

Theory of Change

**What is
theory of
change and
why do we
need it?**



What is Theory of Change & Why Do We Need It?

A theory of change is designed to outline how an initiative's activity can support and effect the change it hopes to see. In this document, we will outline how **Each and Every Child** will work to support a progressive shift in public attitudes towards people with lived experience of care and the 'care system'. To find out more about the aims of the initiative, please see our [website](#).

Each and Every Child is a new initiative to change hearts and minds on care experience in Scotland. We aim to create a fresh, inspiring narrative to shift public attitudes and improve life chances of children, young people and their families.

How we talk about care experience matters.

Each and Every Child is about telling a new story.

This story looks to build and improve public support for the progressive vision outlined in [The Promise's Plan](#) 21-24. To help with this challenge, we're changing how we speak about care experience, using framing recommendations from the [FrameWorks Institute's](#) research into public attitudes to care experience in Scotland.

This theory of change will support us to understand how we can work towards the aim of shifting public attitudes and to build support for progressive and sustainable change. This Theory of Change will cover the three-year initial period of the **Each and Every Child** initiative and will be a live document that is reviewed each year. Should the initiative be required to run beyond the initial three-year period, the Theory of Change will be reviewed and updated.

What is the context that Each and Every Child will be working in?

We are at a pivotal moment right now with the Independent Care Review, the publication of The Promise in 2020, the launch of Plan 21-24 and The Change Programme. Scotland is currently being viewed as taking a leading role in ground-breaking work to reimagine care for children, young people and their families. There is currently the political will to make this change. As the work of **The Promise Scotland** drives forward change across Scotland, **Each and Every Child** will aim to shift public attitudes to combat stigma and to build public support for these progressive policies.

However, it is important to recognise the challenges faced by the workforce in stretched services. Often work can be challenging, and this may have an impact on how the workforce engages with framing and are able to embed the recommendations. It is also important to understand the experiences of children, young people and families that are engaging with stretched services and the realities of people's lives across Scotland. The initiative will need to take into consideration the interrelated experiences of care, poverty, homelessness, mental health challenges, addiction, community justice and other aspects of people's lives and communities. There will be opportunities to embed framing within work across these areas.

The creation of a National Care Service could be one of the biggest changes to how public services are delivered in Scotland in years. What this will look like is not yet known, and may have a big impact on the care, protection and support that is offered to children, young people and families. **Each and Every Child** will need to adapt to the complex opportunities and challenges that could potentially result from the formation of a National Care Service and a restructure of support. The initiative will look to ensure that framing is embedded across any organisation that interacts with children, young people and families with experience of care.

Who will we be working with?

To shift public attitudes, we need those who are speaking and writing about care experience, those who are working with and supporting people with lived experience of care and those who are creating policy and making decisions that affect people with lived experience of care to change the ways in which they are communicating. This should be done in line with the framing recommendations from **Each and Every Child**, and the evidenced based research which underpins them.

When we talk about 'the sector', we are speaking about every individual and organisation that interacts with people who have lived experience of care. This includes statutory services (such as health, education, criminal justice, social work, housing), corporate parents, the third sector and private sector organisations, as well as friends, family and community members. This list is not exhaustive, this work will aim to reach every area which impacts on the lives of children, young people and families who have experience of care or who are on the edge of being supported by statutory services.

This initiative is about working with people to affect change – everyone should feel included and able to contribute. It is vital that people with lived experience of care are at the heart of all work to positively change the public narrative around the care system and the children and young people within it, and this will be key to all of our work. It is also recognised that, whilst we are outlining these stakeholder groups for the purposes of defining our approach and activities, these groups are not distinct, and all work feeds in to achieving the ultimate aim.

Who will we be working with? – Early Adopters

The **Each and Every Child** Early Adopters are organisations that will work closely with the staff team and FrameWorks in the early stages of the initiative to embed the tools of reframing into their work and provide examples of framing in practice. Early Adopters have been selected to provide the following examples:

- Embedding framing across a whole organisation – Who Cares? Scotland
- Embedding framing across an organisation that is making key policy decisions in Scotland – The Scottish Government and The Promise Scotland
- Framing on a recruitment campaign for foster carers

There are unique challenges and cultures with each of these organisations, which will mean that different approaches will need to be used to influence and engage with different teams and staff members. The biggest challenge across all of these organisations will be whole systems change, which is critical to the embedding of framing techniques.

