

HOLISTIC FAMILY SUPPORT

The experience of community-based third sector family support services in Scotland

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Executive summary

This research was commissioned by two independent funders in Scotland, Cattanach and William Grant Foundation. The purpose of the research is to:

- Explore how independent funders can better support the delivery of holistic family support, particularly in the context of recent commitments and calls to increase access to family support across Scotland outlined in the Independent Care Review’s “The Promise”;
- Identify examples of good practice and key challenges facing third sector organisations delivering community-based family support in Scotland.

The Promise calls for the early availability of support for families across Scotland, with universal support available for all families in the early years of parenthood, including places for parents and young children to go in their communities to play with their children, for advice and peer support. The Promise also underlines the need for “intensive” family support for families who need more focussed and sustained support at any point in their children’s lives, particularly families “in and on the ‘edges’ of care”.

The family support organisations surveyed in this research provide support for families from pregnancy through the early years of parenting. They work closely with midwives and health visitors to deliver enhanced antenatal and postnatal support, including emotional and practical support, and parenting and peer support. Many continue to support families beyond the early years, providing continuity for families. The services are open for all families and are based on an early help model. However, community-based services also support families with higher levels of need, usually with the close support of health services and/or social work, as well as other specialist services.

Funding landscape and challenges

- There is a mismatch between the ambition of the Scottish government and local authorities to increase spend on preventative and early family support and the on-ground reality for many community-based providers. Until recently, local authority funding was a stable source of income for many local family support charities. Funding is now less secure: funding has been cut or reduced, often in favour of tenders for more intense or targeted support for families with more acute needs that may not suit smaller community-based charities.
- Some organisations have contracts from local authorities to provide more intensive or targeted family support. In practice, managers said there is no hard distinction between delivery of “open access” early support and intensive family support: organisations want to offer families graduated support on the basis of need, not a particular funding stream or referral pathway. Managers believe that operating primarily or exclusively as a targeted service for families with higher level of needs undermines the principles and strengths of good community-based family support that should be open and accessible to all families as early as possible.
- Service Managers said they have close and constructive relationships with statutory services. Referral pathways are well-established, regardless of whether third sector services receive statutory funding. In several areas, local family support charities are included in NHS care pathways for families, particularly during pregnancy and the early years, and more than half of the families they support are referred or signposted by Health Visitors and other professionals.

- Community-based family support services have always supported some families with higher levels of need, but managers report increasing caseloads and families presenting later with more acute and complex challenges, in some cases reducing their capacity to provide earlier and preventative support to other families. This is attributed partly to the Covid pandemic's negative impact on families' wellbeing, persistently high levels of inequality and a rise in the threshold for accessing statutory support. Managers said the numbers and needs of families referred to them are directly related to capacity in health and social work services that are under increasing strain.
- Most services rely on independent funders for up to one third of their budgets, and this proportion may increase as local authority spending is reduced. Independent funders are generally viewed as supportive and flexible. However, funding relationships are necessarily time-limited, and age and other funding criteria can undermine the principles of whole family support. As local authority funding is reduced, independent funding for core costs may be increasingly important.

Strengths of community-based holistic family support

- **Person-centred, relationships-based practice** The quality of the relationship built up over time between staff, volunteers and families is the core ingredient of good holistic family support. To be effective, the relationship must be based on respect, trust, empathy and genuine rapport. Service Managers repeatedly talked about “getting alongside” families, and building on families' strengths in a flexible manner that recognises the impact of past trauma, adverse experiences and inequality and treats families with respect and value, regardless of their circumstances.
- **Tailored support for parental wellbeing** Supporting parents' wellbeing is at the heart of holistic family support, and considered a prerequisite to effectively supporting the parent-child relationship and other family relationships. Services take a holistic view of wellbeing, viewing the family as part of wider systems that may support or undermine their wellbeing. Above all, services are flexible and shaped and developed on the basis of what parents and families say they need.
- **Power of shared experience: peer and group support** Holistic family support connects parents and families with each other through formal and informal peer support, reducing social isolation, building community and a sense of shared experience and hope. Services facilitate different kinds of peer support, from bringing parents together in group activities, to befriending schemes, where trained and supervised volunteers are paired with families for regular home-visiting support, particularly in the early years.
- **Flexible social, emotional and practical support: substitute “extended family”** Community-based holistic family support includes a range of practical, emotional and social support for parents and children that is similar to the kind of support “extended family” might provide. For parents who are socially isolated or lack support from their own families, holistic family support can provide the safety net, empathy and practical support that all parents and families need to thrive.
- **Parents build skills and confidence through relationships and modelling** Family support staff help build parent-child attachment, parenting skills and confidence through the relationships they establish with parents and by modelling interactions with children. This is underpinned by staff training in evidence-based approaches, like the Solihull approach. Formal parenting programmes can also increase parents' understanding of child development and attuned parenting. The quality of the facilitator, the strength of their prior relationship with families

and their ability to adapt parenting programmes to families' needs can be more important than the content of a particular approach.

- **Support is sensitive to and addresses poverty and inequality** Family support services support a high number of families living in poverty and staff are acutely aware of and sensitive to the stressors and stigma families face. Helping families secure their basic economic needs is considered a central part of holistic family support and a prerequisite to supporting families in other areas. Family support staff see this as a necessary reaction to systemic failures and increasing inequality, rather than about creating dependency.
- **Universal “open” access** Service Managers underlined the importance of ensuring that holistic family support services are open and accessible to all families. Part of the value of community-based holistic family support is that it is grounded in local communities and seen to be open and accessible to all families, reducing stigma and encouraging and normalising early help-seeking.
- **Continuity of support that is not time limited** Holistic support for families should be open-ended and provided over a longer period of time, if necessary. This may be particularly important for parents who have experienced trauma and attachment difficulties in their own lives and where it takes time to build a secure relationship.
- **Close relationship with statutory services: partnership working and advocacy** Early referrals from statutory services can prevent families experiencing more acute problems later on. Managers see this kind of preventative early support as a key strength of community-based family support. Third sector family support services also provide “wrap-around” support for families with higher levels of need, complementing the work of mental health services and/or social work.

Questions for independent funders to consider

The policy ambition and aspiration in Scotland is clear: both universal and targeted family support should be available on demand across Scotland. Independent funders are encouraged to think about how they can better cooperate with each other, government and local authorities to increase access to high quality holistic family support, reducing duplication of efforts, inefficiencies and gaps in funding.

Closer cooperation is particularly pressing in the present climate due to (a) high levels of need for family support across Scotland, (b) overstretched capacity to deliver family support in existing organisations (c) lack of family support services in some areas, and (d) pressure on public budgets. Questions for independent funders to consider include:

- Are independent funders currently distributing their resources in the most efficient and impactful way?
- Can independent funders better cooperate with each other, local authorities and Scottish Government to improve availability of high quality family support?
- How can independent funders work with others to identify and address gaps in provision?
- Are there effective innovative practices that independent funders could be identifying and seeking to support to scale up?

- How can funders help community-based organisations measure, evidence and articulate their impact?

Background

This research was commissioned by two independent funders in Scotland, Cattanach and William Grant Foundation. The purpose of the research is to:

- Explore how independent funders can better support the delivery of holistic family support, particularly in the context of recent commitments and calls to increase access to family support across Scotland outlined in the Independent Care Review’s “The Promise”;
- Identify examples of good practice and key challenges facing third sector organisations delivering community-based family support in Scotland.

The researcher conducted a rapid review of recent literature on holistic family support and interviewed senior staff in third sector organisations supporting families in different local authority areas in Scotland. Previous research has focused on the experience of staff working in national charities delivering family support in multiple locations across Scotland (Galloway, 2013, 2021). This report focuses on the experience of smaller third sector family support services operating in their local area only, most of which grew from community-led projects. In-depth interviews with six service managers were transcribed, analysed and coded for main themes. For comparative purposes, a further three interviews were conducted with managerial staff in national charities that deliver family support services in more than one locality in Scotland.

I. Context

I.1. Holistic family support policy in Scotland

There is a renewed commitment in Scotland to ensuring that families can access family support at any point in their children’s lives. The Independent Care Review’s recommendations in “The Promise” call for increased access to both universal and targeted family support across Scotland. As well as ensuring universal services such as midwives and health visitors have the resources to support expectant and new parents from birth to school age, “The Promise” calls for universal attachment-based parenting education to sit alongside antenatal care, and “places in every community for parents of young children to go for support and advice, to meet other local parents and to stay and play with their children”, including community-based and voluntary groups (The Promise, 2021: 48-49). The Promise also calls for “criteria free, community based access to therapies that do not stigmatise, but help and support children and young adults to work through difficulties they are facing” (ibid: 51).

The Promise also underlines the need for “intensive” wraparound family support for families who may need more focussed and sustained support at any point in their children’s lives, particularly families “in and on the ‘edges’ of care” (ibid: 52). The aims of this support should be to: “keep families together and avoid children going into care; interrupt and address intergenerational cycles of trauma; and sustain meaningful and loving relationships” (ibid). The Promise outlines ten principles of family support that should guide service delivery, see figure 1.

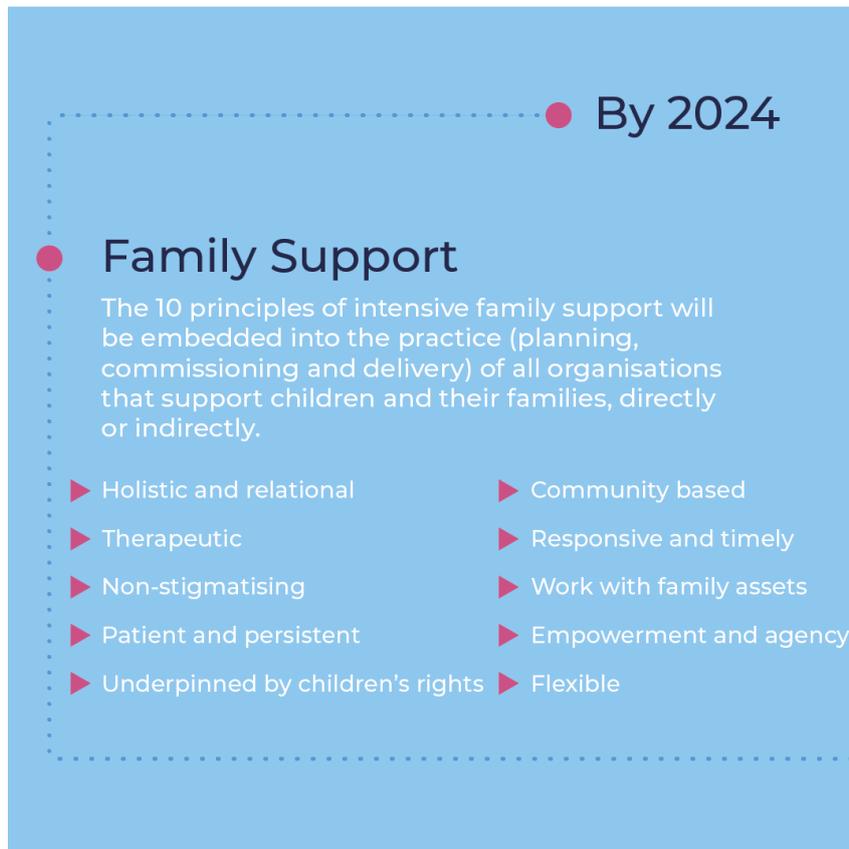


Figure 1: The Promise, 2020

During the Covid pandemic, the Deputy First Minister’s Covid 19 Children and Families Leadership Group underlined the urgent need for family support in Scotland, based on those principles:

We recognise that all families need support sometimes and we want families across Scotland to be able to access the support they need where they need it, when they need it and for as long as they need it. ... We want that support to be holistic and empowering, based on trusted relationships, rooted in GIRFEC and our existing universal services, and grounded in the conclusions of the Independent Care Review and the broader evidence about the needs of children and families. We want the support to be based on early help and support and preventative action, at whatever level is required – on the spectrum from universally accessible support to more targeted or intensive support. We want asking for and accessing family support - at any point on a family’s life-course - to be normalised, and as free from stigma as it is to consult your midwife or GP, or to take your child to nursery. (Covid-19 Children & Families Collective Leadership Group, 2021: 5)

In response, the Scottish Government committed £500 million for family support in the current parliamentary term. The Scottish Government also pledged that at least 5 per cent of community-based health and social care spend will be dedicated to *preventative* whole family support by the end of the parliamentary term (The Promise Oversight Board, 2022: 30). While welcoming these commitments, The Promise executive recently noted that the £500 million commitment “seems light, given the overall ambition” and notes with concern a persistent policy “implementation gap” in Scotland:

We continue to be concerned about the lack of connection between policy intention and practice. The Scottish Government must set coherent policy frameworks that ensure that funding is aligned to the intention, and partners are supported to understand their role and deliver change. The

relationships between different parts of the 'system' need to be functioning to make that happen. (The Promise Oversight Board, 2022: 32)

The same report also underlines the need for more capacity in the family support workforce, which requires both greater investment and a joint approach between governments, councils, the third sector, trade unions and the private sector (ibid: 9). This sentiment is echoed in the conclusions of the Covid 19 Children and Families Leadership Group:

In setting out our recommendations, the Leadership Group is signposting the direction in which we would like to be able to travel: how far and fast we will be able to do so will depend on a range of factors including capacity, resourcing and the scale at which challenges continue to develop. Our discussions have consistently noted concern about how best we focus on moving to deliver the recommendations set out below in a context in which there is very limited capacity or resource to expand existing family support activities, and where the strain placed on services by Covid-19, as well as on the families we are seeking to support, is so very severe. (Covid-19 Children & Families Collective Leadership Group, 2021: 1)

1.2. Current funding landscape

There is broad political agreement in Scotland on the importance of supporting children and families to improve health, wellbeing and educational attainment, reduce socio-economic inequalities, and help families to stay together. The Scottish government has attempted to offset some of the negative consequences of UK-wide austerity measures through policies such as the child payment, free school meals and extension of nursery places for eligible two year olds. However, high levels of socio-economic inequality, child poverty and unequal health and educational outcomes persist in Scotland (Public Health Scotland, 2022). Even before the financial crash and austerity measures, the Christie Commission reported on the costly impact of social and economic inequalities in Scotland and the need for much greater investment in early preventative support for children, families and communities:

A cycle of deprivation and low aspiration has been allowed to persist because preventative measures have not been prioritised. It is estimated that as much as 40 per cent of all spending on public services is accounted for by interventions that could have been avoided by prioritising a preventative approach.' (Christie Commission, viii.4).

