FGDM CPC

Fri, 4/22 1:17PM • 1:28:43

SUMMARY KEYWORDS

meeting, families, family, professionals, baby, child, service, people, edinburgh, referrals, support, social worker, felt, azaria, work, team, julie, decision making, children, concerns

Good morning again and welcome to the second in a series of webinars from CPC Scotland focused on understanding working with families who may experience neglect. My name is Joe McGinty from Protecting Children's team at CELCIS and along with colleagues from CPC, Scotland and CELCIS, and very pleased to be introducing today's guest speakers, and welcoming everyone to what I'm sure will be another successful and fascinating session. So we all know the new National Guidance for Child Protection. It was launched last year and CPC Scotland have also been working on neglect and emphasise the importance of building supportive trusting relationships, support to support families at risk, who maybe for a variety of reasons also struggling to engage with services. And the first webinar last month also addressed the importance of this. This month's webinar will focus very much on the practical application of this principle with a particular focus on this month's theme of working with families from babies from pre birth onwards. And I'm very pleased to have colleagues from Edinburgh City Council here. I'd like to welcome Julie Faulkner and Heather Rush, who are going to talk about their work with the Edinburgh City Council Family Group Decision Making service and speak about how they work and engage collaboratively with families, and the benefits of this particular approach and what we can all learn for our own engagement with families. So in a few moments, I'll hand over to them but just by way of housekeeping you've probably seen from the introductory slide, that the cameras and mics and the chat functions have been switched off. And that's just because of the large numbers in attendance and to minimise distractions. If you'd like to make some comments, or ask a specific question, during the talk, please use the menti.com function, which again was highlighted on the opening slide and enter the code for this event, which is 48793306. It tends to work better on newer browsers, like Microsoft Edge and Google Chrome I've been having a few problems myself today with connections. But hopefully people will be able to get on and I think we're ready to make a start. And I would like again to welcome Heather and Julie from the Decision Making Service to start the webinar today. We have the slides which will be shared afterwards. And we're also recording the session. And that will also be put on the CPC Scotland web page in the next few weeks, once it's ready. Hopefully, Heather are you there? And Julie, you can join the call?

Yep, I'm here.Yeah, I'm here, also

Morning again. Hi Heather, hi Julie. Okay, I think Amy from the comms team in CELCIS is going to share the presentation if you're ready to make a start? Now that a good few participants have joined us, there will probably be a few more that will join during the presentation. But we'll just make a start now if that's okay, and I'll mute my mic. Thanks very much.

Okay. Morning, everyone. And thanks so much for coming along to this event today. And thanks for inviting us as well. It's a real privilege to be here and talk to you about the work that we've been doing with the family group decision making team in Edinburgh for a number of years now. So my name is Julie Faulkner. And I've been a social worker now for about 30 years. And I've worked in a variety of settings in that time, including residential, voluntary organisations, practice teams, and a number of others. And it was when I was working in the busy practice team around 2004, I first became aware of family group decision making or family group conferencing, as it's also known. And started to make sort of tentative referrals and realised that this was a way of working that I really, really liked. And there's no doubt that my practice has changed over the years through both professional and personal experiences. But predominantly through the contact I have with the colleagues and especially the families I've had the privilege of working with as well. And it's, you know, throughout this often really difficult journey I've held strong to the belief in a child's right to be listened to which is fundamental to our role. And also for that child's network to be involved meaningfully in any form of planning and decision making. And by doing so, building on that infrastructure and the existing strength simply because that's what I would want from myself and my children and from my wider family, but also recognising I'm not really that different, nor is my family at times to the people that we work alongside. So in this presentation, we're going to talk about the significance of family group decision making, and focusing on the work that we've been doing specifically around unborn babies and their families. We must keep in mind, I think that the removal of a baby, at or just after birth should really be the most difficult decision to make. And it's a highly distressing and traumatic experience for both for birth mothers and birth fathers and also the wider family networks, no matter what their circumstances are. Going to just pass you over to Heather's who was instrumental in creating this approach back in sort of 2013/2014. And it has raised a lot of interest with other services across Scotland and also now South of the border too.

Thanks, Julie, and good morning, also and morning, Joe, again, it was nice to have a wee kind of pre-check in bit beforehand. So as Julie says, I'm Heather Rush. And I'm also grateful to Joe and his team, for asking us to talk to you about the work we're doing in Edinburgh with babies. There's a few names I'm familiar with on this session, so welcome to you, and everyone else who signed up for today's session, I hope you find it thought provoking and helpful. So I like to tell you a wee bit about myself. And some of what brings me to this point today. Firstly, on a professional level, just so yeah, so firstly, on a professional level I've been a practitioner within Edinburgh for about 28 years, and early years setting initially with babies and infants, doing outreach and group work.. And as a social worker in a children and families practice team for many, many years. And as a children's reviewing officer, and a professional advisor, and our Social Care Direct service, which is, for those that don't know, it's our kind of initial assessment, team, it's our gateway to referrals. Currently, and for the past few years, sort of on and off, I am a coordinator in the family group decision making team. And I have a lead development role in the babies' service. This is my passion. And I'll tell you some more about that in a wee bit. So, that tells you about my job, but doesn't really tell you about me. The job is a very important role and I'm really proud to to be doing what I'm doing. What about me? Well, I'm a mum, I'm a daughter, I'm a partner and I'm a sister and a friend, a colleague, a neighbour, a grandmother. Yeah, I know what you're thinking, how is that possible? But yes, it's true. And they are roles that are fundamental building blocks to the work that I do and it informs me on a daily basis. As a single teenage mother in the 80s, I

was faced with a lot of stigma. And I often think where I would have been with it my mum and my grandparents and my friends, you know, other teenagers who were very supportive towards me. Obviously, we don't all have those particular roles, but we might have some and we might have similar. That sense of belonging and family is at the very core, and I'd like for you to keep that in mind as we think about our own work with a question to ponder, what would I want for my family, and for those I care about? Julie

