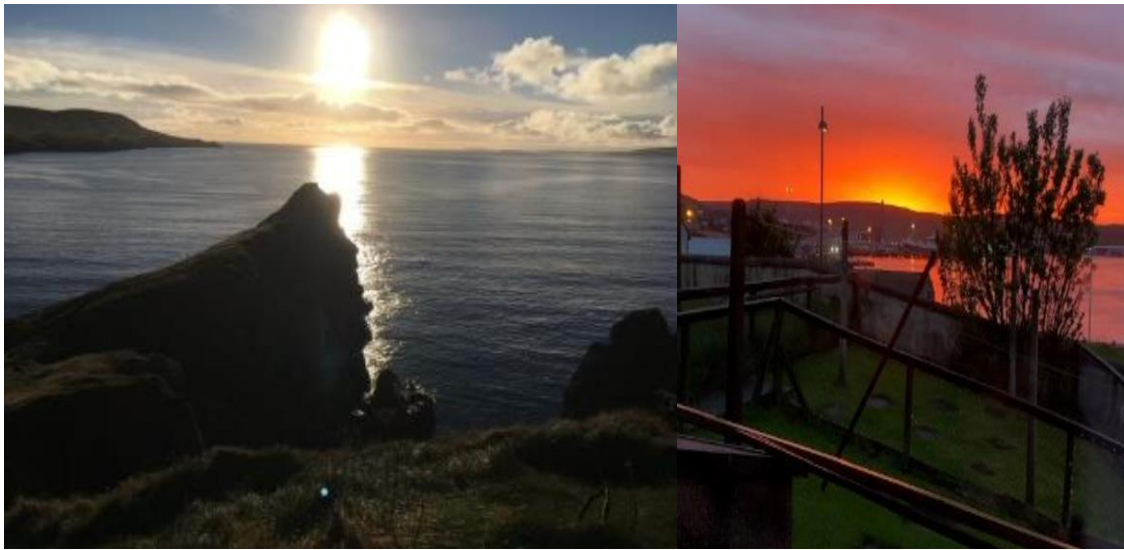
What could Anchor do more of?

Having a dedicated, safe, comfortable space, away from others in a less office structured environment, to make it feel more like a chat with a friend over coffee.
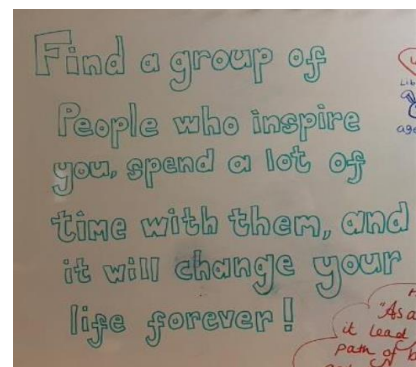
Participant 4

What does Anchor mean to you?

Light comes in many different forms and they are there to help you find your way in dark times.

What has been good about Anchor?

Sometimes I have to navigate uncomfortable conditions or it feels like I'm falling down a rabbit hole…………… But they can link you us with services that can help and support us, showing us there is light at the end of the tunnel.

What could Anchor do more of?

Stop the stigma that is attached to asking for help and support and help other agencies with Trauma informed practice and help them become more compassionate and understanding towards families and their experiences.

If you had to design Anchor, what would it look like?

A warm and welcoming place where you would feel safe and secure in the knowledge that they have you at the heart of the matter and everything is confidential.

Participant 5

A friendly phone call or text message during Covid lockdowns or stressful times could really help someone who is isolated or struggling to manage. That contact can be anything from an uplifting conversation to a request for further help with something that is difficult to manage.

I helped a family I was working with to fill out housing forms to make sure they were getting all the points available to them. The staff at Anchor provided advice and support to me to make sure I was getting as much relevant information as possible in the form. I wasn't working alone to try to get the best outcome for the family I was working with.