Early Adopters include;

- **The Scottish Government** is a large, complex organisation that is focussed on shaping policy and practice. By its nature, some of this work may be siloed. Initial engagement will be with the **Improving Lives for People with Care Experience Unit**, who will coordinate engagement across the organisation.
- **The Promise Scotland** is key in demanding and shaping the direction of change as a result of the Independent Care Review. They are, in lots of ways, leading the conversation on change and are pivotal in driving change across the sector. They are working at a fast pace on multiple projects with tight deadlines. Staff will include people with experience of care.
- **Who Cares? Scotland** are the leading organisation in Scotland representing the voices of those who have lived experience of care. They have a strong campaigning focus, and are good at galvanising support, influencing government and media and have a very well-developed network, both at policy level and with those with lived experience. They have a new CEO and new members of their senior team, and are in the process of attracting new members. Again, they are pivotal in demanding and influencing change in Scotland.

Who we will be working with – Peer Network

Peer Network: This stakeholder group includes all organisations and individuals that are working within the sector, those who have an interest in the 'care system' and in supporting people lived experience of care. **Each and Every Child** will be engaging with this network to raise awareness of framing and to embed framing techniques across the sector and with all organisations and individuals who are working with and communicating (in all respects) about care experience and the 'care system'.

Who we will be working with – Voices of Experience

Voices of Experience – This group will consist of people who want to use framing techniques when speaking about their personal experiences, or who are speaking about care from the perspective of someone with lived experience. People with lived experience of care will be equipped to explore framing and the reframing techniques in telling their own stories. People with lived experience might be at different stages of thinking about care experience, and they will have a range of experiences. These are tools they may find useful - but we need to be respectful of how they choose to tell their stories. The support will discuss how framing experiences can contribute to a critical mass to move the dial on how care is seen and understood by society.

The **Voices of Experience** group will also provide feedback based on their diverse knowledge, skills and experiences on how framing is shared that will influence all of Each and Every Child's work. We should not assume there are only sensitivities for people we know to have lived experience - often we don't know who has lived experience, and people may choose not to disclose this.

What is the impact we want to achieve?

Shifting public attitudes

- The public no longer have negative preconceived views of people with lived experience of care, including young people who are in, on the edge of leaving care, and their families. The public 'automatically' think, speak and write about care experience in a way that combats, and ultimately eradicates, stigma by challenging inequities facing people in care or with lived experience of care.
- The public thinks that a flexible and responsive care system can provide the love and support that all young people need to thrive.
- The public supports progressive policies and support for people with lived experience of care, including **The Promise**.
- The public understand that care is a social responsibility and that people with experience of care or providing care contribute to strong communities.

Engaging and informing the workforce

- The workforce and organisations understand the impact of their language on creating/reproducing stigma and alter practice.
- The workforce humanise how they interact with people with experience of care in what they say (and how they say it). The workforce is empowered to move away from commonly 'accepted' language, including jargon, and are advocates of using framing techniques in their work AND social lives.
- Policies and communications produced by organisations reflect framing recommendations, and thus contribute to reducing and tackling stigma and stereotypes.

What is the impact we want to achieve?

Support and equip people with lived experience of care

- People who have experience of care feel confident when using framing to explain aspects of their story and/or their knowledge of practice within the care system. As such, they can use the framing techniques to prompt change and challenge inequity for others with lived experience of care.
- People with diverse experiences feel that they can use framing techniques without losing their agency, regardless of whether they are speaking about their own experience or from their wider understanding of care.
- People with experience of care feel like they are seen, understood and supported in the way that the public, the workforce, all of us talk about care.
- There is a wider cultural change in and around services that support people with lived experience of care that positively impacts on people's lives.

What does the Theory of Change diagram show?

Each and Every Child's activities are focussed on work with organisations and the workforce within the sector, and work to support people with lived experience to use framing techniques when telling their own stories. It is important to recognise that these two areas of work are intrinsically linked – people with lived experience of care will be part of the workforce and will shape organisations. Learning from all activities will further influence all other work, as will the **Each and Every Child** staff team's continual development around trauma responsive approaches and relationship-based practice.