Next slide, please. Thanks. So I'm just going to spend a little bit of time setting family group decision making in context in Scotland and I apologise to those of you who are already pretty well versed in the model. But I wouldn't be doing my job obviously, if I didn't talk about the service that we offer in broader terms. And then before Heather will speak more in detail about the pre birth work that we do. Many of you will know obviously that it was children first who brought family group decision making to Scotland way back now in 1998 and here in Edinburgh, we've also been running an FGDM service since 2013. And that has grown over the years starting with with one member of staff. At the heart of family group decision making is the concept of restorative practice, and the need to place relationships at the centre of all that we do and to promote a way of being with people. The work that we undertake is really about building on capacity and connections, whilst also restoring them from conflict or being stuck towards change. It's about proactive building rather than reactive repairing. And as everyone will have heard before, it's about working with, not doing to, or doing for, or worse still doing nothing at all. Rosabeth Kanter, who is an American business scholar, and she stated that change is disturbing when it's done to us, and exhilarating when done by us. And I know from my own experience of sometimes being very resistant to change, that being engaged in change will increase the commitment to it. You'll all be very familiar with the UN Conventions on the Rights of the Child. But it is worth repeating, that families have a moral and a human right to meaningful participation and self determination. The hope we all have for children and young people is for them to enjoy their childhood and achieve their potential. We're all guided by the principles that ensures every child will have the best start in life, and that there's equity amongst children and their families. And that there's an increased focus on strengths-based practice and building resilience through positive professional relationships. Our focus is to minimise the need for babies to become looked after unnecessarily and to prioritise prevention wherever possible, and safe. And in Edinburgh it is an expectation that every child referred for accommodation will be offered a family group decision making meeting. The legal framework in Scotland still requires all local authorities considering placing children away from home to first consider potential options with family or members of the child's network, and only if that's not appropriate, to consider alternatives such as foster care, remembering even if that child does not know their kin, nor do they know a foster carer. In the guidance to part 12 of the Children and Young People's Act. It states that where support is required in relation to children and young people at risk of becoming accommodated. It states that local authorities must ensure relevant services must be made available for all eligible children residing in its area and all eligible pregnant women. And that relevant services are specified as Family Group Decision Making services or similar. So that means a service which is designed to facilitate decision making by a child's family in relation to the services and support required for that child. The Independent Care Review recommended that Family Group Decision Making and mediation must become a much more common part of listening and decision making. And The Promise also states that we must be aware of the power dynamic that can exist within decision making, where professional voices can dominate and drown out other perspectives. And that there must be a balanced approach to decision making that primarily

listens to and focuses on children and their networks. Family Group Decision Making in pre-birth cases is highlighted in the CP guidelines and the practice insights. And it highlights the potential family group decision making within pre birth, child protection. In 2018 Ariane Critchley wrote about the focus on professional timescales being the driving force, rather than on the health and well being needs of pregnant women. And then Mary Mitchell has also written about the contribution

that Family Group Decision Making makes to longer term outcomes for children at risk of being accommodated in Scotland, and for their families. Her research identified the importance of giving outcomes identified by children and family members equal value to those identified by professionals. So a family meeting is a decision making tool which puts children and families at the centre of that decision making. It works with whole family systems, including those in the network who the child may not know, but who will have a connection to their story. It focuses on strengths, solutions and opportunities, while not forgetting to carefully address the risks and the concerns and worries. And finally, and crucially, it's a collaborative process involving key professionals, the child's network, and is facilitated by an experienced and independent coordinator. Okay, next slide, please. So I'm going to try not to go into too much detail about the actual meeting process itself, as there's loads of information out there about family decision making. But I wanted instead just to highlight the key bits that might differ from other more formal decision making processes, and want to give those of you may be less familiar with the model a sense of how it actually works in practice. The first part itself is the referral. Anybody can refer, including family members, the reasons for making a referral will be because something needs to change, whether that's about relationships, isolation, contact, risk of accommodation, rehabilitation home from a care setting, often, or child protection. In fact, any kind of welfare concern. There's no lengthy referrals or assessments, it's just a call to the team to talk it through. What we do need is consent and that the family has agreed to the referral, or at the very least, agreed for us to get in contact to discuss it, and are willing to give it a go. The role of the coordinator from that point on is to prepare everyone for the meeting, including family and the professionals, and to clarify the strengths, and the worries and what needs to change. Who is going to be involved, create family trees, look at the connections and widen the circle. You need to ensure everyone understands the process, and the questions needing to be addressed, to be clear about expectations, but also address the anxieties that people will inevitably have. They'll help families to have an advocate if required, and ensure that the children's view, participation and attendance is carefully considered. The meeting itself is convened at a time that suits the family. Often there'll be meetings in the evenings if families work. And so there's always a degree of flexibility can be required. meetings will be held in church halls, community centres, youth centres, libraries, etc. Whatever really suits the family, because it's important that they feel comfortable and safe. We seek to shift that power imbalance that I mentioned earlier, this is the families meeting, and the professionals are invited to attend. So we'll generally settle the family and let them catch up first, if they haven't seen one another for a while. We'll have teas, coffees, food etc. set up for them. Make the meeting feel like it's an important occasion and event and we will also reinforce the very basic tools of being blame free, future focused and child centred. There are three stages to any family group meeting. The first one is information sharing, to the invited professionals who know the family and talk with them about the strengths and what they see and what their hopes are for the family. They also share any worries that they might have, and anything that they think might make a child unsafe, for example, contact with a particular person. Family can then ask questions, seek any updates, discuss supports they have identified already within their network and clarify the risks that

have been raised. So there's a shared understanding of what the reasons for the meeting are. It's also an opportunity for family to check out what are the responsibilities of the professionals they're working with? And are they fulfilling these

Private family time, so during private family time, the professionals and the coordinator will leave the meeting. Once all the information has been shared. And all the questions have been addressed. The family group are then left to bring their own thoughts together and talk about the concerns from workers and make a family plan. They'll be asked to address the risks and how they might may seek to change these. Who is going to be involved? What role can people really realistically take on? It may be that the decision is made in this meeting by the family that for the unborn baby, who may be at risk of being accommodated at birth, can't remain within the family, that there is no one to take on this responsibility. But that this discussion, this decision is discussed and agreed and that decision will be known to the child growing up. The family did come together to consider all possibilities and there'll be a coherent reason why other family could not step in. Finally, the professionals will come back to the meeting and agree the plan and clarify any areas required ensuring it meets the needs of the child. They cannot agree a plan if there's considered to be an increased risk to the child, which is why there are always clear bottom lines. For example, what can, what you know, what can't happen from the outset and these are all discussed in the preparation phase. Agreement will also be made about monitoring and reviewing the plan, and who's going to be responsible for this. A review is a key part of the process as it really allows time for the plan to be tested out. So the plans can be taken to children's hearings, LAC reviews, planning meetings, case conferences, or core groups. What it also does is adds depth depth to the workers assessment of the potential supports that already exist. Often workers may only know the immediate family, or in perhaps wider family have been written off for not having been involved previously. So that's a kind of whistlestop tour of Family Group Decision Making. And I'm hoping that's making sense so far. I'm gonna hand you over to Heather, and she's now going to talk a little bit more on the baby service itself. Okay, thank you.