There is a gap between the ambition of the Scottish government and local authorities to increase spending on early and preventative support for families and spending realities. Across the UK, spending on early support for children and families has reduced in the last decade. In England, it is estimated that from 2010-11 to 2018-19, local authorities reduced spending on early intervention and non-statutory services like family support and children's centres by 44%, while spending on late intervention and statutory services for children increased by 29% (Action for Children et al., 2020). In Scotland, submissions to the Independent Care Review highlighted a lack of funding for family support. A recent report on provision of third sector family support in Scotland described a reduction in family support services between 2013 and 2021 in many local authorities, with a particular reduction in services for families with children under 5, partly because some public funding for family support moved to primary schools with the introduction of Attainment Challenge and Pupil Equity Funding (Galloway, 2021). Cuts to statutory social work budgets, combined with the reduction or closure of early community based support for children and families, and the knock on impact of welfare reform on families' income, have increased "parenting under chronic stress" and therefore demand for intensive family support services (ibid).

1.3. Defining Holistic Family Support

Family support has been described as a “contested, complex and multifaceted field” that lacks a definitive theoretical basis, a strong research base and professional associations that can advocate for it (Frost, Abbott, Race, Tracey, 2015: 150). Family support can include a range of services and supports for families, delivered in both statutory and community-based settings by different helping professionals, including midwives, Health Visitors, social workers and mental health professionals, as well as family support workers and volunteers that are part of a “dispersed workforce” based in third sector community settings, family centres, schools, and nurseries (ibid: 130). Family support includes a range of activities including “family therapy, play work, community outreach, day care, social work, home visiting, health interventions, and counselling, among others” (ibid: 131). The multifaceted nature of holistic family support is both one of its strengths and weaknesses and necessitates close coordination and cooperation between relevant professionals and services:

In contrast to... socially constructed, professional boundaries, actually people live their family lives holistically: a child going to school to be educated needs to be healthy, well-fed, looked after and psychologically well to gain from the educational process. The fragmentation of well-being into separate areas of professional expertise is artificial in nature... we need to try to bring these professions together to work effectively with children and families (ibid: 131).

Cutrona (2000) identifies four specific types of family support in practice and three associated qualities:

1. Concrete support, including practical support, like childcare provision or financial assistance;
2. Emotional support, the availability of empathetic relationships;
3. Advice support, which provides comfort, reassurance, and confidence (and secondarily, may provide useful instruction); and
4. Esteem support, that reaffirms the strengths of families and maintains dignity in adverse circumstances like poverty.

These types of family support hinge on three qualities:

- i. closeness, the sense that support is accessible and responsive;
- ii. reciprocity, the sense that support is exchanged between parties and does not carry the stigma of debt or dependence; and
- iii. durability, the knowledge that support is available, and will continue to be available, from long-established rather than transient relationships.

As well as recognising that children and families have various needs at different times that require flexible and integrated support, definitions of holistic family support also view children and families as part of wider systems that powerfully influence their circumstances and life chances, rather than individualising blame for circumstances that may be beyond families’ control (Frost et al., 2015).

Family support may contribute to various improved outcomes for children, parents and families, and “any family support intervention should aim to result in some desirable change and draws on a belief that change is achievable” (Frost, Abbott, Race, Tracey, 2015: 150). Outcomes can include reduced stress, increased self-esteem, feelings of confidence and competence and improvements in attuned and nurturing parenting (Hearn, 1995). Measuring and evidencing the longer-term impact of family support is challenging and may be part of the reason the field is undervalued and under-resourced:

The very aims of early help, to empower families and communities to help themselves, do not lend themselves well to simple evaluation. The complexity of the factors at play mean that identifying a straight line between cause and effect is challenging. Attempting to prove that intervention prevented something else from happening, possibly years later, is several orders of magnitude more complex again. [Edwards et al, 2021: 3]

Family support can be provided at any point in a child's life. The terms 'early' and 'preventative' support can refer to support in the early years of life, from pregnancy through to pre-school, or early intervention at any point in a child's life that either prevents or alleviates challenges. "Intensive" family support tends to describe support for families with higher needs, who may be referred for support by social workers and where there may be child welfare concerns. Third sector organisations may be commissioned to provide this type of intensive support. There is also a layer of family support in between universal and targeted intensive offers that may prevent the need for statutory service involvement and usually involves families' voluntary engagement with community-based and third sector support, often on the basis of referral or signposting from health visitors and others.

Debates about the content and delivery of family support are linked to the changes in social work practice: "child welfare services in much of the 'late capitalist' world have moved significantly towards a bureaucratic risk-averse culture and away from approaches based on support, partnership and prevention" (Frost, Abbott, Race, Tracey, 2015: 15). Partly due to resource constraints, social workers are now involved with families later, when problems have escalated and child welfare concerns may require more intrusive interventions. Third sector family support can also be drawn into this vicious cycle: rather than delivering early preventative support, "service delivery has focused more on risk and crisis management, creating by default a diminishing and displaced family support service" (ibid: 21). There is a tension between choice/empowerment and control in family support, particularly when delivered alongside social work involvement. However, holistic family support aims to restore autonomy and prevent further intrusive interventions: "a key goal of social intervention, such as family support, is to restore individuals to more autonomy and help them to retain social links offered at the primary intervention level. Therefore, a crucial objective is to prevent the necessity of increasingly intrusive interventions" (ibid: 18).

2. Overview of family support services included in the research

Recent studies of third sector family support in Scotland have focussed on national charities delivering intensive family support services commissioned by local authorities (Galloway, 2013, 2021). This research focuses mainly on local family support organisations that operate in one local area exclusively and deliver early help. Most were set up in the 1980s and 1990s, as local grassroots initiatives, often parent-led, and have since grown into family support services with paid staff as well as volunteers. Services usually started as community-run groups for parents and young children, and sometimes included other elements, such as respite childcare or an early years offer. Four of the services are in areas of high deprivation – three in large cities, one in a medium-sized town. One service is based in a small town serving a large rural area. All services support parents from pregnancy to the preschool stage. Three also support primary-aged children and their families, and one supports families with primary and secondary aged children. Four are local charities operating in their local area exclusively; one family centre is run by a national charity, but is exclusive to that local area and not replicated elsewhere in the country.

All services offer support on a universal open access basis, enabling any family to access support, depending on capacity. Only one organisation is currently commissioned by the local authority to deliver Intensive Family Support to families referred by social work. However, all organisations support families that are referred or "signposted" from statutory services, including a range of health professionals, and most support some families that have some level of social work involvement. Three organisations are also commissioned by Head Teachers to work with primary school-aged children in schools, through the Scottish Government's Pupil Equity Funding.

2.1. Range of support offered to families

Family support organisations offer a range of support for families from pregnancy on, including:

- Family Support workers (training includes: trauma-informed, attachment, early development, Solihull, Mellow)
- Trained and supervised volunteers delivering peer support
- Home visits and home-based support (staff and volunteers)
- Centre-based group work (peer support, parenting support, parenting courses, baby massage, stay and play)
- Antenatal classes, birth doulas
- Practical support (housing, finances, equipment, furniture)
- Therapeutic work (trauma therapy, mindfulness, counselling, play therapy)
- Community-based childcare
- Upskilling classes for parents
- Signposting to specialist services
- Informal peer support and social activities

One Service Manager summed up the range of support available progressively for families from pregnancy on:

We start at the antenatal stage, and we go into the antenatal clinic every week to meet with families. And that's one of our biggest pathways into the organisation where we meet families and they start to come to Mellow Bumps, or the family lunch and other things that are not threatening to them, and then they progress through the different stages with their child. So we do baby massage, lots of parent child sessions, lots of play. And then we also offer peer support groups for families and parenting programmes. So lots of support for parents to be parents. And as much as possible they support each other. So it's less on us, but it's much more than we create the space. And parents and families turn up and they support each other. [R1]

All services cooperate closely with statutory services. Health and social work refer or signpost families to all services, whether or not they receive funding from local authorities or central government. Service managers reported that a majority of families are signposted or referred by Midwives, Health Visitors, Family Nurse Partnership, Social Work, GPs, community mental health teams, and Mother and Baby Units. In many cases, activities are delivered jointly, with health professionals participating in groups and classes run by family support services, particularly at the prenatal and postnatal stage:

We've always had a place within the community centre, and the health visitors ran their Baby Clinic from there deliberately at the same time. We do a baby and me session in partnership, and... we base ourselves at the antenatal clinic [once a week]. [R1]

2.2. Sources of funding for community-based family support

Organisations operate with a mix of funding from multiple sources. Most received a majority of their funding from the local authority prior to the introduction of austerity measures after 2011. Two organisations continue to receive most of their funding from the local authority, but at a reduced rate. Two further organisations have had their local authority funding significantly reduced:

Ironically, that was where our money started off: we had contracts through social work. And we had Sure Start money... and it was all ring fenced, you couldn't touch it... So we had set money that we didn't have to apply for through the grants programme, and they just got rid of it all... so until

about 10 years ago, we were probably 80% local authority funded. And then they've just obviously diluted that and diluted that over the years. [R5]

One organisation has very small amounts of local authority funding and relies predominantly on funding from the Lottery, Comic Relief, and other independent funders. No organisations receive funding from Health Boards, despite receiving a large number of referrals for support from Health Visitors and Midwives.

Three organisations also support primary aged children in schools, via Pupil Equity Funding, with services commissioned at the Headteacher's discretion. Some organisations receive funding from Scottish Government funds for family support and perinatal mental health work.

All organisations also rely on multi-year funding from National Lottery and Comic Relief, and other independent funders, including Cattanach, William Grant and Robertson Trust. One Family Centre was built entirely with Lottery funding.

3. Funding landscape and challenges

3.1. Reduction and changes in local authority funding

Most service managers expressed frustration that local authority funding has been reduced at a time when the needs of families, particularly those living in poverty, are growing. In most local authority areas, ring-fenced funding has been replaced with smaller grants and/or local authorities have moved to competitive tendering for more intensive family support services:

We've had some quite lengthy, long-term pieces of money [from the local authority], and now for the first time we're in a situation where we realise we actually need to start approaching independent funders to try and get money now for this work... we said this to the local authority, we asked, where do you think all these families are going? Where do you think all these needs are going if we're not going to do this work? And, you know, they're just like, refer them onto somewhere else. But, you know, where is that somewhere else? There's only so much support in the community, and only so many that do it in a particular way. [R5]

Managers said that tendering for contracts may not suit smaller community-based organisations. In some cases, smaller community-based organisations have decided not to apply for intensive family support tenders because the terms are too demanding and require organisations, for example, to be on-call out of hours. In other cases, local organisations have unsuccessfully tendered for contracts, which they feel favour larger or authority-wide providers over smaller locality-based services.

I think the feedback from social work for the tender was that they know we're local, they know that we're good. And they want us to deliver the service, but all the bureaucracy and all the guidelines, and the parameters of that blocked that happening. So they can see what they wanted, but they couldn't make it happen. So that's my frustration with it. [R1].