A cookery taster session was made available for any of the families being supported. I went with the family member for support and this was really enjoyable for both of us. The food prepared was taken home at the end of it as well. Lots of useful tips and the food prepared was available in the food packages the families receive. I think this is something that could be done more often, maybe tailoring the workshops around useful skills or information for the families. I also think a sort of 'hub' or regular place where people could meet would be really good for families in similar situations.

I have attended a GIRFEC meeting for the child in the family I support. My role was to support the mum during the meeting as it can be very intimidating meeting with all the professionals, especially when discussing aspects of your child's education that they are finding difficult. The family I support have found this situation very stressful at times and haven't felt that the school has always been very supportive. I was glad to be given the opportunity to make this a little less intimidating. We discussed what she would particularly like to speak about during the meeting and I tried to find an opening to make sure that she was heard.

I think the food parcels are a lifeline to some families and them being delivered by the team was an enormous help during covid lockdowns. I think knowing that this could be relied on must have provided peace of mind to many families.

During covid restrictions charity shops were closed so a resource that would normally be a help to families wasn't available. Growing children always need clothes and if you have a large family then this pressure is even worse. Many families have relatives that hand down clothes but not all families do. Donated clothes being available when required was a big help to a family I support.


I was delighted to pass on a clothing voucher for outdoor clothes and shoes to the family I support. The voucher was for a local shop so she was able to use it for what she knew her family needed the most.

I like to catch up with the person I support at a café over a cup of coffee. Sometimes all that is needed is a friendly chat and an opportunity to speak about anything that comes up. I really enjoy catching up with a coffee and cake and taking a little time for yourself to do this is really valuable for a busy mum. In my opinion the Anchor/early help team provide a really flexible service so whatever a family might need, whether it be a little help or support in many different areas of their life, the help is available.   I feel being part of this team has given me a much deeper understanding of the challenges vulnerable families face and how important it is for support to be given as early as possible to help lessen the impact on the whole family's welfare.

Participant 6

Anchor has the time to help people piece together where to start. The knowledge to pass on information and empower individuals to make changes in their lives.
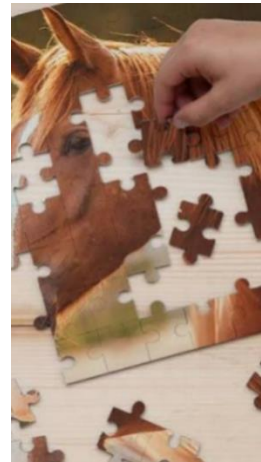
Anchor has been good at helping the helpless. Those who don't think they are entitled to support or their problems aren't big enough to ask others to get involved.   Just having time for a cuppa or a chat is enough to help get people on the right track.

Developing an Anchor approach for the future is having approachable people in more organisations who can have this approach. Offering out more drop in times or dedicated phone lines for people to reach out.

Allowing a revolving door approach where people can come back when they need.   Developing the concept of 'helpful help'. You can have plenty of people around you but it doesn't mean you have help!