Next slide Amy please. Thanks, Julie, it's really good to, you know, even when you've been doing it for years, just to kind of get that framework in what you're doing and how you're doing it and why we do it. So every time I Kind of hear that, it brings something new to me. So I'm sure for everybody else, you'll have lots of kind of thought about it. Then, over the next few slides, I'm going to be leading you through the journey of our babies service. So what we're doing in Edinburgh, where the idea came from, how it's been developed over the years. And you've heard from Julie how we work in a very child centred and, trauma informed way, doing with and not to. And that sits really well, with the aims and ethos that underpins Scotland's Promise. So it's really good to know that, you know, we've been doing that for years already. So it just, it just gives a wee bit more weight to that. We'll then go on illustrate this where a short six minute film. And I would encourage you throughout, and particularly through the film to jot down any comments, thoughts, any questions you have, there will be an opportunity, as Joe said, to explore some of the themes at the end. And our details will be provided, so we're always wanting you to be getting in touch with us. I think particularly the film will kind of raise a lot of thought for you. And next slide, please Amy. So yeah, just just taking you through what we do and why we've done it, what was the kind of starting point of that and where did the idea come from. So in Edinburgh, the core work of Family Group Decision Making, is around child welfare, protection, supporting families to be central to decision making, and planning and keeping needs, children's needs, very much at the centre. And

alongside looking at what support the family needs to do this. And that was illustrated really well in Julie's presentation around that. Our focus in our team is and in Edinburgh is the work we do with families of babies. We kind of thought about all different names for the service. And we began several years ago calling it the vulnerable baby service. So some people might recognise it as that. But we were quite clearly advised by families that that is not a name that sets very well at all, and i haev to agree. So we simply call it our baby service. And the aim of this service is to have true partnership working with those involved in a baby's life. So all those people around it. The promise talks about the work force, the family, the people that are all involved in the baby's life and the family and the professional network and beyond, and the community, friendships, I mentioned earlier about friends been really central to the support I had as a teenage parent. We can't forget friendships and those people that that the parents will refer to as family. We've all had those aunties who aren't really our aunties but we call them so. So this service is offered across the city. How did we get here? Can I have the next slide please? So our team has an in house service within the City of Edinburgh Council. As senior practitioners and team leaders, part of our role is to have membership on various panels,. One of these under 12s Panel is a group led by our family be secure service, along with practice teams, and also other support services within the city. Within the council, they meet to discuss referrals for foster and respite placements. Julie and I have had a role within the group for a number of years. In 2013 I was regularly attending the under 12s panel. We highlighted the concern that referrals for babies were coming in weeks or just days before the birth, these referrals weren't always coming to the attention of Family Group Decision Making. At that point, it felt a bit of a tick box exercise. So you, in the assessment in 'need and risk', you had to tick whether you'd had a conversation or a consultation with Family Group Decision Making. We felt that just wasn't enough.

Our concern also was at times, babies were being placed in foster care without full explanation of extended family network. And that's not a criticism of our colleagues in practice teams. It simply was how it was at that time. And at the same time, we had a social work student in our team who was carrying out a piece of research around the barriers to Family Group Conferencing. Some of what she was hearing was of concern but not unusual. And I wonder at times whilst undertaking our busy and stressful roles, we have previously made some of the same comments and judgments, such as family members being seen as committed, or collusive, having a history of social work themselves are being discounted as they hadn't come forward of their own will. They were common themes. So we looked at both of these aspects and wondered, could we offer something that would break down some of the barriers and challenges and offer something different? Could we offer something different that could, that would, make a difference? Could a family meeting at an earlier stage allow for more information to be available to know what the wider family network was and how the network could support a baby to stay within the family? Could it allow for open and frank conversations to be had with family before the baby was born, before a case conference, and before a decision made to remove a child from their family? With safe and supportive plans being made, might the balance of care shift to babies remaining within their families, with safe and supportive plans? And for families and professionals to work together in partnership to enable that to happen. So how did we start we undertook a scoping exercise in the first instance, we had all these ideas and but you know, we weren't thinking about how do we start? What is achievable? And what did we need to know? The next slide please. So we scoped this over a three month period. And that and for me, the information would got at that time was really positive. We linked in with families, of every family that was brought to the under 12s panel, we offered a family

meeting for babies, and obviously beyond as well. But for this instance, for babies. The response from the families was generally good and where there were barriers, we sought to understand these and held the view that all information was valuable. We needed to think what we could reasonably offer and how it would work. So my team manager and I developed a proposal for a pilot in one area of Edinburgh. Next slide please Amy. We met with senior managers and practice team managers and anybody that would listen to us to be honest, to talk about the work and we gained agreement to go forward with a pilot. So this took place in a team where I had come from, had good relationships, and we identied a team leader from the locality who could link very closely with me. Positive relationships was the key and clear and regular communication was also invaluable. Being able to have conversations about both the successes and the barriers, what we could do, what we couldn't do. And we proposed that over the next year, we would offer a family meeting to every family with a baby who was referred to teh locality team for assessment, regardless of their situation. And the aim being to prevent babies being accommodated unnecessarily, by keeping babies at home with support from the wider family, identifying kinship placements for those babies who couldn't remain safely at home, and when there was no family options existing, to inform permanency planning.

So the team leader link would make a referral to me over the phone. No, you know, as Julie says, no long assessments and form filling. She would write out to the parent with a leaflet about our service to advise that an automatic referral had been made. And then I would get in touch, she would leave my number and I would get in touch with the parent. During the delivery of the pilot, all the babies were referred. And as I said, without exception. So regardless of whether this was a baby with low level concerns, to a mother who'd lost all six of her children to the care system, they were equally entitled to the service. And that's a real focus of our babies work, is around, having that opportunity to have a Family Meeting, having that opportunity to be involved. It can apply. As Julie was saying, even when there was no family to be part. So we regularly discussed every baby, we offered the service to all and engaged with every family at some level. There was some absolutely amazing and imaginative plans, that there was some where a decision was made not to go to a pre-birth case conference because of the strength of the plan. And for those babies that were accommodated in foster care, discussions took place with the family, agreements reached and information shared that can go with a child so that they know that someone spoke with their family. Considerations were made, information was gathered, it's absolutely invaluable. Kinship assessments were able to be carried out in the earlier stage and plans tried out. And sometimes there would be a second kinship assessment on another potential kinship carer. So we had that time to really try plans out, to review them and to change them before a baby was born. We also found that cases were generally allocated in the locality team at an earlier stage. And this isn't always possible. And we know, you know that currently in Edinburgh, our teams are really, really stretched. And it's difficult to do that. But the important thing was having a link, having with, having a link with a person that you could talk about who was around, what they were seeing, what their views were, and that that provided consistency. For social workers, they didn't need to assess whether to refer a baby to family group decision making because it was automatic. And that took the pressure off, folk told us that they would holding family meetings prior to pre birth case conferences. And families were involved in decision making right from the start. This added to the social workers assessment. And they didn't see it as taking away anything. As they were more informed about family functioning and the possibilities. There's 29 referrals in a nine month period. And we collected and recorded data we carried out evaluations with families and services alike and the outcome was really

