Highland Whole Family Wellbeing Programme

Family Links 1.0

Evaluation and Impact Report

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1. Executive Summary

Family Links 1.0 has demonstrated clear evidence of positive impact for children, young people, parents, and carers experiencing complex and overlapping challenges affecting wellbeing, school engagement, and family functioning.

Across 74 families supported, approximately 65% demonstrated measurable improvements in school attendance and engagement, with further emerging progress evident in many additional cases. The strongest areas of impact included children's emotional wellbeing, confidence, school attendance, and improved trust and communication between families and schools. Improvements in wellbeing were evidenced across all SHANARRI indicators, particularly within the areas of feeling nurtured, respected, included, and achieving.

The evaluation highlights the effectiveness of a relational, whole-family approach. Positive outcomes were most evident where support addressed both practical barriers and underlying emotional or relational needs simultaneously. Trusted relationships, flexible delivery, and sustained engagement emerged as the key drivers of change.

The data also provides important insight into the nature and complexity of need within families supported through Family Links. Most children and parents/carers experienced multiple overlapping challenges, commonly including:

- Emotional dysregulation and mental health difficulties
- Neurodevelopmental needs and behavioral challenges
- Poverty, housing instability, and wider socio-economic disadvantage
- Parental stress, trauma, and reduced capacity
- Difficulties navigating fragmented systems and services

A significant finding is that non-attendance and disengagement are rarely isolated behavioral issues. Instead, they are often adaptive responses to unmet need, overwhelming environments, family stress, trauma, and systems that families experience as difficult to access or poorly coordinated.

The evaluation also identifies clear limitations within the wider system. While Family Links has been effective in building trust and acting as a bridge between families, schools, and services, many families continue to face barriers accessing timely specialist support. High thresholds, fragmented pathways, and limited-service capacity frequently constrain progress for families with the most complex needs.

The evidence suggests that sustainable improvement requires more than short-term intervention. It requires coordinated, relationship-based, whole-system support that recognises the interconnected nature of attendance, wellbeing, family functioning, neurodivergence, poverty, and parental capacity.

Family Links 1.0 has established a strong foundation and demonstrated significant value. The challenge for Family Links 2.0 is to build on this learning by strengthening strategic integration, improving pathways to specialist support, and embedding a more joined-up, preventative, and family-centred system of support around children and families.

2. Introduction

Family Links 1.0[1] was the first 18-month phase of a whole-family wellbeing test of concept developed within the Inverness High School Associated Schools Group (ASG) in response to persistent issues with school attendance and engagement. Identified through the Inverness Community Partnership and local partners (particularly schools) in 2023, there was a clear recognition that poor attendance was not simply an educational issue, but a reflection of wider, interconnected challenges experienced by families. These included poverty, mental health difficulties, trauma, housing instability and complex family relationships, all of which contributed to unmet needs that existing services were not consistently able to address.

This shared understanding led to the development of Family Links as a test of concept funded through the Highland Whole Family Wellbeing Programme (WFWP) and delivered by a third-sector partnership of Care and Learning Alliance (CALA), Home-Start East Highland and Thriving Families. The core aim was to design and test a model that could improve school attendance and engagement by addressing root causes through holistic, relationship-based support for families. Family Links 1.0 was delivered between October 2024 and March 2026. Support for families in the Inverness High School ASG continues as part of Family Links 2.0, for which funding is currently secured until June 2027.

Design and Development

The Family Links model emerged through a structured co-design process, bringing together partners from education, social work, third sector organisations and the wider community. This included a series of multi-agency design workshops held in September 2024, facilitated using the Scottish Approach to Service Design (Double Diamond model).

[1] The Family Links test of concept was extended from April 2026 to June 2027, extending the work in Inverness High School ASG and taking the model into Drummond School in Inverness and also to Badenoch & Strathspey, Lochaber and Skye. To avoid confusion, the first phase of the test of concept from October 2024 to March 2026 in Inverness High School ASG (reported on here) will be referred to as Family Links 1.0. The second phase will be referred to as Family Links 2.0

The **Discover** and **Define** phases of the workshops focused on deeply understanding the lived experiences of families, highlighting how multiple, overlapping pressures and fragmented service responses contributed to disengagement from school. A key outcome of this phase was a shared problem statement: that attendance issues are symptoms of unmet, holistic family needs, and that solutions must be shaped with families rather than imposed upon them.

The **Develop** and **Deliver** phases translated these insights into a practical service model. Central to this was a commitment to designing support that is relational, flexible, and responsive to individual family circumstances. The workshops emphasised the need for trust, strong communication, and partnership working, as well as the importance of reducing duplication and simplifying the system for families.

Method and Approach

The Family Links approach has evolved into a distinct model grounded in several key principles:

- **Whole-family, holistic support:** Recognising that children's wellbeing and school engagement are inseparable from the wider family context.
- **Relationship-based practice:** Building trust through consistent, non-judgemental engagement over time as the foundation for change.
- **Addressing root causes:** Focusing on underlying issues rather than symptoms such as absence itself.
- **Family-led decision making:** Supporting families to identify their own needs and lead on solutions.
- **Partnership working:** Coordinating support across schools, services and third-sector organisations to reduce fragmentation and improve outcomes.

This is underpinned by three core pillars:

- **Family-centred** – understanding each family's unique strengths and challenges
- **Family-driven** – enabling families to lead change
- **Delivered in partnership** – ensuring coordinated, multi-agency support and families as partners

In practice, support is tailored, flexible and delivered across home, school and community settings. Work typically begins with relationship-building, followed by collaborative planning, ongoing review, and adaptation based on family need and readiness for change.

The Family Links Worker Role

At the heart of the model is the Family Links Worker (FLW), whose role has developed through both design and delivery phases. Initially conceived as a link between families and services, the role has evolved into three interconnected strands:

1. **Connecting and coordinating support**
    - Linking families to appropriate services and resources
    - Helping navigate systems and reduce duplication
    - Acting as a consistent point of contact within a complex service landscape
2. **Amplifying family voice and building relationships**
    - Building trust through consistent, non-judgemental engagement
    - Supporting families to articulate their needs and be heard within systems
    - Strengthening relationships between families, schools and professionals
3. **Providing direct support for wellbeing and parenting**
    - Offering practical guidance and emotional support to parents and children
    - Supporting routines, behaviour, and emotional regulation
    - Providing in-the-moment, relational support aligned with family priorities

This combination of relational, practical and coordinating functions enables the FLW to address both immediate challenges and longer-term wellbeing, supporting sustainable change for families.

Summary

Family Links 1.0 represented a shift from traditional, school-focused approaches to attendance towards a preventative, whole-family model of support. By prioritising relationships, empowering families, and embedding partnership working, it has sought to address the root causes of disengagement and create lasting improvements in both wellbeing and school attendance and engagement.

This report provides a comprehensive overview of delivery and impact from Family Links 1.0 and highlights key learning to take forward into Family Links 2.0

3. Methodology

Overview

This report draws on evidence collected over an 18-month period, bringing together a rich combination of qualitative and quantitative data to understand the experiences of children, young people, and families engaged with Family Links 1.0. The approach taken was intentionally comprehensive, ensuring that insights were captured from multiple perspectives and across different stages of delivery.

Case Notes As The Core Evidence Base

At the heart of the dataset are detailed case notes recorded by Family Links Workers following each interaction with families. These records, stored within organisational systems, provide a thorough account of the work undertaken. They include both factual information about meetings and support provided, as well as reflective observations on emerging needs, progress made, and challenges encountered.

Importantly, the case notes capture the voices of those involved, incorporating feedback from children, young people, parents and carers, alongside contributions from professionals such as social workers and school staff. They also integrate key information from multi-agency meetings, further strengthening their depth. In total, approximately 1,600 entries were analysed, making these notes the most significant and comprehensive source of evidence for the report.

Reflective Practice and Team Learning

Ongoing reflective practice formed a central part of the methodology. Fortnightly team meetings, attended by Family Links Workers and the Family Links Project Manager, provided a structured opportunity to review caseloads, reflect on progress, and share learning. These sessions encouraged open discussion of both successes and challenges, supported by peer advice and collaborative problem-solving.

The notes from these meetings provide valuable insight into how the programme operated in practice, capturing the experiences of practitioners and the evolving understanding of what works in supporting families.

Strategic Oversight and Project Development

At a strategic level, monthly meetings with managers and strategic leads from the three core delivery partner organisations offered a broader perspective on delivery. These sessions focused on identifying key challenges, shaping future direction, and refining the Family Links model.

The discussions and recorded minutes from these meetings contribute important context to the analysis, particularly in understanding how decisions were made and how the programme evolved over time.

Engagement With Schools and Partner Services

Engagement with schools formed another important strand of the methodology. The Family Links Project Manager met regularly with school representatives, most often headteachers, to discuss delivery within the school context and gather feedback on the impact of Family Links 1.0 on families from a school point of view. These conversations provided valuable insight into both successes and challenges at a school level.

In parallel, regular discussions with the Social Work Practice Lead supported close partnership working. These meetings focused on joint working arrangements, co-ordination of support, and addressing challenges as they arose. They also included reflections on individual cases, further enriching the evidence base.

Reflective Workshops

A key milestone occurred at the six-month stage, when two full-day reflective workshops were held with a range of stakeholders working with families and schools. These sessions generated rich qualitative insights and enabled shared learning across the system.

The workshops provided an important opportunity to step back from day-to-day delivery and consider the development and impact of Family Links 1.0 in a more holistic and strategic way.

Direct Engagement With Families

Direct engagement with families was prioritised at key points during the programme. At both the nine-month and eighteen-month stages, efforts were made to gather feedback from parents and carers. Although surveys were issued, engagement was extremely limited, with only one response received. This was largely attributed to the pressures faced by families and a sense of survey fatigue.

However, in-depth one-to-one conversations conducted by the Project Manager proved far more effective. These discussions generated detailed and meaningful insights into family experiences and outcomes. A decision was taken not to engage directly with children and young people at this stage, based on confidence that their views were already well captured through case notes and ongoing review processes and provided a more accurate picture of their views and experiences than a consultation or interview context could provide.

Approach To Analysis

To bring these diverse data sources together, a thematic analysis approach was applied. This enabled patterns and key themes to be identified across the dataset. The analysis focused on three core areas:

- The types of support needs presented by families
- The nature and intensity of support provided
- The impact of that support on both school attendance and engagement and on wider wellbeing

Underpinning Approach

Central to the methodology is the recognition that issues such as poor attendance or disengagement from school are often symptoms of deeper challenges within families. The analysis therefore adopts a holistic perspective, focusing on understanding and addressing these underlying causes rather than treating the presenting issues in isolation.

By combining detailed case records, reflective practitioner insight, stakeholder feedback, and direct engagement with families, the methodology provides a well-rounded and in-depth understanding of Family Links 1.0 and its impact.

4. Quantitative Overview

Outputs

Category	Details
Total Families Referred	74 *(67 school referrals, 7 self-referrals)*
Families Not Engaged	6
Families Supported	68
Adults Supported	73
Children and Young People Supported	97
Length of Interventions	4 weeks to 18 months *(some ongoing beyond 18 months at time of reporting)*

Impact

Category	Details
Improvements in school attendance and engagement	65% of families
Improvements in wider wellbeing	85 – 90% of children and young people 70 – 75% of parents and carers

5. Support Needs of Families

Support Needs of Children and Young People

Understanding the complex support needs of individual children and young people is a central component of the Family Links approach. By aggregating data on individual support needs for all children and young people involved in the project, we gain valuable insights into common themes and lived experiences within this cohort.

Support needs have been recorded in our data sources through a combination of:

- Self-reporting
- Third-party reporting (e.g. parents/carers, teachers, social workers)
- Direct observation and recording by Family Links Workers

Through close work with families, supported by data analysis, it is evident that children and young people's needs are most accurately understood as clusters of overlapping domains, rather than isolated issues. Over 80% of children and young people supported through Family Links experience between 3 and 6 co-existing issues.

Across all datasets, children's needs cluster into eleven dominant themes. These themes are cross-cutting and dynamic, reflecting the complexity of real-life experiences. While reporting on individual themes cannot fully capture this complexity, examining each theme offers important insights into how needs interrelate and manifest.

Additionally, reviewing the prevalence of each theme within the dataset allows for a clearer understanding of the challenges faced by children and young people in Family Links 1.0, without oversimplifying their experiences.

School attendance and engagement issues are the primary referral criteria and are therefore experienced by 100% of the families supported. Additionally, within the Family Links approach, these issues are regarded as symptoms of underlying wellbeing issues, rather than primary issues themselves. For these reasons, school attendance and engagement, despite being central to the way in which Family Links 1.0 has operated, is not included here as a theme. Analysis of the impact of Family Links' wellbeing-focused work on attendance and engagement is provided in Chapter 7.

Core Themes Identified (in order of prevalence)

1. Emotional and behavioural dysregulation

- Anger, aggression, meltdowns, distress, impulsivity, and difficulty with self-regulation
- Includes physical aggression (e.g. hitting, kicking), destructive behaviours, and emotional outbursts
- Frequently linked to neurodivergence, trauma, or family stress

2. Mental health and emotional wellbeing of children / young people

- Anxiety, low mood, trauma responses, suicidal ideation (in a limited number of cases), and low self-esteem
- Includes both diagnosed conditions and observed concerns
- Often associated with family disruption, school pressures, or neurodivergence

3. Parent / carer capacity and mental health impact

- Parental stress, anxiety, depression, trauma, and challenges in managing routines and behaviour
- Includes exhaustion, inconsistent parenting, and reduced coping capacity
- Strongly correlated with children's emotional and behavioural outcomes

4. Family instability and adverse childhood experiences

- Exposure to domestic violence, parental separation, conflict, bereavement, and inconsistent caregiving
- Includes witnessing conflict, disrupted relationships, and trauma histories

5. Neurodevelopmental needs

- Includes ASD, ADHD, learning disabilities, sensory processing needs, and NDAS processes
- Strongly linked in the data to Themes 1, 2, 3, 8, and 9
- Covers both diagnosed and suspected/undiagnosed needs
- Frequently associated with dysregulation and communication difficulties
- Contact file includes multiple references to ADHD, attention, and focus issues

6. Poverty, financial hardship, and basic needs

- Low income, benefits-related challenges, food insecurity, and unmet material needs
- Includes reliance on grants, SDS, and charitable support

7. Housing instability and living conditions

- Unsafe environments, overcrowding, housing insecurity, and poor neighbourhood conditions
- Includes rehousing requests and environmental stressors

8. Sleep difficulties

- Poor sleep routines, insomnia, night waking, and fatigue
- Strongly associated with behavioural issues, parental stress, and neurodivergence

9. Health and physical needs

- Chronic illness, dietary issues, toileting difficulties, and developmental conditions
- Includes both child and family health factors that impact overall wellbeing

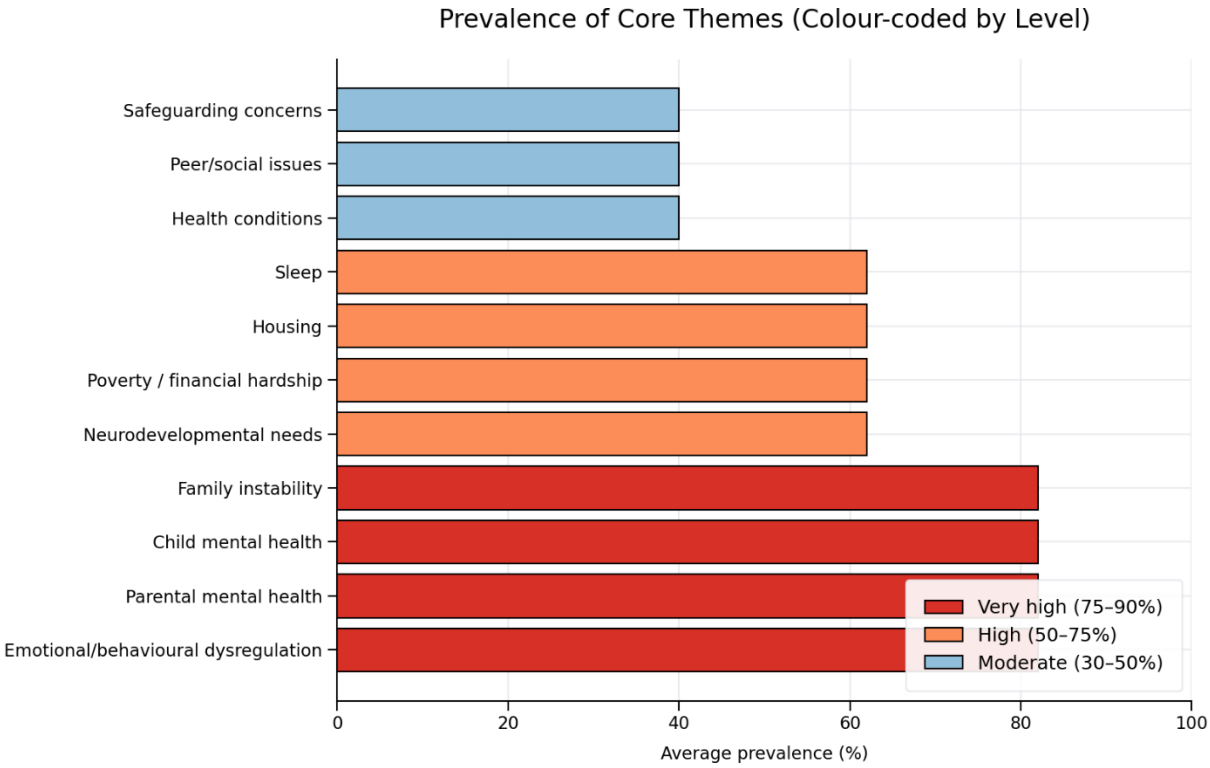
10. Peer relationships, social isolation, and inclusion

- Difficulties forming relationships, social withdrawal, bullying, and lack of inclusion
- Includes limited peer engagement and experiences of isolation

11. Safeguarding and risk issues

- Exposure to harm, abuse concerns, risky behaviours, and indicators of neglect
- Includes safeguarding referrals, physical risk, and child protection concerns

Prevalence of Core Themes



Very high prevalence (Reported in 75–90% of Cases)

- Emotional/behavioural dysregulation
- Parental mental health and capacity
- Children's mental health
- Family instability

These form the core cluster of need, appearing in the majority of cases, often concurrently and frequently linked to recognised but unmet neurodevelopmental needs.

High prevalence (Reported in 50–75% of Cases)

- Neurodevelopmental needs (explicit references)
- Poverty / financial hardship
- Housing
- Sleep

These factors act as underlying or compounding influences, shaping the severity and persistence of primary issues.

Moderate prevalence (Reported in 30–50% of Cases)

- Health conditions
- Peer and social issues
- Safeguarding concerns

These remain significant but tend to be context-specific or episodic, rather than consistently present across all cases.

Key Insights

- Emotional dysregulation is the most prevalent presenting issue, affecting almost all cases.
- Parental wellbeing plays a central role, with strong correlations between parental mental health/capacity and child outcomes.
- Children's mental health and trauma are widespread, often rooted in family instability.
- Neurodivergence is a significant underlying factor influencing multiple areas, including behaviour, sleep, and emotional wellbeing.
- Structural disadvantages (poverty and housing instability) consistently intensify family stress and negatively impact child wellbeing.
- Needs are highly interconnected, with most children experiencing multiple overlapping vulnerabilities (typically 3–6 themes per child).

Support Needs of Parents and Carers

As with children and young people, understanding the complex support needs of individual parents and carers forms a core aspect of the Family Links approach. If we amalgamate this data on individual support needs for all parents and carers supported through the project, we gain valuable insights into themes and experiences of parents and carers who have been supported through Family Links 1.0.

Support needs have been identified via a combination of self-reporting, third party reporting (for example, children / young people, teachers, social workers) and direct observation – and recording - by Family Links Workers.

From working closely alongside families, and backed up by the analysis of our data, we know that the support needs of parents and carers are also best understood as a cluster of overlapping domains (based on the themes set out below), rather than isolated issues. >80% of children and young people supported through Family Links experience 3 – 6 co-existing issues.

Across all datasets, children's needs cluster into eleven dominant themes. These are cross-cutting and dynamic in the real lives of children and young people, so reporting on themes individually does not reflect the complexity of experience. However, there is important learning to be gained from an exploration of the different elements clustered within each theme and how they commonly interlink with other themes in the lives of the children and young people supported. It is also illuminating to consider the prevalence of the reporting of these themes within our data. Taken together, we build a clear picture of the nature of the challenges facing children and young people who have been part of Family Links 1.0 without artificially reducing the complexity of their experience to individual issues.

Core Themes Identified (in order of prevalence)

1. **Parent / carer mental health, stress, and overwhelm**

   High levels of reporting of:

   - Anxiety, depression, trauma, bereavement
   - Burnout, exhaustion, feeling overwhelmed or "failing"

Parents / carers frequently describe:

- Emotional overload and limited capacity to cope with daily challenges

Examples:

- Parents struggling with severe anxiety, trauma, and grief impacting caregiving
- High incidence of mental health conditions in family profiles

Impacts:

- Reduced capacity to engage with services
- Difficulty maintaining routines and consistency
- Increased stress within the home

2. **Neurodivergence, complex needs (of children and young people) and diagnostic pathways**

Strong representation of:

- ASD, ADHD, neurodivergent traits, social, emotional and behavioural difficulties
- Children on or waiting for NDAS pathways

Challenges include:

- Delays or uncertainty in diagnosis
- Limited understanding of behaviours
- Lack of appropriate strategies or adaptations

Impacts:

- Increased parent / carer stress
- Misinterpretation of behaviours
- Escalation in child distress

3. Child behaviour, emotional regulation and distress

Recurrent references to:

- Emotional dysregulation
- Aggression, meltdowns, harmful behaviours

Behaviours described as:

- Impacting whole family functioning
- Difficult to manage in public and at home

Parent / carer needs identified:

- Strategies to respond to behaviour
- Understanding underlying emotional drivers

4. Socio-economic disadvantage and structural barriers

Frequent indicators:

- Financial hardship, benefits issues
- Housing instability or poor living conditions
- Transport limitations

Requests for:

- Grants, benefits support, foodbanks, housing help

Impacts:

- Financial barriers affecting access to services or basic needs
- Housing conditions contributing to stress and instability

5. Family relationships, parenting capacity and engagement

Strained or complex relationships characterised by:

- Parent-child conflict
- Co-parenting challenges
- Family breakdown or domestic abuse histories

Impacts:

- Inconsistent engagement with services: parents / carers missing meetings or struggling to sustain engagement
- Family conflict, separation, and relationship stress
- Parents feeling judged or defensive

6. Sleep, routines, and daily living challenges

- Widespread sleep issues for children and parents
- Difficulty establishing and maintaining routines
- Disrupted daily functioning

Impacts:

- Sleep deprivation impacting both child behaviour and parental wellbeing

7. Service navigation, trust, and system complexity

- Families navigating:
    - Multiple services simultaneously
    - Complex referral pathways
- Issues reported:
    - Feeling unheard (“having my voice heard” repeatedly referenced)
    - Lack of coordination between services

Impacts:

- Reduced engagement
- Frustration and distrust

8. Health needs (child and parent)

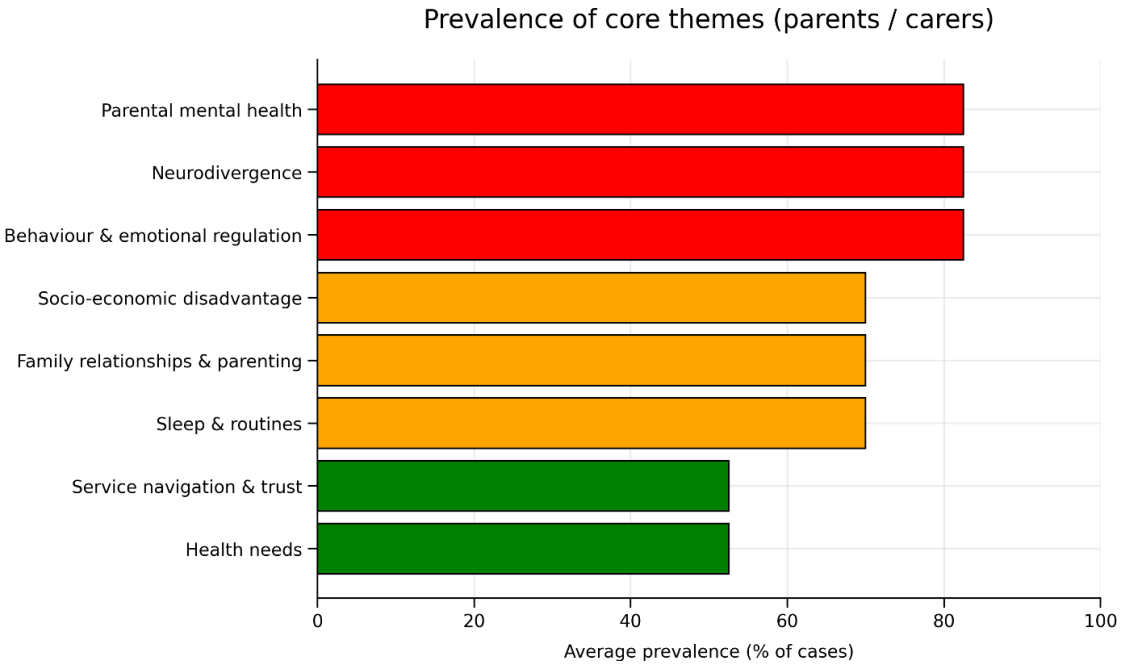
Includes:

- Physical health conditions (children and parents)
- Developmental needs
- Parental health limiting caregiving capacity

Examples:

- Chronic conditions, feeding issues, toileting challenges, maternal health concerns

Prevalence of core themes



Very high-prevalence (reported in 75 – 90% of cases)

- Parental mental health
- Neurodivergence
- Behaviour and emotional regulation

These form the core cluster of need, appearing in most cases and often together.