Each and Every Child has a focussed goal – to positively shift public attitudes. We are all the public, and these recommendations will need to be adopted by us all.

Organisations and Workforce

This intensive support will ensure that key organisations who are leaders in the sector are up-skilled and are actively framing their language, behaviour and all communications over three areas – embedding framing across a whole organisation, embedding framing when driving forward progressive policy and sectoral change, and embedding framing within an external facing campaign.

Early Adopter organisations will receive an Introduction to Framing session to support them with understanding the scope and impact of framing within their organisation, and in individual's workplace and personal practice. Early Adopters will then receive additional practical support to fully embed the framing recommendations and will produce content that can be shared as examples of framing in practice in Scotland. Learnings from this work with our early adopters will feedback into the content of the framing sessions, improving the support we offer all organisations to embed framing.

What does the Theory of Change diagram show?

Organisations and Workforce

We will also be working with more organisations in the wider sector to raise awareness of the importance of framing and the framing techniques to create a 'community of framers'. This will entrench framing as the standard communication method when speaking about care experience, in all forms. **Each and Every Child** will develop a strategy to engage with priority organisations over the initial three-year period – this could include education, justice, and family support. These organisations will also receive the Introduction to Framing session for their staff and will then be able to access additional, open framing sessions. This will be less intensive work; however organisations will be supported to use the toolkit and its recommendations by the **Each and Every Child** team, and the team will foster a community of framers through regular communications (a newsletter, social media, events and website updates as examples). This aims to link organisations together, to share practice and to encourage individuals and organisations to become ambassadors for framing.

Both **Early Adopters** and those organisations who we are not working with as intensively through the awareness raising support will be able to access ongoing support to embed framing should they need it. **Each and Every Child** will support all organisations and individuals who are interested, and will be able to make connections, facilitate partnership working and share best practice. All support is free, and resources are open source.

Through our support, organisations should feel confident and empowered to take hold of the framing recommendations, techniques and information to embed and use framing across their organisation. **Early Adopter** work will support with this, providing organisations examples of framing in practice – not just technical information about how to frame, but highlighting strategic organisations leading with this work. Organisation's leaders will understand the importance of embedding framing, and the workforce will feel confident in understanding framing and the impact that language has to adapt their own practice and advocate for further change.

What does the Theory of Change diagram show?

Organisations and Workforce

As organisations and the workforce become more comfortable using and sharing their framing practice, this will lead to further embedding of framing across organisations and with colleagues. Ultimately, this will lead to widespread progressive organisational and individual change in language, communications, and behaviours, with organisations and the workforce influencing each other to use framing as a standard practice, humanising care and the care system by organisations. This will result in a reduction in stigma and stereotyping in wider society and more support for the progressive change that will improve the lives of all people with lived experience of care.

Supporting people with lived experience to explore framing

The co-design of the **Framing Care Experience** awareness session's specifically for those who have experience of care and who want to use framing to tell their own stories, or to talk about experiences of care, will inform the **Framing Care Experience** sessions for the wider sector. It is vital that this is co-designed to ensure that the views, experiences, and contributions from people who have lived experience of care are central to the work to overcome pervasive stigma and stereotypes. This work will support people with live experience of care to have ownership of the framing techniques when telling their own or a story about care, and to be able to contribute to positive and progressive change. As a result of people with lived experience of care having ownership of the framing recommendations, all stakeholders will be able to see framing in practice (and together with the framing of organisations and the workforce, as outlined above). Through this work, and through people with lived experience using framing to tell their story/a story of care – public support for progressive change across the sector to support people who have lived experience of care will increase at all levels, from community to policy & legislature. With stories being framed to tackle stigma and avoid negative perceptions, people with lived experience of care should feel safe, included, less alone, valued and listened to, welcome across society and that their experiences (however diverse) are valid and important.

What does the Theory of Change diagram show?