positive. We have a report of that., so if anybody needs to see that, absolutely, there's we can send you the link. Next slide Amy. So we wrote a report, and we took it to the senior management team. And it was positively received. And it was agreed that we should be offering this to more teams within the city. So at that point it expanded to two more teams. As it was resource dependent, and we had two dedicated workers and our team involved in this. It became embedded in practice and it was agreed it would become part of our core service that we were offering to families. The work in our team was recognised as being central to shifting the balance of care, and our team support significant groups we were invested in. And it was at this stage around 2016/17, that we evaluated the babies work again to try and determine if this was indeed working well, and whether we needed to develop further.

What we did find was in the teams that were offered this service initially, that this was generally working really well. Particularly with the team where we carried out the pilot and it was really embedded in their practice. There was, however, some inconsistencies across the city. Some teams referred more than others. Some workers referred more than others. And what we wanted to do was promote a citywide approach that was not dependent on postcodes. With our team expanding, we felt we could offer this, where every baby with a social work assessment was being taken on the basis of that equal entitlement, in the way that we did with the pilot. Again, we spoke to senior management we talked, and talked, and talked. And we had agreement and support to roll this out across the city. Key things were relationships. So we linked in initially, with each of our locality teams, we've had a team leader link from each of those localities. And then with other key services, social care direct which I spoke about service to our, our gateway service to referrals and assessment. Then we set up a process to receive notifications for every baby referred to the team, for the social work assessments that just an email, just with basic information. We linked in with children's review team because it was here that, you know, particularly with pre-birth case conferences, discussion about accommodation, discussion about referral to a Children's Hearing was being made. So we made sure we linked in very closely with the review team, and that all plans made were sent to the reviewing officer. So that they were very clear about what work had been done, what family were involved and that families could be part of a child protection case conferences as well. The Prepare Service who are a team that work with women and partners where there's substance use, and our family based care team all send us notifications when a baby's referred to them. So very much a belt and braces approach. Key to this work is developing relationships with our locality team colleagues, and keep talking about the barriers and successes. Taking the pressure off workers to refer as it's now an automatic notification. And the family decide whether or not they want a family meeting. It's their right to decide.

So the current practice in Edinburgh, is that of equal entitlement. The family of every baby who's open to the social work team has an independent offer of a family meeting. Next slide. Over to you, Julie.

Hey, thank you Heather. So what we're going to do is, we're just going to show a short video. Some of you may have already seen this, but I do think it's worth seeing more than once. It's about a young mum, she recounts her experiences of pre birth child protection and then being part of a family group meeting for her unborn baby. So she explains how important the relationships she built with professionals were for her, and for her family, and how different that outcome would have been had this not been the case. And so the film was put together by the Recognition Matters team who are a group of six women, including Heather and myself, Mary Mitchell and Ariane Critchley from Edinburgh and

Napier University, and Nikki who was the allocated social worker and of course Azaria. And we came together in 2019 to create the Recognition Matters project, so we had a kind of shared perspective on child welfare and protection and wanted to bring together our knowledge, and obviously lived experience, to strengthen the practice and improve the experiences of the families that we were working with. So as I had been referred to the Family Group Decision Making team by the prepared team that Heather spoke about, and I then had the privilege of working with Azaria and her family, and we had two family group meetings prior to Bella being born, are we able to put the video on now, would that be okay?

I started using when I was 15. And in an abusive relationship, I was with him for seven years. I left the relationship and the abuse but stuck with the drugs. I had been using heroin for nine years and crack, all I could think about was more drugs, the lows were unmanageable. So I would go out and beg and get more money. And because I was young, and I was a female, I could get lots of money. It was a constant cycle. Me and my partner ended up in a b&b where there was drugs all around me being used or sold, there was no escape. The day I fell pregnant was the day I stopped using crack. When I fell pregnant, I immediately thought about a termination. I just knew I couldn't do it. I felt panic and happiness. But the happiness faded when I thought about how I was going to do this and how I would support a baby. But when I was told that I could not have my child that changed things. We both knew I was pregnant immediately. Alec was so pleased and I felt like I just didn't have a choice because he wouldn't consider an abortion. I text my mom and I hadn't spoken to her for two years. She didn't want to get involved at the time because it would be too hurtful for her to lose a grandchild. I felt so alone. I got lots of different advice, and I didn't know what to do. I knew it was going to be so difficult to imagine what would happen. Looking back, I wondered if I was trying to sabotage the pregnancy by continuing to use. So I wouldn't have to face the decision of to have my child taken away from me. The first agency I encountered told me I would not be able to keep my baby. Every time I would leave the office, I would go home in tears. They were professionals. So they knew what was going to happen. It made me so angry. I felt no one knew me or gave me a chance. I was a person and I felt really small. They made me believe I couldn't do it. They weren't suggesting that things could be different. They never told me that things would change. It was inevitable. I was a drug user. So I couldn't cope with being a mum, and the drugs were the one thing in my life that was reliable. I was getting so many mixed messages about what would happen. So the drugs were always there, no matter what. I then met with Prepare and things changed. I got a social worker who really really worked with me. My baby was put on a child protection register. That was devastating. Although I knew it would happen. It had been explained to me. On my 28 week scan, I stopped using drugs. My mum came with me, I could see my baby. And it was real. I needed to sort myself out. Alex stopped using two days after me. And once I was clean, I was surprised at how easy it was. I was told about Family Group Decision Making and agreed to give it a go because I will do whatever it took. I met Julie who told me about the service. I thought this was going to be a good idea to involve both mine and Alec's family. I knew I would need support around us. We had a meeting and it was the first time our families had ever met. They instantly connected, the focus was about the baby. I was anxious about how things would go. I had no idea how they would be in a meeting with social work. I knew my mum and knew how she would be. And I worried about us being blamed. I wanted everyone to realise that we would need help. We met in a nice wee room. It was quiet and felt safe. It made such a difference. There was food and there was coffee. It felt it was much more our meeting also the social worker was there. We could take breaks, it was informal, and

we were all involved. We talked a lot and talked openly. We weren't being told what to do. We felt like we were coming up with a plan, our plan. It made me feel like a person. In other meetings you come out feeling really low, because you've been told what to do. Because you've had people talking about you and not to you. We came out of the family meeting feeling so much better that we had a good plan that we could take to the next Case Conference. And that made me feel really confident.