High-prevalence (reported in 60 – 75% of cases)

- Socio-economic disadvantage
- Family relationships and parenting
- Sleep and routines

These act as compounding or underlying drivers, shaping the severity and persistence of primary issues.

Moderate-prevalence (reported in 45 – 60% of cases)

- Service navigation and trust
- Health needs

Still significant, but slightly more context-specific or episodic rather than universal across cases.

Thematic linkages relating to issues faced by parents and carers

A: Core Loop (Primary driver system)

Neurodivergence (Theme 2)
→ leads to → **Behaviour challenges (Theme 3)**
→ increases → **Parental stress (Theme 1)**
→ reduces → **parenting capacity (Theme 5)**
→ further exacerbates → **child distress (Theme 3)**

B: Structural Inequality Loop

Socio-economic disadvantage (Theme 4)
→ limits stability and resources
→ increases → **parent stress (Theme 1)**
→ reduces → **capacity to maintain routines (Theme 6)**
→ worsens → **child behaviour (Theme 3)**

C: Engagement and Trust Loop

System complexity / poor navigation (Theme 7)
→ leads to disengagement
→ unmet needs persist
→ crisis escalation
→ further distrust of services

D: Daily Functioning Loop

Sleep and routine disruption (Theme 6)
→ increases dysregulation (child and parent)
→ worsens behaviour (Theme 3)
→ increases parental stress (Theme 1)

Key Insights

- **Family stress is the dominant underlying condition**

  Poor parent / carer mental health emerges as the most consistent factor and key determinant of engagement, parenting, and outcome. Parents / carers are not just managing children's needs—they are managing their own unmet needs simultaneously.

- **Neurodivergence is the central driver of complexity**

  A large proportion of children have diagnosed or suspected neurodivergent conditions and lack fully effective support or understanding. This leads to behavioural escalation, increased demand on parents and system navigation challenges.

- **Poverty and structural disadvantage amplify all other issues**

  Socio-economic factors act as multipliers, not isolated issues, e.g:

  - Housing instability → stress → behavioural escalation
  - Financial insecurity → reduced access to support
  - Transport barriers → isolation

- **Systems are experienced as fragmented and hard to navigate**

  Parents / carers engage with multiple agencies with limited coordination, experience duplication or gaps and often feel their voice is not heard. This reduces trust and negatively impacts the sustainability of support.

6. Support and Interventions Delivered To Families

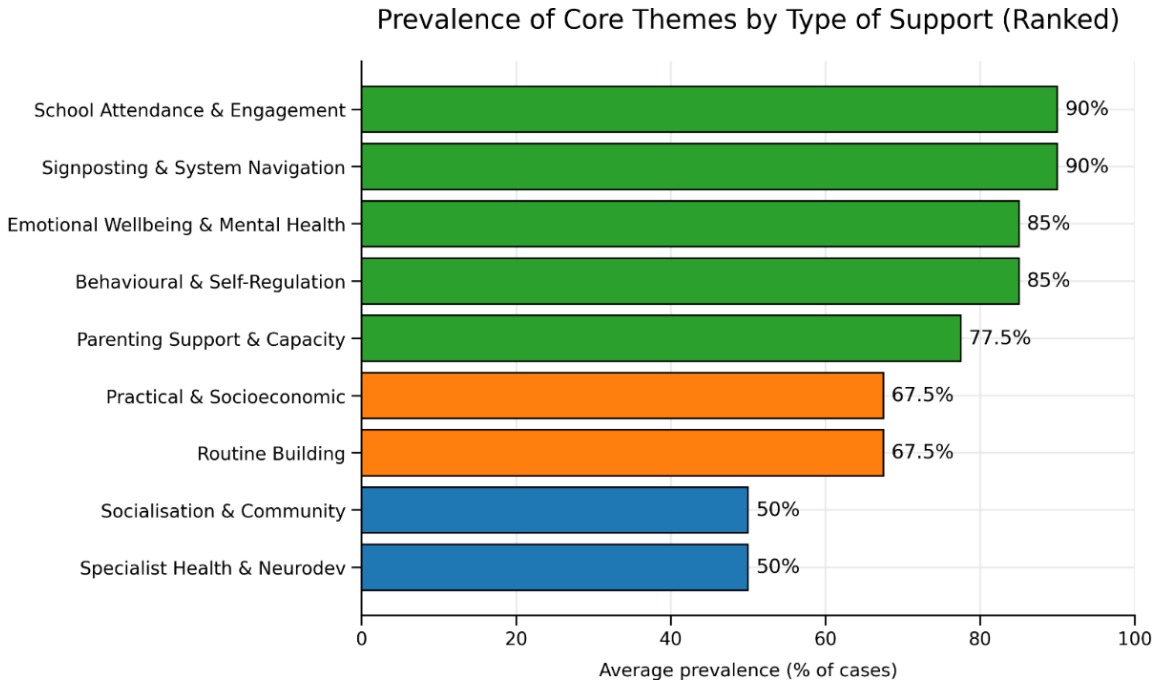
The core approach of Family Links 1.0 has been to deliver tailored, flexible support to individual families, in line with their unique needs and strengths. Most support is delivered either jointly (child(ren) / young person and parent(s) / carer(s) together) or as parallel and linked interventions: separate support for child / young person and parent / carer occurring simultaneously.

Support provided to children, young people, parents, and carers through Family Links 1.0 has been holistic, relational, and multi-layered. Interventions rarely focused on a single issue; instead, they addressed interconnected needs spanning emotional wellbeing, behaviour, education, parenting capacity, and wider socioeconomic challenges.

Within Family Links 1.0, group work has been used strategically rather than routinely to transitions (particularly from primary to secondary school, or wellbeing outcomes - designed to build relationships, social skills, and engagement - rather than ongoing group input.

A summary of outputs relating both to individual family work (core practice) and group work (complementary and targeted practice) is provided below.

Support for individual families (in order of prevalence)



School Attendance and Engagement

Support relating directly to school attendance and engagement is one of the most consistently identified areas of intervention across the dataset. Issues such as non-attendance, reduced timetables, and disengagement from learning are frequently recorded and often represent the primary reason for initial involvement.

In response, a range of targeted interventions are implemented, focusing on both the child and the wider family context. These include:

- Direct work with children to build confidence and readiness for school
- Support during key transitions, particularly from primary to secondary education
- Provision of alternative or quieter learning environments where appropriate
- Practical assistance, such as transport support

Work with parents is equally important and typically involves:

- Supporting the establishment of consistent routines that promote attendance
- Encouraging engagement with school systems and processes

This area of work is often delivered through a multi-agency approach, including:

- Coordinated meetings with professionals
- Shared planning around attendance strategies

Overall, support relating to attendance and educational engagement demonstrates very high prevalence (approximately 85–95%), underlining its central role within the model of support.

Signposting, Referrals, and System Navigation

A substantial proportion of intervention activity involves connecting families with external services and supporting them to navigate often complex systems. This function is integral to the Family Links model and underpins much of the wider work with families. Key elements of this support include:

- Referrals to specialist services, such as mental health or neurodevelopmental assessments
- Guidance on accessing entitlements, resources, and wider support
- Coordination of multi-agency involvement

While this support is typically delivered to parents and carers, the benefits are felt across the family, particularly by children and young people. This is therefore also categorised as very high prevalence (approximately 85–95%).

Emotional Wellbeing and Mental Health Support

Emotional wellbeing emerges as one of the most dominant and consistent themes across all areas of work. A significant proportion of interventions aim to support children and young people experiencing anxiety, distress, trauma, or difficulties with self-regulation, while also addressing parental emotional wellbeing where required.

For children and young people, support is commonly delivered through:

- One-to-one sessions in schools or community settings
- Play-based and creative approaches
- Structured tools such as emotional literacy work or breathing strategies

For parents and carers, support tends to focus on:

- Recognising and addressing their own stress, anxiety, or trauma
- Building confidence in responding to their child's emotional needs

Joint work is also central in this area, particularly where:

- Communication between parent and child needs to improve
- Co-regulation and shared understanding of emotions are being developed

This theme demonstrates very high prevalence (approximately 80–90% of cases), highlighting its importance as a core underlying factor across many presenting issues.

Behavioural Support and Self-Regulation

Behavioural challenges and difficulties with self-regulation are another key area of focus. Rather than being treated in isolation, these challenges are typically understood in the context of emotional wellbeing, trauma, and environmental factors.

Interventions for children commonly include:

- Teaching self-regulation strategies
- Use of visual supports, routines, and practical tools
- Developing awareness of triggers and emotional responses

Parents and carers are supported to:

- Understand the underlying causes of behaviour
- Respond in consistent and supportive ways
- Implement effective behaviour management strategies

Joint work is particularly important, with practitioners often:

- Modelling approaches within the home
- Supporting families to practise strategies together

This area is also categorised as very high prevalence (approximately 80–90%).

Parenting Support and Capacity Building

Closely linked to emotional wellbeing and behavioural support is the extensive provision of parenting support. The data highlights the critical role of parents and carers in influencing outcomes for children.

Support in this area typically includes:

- Direct coaching on behaviour management and daily routines
- Delivery of structured parenting programmes (e.g. PuP or EPAtS)
- Advice on communication and boundary-setting

There is a strong emphasis on joint working, where practitioners:

- Model positive interactions between parent and child
- Support parents to implement strategies in real time

Importantly, parenting support is rarely delivered in isolation. Instead, it forms part of a whole-family approach, integrated with child-focused work.

This theme demonstrates very high prevalence (approximately 70–85%).

Practical and Socioeconomic Support

Many families experience challenges related to housing, finances, and access to basic resources. These issues have a significant impact on children's wellbeing, stability, and engagement with education.

Support provided includes:

- Assistance with benefits and financial applications
- Housing advice and support with re-housing
- Access to foodbanks, grants, and essential resources
- Transport support

While this support is primarily directed at parents and carers, its impact extends across the whole family. It is therefore identified as high prevalence (approximately 60–75%).

Routine Building and Daily Structure

Support to establish routine and structure is another recurring theme, particularly in relation to sleep, morning routines, and daily organisation.

Interventions often include:

- Development of visual routine charts
- Support to establish consistent sleep patterns
- Coaching for parents on implementing routines

This is commonly delivered as a joint intervention, involving both children and parents. While frequently present, it is not universal and is therefore classified as high prevalence (approximately 60–75%).

Socialisation and Community Engagement

Supporting children and families to engage socially and within their communities is evident across the data, although less consistently than other areas.

This includes:

- Access to youth groups and activities
- Encouragement to participate in community opportunities
- Family-based group activities

This work is largely child-focused, with parents playing a key role in enabling engagement. It is therefore categorised as moderate prevalence (approximately 40–55%).

Specialist Health and Neurodevelopmental Support

A further area of support involves facilitating access to specialist services. This includes support for:

- Neurodevelopmental conditions (e.g. ADHD, ASD)
- Mental health services
- Medical needs such as sleep, feeding, or physical health

Interventions in this area typically involve:

- Referral pathways and system navigation
- Advocacy for assessment
- Ongoing coordination with specialist services

As not all families require this level of input, this theme shows moderate prevalence (approximately 40–60%).

External Organisations and Agencies

Families are supported through a wide network of external services, reflecting the multi-agency nature of the model. These include:

- Mental health and wellbeing services: CAMHS, Mikey's Line, DBI
- Family and parenting support: Home-Start, Thriving Families, PuP, Family Links
- Social care and safeguarding: Social Work, Child Health and Disability Service
- Education support: Schools, ASN teams, NDAS
- Third sector organisations: Calman Trust, Barnardo's, Action for Children
- Financial and advocacy services: Citizens Advice, VoiceAbility
- Practical support providers: New Start, Cash for Kids, Foodbanks
- Housing and health services: Housing associations, NHS

Key Reflections on Support Delivered to Individual Families

A Whole-Family Model

Support is predominantly delivered through a whole-family approach, involving:

- Joint work with parents and children
- Parallel interventions addressing multiple needs

Child-only work is typically limited to school-based or transition support, while parent-only work is more common in crisis or practical situations.

Emotional regulation as a core theme

Difficulties with emotional wellbeing and regulation underpin many presenting issues, influencing behaviour, attendance, and relationships.

Attendance as a key driver

School attendance is often the trigger for referral and remains a central outcome across interventions.

Importance of parenting capacity

There is a clear link between parental wellbeing and child outcomes, reinforcing the need for embedded parenting support.

Complexity of multi-agency working

Most cases involve multiple services, requiring:

- Strong coordination
- Effective communication
- Ongoing support for navigation

Impact of practical needs

Housing, financial hardship, and access to resources significantly affect:

- Educational engagement
- Emotional wellbeing
- Family stability

Engagement challenges

Some families engage inconsistently or are reluctant to work with services, highlighting the importance of:

- Relationship-based practice
- Flexible, responsive delivery

Family Links 1.0 demonstrates a comprehensive, relationship-based model of support, characterised by:

- Very high prevalence of emotional, behavioural, educational, and navigation-based interventions
- High prevalence of parenting, practical, and routine-based support
- Moderate prevalence of specialist and social engagement interventions

A key finding is that effective support is rarely child-focused in isolation. Instead, positive outcomes depend on:

- Engaging parents and carers
- Addressing structural and socioeconomic barriers
- Coordinating multi-agency responses

This reinforces the importance of a holistic, whole-family approach as the foundation of effective intervention.

Families Who Have Not Engaged Following Referral

Engagement with Family Links is entirely voluntary, and parental consent must be obtained before a referral can be made by a school.

Although families had initially agreed to referral, a small number did not go on to engage with their allocated Family Links Worker. Where limited communication did take place, several recurring reasons for non-engagement emerged:

- **The service was not perceived as suitable:** Some families felt that an early intervention model could not adequately respond to the complexity or intensity of the challenges they were facing.

- **Confusion about the role of Family Links:** Some parents and carers were unclear about the purpose of the service or concerned about perceived links to statutory agencies.

- **Health and wellbeing barriers:** Illness, poor mental health, and wider wellbeing challenges sometimes prevented families from attending meetings or activities.

- **Significant family pressures and crisis circumstances:** Families experiencing housing instability, social work involvement, police involvement, financial hardship, or severe behavioural challenges often struggled to engage consistently with support.

These findings highlight that non-engagement is often not a refusal of support, but a reflection of families living under significant pressure and facing unmet needs that require more intensive or specialist intervention.

Family Links has the potential to play a vital “bridging” role — building trusted relationships with families and helping them access the wider support they need. However, this relies on strong collaboration across agencies and timely access to specialist services.

At present, this remains a significant challenge. Many statutory services are operating under considerable pressure, with high thresholds, limited capacity, and fragmented ways of working. As a result, families can struggle to access the support they need, while the wider system does not consistently recognise or support the role Family Links can play in connecting families to that help.

Group-Based Support With Children and Young People

Within Family Links 1.0, group work has been used strategically rather than routinely to transitions (particularly from primary to secondary school, or wellbeing outcomes - designed to build relationships, social skills, and engagement - rather than ongoing group input.

Transition Group Work – Merkinch Primary

The Transition Group sessions delivered through Family Links 1.0 at Merkinch Primary were developed as a focused, preventative intervention to support children and young people at a key stage in their educational journey: the transition from primary to secondary school. Recognising that this transition can be both practically and emotionally challenging, the sessions were designed to provide structured, supportive opportunities for young people to build confidence, develop coping strategies, and strengthen their understanding of what lies ahead.

The core activity within the sessions centred on preparing young people for the realities of high school, both in practical and emotional terms. This included helping children to understand what to expect from the secondary school environment, such as changes in routine, increased independence, and navigating a larger, less familiar setting. Alongside this, particular emphasis was placed on developing a sense of safety and confidence. Young people were supported to identify safe routes to and from school, an especially important focus for those travelling longer distances or from areas outside the immediate catchment. This work aimed to reduce anxiety and increase independence, ensuring that pupils felt more secure in managing the journey to school.

A further important strand of the group work involved relationship-building and support mapping. Children were encouraged to think about who they could turn to for help once they moved to high school, including identifying trusted adults within the school environment. This was complemented by activities designed to strengthen their ability to seek help proactively, reinforcing the message that support is available and accessible. In doing so, the sessions aimed to reduce the likelihood of issues escalating by encouraging early help-seeking behaviours.

The sessions also incorporated a strong strengths-based approach, helping young people to recognise their own abilities and personal qualities. Through facilitated discussions and activities, participants were supported to reflect on their strengths and consider how these could be applied when facing challenges during the transition period. This focus on self-awareness and resilience was central to the programme, helping to build young people's confidence and sense of capability.

In addition to these core elements, a range of wider wellbeing topics were addressed throughout the sessions. These included emotional regulation, where young people were introduced to strategies for recognising and managing their emotions, particularly in situations of stress or anxiety. Discussions around school attendance explored both expectations and potential barriers, helping pupils to understand the importance of regular attendance while also providing space to reflect on any concerns they might have. The sessions also promoted confidence-building and self-advocacy, encouraging young people to express their views and feel confident in having their voices heard. Broader aspects of wellbeing, such as sleep and general self-care, were also included, recognising their importance in supporting successful engagement with school.

The children and young people who participated in the transition groups often presented with complex and overlapping needs. Many had identified emotional wellbeing concerns, alongside risks of non-attendance or existing patterns of school avoidance. Social, emotional and behavioural difficulties were also common, reflecting a cohort of young people who were particularly vulnerable to the challenges of transition. In addition, a number of participants were affected by wider contextual factors, including socio-economic disadvantage, geographic isolation—particularly for those attending non-catchment schools—and varying levels of family complexity, such as lone parent households or limited support networks. These factors underscore the importance of targeted, supportive intervention at this stage.

The impact of the group work is evident across several key areas. Firstly, there was a clear improvement in confidence and readiness for transition, with young people demonstrating a better understanding of the high school environment and greater confidence in navigating it. The strengths-based elements of the programme contributed to improved self-esteem and resilience, enabling participants to approach the transition with a more positive mindset.

Secondly, the work had a tangible impact on safety awareness and independence. Young people were better able to identify safe travel routes and showed increased awareness of how and where to seek help when needed. This contributed to a sense of increased independence and reduced anxiety about the transition process.

Another key outcome was the strengthening of support networks. By identifying trusted adults and understanding how to access support, children were more likely to seek help early. This is particularly important for those with additional needs, as early intervention can prevent difficulties from escalating.

The sessions also supported improvements in emotional wellbeing and regulation. Participants developed greater awareness of their emotions and were equipped with strategies to manage them more effectively. This was especially significant given the high levels of social, emotional and behavioural difficulties and distress evident within the group. As a result, many young people experienced reduced anxiety in relation to transition and felt better prepared to cope with changes.

There is also evidence to suggest a potential positive impact on school engagement, particularly in relation to attendance. By addressing concerns and barriers prior to transition, the group work contributed to reducing the risk of non-attendance at secondary school and supported a smoother move into Inverness High School.

Overall, the Transition Group sessions provided a targeted, strengths-based intervention that effectively supported young people with complex needs at a critical point in their education. By combining practical preparation with emotional and relational support, the programme contributed to improved confidence, wellbeing, and readiness for the move to secondary school, while also highlighting the ongoing need for complementary family-focused engagement.

Social Connections Groups – St. Joseph's Primary

The small group work delivered at St Joseph's Primary formed part of a broader programme of targeted support for children and young people experiencing barriers to school engagement, confidence, and social connection.

At its core, the group work was informal, relationship-focused, and highly responsive to the needs of the children involved. Rather than structured, curriculum-style sessions, activities were typically delivered in small, supportive group settings or through shared participation, allowing children to engage at their own pace and in ways that felt safe and manageable. This approach was particularly important given that many of the children involved presented with anxiety, low confidence, disrupted attendance, or complex home circumstances, all of which can create barriers to group participation.

A key feature of the group work was the use of creative and play-based activities to facilitate interaction and engagement. Activities such as drawing, crafts, and simple games (for example board games or collaborative play tasks) provided accessible entry points for children to connect with others. These activities enabled children to communicate more freely, often reducing pressure compared to more formal discussion-based interventions. Through shared play, children were able to build rapport with peers and trusted adults, practise turn-taking and cooperation, and experience positive social interaction in a supported environment.

The work also created opportunities for children to spend time together in a relaxed and non-judgemental space, which supported the development of friendships and peer relationships. For some children, particularly those with limited opportunities for social interaction outside school or those experiencing isolation, this was a significant outcome. The group setting helped to normalise shared experiences, allowing children to feel less alone in their challenges and more connected to others around them.

Alongside peer interaction, the presence of a consistent, trusted adult was central to the effectiveness of the group work. The FLW used these sessions to model positive communication, reinforce pro-social behaviours, and provide encouragement, helping children to build confidence in their own abilities. This relational approach ensured that children felt listened to and valued, which in turn supported greater participation and engagement over time.

Another important aspect of the group work was its contribution to confidence-building. Many children initially presented with low self-esteem or reluctance to engage in new or unfamiliar situations. Through repeated exposure to small group activities, and through experiencing success in manageable tasks, children began to demonstrate increased confidence. This was often seen in their willingness to participate, share their ideas, and engage more openly with others. The emphasis on achievable activities allowed children to develop a sense of competence and progress in a supportive setting.

The group work also supported wider school engagement, acting as a bridge for children who found full classroom participation challenging. By offering an alternative space where children could feel successful and included, these sessions helped to re-engage pupils with the school environment more broadly. This was particularly relevant for children with inconsistent attendance or those who struggled with the demands of classroom settings, as the group work provided a positive and accessible point of connection with school.

In addition, there is evidence that the group-based approach contributed to improvements in emotional wellbeing and communication skills. Through interaction with peers and practitioners, children were encouraged to express themselves, share experiences, and develop greater awareness of others' perspectives. This supported the development of empathy, social understanding, and emotional regulation, particularly in situations where children might otherwise have struggled to manage interactions independently.

Overall, the small group work at St Joseph's Primary can be characterised as flexible, relationship-led, and strengths-based, with a clear focus on building confidence and fostering social connection. These informal and semi-structured interventions played a valuable role in supporting children who may not have benefited from more formal approaches.