Supporting people with lived experience to explore framing

As outlined above, outcomes from the organisational and workforce levels of change will also contribute to these long-term impacts, with the ultimate aim being that this work influences a shift in public attitudes towards people with lived experience of care and 'the care system' and a reduction in harmful and unhelpful stigma and stereotypes. People with lived experience of care feel understood, supported, and valued by society in Scotland. It is important to highlight that key activities, such as the work around **Voices of Experience**, will feedback learning and different approaches into how the initiative is delivered through the other activities. This is crucially important, and the longer-term aims cannot be achieved without this learning cycle. Similarly, building communities and confidence in this work will lead to others building confidence and connecting with others. To achieve the long term aims, everyone involved in the 'care system' will be a part of a 'community of framers' and will be able to see examples and create examples of framing in action that will influence their communities and, as a result, wider society.

What external things could help the way the initiative works?

The Promise Scotland's publication of The Plan 21-24 and **The Change Programme** has garnered widespread political, sectoral and community support. **Each and Every Child's** mission aligns with that of **The Promise** and can contribute to building support for its progressive change. There is also an intersection of this work underway within framing poverty and homelessness space. Building relationships with organisations leading on this work will be key to sharing the wider learning.

We are also at a moment of increased mobilisation of people with lived experience who are leading positive change. **The Each and Every Child** initiative will be a useful support for this movement, and the framing techniques and recommendations can support the drive for change. Corporate Parents have responsibility to regularly publish effective and meaningful corporate parenting plans that show a deeper understanding of the wider societal context of why people and families need to access support. By exploring and understanding framing, corporate parents can become equipped to produce refreshed plans that better meet the needs of children and families with experience of care.

What external things could hinder the way the initiative works?

Factors that could hinder the initiative are that there may be a lack of understanding of what it is, or that expectations around the initiative are not managed. Organisations may be reluctant to receive feedback or to change their narrative, specifically in areas in which traditional narratives have been effective in receiving support – for example – in media, politics or in fundraising activities. There may also be a challenge of embedding it across entire organisations and to ensure that all staff buy into framing, especially at a time when service delivery has reduced/restricted resources and time to fully engage and reflect. This lack of resources could also lead to reluctance to move away from ‘tried and tested’ communication techniques. Political will or focus could also change, which could affect the initiative into the future.

People may not understand that *stealth* is important – **Each and Every Child** is an initiative rather than an organisation - it does not need to be known or recognised as being behind positive change, as framing should become standard practice for all communications. Activities will aim to support this approach across all work. There may also be unforeseen consequences where certain organisations or groups might feel that they have been excluded from the process and cannot see themselves reflected in the framing initiative.

Each and Every Child is initially funded for a three-year period, however shifting public attitudes will be a much longer process. If future funding cannot be identified to facilitate the uptake and further embedding of framing, this could limit the impact of the initiative.

Pandemic

The pandemic poses both challenges and opportunities for the **Each and Every Child** initiative. There are continued challenges around COVID-19 and its effects on staff and on organisation’s ability to focus on framing. However, there are also opportunities to do things differently, and to link COVID-19 recovery to the framing recommendations to create a fairer and more inclusive society.

Assumptions – what underlies our plans?

Understanding what our assumptions are is a key aspect of our Theory of Change. It will allow us to; regularly review our thinking as we move through delivery of **Each and Every Child**; challenge our approaches; amend our thinking where required and, ultimately, provide a framework to review how the work has been delivered. They are split in to two sections:

What do we assume we need to deliver the initiative more effectively?

- Creative championing of this work in different spaces and from different voices - political, national, local, organisational
- Leadership buy-in across the board - **Early Adopters**, networks and those with lived experience
- Explicit endorsement of this work alongside **The Promise, The Plan** and **The Change Programme**
- Using management group members and their contacts to amplify a voice for the initiative throughout its implementation.
- Giving people ownership of this work (initiative being 'with' people rather than 'to' people)
- Building a shared skill and knowledge base. People should feel empowered and confident to talk about framing with their own networks.
- Positioning this work as a solution to a shared goal.
- Getting a critical mass of people using and advocating for framing. **Each and Every Child** will be influencing people by *stealth*, not telling them what to do.
- Building strong relationships across the sector creating to allies & champions
- Our small core staff team being equipped to be reactive and responsive as well as proactive.
- Our staff team and management group model framing across their work.
- Continual efforts to reach out to include people in this work properly, especially those with lived experience. Ensuring lived experience is embedded across all the three elements (co-production, Trauma Informed & Responsive Practice)
- Ability to demonstrate & celebrate impact.