Social work were really happy that we came up with a plan and that put our baby right at the centre And we agreed that we could live with my mom after our baby was born to make sure that she was safe and that we were coping. And we knew our baby wasn't going to be taken away from us if we stuck to the plan that we created. Having this family meeting meant that the social worker could see our families and see the support that was around us. What made a difference was how I was treated by the professionals around me. I felt listened to. I felt trusted. So I could be honest, my social worker was always realistic with me. She was clear about the risks but also about the possibilities. Relationships with the professionals around me were so important. And I believe that if I had had workers who did not work with me in the way they did, I would have possibly lost my baby because I would have felt hopeless, I would have kept using. If she had been taken away from me. I know I would have gone back to using, I would have struggled with contact. I could never have coped seeing her and managing my drug use. This would have meant I would never have managed rehabilitation. Now looking back at her was I can't believe that was me. I have been clean for two years. I have my baby, my partner, social work closed the case when Bella was four months old. I started university this year to study social work. And I'm working with a counsellor as a mentor and a volunteer. I want people to know that they can't make assumptions about all drug users. We all have potential and we all can be capable. We don't want to be told that we will lose our baby because we will believe you. I want professionals to remember drug users come from families too. I want people to see what I have done a know that they can do it as well.

Hey, just wanted to give people a wee update about Azaria. So Bella is now a thriving beautiful girl who's nearly four years old, Azaria it has gone on to speak publicly about her experiences both on radio and on television, the Social Work Expo to social work students at University and she has also been on interviewing panels for our team as well. And she has been for some time now writing a blog, and it's called, 'From heroine to homemaker', about her personal journey. She's also just had a book published called "Dear Bella", which is an account of her life and addiction to heroin from a very young age, and the realities of life on the street. And she uses this book in a form of a letter to warn her daughter of the dark place that she found herself. And Azaria is undoubtedly a remarkable young woman, who as she describes was written off by the first professionals that she came into contact with. However, we have come into contact with a number of Azaria's over the years, many of whom didn't have the relationships with the professionals around them, or who had previously lost babies to the care system when services weren't offered. But we also have many who have with support from families and professionals participated in creating plans that have enabled them to then go on and keep their babies at home. I'm going to pass you over back to Heather now for the next slide.

Thanks Julie, that film gets me every single time and I must have seen it 100 times. So yeah, so this this is about working with resistance and we all know that can keep us old Gambit strategies to resist working with you. Aggression, avoidance, masked compliance or just not being seen. So our job, all our

jobs, it's challenging to get people on board. There's issues of trust, people are frightened. We often see those barriers but how do we overcome them? So our practice isn't, you know, completely unique to what we do in social work, we reach out, we offer our service. We offer to meet families at a time and place that suit them but I suppose what we have in some ways is that luxury of time, time to sit with someone, time to meet with every single member of the family. Start off some just text communications, we recognise that firstly can find it hard to engage with services, and are often seen as non-engaging. So we'll send out a text maybe to begin with, with just a bit information about our service, we'll send a link, we'll send the link to Azaria's story, we'll ask questions, we'll invite them to ask questions, to get to a stage where we can actually have an agreement to meet. If we're not able to meet, we'll do this over the phone, we'll do it over Team's as we did through COVID and we found some quite remarkable strategies to do that. But there's nothing quite like sitting with someone walking through and listening and being really heard. And Azaria, you know, in her film, spoke about the importance of being listened to and really, heard, being treated with respect and knowing the support that she could have, and also ultimately having hope, and not being written off. The best thing we can give people is our time, let them tell their story, talk and talk and talk some more. Our job is firstly to listen. And sometimes people need to rant. And they're confused. They have had experiences in having children removed before, and need time to tell their story. And then once they've done that, our job is to help them to, to frame their views. And think about how they want to share them. Think about how they want their family and their support network to be involved. And have those real frank conversations about what needs to happen for their baby to be looked after safe and well. It can take time and that's why it's important that we have referrals as early as possible, so that we can have time to, to work through that with families, we're dealing with trauma, so we're not going to gain views and job done in one session. It might take several it might just take one session. So we'll meet what everybody identified in the network as Julie had outlined when she was talking about the Family Group Decision Making meeting and how it works. Sometimes we need to think safely how this is done, because sometimes people can't come together. And for babies, we're often asked why we take the referral so early. And we do so once the pregnancy's viable, because as I said, sometimes it can take months. Sometimes it's not until a pre-birth case conference or until a child is going to be removed from their parents care, before they're able to engage with us. So the bit that we have that we feel is quite unique as well is that stickability; we will keep the referrals open till the baby's born, we'll link in with parents, we'll drop a text and say, you know, "I am aware that you've got a case conference coming up, or I'm aware that the baby's due to be born", or just simply saying, "I hope your okay, hope you're keeping well". So it's about keeping that in mind for parents, so that they know they can reach out.

We can at sometimes experience resistance from other professionals, and we'll seek to understand the barriers and what they might be and our, because our approach is very restorative here also. So we'll meet with workers in the same way as we meet with families, so listening and exploring concerns, identifying strengths and framing views in a way that helps families know what they need to do to reduce the concern and risk and to build on the strengths. We focus on thoughts and feelings rather than just a chronology of facts. And ask such questions to workers as, what are you worried about? What do the family need to do? What do they need to evidence? What information do you need? One area we often see barriers, is with fathers, with young dads in particular, who at times can seem as presenting risk. Young men who have maybe been care experienced, have been involved in criminality, men who are the perpetrators of domestic violence, but also men that are in the background supporting

and keeping children safe. These men need to be seen, these men need to be visible, and we need to work with them. We need to get their views. We need to hear what they're seeing. What we do you find, is that family meetings have a much higher involvement from men than any other meetings. And I think because traditionally social work have tended to work with women, who are seen as the caregivers, the ones that attend meetings. They're the ones that are often seen in case conferences and children's hearings. The ones that we tend to help hold accountable. Julie, in collaboration with other family group decision making services, has written a companion document to our gold standards around Family Group Decision Making and domestic abuse. This is invaluable in our work. And as domestic abuse and trauma informed, we can send you a link for that, use a lot of elements of safe and together programme. I won't go into this document, because we've not got time today but we're happy to share what we do. These are some of the barriers to working with families and some of the areas of resistance, but you'll know that there are many more. Next slide, please Amy.