By creating safe, engaging opportunities for interaction, the group work helped children to:

- Build confidence in themselves and their abilities
- Develop positive relationships with peers and trusted adults
- Improve social skills and communication
- Feel more connected to their school environment

In doing so, the work contributed meaningfully to the overall aim of promoting inclusive, supportive environments where children can engage, participate, and thrive.

"Creative Fish" Arts Group – Bishop Eden's and Merkinch Primaries

Creative Fish is a school-based arts programme delivered at Bishop Eden's and Merkinch Primary Schools through weekly after-school sessions and lunchtime creative drop-ins. It primarily supports upper primary pupils who may be experiencing anxiety, social isolation, or early signs of disengagement from learning. Sessions are facilitated by an arts-skilled parent, with oversight and pastoral support from a Family Links Worker to ensure a safe, inclusive, and nurturing environment.

The programme centres on structured creative activities that enable pupils to explore their interests, develop individual portfolios, and engage in collaborative work. A strong emphasis is placed on cultivating key creative and transferable skills, including curiosity, imagination, open-mindedness, and problem-solving. In doing so, the programme aligns with wider educational priorities around creativity and future skills development. Creative Fish has had a positive impact on participating pupils by strengthening confidence, improving peer relationships, and increasing engagement with school. The provision offers a supportive space where children can express themselves, build friendships, and experience success, contributing to improved emotional wellbeing and a more positive perception of school.

Participation has been consistently strong, with schools reporting higher-than-average attendance compared to other extracurricular activities. This reflects both the appeal of the creative offer and the value of the trusted, visible presence of the Family Links Worker within the school community.

More broadly, the continuation of Creative Fish following the closure of the original programme has ensured ongoing support for vulnerable learners and addressed a potential gap in provision. In addition to pupil-level outcomes, the initiative has contributed to strengthening relationships between schools and Family Links services, supporting greater collaboration and trust within the wider school community.

Summer Family Picnics – July / August 2025

The three Family Links Workers jointly ran three informal summer picnics for families on their caseloads in July and August 2025. These events were held in accessible outdoor community locations.

The summer family picnics supported social connection, engagement, and wellbeing for both children and families. They provided valuable opportunities for families to meet others, reducing isolation and fostering informal peer support. The relaxed setting enabled positive parent–child interaction, allowing shared time and play in a low-pressure environment.

For children, the events encouraged confidence, inclusion, and social interaction, helping them feel more comfortable engaging with peers.

Family Links Workers recognised the value of informal, community-based approaches such as the summer picnics in engaging families who may not respond to more structured support. The events highlighted that trust and relationships are key to engagement, with families often more responsive in relaxed settings.

Within the schools and community in the Inverness High School ASG area, Family Links Workers have also been involved in the delivery of:

- Early Positive Approaches to Support courses – an 8-session peer group programme specifically for families of young children (0-8) who have an additional support need (diagnosed or undiagnosed) and

- The Seasons for Growth Children and Young People's Programme, which supports children and young people to understand and respond well to the issues they experience as a result of death, separation, divorce or other significant change and loss in their lives.

These courses involved families from their caseload as well as families not being directly supported through Family Links 1.0

7. Impacts of Family Links 1.0 on School Attendance and Engagement

Overview

Analysis of data recorded for the 74 families supported through Family Links 1.0 demonstrates clear and consistent evidence of positive impact on school attendance and engagement outcomes. Indicators of these outcomes are improvements in:

- amount of time spent in school
- timely arrival at school
- confidence, happiness and emotional engagement in school
- communication between schools and families
- inclusion of parents and carers in decision-making
- peer relationships and friendships
- feelings of inclusion and belonging
- trust and respect between schools and families

- Around 65% of families show measurable improvement in at least one key indicator

- A further 20% demonstrate emerging progress, where early changes are evident but not yet sustained

- Approximately 15% show limited or no recorded improvement, typically reflecting cases at an early stage of intervention

These findings indicate that the interventions are having a substantial and meaningful impact across multiple domains, particularly where support addresses both practical barriers and relational or emotional needs.

Impact by Indicator

School Attendance

Improvement: 50–60% of families

Improvement in attendance is the most consistently evidenced outcome across the datasets. In many cases, children moved from persistent non-attendance or school avoidance towards more regular engagement.

Examples include:

- Children who had previously avoided school showing reduced avoidance and increased attendance
- Gradual reintegration through part-time timetables or supported transitions into school
- Reports of attendance improving significantly in response to sustained support and engagement

These improvements are typically linked to:

- Addressing underlying emotional and wellbeing needs
- Practical support to families (e.g. transport, routines)
- Consistent relationship-based engagement

Lateness and Punctuality

Improvement: 40–50% of families

A significant proportion of families experienced improvements in punctuality, largely driven by interventions focused on strengthening daily routines.

Examples include:

- The introduction of structured morning routines and visual timetables supporting children to prepare for school.
- Temporary direct support with school transport, particularly where parental health or capacity was a barrier.

These changes contributed to:

- Reduced lateness
- Smoother transitions to school each morning
- Reduced stress and conflict within the home

Confidence, Happiness, and Emotional Engagement in School

Improvement: 55–65% of families

Improvements in children's emotional wellbeing and confidence at school emerged as one of the strongest and most widespread impacts.

Evidence shows:

- Children reporting feeling happier and more engaged in school activities.
- Increased confidence through one-to-one support and safe, structured environments
- Reduced anxiety and increased excitement around key transitions, particularly the move to secondary school

In many cases, improvements in emotional wellbeing acted as a precursor to improved attendance, highlighting the importance of relational and therapeutic approaches.

Communication Between Schools and Families

Improvement: 50–60% of families

Enhanced communication between schools and families is a consistent theme across the data.

Evidence includes:

- Increased coordination around Child's Plans and targeted support interventions
- More regular and constructive communication between parents, school staff and support workers
- Improved clarity for parents regarding school expectations, processes, and available support

The presence of a trusted professional acting as a bridge between home and school appears to be a key enabler of this improvement.

Inclusion of Parents and Carers in Decision-Making

Improvement: 45–55% of families

A notable proportion of families demonstrated increased participation in school-related processes and meetings.

Examples include:

- Parents attending and contributing to Child's Plan meetings and school discussions
- Greater confidence among parents to express their views and advocate for their child's needs

These improvements are associated with:

- Increased parental confidence
- Better understanding of education systems
- Ongoing relational support from workers

Peer Relationships and Friendships

Improvement: 35–45% of families

While less consistently recorded, there is evidence of improving peer relationships and social engagement.

Examples include:

- Children benefiting from strong peer groups and feeling supported within school environments
- Increased participation in group activities and informal play

These outcomes typically emerge later in the intervention process, once attendance and confidence have begun to stabilise.

Feelings of Inclusion and Belonging

Improvement: 40–50% of families

Many children showed improved feelings of inclusion within school settings, particularly where their needs were better understood and supported.

Evidence includes:

- Greater engagement in adapted learning environments such as ASN provision or smaller groups
- Increased sense of belonging as attendance improved
- Positive experiences during transition support activities

This indicates that inclusion is closely linked to both attendance and emotional wellbeing improvements.

Trust and Respect Between Schools and Families

Improvement: 50–60% of families

Improved trust between families and schools is a key outcome underpinning wider engagement.

Examples include:

- Families who were initially disengaged becoming more open to support and collaboration
- Explicit focus on relationship-building and trust development within interventions
- Increased willingness among parents to participate in meetings and accept advice or support

Trust is consistently shown to be a foundational factor, enabling progress across all other indicators.

Overall Impact Summary

Indicator	% of Families Showing Improvement
School attendance	50–60%
Lateness/punctuality	40–50%
Confidence/happiness	55–65%
Communication with school	50–60%
Parent inclusion in meetings	45–55%
Peer relationships	35–45%
Inclusion/belonging	40–50%
Trust between families & schools	50–60%

Key Conclusions

Approximately two-thirds of families experienced measurable improvements in school attendance and engagement, with the strongest impacts seen in children's confidence, school attendance, and relationships between families and schools.

Strongest areas of impact

- Children's confidence, happiness, and emotional wellbeing
- School attendance
- Trust and communication between families and schools

Moderate areas of impact

- Improvements in punctuality and daily routines
- Increased parental inclusion and engagement

Emerging areas of impact

- Peer relationships and friendships
- Feelings of belonging and social inclusion, which tend to develop over time

The evidence suggests that sustainable improvements in attendance are most likely when interventions address both practical barriers and relational factors. In particular:

- Emotional wellbeing
- Trust between families and services
- Parental engagement

These elements work together to create the conditions for children to re-engage positively with school and sustain that engagement over time.

Cases with no evidenced improvement

Our data indicates that 35% of families supported have experienced no evidenced improvement in attendance and engagement. Further analysis of that data shows that where attendance and engagement have not improved, cases are characterised by multi-layered complexity, with interacting factors across:

- Neurodevelopmental needs
- Adverse school experiences
- Family stress and instability
- Workforce/system engagement barriers

These factors are rarely isolated, but instead mutually reinforcing, creating entrenched patterns of disengagement.

Key drivers of non-improvement

Neurodivergence and unmet additional support needs

A defining feature across the non-improving cases is the high prevalence of neurodivergent traits or diagnoses, often combined with:

- Autism (ASD), ADHD, learning disabilities
- Sensory processing difficulties
- Emotional dysregulation and social, emotional and behavioural difficulties
- Communication needs

These are frequently unmet or only partially addressed.

Examples:

- Multiple cases include “ASD; ADHD; neurodivergent traits; SEBD; self-regulation” alongside non-attendance
- Children reporting sensory overwhelm in classrooms (“too busy and too noisy”)
- Limited or delayed NDAS assessment or supports in place

Impacts:

Neurodivergence is directly linked to:

- School avoidance driven by sensory overload
- Anxiety linked to unpredictability and transitions
- Behavioural dysregulation leading to exclusion or part-time timetables

Negative and exclusionary school experiences

Across datasets, children describe school environments as:

- Overstimulating
- Unsafe or emotionally distressing
- Unresponsive to their needs

Examples:

- Children avoiding school due to classroom noise and busyness
- Reports of teacher conflict or perceived shouting leading to refusal
- Ongoing complaints “not fully addressed” by education

Specific negative experiences include:

- Whole-class discipline approaches escalating anxiety
- Lack of quiet/safe spaces despite identified need
- Removal of coping strategies (e.g. fidgets) in school
- Lack of perceived adult trust (“does not trust any adults in school”)

Impacts:

- Reinforces avoidance and dysregulation
- Leads to entrenched emotionally based school avoidance (EBSA)
- Undermines engagement even when attendance is partially maintained

Reduced or fragmented school offer

A significant number of cases show:

- Part-time timetables
- Limited in-school hours
- Transitional or fragmented provision

Examples:

- Children attending mornings only due to inability to regulate
- Reduced timetables already in place but not increasing attendance over time

Impacts:

While intended as supportive, these adaptations can:

- Reinforce avoidance behaviours
- Reduce opportunities for re-engagement
- Normalise low attendance expectations

Parent capacity, engagement and system trust

A consistent theme is parental overwhelm and difficulty sustaining engagement with:

- Schools
- Services
- Attendance routines

Examples:

- Repeated missed meetings, cancellations, or delayed responses
- Parents expressing exhaustion and inability to maintain daily attendance routines
- Families reporting distrust of systems or feeling unsupported

Contributing factors:

- Parental mental health (anxiety, trauma, depression)
- Neurodivergent parents/carers (frequently recorded)
- Competing caregiving demands (multiple ASN children, babies, health issues)

Impacts:

- Inconsistent routines
- Difficulty implementing strategies
- Reduced follow-through on plans

Mental health and emotional wellbeing

Children in non-improving cases show high levels of:

- Anxiety
- Trauma responses
- Low self-esteem
- Suicidal ideation in some cases

Examples:

- “Mental health concerns; suicidal ideation” linked to attendance issues

Impacts:

- School becomes a source of stress rather than support
- Avoidance functions as a coping mechanism

Family and environmental stressors

Many families face compounding disadvantage, including:

- Poverty / financial stress
- Housing instability / poor conditions
- Domestic abuse or trauma
- Lone parenting / poor support networks
- Health issues (parent / carer or child / young person)

These reduce the capacity to prioritise and sustain school attendance.

Practical and logistical barriers

Though less dominant, some cases highlight:

- Transport challenges (distance, lack of direct routes)
- Parent physical health preventing school runs.
- Sleep disruption (often linked to neurodivergence)

These factors interact with wider issues rather than acting independently

Interface between neurodivergence and negative school experience

A critical cross-cutting theme is the interaction between neurodivergence and school environment. Pattern observed:

Neurodivergent Need	School Response Gap	Outcome
Sensory sensitivity	Busy/noisy classrooms	Avoidance, distress
Need for predictability	Inconsistent routines / transitions	Anxiety, refusal
Regulation difficulty	Behaviour interpreted as misconduct	Exclusion / conflict
Communication differences	Limited listening/validation	Breakdown in trust

Key Insight

Where neurodivergence is not meaningfully accommodated, children experience school as:

- Dysregulating
- Invalidating
- Emotionally unsafe

This leads to chronic disengagement cycles.

Typology of "non-improvement" cases

Three broad case types emerge:

Type 1: Neurodivergence + sensory avoidance

- High ASD/ADHD prevalence
- Strong school-based triggers (noise, crowding)
- Partial or no effective adaptation

Type 2: Family-system complexity

- High parental need/low capacity
- Inconsistent engagement with services
- Attendance impacted by home functioning

Type 3: System mismatch / trust breakdown

- Parents and schools hold conflicting views
- Perceived lack of support or understanding
- Child caught between narratives

Summary of Key Reasons for Lack of Improvement

Most significant factors (ranked by prevalence and impact):

- Unmet neurodivergent needs
- Negative or overwhelming school environments
- Parent capacity and mental health challenges
- Ineffective or fragmented education provision
- Breakdown in trust between families and schools
- Compounding socio-economic and environmental stressors

The data indicates that in cases without improvement:

Non-attendance is not a behavioural issue but an adaptive response to unmet need.

Particularly:

- Neurodivergent children are disproportionately represented
- Their experiences in school are often actively anti-engagement
- Families are frequently unable to compensate for systemic gaps

Implications for Practice:

- Prioritise environmental adaptation over behavioural intervention
- Strengthen early identification
- Invest in relationship-based school engagement approaches
- Address parental support needs alongside child support

8. Impacts Of Family Links 1.0 On Wellbeing

Within Family Links, conversations and interventions around wellbeing with both children / young people and parents / carers are structured around the 8 SHANARRI indicators:

Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible and **Included**.

This framing has proved beneficial to communication and provides a shared language which links children and adults, strengthening a whole family perspective. It has provided a robust structure within which to understand challenges / issues and also improvements to wellbeing.

An analysis of our data demonstrates that wellbeing improvements were evidenced in the majority of cases, though often partial.

Wellbeing challenges through the lens of SHANARRI[2]

Children / Young People

Seen through the lens of the SHANARRI indicators, the support needs of children and young people involved with Family Links 1.0 can be summarised as follows:

Safe

- Exposure to domestic violence, parental conflict, and trauma
- Experiences of family instability, separation, and bereavement
- Safeguarding concerns, including risk of harm or neglect

Healthy

- High levels of mental health needs (anxiety, low mood, trauma, low self-esteem)
- Sleep difficulties (insomnia, irregular routines, fatigue)
- Physical health needs, including chronic illness, diet and toileting issues

Achieving

- Difficulties in school engagement and learning, linked to:
-
    - Emotional dysregulation
    - Neurodevelopmental needs (e.g. ADHD, ASD)

- Barriers to participation due to fatigue, mental health, and unmet support needs

Nurtured

- Impact of parent/carer mental health and reduced capacity
- Inconsistent or strained parent-child relationships
- Lack of stable, supportive environments due to family adversity and stress

[2] It is important to remember that wellbeing issues of both children / young people and parents / carers are highly interconnected. As set out in Section 5.

Active

- Reduced participation in activities due to:
    - Health issues, fatigue, and sleep problems
    - Emotional distress and behavioural challenges
- Limited opportunities linked to poverty and environmental constraints

Respected

- Children experiencing difficulty having their voice heard or understood
- Challenges related to communication and neurodivergence
- Emotional distress linked to feeling misunderstood or unsupported

Responsible

- Significant issues with self-regulation, including:
    - Anger, aggression, impulsivity, meltdowns
- Difficulties managing behaviour and routines
- Linked to neurodevelopmental needs, trauma, and stress

Included

- Social isolation and difficulties forming peer relationships
- Experiences of bullying or withdrawal
- Reduced participation due to stigma, additional needs, or family circumstances

Parents / Carers

Safe

- Exposure to domestic abuse, family conflict, and breakdown
- Safeguarding risks linked to stress, instability, and reduced caregiving capacity
- Unsafe or unsuitable housing conditions contributing to risk and stress

Healthy

- High prevalence of mental health difficulties:
    - Anxiety, depression, trauma, bereavement
    - Burnout, exhaustion, emotional overwhelm

- Physical health conditions affecting parents' ability to care
- Sleep deprivation impacting wellbeing and functioning

Achieving

- Barriers to achieving stability due to:
    - Financial hardship and benefits issues
    - Housing insecurity and transport challenges
- Difficulty sustaining progress due to ongoing stress and system complexity

Nurtured

- Reduced capacity to provide consistent nurturing due to:
    - Parental stress and mental health challenges
    - Emotional overload and burnout
- Strained parent-child relationships and reduced emotional availability

Active

- Limited ability to engage in:
    - Self-care, community activity, or family activities
- Restricted by:
    - Fatigue, poor mental health, financial constraints, and competing demands

Respected

- Frequent feelings of:
    - Not being listened to or understood by services
    - Having to navigate complex systems without being heard
- Experiences of judgement or defensiveness affecting engagement

Responsible

- Challenges in maintaining:
    - Routines, boundaries, and behaviour management
- Difficulties responding to children's:
    - Emotional dysregulation and complex needs
- Parenting confidence and consistency impacted by stress and overwhelm

Included

- Feelings of isolation and disconnection from services and support networks
- Barriers to accessing support due to:
    - Complex systems, transport issues, and financial hardship
- Fragmented service experiences reducing sustained inclusion

Evidenced Improvements to Wellbeing

Group	% of cases showing improvement in ≥1 SHANARRI area
Children / Young People	**~85–90%**
Parents / Carers	**~70–75%**

- Improvements for children are more consistent due to direct intervention work (1:1, groups, routines).
- Parent improvements are more variable, constrained by mental health, poverty, and engagement issues.

Children and Young People Wellbeing Improvements – SHANARRI Analysis

Indicator	% cases impacted	Key Themes
Safe	~70%	Increased safeguarding awareness, safe routines, trusted adults
Healthy	~75%	Emotional regulation, sleep, coping strategies
Achieving	~80%	Improved attendance, engagement in learning
Nurtured	~85%	Relationship building, emotional support
Active	~60%	Involvement in play, clubs, activities
Respected	~75%	Voice heard, improved relationships
Responsible	~70%	Behaviour regulation, routines
Included	~75%	Peer relationships, school belonging

Examples

Safe (~70%)

Evidence of improvement:

- Children identifying trusted adults and safe spaces
- Increased awareness of safe routes, transitions, and support networks
- Safeguarding interventions (social work, plans, monitoring)

Remaining challenges:

- Exposure to domestic violence, parental conflict, instability

Healthy (~75%)

Improvements:

- Emotional regulation tools (e.g., breathing, “zones of regulation”)
- Support for sleep, mental health, diet, routines
- Reduced distress behaviours in some cases

Challenges remaining:

- Ongoing mental health concerns, anxiety, sleep dysregulation

Achieving (~80%)

Strongest area of impact:

- Improved school attendance and engagement (e.g., structured support, transitions).
- Increased confidence, skills, and participation

Persistent issues:

- Chronic non-attendance in a minority of cases (~20–25%)

Nurtured (~85%)

Highest impact area

- Strong emphasis on:
    - Relationship building (worker-child, parent-child)
    - Emotional support and validation
- Children reporting improved feelings of being cared for and supported

Active (~60%)

Lowest improvement area

- Some engagement in:
    - Youth groups, sports, community activities.

- Barriers:
    - Poverty, transport, parental mental health

Respected (~75%)

- Children increasingly report:
    - Being listened to and involved in decisions.
- Tools used:
    - 1:1 sessions, wellbeing webs, structured conversations

Responsible (~70%)

- Improvements in:
    - Behaviour regulation
    - Following routines (morning/night charts).
- Still an area of difficulty (often lowest self-scores in datasets)

Included (~75%)

- Increased:
    - Peer engagement
    - Sense of belonging in school/groups
- Remaining challenges:
    - Bullying, isolation, neurodiversity-related barriers.

Parents / Carers Improvements in Wellbeing – SHANARRI Analysis

Indicator	% cases impacted	Key Themes
Safe	~60%	Safer environments, safeguarding awareness
Healthy	~65%	Mental health support, reduced stress (limited)
Achieving	~55%	Access to benefits, systems navigation
Nurtured	~75%	Emotional support, relationship building
Active	~50%	Lowest – limited self-care/activity
Respected	~70%	Voice heard in systems/planning
Responsible	~65%	Parenting skills, routines
Included	~60%	Engagement with services/community

Safe (~60%)

- Increased engagement with:
    - Social work
    - Child protection processes
- Greater awareness of:
    - Risks, safe parenting strategies

However: many families remain in high-risk environments.

Healthy (~65%)

Partial improvement

- Access to:
    - Counselling
    - Mental health referrals
    - Support services.

Major constraint:

- High prevalence of:
    - Anxiety, depression, trauma, chronic illness

Achieving (~55%)

- Parents supported with:
    - Benefits (e.g., disability payments)
    - Education systems
    - Housing/finance

Impact moderate due to:

- Structural barriers (poverty, housing, systems complexity)

Nurtured (~75%)

Strong area:

- Parents benefitting from:
    - Emotional support
    - Non-judgemental relationships with workers
- Increased ability to:
    - Reflect on parenting
    - Support children emotionally

Active (~50%)

Lowest impact area

- Limited evidence of:
    - Parent engagement in activities/self-care
- Barriers:
    - Ill health, poverty, caregiving demands

Respected (~70%)

- Parents report:
    - Being listened to
    - Increased confidence in engaging with services
- Particularly evident in:
    - Advocacy support, voice empowerment

Responsible (~65%)

- Improvements in:
    - Parenting strategies
    - Routine setting (sleep, school readiness)
- Use of structured tools:
    - Parenting programmes (e.g., PuP)

Included (~60%)

- Increased connection to:
    - Services
    - Schools
    - Community supports

However, engagement remains inconsistent for some families and missed appointments noted across datasets.

Key Insights Relating to Improvements in Wellbeing

1. Relational practice is the primary driver of change

- Consistent evidence that trusted relationships lead to improvements in both children / young people and parents / carers feeling:
    - Nurtured
    - Respected
    - Included

2. Education engagement is a central outcome

- Improvements in attendance and transitions are a major success area.

3. Parent wellbeing is the limiting factor

- Children's progress is often constrained by parental mental health and capacity.

4. Complex need profiles is a constraining factor

- Most families experience:
    - Multiple disadvantages
    - Trauma
    - Neurodiversity
    - Poverty

9. Family Voice At The Heart Of Family Links 1.0

Pillar One of Holistic Whole Family Support states that the voices, views and choices of children, young people, parents and carers should be at the heart of all service design and delivery. Family Links was developed with the commitment to ensure that this pillar remains at all times at the heart of its approach.

Listening To and Acting on Family Voice

Our data shows strong evidence that the voices of children, young people, and parents/carers are central to the design and delivery of support. Practice is characterised by:

- A relational, strengths-based approach where trust is built over time
- Active efforts to ensure individuals feel heard, understood, and respected
- Flexible and responsive support that is shaped directly by what families say they need

In many cases, voice is not only listened to, but actively influences decision-making, planning, and delivery of interventions.