In other cases, local authorities continue to fund local third sector family support services, but with reduced amounts of funding. This can push community-based organisations into competition with each other. Some have responded by tendering for authority-wide projects together with other local organisations. This is a pragmatic decision, but managers report that participating in and managing partnerships can be very time-consuming for community-based organisations that have very light management structures, and where services managers wear several different hats. Organisations are also being asked to pool together but given less resources to do the work, impacting on the number of families they can support:

We're in the process of arguing a case that if you've cut funding at a time when we've just come out of COVID and you've got a cost of living crisis, and you try and squeeze all these organisations into a smaller pot [of funding], well, you need to look at what that then means for the bigger picture. Because ultimately, it's going to cost you more money, not just down the line but in the here and now, because where are people going to go? Someone from the Council once said to me "Well, you just need to shut the door"... but [that's] not how we work. I'm not going to be shutting the door on somebody who's had the courage to flee domestic abuse and say I'm sorry, my funding ended with family number sixty, so I can't help you. [R2]

3.2. Funding for intensive support undermines early holistic family support

Most service managers said that local authority funding for early holistic family support is being squeezed by other funding priorities. Local authorities recognise the importance of shifting to a more preventative spending model, where early support is provided to families before they reach crisis point. However, in practice, funding for intensive support for families with social work involvement appears to dominate over funding for earlier, preventative work with families. One service manager noted that the local authority has made a public commitment to increase spending on earlier preventative family support, but has been open in admitting that they are not yet in a position to shift spend, given the immediate and acute needs of families, and current levels of funding.

One organisation contracted to provide intensive support for families referred by social work now has little capacity or funding to offer support to families that are not referred by social work. This is effectively shifting their focus from universal family support to a referrals-only service for families with social work involvement:

Morally we wouldn't turn anybody away. But before, families could just come in that door and say I need support. Now, we're having to say, well, if we can't do it, let's see if we can do something else for you... but that's not the way it should be... I don't want to be seen to be criticising social work at all because our working partnership is great... But what's happened is it's prevented other third sector organisations referring families in, it's prevented self-referrals and health referrals, although it's supposed to be a health and social care partnership.... One mum come in very, very distressed recently, and her wee one is in the nursery. She's been asking for support for months and we've said, look contracts have changed... and we can't just take somebody in. We've been supporting that woman anyway... but we've now had to go to social work to say, can you give her a social worker, just so you can refer her in so that we can then provide this mum with some support? [R4]

In another area, the family support service has come to the end of a local authority early years contract and has been encouraged instead to apply for an upcoming tender to support families with children under 5 that are affected by homelessness. The service manager said bidding for this contract would reduce their capacity to offer all families in need early support:

You know, we talk about whole family well-being and you're trying to deliver services where there aren't [specific] parameters. But still, some of the funding you receive is quite ring fenced... And yes, there's a high prevalence of families where homelessness is a factor. And we've made a point of seeking out those sort of requests for support for families, but we also offer support to other families that need it. [R5]

3.3. New policies lead to reduction in holistic family support

Other changes in policy have had a negative impact on local authority funding for holistic family. Some service managers said that the Scottish government's extension of early learning and childcare

places for two year olds in some households has had the unintended consequence of reducing provision and funding for holistic family support, both in local authority early years centres and community-based third sector provision:

We've been squeezed a lot since the delivery of the 1140 [hours of ELC]... the [local authority] tried to cancel loads of our money at the time that was introduced. But ironically, it had the opposite effect, because [local authority] Early Years Centres used to be children and family centres... and they operated a lot like us, they did home visits, they did outreach, they were involved in children's planning and, and yes, they were a nursery to some extent, but for children with particular needs. Now what they are is a school nursery, you know, they're just a nursery... with a baby's room attached normally... So actually, by increasing the nursery capacity, they decreased all their family support capacity, that's pretty much gone. And they lost a lot of workers because of that, as well. And then, they said about us, well, actually, we don't need your kind of childcare, because nearly everybody should be able to access a two or three or four year old placement. And but obviously, most of the referrals we get are for under twos. And actually, the eligible twos have still got low uptake. [R5]

In another local authority area, there is a perception that community-based family support can be undervalued by policymakers. For example, shifting family support roles to the statutory sector overlooks the unique value of community-based family support for families that are distrustful or wary of statutory support:

The Council made an investment in family nurture centres, but it's not enough. And the other lesson they've learned is that people don't necessarily want to use them either, because they are statutory, and people who've had negative experiences of statutory services will not go there... because they're not comfortable in that environment. And that's how people end up in crisis, because they haven't been using the resources. But they will use services that are in the community that that they know. So they need to get away from the idea that you can put a family worker in a nursery. Because that's not enough. And one family worker can't meet the needs of every family in the way that you would like them to either... [R2]

Other Service Managers noted that funding for supporting primary aged children through school-based support can also undermine the holistic family support element they are used to delivering. One noted that Head Teachers in the local area had initially not selected local organisations to work in schools through Pupil Equity funding, but have now chosen to commission locally-based support, recognising its advantages:

...it is a frustration when schools go to other organisations with the PEF money, and bring in organisations that aren't local. That happened initially and now they're coming to us and saying can you provide it?... We're in two local primary schools now... The head teachers like us being in, and say there's loads of demand for family support. You could have a whole team at every primary school and still not have enough... I think it's working for us, but I think it works for us because we've got that local base. So they're still connected into our [community-based service]. They're not just isolated in a primary school. We can actually bring the families to the peer support group sessions and the baby sessions and all the other support that we can offer. Whereas other organisations don't have that. [R1]

Another Service Manager noted that they currently lack capacity to include holistic family support as part of their school-based work with children, despite their long expertise of working holistically with families in their local centre:

Through that side of the funding stream, we try not to get too heavily dragged into housing and welfare and parents' mental health needs... you know, it happens and we will try to support, but we also try to signpost [to other organisations], just because we find that it takes a lot of capacity and

time... So if we want to be able to offer the support to children, we need to try and ring fence it a little bit and not get too deep into the holistic family support. [R5]

3.4. Government or local authority funding rejects “business as usual”

Given reductions in funding, particularly for early preventative work with families, Service Managers expressed a degree of scepticism that new national policies are “reinventing the wheel” at a time when organisations are struggling more than ever to secure funding:

Sometimes as a smaller organisation, you get that fear factor, you know, where it says [funding] is not to be used for business as usual... like a national policy... you know, basically, they're saying, this is the way family support should be done... But we've always done it holistically... we've always worked in a person-centred way... we get loads of self-referrals, it's all empathic, non-judgemental, we're trained in the Solihull approach, it's all trauma informed. It's all of these things, and it always has been... but then there's the worry that well, if it's not to be business as usual, and it's to be something new... and new things are piloted are then seen as the things that fit the shiny new approach that they demand, which actually isn't that shiny and new. [R5]

Service Managers also felt that they were not adequately informed about new national-level funding streams. For example, they had heard about the Scottish Government’s recent commitment to increase funding for holistic family support, but were unsure about how the government and local authorities intended to distribute funds.

3.5. Strong relationship with independent funders

As well as local government contracts and grants, organisations have funding from a number of different sources, including Lottery and Comic Relief, and several independent funders and trusts. One Service Manager said they have 17 funders for the current year. Only one organisation is almost completely reliant on Lottery, Comic Relief and other independent funders. Other services have varying levels of funding from local authorities and Scottish Government funds. However, even the service with the highest proportion of local authority funding still relies on independent funders for one third of operating costs, and their family centre was built entirely with funding from the Lottery.

Managers generally rate their relationship with independent funders as very good. They value the supportive and trusting relationship they have with funders and generally feel that they have been able to maintain successful long-term funding relationships. Organisations also appreciate the increasing willingness of independent funders to provide core and, in some cases, unrestricted funding. However, there is always uncertainty about the funding process and an appreciation that funding is unlikely to continue indefinitely:

We have been really lucky in building relationships with funders that have stuck with us. We have been so successful that we have had many years of funding with key funders. And then we do come to the end of the point where they're not allowed to fund us anymore, so they have to take a break. Like the Robertson Trust and RS MacDonald. But funders generally then come back on board with us, when the time comes. I think we have built a good reputation... But that said, I think I'm expecting some funders just to say no, you've had your lot. And the thing is, there are so many other good family support projects, and it is amazing that there is that good competition. [R1]

Independent funders are rated for supporting innovation. One project started out as a test of change to improve community support for mothers’ mental health during pregnancy and the early years of parenthood. It is now an established service with excellent links in the community and with statutory services. From the outset, the funder, Comic Relief, supported the service to innovate and then grow:

Comic Relief are amazing. They said, well, we like we like this grassroots approach. We like the person-centred nature of it. And we want to help you to grow... and they've continued to fund us over the years right up to this January. They're finally winding down their maternal mental health fund because they feel like there's enough in place to continue on... And so through their support we grew, and we employed two perinatal support officers, who basically oversaw our volunteers, and did all sorts of things, like induction into the service of referrals and building the referral pathway to where we are today. [R3]

Most organisations deliberately diversify their funding sources, so they are not reliant on a single large funder. While this is time-consuming, managers consider it vital to ensure continuity and sustainability of services for staff and families:

The strength of our funding model is that it is so diverse. If we lose one, we can generally pick it up or we've had to tailor our service if we've lost fixed-term funding and that bit of the service goes... [R1]

However, managers acknowledged that some pieces of funding are more significant than others, and that over-reliance on larger amounts of funding, which are time-limited, can be challenging:

There are some years where it's really tight, and we just don't know if we're going to make ends meet by the end of the year, then there's other years where we are actually doing okay. And it depends... we get some big pots of money, like William Grant. If we hadn't to get that one year suddenly, that's a big hole. And I don't expect to get it, forever. I think, wow, we've got another year... so if we weren't to get the big pots that we're expecting to get, then we would be in trouble. [R1]

3.6. Age and other funding silos

The family centres and services included in the research support families with children of different ages and a range of characteristics. All work with families during pregnancy and the pre-school years, and most also support families with primary-aged children. However, managers said that funders often stipulate that funding has to be used to support specific age-ranges of children or families with particular needs. In the past, this has led to services being reactive, for example, changing job titles and remits according to funders' stipulation. In reaction to this, Service Managers are increasingly defining and protecting their service's core functions, which are prioritised when funding is sought:

We've recently had discussions about what's actually core to our organisation so that even if the funding for that specific stream of work finished, we would keep it. So we made perinatal and our children and family work core to the organisation. And this is for security for the staff as well, because [funding] is always three years at best and then the contract comes to an end. And we've got really good staff. And so we basically decided that without those parts of the service, we wouldn't be who we are. [R1]

Another service has merged job titles and functions to create support workers that can work with families with children of all ages and profiles in order to avoid falling into the trap of modifying their core family support offer to fit with funder's age or other criteria:

We have funding from quite a lot of different avenues that covers that family wellbeing work... we had quite a lot of job titles within the organisation, as you do often when you're attracting new funding, and it's a new piece of work, and you give it a new name... but about two years ago, we moved to having just Family Wellbeing practitioners. And that's basically the job title, regardless of whether you work with parents who are over 25 or under 25, or whether you do mainly one-one work with primary school children or holistic family support. [R5]

Managers noted that unrestricted funding is particularly welcome, as it allows organisations flexibility to deploy funds where they are most needed.

3.7. Funders may be reluctant to support families over the long-term

Service Managers said that a strength of community-based holistic family support is that families can be supported over the long-term, and as their family grows, if they continue to need support. However, this may not appeal to funders, as a lower overall numbers of families are supported, and it can be perceived as an indication that the service is failing to transform family circumstances or creating dependency:

...a big barrier potentially in terms of getting funding, is this idea that we offer these families support for as long as they need it. And, well, for some families that have been with us, we're five years in. And that can sound negative. But in our view, it's not. It's just the reality of some of the lives and situations that these families have. And it's not that you're not empowering them. It's not that they're not able to do things for themselves, you know... It's just the complexity of the trauma, and how that's been passed down to their children. And then, you know, their children when they go to school and can experience setbacks and challenges, so then support changes shape. So it does mean, when you're applying for new money, you know, those numbers look quite low. And I suppose that can be a challenge... in terms of attracting new money. [R5]

4. Strengths of Holistic Family Support

4.1. Person-centred, relationships-based practice

All interviewees said that the quality of the relationship built up over time between staff, volunteers and families is the core ingredient of good holistic family support. To be effective, the relationship must be based on respect, trust, empathy and genuine rapport. Service Managers repeatedly talked about “getting alongside” families, and building on families’ strengths in a flexible manner that recognises the impact of past trauma and adverse experiences, and treats families with respect and value, regardless of their circumstances:

We've got staff who once they do a face-to-face with somebody are just able to build up rapport with that family. I think families know when somebody's genuine. And that's what I would say is the golden thread to everything that we're doing, and is the crux of good family support... when somebody feels valued when you're with them, and feels that they've got value. Whereas with a lot of services, they don't give people that vibe, and they're not trauma informed. We've got really good staff. And that's what we look for at interview – people who can give families that feeling that they're worth something, that they care. And that builds the rapport so that they then come into the service and meet other families. [R4]

My ultimate goal for the project is for people to see that they're worth something, to give them hope, and real care, I suppose. There's a difference between ticking a box on paper for a funder and actually taking somebody from a position of a life of existing, I suppose, into actually living... [R2]

Service managers pointed out that in order to help build a secure attachment between parents and their children, parents and carers themselves need to build a secure attachment with staff and volunteers and feel supported, listened to and valued. Managers acknowledged that they often have an advantage over statutory services, as they have more time to build the relationship and there is

less of a power imbalance between families and staff and particularly volunteers, who are able to share their own parenting challenges with families:

We have the time to build the relationships, you know, that's the hugest thing, mostly... the volunteers are coming into contact with somebody every single week for an hour. And, you know, initially, everyone's maybe a wee bit guarded, but over time that trust builds, and they share a little bit of who they are. And we train [the volunteers] to be able to do that in a safe way, disclosing as much as they feel comfortable to do, but also keeping themselves safe in it. But it's that kind of disclosure, which is really different to like, if you go to the GP and sit down, you know, the GP is not really going to tell you anything about their life, and the power imbalance is huge. [R3]

We are big believers in that one key person, you know, we talk about that model for the child - one key person that's championing them on, that's a sounding board, that is, you know, sort of breaking down some of the other negative stuff that they're getting from other individuals in their life. The same really applies for the parent too. [R5]

Providing space for parents to share their experiences, concerns and challenges in a non-judgmental, empathic atmosphere is considered a core element of good holistic family support. Interviewees emphasised the importance of getting “alongside” families and listening rather than attempting to “fix” problems on their behalf:

I remember when I started this job and I went into supervision and I'd say I'm not sure I'm doing anything, I'm just going out and I'm just listening... and I remember being told not to underestimate that. And I say that to everybody who comes through here, students and staff. I just think, you know, if you do nothing else but sit and listen, and give people that space, because sometimes they've just never heard that. And I just think you can't underestimate that. That's probably more important than anything else you can do... [R6]

4.2. Tailored support for parental wellbeing

Supporting parents' wellbeing is at the heart of holistic family support, and considered a prerequisite to effectively supporting the parent-child relationship and other family relationships. Services take a holistic view of wellbeing, viewing the family as part of wider systems that may support or undermine their wellbeing. Above all, services are flexible and are shaped and developed on the basis of what parents and families say they need:

We've always worked around the person. So as an organisation that that's how we've grown. We've gotten to know the people we're working with, and what's coming up for them. So we've developed our volunteer training, and also our staff training, to include different things that have come up along the way. [R3]

Services usually start with a home visit at which the parents' and family circumstances are discussed and parents may define their priorities or goals. Various tools are used to help parents discuss and assess their wellbeing, including GIRFEC and SHANNARI. One service uses the Solihull assessment, which includes a discussion with parents about their own childhood and possible adverse experiences (ACEs). The assessment is discussed over a few sessions flexibly and according to family circumstances. Other services use an adapted wellbeing web:

We started with a maternal wellbeing web, which sort of broke down the different areas of your life. It's not so different to SHANNARI, but SHANNARI wasn't the right fit for working with mothers... we've evolved other tools since, but the wellbeing web has stuck with us... it looks at where is the stress actually coming from in your life. Having a baby is a stressful period of time, but usually our vulnerability to mental health comes about due to different pressures. And actually what our wellbeing web did was allow people to start to break down what's going on here. And look at, where

can we go? And so we always had a kind of goal setting mentality led by the family that we supported. So it was very much about the family saying, well, you know, this is what's going on for me and my life right now. And so then we'd have a conversation: where do you want to start? And then the support was then around either tapping people into services, or supporting people to achieve their own goals going forward. So that was the initial modelling and it evaluated really well. [R3]

Interviewees emphasised that wellbeing conversations and assessments are not “tick box” exercises, but tools that are used flexibly and sometimes over several meetings to help parents to identify challenges, what they would like to achieve and then later to assess how they are progressing. Disclosure of challenges also happens over time, when relationships of trust have been established. One manager said they have moved away from initial baseline assessments, as families are often reluctant to disclose challenges until a relationship has been established:

We don't do a baseline assessment... we do retrospective assessment, as we found when we did an initial baseline that people aren't honest when they first engaged with us and it's only through the relationship that they're able to be a bit more vulnerable and show us where they are actually at. So we always ask them after a programme. We do termly evaluations at the end of every term, we ask them to reflect back to where they felt they were at the start of the term and how they've progressed. And then we've got key things that we ask them about the parent child relationship and parenting and health, we've got about five or six key things that we ask them. We try and make it as simple as possible to see if they have or haven't improved. [R1]

Families may then be offered a combination of individual and group support, focussing both on parental wellbeing and the parent-child relationship. Some families will take time to engage in group activities and will be supported with home visits in the meantime, or in parallel. One service operating in a predominantly dispersed rural area has home visits at the core of its service because families are unable to travel long distances for group activities.

All services recognise that parents may need additional support to feel able to participate in group activities, due to anxiety, fear of being stigmatised and other barriers. Pre-natal and post-natal groups are run in a sensitive trauma-informed manner, and also provide opportunities for parents to explore ambiguous and difficult feelings about parenthood, in a supportive environment:

We run a group called “Precious Moments”. We get a lot of young mums or dads who've had obvious difficulties in their childhood themselves. So it doesn't always feel like a positive when they end up pregnant. So it's about building attachment and understanding how they feel about the pregnancy. And it's just time for them to reflect on where they are, and where they see themselves going and it's a really, really good group. And it's been running for very long. And we've got a link-in with the community midwife... and try and work with them as much as possible. [R2]

Services run various parental wellbeing activities, including mindfulness and relaxation classes, massage, and CBT courses, with some providing creche facilities for children. In some cases, wellbeing support includes counselling, and signposting to other specialist services. In other cases, services team up with other organisations to deliver support for specific issues. For example, one service runs a group with Women's Aid for mothers who are affected by domestic violence. Another service pays for a specialist perinatal counselling service to come to the Family Centre every week to deliver therapy to parents. Family centres in this case can become a hub for providing various more specialist services in the community.

4.3. Power of shared experience: peer and group support

Holistic family support connects parents and families with each other through formal and informal peer support. Service Managers said connecting parents with each other reduces social isolation,

builds community and a sense of shared experience and hope. Services facilitate different kinds of peer support, from bringing parents together in group activities, to befriending schemes, where trained volunteers, usually themselves parents, are paired with families for regular home-visiting support.

Service Managers described how peer support can help families to feel more comfortable and willing to disclose problems and challenges that they may be unable or reluctant to disclose to Health Visitors, GPs, schools and other professionals. This enables families to begin to address issues that might otherwise remain undisclosed or lead to later crises:

For loads of different things, we get a lot more disclosure. And I think sometimes our volunteers even more than the staff get a lot of disclosure. We've had all kinds of things over the years that have come out, but it doesn't feel so threatening to speak to somebody who's another mum who is sat down next to you. You've not got that big fear that your children are going to be taken off you or you're going to be judged, where you've got somebody else who's sat down next to you and said, "I felt really bad", or "I've had these types of intrusive thoughts myself", or, you know, "I can get where you're coming from"... [R3]

Peer support can be formal and informal. One service is based on a model where the core offer is trained volunteers providing home-visiting support for parents and families. This model was developed based on the largely rural profile of the area, and the difficulty of accessing family services in a central location. Managers emphasised the importance of good training and continuing support and supervision for volunteer befrienders:

Currently, we've got about 28, volunteer befrienders. So they've all been through an eight week training course. We got our training accredited by the open College Network. So when they've gone through our training, they get a diploma in maternal and infant family support. And some of them have then gone on to actually do midwifery and things off the back of their volunteering experience. So it's likely it's kind of been a stepping stone into other things for lots of people. [R3]

As well as being a stepping stone to employment for some volunteer peer supporters, managers also described a "virtuous circle" where parents who were once supported then go on to become peer supporters themselves. This is one of the ways in which lived experience informs delivery of family support services.

Managers use risk assessments to determine whether families require more intensive support from staff in addition to or instead of a volunteer befriender. Services are also aware that larger peer support activities may be inappropriate for some families, and therefore facilitate smaller or more targeted peer support groups according to the needs of different parents. One manager described a highly anxious and isolated young mother's experience of gradually participating in peer support activities, with support:

... what she really wanted to do was make connections with other mums, but coming to our peer support group was too much. So actually, we set up a small group for mums who are really socially anxious, where there's two or three of them and the Perinatal Support Officer. And that's been brilliant... the group is just over two hours, which sounds a really long time but it's impossible to stay anxious for two hours. So they put on lights and the support officer makes cuppas, and they usually have something sensory for the baby... And then by the end of the two hours, even when they've come in barely able to speak, their anxiety has come down and they've made connections. So that mum actually came to four sessions, and then she said, I think I'm ready for the big group now. [R3]

For isolated and anxious parents, making social connections with peers, supported sensitively by staff, can be transformative for the whole family. The journey out of the service of the young mother described above illustrates this:

After going to that first session of the small group, it lifted her so much that she went for the first time in two years into a shop. She went into “Boots” and another shop... and she texted the support officer to tell her! And now, you know, she's gone to bigger [peer support] group and we partner with some baby groups that come in and use our centre as well... and they do play and storytime and singing... And she's been to that group... and actually, she's then herself said: “I'm ready now. I don't think I need this support anymore.” [R3]

In some cases, organisations create the space for parents to form their own relationships and formal and informal groups, with various degrees of support and facilitation by service staff:

We've got a peer support group for families with children with additional support needs, and that's a really big group. And we've got a volunteer who also facilitates that who's got a child with additional support needs. And it's just a space for them to come in, vent or share how they're feeling or what's going on. They organise their own speakers to come in on a topic they're interested in. And they end up advocating for each other and supporting each other in meetings and things like that and sharing experiences. And then we've got our mums night, every fortnight on a Monday night just to come in and play bingo or again set their own programme, do arts and crafts evenings, potluck suppers, they just organised cinema, film nights and things like that. They just have fun. It's about the downtime, when they don't have the kids with them as well. [R1]

4.4. Flexible social, emotional and practical support: “extended family”

A critical part of community-based holistic family support is the range of practical, emotional and social support that parents can access. Service Managers were clear that the support they offer is often very similar to the support “extended family” might provide. For parents who are socially isolated or lack support from their own families, holistic family support can provide the safety net, empathy and practical support that all parents and families need to thrive:

I think we are in this fortunate position that we are voluntary. So once they get to know us, we're not a threat. We are like extended family... And for some of these families, we are family. We're the first port of call if there's an emergency, and they're not sure what to do, they'll phone us up... And it's not about creating a dependency... We are very clear about boundaries... it's just some of these people just don't have family or friends; they don't have empathy in their lives. [R6]

Service Managers talked about offering parents and families a range of practical support, including informal drop-ins, phone calls for advice, and respite care for children. Although individual and group activities are usually scheduled at particular times, one Service Manager said they often encouraged families to use the space in the family centre as a “home from home”:

We quite often say to families, come in and have a cup of tea, just to have some time out. Because a lot of families live in flats and don't have access to gardens or gardens that are kept... and we'll often say: come in here, use the kitchen, let the kids out in the garden, take a chair out, sit and enjoy the weather... use the soft play area, do some baking with them in the kitchen... there's a lot of flexibility in how this building can be used. [R4]

Holistic support is flexible and adapted to families’ circumstances at different points in time. This means staff and volunteers may provide very practical support for parents with babies and young children, both in their homes and in family centres. One service manager recalled how her support helped one young mother get through a particularly challenging weekend:

We had a young mum here who was going through major stuff. She came into the family centre one day and she was on her knees... And I took her to the drop-in and the kids went into the nursery and I said to her you're going to lie here and you're going to have a wee sleep, you're absolutely

exhausted. I got a blanket for her and I put some music on, and I sat with her for a wee while, and put the lights out and the blinds down... The nursery was making mince and tatties that day, I'll never forget that... I asked them to put a wee bit aside for her so she had something to eat when she woke up. When she woke up, I took her some lunch and she did a bit of work with me after that about things to do to keep her safe over the weekend... A couple of days later that mum came in with a wee card for me and a keyring. There was a lovely wee quote on the keyring. And she said you were just so kind the other day, and I felt so much better over the weekend. And that was because she had had a sleep, and someone had sat and listened to her. [R4]

Another service enables parents to engage in various parenting groups and learning opportunities, while their young children are looked after by qualified early years staff, providing a supportive and enriching environment for both parents and young children:

When we started, we were allied with the early years centre, so we had a big focus on the under fives... and we offered community childcare so that parents could come and engage in group work and children would have a childcare provision to go to... we are still very much focused on offering those kinds of community childcare windows, usually two hours ... we're reluctant to call it a creche or childcare. But you know, the children come in and get their early opportunities and experiences while their parents get to engage with some sort of upskilling, education and learning. [R5]

4.5. Parents build skills and confidence through relationships and modelling

Service Managers emphasised that building a strong relationship with parents and modelling healthy relationships and interactions with children, is the one of the most important ways in which they support parent-child attachment, parenting skills and confidence. As relationships are built over time, staff are also able to “gently challenge” parents who may be struggling with aspects of parenting:

In every interaction, you are a role model, and you are gently challenging... And I think the same about group work as well. We've got a garden group that is really well attended, we open that up to parents of any age, so they can be around a mixture of other parents and kids... for a lot of a parents, it doesn't become obvious to them maybe until their children are about two and then they can't cope with the new behaviours that their children are expressing. And these are often quite normal behaviours, or behaviours that are a bit more heightened than normal because of the sort of experience that the two year has had so far. We're just really quietly supportive and we also have challenging conversations, I suppose, it's not shying away from that where you see those early things kind of going wrong. [R5]

Antenatal and postnatal groups include information on child development and attachment and baby massage classes are often the first group activity that parents access. Managers said that most parents are comfortable participating in baby massage classes, and it is a good non-stigmatising way to begin to promote bonding and attachment. Stay and play sessions are usually then delivered to help the parent-infant relationship as the infant grows.