Appendix iv. Logic model/Concept mapping of short and medium term outcomes
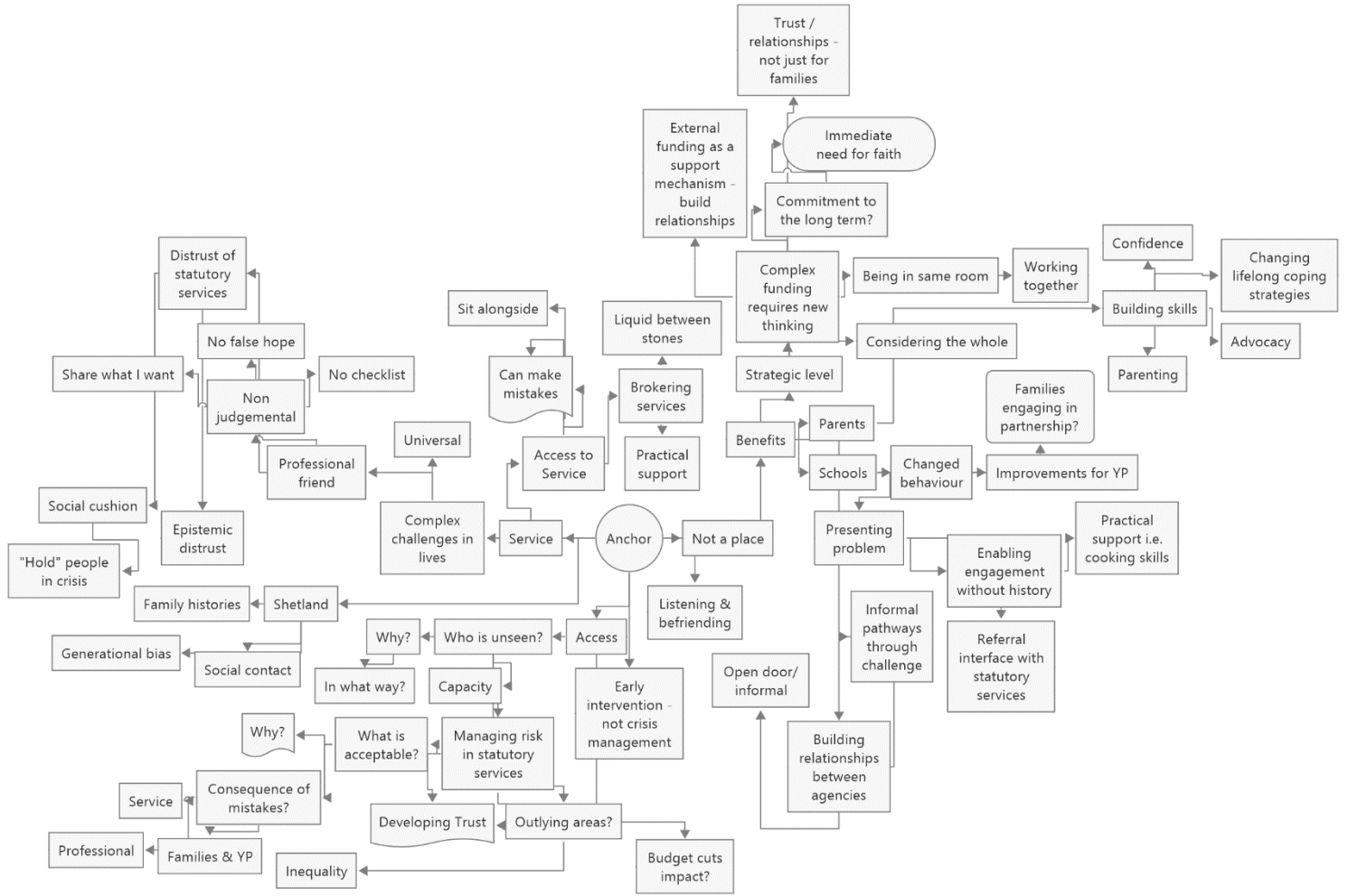
Appendix v. A Day in the Life of Anchor Project Workers

Participant 1	Research team perceptions What do these activities represent?
Before 9am: Check messages – who am I going to meet? What do they need-fuel vouchers/ parcel/lifts??	1. Responding to parents needs for practical help and assistance – fuel vouchers/clothes and food parcels etc. 2. Maintaining trust and providing consistency. 3. Building & maintaining external agency relationships.
9am: Visit family, take child to school, sit with mum and have a cuppa	4. Support for parents through taking time and sitting alongside them to build trusting relationships. 5. Filling the gaps/providing social support if they don't have friends and/or family they can rely for help. 6. Developing parenting skills, providing consistency.
10:30am: Go to office, check emails, arrange meeting with other family, speak to partnership agency about new initiative/catch up with team	7. Sharing knowledge, signposting and linking parents to other help and services. 8. Practical help with applications for benefits and grants. 9. Supporting children & families to be seen holistically – providing bridge between families and services such as school.
12:00pm: Head to AHS-catch-up with pupil support teaches/other agencies – what's happening at school? *MCR Pathways *Carers *Youth Worker	10. Liaison with teaching staff to discuss any children or families of concern. 11. Supporting individual children in school.
12:30pm: Lunch 😊 -sometimes at desk!	
1pm: Take Seasons for Growth group with Youth Worker	12. Where necessary taking children to school and other activities such as sport – helping children and families achieve everyday activities which might otherwise be lost. 13. Building relationships, and parental skills
2:15pm: Call family about clothes/food parcels	14. Anchor workers being embedded in schools and communities through working with groups of children in and out of school.