How children and young people's voices are heard

Direct participation and individualised engagement

- Children regularly engage in 1:1 sessions, where they are encouraged to:
    - Express feelings, preferences, and concerns
    - Identify what helps them feel safe, calm, or engaged
- Tools such as:
    - Wellbeing conversations
    - Creative activities (art, play, games)
    - Structured discussions (e.g. routines, emotions) are used to support children to express their voice in accessible ways.

Examples of voice influencing support

- A child expressed that the classroom felt too noisy and overwhelming, leading to:
    - Exploration of quieter learning environments and adapted support approaches
- A young person identified preferred activities and interests, shaping:
    - Engagement strategies and relationship-building sessions
- Children contributed to designing their own routines (e.g. morning charts), directly influencing daily structure and expectations.

Supporting children and young people to speak out

- Children are supported to:
    - Name emotions and behaviours
    - Understand triggers and coping strategies
    - Communicate needs to parents and school
- In some cases, children and young people disclose:
    - Concerns about safety, parenting approaches, or relationships leading to appropriate safeguarding responses and follow-up discussions.

Building confidence and agency

- Children and young people are encouraged to:
    - Make choices about activities and support
    - Reflect on what works for them
    - Develop skills in expressing opinions

This contributes to increasing:

- Confidence
- Self-awareness
- Sense of control

How Parents and Carers' Voices Are Heard

Open, non-judgemental conversations

- Parents / carers are given space to:
    - Share experiences, challenges, and views
    - Express frustration with systems or services
    - Reflect on their parenting and wellbeing
- Family Links Workers prioritise:
    - Listening without judgement
    - Acknowledging emotional experiences (e.g. feeling overwhelmed or "failing")

Examples of Parent / Carer Voice Influencing Support

- Parents / carers expressing difficulty managing routines led to:
    - Practical support with sleep, attendance, and daily structure
- Requests for specific support (e.g. benefits, school support, housing) directly shaped:
    - Referrals and advocacy actions

- Parent / carer concerns about:
    - School environments, transitions, or diagnoses influenced:
    - Multi-agency discussions and adjustments to plans

Supporting and Amplifying Parent / Carer Voice

- Parents / carers are actively supported to:
    - Engage with schools and other professionals
    - Prepare for meetings and child plans
    - Navigate complex systems
- Family Links Workers act as:
    - Sources of support and encouragement where parents feel unheard
    - Intermediaries to ensure their voice is represented (at the request of parents/ carers) - e.g. during NDAS processes or school discussions

Supporting Parents / Carers to Speak Out About Issues

- Examples include support to:
    - Raise concerns about children's needs in school
    - Challenge or question professional decisions
    - Access mental health or external services
- Parents are often encouraged to:
    - Reflect on their own needs and wellbeing
    - Seek help and articulate support requirements

Family Voice as Central to Support Planning

Co-produced support plans

Support is not imposed by Family Links Workers; instead it is co-developed with families, with clear evidence of:

- Goals agreed collaboratively
- Interventions aligned to family priorities
- Flexibility based on feedback

Examples:

- Objectives such as building confidence, improving attendance, or supporting parenting are agreed jointly
- Support plans adapt where families:
    - Change their preferences
    - Struggle to engage
    - Identify new priorities

Responsiveness and flexibility

- Family Links Workers demonstrate adaptability (and accommodation of views and requests of families) by:
    - Changing timing or location of support
    - Offering home-based or school-based interventions
    - Adjusting expectations based on family circumstances
- In some cases:
    - Support pauses or shifts in response to parent readiness or consent

Recognising barriers to voice

The data also highlights that enabling voice requires overcoming barriers, including:

- Parental anxiety or mistrust of services
- Children / young people:
    - Communication needs
    - Emotional distress or dysregulation
- Structural barriers:
    - Poverty
    - Language differences
    - Complex service systems

Despite this, Family Links Workers consistently:

- Persist in engagement (unless families ask them to stop)
- Use relationship-building to create safe spaces for voice

Key Themes Relating to Family Links and Family Voice

1. Voice is relational

- Trust-building is essential before individuals feel able to speak openly

2. Voice directly shapes support

- Interventions are responsive rather than prescriptive

3. Support for voice is critical

- Many families require support to ensure their voice is heard within wider systems

4. Empowerment is a key outcome

- Both children and parents are supported to:
    - Express needs
    - Influence decisions
    - Develop confidence in communication

Across all Family Links 1.0 data, there is strong evidence that:

- The voices of children, young people, and parents/carers are actively sought, listened to, and acted upon
- Support is co-produced, flexible, and grounded in lived experience
- Families are not passive recipients of services but active partners in shaping support

This approach ensures that support delivered to families though Family Links is:

- Relevant
- Responsive
- More likely to be sustained and effective over time

10. Preventative vs Intensive Support In Family Links 1.0

Family Links 1.0 was developed as the first step in a test of concept aimed at understanding what holistic 'early help' and 'preventative support' for families might look like in Highland – and what its impact could be. The ambition was to support families to address issues before they became crises. In the planning stages, this was envisaged as being before families had any involvement with social work, justice services or any other form of intensive statutory support. The aspiration in the longer term is for this early help to produce quantifiable benefits to currently overburdened statutory services particularly Social Work – in the form of reduced demand for their services.

Preventative support within Family Links can be defined as:

Early, relationship-based, whole-family support that identifies and responds to emerging needs at the earliest stage, aiming to strengthen family functioning, improve child wellbeing, and prevent escalation to crisis or statutory intervention.

Within Family Links 1.0, this approach is characterised by:

- Early identification of need (e.g. attendance issues, emotional distress, parenting pressures)
- Relational practice (building trust with children and parents)
- Capacity building (supporting parenting, routines, emotional skills)
- Practical intervention (addressing poverty, housing, access to services)
- School-linked support (attendance, engagement, transitions)
- Signposting and coordination with wider services

This reflects a GIRFEC-aligned, whole family wellbeing model focused on prevention rather than crisis response.

Our data shows that Family Links 1.0 consistently targeted early indicators of vulnerability within families. Family Links Workers deliver multi-layered preventative support delivered across all families supported, with activity ranging from light-touch engagement to sustained casework.

Key Types of Preventative Support Delivered

1. Parenting support and family capacity building

Activities include:

- Establishing routines (morning, bedtime, attendance)
- Supporting parental confidence and consistency
- Coaching on managing behaviour and emotional responses
- Encouraging parental self-care and mental health support

Examples:

- Parenting support and "self-care for whole family" identified in multiple Family Links cases
- Intensive work with parents around communication, routines and behaviour management in contact logs.
- Ongoing engagement with parents to build trust before formal intervention

Preventative role:

- Reduces risk of family breakdown
- Strengthens parenting before issues escalate into safeguarding concerns

2. Emotional wellbeing and behaviour support for children

Activities include:

- 1:1 emotional support sessions
- Teaching self-regulation strategies (e.g. breathing, identifying feelings)
- Using play and therapeutic activities
- Providing safe, trusted adult relationships

Examples:

- Emotional wellbeing, behaviour and self-regulation needs appear in the majority of cases.
- Structured activities such as emotional check-ins, worksheets and coping strategies delivered in school/home settings.
- Relationship-based engagement used to gradually increase resilience and trust.

Preventative role:

- Addresses distress early
- Prevents escalation into crisis behaviour, exclusion or mental health referrals

3. School attendance, engagement and transition support

Activities include:

- Supporting attendance routines and barriers
- Working with schools to develop flexible approaches
- Facilitating transitions (especially P7–S1)
- Providing in-school 1:1 support

Examples:

- School attendance concerns appear across most families
- Direct support such as transport assistance, routine-building and school-based engagement.
- Transition group work and individual transition support recorded across multiple families

Preventative role:

- Prevents persistent absence
- Reduces risk of disengagement and poor long-term outcomes

4. Practical and socio-economic support

Family Links support frequently addresses underlying stressors affecting wellbeing.
Activities include:

- Advice and support with benefits and grants
- Housing support and home environment improvements
- Access to foodbanks and financial aid
- Transport and access support (e.g. getting children to school, accessing services)

Examples:

- Financial, housing and practical needs repeatedly recorded as support areas
- Direct practical intervention such as sourcing bikes, transport, and completing applications.

Preventative role:

- Reduces pressures that can drive crisis
- Supports stability within the home

5. Signposting, voice support and multi-agency coordination

Activities include:

- Referrals to services such as:
    - CAMHS
    - Counselling services
    - Disability support
    - Third sector organisations
- Supporting families to navigate systems (education, benefits, health)

Examples:

- "Signposting/referral to support groups/services" is one of the most common intervention types
- Workers actively facilitating access to services such as Mikey's Line, CAB, and others.

Preventative role:

- Ensures families receive appropriate support early
- Prevents unmet need escalating to statutory thresholds

6. Relationship-based outreach and engagement

A defining feature of the Family Links model.

Activities include:

- Home visits and informal engagement
- Flexible contact (texts, calls, check-ins)
- Gradual trust-building with reluctant or overwhelmed families
- Outreach group work (e.g. transition sessions)

Examples:

- Long-term relationship building evident before structured interventions take place
- Mix of home, school and community engagement methods across all files

Preventative role:

- Engages families who may not otherwise access support
- Enables early intervention before crisis services are required

In summary, 80% of cases evidence that Family Links is delivering comprehensive, preventative, whole-family support that:

- Identifies need early and proactively
- Addresses emotional, behavioural, practical and systemic issues
- Combines child-focused and parent-focused interventions
- Works closely with schools and partner agencies
- Builds protective factors and resilience within families

The Interface Between Early – Preventative Support and Intensive / Complex Support Within Family Links 1.0

As noted, our data presents evidence of 85% of families supported by Family Links 1.0 receiving early / preventative support. However, Family Links Workers (FLWs) provide a broad range of support that frequently extends beyond early help into intensive, high-level and crisis intervention work. This support is characterised by sustained involvement with families experiencing multiple, overlapping needs, often requiring multi-agency coordination, risk management, and flexible, relationship-based approaches.

It is illuminating that of the 80% of families receiving early / preventative support, only 40% of these families received EXCLUSIVELY early / preventative support. This means that 40% of families receiving preventative support ALSO received support which better fits the definition of as intensive, high-level or crisis intervention support above. So, with a significant proportion of families, Family Links Workers have maintained the delivery of holistic, relational, preventative support at the same time as supporting the same families with intensive, high-level and crisis intervention.

Further, our data shows that 45% of all families supported received intensive support from Family Links Workers, meaning that 5% of families received ONLY intensive forms of support through Family Links.

Also of interest are the following data points:

- 30% of families supported through Family Links 1.0 also have active Social Work involvement (this masks a complex reality, including: families which had existing Social Work involvement prior to referral to Family Links; families where one child is involved with Social Work and others which are supported by Family Links; families which developed a crisis requiring Social Work involvement whilst being supported by a Family Links Worker and not wishing to end their involvement with Family Links due to a sense that the relational, holistic support provided by Family Links would not be provided by Social Work, so the two forms of support would be complementary not duplication.

- 40% - 55% of children / young people supported by Family Links have a Child's Plan in place, indicating moderate to complex needs.

- 40% of families supported by Family Links are involved in formal, multi-agency meetings.

The key types of intensive support delivered by Family Links

1. Prolonged engagement with highly vulnerable and disengaged families

A core form of intensive support is long-term, persistent engagement with families who:

- Are initially reluctant or unable to engage
- Experience chaos, crisis, or instability
- Miss appointments or disengage from services

Nature of support

- Repeated attempts to engage through:
    - phone, text, email, school contact and home visits
- Flexible approaches to meeting (gate, home, community)
- Maintaining involvement despite non-attendance

Example:

One case showed months of contact attempts and flexible engagement with a family where the child had extremely low attendance and the parent struggled to engage consistently, eventually leading to sustained involvement.

Why this is intensive:

- Requires high persistence over time
- Demands adaptability and resilience from practitioners
- Prevents complete disengagement from support systems

2. Intensive school avoidance and attendance crisis support

Family Links Workers provide high-level intervention for entrenched school non-attendance, often linked to:

- Anxiety and mental health needs
- Neurodivergent profiles
- Family stress or parental capacity issues

Nature of support

- Individualised attendance plans (e.g. phased or part-time timetables)
- One-to-one relationship-building sessions in and out of school
- Meeting children at home or school to facilitate entry
- Alternative engagement strategies where full attendance not possible

Example:

A child with attendance around 10% required intensive support including home visits, school-based sessions, and coordinated planning with school staff and transition teams.

Why this is intensive

- Requires daily or frequent intervention
- Involves coordination with multiple professionals
- Addresses entrenched patterns rather than emerging issues

3. Safeguarding, child protection and crisis response

Family Links Workers are involved in cases that escalate into child protection procedures and crisis intervention, including:

- Social work investigations
- Police involvement
- Temporary removal of children from parental care

Nature of support

- Liaison with Social Work to share contextual information
- Emotional support for parents during investigations
- Supporting families to understand processes and expectations
- Continuing engagement after crisis to stabilise relationships

Example:

Following allegations of harm, Family Links Worker supported a parent during a police and social work investigation, while also sharing relevant background with professionals and supporting ongoing parenting work.

Why this is intensive

- High emotional demand and complexity
- Requires professional judgement in safeguarding contexts
- Involves navigating statutory decision-making processes

4. Whole-family support in contexts of multiple and interconnected needs

Many families present with complex, multi-layered difficulties, including:

- Mental health issues
- Trauma and domestic abuse
- Financial hardship and housing instability
- Multiple children with additional support needs

Nature of support

- Holistic, whole-family engagement
- Simultaneous work with:
    - children
    - parents
    - family relationships
- Practical and emotional support delivered alongside each other
- Multi-agency coordination and referrals

Example:

One family required coordinated support across education, housing, and financial systems alongside parenting and emotional support due to complex needs and historic patterns of behaviour.

Why this is intensive

- Requires addressing interconnected needs, not single issues
- Sustained over time with multiple intervention strands

5. Intensive parenting support and behavioural intervention

Family Links Workers provide high-level parenting support where:

- Children present with severe behavioural challenges
- Parent capacity is significantly affected by stress or mental health

Nature of support

- Coaching on:
    - managing challenging behaviour
    - communication strategies
    - emotional regulation
- Reframing behaviour as communication of need
- Direct observation and modelling of strategies
- Supporting parent-child relationship repair

Example:

A parent managing extreme behavioural outbursts was supported through emotional coaching, behaviour analysis, and structured strategies to improve understanding and responses.

Why this is intensive

- High emotional demands on both family and practitioner
- Requires ongoing coaching rather than one-off advice

6. Complex multi-agency coordination and system navigation

Family Links Workers often lead or support coordination in cases involving:

- Schools and ASN services
- Social Work
- Health services (CAMHS, disability services)
- Third-sector partners

Nature of support

- Acting as a central point of communication
- Clarifying roles and responsibilities
- Supporting families to navigate systems
- Aligning interventions across agencies

Example:

A parent described “many professionals involved,” requiring the FLW to act as a key coordinator and interpreter of services.

Why this is intensive

- Requires system knowledge and coordination skills
- Addresses fragmentation across services

7. Intensive support at critical transition points

High-level support is also delivered at key risk points, particularly transition to secondary school.

Nature of support

- Repeated supported visits to new school environments
- Joint work with Child Support Workers and ASN teams
- Gradual exposure and confidence-building
- Planning tailored timetables and support structures

Example:

A child with high anxiety was supported through multiple visits and relationship-building activities, resulting in improved engagement with transition.

Why this is intensive

- Prevents long-term disengagement
- Requires close coordination across settings and time

8. Intensive practical and crisis-level support for poverty and instability

Family Links Workers also provide intensive practical support where families experience:

- Financial hardship
- Housing issues
- Barriers to accessing services

Nature of support

- Assistance with:
    - benefits and grants
    - housing applications
    - transport
- Direct support to enable:
    - school attendance
    - access to services and appointments

Example:

Families were supported with practical needs such as housing issues, financial support and access to services alongside emotional and behavioural interventions.

Why this is intensive

- Requires addressing basic needs alongside emotional support
- Essential to stabilise family functioning

9. Intensive emotional containment and crisis support for parents

In many complex cases, Family Links Workers provide significant emotional support, particularly where parents:

- Experience mental health difficulties
- Are in crisis or distress
- Feel overwhelmed by parenting demands

Nature of support

- Regular emotional check-ins
- Validation and reassurance
- Supporting coping strategies
- Encouraging engagement with specialist services

Example:

Parents experiencing severe anxiety and distress were supported through ongoing emotional engagement, alongside practical and parenting interventions.

Why this is intensive

- High emotional labour and skill from Family Links Workers
- Critical for maintaining engagement and preventing escalation

Key Characteristics of Intensive: Level Family Links Support

1. Sustained involvement over time

- Weeks to months of continuous contact

2. High frequency and flexibility

- Multiple contacts per week
- Work across settings (home, school, community)

3. Multi-agency coordination

- Active liaison with statutory and third-sector services

4. Whole-family focus

- Addressing needs of children, parents, and relationships together

5. High emotional and relational input

- Building trust, managing conflict, containing distress

This demonstrates that Family Links 1.0 has not solely been an early help service, but has also provided complex, high-intensity support for families with significant and overlapping needs, often acting as a stabilising and coordinating presence within the wider system.

Brief Case-Study Examples of Intensive-Level Support Delivered

1. Intensive engagement with a highly disengaged family

In one case, the Family Links Worker (FLW) undertook sustained, high-intensity engagement with a family where a child's school attendance had fallen to approximately 10%. The parent was experiencing chronic health issues, exhaustion, and significant anxiety, while the child presented with sensory needs, disrupted sleep, and marked school avoidance.

The FLW made persistent efforts to establish and maintain contact over several months, using a flexible, relationship-based approach that included home visits, meetings at the school gate, and regular communication via phone and email. Direct work with the child focused on building trust through play, creative activities, and supportive conversations. Alongside this, the FLW managed practical challenges, supporting transitions between home and school and introducing flexible arrangements such as shortened days.

The work also required coordination with multiple services, including ASN staff, secondary school transition teams, CAMHS, and Thriving Families. When school attendance was not possible, the FLW adapted by continuing support within the home environment. This case illustrates complex, long-term intervention involving entrenched non-attendance, parental health challenges, differing perspectives between home and school, and the child's anxiety and neurodivergent needs.

2. **High-risk family involving safeguarding processes**

Another case involved a family where initial early help escalated into a child protection investigation following allegations of physical abuse. This led to police and social work involvement and the temporary removal of the child from the parent.

Throughout this period, the FLW remained closely involved, maintaining communication with social work and sharing relevant background information to support decision-making. The FLW also provided emotional support to the parent, helping them understand processes and manage distress during a highly destabilising time.

Following the investigation, the FLW continued to support the family through parenting guidance, the re-establishment of routines, and emotional support for the child. The role also included facilitating communication between parents and statutory services. This case highlights the FLW's function within a complex safeguarding landscape, balancing crisis response with longer-term preventative support amid high emotional distress, co-parenting conflict, and multi-agency involvement.

3. Whole-family support with multiple interconnected needs

In another example, the FLW worked intensively with a family experiencing a wide range of interconnected challenges, including multiple children with behavioural needs, neurodivergence, and poor school attendance. The parent faced mental health difficulties and struggled to maintain consistent routines, while the family also experienced housing instability and financial stress.

The FLW adopted a holistic, whole-family approach, providing parenting support and emotional guidance while also addressing practical issues. This included liaising with housing services, supporting applications for financial assistance, and helping the family prepare for and engage in school-related meetings.

Coordination with other services was essential, ensuring a joined-up approach to long-standing and complex needs. This case reflects the intensive and sustained nature of support required where difficulties are systemic, intergenerational, and multifaceted.

4. Intensive parenting and behaviour support

In one case, a parent was struggling to cope with a child displaying aggressive behaviour, frequent public meltdowns, and damage to property within the home. The parent reported high levels of anxiety, low confidence, and emotional overwhelm.

The FLW provided regular, face-to-face support focused on both emotional and practical aspects. This included validating the parent's experiences, helping them understand the underlying causes of their child's behaviour, and reframing it as a form of communication. The FLW also introduced strategies for emotional regulation and effective communication.

A key focus was rebuilding the parent–child relationship and strengthening emotional safety within the home. This included helping the parent recognise that challenging behaviour may reflect the child's sense of safety with them. This case demonstrates an intensive, therapeutic-style intervention aimed at preventing family breakdown.

- **Supporting families within complex professional systems**

Some cases involved families already engaged with multiple professionals, including education, social work, health, and third-sector services. In these situations, families often felt overwhelmed, confused, or disengaged, and sometimes expressed mistrust in services.

The FLW played a key role as a consistent point of contact, helping families understand the roles of different professionals and navigate complex systems. This included clarifying processes, reducing duplication, and ensuring that support was coordinated effectively.

By providing continuity and advocacy, the FLW helped reduce confusion and improve engagement. This case type highlights the importance of system navigation and coordination in achieving better outcomes for families with high levels of professional involvement.

6. Intensive support for school transitions

Transition from primary to secondary school presented significant challenges for some children, particularly those with anxiety, neurodivergent needs, or a history of non-attendance.

In one case, the FLW worked intensively with a child who initially experienced high levels of anxiety about the transition. Support included repeated visits to the secondary school, coordinated work with Child Support Workers and ASN staff, and gradual exposure to the new environment through tours, time in quiet spaces, and relationship-building with key staff.

Over time, this approach helped the child become more confident and engaged, reducing the risk of transition failure. This case demonstrates the value of early, coordinated, and sustained intervention at critical points in a child's educational journey.

7. Practical and crisis-level support for families facing poverty and instability

In several cases, families were experiencing significant financial hardship, housing instability, and related challenges that impacted parenting capacity and child wellbeing. The FLW provided both practical and emotional support, assisting families to access benefits such as Child Disability Payment, secure grants, and address housing issues. This was often combined with direct support for day-to-day needs, such as transport to school, attending appointments, and connecting with community resources.

This practical assistance was delivered alongside ongoing support around parenting and emotional wellbeing, recognising the interconnection between poverty, stress, and family functioning. These cases illustrate the importance of addressing both material and emotional needs to prevent further escalation and stabilise family circumstances.

Conclusion

Across all examples, intensive support is characterised by:

1. Duration and Persistence

- Support delivered over long periods
- Repeated attempts to engage where families are hard to reach

2. Multi-Agency Coordination

- Active liaison with:
  - Social work
  - education
  - health services

3. Whole-Family Approach

- Simultaneous focus on:
  - children
  - parents
  - wider family dynamics

4. Flexibility

- Adapting location, timing, and approach:
  - school
  - home
  - community

5. Emotional Depth

- High levels of:
  - trust-building
  - emotional containment
  - relational work

The data demonstrates that, alongside early / preventative support, Family Links Workers provide significant complex and intensive support where families present with:

- Multiple and overlapping needs
- High levels of vulnerability
- Risk of escalation to statutory services

These cases go beyond early help into:

- Sustained, high-intensity relational work
- System coordination across multiple agencies
- Crisis response alongside preventative support

Overall, the evidence highlights that Family Links provision includes a substantial element of complex intervention work, requiring advanced skills in:

- Relationship-building
- safeguarding awareness
- multi-agency coordination
- flexible, trauma-informed practice

Family Links Workers are consistently positioned as relational intermediaries, often navigating competing perspectives between families and statutory services.

A core dynamic that emerges from an analysis of the data is that of Family Links as a relational bridge.

Family Links Workers operate at the interface between:

- Families (often experiencing distress, trauma, or disengagement)
- Schools (Practice Leads, ASN staff, Head Teachers, CSWs)
- Social Work and other statutory services

The frequently:

- Facilitate communication
- Translate expectations between services and families
- Advocate for family perspectives while aligning them with statutory processes

This intermediary role is particularly visible in cases involving social work input and school attendance concerns, where Family Links Workers seek to maintain continuity in relationships despite fluctuating engagement from both families and agencies.

This relational and holistic role is at times hampered by communication and collaboration issues with statutory partners who, for different reasons, perhaps lack a clear understanding of the role of Family Links Workers and the intended early / preventative contribution of Family Links as part of a joined-up system of support around families. Addressing these communication and collaboration issues is a key priority for the next phase of Family Links.