Support for primary-aged children usually takes place primarily in schools. However, family support services understand and are sensitive to attachment difficulties and the home environment, and support parents to better understand their children's needs:

We do both group work, and one-to-one work in school and out with the school setting... a lot of it is during the school day. And then we offer LIAM, the Let's Introduce Anxiety Management programme targeted at Primary aged children... And we can do nurture groups as well. And then one-to-one work. But depending on what comes through on the referral, quite often there's attachment stuff in there, or there are things around what's going on at home. And... what we will try and really do is support parents to better understand the needs of their children. [R5]

Formal parenting classes and courses are also offered to parents to help build their understanding of child development, attachment and improve interactions between parents and children. Formal parenting courses include Solihull, Mellow, Peep, Triple P, Incredible Years and Raising Children with Confidence. However, all Service Managers emphasised that parenting courses are only offered once a relationship has been built with the family. Courses are often adapted and flexibly delivered, after parents and carers have been involved in other group activities, and know and trust staff and other parents:

We tend to do baby massage first... it makes you feel like you're offering something to families that don't have the financial means to do something like that. It is just a really nice experience and then we maybe run that into Peep, which is, you know, a nice thing to be able to offer all sorts of early parents. And we deliver "Raising Children with Confidence" to groups of parents at times, but we tend to run it for longer and break it up, because it's a lot of information. But we've had really positive feedback from parents on that. [R5]

Service Managers emphasised that the quality of the facilitator, their relationship with families and their ability to adapt the parenting programme to families' needs can be more important than the content of a particular programme:

I think Triple P works if you've got a good facilitator who can adapt it and know the family and have a relationship. If you don't know a family and you're not able to build up that rapport quite quickly then it can go badly wrong quite quickly. So the programme's only as good as the person who facilitates... I would say the same about Mellow... We do Mellow Parenting as a rolling programme. That's kind of the first thing that families do... Mellow Bumps is good just for creating that space for families at that stage to support each other. And again, the program's almost irrelevant. It's the relationships... they went to baby massage together and they already know each other in this journey. [R1]

One Service offers parenting programme to families in their own home, and noted that delivering the programme flexibly on a one-to-one basis can benefit "higher tariff" families, who may be unable or reluctant to engage in a group-based programme:

The Triple P that [our facilitator] Marion does is the one-to-one 10 week course, so it's intensive. So it works again because it's built on a relationship and Marion can say the hard stuff that families listen to and respect. And the family always realise that it's them that needs to change, the parents need to change, not the child, which is the light bulb moment for everybody. So Marion is very good at getting families to that stage. She visits families at home, and she's got a 100% completion rate, which is unheard of within Triple P. She'll get families through it, whether she has to turn up and help with whatever's going on in their life that day and then leave Triple P to the next week. She'll persevere and get families through Triple P. It might take 10 weeks or 20 weeks. And that's just the reality... Marion always kind of goes with higher tariff families when it's gone badly wrong... And every time the outcomes are incredible... it's a good programme, if you've got a good facilitator. [R1]

The same service has helped parents who have completed the Triple P course to set up a peer support group that encourages them to support each other over the longer term:

Anybody who's on the Triple P programme, can come to Triple P peer support group, and we set that up because everybody was calling Marion, who facilitates Triple P, to come and be the "super nanny" and fix things. And we said it's not Marion that fixes things, it's yourself. And so the group supports each other and will say "remember when you did that strategy", or "it worked for my child, try that". So Marion is there to facilitate that group, but the group support each other. [R1]

One service had been contracted by the local authority to provide the Incredible Years programme via a central referrals system for parents from across the local authority area. The service was able to refer families they support into the programme, but the service manager implied that without the wrap-around family support for other parents referred in, the parenting programme felt like an external piece of work:

We had an Incredible Years trained worker that was a big commitment, but worked quite well. But they've done it with another facilitator from another project, and referrals came in centrally, so it didn't really feel like [our] piece of work, it felt like our worker delivered an incredible years programme for the local authority, which was fine, because we could refer parents to it. [R5]

Services offer a range of different parenting programmes, but all managers praised the Solihull approach, a programme recently endorsed by NHS Education for Scotland. Staff in all organisations have completed Solihull training to inform their own understanding of child development and are enthusiastic about its impact on parents:

I am a massive fan of Solihull, I love Solihull. And I'm a trainer myself. We trained up 10 people to deliver Solihull with parents because it still felt to me a little bit like it was a secret for professionals and we weren't sharing it with parents. So we trained up on the "Understanding Your Child" Programme, which is a 10 week programme and quite intensive for families, not long before COVID hit and we started a couple of groups and that's something that we need to get back up and running again. [R1]

One service staff member said that the Solihull approach has transformed the way they think about and interact with their own children and adolescents, and they see a similar positive impact on the parents they work with. They also acknowledged that learning about child development and attachment can also provoke feelings of guilt in parents, underlining the need for parenting programmes to be delivered sensitively:

When the parents come and do the parenting programme for Solihull, usually by about week two or three, it's like a light bulb has come on... And they say, is that it? Is that all I need to do? Yeah, that's all you need to do... but, of course, it can be hard... You know, I think Solihull should be taught to us all... But there's also this bit where if you're pregnant, and you've got depression or mental health issues, you've got to deal with that guilt of thinking: Have I damaged my baby? Will my baby be okay? [R2]

Another service manager echoed this point in relation to nutritional and other advice on infant and child development: parents with limited resources will feel additional stress and guilt if they are unable to provide children with "five fruit and veg a day or wooden toys or whatever". Therefore services need to be mindful about the way information is delivered and discussed. The manager also pointed out that even staff can struggle with concepts presented in some training offers on child development, so training should be formulated and delivered in an accessible manner:

Sometimes training is in a totally different language... the way it's articulated is not for people who work on the ground in communities... because it's too scientific or they're just not using the right language. [R2]

4.6. Support is sensitive to and addresses poverty and inequality

All services are supporting families that live in areas of high deprivation. Staff are acutely aware of the stressors and stigma families face and consider supporting families to address basic economic needs to be a central part of holistic family support. Organisations often deliver practical and emergency support to families, and this has intensified for most services during the Covid lockdowns. Service Managers said there is a clear link between rising levels of poverty and a range of

challenges families are facing, including addiction, mental health problems, suicide and increases in the number of children taken into care. Levels of deprivation are increasing further as the cost of living and fuel price rises hit families.

One service manager described the poor living conditions in which many of the families referred to the centre are living, and the negative impact on parents' mental health and the wellbeing of children. The service helps families first to improve their living environment, and this forms the foundation on which a trusting relationship is built:

We work with the SHANARRI indicators. The first one is safety. You should be safe in your own home, that's your safe space. If you're walking into a shell, it won't do anything for your wellbeing, your self-esteem and confidence. And if you're waking up in the morning to a house where there's no wallpaper, or no carpet on the floor, or the things that you do have are soiled... that's not going to make you feel motivated to do anything. And the impact of that on the kids is massive... Needing to have a home that feels like a home is the first port of call every time for us. And that can be turned around within four to six weeks normally. And then you build from there. Because by that point you've proven to that person that you actually care. [R2]

The service begins with an assessment of basic needs, and provides very practical help and advice with budgeting. Given the poor financial circumstances of many families, the service supplies basic household goods to improve the family's environment and relieve them of some costs:

Initially, when we get a referral, as soon as we finish the registration, we send out an energy advice project. They don't just tell us about energy usage, they tell us whether the home has got curtains, and a working cooker... You sit down [with a family] to make a budget, but there's no money in their budget, there is no spare cash. So what we're trying to get families to do is to focus on the gas and electric and the food. And then when it comes to the other things like bedding and things like that, then this project will enable them to get that support... because that instantly makes the parent feel better really quickly. And then we start on what they want next, or they decide what their goals are going to be. And then we'll work with them to try and find the best way forward for them. [R2]

The service recently teamed up with Amazon and other commercial retailers to distribute surplus household goods, including bedding, mattresses, and crockery, to families in need. All organisations supporting children and families in the large local authority area can access goods through the project, with 22,500 families benefitting so far. Given the rising level of need, the service manager predicted that "referrals are probably going to be three times that by the time we get to December".

Other services provided emergency assistance to families during the Covid lockdowns, including vouchers for food and goods. One manager noted that levels of need have not decreased, but prioritising which families receive assistance is challenging and the service is no longer able to meet demand:

[During] COVID we were doing one-to-one intensive support because we were asking families what they needed. The response was so big that we almost feel overwhelmed by that and limited to what we could offer. I think had we to continue that level of asking people what their needs are, we would be overwhelmed... I think families are just really struggling you. So we're giving out vouchers for families... and there's always the question of how do you prioritise this? Because there's just so much need. It's just not enough. [R1]

This was echoed by other Service managers who said that the cost of living crisis and the after effects of Covid were putting additional financial strain on families. Several managers talked about the benefits trap many parents are in, particularly single parents. One service manager recalled the

example of a young single mother who is in recovery from addiction and has been working as an auxiliary in a hospital for a shift or two per week. She is gaining immense satisfaction and purpose from the part-time work but is under pressure to work more shifts. By doing so, she risks losing her benefits, which would make childcare costs prohibitively high.

Managers were also clear that helping families with the cost of living is a necessary reaction to systemic failures and increasing inequality, rather than about creating dependency:

People will say to me.. well, you're maybe making them a bit dependent. My answer to that is we're not building dependency, the government built the dependency when wages are sitting where they are at the lowest levels that they are and with the reduction in benefits. So, food banks have been here for years now and they've got to the point where I feel like we're in America... And so actually, we're not building dependency, we're just caring for people. And we're trying to keep people alive. [R2]

Another service manager talked about the importance of giving parents space to work on their own qualifications and improve their future employability and economic circumstances, while also supporting their children's development so they can achieve their future potential too. Family support in this case therefore includes an offer of flexible high quality childcare and enriching opportunities for young children, while parents are supported with their own education and training:

... when you look at early intervention, and when you start thinking about the needs that we see in primary schools and the attainment gap... well, these children don't go to private nursery, their parents aren't working... but they can start coming to us once or twice a week. We've got skilled qualified early years workers that are doing sensory play. And bear in mind, again, these children don't go to monkey music or baby sensory or that paid stuff. So we're essentially offering that for free. And then alongside that, also, mum and baby can get some time apart, and Mum can focus on what's going on for her and her next steps... What job are you going to do? You're on Universal Credit, you need to apply for jobs, and she's thinking but I've not done anything, I don't know what to do. And then they end up in low-skilled jobs that they don't enjoy... we're an SQA accredited centre, so we can deliver SQA modules in-house. And we deliver things like personal development, employability, and talk through those barriers, like childcare. [R5]

4.7. Universal/open access

Service Managers underlined the importance of ensuring that holistic family support services are open and accessible to all families. Most organisations have a high number of families referred or signposted from midwives, health visitors and others. Most also support families with more acute needs, who may also have social work involvement. However, part of the value of community-based holistic family support is that it is grounded in local communities and seen to be open and accessible to all families:

We've always had an open door policy and call ourselves universal. Within that there are targeted services that are targeted through referrals, or a needs assessment in-house. We've always had an open door policy and we never say we're for the vulnerable families, because anybody that has a baby at that stage is vulnerable... no matter who comes through the door. You sometimes think people are all sorted, they don't need support. But when you get to know people, everybody needs support. [R5]

Open access is less stigmatising, encourages and normalises early help-seeking and reduces the likelihood of later problems appearing and escalating. One Service Manager emphasised that a referrals only system would discourage some parents and families from seeking help:

When we did our original research, women said it's hard enough to reach out for support. They said: I don't know whether I've got a perinatal mental health problem, but I'm struggling. And if I have to go to my GP or get a diagnosis, that's an extra barrier. So, if somebody's struggling, they can self-refer into us through whatever means. [R3]

Another manager said that many Health Visitor referrals are for families who seem to be socially isolated but don't have any formal diagnosis of parental mental health issues or concerns about children's welfare. This enables the service to support a wide range of families, who may later disclose other challenges:

A lot of the referrals that we get through from Health Visitors often start out for parents that have under twos that are just isolated. That's what comes in the form... and that's great, because then it's really broad and open for everybody. But obviously, when we get to know the family, it's, you know, a bit like peeling back those layers. And you think, alright, actually, there's quite a lot going on here. And we see that more and more... [R5]

The importance of maintaining universal access is illustrated by the recent experience of one service contracted by the local authority to support families referred by social work. The service's capacity to work with other families is now reduced. Staff feel very strongly that this could compromise the service's hard-earned reputation as a community service for all. Universal access is seen an important prerequisite to gaining trust and acceptance among families and the wider community:

We've worked so, so hard to address the fears of the community, to say we're community, this is family. We worked so hard to become part of this community... to make it not stigmatising... so it really upset me when it was to be social work referrals only... Why wait 'til a family is at crisis point? Why wait until social work has become involved? I just think you're doing this all wrong, you're going back 40 years here. They've broken a system that was working brilliantly. [R6]