Assumptions – what underlies our plans?

What could go wrong? What might be the unintended consequences of this work?

- People are scared or feel silenced about telling or how to tell their story.
- The initiative could be seen as unimportant by some - 'not the real issue' or an overly 'politically correct' issue.
- The initiative could be seen as policing language. This could be seen as inauthentic to the realities of people's different experiences, or censorship of their experiences or emotions.
- Organisations remove the opportunities for people with lived experience to tell their stories or tell the story of care
- We lose sight of the intention to shift the attitudes of all the public (beyond the initiatives defined stakeholders)
- The initiative focusses (or is seen to focus) on specific language change rather than wider cultural narrative change.
- The initiative might be viewed as a communication exercise which may restrict the deeper systems change that will be needed to achieve widespread change. It may also be seen to gloss over failings within the system without properly challenging.
- People may feel they can't talk about negative experiences or about their own thoughts and emotions, feeling that their experiences are airbrushed for a wider aim.
- The initiative may change some language, but bureaucratic language with the sector doesn't change
- People think that framing is enough to affect the change that is needed, instead of re-imagining the care system.
- People feel they don't need to change, as what they have done so far seems to have worked fine
- The new workforce and the old workforce talk differently and have different approaches.
- Framing doesn't feed into students' courses, so the future workforce aren't also learning about this
- People or organisations don't feel consulted or included which could affect uptake and reputation of framing as an approach.

Assumptions – what underlies our plans?

What could go wrong? What might be the unintended consequences of this work?

- Key stakeholders are not engaged. People think that framing and the toolkit is a *tick box* exercise without the deeper engagement, or the engagement is not sustained.
- Framing is seen as an add on or an extra. Practitioners see this as another thing *to do* rather than something that must be done to change public attitudes, and something that can support and further develop their work.
- Organisations or the workforce only partially adopt framing resulting in messages continuing to have negative consequences for children, young people and families.
- Framing gets lost in a busy arena of policy and practice change, especially in relation to implementation of **The Promise** and the creation of a **National Care Service**.

Each and Every Child has developed a risk register that sits alongside a project plan which addresses these assumptions and outlines the mitigating factors. These risks are regularly reviewed throughout the initiative.

The **Each and Every Child** *Theory of Change* will be a live document that is regularly reviewed to ensure that **Each and Every Child's** strategic approach and activities are able to meet the aims of shifting public narratives towards people who have experience of care now and in the future and to combat stigma. The *Theory of Change* will be used to develop a monitoring and evaluation plan and will inform future reports.