11. Reflections On Family Links 1.0

A selection of reflections on delivery and impact from a range of people involved in different ways with Family Links 1.0

Reflections from children and young people

"I love my Tuesday morning meetings with (name of Family Links Worker) She's so kind – I can just be myself with her"

"The best thing (about having Family Links Worker) was being in the after-school group and making new friends"

"I like doing crafts with (name of Family Links Worker). It's so fun and I get to make cool stuff"

"You told me to ignore the bullies and to remember I'm powerful and I did it – I ignored them and I'm powerful!" (Text message to the Family Links Worker)

"Drawing with (name of Family Links Worker) always helps me when I'm angry. It helps me feel calm"

"When I'm big I'm going to build a house for all the people I love and you're going to have a room on the first floor. And I'm going to share it with you" (Spoken to the Family Links Worker)

"Dear (name of Family Links Worker). I very much love it when you come to see me on Fridays, because it makes me feel like more people care about me and it is very fun and I wish I could go with you every day. From (name of child) x x x "

Picture depicting the child and Family Links Worker standing together as winners.

Reflections from parents / carers about impact of support on children / young people

"The day he sees (name of Family Links Worker) is the easiest day to get him to school because he's so excited about their time together. I know he jarrs her if she's even 1 minute late to collect him from class. He always asks if they're "doing work" today, as he loves all the activities (circle of control, support shield, happy home etc)".

"After being with (name of Family Links Worker) he came running to me and was in great form. He was delighted and couldn't stop talking about it!"

"I don't even know how to describe the difference it's made to my daughter. It's turned her life around. She hated school and really didn't have any friends. Now, she has a great wee group and has really opened up to us about her feelings and the things she's been going through"

"My son's behaviour at school at home was awful. He kept getting and getting into fights. The Family Links Worker has helped me with setting boundaries. I found this difficult as I just wanted him to be happy. I also know a lot more about ADHD now and have been able to talk to the school about it."

"Having a family links worker has changed our daughter so much over the last year and a bit she has become less aggressive and is now starting to be more confident, not like before".

"I have seen my child is happier going to school and her behaviour has also changed – she has not been so angry over the last few weeks."

"It's a bit early to say but I'm hoping it will help my daughter gain confidence and help her with her feelings."

Reflections from parents / carers about impact of support on themselves and family wellbeing

"It was really nice meeting you and thank you so much as you just made me feel at ease straight away - which is not easy to do" (Text message to Family Links Worker)

"Thanks for today (name of Family Links Worker, really appreciate it. (Forgot to say you suit your freckles. They are so cute. Have a nice weekend) and really appreciate all your help and support" (Text message from mum to Family Links Worker, commenting on a new 'avatar' with freckles set up by the Family Links Worker on her phone profile)

"She (Family Links Worker) always gives me wee boost to keep going."

"(Name of Family Links Worker) is comfortable to work with and I am able to trust her. And I feell listened to, which is nice, and if anyone asks, I would say great staff and easy to engage with."

"My Family Links Worker has been a great support to me and my family. I find it hard to relate to a lot of people but it came easy with (name of Family Links Worker). She is very easy to talk to and always ready to help me with anything. She has been a great support to me and my family. She goes up and beyond to find out any information that I needed and always has time for a chat and always with a smile. She keeps in touch with me on a regular basis. She has been a life saver at times."

"Working with (name of Family Links Worker) has been very beneficial for both myself and my daughter, (name of daughter). Since having support from Family Links (name of daughter) has gained a lot more confidence and has really come out of her shell. (Name of Family Links Worker) has always been kind and understanding, and supportive. She has given me advice and information whenever I've needed it, and I have always felt listened to and supported. We are very grateful for all the help and encouragement she has given us."

"Thank you so much, its meeting people like (name of Family Links Worker) that has given me the strength to do this."

"Having (name of Family Links Worker) has been a very positive experience. I'm not a person who normally accepts help very easily. I will not admit I'm struggling. However, (name of Family Links Worker) made me realise there is no shame in asking for help where it's needed. Even if it was just a quick chat on the phone, I knew I could tell her anything, and she would give me the best advice and not judge the situation."

"As the mother of a child on the spectrum, I am incredibly grateful to (name of Family Links Worker) for her invaluable help, both mentally and emotionally. She is always willing to help and I am very grateful for that. She helps me solve problems, which are common in the life of a family like ours. She always supports me with kind words and actions whenever she can. Thank you very much and I am incredibly grateful and with so much respect for your work, which is invaluable to us parents."

"My daughter is happy and feels much better. Thank you for all your help and everything you done for us."

"(Name of Family Links Worker) has been an amazing help with my daughter. They have a wonderful bond and (name of daughter) feels comfortable and safe with her. For m, it has been a huge help that my daughter has (name of Family Links Worker) to talk to and I am very grateful for the help she gives. (Name of daughter) is transitioning to High School soon and (name of Family Links Worker) being part of that is a big encouragement for her."

"My daughter is happy and feels much better. Thank you for all your help and everything you done for us."

"Working with (name of Family Links Worker) has been great and a great help with my mental health."

"Having the support of (name of Family Links Worker) has been the nearest thing I've had to family since coming to this country 7 years ago. Since my partner died, I have been focusing all my energy on working a providing a good life for my son. I had become so isolated and I had nobody to help me. Even just talking helps – even if none of the big problems can get sorted straight away. It makes me feel lighter to share how I feel."

Reflections from schools and other statutory partners

"Building trust and informal relationships with families has supported engagement and attendance."

"The after-school groups supported by (name of Family Links Worker) were a significant success, with high attendance rates compared to other groups."

"Collaboration and early intervention were key to responding effectively to attendance and family needs."

"The support aligned well with the school's ethos and has proven beneficial in addressing complex family situations."

"Having multiple agencies or individuals supporting families in complementary ways... has been invaluable in managing complex cases."
"The Family Links Worker's informal approach... has been effective in encouraging parents to open up and seek support without feeling pressured."

"The Family Links Worker's involvement had been instrumental in addressing not only attendance but also pupil well-being."

"The Family Links Worker's presence at after-school clubs, parents' nights, and open events was a key factor in building trust and fostering informal connections with families."

"(Name of Family Links Worker) had successfully engaged parents in a non-formal manner... particularly effective for families who might not respond well to formal referrals."

"Attendance has become a big issue for our school due to a sizeable increase in the school roll. It's going to be a big focus for me next term and I'm counting on Family Links to help us with that"

"Family Links has made a difference to some of the so-called 'hard to reach' families in the area which everyone had more or less given up on. Just goes to show what really taking time to listen can do!"

"I honestly don't know who would help us with these complex family issues – which all have an impact on the child's engagement at school and on us as a school team – if you weren't here"

"Family Links tells us what we already know, but don't always act like we know …. That flexible, holistic, family-centred support works best for families. Full stop"

"Family Links has been an incredible initiative for the school. I'm not sure how we would have supported some of our families without it. It has made a real difference with attendance and engagement, which are major challenges for us. It's important that the programme continues as it is – it really works."
"It's been particularly effective in reaching families that are hard to engage."

"The Thursday group has been so valuable – it gives children a safe space to build confidence and social skills."

"Even small steps with families are important, and Family Links allows that progress to happen over time."

"The support is very practical as well as relational – it really meets families where they are."

"Family Links has really supported us as a school, especially with attendance."

"It gives us something we didn't have before – a bridge to families we struggle to reach."

"Having someone who can work alongside families in a different way is invaluable."

"This role is challenging, especially with hard-to-reach families, and it can take time to build those relationships. (Name of Family Links Worker) built very strong relationships with families and made a significant impact over time."

Reflections from Family Links Workers

"I've just had a text from (name of P7 girl), checking to see if I would still be supporting her in High School. As she is worried about starting and knew I'd look out for her".

"I give everyone a small duck/animal every time they come to see me, as I feel it's a good visual for them and a good connection for them, connecting school and home. They are always so excited to see what new animals I've got and they all seem to have a special place at home to display them."

"My role can look very different depending on the needs of the family I'm supporting, and I'd like to share two examples that show that range.

One young person I'm working with had a medical issue that caused her to stop attending school because she was anxious about managing it in class. The school had already put a support in place – a medical "time-out" card she could show to any teacher if she needed to leave the classroom. However, she hadn't yet returned to school to try it.

I met with her at home to talk through how the system would work and reassured her that her medical needs were private and only known to the headteacher. When she felt ready, I supported her in school. I showed her safe spaces she could use, where spare clothes were kept if she ever needed them, and we agreed that when I was in school she could show me the card and we would step out for a chat or a game. The goal was to help her feel comfortable and confident again.

Over the next week, her worries about the medical issue reduced, but attendance was still low because she preferred staying home on her tablet and games consoles. Using my Parents Under Pressure training, I worked with mum to rebuild some authority at home.

Together they agreed that devices would only be available at weekends and only if school attendance improved. By empowering mum to set those boundaries, the young person successfully returned to school. We now continue to talk about friendships, opportunities and responsibilities in school, such as becoming a P7 buddy in the future. I am delighted to say this child is thriving in school and enjoying being there.

The second family I'm supporting is more complex. Mum has experienced a lifetime of abuse, both growing up and within her current relationship. For years she stayed silent because she didn't think anyone would believe her.

The impact of this has been significant for the children. The instability and stress within the home have affected their school attendance and engagement, as mum has been managing a lot on her own while living in a very difficult situation.

My role here is about building trust and helping her see that support is available. I'm working alongside both statutory and third-sector services and supporting her to attend meetings. A big part of the work is showing her that services like social work aren't there to judge her, but to work with her. The focus is on empowering her to feel confident speaking up, accessing support, and beginning to create a safer and more stable environment for herself and her children.

These two examples show how my role can vary — from practical support around school attendance and parenting strategies, to longer-term work supporting families experiencing trauma and complex life situations. These examples show that while every family's situation is different, the core of my role is always the same – building trust, empowering parents, and helping children have the opportunity to succeed."

"I would like to share one of the cases I have been supporting as a Family Links Worker over the past four months.

I have been working closely with a father and his son who were facing several challenges at home. The child was struggling with anger, not listening to his father, and having difficulties with his school routine. At the same time, the family was living in very poor housing conditions. They only had one bedroom, and the house had serious damp and mould problems, which was affecting both their physical and emotional wellbeing.

The situation became even more stressful when the landlord failed to provide proper support, even after the family had to move temporarily for one week. The father felt extremely overwhelmed and emotionally exhausted.

As part of my role, I supported the father by arranging appointments with a housing adviser and contacting the homeless team. We explained the family's situation, and eventually an officer visited the property, inspected the condition of the house, and submitted a report to the council. We are still waiting for a positive outcome regarding their housing situation.

At the same time, we focused on improving the child's behaviour and daily routine. Together, we created a structured routine for school, home, and family time. I also encouraged the father to spend more quality time with his son and to teach him the value of money by rewarding positive behaviour with small savings goals instead of buying toys all the time.

Over time, we have seen very positive changes. The child is calmer, listens more to his father, and the relationship between them has improved greatly. The father has also become more confident and emotionally stronger.

One thing that made a big difference was speaking with the father in Hindi, which helped him feel comfortable, understood, and able to express himself freely.

Although the housing issue is still ongoing, this experience has shown me how important support, communication, and trust are in helping families create positive change".

"I want to tell you about a case that, to me, summed up why I do this job. It was a school referral. Due to low attendance of child, a boy in primary school. I met with the family who have been very engaging and appreciative of the support. This is a complex situation with many contributing factors such as parents being separated, court order in place for parental access however this is not being met. Ongoing mental health battles, PTSD, anxiety and anorexia. Recent bereavement and fractured relationships in the wider family. Feeling unable to cope with the child's behaviour.

I have been providing weekly support, in school and at the family home. More than anything I have become a sounding board for mum to talk things through. We are building up to her accessing Mikeys Line. Mum recognises that she is at the stage of needing help and does want to with my support but is not quite ready. I have provided her with books on anxiety and stress management, links and leaflets to services available in the area and it was her choice to go with Mikeys Line, who offer whole family support and can work with children from the age of 5 and can offer some support to the young boy, who's behaviours seem to derive from the confusion and hurt around not seeing dad.

I have done some relationship building with the young boy in school, where we have had some play sessions purely to get to know each other.

I have done a play sessions with mum and son, working on positive relationship building, the importance of praise and understanding each other emotions.

I am going to be working more specifically, 1:1, on regulating emotions with the young boy whilst in school. And meeting with mum separately to get her to her first Mikeys Line session.

I have provided information from Relationships Scotland who can help to facilitate (if safe to do so) family mediation and visitation.

At the start of support, the young boy was not eating well. However, after discussions with the school and providing mum with some packed lunch ideas things have gotten much better. School are monitoring him at lunch time and he is eating well.

His attendance has dramatically improved and he is now in every day.

My next steps are to support mum in accessing other appropriate services who specialise in the support required and start to withdraw gradually once that is established."

12. Key Challenges For Family Links 2.0

Family Links has delivered meaningful change for many families — but the learning from Family Links 1.0 is clear: good outcomes are not yet reaching everyone who needs them most.

While 65% of families supported showed improvements in school attendance and engagement, 35% did not. Although most children, young people, parents and carers experienced positive changes in at least one SHANARRI wellbeing indicator, too many families remain "stuck" in crisis, disconnected from support, or unable to access the help they need.

The central challenge for Family Links 2.0 is not simply to extend delivery, it is to strengthen influence, improve integration, and create a system capable of responding effectively to families with complex and high-intensity needs.

Families are falling through the gaps

Many families who disengage from support do so because they no longer believe services can help them. For some, previous attempts to seek support have led nowhere. Others require specialist intervention beyond the reach of an early intervention model alone, including housing, mental health, social work, or intensive family support.

Family Links is often trusted by families precisely because it builds relationships where other services have struggled. However, trust alone is not enough if the wider system cannot respond.

Too often, Family Links acts as a bridge into services that are overstretched, fragmented, or inaccessible. This leaves practitioners carrying significant responsibility without the authority, capacity, or system backing required to secure meaningful change.

The Key Challenges Facing Family Links Going Forward

1. A fragmented and reactive system

Family Links operates within a system that remains largely crisis-driven rather than preventative. Services frequently respond only when needs escalate, making early intervention difficult to sustain.

2. Weak multi-agency integration

Families continue to experience siloed services, inconsistent communication, and unclear professional responsibilities. This creates duplication, delays, and gaps in support.

3. Limited system influence

As a predominantly Third-Sector-led project, Family Links often relies on influence rather than authority. Despite strong frontline relationships, it has limited leverage to overcome systemic barriers within education, health, housing, and statutory services.

4. Unclear identity and inconsistent buy-in

There is still no consistently understood definition of what Family Links is, what it delivers, and where its role begins and ends. This contributes to inconsistent strategic support and variable engagement from partners.

5. Role drift and risk of expanding expectations

In practice, Family Links staff are frequently pulled beyond the intended scope of the model, supporting parenting, crisis management, advocacy, practical needs, emotional wellbeing, and coordination across agencies. While this reflects unmet need, it risks diluting focus and sustainability.

6. Mismatch between need and model design

Many families present with entrenched, complex difficulties that exceed the remit of a purely preventative or early intervention approach. Without stronger pathways into specialist services, Family Links risks becoming a holding service for needs it cannot resolve alone.

What Family Links 2.0 Must Achieve

The next phase of Family Links must move beyond delivering support to individual families and begin influencing the wider system around them.

To succeed, Family Links 2.0 must:

- Strengthen strategic recognition and influence across partner agencies
- Create clearer pathways into specialist support
- Improve accountability and shared ownership across services
- Clarify the model's purpose, boundaries, and outcomes
- Embed genuinely collaborative, family-centred working
- Ensure families receive the right support at the right time, before crisis escalates

Family Links has already demonstrated its value. The challenge now is ensuring the wider system is capable of matching the trust, persistence, and relational support that families themselves say makes the difference.

13. Conclusion

Family Links 1.0 has demonstrated that relationship-based, whole-family support can make a meaningful difference to children, young people, and families experiencing complex and often entrenched challenges.

The evidence throughout this evaluation shows clear improvements in wellbeing, school attendance, confidence, family relationships, and engagement with education for a significant proportion of families. At the heart of this success is a consistent theme: trusted relationships matter. Families responded positively to support that was flexible, compassionate, non-judgemental, and built around their individual circumstances and strengths.

At the same time, the evaluation highlights the increasing complexity of need facing many families. Poverty, trauma, neurodivergence, mental health difficulties, housing instability, and fragmented systems frequently intersect to create barriers that cannot be resolved through early intervention alone. For some families, non-attendance and disengagement reflect not unwillingness, but overwhelm, unmet need, and systems that are difficult to navigate or unable to respond effectively.

Family Links has often succeeded in engaging families where other services have struggled, building trust and acting as a bridge between home, school, and wider support systems. However, the findings also demonstrate that relational practice alone cannot compensate for gaps in specialist provision, inconsistent multi-agency collaboration, or overstretched statutory services.

The challenge moving forward is therefore not simply to continue Family Links, but to strengthen the system around it. Family Links 2.0 presents an opportunity to build on what works: embedding earlier intervention, strengthening collaboration across agencies, improving pathways into specialist support, and ensuring that families experience support as joined-up, responsive, and centred around their needs.

Ultimately, this evaluation reinforces a clear message: when families are listened to, understood, and supported through trusted relationships, positive change is possible. Sustaining that change, however, requires a wider system that is equally relational, coordinated, and committed to meeting families where they are.

Appendix A: Case Studies

Case Study 1

Navigating complexity: Co-parenting conflict and child emotional wellbeing

This case involves a family with a primary school-aged child (Child A), his Mum, and a younger baby sibling. The family system also includes the child's biological father, his partner, and the Mum's partner. Over time, the family experienced considerable disruption, largely as a result of inconsistent involvement from the father, complex co-parenting relationships, and increasing emotional and behavioural needs within the household.

Support began in early 2025 and continued for approximately fourteen months. Throughout this period, the level and intensity of support fluctuated in response to the family's circumstances, including periods of heightened concern and formal child protection involvement. The approach remained flexible, adapting to changes in care arrangements and levels of risk.

Work with the family was multifaceted and relationship-based. Regular one-to-one sessions were carried out with Child A in school, providing him with a consistent space to talk, play and explore his emotions. In parallel, home visits allowed for direct observation of family routines, particularly mornings and after-school periods, and created opportunities to support both the child and his Mum within their day-to-day environment. Ongoing contact with Mum was maintained through phone calls and messages, alongside joint sessions to strengthen the relationship between her and Child A. The work was further supported by close liaison with school staff, social work, and third-sector services, as well as attendance at external appointments where appropriate.

At the outset, Child A presented with a range of interconnected wellbeing needs. He experienced significant emotional distress linked to his father's inconsistent presence, including periods of sudden absence, which left him feeling confused and unsettled. This was compounded by exposure to parental conflict and negative narratives about his Mum, which appeared to influence his perceptions and relationships. His distress often manifested in anger, difficulty regulating emotions, and challenges following instructions at home.

There were also concerns regarding his routines and engagement with school, including lateness, difficulty preparing in the mornings, and problems maintaining attention, with a neurodevelopmental assessment pending. At times, concerns were raised about his care during contact with his father, particularly relating to basic needs such as food and hygiene. Child A often struggled to articulate his feelings directly, instead using imaginative language such as describing "voices" or "emojis" influencing his behaviour, while also expressing that he did not always feel listened to by the adults around him.

Mum was facing her own set of challenges. She was managing the demands of caring for a newborn alongside the complex needs of Child A, which left her feeling overwhelmed and exhausted. She had a history of anxiety and depression, and although she acknowledged her struggles, she was hesitant to engage with formal mental health services. Parenting was a particular pressure point, with difficulties maintaining consistent routines and responding calmly to challenging behaviour, especially when under stress. Practical issues, including financial strain and housing concerns, also added to her overall burden. These pressures were brought into sharp focus during periods of child protection involvement, particularly when she was temporarily separated from her child, causing significant emotional distress.

The roles of other adults in Child A's life were complex and at times inconsistent. His father moved in and out of his life, initially becoming absent for a period before re-engaging in a shared care arrangement, only to later withdraw again, citing concerns about Child A's behaviour. This inconsistency had a notable emotional impact on the child. The father's partner was also part of Child A's experience during contact, though concerns were raised about care practices and exposure to conflict within that setting. Within Mum's household, her partner was present and involved; while there were examples of positive shared activities, there were also reports of conflict and allegations of inappropriate behaviour, which required safeguarding responses. Overall, the family environment across households was at times unstable, with ongoing tensions affecting Child A's sense of security.

Support focused both on Child A's individual needs and on strengthening the wider family system. For the child, regular sessions supported the development of emotional literacy, helping him to identify and express his feelings more clearly. He was introduced to practical regulation strategies, including breathing techniques and mindfulness exercises, which he could use when feeling overwhelmed. Sessions incorporated creative and play-based methods, enabling him to engage in a way that felt safe and accessible. Visual supports such as routine charts were developed collaboratively to help structure his day, particularly during challenging times such as mornings.

Alongside this, significant work was undertaken with Mum. This included practical coaching around communication, routines, and behaviour management, with a focus on non-physical, relationship-based approaches. Elements of the Parents under Pressure (PuP) framework were introduced to support reflection on parenting style and to strengthen her understanding of Child A's emotional needs. Home visits provided opportunities to model strategies in real time, particularly around morning routines and interactions, while also creating space to build positive shared experiences between Mum and child. Emotional support was an important element of the work, particularly during times of crisis.

Supporting parent voice and coordination between the family and other services played a key role throughout. The Family Links Worker worked closely with school staff to ensure Child A had consistent support, while also liaising with social work in response to safeguarding concerns. The family was supported to access external services, including counselling for Child A, and was guided through relevant systems such as legal and financial support where needed.

Co-working with the allocated social worker was a key aspect of ensuring coordinated and safe support for the family, particularly during periods of heightened concern.

The Family Links Worker maintained regular communication with the social worker to share relevant background information, provide updates on the family's engagement, and contribute to risk assessment. This was particularly important during a child protection investigation, when Child A was temporarily removed from his mother's care. At this stage, information was shared to ensure the social worker had a clear understanding of previous concerns, the support already in place, and the mother's response to earlier guidance, including her willingness to reflect and make changes.

The social worker led on decision-making regarding safeguarding and care arrangements, while the Family Links Worker continued to offer consistent support within their role, maintaining appropriate boundaries. Joint working ensured that risk was managed appropriately, with clear agreement that the Family Links Worker would continue supporting Child A's emotional wellbeing and the mother's parenting capacity but would not take on a mediation role between parents.

Following the investigation, collaboration between Family Links and Social Work supported the transition into a shared care arrangement. The social worker facilitated meetings with both parents, and the Family Links Worker aligned their support accordingly, continuing to provide stability for Child A during this period of adjustment. The collaborative approach helped ensure that interventions were consistent, that information was shared appropriately, and that the child's safety and wellbeing remained central throughout.

Over time, there were clear indications of positive change. Child A became more able to identify and articulate his emotions and increasingly used strategies to manage his behaviour. His engagement with school improved, as did his independence in daily routines. He developed a trusting relationship with the Family Links Worker and began to demonstrate a more positive outlook, including the ability to reframe situations. His participation in counselling further supported his emotional wellbeing.

Mum also demonstrated progress. She showed greater confidence in her parenting, began to adopt calmer communication strategies, and developed increased insight into her child's needs. Although challenges remained, there was evidence of her commitment to change, including efforts to establish routines and prioritise positive family time. Their relationship, while still complex, showed improvement, with more opportunities for connection and shared enjoyment.

Despite this progress, the family faced ongoing challenges. The father's inconsistent involvement continued to impact stability, and co-parenting relationships remained strained. Periods of child protection involvement created additional stress, and Mum's capacity was at times limited by her own mental health and the demands of caring for a young baby. Child A continued to navigate complex emotional responses linked to his experiences, and there remained indicators of possible additional needs. Environmental and financial pressures also persisted.