4.8. Continuity of support that is not time limited

Service Managers also emphasised the importance of providing support that is not time-limited. Holistic support for families should be open-ended and provided over a longer period of time, if necessary. This may be particularly important for parents who have experienced trauma and attachment difficulties in their own lives and where it takes time to build a secure relationship with them:

The service isn't a time limited service either. Because you can't undo years of trauma or build trust with a parent who's been in the care system in a matter of 12 weeks or something. It's just unrealistic. Because they've probably started off their life trusting everybody and then get let down... So the focus for me is building that secure relationship and making them feel like they've come to the right place for support, and they can be themselves, regardless of what their choices or decisions have been... [R2]

Service Managers emphasised that while support should not be time-limited, the type of support offered over time will inevitably change and adapt. Holistic support is not about creating dependence, but providing a secure base for families from which they can develop and access other support and opportunities, when they're ready to do so:

You can't "fix" things for a family in a couple of months time, it can sometimes take 18 months, sometimes it take two years, and we need the opportunity to be able to help get that family there. And you're not creating a dependence on the service because during that time, you're signposting them onto other things, you're supporting them to access different things. [R4]

This may be particularly important when parents are dealing with complex issues such as addiction and past trauma. Holistic family support in these cases can mean keeping the door open, even when parents initially reject or are unable to benefit from support:

I think another important thing, especially for people who've got addictions, is not to write them off because they do something wrong or when they fall off the path. Because actually that's going to happen. And I think leaving the door open is equally as important, because not everybody is ready in that moment when their Health Visitor refers them for support... So I think that's one of the main things: giving people the information, giving them the space and time to decide whether they're ready or not. Because it is really difficult. Anybody would find it difficult to cross a doorway somewhere they've never been before. And if you've had negative experiences in the past from services, then that part's even harder. [R2]

Another strength of holistic family support is that once a relationship has been built with a family, they can continue to access support as their children and families grow. In these circumstances, the prior relationship means that tailored support can be provided earlier, and the family's needs are better understood. For families with complex histories and needs, continuing support and early support for subsequent pregnancies can help prevent or reduce later difficulties:

One particular family comes mind, because it's so complex. I worked with Mum during her first pregnancy, and she nearly lost care of her child. Let's call him John... And that was mainly due to her relationship issues, not necessarily her care and understanding of John. So, she kept John. John is now nine, attends a local primary school, and the family got re-referred to us, because John needed some support in school. So he got referred in his own right for support, and he has a support worker. But Mum actually then went on to rekindle the relationship from nine years ago. It's in a slightly better place now, and she has another child with him, who's two, so now they get family support [from us], and John engages in our primary age group work... At school, his school attendance isn't great, so we try and see him outside school, and we're troubleshooting... like, we know that summer will be difficult, and he doesn't always get out of the flat much when he's not at school... [R5]

The service manager underlined that wrap-around holistic support over the longer-term may be necessary to help this family, and others, to stay together:

There's been a lot of stuff around The Promise and, you know, really recognising that it is better that this family stays together rather than John going into care. But also recognising there's a lot of things that are really, really challenging and that really need unpicked. We've actually lobbied and lobbied and lobbied for the family to get a social worker and eventually they have been allocated a social worker. Mum's quite happy being allocated a social worker. But now looking at the two year old, and Mum is now also pregnant again, and looking at how do we try and stem earlier some of what's gone wrong? [R5]

The same service manager talked about the relationship her service continues to have with parents, even when support formal reduces or has come to an end. Families continue to stay in touch, contacting staff for continuing support and advice:

It's just that sense checking, they'll pick up the phone, and say, "Oh, my mum's saying this, but like, I know, that's not what I should be doing... I know, [my child] doesn't just need clouted over the head"... So you do see that parents are trying to be more attuned and parent more sensitively, and, you know, they just need that sounding board to keep checking that they're on the right path. And then that can go on for quite a while. [R5]

4.9. Close relationship with statutory services: partnership and advocacy

All managers emphasised that they have close and constructive relationships with statutory services, including a range of health professionals and social workers. Despite the challenges of increasing caseloads and families presenting later with more acute challenges, managers mentioned several examples of good cooperation. Referral pathways between statutory services and family support services are well-established, whether or not third sector services receive statutory funding. A majority of families in most services are referred or signposted by Health Visitors and others. Early referrals from statutory services can prevent families experiencing more acute problems later on. Managers see this kind of preventative early support as a vital strength of the third sector family support.

Family support services also provide “wrap-around” support for families with more challenges that are also being supported by mental health services and/or social work. Family support may also benefit families that are transitioning out of specialist mental health and other services, such as the Family Nurse Partnership for young parents. One Service Manager described the strength of close and complementary multi-agency working for families with more complex needs. In this case, the family support service was able to provide vital social, emotional and practical that complemented a range of more specialist statutory support:

We try to work really closely multi-agency to see where we might fit and be a piece of the puzzle. For example, we often work with people who are engaged with Family Nurse Partnership and work closely alongside FNP. We're really careful because there's a lot of practical support with FNP, so we don't crossover... A good example of that is a mum who came out of the MBU. She had Family Nurse Partnership, and actually she was discharged home from the MBU to the Women's Refuge. So she wasn't in her own home, and she hadn't left the house for approximately two years, apart from having given birth, and she really struggled anxiety wise. So Family Nurse were going in and doing their weekly programme of different stages. So that was what she was doing with baby. And what we did was around helping her start to take small steps to get out of the house to address her social anxiety. She worked with the Perinatal Support Officer, and later had befriender support too. And actually, she's been an amazing success story. [R3]

Another organisation said that introduction of the Family Nurse Partnership led to fewer referrals for younger parents while they are supported via FNP. However, referrals for young parents transitioning out of FNP is common:

What we do find is once baby is actually here, and they're looking for community-based stuff... FNP will refer a lot to us for that kind of group work for isolation... and then we tend to get involved in family support. And the FNP obviously start [to wind down] in the postnatal period. And then sometimes... when the family is back onto the normal health visitor caseload when a child turns two, the health visitor will say, you know, they're not connected to anything, and they make a referral at that point, if they haven't previously been referred. [R5]

In many cases, staff in third sector organisations have a background in health or social work themselves. Managers said they feel respected and valued by colleagues in health and social work. One Manager said the new perinatal mental health team in the local health board area regularly seek advice from their service, recognising the significant expertise built up in the team. The service manager also outlined how greater flexibility in the third sector complements the work of statutory services and allows innovation and creative joint working:

All of our core team have health backgrounds, actually... one Perinatal Support staff member was a matron on the neonatal ward for a long time. And everyone brings this this passion for the perinatal period, and working in this different way... I also worked in the public sector and then came into third sector. There are challenges, but you can also be so innovative in the third sector and responsive. And I think we really saw that in COVID... how people could respond differently without

having to, like, leap through the same amounts of red tape and process to be able to provide support there and then... by being flexible and creative and working together. [R3]

Managers noted that statutory services know and trust third sector services, and in some cases, third sector services can feel like they are part of an integrated team:

One of the things that's been really great is that, I suppose over time - because we've been doing this for a long time - we just get such a lovely response from the [health] teams here. So if I go to the community mental health team and say I'm worried about this person, as long as I'm saying the reasons why and laying it out, you know, we do get a good response. They are really respectful of us. And even when technically there was no hospital visiting [during Covid], the mental health midwifery team in the hospital would allow us to go in because we had built such a relationship and they were recognising that that was important and that we were valuable. And for a third sector organisation to have that relationship kind of feels to me a little bit exceptional. You know, we were almost seen as part of their team. And even when you were only allowed one birth partner, they would let our birth doula go in because they recognised that if the person was needing that type of support, that was going to be an asset as well. [R3]

Family support workers also help families to access specialist and other practical support. As well as identifying challenges and signposting families to specialist services, family support services also advocate on behalf of parents and families to help ensure they are assessed and referred on for often hard-to-access specialist support. Service managers said they help parents access mental health services, including in-patient support such as MBUs, and have lobbied for families to be allocated a social worker, where family support alone is not deemed enough:

Advocacy is a huge part of what we do... Because of the way we work... we've seen people really regularly, building a relationship with them, understanding what's going on and then seeing a changing picture of somebody's mental health really deteriorating. We're seeing that and the Community Psychiatric Nurses aren't necessarily seeing that happening... [We have an] opportunity to build that relationship and to know what's normal for that person. So what we've been able to do is provide a lot of advocacy around saying this person is not okay. And this is what's going on for them. And when somebody's in crisis, they're often not able to fully articulate what's going on either. [R3]

Another manager underlined how the service helps families navigate and understand statutory services, where language and procedures can be confusing and provoke anxiety, defensiveness and non-engagement in parents:

We also need to try and change the perception of Social Work and health. We do a lot of work around trying to get people to see that they are actually a support service and they're not there to take their children away. That's the hardest part, especially for people who have had a background in care... So at the moment, we've been working on making sure that the right terminology is used as well, because sometimes people don't understand what they're talking about when they're talking about, say, a child protection case conference... So we're trying to make sure that when social workers are talking about stuff, they talk in a language and use communication that's at a level that people can understand... [R2]

Many managers acknowledge that the capacity of health and social services are currently so stretched that helping parents access specialist support can be time-consuming and difficult. However, even when therapeutic services are available, family support services can also play a critical role in encouraging and supporting parents who may be reluctant to go to therapy:

There is definitely often a therapeutic need on the parents' part... But often there's a real reluctance from parents to engage with counselling... So that's where a lot of workers support does go into...

trying to get ready for that stage... for parents needing counselling, there can be domestic abuse or sexual abuse, so we'll look for specific services that are targeted and specialist in that area. We also do work quite closely with community psychiatric nurses and GPs. So again, we'll look for the GPs to make appropriate referrals... but that can be a sort of tricky place between talking them into being in a place to do [counselling] versus practical things like is it happening somewhere they feel like they can get to? Do they like the person? How long have they waited on a waitlist? Will they change their mind? [R5]

4.10. Careful management of risk

Managers also discussed the importance of carefully managing risk. All services support parents who may be experiencing mental ill-health and a range of other challenges, including substance use, and families where there are child welfare concerns. Service managers noted that there is not necessarily a neat distinction between families with “mild” needs and families with more acute needs. In practice, the experiences of many families are dynamic, and changing:

We were always supposed to be - like loads of third sector organisations – for parents with mild to moderate mental health issues, but... you can have somebody referring in as mild to moderate, and two weeks later, something else has happened in their life. And that's them at crisis point. And so we've had to work really hard around boundaries, and keeping staff and volunteers safe in there and safeguarding. [R3]

This was echoed by another manager who said that assessments of risk can vary between different statutory and third sector services. Families may disclose more challenges and problems to community family support services, who are often visiting families at home. Therefore, community services may have concerns that statutory services have not have picked up on:

Often when you get a referral - and it doesn't matter from what agency - they don't have the full story or all the information because the parents are often so distrustful. So you might end up back where you started, trying to get social work to re-pick [a family] back up, because there are huge safety concerns. But the other thing, I suppose, is that each social worker's perception of a situation can be different, which isn't helpful either... But what I say to my staff is when you form a relationship with somebody, you'll get the whole picture. Work on the relationship, that's the most key thing to start with, and then we'll take it from there. [R2]

Each organisation assesses the level of risk according to their own capacity, resource and expertise. Where families require specialist mental health or other support, community-based family support can be carefully provided in addition to specialist support, but not as a substitute:

We often have families with more complex needs being referred in and we will work with a family who maybe have more complex situations, as long as they have other support. We are getting people with more complex needs being referred into us partly, I think, because during the pandemic we were one of the only services still operating. And we have had to say, you know, this is too high risk, because there are disease issues going on... We will work with families where there's suspected domestic abuse, but we'd obviously do risk assessment, we wouldn't be visiting a home scenario in that situation, and we work closely alongside other domestic abuse services. [R3]

Services are careful to ensure that any peer or voluntary befriender support is appropriate, well-supervised and supported by staff. In some cases, volunteer support is considered inappropriate, and families with more complex needs will instead be supported by family support staff.

A Support Officer is always overseeing and supervising the volunteer to make sure everything is going okay and if there are any concerns. And after every meeting the volunteer has, we've got a web forum where notes go in and it uploads on to our secure database and the volunteer has an

opportunity to flag safeguarding concerns or anything else, like if they need some [extra] supervision. And they also know that if something's happened, and there's a concern, they can contact staff at any given time... to keep everybody safe. [R3]

Service managers also acknowledge the limits of family support in some circumstances. While recognising the inter-generational nature of many parent-child problems, managers acknowledge that in some circumstances, support is not enough to break the cycle and a child's welfare must be paramount:

A majority of the mums we're working with have got their own trauma, and their own difficulties that they're going through. And it's really hard because you know that for them to be able to support their wee ones emotionally, they have to be supported emotionally themselves. And you feel really bad for the mum, but ultimately that wee person is the priority... their safety has to be paramount. but it's really hard because you look at that mum and you know that they were in that situation years ago and they're now crying out for help and support, and you can give them so much but then sometimes it's just not enough... [R4]

4.1.1. Staff profile and training

Managers reflected on the qualifications and qualities they look for in family support staff. Services require a minimum qualification in a field such as HNC Childcare and Education, Social Care or Working with Communities or SVQ 3 Social services, children and young people or equivalent. In practice, many third sector staff have professional health backgrounds, for example, in midwifery and nursing, particularly those working with families the perinatal period. All managers said that personal approach and attitude is at least as important as formal qualifications.