3pm: Catch up with Sandra about concerns of another family	15. Supporting availability of universal preventative services. 16. Supporting practical skills development. 17. Peer support.
4pm: Sort through jackets for hub	
4:30pm: Deliver food parcels	18. Networking. 19. Making Anchor visible as a service and resource for health, education, and social care service partners to call on for support. 20. Admin work – governance & maintaining links.
5pm: Home	

Participant 2	Research team perceptions What do these activities represent?
8:15am: Office (VAS work)	1. Responding to parents needs for practical help and assistance – fuel vouchers/clothes and food parcels etc. 2. Maintaining trust and providing consistency. 3. Building & maintaining external agency relationships.
9am: Drive to Aith School	4. Support for parents through taking time and sitting alongside them to build trusting relationships. 5. Filling the gaps/providing social support if they don't have friends and/or family they can rely for help. 6. Developing parenting skills, providing consistency.
9:15am: Settle in school, speak to office staff	7. Sharing knowledge, signposting and linking parents to other help and services. 8. Practical help with applications for benefits and grants. 9. Supporting children & families to be seen holistically – providing bridge between families and services such as school.
9:45am: Head teacher, discuss family (new) Additional needs teacher, discuss existing family ? Meet family in school – appointment (vouchers, clothing, benefits, bikes, laptops)	10. Liaison with teaching staff to discuss any children or families of concern. 11. Supporting individual children in school.

12:30pm: Home visits – Aith area, appointments, emotional support, cuppa, signposting Drive 30 mins back to office – Sandwich on route	12. Where necessary taking children to school and other activities such as sport – helping children and families achieve everyday activities which might otherwise be lost. 13. Building relationships, and parental skills
3pm: Meet parents in Market House, Complete forms, emotional support	14. Anchor workers being embedded in schools and communities through working with groups of children in and out of school. 15. Supporting availability of universal preventative services. 16. Supporting practical skills development. 17. Peer support.
4pm: VAS work	18. Networking. 19. Making Anchor visible as a service and resource for health, education, and social care service partners to call on for support.
6pm: Call re food parcels, vouchers	20. Admin work – governance & maintaining links.
7pm: Home!	

Participant 3	Research team perceptions What do these activities represent?
9-9:30am: Soft Start = chat, games, toast – 5 kids yesterday	1. Responding to parents needs for practical help and assistance – fuel vouchers/clothes and food parcels etc. 2. Maintaining trust and providing consistency. 3. Building & maintaining external agency relationships. 4. Support for parents through taking time and sitting alongside them to build trusting relationships. 5. Filling the gaps/providing social support if they don't have friends and/or family they can rely for help. 6. Developing parenting skills, providing consistency.
10-11am: paperwork, emails	7. Sharing knowledge, signposting and linking parents to other help and services. 8. Practical help with applications for benefits and grants.