Throughout the intervention, the voices of both Child A and his Mum were central. Child A spoke openly about feeling sad and confused about his father's behaviour and expressed a strong need to feel listened to and understood. He often described feeling rushed at home but also spoke positively about creative activities and time spent with trusted adults. He showed pride in his progress and was able to identify strategies that helped him feel calm.

Mum described feeling overwhelmed, isolated, and under significant pressure. She expressed concerns about her child's behaviour and the impact of his father's involvement, alongside frustration at times when progress felt slow. However, she also demonstrated a willingness to engage, reflect, and make changes, and showed a clear desire to improve life for her family.

In conclusion, this case highlights the complexity of supporting a family where multiple stressors intersect, including parental separation, inconsistent caregiving, and emotional and behavioural needs. It also demonstrates the value of a sustained, relationship-based, and multi-agency approach. While challenges remained, the intervention contributed to meaningful improvements in Child A's emotional wellbeing and in the quality of interactions within the family, helping to build a more stable and supportive environment over time

Case Study 2

Overcoming practical barriers to school attendance

Support for this family was delivered over a period of approximately six months, spanning from autumn 2025 to early 2026. Work was primarily practical and solution-focused, involving daily school transport support, home visits, telephone contact, and community-based assistance.

Collaboration played a key role throughout the support period. This involved close working with school staff, third-sector organisations, and local services. Referrals were made for advocacy support, and there was ongoing coordination with school leadership around the child's attendance. Although partnership working was largely effective, there were notable challenges in maintaining consistent communication and engagement with the school, particularly due to the mother's difficulty in attending meetings.

The family experienced multiple challenges during this period. The central issue was the child's inconsistent school attendance. This was closely linked to the mother's chronic health conditions, which significantly affected her ability to manage daily routines, particularly the school run during periods of acute pain. In addition, financial hardship and social anxiety further impacted her ability to engage with services. The family was also dealing with the stress and disruption of a house move, contributing to overall instability.

Further challenges included frequent cancellations of planned support, often related to the mother's health difficulties. Financial limitations continued to affect the household, and school attendance remained a concern throughout. The mother's social anxiety also created ongoing barriers to engaging with professionals and participating in school-related activities.

In response to these needs, support focused on reducing practical barriers and helping to stabilise the family's situation. Practical assistance included providing regular school transport and supporting access to resources such as bicycles. The support also involved facilitating referrals for financial assistance and advocacy services. Additional help was given in securing furniture and managing the transition to new accommodation and a new school environment.

As a result of these interventions, the family successfully moved to new accommodation. The child transitioned into a new school closer to home, which improved access to education. While attendance showed some improvement, it continued to fluctuate at times due to the mother's ongoing health issues.

The child remained generally positive and engaged throughout the period of support. Although attendance was inconsistent and occasionally affected by illness, she continued to participate when able. She expressed enjoyment in creative activities such as drawing and spoke positively about spending time with her father, indicating a stable and nurturing relationship in that setting.

The child's voice reflected a hopeful and positive perspective. She expressed excitement about the move to a new home and school and consistently described activities she enjoyed, particularly creative pursuits and time with her father.

Case Study 3

Multi-agency support in a context of risk and instability

This case involved intensive, multi-agency support over approximately six months. Work included home visits, school-based sessions, transport support, and participation in multi-agency meetings, including solution-focused planning with social work.

The family presented with multiple and complex needs. The mother experienced longstanding mental health difficulties, including anxiety, depression, and a history of trauma and substance use. Financial instability, housing concerns, and involvement with the justice system further impacted family functioning. The father was present but also linked to concerns involving criminal activity, contributing to ongoing risk within the household.

The children experienced persistent difficulties with school attendance, often arriving late or missing school altogether. Emotional and behavioural challenges were evident, including anger, conflict between siblings, and difficulty regulating emotions. One child expressed worries about social work involvement, highlighting anxiety about being removed from the family home.

Support focused on improving routines, attendance, and emotional regulation. Practical assistance included morning transport to breakfast clubs, development of routine charts, and structured sessions to build coping skills. Emotional work with the children focused on understanding anger, identifying triggers, and developing strategies such as breathing techniques and seeking support from trusted adults.

The mother was supported to engage with services, attend appointments, and address practical challenges, although engagement was inconsistent. At times, she declined support with paperwork or missed appointments, reflecting the impact of her mental health and life circumstances.

There were some positive outcomes. School attendance improved modestly for one child, and both children engaged in sessions exploring emotional regulation. Positive sibling interactions were observed during structured activities. The children demonstrated increasing awareness of their emotions and some willingness to try coping strategies.

However, progress was limited by ongoing challenges. These included inconsistent parental engagement, housing instability, financial pressures, and continued school attendance issues. The mother's relapse into substance use during the intervention also impacted overall progress.

The children's voices were central. One child expressed pride in independence and responsibilities at home, while also sharing fears about social work involvement. Another described disliking school and feeling bored, preferring outdoor play and social activities. Multi-agency collaboration was a key component of this case, involving school staff, social work, and other services. While this enabled coordinated risk management and planning, challenges included difficulties maintaining consistent parental engagement and delays in progressing referrals such as neurodevelopmental assessments.

Case Study 4

Rebuilding trust between family and services

Support for this family was delivered over a short but intensive period, prompted by emerging concerns regarding the child's emotional wellbeing and the relationship between the family and the school. Intervention included home visits, meetings with school staff, email communication, and the facilitation of joint discussions between the parent and relevant services.

Collaboration formed a central part of the work, involving school leadership, Children's Services, and wider council services. However, the case highlighted the inherent challenges of multi-agency working when trust is low. Communication breakdowns and differing perspectives between those involved limited progress at times and contributed to ongoing tension.

A key factor influencing progress was the mother's position in relation to statutory services. She expressed strong resistance to the involvement of Children's Services, reporting that she felt misinformed about their role. Her relationship with the school was described as adversarial, which created further barriers to collaborative planning and impacted the ability to establish consistent support for the child.

The child's needs were centred on emotional wellbeing. She experienced difficulties with peer relationships and had been involved in behavioural incidents which had escalated to the level of police reporting. These concerns were exacerbated by the breakdown in trust between the mother and the school, resulting in a lack of shared understanding regarding both the child's needs and the most appropriate support pathways.

Intervention efforts focused on rebuilding trust, improving communication, and clarifying professional roles. The practitioner facilitated meetings between the mother and a Children's Services Worker to support mutual understanding of expectations and available supports. Additional assistance included drafting correspondence on behalf of the mother and providing emotional reassurance to enable her to engage in constructive discussions.

Despite initial resistance, some progress was observed. The mother showed an increased willingness to consider support options and participate in dialogue, although she remained cautious. Challenges persisted, particularly in the form of ongoing conflict with the school and differences in how the child's needs were understood and interpreted.

The child's voice was primarily reflected indirectly through the mother's advocacy. Her experiences were understood to centre on feeling misunderstood and in need of emotional support, rather than purely behavioural intervention.

Case Study 5
Early intervention for hidden emotional distress

Support for this family spanned several months and was primarily school-based, supplemented by community engagement and family meetings.

The child presented with significant emotional and behavioural difficulties at home, including episodes of aggression and distress. Although these behaviours were not evident in school, they had a considerable impact on family functioning. Historical concerns around suicidal ideation also heightened the level of risk.

Parents were both actively involved and engaged throughout, expressing a strong desire to better understand and support their child. There were no complicating factors relating to parental separation; however, both parents reported feeling uncertain in how to respond to their child's needs.

Support delivered focused on early intervention and emotional wellbeing. The child engaged in regular one-to-one sessions using creative and play-based approaches, alongside targeted work on emotional regulation and positive thinking. Practical steps were taken to increase social participation, including enrolment in after-school activities such as football and youth groups.

Family work included structured conversations around routines, expectations, and emotional communication. Parents were supported to implement consistent approaches within the home, including reward systems and clearer boundaries.

The impact of support was significant. The child demonstrated increased confidence, improved emotional awareness, and greater social inclusion. Engagement in activities provided positive outlets and opportunities to build friendships. Family communication also improved, with parents better able to understand underlying emotional triggers.

However, challenges remained in managing emotional outbursts at home and maintaining consistency when external stressors arose, such as housing instability.

The child expressed feelings of exclusion and a desire for more quality time with parents, alongside enjoyment of creative and physical activities. Parents acknowledged feeling more confident but recognised the need for continued support.

Collaboration was strong in this case, with effective links between school, third-sector provision, and family support services. Engagement with mental health services was explored but adjusted based on assessed need, demonstrating a flexible and responsive approach.

Case Study 6

Supporting development amid neurodevelopmental uncertainty

This period of support with the family, delivered over several months, highlighted both the value of early, relationship-based intervention and the challenges presented by system-level delays. The work focused on neurodevelopmental concerns and the child's emotional wellbeing, requiring a balance of direct support and guidance for the parent.
A key strength within this case was the mother's consistent and positive engagement. She demonstrated a clear commitment to supporting her child's development, actively seeking clarification around assessment pathways and remaining open to guidance throughout. This willingness to engage provided a strong foundation for the work and enabled progress despite uncertainties elsewhere.

The child presented with suspected additional support needs, including speech and language delay and possible neurodevelopmental differences. These needs were evident in reduced confidence, difficulties with communication, and challenges in social interaction. Reflecting on this, it was clear that the child required both emotional support and opportunities to build skills in a safe, nurturing environment.

In response, support was structured around regular one-to-one sessions aimed at building confidence and resilience. These sessions incorporated play-based activities and facilitated opportunities for social interaction, allowing the child to engage at their own developmental level. Alongside this, significant time was spent supporting the parent to navigate referral pathways, particularly in relation to neurodevelopmental assessments. This dual focus—direct work with the child and practical support for the parent—proved important in addressing both immediate and longer-term needs.

The child's voice was captured through their engagement in sessions, where a preference for play and outdoor activities became clear. Over time, increased emotional engagement was observed, suggesting growing confidence and comfort within the supportive environment. The parent also expressed appreciation for the practical guidance and reassurance provided, highlighting the importance of clear communication and relational support in building trust.

Multi-agency collaboration played a meaningful role, particularly with school staff and neurodevelopmental services. While communication between professionals was generally effective, this case underscored the impact of system delays, especially in relation to assessment processes. These delays created uncertainty for the family and slowed the pace at which longer-term planning could progress.

Despite these challenges, positive outcomes were evident. The child demonstrated improved confidence, greater participation in activities, and increased emotional engagement. Additionally, the parent gained clearer understanding of available support pathways, enabling her to feel more informed and empowered in advocating for her child. However, reflection on this case also highlights ongoing challenges. Delays and uncertainties within assessment pathways remained a barrier, and there was a continued need to ensure that tools and approaches were appropriately tailored to the child's developmental stage. This emphasises the importance of flexibility in practice and the need to manage expectations while maintaining momentum in support.

Overall, the case demonstrates the importance of combining relational practice with practical support, particularly where there is uncertainty around diagnosis. It also reinforces the value of parental engagement as a key driver of progress, while acknowledging the limitations that can arise from wider system constraints.

Case Study 7

Challenges of engagement: when support is declined

Support with this family was brief and limited due to low engagement.

Initial concerns related to school attendance, behavioural challenges, and possible bullying. The parent expressed anxiety about services and was hesitant to engage in sustained support.

Intervention included practical assistance with school transport and provision of information about available support services. However, engagement remained minimal and the parent ultimately chose to discontinue involvement.

The child expressed reluctance to attend school, though opportunities to explore this in depth were limited due to the short duration of support.

No clear involvement from other parental figures was noted.

The outcome of this case was early closure due to disengagement. This highlights the challenge of engaging families experiencing high anxiety or mistrust of services.

Collaboration with school was minimal but appropriate to the level of involvement.

Case Study 8

Supporting anxiety and emotional regulation across two homes

Support for this family was delivered over an extended period and involved a sustained, relationship-based approach in response to complex emotional wellbeing needs. The work combined regular one-to-one sessions with the child, ongoing communication with both parents, and close collaboration with school and partner services. The intensity of support fluctuated over time, increasing during periods of heightened emotional distress and reduced school attendance.

At the centre of the work was a young person experiencing significant challenges in relation to anxiety, emotional regulation, and overall mental wellbeing. These difficulties presented as fluctuating school attendance, social withdrawal, and periods of heightened distress, including emerging concerns around self-harm risk. The child often found it difficult to articulate emotions, tending to internalise feelings which would then present as withdrawal, anxiety, or sudden emotional escalation. There were also challenges in peer relationships, with experiences of conflict and perceived exclusion contributing to reduced confidence and reluctance to engage in school.

Family context played an important role in shaping the child's experience. The parents were separated, and the child moved between two households. While both parents were engaged and demonstrated care and concern, the arrangement created additional emotional complexity for the child. Differences in parenting approaches, communication styles, and household expectations contributed to a sense of inconsistency. The presence of a stepparent added another layer to the family dynamic, with the relationship at times described as strained. The child expressed reluctance to spend time in one household on occasion, indicating underlying discomfort that required sensitive exploration.

Support delivered focused primarily on emotional wellbeing and strengthening the child's ability to understand and regulate their feelings. Regular one-to-one sessions created a consistent and safe space where the child could build trust with the practitioner and begin to explore thoughts and emotions. A range of structured tools and approaches were used, including emotion identification activities, wellbeing frameworks, and the development of personalised coping strategies. The child was supported to recognise triggers, understand physical and emotional responses, and practise techniques to manage distress, such as grounding strategies and calming activities.

Alongside this direct work, there was a strong emphasis on building the child's confidence and ability to communicate their needs. Over time, the child began to develop greater insight into their feelings and showed increasing willingness to engage in conversations about their emotions, although this remained an area of ongoing development. Practical tools, including personalised regulation strategies and visual supports, were introduced to help the child access support both in school and at home.
Parental engagement was a key strength within this case. Both parents attended meetings, shared information, and demonstrated a commitment to supporting their child, despite the challenges presented by separation and differing perspectives. Support included providing parents with guidance on responding to emotional distress, promoting consistency across households where possible, and encouraging open communication with the child. However, differences in parenting styles and communication between households occasionally created tension and inconsistency, which continued to impact the child's sense of stability.

Over the course of the intervention, there were clear indicators of positive progress. The child demonstrated improved emotional awareness and was increasingly able to identify and name feelings. There was evidence of growing confidence in using coping strategies and small but meaningful improvements in their ability to express needs to trusted adults. School engagement showed periods of improvement, and the child began to re-engage with aspects of their social and learning environment, although this remained variable.

Despite these gains, a number of ongoing challenges persisted. Anxiety continued to fluctuate, particularly during times of change or uncertainty. The child still found it difficult to share emotions openly, often requiring encouragement and reassurance. Transitions between households could trigger emotional responses, and the complexity of family relationships remained a factor influencing overall wellbeing. Periods of reduced attendance and emotional withdrawal highlighted the need for continued support.

The child's voice was central to the intervention. They expressed a desire for greater independence while also indicating a need for understanding, patience, and emotional support from the adults in their life. They spoke about finding it difficult to talk about feelings, particularly when overwhelmed, and about wanting more control over decisions affecting them. The child also highlighted the importance of trusted relationships, demonstrating a clear preference for engaging with adults who listened and provided space to communicate at their own pace.

Collaboration with other services was an essential component of this case. Joint working involved school staff, including pastoral support, as well as referrals to mental health services to ensure appropriate specialist input. Multi-agency meetings supported the development of a shared understanding of the child's needs and coordinated planning. While this collaborative approach was largely effective, challenges arose in maintaining consistent communication across all parties and ensuring alignment between home and school environments. Additionally, waiting times and thresholds for specialist services occasionally limited the immediacy of further support.

Overall, this case highlights the complexity of supporting a young person experiencing anxiety and emotional distress within the context of family separation and changing relationships. It demonstrates the importance of consistent, relational approaches; strong multi-agency collaboration; and the central role of the child's voice in shaping meaningful, responsive support.

Case Study 9

Addressing health-related barriers to school engagement

This piece of work highlighted the interconnected nature of health, wellbeing, and educational engagement, and the importance of a coordinated, relationship-based approach in supporting both the child and parent. Support for the family centred on addressing health concerns while also promoting consistent school engagement.

A key strength within the case was the mother's ongoing engagement. She was responsive to support, actively sought advice, and attended appointments, demonstrating a clear commitment to addressing her child's needs. The mother's willingness to work collaboratively provided a strong foundation for intervention.

The child experienced a range of physical health issues, including sleep difficulties and ongoing medical concerns, which had a direct impact on school attendance and overall participation. Alongside this, there were indications of anxiety, suggesting that both physical and emotional wellbeing required attention. Reflecting on this, it was evident that a holistic approach was necessary to fully understand and respond to the child's needs.

Support was therefore multi-faceted, combining practical guidance with opportunities for positive engagement. This included signposting to appropriate health services, facilitating access to school-based emotional support, and encouraging participation in structured activities such as clubs. These activities were particularly valuable in promoting inclusion, building confidence, and offering the child a sense of routine and enjoyment.

The child's voice was reflected in their positive response to these opportunities. They expressed enjoyment in attending clubs and appeared to value time spent in supportive and structured environments. Over time, the child developed a trusting relationship with the practitioner, which contributed to improved engagement and a greater sense of wellbeing.

Collaboration with partners, including school staff and health services, was an important component of the support. Communication was generally effective; however, it was clear that progress was closely linked to the parent's ability to attend and engage with appointments. This reinforced the importance of maintaining strong communication and supporting attendance at key services.

Positive outcomes were observed, particularly in relation to the child's engagement and overall wellbeing. Structured activities and consistent support appeared to have a beneficial impact, supporting increased participation and a more positive experience of school and social environments.

However, some challenges remained. Ongoing health issues continued to affect the child's routines, and maintaining consistency was difficult at times. This emphasised the need for continued flexibility and responsiveness in planning support, as well as the importance of sustaining multi-agency involvement.

Overall, this case reinforced the value of early, supportive intervention that considers both health and emotional needs, as well as the critical role of parental engagement in enabling progress. It also highlighted the need to remain adaptable when working with families where health concerns may fluctuate over time.

Case Study 10

Whole-family support in a high-need household

Support for this family was delivered over an extended period and involved intensive, multi-faceted intervention due to the complexity and breadth of need across the household. The family consisted of multiple children of varying ages, each presenting with differing developmental, emotional, and behavioural needs. The work required a whole-family approach, combining one-to-one sessions with individual children, direct parenting support, practical assistance, and close multi-agency collaboration.

Contact with the family was varied and responsive to need. This included regular school-based interactions with the children, face-to-face engagement with the mother at the school gate and within the home, and ongoing communication via telephone and text. During periods of increased risk, there was also coordinated work with social work, school staff, and, at times, police involvement. The intensity of support fluctuated, with more frequent contact during crisis points and safeguarding concerns.

The children presented with a range of interconnected support needs. Several children showed indicators of possible neurodevelopmental differences, including difficulties with attention, emotional regulation, and communication. One child had a confirmed diagnosis of ADHD, while others were in the process of referral for further assessment. These needs manifested in impulsive behaviour, frustration, challenges with routines, and difficulty engaging consistently with school expectations.

There were additional concerns in relation to behaviour and safety. Some children displayed anger and risk-taking behaviours, while another was involved in unsafe online activity, raising safeguarding concerns which required external intervention. School attendance was inconsistent across the children, often impacted by difficulties with morning routines and the overall organisation of the household. Emotional wellbeing was also a key theme, with children expressing frustration, low confidence, and, at times, a sense of being misunderstood.

The mother was the primary carer and demonstrated strong commitment to her children, engaging positively with support and expressing willingness to make changes. However, she faced significant challenges that impacted her capacity. These included her own mental health difficulties, possible neurodevelopmental traits, financial pressures, and the demands of managing a large household with multiple competing needs. At times, this resulted in inconsistency in routines, missed appointments, and difficulty maintaining boundaries and structure within the home.

There was limited and inconsistent involvement from the children's father, meaning that the majority of care and responsibility rested with the mother. This contributed to her sense of overwhelm and isolation. There were no significant stable step-parent relationships identified as part of the support system, further emphasising the pressure on the primary caregiver.

Interventions were wide-ranging and tailored to the needs of both the children and the parent. Direct work with the children focused on emotional wellbeing, behaviour, and engagement. One-to-one sessions provided opportunities for play-based learning, emotional expression, and development of coping strategies. Activities such as crafts, games, and informal conversation were used to build trust and support emotional literacy.

At a family level, significant work was undertaken to improve routines and structure. The practitioner supported the mother to introduce visual routine charts, establish clearer expectations, and implement consistent boundaries. Elements of parenting programmes were introduced to support behaviour management, along with practical strategies to reduce conflict and improve communication within the home.

Safeguarding was a critical component of the intervention. Concerns around online safety and risk-taking behaviours were addressed through direct engagement with the family, implementation of parental controls, and liaison with relevant agencies, including police and social work where required. This ensured that risk was appropriately managed while also supporting the family to understand and navigate these challenges.

Practical and material support also formed a key part of the work. The family was supported to access resources, including clothing, toys, and educational materials, as well as guidance around financial support and benefit applications. Assistance was provided in ensuring younger children accessed early years provision, which offered both developmental benefits for the child and respite for the parent.

Over time, there were notable areas of progress. The children demonstrated increased engagement in activities and, in some cases, improved participation in school. Routines began to show signs of improvement, particularly where visual supports were consistently used. Safeguarding measures reduced immediate risks, particularly in relation to online activity. The mother developed greater awareness of strategies to support her children's behaviour and emotional needs.

However, progress was uneven and at times difficult to sustain. The complexity of needs within the household meant that improvements in one area were often offset by challenges in another. Ongoing financial pressures, the mother's mental health, and the lack of consistent support from other adults continued to impact her capacity. Engagement fluctuated at times, particularly when the family experienced periods of stress or crisis.

The voices of the children were evident throughout the intervention. They expressed preferences for play, social activities, and time with supportive adults. Some demonstrated frustration with expectations and routines, while others sought greater independence or attention. These perspectives were central to shaping the support provided. The mother also voiced her experience openly, expressing both her commitment to her children and the challenges she faced in meeting their needs consistently.

Collaboration with other services was extensive and essential in managing the complexity of this case. The practitioner worked closely with school staff to monitor attendance and engagement, while also liaising with social work and police in response to safeguarding concerns. Additional involvement included early years services, community organisations, and support agencies. This multi-agency approach enabled a coordinated response; however, it also presented challenges, including delays in referral processes, differing thresholds for support, and the need to maintain clear communication across multiple professionals.

Overall, this case highlights the complexity of supporting a large family with multiple needs, where parental capacity, child development, safeguarding, and environmental pressures intersect. It demonstrates the importance of flexible, persistent, relationship-based support, alongside strong multi-agency collaboration, in achieving incremental but meaningful progress within a highly complex context.

Case Study 11

Bereavement, behaviour, and building stability

My involvement with this family developed over an extended period and gradually evolved as new challenges emerged and earlier concerns became more complex. From the beginning, it was clear that this was a single-parent household shaped significantly by loss, with the father having taken on full caring responsibilities following the death of the child's mother. He spoke openly about the practical realities of managing parenting alongside work, and while he was clearly committed to his child, there was also a sense that he was carrying much of this responsibility in isolation.

In many ways, the father's situation set the tone for the work. He had already taken steps to try to improve things, including changing his job to reduce stress and allow for more consistent time at home. This decision demonstrated both insight and motivation, and it often felt as though he was trying to create stability in circumstances that made this difficult. At the same time, he described feeling quite alone in this, with limited informal support, and it was noticeable that although he valued having someone to speak to, he sometimes found it difficult to fully share how he was feeling.

Alongside this, the family were dealing with significant housing issues that had a persistent impact on day-to-day life. The property conditions, particularly damp and mould, were a source of stress and concern, not only because of the physical environment but also due to the ongoing uncertainty around moving. Progress with housing services was slow and often frustrating, and much of the support at times involved helping the father navigate these systems, gather evidence, and maintain contact with agencies such as the council, welfare teams, and Citizens Advice. Although he remained engaged throughout, there were points where the lack of progress clearly added to his overall strain.