Managers reflected on the personal qualities staff need in order to be effective family support workers. Above all, managers value staff who are able to empathise with parents and families, treat them with respect, understand trauma and its inter-generational effects, have excellent listening skills and understand the importance of supporting families to achieve their own goals, rather than attempting to impose solutions on parents and families.

Managers also said that personal "lived experience" of parenting and family challenges can be an invaluable asset for staff. One service manager founded the support service they manage partly in reaction to their own experience of perinatal mental health challenges. Another manager was supported through extremely difficult circumstances as a young care-experienced parent themselves by the service they now manage. These experiences have informed the development and ethos of both services:

People never asked me if I've been a parent here, they say, you seem to know the service really well, and you really seem to know how parents are thinking...

Another service staff member said direct personal experience of challenging life events is an integral part of what makes a good family support worker:

I think you need to have gone through some kind of trauma yourself to have that empathy. I think we can all have empathy to a certain degree, but I think you need to have had experience... when I think about us as a team, since we got to know each other, I know every single one of us have all gone through some major life changing thing in the past. [R6]

All services provide on-the-job training for staff across a range of different areas, including child protection, GIRFEC, first aid, trauma-informed practice and Adverse Childhood Experiences. All organisations are trained in the Solihull approach, and several are also trained in the Mellow parenting approach. Managers also said staff have benefited greatly from COSCA counselling skills

training, which gives staff a solid grounding in the importance of empathic listening, and conflict resolution training.

Training for volunteers who support families via befriending is also developed in a careful bespoke way:

Early on when we established, we had funding from the Volunteer Support Fund through Scottish Government to develop the training for befrienders. We wrote the training course and took it to “One Awards”, which is part of the Open College Network, and worked through a process of getting it accredited through them. They have a level of excellence, which assures the quality of the training. So when people come through our befrienders training course, they get a rich experience, but also they're meeting standards that we can see across the board. And then once our befriender has come through our training, our training doesn't stop there either. We're keen as a board to make sure that everybody's competent to be able to provide that support. [R3]

Managers also said that staff and volunteers receive regular supervision and this is considered a vital space in which to discuss both the relationship they have established with the parent and family they are supporting and to reflect on their own feelings and wellbeing. Supervision can be both one-to-one and on a group basis. One manager described the value of monthly group supervision for volunteers working with families:

When you're doing one-to-one loan working on your own out in the community, you need to have a certain level of competence and competency and safeguards in place. So we have a monthly group supervision that our volunteers are invited to come to, which is a chance for them to talk amongst each other about what's going on with person they're supporting, and get support from each other. And we always do training as part of that as well to maintain skills and competency. And then all of the volunteers are then also given supervision as well on a one- to-one basis with staff. [R3]

5. Challenges

5.1. Rising demand

I know that the team would all say that the level of need now is through the roof. It's just about the capacity of our team to respond, if we get a phone call from a service looking for extra support for families... it's just about whether we have time to respond. [R1]

All managers reported an increase in demand for support across their services. Most services are working at capacity, and many have introduced waiting lists. The rise in demand for support seems to be partly a result of Covid and the impact of lockdown on families' social connections, mental health and financial circumstances. Statutory services also had much less face-to-face contact with families during the lockdowns, which is likely to have reduced opportunities for early detection of problems and early intervention:

What we saw during COVID was that when babies were born, services weren't there. So even in terms of social work services, most didn't do home visits and there were families who didn't want a social worker coming in anyway. So we were trying to work with them because we were still going out to families... [families] were stuck indoors with new babies and not seeing anybody. That brought mental health issues in the parents... both mums and dads. And then you had developmental stuff with the kids. Because they hadn't been seen by anybody, there was no social interaction... the number of kids under three with development delays has been shocking... The focus in the media has been the impact of Covid on school aged children, but... not on all these wee ones under three. [R2]

Organisations have been responding to the rise in demand in various ways, and are very reluctant to close their service to anyone seeking help. Although services have been forced to introduce waiting lists, this is done on the basis of risk assessment, and an effort is made to keep contact with families and offer group activities if services lack capacity to deliver one-to-one support immediately:

We're trying to prioritise level of need, like someone is close to birth, or there's an attachment concern, whereas somebody might be able to wait a bit longer... [staff] will then sort of rank them a little bit and they'll get a contact from us on the phone roughly every two weeks while they're waiting, because we know that people will disengage. But also if you're waiting for something when you're feeling awful and struggling, that's really hard. And what we try to do is plug them into... our peer support group that runs once a week, and the outreach peer support that we do in collaboration with other charities... So we try to get people to come to that while they're waiting for formally coming in. [R3]

5.2. Higher and more complex levels of need

Managers said they are seeing a rise in families referred with more acute needs. Managers think this is a consequence of Covid and the lack of earlier and preventative work with families, as well as reduced capacity in over-stretched and under-resourced mental health and social work services. Some managers said that their services should be concentrating on early preventative work with families rather than supporting families in crisis and holding higher levels of risk. One manager said their service's caseload is directly linked to lack of capacity in social work:

We had a review about five years ago. And I remember the head of social work at the time said to me, your job is to do prevention. I said, well, that's great, but every time you lose staff at the Social Work children and families teams, we end up with every crisis referral. So when you get that bit sorted, we'll be able to get back to your day job. But actually, we never ever got back to our day job. Because this is such a highly deprived area and has the highest number of looked after children [in the local authority area], then you can imagine that the turnover for staff of good quality in Social Work children and families is pretty high... [R2]

Another manager said that their family support service gets less referrals now from social work for early work with families, because social workers themselves are now involved with families only when they reach crisis point:

We actually get less referrals from social work than we used to. And I think that's indicative of how high tariff things are now, by the time families are actually allocated the social worker. Whereas going back 10 years, social workers were probably more involved at an early intervention stage. And therefore they knew it was appropriate to refer to us. And things were probably de-escalated quite quickly. Now, by the time a social worker is actually allocated things are normally fairly far along... [R5]

This is perceived to be linked to a lack of capacity in social work services that leads to social workers having high caseloads and waiting lists. One consequence of this is that the family support service finds it harder to get families they support referred to social work, when this is deemed necessary:

We spend quite a considerable amount of time trying to get a social worker allocated at certain points as well. I mean, we have lots of families that don't have social work allocated, but there's a fine line quite often for us just now about what [risk] we're holding and what we're sitting with, versus, you know, what's been picked up by social work. And that's when we work very closely with the [social work] team. It's no judgement on them, but their waitlist is massive, and the needs are huge... I asked someone recently what social worker caseload is, and they thought it was maybe

about 50 families. That seems crazy... we try and have a full-time worker have no more than maybe 13 families. And so I'm very loath to say anything, I absolutely know they're trying their best. Each individual worker, you know, they want to be able to spend time with families. But actually, they just don't have time. [R5]

When families do have a social worker allocated, social work support for the family may continue to be minimal, due to capacity issues, raising concern that family support services are shouldering too much responsibility in some cases:

I feel like [social work] end up doing a kind of overseeing and making sure that everyone else is doing the bits on the plan. But then our workers will come back and say, my name is against every single thing in this plan. And you know... when a social worker gets involved, it doesn't necessarily lighten the load of our workers. What it does, I suppose, for us is that sometimes it just gives us that little bit of peace of mind that, you know, if ... things are really falling apart, then we know at least there's a social worker allocated, and we can pick up the phone... [R5]

Other service managers described a similar situation with mental health teams. One said there now seems to be higher threshold for parents and families to access specialist mental health support:

We've had quite an increase in community mental health teams referring into our perinatal service, they're kind of passing responsibility onto us... whereas before, if we were looking for more specialist support, we'd be saying to them, actually this person needs more specialist support, we're not a specialist mental health service... And with the Mother and Baby Unit, before they were amazing. We would refer families onto them and to the Perinatal and Infant Mental Health team... but we're not having that good experience now. And I don't think it's only to do with Covid. Because this started happening just prior to Covid. [R6]

Another service manager said that they are seeing a marked increase in the number of people requiring inpatient mental health support. As well as being a conduit for getting people support, the service is also trying to act as a missing link between specialist services, such as MBUs, and support for parents and families when they exit these services. However, this poses challenges when statutory services are failing to support parents:

We've built in "in-reach" support up to the MBU. Our staff go up and visit in-patients and keep the relationship and make it easier for the transition back out again... But that's not what we're seeing from statutory services, they're not able to provide that locally here... What the MBU do, which is really good, is they usually try to do a softer exit, for people who are coming out, especially back to [this area]... where they'll say to parents, you can phone back into them to continue support during the crossover... [but] a mother who was supported by us had a four day stay in the MBU [in March], and she's only just had her assessment by the [local] psychiatrist and the psychologists literally in the last couple of weeks [in June], and she's still not been allocated a Community Psychiatric Nurse... [R3]

The family support service is limited in what support they can provide in this interim period, between discharge from in-patient treatment and follow-on community mental health support, potentially leaving parents and families vulnerable:

We are limited with the support that we can give [in this situation] because the mum's not yet engaged into those [local mental health] services. So the level of risk is really tricky. So we've had conversations and connect across to the mental health team to see what stage she's at, and really what's going on. But we've been really limited. We've been just doing a brief contact and call, but we wouldn't do any kind of goal setting or work like that, because it could be completely inappropriate. So the mum needs to have gone through a full assessment with them to work out what their plan is. And then we'll have a conversation. [R3]

Another service manager said that the number of children they support with developmental delays has increased as a result of covid lockdowns and other factors. The service runs a nursery for young children but does not have the capacity to provide extra support to families with children with developmental issues. As a result, the service has applied to an independent funder to fund a dedicated worker to support children under 3s with developmental delays, both in the family centre and through home visits. The service manager says this increased level of need is not being recognised or addressed by the local authority, underlining a lack of early support to offset later challenges:

The local authority doesn't even ask for that information... they're not asking how many children have got developmental delays, what they're focusing on is how many children have been on Child Protection register? How many families was there a wellbeing meeting called for?... But you need to look below that, because these children are going to be at a disadvantage by the time they go to nursery, and definitely by the time they go to school if we've not got supports in place to help them catch up in terms of development. And although the government has offered two year old nursery places, well, they're few and far between. And they're definitely not enough. And they're doing the same thing as usual, by making it like a crisis intervention service, which is no good to the families that are not in crisis any more and we don't want them in crisis. [R2]

5.3. Lack of access to counselling and therapeutic services

Service Managers noted that many parents they support would benefit from therapy or counselling, particularly where parents have a history of past trauma or adverse childhood experiences themselves. Some family support services include a therapeutic offer in their range of support. One organisation has staff qualified to deliver trauma therapy to parents in certain cases. Whether this is appropriate for a particular parent is assessed on a case-by-case basis, taking into consideration the parent's own experiences and other support they may be accessing. One service has short-term funding to fund a specialist perinatal counsellor to provide therapy sessions for new and expectant parents in the family centre once a week. Another service had short-term funding to fund counselling for parents but this has now come to an end. One service employs a small number of play and art therapists who do both individual and group work with children.

As well as advocating for parents with mental health issues to be referred to NHS teams, services also attempt to find external counselling places for parents if their mental health issues are less acute, or if NHS support is not available. Managers said that third sector counselling is heavily over-subscribed. As a consequence, one service fundraises to pay for external private counselling:

Waiting lists for counselling are astronomical... And so if I do fundraising, by going to a church or asking a business for money, I tend to put people, if they really need it, to a private counsellor... and we've worked with a couple of them for a long time, so we get heavily discounted rates. Because you can't sit and say this parent needs help and then not give them the help... it's like a bed blocking situation in the hospital. You're sitting with children on the child protection register... and then you can't get them out of that until the parent or parents get themselves sorted out. How are they going to do that without proper support? [R2]

Another service has applied for funding to bring in therapeutic support for children and adults, because of the prevalence of family problems that are rooted in trauma, negative parenting and domestic abuse. However, funding for counselling places seems to be relatively difficult to obtain. Managers expressed frustration that inter-generational cycles of trauma may be difficult to address unless parents are able to access professional therapeutic support.

5.4. Staffing challenges

Most managers said that they have managed to retain their family support staff, despite the sector-wide challenges of relatively low pay and the inherent insecurity of third sector jobs, where continued funding is never guaranteed. Generally high levels of staff retention seem to be partly a consequence of high worker satisfaction with both their work and working environment and ethos. However, one manager said that their support service lost a high proportion of staff during lockdown, and other staff often leave for full-time positions elsewhere, because most family support positions in the organisation are funded as part-time positions. Staff pay continues to be low for the level of emotional investment required for the job. Managers ensure staff have access to a range of training and professional development opportunities, partly to compensate for low pay. However, training can be expensive, and is a sunk cost if the employee decides to leave.