Each and Every Child Theory of Change Diagram - Overview



See diagram key on page 2

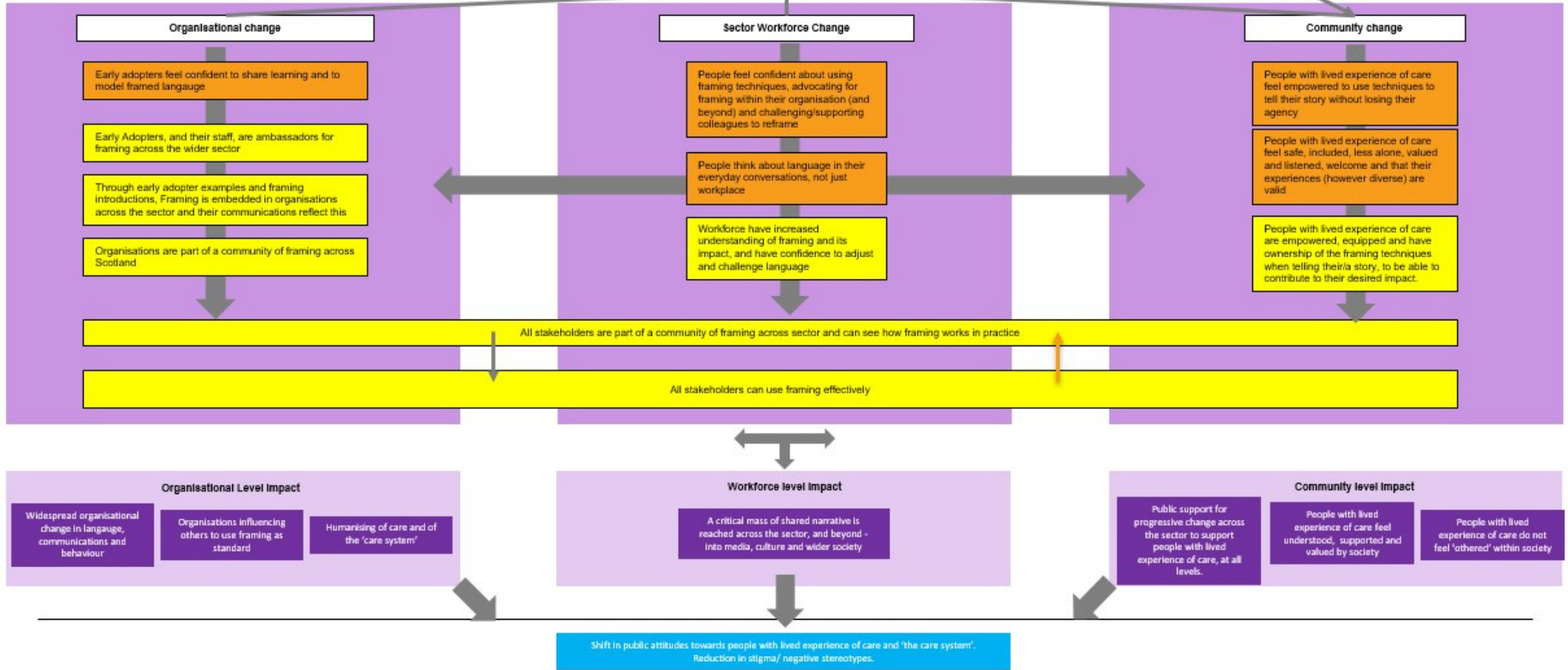
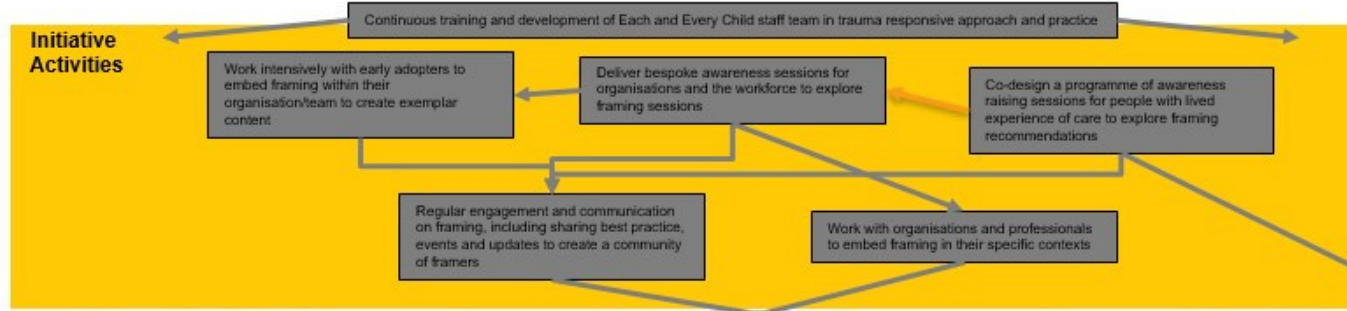


Diagram – Each and Every Child Theory of Change Overview

Detailed Theory of Change Diagrams

In the diagram on this page, you can see how Each and Every Child aims to work with organisations, the workforce and people with lived experience to support the use of the framing recommendations. By following the arrows, you can see how each activity leads to other work, and how the learning from the work will feedback into the whole initiative.

The diagram on the following page leads on from these activities. It describes how we hope each activity will influence change for the different areas of work and different settings. The 'change mechanism' describes how people will feel and behave during an activity which will then lead to the outcomes, which will then lead to longer term impacts. These will ultimately contribute to the aim of the initiative – to shift public attitudes.