	9. Supporting children & families to be seen holistically – providing bridge between families and services such as school.
11am-12pm Meeting with Childsmile – P1 toothbrushing	10. Liaison with teaching staff to discuss any children or families of concern. 11. Supporting individual children in school.
12-2pm: Met a mum for a chat, 2hours	12. Where necessary taking children to school and other activities such as sport – helping children and families achieve everyday activities which might otherwise be lost. 13. Building relationships, and parental skills
2:30-3:30pm: Helped mum complete a job application	14. Anchor workers being embedded in schools and communities through working with groups of children in and out of school. 15. Supporting availability of universal preventative services. 16. Supporting practical skills development. 17. Peer support.
4-5pm: Took a child to rugby training and back home	18. Networking. 19. Making Anchor visible as a service and resource for health, education, and social care service partners to call on for support.
5:10pm: Back to office, fuel voucher	20. Admin work – governance & maintaining links.

Participant 4	Research team perceptions What do these activities represent?
8:30 – 9am: Checked emails	1. Responding to parents needs for practical help and assistance – fuel vouchers/clothes and food parcels etc. 2. Maintaining trust and providing consistency. 3. Building & maintaining external agency relationships.
9:30am: Met child at High School for transition (enhanced)	4. Support for parents through taking time and sitting alongside them to build trusting relationships.

	5. Filling the gaps/providing social support if they don't have friends and/or family they can rely for help. 6. Developing parenting skills, providing consistency.
10:30am: 1:1 with a child	7. Sharing knowledge, signposting and linking parents to other help and services. 8. Practical help with applications for benefits and grants. 9. Supporting children & families to be seen holistically – providing bridge between families and services such as school.
12:00pm: Checked and replied to emails while eating lunch	10. Liaison with teaching staff to discuss any children or families of concern. 11. Supporting individual children in school.
12:30pm: Child came for a chat	12. Where necessary taking children to school and other activities such as sport – helping children and families achieve everyday activities which might otherwise be lost.
1pm: Catch up with school staff	13. Building relationships, and parental skills
1:45pm: 1:1 with a child	14. Anchor workers being embedded in schools and communities through working with groups of children in and out of school. 15. Supporting availability of universal preventative services. 16. Supporting practical skills development. 17. Peer support.
3:15pm: Drive home	
4:30-7pm: Typing up case notes, answering emails & replying to messages	18. Networking. 19. Making Anchor visible as a service and resource for health, education, and social care service partners to call on for support. 20. Admin work – governance & maintaining links.

Appendix vi. Anchor Project Theory of Change

Anchor Blueprint Principles & Recommendations
10 Anchor Enabling Factors

10 Anchor Enabling Factors/Considerations for Implementation in Other Contexts

RELATIONSHIP BASED AT ALL LEVELS for early intervention and family support

SPACE, TIME & BELIEF IN PROCESS for families, workers/leaders and communities

DYNAMIC & DISTRIBUTED LEADERSHIP doing the right thing for families and community

UNIVERSALISM & EMPOWERMENT of key stakeholders at all levels

WALKING & TALKING TOGETHER 'walking beside', holding & empowering families

VALUING THE IMPORTANT STUFF for families to recognise and value nontraditional outcomes

CONTINUITY & CONSISTENCY OF FUNDS for services is critical for workers and families

RECOGNISING STRENGTH IN FAMILIES for family/person centred & strengths based approach

RECOGNISING EMOTIONAL LABOUR in working to deliver for families

CREATIVE DATA SHARING SOLUTION for scaling of an Anchor service

Anchor Shetland project (2018- March 2023)
Email: anchorproject@rgu.ac.uk

ROBERT GORDON UNIVERSITY ABERDEEN

1. **Relationship based at all levels** for early intervention and family support
2. **Dynamic & distributed leadership** doing the right thing for families and community
3. **Walking & talking together** 'walking beside', holding and empowering families
4. **Continuity & consistency of funds** for services is critical for workers and families
5. **Recognising emotional labour** in working to deliver for families
6. **Space, time & belief in process** for families, workers/leaders and communities
7. **Universalism & empowerment** for key stakeholders at all levels
8. **Valuing the important stuff** for families to recognise and value nontraditional outcomes
9. **Recognising strength in families** for family/person centred & strength based approach
10. **Creative data sharing solution** for scaling of an Anchor service