6. Brief comparison with national charities delivering support in the perinatal period

Interviews were also conducted with three managers in national charities that deliver a range of early and intensive family support in more than one location in Scotland. All services support parents and families from pregnancy through the early years of parenthood. One service offers counselling for expectant and new parents. The other services provide social, emotional and practical support to families affected by poor mental health and/or substance use in the perinatal period, with one service supporting young parents, many of whom are care-experienced. In total, the services operate in seven different local authority areas in Scotland.

Many of the experiences of smaller community-based charities were echoed by staff in national charities.

- Local authority commissioning or tenders for family support are predominantly for more intensive or targeted support for families who have social work involvement and/or particular challenges such as substance use or care-experienced young parents.
- Commissioning for these intensive services varies significantly across local authorities.
- One national charity provides family support in primary schools. However, in some areas, the shift to school-based support has reduced fundings for family support in community settings.
- The national charities interviewed also provide earlier “open access” holistic support for parents and younger children, developing tailored models to support the mental health and wellbeing of parents and families from pregnancy through the early years, including specialist perinatal counselling and perinatal befriending.
- These “open access” services generally rely on funding from the Lottery and independent funders, with little or no public funding.
- These early family support services are often part of NHS “care pathways” and most families are referred or signposted by health visitors, midwives, GPs and others.
- Despite close working relationships, the sustainability of early support services is precarious given lack of long-term funding.

7. Discussion

Many of the strengths and challenges of delivering community-based family support in Scotland identified in this research are reflected in previous research findings and debates. A limit of the research is that it is based on the reflections of staff delivering family support and does not include

the views of families supported or the statutory services and funders that work closely with them. Nevertheless, some key issues identified in the research may help independent funders reflect on how their own funding models can best contribute to an ambitious policy agenda in Scotland that is yet to be fully implemented, and is set against years of under-investment in the sector.

Key features and strengths of holistic family described by the experienced providers of community-based family support interviewed for this research include:

- person-centred, trauma-informed, relationships-based practice;
- understanding the impact and addressing the effects of poverty and inequality;
- benefits of peer support for improving mental health in the perinatal period;
- sensitive delivery of attachment-based parenting support as part of broader holistic support for improving aspects of parenting and child wellbeing;
- benefits of therapeutic support for some families;
- support provided as early as possible and on an open access for all families.

The policy ambition in Scotland is clear and reflects these findings. The recommendations of both the Independent Care Review, the Deputy First Minister's Covid 19 Children and Families Leadership Group set out a clear and ambitious vision for universal and targeted family to be available on demand across Scotland. This vision is based on holistic principles and envisages a key role for third sector and community-based support:

Supports anticipated will include financial and practical, emotional information and advice and will take account of the different levels and types of needs anticipated as well as the specific views of the individual family; structures will be varied to meet local need; these will include sustainable and informal community-run and owned supports/self-help/information/drop-in/community café and advice incorporating peer support to tackle isolation and encourage connection and avoid families being pulled into systems unnecessarily (Covid-19 Children & Families Collective Leadership Group, 2021: 8).

That support will not necessarily be provided by local authorities, as community voluntary groups often grow organically, but Scotland must ensure that all communities have supportive, universally accessible places out of the home where parents can build relationships, share their parenting experiences and be supported with their children... Supporting families with pre-school children is not just about the provision of more nursery hours, although that is welcome for many families. It must be about providing support for all families to care and to nurture (The Promise, 2020: 49).

In line with Community Empowerment Act, community assets, skills and knowledge will be strengthened to support and empower parents, address child need, and promote child wellbeing, learning and development (Covid-19 Children & Families Collective Leadership Group, 2021: 9).

This and previous research (Galloway, 2013, 2021) suggests that the challenge of realising an ambitious vision is significant given:

- Reduced local authority funding for early and preventative family support
- Social work delivery moving away from early and holistic work with families to risk-based later interventions
- Third sector organisations are supporting families with higher level of needs, reducing their capacity for earlier, more preventative family support in the community.

Questions for independent funders (IFs) to consider

Funding a new ecology of support requires changes in existing funding practice:

Investment and funding will not feel compartmentalised, but will clearly connect with the wider GIRFEC approach and our aspirations for family support, including support from pregnancy through to childhood, continuity across boundaries, local areas being empowered to develop support in response to need, and that funding follows the family to deliver on the [National Performance Framework] NPF. (Covid-19 Children & Families Collective Leadership Group, 2021: 9)

The scale of investment will acknowledge the scale of issues. Funding timescales need to be longer-term and sustainable, to enable support to be consistent, high-quality and provided by highly-skilled staff who are secure in their contracts. (ibid)

Independent funders are therefore encouraged to think about how they can better cooperate with each other, government and local authorities to increase access to high quality holistic family support across Scotland, reducing duplication of efforts, inefficiencies and gaps in funding. This is particularly pressing in the present climate due to (a) high levels of need for family support across Scotland, (b) overstretched capacity to deliver family support in existing organisations (c) lack of family support services in some areas, and (d) pressure on public budgets. Increasing access to holistic family support may be particularly pressing as the cost of living crisis forces many more families into poverty:

Based in approaches of empowerment, restorative practice and partnership... family support plays a crucial social role, particularly in times of rapid social, political and economic change which tend to take a heavy toll of families and their children when they are struggling with low pay, unemployment and social marginalisation (Frost et al.: 149).

Figure 2 sets out some of the questions independent funders were encouraged to consider at the height of the UK government’s austerity measures. There is a commitment in Scotland to increasing government spending on family support, but it is not yet clear where this additional funding will be directed, in terms of statutory and third sector support and the level of provision from early and preventative family support to more targeted intensive support. Therefore, many of the challenges and solutions outlined below remain relevant.

WHAT'S HAPPENING	WHAT ARE THE IMPLICATIONS?	PRACTICAL ACTIONS
Independent funders (IFs) with higher % spend within some issue areas as state pulls back	Greater onus on IFs to understand and boost collaborative impact	Mapping of local spending trends, needs & assets; mapping of existing funding ecologies (place & theme)
State no longer inevitably picking up and scaling innovation	Need for creative thinking about models of scale & diffusion within the IF sector	Larger funders leading dialogue about collaborative models of scale with social finance & private sector partners E.g. BLF's Accelerating Ideas Fund
R&D/innovation in public services squeezed by permanent crisis mode	Gap emerging around citizen-centric innovation that IFs need to be addressing	Diagnostic work on IFs mission & operating principles in light of new assumptions about journey from idea to initiative

Figure 2: A New Funding Ecology: A Blueprint for Action, 2015: 9

1. Are IFs currently distributing their resources in the most efficient and impactful way?

- Independent funders should consider whether their current funding models are fit for purpose. Charities' need for more secure longer-term core and unrestricted funding from independent funders may increase as local authority funding for early family support is reduced and/or funding for intensive family support is prioritised over early preventative support.
- Managers interviewed in this research rated their relationship with independent funders as close and trusting and felt long-term funding relationships had been successfully established. Most organisations have successfully diversified their sources of funding given uncertainties about whether and how long funding from different sources will be available.
- The proportion of budgets for early family supported from independent funding is increasing, as local authority support for early family support is reduced/rationed and/or funding for intensive family support is prioritised over early preventative support. Therefore, this funding model may no longer be fit for purpose.
- Larger charities may have a competitive advantage when bidding for intensive family support tenders and more security due to their size. However, charities of all sizes rely on independent funders to fund much of their early and preventative family support work.
- Restricted funding by various silos, including a child's age, may undermine the principles of holistic whole family support outlined in this report and others, including the Promise. Funders should also consider whether funding conditions allow for the provision of longer-term and practical support for families.

2. Can IFs better cooperate with each other, local authorities and Scottish Government to improve availability of high quality family support?

- Independent funders should carefully consider how they engage and cooperate with each other, local authorities and Scottish Government to achieve shared objectives, particularly as the capacity of many community-based services is linked to the level and security of funding they receive from local authorities.
- Independent funders currently operate predominantly in isolation. There may be advantages to distributing funds based on quality of applications received. However, funders may not be aware of each other's funding decisions, the overall needs in different local authority areas and overlaps and gaps in provision across Scotland.
- The principles of holistic family support and the policy aspiration in Scotland is clear, providing a basis on which independent funders can now define priorities, individually and/or collectively.
- Streamlining and reducing unnecessary duplication of efforts (for funders and grantees) is pressing given reduced levels of local authority funding and an increase in demand for family support as a consequence of years of austerity, the pandemic and the cost of living crisis.
- Local authorities are likely to recognise the benefits of cooperating with independent funders to draw in additional funding for family support (Galloway, 2021) and some local authorities have already expressed an ambition to do (see, for example, Glasgow's Family Support Strategy 2020-2023: 7).
- Closer cooperation should not compromise the independence of funders or charities on the ground or reduce local authority spending further, but aim to encourage greater overall levels of funding for early preventative family support – including the Scottish Government's ambition to earmark at least 5 per cent of community-based health and social care spend to preventative whole family support.

3. *How can IFs work with others to identify and address gaps in provision?*

- Independent Funders should base funding decisions on mapping exercises at local level that establish local needs, assets, spending trends and funding landscape.
- This research has identified gaps in funding and provision for:
 - Early preventative “open access” holistic family support
 - Counselling for parents
 - Therapeutic support for young children and families
- Identifying geographical gaps in family support provision is beyond the scope of this research, but it is clear that support is not available consistently across the country, with rural areas particularly poorly served.
- Both local and national strategies on family support say funding decisions should be based on assessment of need and provision at local level: “Collectively, Scotland will hold the data we need to allow us to understand need, assess progress and drive improvement. This will be collected with care and due regard to burden” (Covid-19 Children & Families Collective Leadership Group, 2021: 10).
- At local authority level, strategies vary, but there is an ambition to map need and provision in local areas. For example, Glasgow’s Family Support Strategy seeks to align funding with a “neighbourhood approach” (Glasgow’s Family Support Strategy 2020-2023: 5), though in practice, resource and Covid constraints have led to tendering for intensive family support over early preventative community-based support.
- In several areas, local family support charities are included in NHS care pathways for families, particularly during pregnancy and the early years, however, this is often not accompanied by public funding commitments.
- Independent Funders should ask government and local authorities to prioritise and share local assessments of need and provision, considering co-production where appropriate.

4. *Are there innovative and evidence-based practices that IFs can identify and support to scale up?*

- Funders should draw on learning from established local family support services and national charities when considering strengthening family support in under-served areas.
- Scotland’s ambition to provide early family support to all families who need it is likely to require investment in expanded or new services in some parts of the country. National charities and local community-based groups and organisations may have a role to play in scaling up support.
- The Covid Children and Families group underlines the importance of strengthening grassroots support in communities for families: “In line with Community Empowerment Act, community assets, skills and knowledge will be strengthened to support and empower parents, address child need, and promote child wellbeing, learning and development” (Covid-19 Children & Families Collective Leadership Group, 2021: 9)
- Good practice and learning from established local family support services and national charities should inform development of new services and support. One organisation interviewed for this research is currently developing a toolkit for community-based family support, and intends to provide training and consultancy to other interested organisations.
- It is equally important to recognise that the local service models described in this research have been built up over several years, with significant input from parents and families. Services have worked hard to be accepted within their communities and to establish referral pathways and close working relationships with statutory services. Training and supervision of staff and volunteers is comprehensive, there is a high level of staff retention and a significant expertise and experience has been built up in teams.

- Evidence-based support models that improve parental wellbeing and parenting skills in the early years include peer support, parenting support and counselling (Robertson Trust, 2019). This research suggests that for many families, these approaches are unlikely to be effective in isolation, but should be embedded in family centres and services in communities that can also offer practical, social and emotional support for families, based in relationships.
- Investing in new digital and remote forms of support may be required to extend support to families in dispersed rural areas. Larger national charities may be in the best position to draw on lessons from delivery of services during Covid to build on and expand remote befriending and counselling services.
- Equally, investment in buildings physical infrastructure may be needed in some communities.

5. *Can IFs support the development of the family support workforce and help services evidence and articulate their impact?*

- Independent Funders should consider whether their funding models are contributing to the professionalism and sustainability of the family support workforce, including pay and conditions, training, supervision and professional development.
- Family Support has been described as a “Cinderella Service, struggling for recognition and resources” (Frost, Abbott, Race, Tracey, 2015: 150). Third sector support is under-resourced, with a “de-professionalized” workforce of ‘para-professionals’ and volunteers who do not have access to universal qualifications and standards (ibid: 132).
- This research found that staff working in community-based family support organisations have a minimum of level of qualification in child or social care and many have backgrounds in health and other helping professions. However, lack of secure funding, part-time positions and relatively low pay can hamper recruitment and staff retention.
- Independent Funders should consider whether their funding is contributing to some of these shortcomings and what support organisations can be given individually and collectively to better support the workforce, considering pay and conditions, training, supervision, reflective practice and professional development.
- Funders should also consider how community-based family support services can be supported to evidence and articulate their impact. Measuring the impact and effectiveness of family support, particularly its longer-term impact, is challenging for several reasons and the evidence base needs strengthening.
- Local organisations often lack the budgets and tools to measure impact beyond surveys of immediate parent satisfaction. Helping third sector organisations evidence impact – including outcomes over time - will be vital to furthering the case for greater investment in early family support.