So as you can see year on year referrals to the service have continued to rise, which really is a reflection on the service being embedded across the city. And that's the result of senior management support and buy in, the automatic nature of the system, but also really crucially creating strong and positive professional links with our colleagues. So we're also represented at resource meetings where requests for care placements are discussed. And so there's now no unborn babies being discussed in these meetings that we haven't already had information about or actually are already working with. And it is, as we've said, throughout, it's the family's right to make a decision about having a meeting, nobody else's. I would say probably around about maybe 30 to 40% of our referrals that come in to Family Group Decision Making are for unborn babies. So you know, we're kept very, very busy with them in the team. Next slide, please. So this is some of the data that we've collected from 2019 referrals and the outcomes from those two years on, what we've started to do is to track the babies that we work with. When thinking also, that it's probably useful to be able to track the babies that we don't necessarily work with, so we can offer a comparative study in terms of outcomes. So we track the babies three months after after-birth. And Heather will have mentioned even if the family don't want a family meeting, that we keep that case open to us until about a month after the baby's born, as you know, we all know situations can and do change. We'll then track them at six months, then a year and then every year after that. I say that we track them but we have a very overburdened admin worker who does this task much better than we would, for us. So, from those cases that progressed to referral, approximately one quarter will then pull out for lots of different reasons. Sometimes because concerns have been reduced, or the case was closed by social work, or the family have felt they've already got a plan in place, or they just simply didn't want to have a family meeting. Or sometimes it would be because they've just stopped communication, moved away, or on occasion it's just too chaotic or risky to proceed. From those babies in 2019, 13% of those cases are now living elsewhere. 17% are in kinship care, and 45% of those babies are living at home. It's important obviously, for us to keep stats and we have to rely on these in terms of a need for management to recognise the savings we create for the council which will significantly outweigh the cost of our team. And the bottom line is that this needs to not only improve outcomes for children and families, but also to create savings for overstretched councils. And that you know the much needed foster care placements are there locally for children who really need those placements, which are not being blocked unnecessarily. And then costly out of authority placements then need to be found which can often be miles from the child's network and community. Okay, can we go on to the next slide.

So some of the plans we've got for the future rather than continuing to consolidate the work that we're doing at the moment is to look at the repeat removals of babies at birth and the wide ranging impact this has. This has followed on from Claire Mason's research, "Born into Care", in 2018. And then further research in 2019, which was the "child removal as the gateway to further adversity", that's about birth mother accounts of the immediate and enduring consequences of child removal. It describes what she calls the collateral consequence of child removal, and also women's vulnerability to repeat removals of babies. She described the immediate psychosocial crisis following child removal. And the cumulative and enduring nature of problems following on from this. It's a pattern we're seeing in our work, where mothers have lost their children to foster care or adoption and then become pregnant relatively quickly. And then that cycle and trauma is then repeated. So we've been lucky enough to receive money via The Promise to try and address this issue. And work will start with that in a couple of months. So this fits with a very recent publication that's just been commissioned by the Scottish Government called 'Born into Care Scotland: Circumstances, recurrence and pathways', which was just published a week ago or so, 13th of April this year it came out, and it's very, very good, well worth a look. So we've also been for some time now, as Heather said, looking really closely at working with dads who are often young and sometimes care experienced, who've been viewed negatively by professionals due to difficult behaviours or lack of capacity to manage their emotions, and then subsequently are being excluded from plans for their babies. But who will always continue to be a presence in the background, often causing concerns and can impact on the assessments regarding whether the baby can safely be cared for at home, irrespective of whether they're still in the relationship with mum or not. Lastly, we have a Scottish wide network for Family Group Decision Making that meets a few times a year to address specific practice issues. And there's an increasing interest in the work that Edinburgh has been doing around the babies. So what we're going to be doing is pulling together a practice guide, with our colleagues across the country, to address the complex area of practice for coordinators to ensure that best practice is followed, that there's an increased professional confidence in the work, but also for local authorities and other services, who are considering offering families the opportunity to be involved in the planning right from the start. So our last slide.

Finally I just wanted to read you. It's a message from a grandmother, a Nana called Shannon Kaikoura, who lives in New Zealand. And this is about, a thought about being connected to kin.
“I have a three year old grandson. He is the love of my life. He's a handsome wee man. He has sandy hair and a Maori nose. He is naughty, he has been known to throw the odd tantrum and there is no denying he is very spoilt. My plea to you fellow professionals is: should my Caleb ever come to your attention, should you ever have a professional role to play with him, should you be a social worker, or a coordinator or a judge - this is what you must do...
You must find his nana
You must find his aunts, and uncles, and cousins and friends
You must find his whanu, hapu, iwi (kin) - even if he does not know them, they will know him
You must ensure he's surrounded by those who love him and are connected to him
You must not send him to strangers without our consent or involvement
You must move heaven and earth to protect him, remembering he is mine, not yours….”

So that was written by Shannon who as I said is a Nana, a grandmother, but she was also the Chief Social Work Officer for the Department of Child and Family Services, and also the Maori service development manager for Barnardo's in New Zealand.
Okay, last slide. So these are our contact details. If anyone wants to find out more about the work that we're doing or have any questions that we've not covered in today's presentation, then please get in contact with us. And many thanks for listening. Cheers.

Thank you very much Julie and Heather. We have had a number of questions come in. And I just want to start by saying how fascinating I found the presentation and thought provoking and I think it was great to hear the journey from 2014 and just how the development of the service chimes in with the kind of policies out there now in terms of The Promise and the new national guidance around about participation etc., people's rights and engagement with families, and I think you covered that really well. So some of the questions we've had are around about those themes, and just people looking for a bit more in detail about it. So one of the first questions we had was just the roundabout how do you work with families and even more about the decision making process, and maybe the kind of decision making meetings itself? How would you work with families who maybe don't agree about the risks, but they agreed to come together for a conference? Can you just say a bit more about that?