The child's needs were equally significant and, in many ways, closely linked to the broader family context. In school, he presented with difficulties around emotional regulation, often becoming overwhelmed and expressing this through behaviours such as hitting, kicking, or struggling to follow instructions. Transitions and boundaries were particularly challenging, and there were also periods where peer relationships became strained, with friendships changing or conflicts arising. Underpinning much of this was the lasting emotional impact of bereavement, which, while not always expressed directly, appeared to influence how he responded to situations around him.

There were also moments where the child's experiences raised additional concerns. He spoke about incidents that made him feel upset or frightened, including situations at home and comments about how adults managed his behaviour. One particular concern involved a report about inappropriate physical handling by a childminder, which required immediate follow-up and involvement from other services. In these instances, it was important to ensure that the child felt listened to, while also taking appropriate steps to share information and work alongside safeguarding processes.

Given the range of needs, support for the child was consistent and relationship based. Regular one-to-one sessions in school became a key part of the work, often using play, games, and creative activities to create a space where he could engage more freely. Over time, these sessions focused on helping him identify and express his feelings, develop strategies to manage frustration, and build confidence in social interactions. There was also a focus on reinforcing positive behaviours, such as sharing, taking turns, and working collaboratively with others. In some instances, small group activities were introduced to support his ability to engage with peers in a more structured and supported way.

Support for the father ran alongside this and was both practical and relational. A significant amount of time was spent helping him navigate housing processes, complete applications, and liaise with different services. At the same time, there was a focus on building his confidence as a parent, particularly around establishing routines, setting boundaries, and spending quality time with his child. Conversations often returned to the importance of consistency, not only in routines but also in interactions, and there was a noticeable shift over time as he began to implement some of these changes.

Multi-agency collaboration was a consistent feature throughout. There was regular communication with school staff, including the headteacher and support staff, as well as contact with social work when required, particularly around safeguarding concerns.

Housing services, welfare teams, and health professionals were also involved at different stages. While this collaborative approach helped to ensure that concerns were addressed in a coordinated way, it also highlighted some of the challenges within systems, particularly where delays slowed progress or created uncertainty for the family. The work was not without its difficulties. The father's work commitments sometimes made it harder to maintain consistent contact, and there were periods where scheduling meetings required significant flexibility.

The child's behaviour could also be unpredictable, particularly during times of heightened stress, and there were occasions where progress felt slow or uneven. At the same time, the ongoing housing situation remained an unresolved pressure, continuing to affect the overall stability of the family environment.

Despite this, there were clear signs of progress over time. At home, the introduction of more structured routines and a conscious effort to spend more positive time together appeared to strengthen the relationship between father and child. The father spoke about feeling less stressed following his job change, and there was an increased sense of stability, even if external challenges remained.

For the child, progress was evident in more subtle but meaningful ways. He became more able to use words to express how he was feeling, rather than relying solely on behaviour. His engagement in school improved, particularly during structured activities, and there were indications that he was beginning to form more positive peer relationships. Feedback from school staff reflected improvements in focus and participation, even though some challenges around behaviour and emotional regulation continued.

Looking back on the work, what stands out most is how interconnected the different aspects of the family's experience were. The father's stress, the housing instability, and the child's emotional and behavioural needs all influenced one another, making it difficult to address any one issue in isolation. At the same time, the case highlighted the importance of persistence—both in advocating for the family within wider systems and in maintaining a consistent, supportive presence over time.

It also reinforced the value of building relationships at the centre of the work. The father's willingness to engage, even when things were difficult, played a significant role in enabling progress. Similarly, the child's response to consistent, positive interactions showed how important it was for him to feel understood and supported. While not all challenges were resolved, particularly those linked to housing, there was a clear sense that both father and child were in a stronger position than at the start, with improved routines, a more positive relationship, and greater confidence in managing day-to-day difficulties.

Case Study 12

Responding to trauma and behavioural dysregulation

This family required intensive support around trauma, behavioural challenges, and family dynamics over an extended period.

The child presented with significant anger, aggression, and emotional distress linked to experiences of domestic abuse and inconsistent parenting. There were concerns relating to suspected neurodevelopmental needs and anxiety.

Mother was highly engaged and sought support proactively, though she reported high levels of stress and exhaustion. Father involvement was inconsistent and contributed to instability.

Support included one-to-one emotional work with the child, development of routines and behaviour management systems, and referrals to specialist services. Group activities and community engagement were also introduced.

Positive progress included improved routines, development of emotional regulation tools, and increased engagement in activities. Parent–child relationships strengthened over time.

However, challenges remained in relation to ongoing behavioural escalation, trauma impact, and delays in accessing specialist services.

The child expressed strong emotions and a need for support in managing anger. The mother openly shared her struggles while also demonstrating commitment to change.

Collaboration involved school, mental health services, social work, and third-sector organisations. Multi-agency coordination was essential but sometimes slow to respond to emerging needs.

Case Study 13

Stabilising a family in housing and financial crisis

Support for this family was delivered over an extended period and involved intensive, multi-agency intervention in response to significant and overlapping challenges affecting the whole household. The family consisted of a large number of children spanning early years through secondary school age, each with differing needs, alongside a parent who was the primary carer. The complexity of this case required a sustained, flexible, and highly coordinated approach.

Engagement included a wide range of contact methods, such as regular home visits, school-based meetings, participation in multi-agency forums, and ongoing communication via telephone and messaging. The level of involvement increased during key periods of risk, including concerns around housing, school attendance, and children's wellbeing. Much of the work took place alongside other professionals, reflecting the significant level of need within the family.

At the outset, the family were experiencing considerable instability. Housing was a central issue, with the family facing eviction due to significant rent arrears. The uncertainty around housing created heightened anxiety for the parent and children, impacting routines, emotional wellbeing, and engagement with school. Financial pressures were ongoing, with challenges managing income, benefits, and essential expenses contributing to overall stress within the household.

The children presented with a wide range of needs. Several experienced inconsistent school attendance, with barriers including poor routines, emotional distress, and the broader home environment. Concerns were also raised around hygiene and physical wellbeing, alongside emotional needs linked to family stress, sibling conflict, and experiences of difficulty within school, including bullying in some cases. For one child in particular, there were notable mental health concerns, including low mood and indications of emotional distress that required further intervention.

The parent demonstrated clear care and commitment to the children and remained engaged with support throughout much of the intervention. She attended meetings, accepted referrals, and expressed a strong desire to improve the family's situation. However, she was managing extremely high levels of stress, which at times impacted her capacity to follow through with agreed actions. This resulted in inconsistent engagement, including missed appointments and difficulty sustaining routines within the home. The scale of responsibility as the sole primary caregiver contributed significantly to her sense of overwhelm.

Father involvement within the household was limited and inconsistent, meaning that the majority of parenting responsibility and decision-making rested with the mother. This lack of shared responsibility added to the pressures she was already experiencing and reduced the overall resilience of the family system.

Support delivered was comprehensive and addressed both immediate and longer-term needs. A key focus was stabilising the family's housing situation. The practitioner worked closely with housing services and Citizens Advice Bureau (CAB) to support the parent in navigating the legal and administrative processes associated with eviction. This included attending meetings, supporting with applications for financial assistance, and helping the parent understand repayment expectations. As a result of this coordinated work, eviction was avoided and an agreement was put in place to manage arrears over time. This represented a significant outcome, providing the family with increased stability and preventing further disruption.

Alongside housing support, interventions focused on improving daily routines and parenting capacity. The practitioner supported the development of structured morning and evening routines for the children, alongside the introduction of reward-based systems to encourage positive behaviours and engagement. Practical guidance was provided around organisation, consistency, and communication within the home.

Additional support was offered around hygiene, including liaison with health professionals to address ongoing concerns.

Emotional wellbeing support was provided both directly and indirectly. Some children engaged in school-based or community sessions aimed at building confidence, supporting emotional expression, and developing coping strategies. Referrals were made to appropriate services, including counselling and mental health support, particularly where more specialist intervention was required. One child began engaging with emotional wellbeing services to address ongoing mental health concerns.

Practical and material support also formed an important aspect of intervention. The family received assistance in accessing food provision, clothing, and other essential items. This helped to alleviate some of the immediate pressures and ensured that children's basic needs were being met more consistently.

Over time, there were several positive outcomes. Stabilisation of the family's housing situation significantly reduced risk and provided a foundation for further progress. Some improvements in school attendance were observed, particularly where routines were more consistently applied. Children began to engage more positively in certain settings, and parents reported feeling more supported and better informed about how to manage challenges.

However, progress remained fragile and uneven. Ongoing financial pressures, combined with the demands of managing a large household, continued to affect the parent's capacity to sustain changes. Issues such as school attendance and hygiene showed some improvement but also periods of regression. The complexity of the family's needs meant that progress in one area was often offset by emerging challenges in another.

The voices of the children and parent were central throughout the intervention. Children expressed a range of emotions, including enjoyment of structured activities and support sessions, but also confusion and stress linked to the instability within the household. Some described positive experiences of being listened to and supported, particularly within one-to-one sessions. The parent spoke openly about feeling overwhelmed but also demonstrated resilience and motivation to improve circumstances for her children. She engaged with services and accepted support, even when it was difficult to maintain consistency.

Collaboration was a defining feature of this case. A wide range of services were involved, including social work, housing services, health professionals, early years providers, schools, and third-sector organisations. Regular multi-agency meetings supported information sharing, joint planning, and coordination of interventions. This collaborative approach was essential in managing the overall level of risk and ensuring that support was cohesive and targeted.

However, multi-agency working also presented challenges. The number of professionals involved required ongoing coordination, and differences in thresholds, timescales, and communication practices sometimes created delays or gaps in support. Ensuring that all services remained aligned and that the parent was not overwhelmed by professional involvement required careful management.

Overall, this case illustrates the complexity of working with large families experiencing multiple, interconnected challenges. It highlights the importance of sustained, practical, and relationship-based support, alongside effective multi-agency coordination. While change was gradual and at times inconsistent, the intervention contributed to meaningful improvements in stability, safety, and the family's ability to engage with support systems.

Case Study 14

Building trust and supporting school anxiety

Support for this family spanned approximately eighteen months and required a patient, relationship-based approach due to inconsistent engagement. The child experienced significant anxiety around attending school, particularly in busy classroom environments, alongside neurodivergent traits, sleep disruption, and emotional overwhelm. At home, the parent described feeling exhausted and stretched, managing multiple demands and additional support needs within the household.

Intervention focused on building trust with the child through regular one-to-one sessions in school, using play, sensory resources and shared activities to create a safe and enjoyable space. Gradually, conversations about school were introduced, allowing the child to articulate what felt overwhelming. Alongside this, the parent was supported through informal check-ins, reassurance and signposting to external services, including Thriving Families and Child Health and Disability Services. Collaboration with school staff was ongoing, though at times challenging where perspectives differed between school expectations and the parent's beliefs about the child's needs.

There were frequent disruptions to planned support due to sleep difficulties, parental stress and fluctuating capacity. At times, support had to be delivered flexibly through home visits or brief contact at the school gate. Despite this, over time the child became more comfortable engaging, and was able to participate in enhanced transition visits to secondary school. These visits became a turning point, allowing them to build familiarity and confidence in a new environment.

The parent expressed appreciation for the gentle, non-judgemental nature of the support, although continued to feel anxious about systems and involvement of multiple professionals. Reflectively, this case highlighted the importance of persistence, flexibility and allowing progress to happen at the child and family's pace, rather than imposing fixed expectations.

Case Study 15

Healing from trauma through holistic family support

This family was supported over the course of approximately a year and presented with complex and layered needs. The child displayed significant emotional distress and behavioural dysregulation, including aggression toward the parent. Underlying this was a history of domestic abuse and disrupted contact with their father. The parent themselves experienced severe anxiety, PTSD, and a relapse in an eating disorder, alongside housing insecurity and bereavement.

Support was intentionally holistic, recognising that the child's behaviour could not change without addressing the parent's wellbeing. The child engaged in structured, play-based sessions that explored emotions, helping them begin to identify and manage feelings of anger and distress. For the parent, the work focused on emotional containment, validation and empowerment, alongside practical support such as referrals to counselling, Women's Aid, GP services and housing support.

The delivery of support was challenging, with frequent crises, missed appointments and high emotional intensity. The reappearance of the child's father introduced safeguarding concerns, requiring close collaboration with social work and the development of safety plans. Despite this, the parent remained engaged and increasingly open to support, attending counselling sessions and progressing through treatment for their eating disorder.

Over time, the child's school attendance improved and the family developed a stronger sense of stability, particularly after securing a new home which significantly reduced anxiety. The parent reflected that the support had been life-changing, describing it as something that helped her feel less alone and more capable of coping. This case demonstrated the importance of sustained, compassionate support and the impact of addressing trauma at both child and parent level.

Case Study 16

Small steps to routine: rebuilding daily stability

It often felt as though the progress in this family began with very small wins that didn't look like much from the outside. One morning, the message simply said the girls were up, dressed, and ready by 8:30. That in itself marked a shift. Previously, mornings had been chaotic, stretched thin by exhaustion, low mood and a sense of overwhelm that the parent described as "trying to do everything alone and getting nowhere."

The children frequently struggled to get out of bed, and when they did, motivation to attend school was low. On some days they didn't go at all; on others, they arrived late or disengaged. Their parent spoke openly about depression and anxiety, and a deep reluctance to ask for help, even when things were clearly becoming unmanageable.
Support began in a very practical way—breaking mornings down into smaller, achievable steps, using visual prompts that the children helped design themselves. There was something about that process that seemed to shift the dynamic slightly; it wasn't being done to them, but with them. Around this, there were regular, informal check-ins with the parent, sometimes just a brief message saying "you've got them in today—that's a big deal."

There were still difficult days. Illness, hospital visits and ongoing stress meant routines slipped, and school raised concerns at points, particularly when lateness persisted or communication dipped. The practitioner found themselves balancing encouragement with honesty, reinforcing that getting into school at all—however late—was still progress. Over time, the tone changed. The parent began to speak more openly about her own mental health and accepted help with arranging a GP appointment, something that had previously felt too daunting. There was a noticeable shift from feeling judged to feeling supported.

While attendance was not perfect, it became more consistent, and the children began to show pride in making it in, even if later than expected. The parent reflected that having someone recognise effort—even when things weren't going well—had made her feel less alone. It was not a dramatic transformation, but a steady, hard-won rebuilding of routine and confidence that made it possible for things to keep moving forward.

Case Study 17

Balancing health, housing, and school attendance

This family received support over several months, primarily due to concerns around school attendance, anxiety and ongoing health issues. Attendance was inconsistent, often interrupted by illness, while the parent was managing their own mental health difficulties and the pressures of overcrowded housing.

Support focused on practical solutions, including establishing routines, introducing reward systems and using visual tools to motivate attendance. The parent was supported to communicate effectively with the school and advocate for the child's needs, particularly in relation to managing health conditions within the school environment. A significant aspect of the work involved advocacy with housing services to support a move to more suitable accommodation.

The delivery of support was challenged by fluctuating health conditions, communication difficulties and periods where engagement dipped due to external pressures. Despite this, collaboration with school staff and housing services provided some stability and continuity.

There were periods of improved attendance and increased motivation from the child, while the parent grew more confident in managing daily routines and navigating systems. The parent reflected positively on having someone to guide them through practical steps, noting that this helped reduce stress and uncertainty. This case highlights the importance of combining emotional support with tangible, solution-focused interventions.

Case Study 18

Supporting a family through crisis and trauma

This was a family where support felt intense from the outset, shaped by a sense that things could escalate quickly if not held carefully. There were underlying experiences of domestic abuse, and the child's behaviour reflected this in raw ways—anger, distress and at times self-harming behaviours that caused real concern.

The parent often spoke from a place of exhaustion and fear, but also of determination. She wanted things to be different, even if she didn't always know how to get there. Much of the early work focused on listening—allowing space for her to talk through what had happened without feeling judged.

Support for the child was built slowly and cautiously. Sessions focussed on creating a safe space where emotions could be expressed without consequence. There were moments where the child engaged well—through art, conversation, or simply being present—but also times where the weight of everything seemed to surface again.

Behind the scenes, there was significant coordination with other services. Referrals were made to specialist supports including Women's Aid and Victim Support, and regular communication with the school ensured that concerns were understood and responded to appropriately. This multi-agency approach was critical, particularly as risks within the family environment remained present.

One of the biggest challenges was maintaining consistent engagement when circumstances felt unstable. Appointments were sometimes missed, and practical barriers, alongside emotional ones, made continuity difficult. However, the relationship remained intact, largely due to the non-judgemental approach taken throughout.

There wasn't a single moment where things clearly "improved," but rather a gradual strengthening of safety and awareness. The child became more connected to support, and the parent began to speak more confidently about her situation and the options available to her.

When reflecting on the support, the parent shared that being listened to without feeling blamed had made a significant difference, particularly at a time when everything felt overwhelming. This case reinforced how important it is to stay alongside families during crisis, rather than waiting until things feel more stable to engage.

Case Study 19

When engagement cannot be established

In this case, concerns were identified around hygiene, bullying and access to school, but the ability to provide meaningful support was limited due to a lack of engagement from the family. Attempts were made to establish contact through outreach and liaison with the school, but these were unsuccessful.

The primary challenge was not the nature of the issues, but the inability to build a consistent relationship with the family. Without engagement, opportunities to explore needs or deliver support were minimal.

This case highlights an important reflection for practice: that not all families are ready to engage, and that maintaining an open, non-judgemental offer of support is sometimes the most appropriate response.

Case Study 20

Strengthening parenting capacity to support children

In this family, it quickly became clear that the starting point for any meaningful change was the parent rather than the children. She was navigating multiple challenges—mental health difficulties, chronic physical illness, and the emotional impact of past trauma—all while trying to support her children, each of whom had their own additional needs. Early conversations were often about survival rather than progress. There was a sense of constantly managing, rather than moving forward. The children were affected in different ways, with one showing clear separation anxiety and another requiring additional emotional support following a traumatic experience.

Support began with home visits, not to introduce structured work immediately, but simply to build trust and understand how the family functioned day to day. Over time, more targeted support was introduced. This included strategies to gradually build independence for one child and ensuring access to counselling for another.

What stood out was the way the parent began to reflect differently on her own role. With consistent reassurance and validation, she started to recognise the impact her own wellbeing had on the children and became more open to support for herself. This included engaging with external services that could address her mental health more directly.

Challenges were still present throughout. There were fluctuations in engagement, often aligning with periods of ill health or increased stress. However, the overall trajectory was towards greater stability.

The family eventually chose to step back from support, which in itself was an indicator of progress. The parent felt she had reached a point where she could manage more independently, and the children were more settled.

Looking back, the parent expressed that feeling supported as an individual—not just as a parent—had been key. It shifted the work from feeling like something being done to fix a problem, to something that genuinely supported the family as a whole.

Case Study 21

Limited intervention in the context of health needs

This case involved minimal intervention where the child's attendance was significantly affected by ongoing health issues. While support was offered, the family chose not to engage beyond initial contact.

Information, resources and an open offer of support were provided to ensure that the family could access help in the future if needed. This case reflects the limitations of intervention where health needs are the primary barrier and highlights the importance of maintaining a non-intrusive presence.

Case Study 22

Flexible support for anxiety and inconsistent engagement

Support with this family never followed a straightforward pattern. Meetings were often rearranged, plans shifted, and illness regularly interrupted any sense of routine. Yet, within that unpredictability, a relationship developed that allowed progress to happen in a quieter, less structured way.

The child's anxiety was a central concern, showing up particularly around school attendance and engagement with others. The parent, while motivated to support their child, often felt unsure how best to respond.

Rather than pushing for strict interventions, support adapted to fit around the family. Home visits created a space where conversations could happen more naturally, without the pressures of formal settings. Sometimes these visits focused on practical strategies, and other times they were simply about reassurance.

Collaboration with the school ensured that concerns were understood in context, particularly given the inconsistent attendance. However, the family did not always feel ready for more formal involvement from multiple services, and this required careful balancing of support without overwhelming them.

The biggest challenge was the stop-start nature of engagement, but this was also where the flexibility of the approach became most important. Each re-engagement was treated as a continuation rather than a setback.

Over time, the parent reported feeling more confident in responding to their child's needs. While attendance did not transform dramatically, there was a noticeable shift in how the family approached challenges.

The parent reflected that having someone who would adapt to their circumstances—rather than expecting them to adapt to services—made the support feel accessible and manageable during a difficult period.

Case Study 23

Working around environmental and routine challenges

In this case, it was often the environment around the family that shaped what support could realistically achieve. Housing challenges, caring responsibilities and disrupted sleep patterns created a backdrop that made consistent routines difficult to establish. The child's school attendance reflected this, with tiredness and inconsistency becoming ongoing concerns. The parent was trying to manage multiple pressures, and at times seemed unsure where to start.

Support focused on the basics, morning routines, breakfast ideas, and small adjustments that might make getting to school more manageable. There was also advocacy work around housing, as improving the family's living situation was seen as key to longer-term stability.

Engagement was intermittent. Some meetings went ahead as planned, while others were missed due to competing demands or unexpected challenges. Despite this, efforts were made to maintain contact and keep the door open.

Collaboration with the school allowed for a shared understanding of the family's situation, though progress was often slower than hoped due to factors beyond anyone's control.

Where improvements were seen, they tended to be small: slightly more consistent mornings, occasional better attendance, and moments where routines held for longer than before. The parent appreciated having practical suggestions that could be tried in manageable ways, rather than feeling overwhelmed by expectations.

Reflectively, this case demonstrated how much external factors can influence progress, and how important it is to focus on achievable change rather than ideal outcomes.

Case Study 24

Fragile engagement in complex family contexts

From the outset, this was a family where engagement felt fragile. There were complex underlying issues, including parental mental health challenges and trauma, but contact with services was inconsistent and sometimes difficult to sustain.

When engagement did happen, it often revealed a depth of need that required careful handling. Support focused on building a relationship first, rather than introducing structured interventions too quickly. There were attempts to signpost to services and explore options for additional support, particularly around mental health and potential neurodivergence.

The challenge was not identifying need but maintaining enough consistent contact to work meaningfully with it. Periods of engagement would be followed by gaps, and momentum was difficult to build.

Collaboration with the school allowed for some continuity, particularly in identifying concerns around attendance and wellbeing. However, without sustained parental engagement, the scope of intervention remained limited.

Despite this, small steps were taken. There were moments where the parent showed openness to support, even if they were short-lived. These moments highlighted potential for future engagement.

This case reflects a common but challenging aspect of practice—working with families who hover on the edge of engagement. Progress is less visible, but the presence of consistent, non-judgemental support remains important, as it creates a pathway for future connection when the family is ready.

Case Study 25

Changing circumstances and early resolution

This was a relatively short period of involvement, where initially there were concerns around school attendance and the child's overall engagement. Early discussions suggested that family dynamics were playing a role, though support had only just begun to take shape.

Before any structured intervention could fully develop, the child's living arrangements changed. They moved to stay with their father, and this shift had a noticeable impact on attendance, which improved without the need for continued involvement.

This change altered the trajectory of the case, leading to support being paused rather than progressed. While limited direct work was carried out, the situation highlighted how quickly circumstances within families can shift, sometimes resolving immediate concerns without sustained intervention.

There was an understanding that should circumstances change again, the family could re-engage with support. Reflectively, this case emphasised the importance of remaining responsive and recognising when intervention is no longer required, while keeping pathways open for future support if needed.

Case Study 26

Building confidence through routine and relationship

Looking back on this work, what stands out most is how much of the progress was tied not to any single intervention, but to a gradual shift in confidence—both for the parent and the child—and the space that was created for that confidence to grow.

When support first began, there was a sense of uncertainty within the family. The young person presented with a combination of additional support needs, including traits associated with ADHD, emotional dysregulation and anxiety, alongside difficulties with sleep and engagement in school. There was also a noticeable gap between what the child was capable of and what they were managing to demonstrate day to day, particularly within the classroom. At home, the parent described feeling unsure and, at times, overwhelmed, particularly in relation to knowing how to respond to behaviour, manage routines, and support learning.