The term 'virtuous cycle' means that each change mechanism/outcome influences and strengthens the others.

Each and Every Child is not accountable for the ultimate aim. What this means is that whilst we hope the activities will contribute to this, this work alone will not solely achieve this as it will be dependent on wider social and cultural changes.

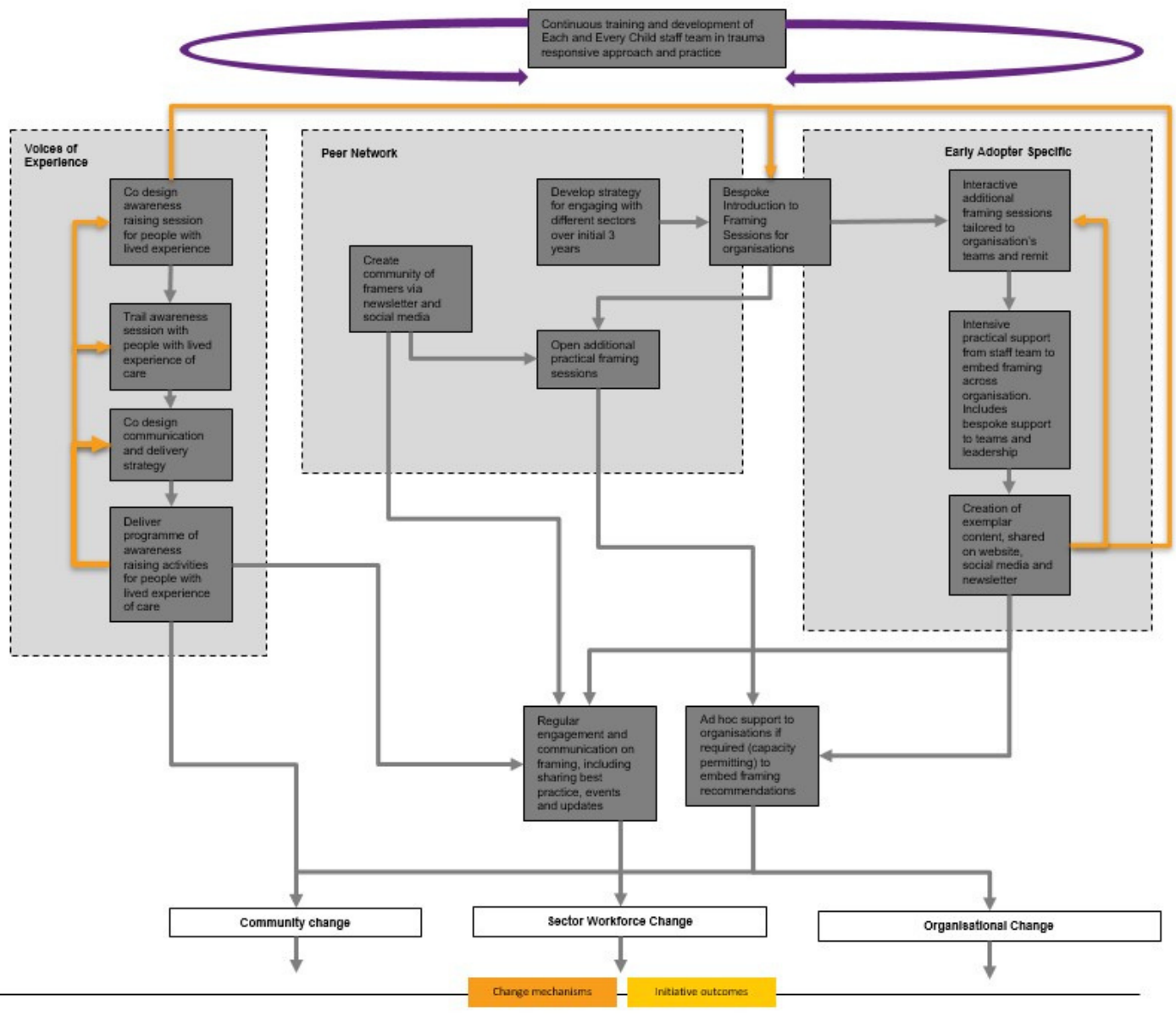


Diagram – Detailed Theory of Change Diagram

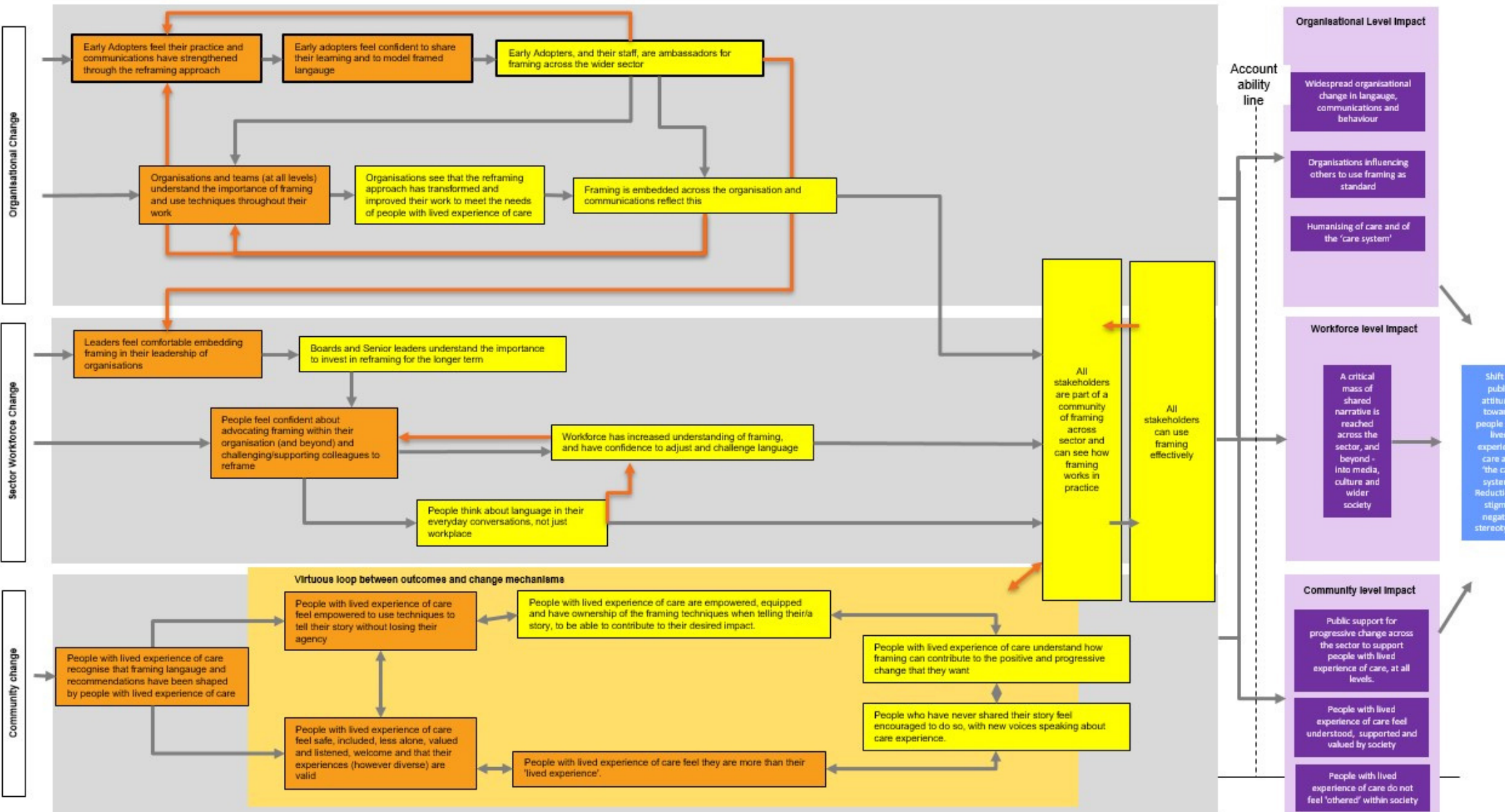


Diagram – Detailed Theory of Change Diagram

THANK YOU



enquiries@eachandeverychild.co.uk