Yeah, yeah. I'm still feeling a wee bit overwhelmed with that poem. I don't know if other people are feeling like that, but it always kind of gets you. I suppose it's, it's that bit about the passionate of the work. Yeah, often, we have professionals and families that are that polar opposites of what they think that their concerns are, I suppose that's the important bit of our preparation stages. It's not, you know, I think back to that bit about working with denied child abuse. Our job isn't to prove one or the other has happened. But our job is to look at talking about that, getting that out and open. Speaking to families about "these are the real concerns. This is evidence that social workers have". We can almost have more hard hitting conversations when we are with families in our role than we might have done in that practice team role, because we're really getting them to kind of think about, okay, so you don't agree with where's the common ground? So sometimes it's about mediating and thinking about what's the actual risk? What are the strengths? How can they be built upon? How can social work, see that actually, as a family, you're able to promote safety, and look after the child. So a lot of that work is done in our preparation time. And sometimes, like we said, we can spend a lot of time with families coming back and forwards, gaining their views, taking them back to social work, taking social worker's views back almost in that mediation, sort of role, so yeah, we kind of work to try and find some common ground, and we would be very unlikely to take a family to a family meeting where that just couldn't be any agreement at all. Julie, do you want to add anything to that?

No, I think that's absolutely right. But, you know, there are some things very different perspectives on risk, not just between families and professionals, but sometimes between professionals themselves, and different thresholds as well. But as Heather said, the preparation time is the time to really kind of talk those issues through and talk a bit about the worries, but also focus on the strengths as well. But if there's absolutely I mean, the point of having a family meeting really is because the family have recognised that there needs to be change, and that they want to be involved in a process where they have people around them to support them. And I think if the risks were such that the family just didn't see it or didn't agree to it, then there would be no option or possibility to progress a family meeting.

Sometimes that's just us sharing those views of the family, which will then you know, we're not making assessments, the social worker is making assessments. And if there's that level of risk that the family can't see, then that informs the decision making process. It's about having an opportunity to have that information.

So that's a great answer. And I think that you touched on that during the presentation about the luxury of time to do that preparatory work and cover a lot of that ground that then forms the basis for moving forward to the meeting. And the question just someone asked in about more detail about domestic abuse and how you work with that. You touched on that, again, in the presentation and just how you work with the challenges if the wider family are also colluding with it, or perhaps facilitating the abuse as well. Is that done or addressed in the conference itself or prior to the conference as part of the preparatory work I suppose, is the question?

Yeah, I mean, we need to have very a very clear understanding about the nature of the abuse, we need to, you know, really be able to unpick that at the point of referral. But what happens very often and probably most often, is that there isn't necessarily a recognition of domestic abuse, a knowledge of it, or we don't know about it, until we actually start the work with the family, and then it becomes apparent. So it's really important as coordinators that we're really domestically abuse informed, and our practice and our knowledge and under understanding and being able to recognise that, and then how to work with that safely. What we have done in the past, and often do is that we will have potentially, we can have separate meetings, and often there's perhaps bail conditions in place. You know, we'll work very, very creatively. But the absolute crucial point is that we cannot be involved in a meeting that's going to increase risk to the person harmed by the abuse. So we have a lot of information and, and sort of skills and knowledge that we'll use before that in terms of even just making contact, because that itself can increase the risk. We will always always meet, if the couple are still living together, we'll always meet with them separately. And we cannot do that, then we need to ask the question why? We will also get advocates in meetings for the victim of domestic abuse. Or it may be that we exclude the perpetrator and that this is much more about focusing in on support for, for the person harmed and the children and how they, you know, move on from that. I am trying to think if there's anything else Heather, that we would do?

Yeah, yeah, I'm just I'm just thinking, we've had a lot of input from the Safe & Together Institute. And we're both Safe & Together champions as it were - trained. It always, it always makes me think of Champion the Wonder Horse when we say that, but yeah, so we've really kind of scrutinised the work that we're doing, the processes that we have in place, as we said that we have a companion document, which is very detailed. And sometimes we can't get to a family meeting, but what we might be able to do is support those around the family. So the allies, the family members, to think about how they can support the victim of domestic abuse. And I've certainly had a family meeting where it has just been the allies. Mum wasn't able to attend, because she just, she just wasn't. And that was during COVID. And we were concerned about her partner being there. But yeah, so the work really kind of focused on how could this family support (the victim), so things like safe words and things to say on texts... So we're really kind of clear about that. The the focus is always about keeping people safe. But nor can we walk away and say its domestic abuse, we can't do anything with it. So it's very, very close working with the

social worker and other agencies to determine the level of risk and what we can do to help that process.

And sometimes the families we work with don't recognise that they're in domestically abusive relationships, you know, this is something that is their own lived experience of growing up as well and they see it as being kind of normal behaviour. We would never have a family meeting, if the person harmed felt unsafe, if they did not think that this was something that they could manage with support, then it would never proceed. And nor would it proceed, if we felt the risks were too great as well. And we would never, never move towards having a family meeting, if we thought that we were going to exacerbate risk to anybody. We also have to think very carefully, not just about the preparation, and the meeting itself, but the aftermath. You know, if people are leaving a meeting where there's controlling behaviour, or somebody's waiting outside, we need to think of safety. You know, from the very start to the very end of the process as well.

I suppose partly in our preparation stages we are meeting with extended family members. So we might not necessarily pick up any concerns about domestic abuse within the parents' relationship, but there might be things that we pick up in the extended network as well about those relationships, those generational relationships and folk around. So yeah, we're mindful of it all the time.

Thanks a lot. You mentioned advocacy there, I suppose for maybe some of the adults within the process. I think you've mentioned advocacy for children as well, maybe possibly older children, and we have a question just about access and some people have struggled with that, the access and advocacies services as part perhaps, of the process. Is there any light you can throw on that?

Yeah, I mean, advocacy is something that we consider or should be considering at every single family meeting, if we're recognising either issues or incapacity or just anxieties. Because often we're asking people to come to a meeting and talk about the most deeply personal difficult information that perhaps has never been shared before. And none of us would suggest that that's an easy process at all, you know, it has to be really carefully thought through. Accessing advocacy services has always been a kind of difficult, difficult thing for us. And certainly through COVID, obviously, with services ceasing to function and then contact not happening, it's been increasingly difficult for us. But what we do often is that we will act as advocates for other coordinators within the team. So we will spend a bit of time completely independently having no other responsibility to the process, other than supporting the person that we've been asked to support. And again, it's absolutely up to the family if they wish for that to happen. Sometimes, families will identify an advocate within their own network that they want. And often it could perhaps be another worker, a voluntary organization or maybe somebody from the school, it can be absolutely anybody. If it's somebody outwith a team, that's advocating on behalf of a family member or a child, then obviously, we would work alongside them in terms of helping them to understand what their role will be in that meeting. Often advocates will be in the private family time itself, sometimes not. And again, all of that will be planned and decided and discussed beforehand. And advocates can often go along and be the voice of the child if the child does not want to attend the meeting at all, or doesn't want to contribute, but just wants to be there to see what's going on and to hear what's going on. But every single case is kind of looked up really, really carefully before we can proceed or get to the stage of having family meeting. So we would never never proceed with a family

meeting if there was a need for an advocate, we would wait until that opportunity, you know, happened in order to kind of make sure that that everybody felt safe and secure in the meeting.