Early interactions were often tentative. Conversations with the parent hinted at a lack of confidence rather than a lack of care—she clearly wanted the best for her child but didn't always feel equipped to provide the structure or consistency that might help things improve. There were also wider pressures, including involvement from the criminal justice system affecting the household, which added another layer of stress and uncertainty.

Support developed in a way that responded to this. Rather than introducing lots of strategies at once, the focus initially was on understanding the rhythm of the family's day-to-day life. Time in school with the young person became a key starting point. These sessions were often calm, relational and intentionally low-pressure. Games, simple conversations and shared activities created a sense of predictability and safety. Over time, these interactions opened up small but important insights—how the child responded to challenge, where frustration built, and what helped them feel settled.

Alongside this, work with the parent gradually became more purposeful. Early conversations often centred around reassurance and normalising the challenges she was experiencing. Over time, this evolved into more practical discussions around routines—especially sleep. It became clear that disrupted sleep was having a significant impact across the household. The parent spoke openly about how evenings could drift, with little structure, leading to late nights and difficult mornings.

Introducing a simple sleep diary became a turning point. It wasn't about imposing strict rules, but about gently bringing awareness to patterns that were already there. This, combined with conversations about the impact of screen time and small, achievable routine changes, began to create some consistency. The introduction of melatonin, supported through appropriate channels, also played a role, but it was the structure around bedtime that appeared to make the most sustainable difference.

There were challenges throughout. Progress wasn't linear, and there were periods where things felt stuck. The parent sometimes questioned whether anything was changing, particularly when behaviour remained difficult or when school engagement dipped again. There were also ongoing external pressures that couldn't be fully controlled, including the wider family situation.

However, what became more evident over time was a shift in how the parent approached these challenges. Where there had once been uncertainty, there was a growing sense of understanding of the child's needs, of the triggers for behaviour, and of what was within her control to influence. This was reflected in how she spoke about her child, moving from frustration to a more balanced perspective that recognised both strengths and difficulties.

The school played an important role in this case, particularly in maintaining consistent communication and being open to collaborative approaches. Staff were able to reinforce the strategies being introduced at home, creating a more joined-up experience for the child. There were also links made with wider services, including parenting programmes and family support services, although engagement with these varied depending on timing and capacity.

Over time, changes became more noticeable. Sleep improved, which in turn had a ripple effect on mornings and school attendance. The child appeared more settled within sessions and began to engage more positively with learning activities. While challenges did not disappear entirely, they became more manageable, and there was less sense of crisis around day-to-day routines.

One of the most significant moments came when the parent reflected on how far things had come. Rather than focusing on what was still difficult, she spoke about feeling more capable—more able to manage situations that previously felt overwhelming. There was a sense of ownership in this, rather than dependence on ongoing support.
As the work began to draw to a close, it felt appropriate. The family had not reached a point of perfection, but they had reached a point of stability. The parent was making informed choices, the child was engaging more consistently, and both seemed to have a stronger foundation to build from.

Reflecting on this case, it reinforces the importance of pacing support carefully, resisting the urge to "fix" everything at once, and instead focusing on building confidence through small, consistent changes. It also highlights how central routine—particularly around sleep—can be in supporting wider wellbeing, and how empowering a parent can ultimately create the conditions for sustained change within the whole family.

Case Study 27

The importance of readiness for engagement

This case is often remembered less for what happened during the support period, and more for what did not. From the beginning, there was an awareness that engagement might be difficult. The referral highlighted concerns around school attendance, but beyond that, very little was known about the wider family context.

Initial contact attempts were made through a range of approaches—phone calls, emails, and follow-up messages spaced carefully to avoid overwhelming the family whilst still keeping the offer of support present. Each attempt was thoughtful, aiming to strike a balance between persistence and respect for the family's autonomy. However, responses did not come. Weeks passed, and the pattern remained unchanged.

There is often a temptation in these situations to view the absence of engagement as a lack of need or interest, but reflection suggests it is rarely that simple. There may have been underlying factors—anxiety about services, previous negative experiences, or simply the weight of day-to-day life making it difficult to open the door to additional support. Without contact, those factors remained unknown.

A formal letter was eventually issued to communicate that, in the absence of engagement, the case would be closed. Even this was framed not as an ending, but as a pause—an acknowledgement that support could be re-accessed at any time should circumstances change or the family feel ready.

There was no opportunity to deliver direct support, build relationships, or observe change. Yet the case still holds value in reflection. It serves as a reminder that voluntary services rely on readiness as much as need, and that sometimes the most appropriate role is simply to ensure that help is gently offered, clearly explained, and remains available in the background.

From a practice perspective, it reinforces the importance of leaving the door open without applying pressure, recognising that engagement is not always immediate and may happen later, often prompted by changes that are not visible at the time.

Case Study 28

Managing school avoidance within family complexity

Work with this family unfolded over many months and rarely felt straightforward. From early contact, it was clear that the challenges were layered and intertwined. Two children were experiencing significant difficulties engaging with school, with patterns of refusal, anxiety, and possible neurodivergence influencing their ability to attend and remain in class. At the same time, the parent was navigating her own health conditions, including chronic pain and fatigue, alongside financial pressures and the everyday demands of caring for her children largely alone.

Initial conversations often carried a sense of overwhelm. The parent spoke about feeling as though she was constantly firefighting responding to immediate challenges rather than having the capacity to think longer term. There was also a sense of frustration and, at times, guilt, particularly when school attendance became a point of focus for external agencies.

Support began by slowing things down. Rather than immediately trying to "fix" attendance, the focus shifted to understanding what school felt like for each child. One child described anxiety and an inability to cope with the environment, while the other's attendance appeared closely linked to sibling behaviour, highlighting how family dynamics were shaping individual experiences.

Regular check-ins, both at home and through communication with the school, created a space where these patterns could be explored. The parent was supported to consider small, manageable changes—adjusting expectations, exploring flexible approaches, and recognising the different needs of each child. Practical advice was offered, but always in a way that allowed the parent to retain a sense of control.

Collaboration was a significant part of this work. Multiple agencies were involved at different points, including education staff, social work and additional support services. While this created opportunities for shared planning, it also introduced challenges. At times, the parent felt overwhelmed by the number of professionals involved, and there were moments where communication needed to be carefully managed to avoid adding to that pressure.

There were setbacks. Periods where attendance dropped again, where motivation faltered, or where other stressors, health issues, financial difficulties took priority. Yet, alongside this, there were clear shifts. One of the children began to return to school more consistently, and the overall mood within the home was described as more positive.

The family began to think more proactively about the future, including the possibility of home-based learning for one child where school environments remained challenging. There was also progress in accessing financial supports and exploring benefits that could ease some of the household pressures.

Eventually, the family relocated, which brought the formal support period to an end. While the move marked closure in practical terms, it also represented a fresh start for the family.

Reflecting on this case, the progress was not defined by perfect attendance or resolved challenges, but by movement from crisis-driven responses to a more considered, supported way of managing complexity. The parent demonstrated resilience throughout, and despite the many pressures, remained committed to finding a way forward for her children.

Case Study 29

Supporting a child within parental conflict

This case unfolded within a context of ongoing family conflict, where the child was navigating not just their own emotions, but the uncertainty created by separation and parental disagreement. From the beginning, there was a sense that the child was caught between different narratives, unsure how to make sense of what was happening around them.

School staff had identified behavioural concerns and emotional distress, which prompted the referral. Early sessions with the child revealed patterns of negative self-talk, frustration and difficulty regulating emotions. There were moments where these feelings seemed to surface as challenging behaviour, particularly in situations where expectations were unclear or inconsistent.

Support focused initially on creating a safe and predictable space for the child. Sessions were structured but flexible, incorporating activities that allowed the child to express themselves without pressure. Simple strategies—breathing techniques, identifying positive qualities, exploring feelings were introduced gradually, allowing the child to build confidence at their own pace.

At the same time, work with the parent centred on providing practical guidance. Conversations often touched on consistency how messages were communicated, how boundaries were set, and how routines could be maintained despite external stress. Legal and relational complexities added another layer, with discussions around access, communication with the other parent, and navigating formal processes.

Multi-agency collaboration was essential. Education staff, social work, and external counselling services all played a role in supporting the child, and communication between these services helped ensure a more consistent approach. However, coordination also brought challenges, particularly in ensuring that the family did not feel overwhelmed by multiple inputs.

One of the turning points came when the child began to engage more positively with the strategies introduced. There was a noticeable shift in how they spoke about themselves, moving away from negative language and showing signs of increased self-awareness. Morning routines, which had previously been difficult, became more manageable, and school attendance improved.

The child also accessed counselling support, providing a more specialised space to explore underlying emotions and experiences. This complemented the work already in place and allowed for deeper reflection that could then be supported in both home and school environments.

By the time support began to draw to a close, there was a sense of greater stability. The child was more settled, the parent felt more confident in managing day-to-day challenges, and communication between services had become more effective.

Looking back, this case highlights how important consistency is for children navigating conflict. Not necessarily the removal of challenges, but the creation of clear, predictable structures that help them feel safe within uncertainty. It also reinforces the value of multi-agency collaboration when it is well-coordinated and centred on the needs of the child. What remained most evident was the child's capacity to adapt and grow when given the right support a reminder that even in complex circumstances, steady, consistent work can create meaningful change.

Additional Bite-Sized Case Studies **(for insertion throughout text)**

Bite-sized 1: School avoidance and anxiety linked to trauma

A late primary-aged child presented with persistent non-attendance, attending less than 50% of the school week. Their distress was closely linked to separation anxiety, disrupted sleep, and a history of trauma within the family. The child's parent, a lone carer, described feeling unheard within the education system and overwhelmed by housing and financial stress.

Support focused on building a consistent, trusting relationship with the child, while also empowering the parent to engage confidently with the school. Weekly check-ins created emotional safety, gradually enabling conversations about transition to secondary school.

Collaboration between the school, Family Links, and external services aimed to align expectations. However, challenges remained around systems responding flexibly enough to meet the child's needs.

Impact: Increased engagement with support, emerging confidence in discussing school, and improved parental advocacy.

Bite-sized 2: Neurodivergence, physical health and family stress

A younger child with ASD and complex needs exhibited distressed behaviour linked to communication barriers and chronic physical discomfort. The family also faced language barriers and parental health challenges.

Intervention included supporting parents through NDAS processes, linking behavioural patterns to unmet sensory and physical needs, and addressing sleep disruption across the household.

Multi-agency collaboration was strong, though parents often felt overwhelmed navigating systems.

Impact: Improved parental understanding of behaviour, increased access to entitlements, and better engagement with school supports.

Bite-sized 3: Emotional distress and emerging mental health concerns

A child experiencing low self-worth and suicidal ideation required urgent emotional support. The family, already impacted by bereavement and housing instability, struggled to access appropriate services.

Regular emotional check-ins and signposting to mental health supports were provided, alongside practical help (housing advocacy, activity provision).

Challenges: Fragmented service landscape and delays in specialist support.

Impact: The child began expressing feelings more openly, with reduced immediate risk and improved engagement.

Bite-sized 4: Parenting capacity and early years routines

A nursery-aged child struggled with attendance due to disrupted routines linked to parental neurodivergence, mental health, and chronic illness.

Support took a practical, strengths-based approach: decluttering the home, establishing sleep routines, and creating a suitable bedroom environment. This work required patience and consistency.

Collaboration: Third sector and early years settings worked together to encourage attendance.

Impact: Gradual improvements in daily structure and emerging readiness for nursery engagement.

Bite-sized 5: Complex family systems and caring responsibilities

In a large family with multiple children and one child with additional medical needs, competing demands severely impacted school attendance and emotional regulation.

The parent, acting as a primary carer, experienced burnout. Advocacy support was provided around transport, benefits, and access to specialist school provision.

Challenges: Eligibility thresholds (e.g. mobility schemes), and balancing multiple children's needs.

Impact: Increased recognition of parental strain and improved coordination with school support services.

Bite-sized 6: Communication barriers and building trust

A family with English as an additional language initially struggled to engage with services.
A child displayed dysregulated behaviour and occasional aggression in school.
Key work involved slow relationship-building with the whole family, recognising cultural and language differences, and developing trust.

Collaboration: School meetings were supported to ensure the family's voice was heard.

Impact: Improved engagement from parents and a more joined-up response to behaviour at school.

Bite-sized 7: Family breakdown and emotional adjustment

Following parental separation, a child exhibited increased emotional distress, behavioural escalation, and suicidal ideation. The transition to a lone-parent household added instability.

Support included practical behavioural strategies (visual tools, routines) and emotional support for both parent and child.

Impact: Stabilisation of routines and improved parent confidence in managing behaviour.

Bite-sized 8: Poverty, housing and daily living pressures

Several families experienced significant socio-economic disadvantage, including inadequate housing, food insecurity, and transport barriers affecting school attendance. Support included:

- Foodbank referrals and grants
- Housing advocacy
- Support with benefits and budgeting

Challenges: Structural poverty limited the pace of change.

Impact: Immediate crisis stabilisation and increased access to basic needs, enabling focus on parenting and education.

Bite-sized 9: Transition to secondary school

Groups of children nearing transition to high school expressed anxiety about safety, peer relationships, and navigating a new environment.

Group-based interventions helped young people:

- Identify safe routes
- Recognise trusted adults
- Build confidence and resilience

Challenges: Limited parental engagement in some cases.

Impact: Increased readiness for transition and improved confidence among participants.

Bite-sized 10: Part-time timetables and reintegration

A child on a reduced timetable due to behavioural dysregulation struggled to cope in group settings. The parent, balancing employment and caring responsibilities, faced significant stress.

Support focused on:

- Gradual reintegration planning
- Parenting strategies
- Linking to community supports

Impact: Improved collaboration with school and small increases in attendance.

Bite-sized 11: Child protection and High complexity heeds

One family involved in child protection processes faced multiple adversities including trauma, disability, and legal challenges.

Work included:

- Supporting the parent to attend courses
- Advocacy in multi-agency meetings
- Direct engagement with the child

Collaboration: Extensive, with social work, education, and health.

Impact: Improved parental engagement and clearer, coordinated planning.

Bite-sized 12: Young carers and hidden responsibilities

In several families, children took on caring roles for siblings or parents, leading to emotional dysregulation and premature responsibility.

Interventions included:

- Recognising and validating the caring role
- Linking to activities and respite opportunities
- Supporting parents to reduce reliance on the child

Impact: Increased awareness within the family and reduced emotional pressure on the child.

Bite-sized 19 – Navigating separation and emotional distress

This case involved a child experiencing significant emotional upheaval following parental separation. The breakdown of the family unit contributed to behavioural escalation, emotional dysregulation, and expressions of distress, including suicidal ideation. The transition to a lone-parent household created instability, with the parent also adjusting to new caregiving responsibilities and reduced support.

Support focused on providing both practical and emotional tools. Behavioural strategies such as visual routines and structured expectations were introduced, alongside guidance to help the parent respond in a trauma-informed way. The parent required reassurance and validation in managing heightened behaviours.

Collaboration with the school ensured consistency of approach, particularly around emotional regulation strategies.

Challenges: High emotional intensity and the complexity of supporting both child and parent during a period of transition.

Impact: Gradual stabilisation of behaviour, improved parental confidence, and increased consistency between home and school responses.

Bite-sized 20 – Practical barriers to attendance

In this case, school non-attendance was primarily driven by environmental and logistical challenges following a house move. The increased distance to school, lack of direct transport, and lengthy walking times created significant barriers to consistent attendance.

The parent demonstrated insight and willingness to address the issue and benefited from reflective conversations to problem-solve possible solutions, including coordinating school runs with extended family.

School involvement remained minimal, as the issue was largely practical rather than relational or behavioural.

Challenges: Structural barriers outside the direct influence of services.

Impact: Increased parental ownership of the issue and a commitment to improving attendance through practical adjustments.

Bite-sized 21 – Complex family dynamics and engagement barriers

This family presented with multiple interconnected challenges, including language barriers, parental separation while continuing to cohabit, and underlying mental health concerns. The child displayed behavioural difficulties and may have been undertaking elements of a caring role within the household.

Engagement was inconsistent, requiring persistent but sensitive outreach. Support included welfare checks, signposting to activities, and attempts to connect the family with wider services.

The school identified behavioural concerns but meaningful collaboration was hindered by limited family engagement.

Challenges: Complexity of family relationships, communication difficulties, and low readiness to engage.

Impact: Early stages of relationship-building established, with potential for further progress if engagement can be sustained.

Bite-sized 22 – Supporting social integration and community connection

A child with neurodivergent traits and learning needs experienced challenges with socialisation and engagement outside the home. The family, facing language barriers, required support to access community opportunities and navigate systems.

Intervention focused on broadening the family's awareness of local resources, supporting practical needs such as documentation, and encouraging participation in activities beyond school.

The school played a role in identifying need but required external support to address social development more holistically.

Challenges: Social isolation and barriers to accessing community support.

Impact: Increased awareness of available opportunities and initial steps toward wider social participation.

Bite-sized 23 – Protective role of peer relationships

Despite adversity within the wider family context, including mental health challenges and a history of school non-attendance among siblings, this child demonstrated resilience. A strong peer network and sense of belonging within school acted as protective factors.

Minimal intervention was required, with the focus on maintaining stability and monitoring any emerging concerns.

The school played a central role in supporting positive peer engagement.

Challenges: Potential risk linked to family context, though not currently impacting the child significantly.

Impact: Sustained wellbeing and engagement through strong peer connections.

Bite-sized 24 – Multi-agency response to complex trauma

This case reflected a high level of complexity, including experiences of domestic abuse, care experience, poverty, and parenting challenges. The child presented with non-attendance, toileting difficulties, and emotional dysregulation.

Intervention required a coordinated, multi-agency approach, addressing both practical and emotional needs. Work included supporting the parent with household management, engaging multiple services, and strengthening links with the school.

The school was a key partner but required support to fully understand the impact of trauma on the child's behaviour.

Challenges: Entrenched disadvantage and cumulative trauma across the family.

Impact: Early stabilisation of the home environment and improved engagement with services, laying the groundwork for longer-term progress.

Bite-sized 25 – Reintegration from part-time education

A young child placed on a part-time timetable due to behavioural dysregulation experienced difficulty coping in group settings. The reduced school attendance created additional pressure for the parent, who was balancing employment and caregiving responsibilities.

Support focused on collaborative reintegration planning with the school, alongside parenting strategies to support emotional regulation at home. The family was also linked to community resources for additional support.

The school was actively involved, working in partnership to gradually increase attendance.

Challenges: Managing competing demands on the parent and ensuring sustainable reintegration.

Impact: Gradual increases in attendance and strengthened communication between home and school.

Bite-sized 26 – Developing independence safely

This case involved a neurodivergent child expressing a desire for increased independence, particularly in travelling to school. The parent required reassurance and support to balance the child's autonomy with safety considerations.

Work centred on relationship-building, exploring safety awareness, and planning gradual steps toward independence. Engagement with the school ensured consistency in expectations and messaging.

Challenges: Balancing developmental needs for independence with safety risks.

Impact: Foundations established for increasing independence, with improved collaboration between home and school.

Bite-sized 27 – Coordinating support for adolescent needs

A secondary-aged young person presented with both physical health needs and behavioural challenges, requiring coordinated support across home and school environments.

Intervention focused on aligning strategies between the school and parent, ensuring that the young person's health needs were understood alongside behavioural expectations.

Challenges: Managing overlapping health and behavioural needs within a school context.

Impact: Improved communication and consistency across settings, supporting the young person's overall wellbeing.

Bite-sized 28 – Coping with bereavement and changing family dynamics

Following bereavement and shifts in family structure, this household experienced emotional disruption and practical difficulties within the home. The parent required support to re-establish routines and manage the emotional impact of loss.
Support included parenting guidance, home environment improvements, and encouragement of self-care.

The school remained a consistent point of support but required additional context to respond effectively.

Challenges: Emotional strain combined with practical pressures.

Impact: Increased parental engagement and improved home stability.

Bite-sized 29 – Support for voice within complex educational needs

This case involved a young person with multiple diagnoses, including ADHD and dyslexia, alongside mental health concerns. The family expressed frustration with the education system, feeling that their concerns had not been adequately addressed.

Support required significant support to enable the young person's views and wishes to be heard and taken into account, coordinating communication between the family and school and supporting participation in planning processes.

Challenges: Systemic barriers and ongoing dissatisfaction with provision.

Impact: Improved clarity around support pathways and strengthened voice and agency, though systemic challenges remained.

Bite-sized 30 – Hidden impact of young caring responsibilities

A young person in a lone-parent household had taken on caring responsibilities for siblings, impacting their emotional wellbeing and engagement. Despite attempts to engage the family, contact remained limited.

Support efforts focused on outreach and attempting to connect with school-based supports.

Challenges: Low engagement and hidden nature of the child's caring role.

Impact: Limited direct impact; however, the case highlights the importance of identifying and supporting young carers.

Bite-sized 31 – Financial hardship and parental wellbeing

A lone parent self-referred for support due to financial pressure and challenges in maintaining wellbeing. The family faced socio-economic disadvantage, with multiple children in the household.

Intervention focused on securing grants, improving living conditions, and encouraging the parent to prioritise self-care.

Challenges: Ongoing financial pressure affecting overall family wellbeing.

Impact: Reduced immediate financial stress and improved parental capacity through small but meaningful supports.

Bite-sized 32 – Barriers to engagement and educational disruption

Language barriers and socio-economic disadvantage affected this family's ability to engage with services. A significant concern was a sibling being out of school for an extended period, indicating deeper systemic and engagement issues.

Support focused on building trust, conducting welfare checks, and offering practical guidance to navigate services.

The school identified concerns but required additional support to address longstanding disengagement.

Challenges: Entrenched disengagement and communication barriers.

Impact: Early stages of engagement achieved, providing a foundation for ongoing work.

Bite-sized 33 – Rebuilding trust after services involvement

Following recent involvement from social care, this family demonstrated improvements in school attendance but ongoing difficulties with trust—particularly towards school staff.

Support focused on relationship repair, emotional support for the parent, and preparing for transition to secondary school.

Collaboration between services was key to maintaining progress after formal interventions ended.

Challenges: Residual mistrust of services and professionals.

Impact: Sustained attendance improvements and increased emotional stability within the family.

Bite-sized 34 – Coordinated support within child protection context

This case involved a child on the child protection register, with multiple layers of complexity including trauma, disability, and legal proceedings. The parent required intensive support to engage with services and meet expectations.

Intervention included attending parenting programmes, participating in multi-agency planning, and providing direct support to both parent and child.

Collaboration across agencies was extensive and critical to managing risk.

Challenges: High levels of adversity and competing demands on the parent.

Impact: Improved engagement with processes and clearer, more coordinated planning across services.

Bite-sized 35 – Young carer and family resilience

A child exhibiting maturity beyond their years had taken on a caring role within a large family experiencing significant adversity. Emotional dysregulation was evident, alongside a strong sense of responsibility toward siblings and parents.

Support focused on recognising and validating the child's role, identifying opportunities for respite and activities, and empowering the parent to take a more confident role within the family.

Housing needs were also addressed.

Challenges: Balancing the child's caring role with their developmental needs.

Impact: Improved family functioning increased parental confidence, and reduced emotional pressure on the child.

Bite-sized 36 – Supporting a young parent in early years

This case involved a very young parent facing financial hardship and limited resources in caring for a young child. Basic needs such as food and financial stability were immediate concerns.

Intervention focused on crisis support, including foodbank referrals and financial assistance, alongside signposting to wider supports.

The nursery setting provided a key point of contact.

Challenges: High vulnerability and limited support networks.

Impact: Immediate stabilisation of basic needs and improved access to support.

Bite-sized 37 – Early identification of additional needs

A young child awaiting assessment for ASD required early support to ensure developmental needs were met. The family faced additional challenges including bereavement, language barriers, and socio-economic disadvantage.

Support focused on securing nursery provision, accessing benefits, and preparing for assessment processes.

Challenges: Waiting times for formal diagnosis and multiple underlying stressors.

Impact: Improved access to early support and increased parental awareness of available services.