We work with a lot of women who are… I suppose have increased vulnerability due to being homeless, having learning difficulties. And they'll often have their own advocates or we can signpost them for advocacy, so often we're meeting with women with their advocate as well, which is really helpful. Because often we hear that somebody's been given information, but they've not been able to retain that because it's in amongst lots of other information. So that role of the advocate or mentor with that adult who has additional vulnerabilities is really helpful. We are working with people with trauma so it's really important that their views are represented and that they can manage. Often advocates will work with parents particularly on how do they get their views across without getting upset, without getting aggressive, without shouting, without storming out, looking at strategies and managing the meeting, maybe taking the meeting in bite size pieces, having cues for needing timeout, so the role of advocacy is really important.

Thanks a lot. We also the question just about how you link with health teams and health visitors. Possibly from one of the health colleagues on the call today?

Yep, so Shona, who's part of our team and has a developmental role within the Baby Service particularly has met with and links in with health visitors and that can be a changing pattern as well. So we try really hard to link in with our health visitors and midwives, to make sure that they have the information about family decision making and that they're on board, and they might be part of a family meeting as well. So their views are really important, because they're often a person has that link with mum in particular. And we link really closely with our family nurse partnership in Edinburgh as well. We work with young people 16 to 23, I think, or younger than 16 when it's a first child, so we'll link really closely with them. And sometimes a baby doesn't go on to be assessed by the Social Work team, because family decision making and the family nurse partnership are involved. So yeah, we look at working with the whole system, and linking in with the whole system, and not just the family and the social worker, but looking at who's around there as well. So it's ongoing, it's an ongoing process. We're trying to can reach out more to health visitors and midwives. But yeah, their role is really important, particularly as a lead professional.

Thanks a lot. I'm struggling now to access questions, because the ones that were emailed to me have been kicked out in my email. I've been having some connection problems myself. I don't know if my colleague, Karen has been looking at the questions as well, if there are any others, Karen, from your point of view that you think we should be asking?

Yeah, we've had a few more through I don't know how many more we'll have time for. Maybe just one more. Yep. One was asking about what are the key differences you have found in facilitating family meetings with families of unborns, compared to those for older children? Yes, it's an interesting one, I think that is that there's a key difference. And I think often it's about there being a baby there. And we very much go in with that view of getting it right, right at the very kind of start. So there's an emotive element of it, particularly if you're talking about a baby being removed from their parents and taken into care. And the other aspect as well is that the unborn child doesn't have a voice because they're not

there. So we won't be working in the same way as we would work with children, hearing their views, having them at the family meeting and having them as part of the planning. But we work really hard to try and have the voice of the child heard. And this is an area that we're working on as well, to try and keep the baby at the centre. So it does feel quite different. I am trying to think of other ways..

Because it's a baby, often there can be an awful lot more of a kind of an emotional response to this and a desire for people to be able to care for a baby rather than having that baby being removed from mum, but we have to be incredibly realistic about that, you know, it's about supporting people to come to a realisation as to whether or not they really can do it. You know, often, you know, we'll be working with moms who have fairly serious alcohol addictions, or perhaps have been misusing substances throughout their pregnancy. So babies can be born with significant difficulties, and can be very, very difficult to care for. So we need to keep families very focused and realistic, about options and possibilities.

We would have someone from you know, where there is addiction or there's mental health or there's domestic abuse, we would think about who that is in that professional network that can talk about that. And certainly we have in our prepare service, which is a multi agency team working with pregnant woman and addiction will have them along to the family meeting, there during an assessment so they can be talking about what we're going to need. How's this baby going to be in terms of being cared for? Are there going to be any concerns or neonatal abstinence or foetal alcohol syndrome? And it's not about blame and it's not about placing the blame on the mum, it's about looking at how to assess, what are you going to need to be able to do this? Who's going to be able to do that, realistically? Is it going to have to be, you know, if it's a kinship placement, does that situation need support as well? Does there need to be a family meeting or plan around that kinship situation as well? So yes, we're working with a lot of unknowns with unborn babies. So we're thinking about what could happen, what could the baby be like to care for? What could happen after birth? We work really carefully on what's happening in terms of the plan for going into hospital, who might be visiting in hospital, if a baby is not going home, how was that dealt with? How were mom's views held? So for instance, what milk is the baby going to have, is mum breastfeeding? And how's that going to be managed so that the baby can have the breast milk? How is the plan for leaving hospital? Who leaves first? Where does mum go? Who picks her up, so she's not going home after just given birth, and still, you know, still bleeding three days on that she's getting a bus home. So we look very carefully, not only at the plans for the baby, but the plans for the mum, and for the dads so that they can manage, they can manage their family time and the contact with the baby afterwards. And that they can be nurtured and looked after as well. Who is going to run their bath, when they get home? Where are they going to stay? Who's going to be there for them? Who's going to get them shopping? And who's going to make them a meal? So all these aspects are really important at the pre-birth, whether the baby goes home or not, who is going to do that if the baby is at home with mum. So yeah, so there's lots and lots of things to be thinking about. With with pre birth in particular.

We're just slightly over time. So thank you very much. We're just conscious people are having to go off to other meetings and things, and I just want to thank you once again, for the presentation and taking time out to prepare it, etc. I know you're incredibly busy over there, and under pressure like everyone else in busy social work teams. And I just want to say thanks to everyone that attended as well. There

will be evaluations available for people to complete. And like I said earlier, the video of the webinar will be placed on CPC Scotland website as soon as we get it sorted. We had a few technical issues with the first one. And we'll also be doing a transcript as well. So you can read that as well. That's just so that people that haven't had an opportunity to come along can get the chance to see that. So just with that in mind I just want to say thanks again for this really enjoyable presentation. And many thanks for coming along and speaking so eloquently about the service and all aspects of it.