Whole Family Wellbeing Programme

Whole System Approach

Whole Family Support Workshops

Contents

Introduction

Multi-agency partners, including Health and Social Care, NHS Highland, Education (ELC), Education Psychology, Employability Service, Welfare and Benefits Service and Third Sector organisations, participated in the Whole System Approach – Whole Family Support Workshops, organised by the Whole Family Wellbeing Programme.

The purpose of the workshops was to explore the range of supports available to families, across the whole system through Activity No.1, Activity No.2, Activity No.3 and Activity No.4.

Each workshop considered a composite family which were illustrated through Scenario 1, Scenario 2 and Scenario 3. The activities, responses and scenarios are outlined in the report below.

Under **Activity No.1** the group considered their scenario and recorded on a timeline of key transitions points for the family, where interventions would take place from their service or roles. The group plotted this across the timeline with the use of Post-it Notes providing an illustration of how many services might be providing input or interventions at key transitions points, at any one time.

Under **Activity No.2** the Groups were asked to consider their scenario and provide information in relation to the wider supports for unmet need and how their role or service would be able to support the family, or referrals that they might make, to whom and how and also where gaps existed in relation to referrals to relevant services (specific to a locality in Highland wherever possible). The group recorded their answers against the following set of question:

1. What supports can your service offer to the parents?
2. What would be the key transition points for the mother and their child(ren) and what services would be involved at those stages?
3. What referrals are available to the couple? Can they self-refer also?
4. Are there any barriers to parents getting support?
5. What opportunities might there have been to provide earlier supports to both parents?
6. What do we need practitioners to be aware of to support the family effectively?

Under **Activity No.3** the Groups then considered their scenario against a set of 'Complexity Cards' and again recorded their responses in relation to how their role or service would be able to support the family. The Complexity Cards were themed around the following headings:

- Alcohol and Drugs
- Significant Bereavement
- Domestic Abuse
- Employment
- Child Care
- School Attendance / Engagement
- Adult Mental Health
- Infant Mental Health
- Children and Young Person Mental Health and Wellbeing
- Parental Supports and Training
- Adult Learning Disability
- Housing
- Involvement with Criminal Justice System

- Additional Support Needs / Disability
- and a further category called 'you decide' to allow practitioners to add any additional complexities that they had knowledge of or experience of supporting families with

Under **Activity No.4** the group was asked to revisit the timeline created in Activity No.1 and consider the number of services that the family would interact with at the identified key transition points.

The group was then invited to discuss and record in their groups how we enable a holistic approach and consider:

- Evidence of existing holistic approaches – what are they?
- What are the things that we need to do to achieve this?
- What opportunities are open to us?
- What are the challenges to this?
- What are the barriers to this?
- What would we want the Whole Family Wellbeing Programme to do under Pillar 2 *Access and Availability* and Pillar 3 *Whole System Joined-Up Approach*?

The collective responses of all three workshops are outlined at the end of this report under Activity No.4.

Workshop No.1

Scenario No.1

Amanda is 22 and lives with her boyfriend Jake who is 20. They have been in a relationship for two years now.

They are now renting a one-bedroom flat from a private landlord and have been living in the centre of Inverness for the past 3 months together. This came about after a fall out with Amanda's mother, because she felt that Jake was too controlling of her daughter. They pay £675 per week on rent.

Jake is employed as a labourer on a building site and earns £12.21 minimum wage, working a 35-hour week, taking home around £400 per week after tax.

Amanda was working in a local coffee shop but has just lost her job after an outburst with her colleagues, where she became very upset and verbally abused them. This is a common reaction for Amanda when she feels that she is not being listened to. Amanda was earning £12.21 per hour minimum wage and worked a 35-hour week.

The couple have started falling behind on their Council Tax payments and other utility bills.

Amanda has Dyslexia, which she struggled with during school, and this has greatly affected her confidence. She liked working in the coffee shop as she felt that she did not have to worry about her Dyslexia and people knowing that she struggles with reading.

Jake suffers from anxiety and finds it difficult to express himself and his feelings. Jake drinks a few cans of lager or cider every day and this is something that causes arguments between the couple.

Neither Amanda nor Jake has a very big circle of friends. However Amanda has one friend Julie, who she has known since primary school and Amanda sees her as a sister and speaks or texts her every day.

Both Amanda and Jake have little contact with their immediate families, and both come from lone parent families.

Amanda has just found out that she is pregnant, and Jake is the father.

Both parents are happy about this news but worry if they will have enough money or the skills to raise a baby. They are worried about the flat that they are staying in as it is very damp and there are tenants next door who are dealing drugs. They are very worried about whether they will be able to afford their rent, heating and food now that Amanda has lost her job and is now pregnant.

Activity No.1

Age / Stage	Services / Organisations	Interventions / Supports
Pre-birth	Employability Services / Highland Council / Department for Work and Pensions / GP / Midwife / Family Nurse Partnership	Employability support for both parents, including skills enhancement, improving labour market position, better pay, and support into work. Specialist employability support linked to health conditions and dyslexia in the workplace. Welfare and benefits advice, rent support, housing application support, and links to Citizens Advice Bureau and Highland Council welfare officer. Support for anxiety, alcohol misuse, and access to drugs and alcohol services through GP and related services. Access to midwife, Family Nurse Partnership, and the midwife's pregnancy pathway, including self-referral.
Pre-birth antenatal letter / first maternity contact	Maternity Services / GP	First maternity contact, health and referral services, and preconception care through GP and maternity care.
16 weeks pregnancy	Maternity Services / Midwife / Family Nurse Partnership / Health Visitor / Community Early Years Practitioner / Highland Council / Third Sector Organisations	Healthy wellbeing indicator with maternity services. Family Nurse Partnership and Best Start grant. Referral for father to perinatal mental health team and Dad PAD. Referral from community early years practitioner to health visitor. Antenatal planning meeting by 28 weeks to bring services together. Midwife booking / 16-week appointment and referral to welfare team and Highland Council. Transition into midwifery and Family Nurse Partnership, plus links to food banks, Highland Action for Little Ones, MikeysLine, New Start, Cash for Kids, and local churches.

Age / Stage	Services / Organisations	Interventions / Supports
Antenatal home visit: 32–34 weeks	Health Visitor / Public Health / CALA / Speech and Language Therapy / Home-Start	Universal public health input including Words Up, Baby Key, and baby massage, with support through speech and language therapists. Welfare support or Citizens Advice referral, housing application help, and food bank referral via health visitor. CALA support sessions and play and learning sessions open before birth, Parenting skills, life skills, onward referral, breastfeeding links, alcohol brief intervention, Home-Start and community early years practitioner referral, employability referral, and sensitive enquiry around domestic violence, contraception, and sexual health.
After birth	Health Visitor / CALA / Highland Action for Little Ones	Support to attend CALA planning and learning sessions. Access to baby equipment and clothing through Highland Action for Little Ones and food and nappy bank. Breastfeeding, infant nutrition, peer support, and baby massage through CALA.
New baby home visit: 11–14 days	Health Visitor / Family Nurse Partnership / Home-Start	ICON touchpoint and baby massage through the health visitor. Healthy Start vitamin D and Child Smile through the Health Visitor and Family Nurse Partnership. Home-Start support in the home and transitions into other services.
Home visits: 3–5 weeks	Health Visitor / CALA / Home-Start	ICON messages through the Health Visitor. CALA play and learning sessions to support parental confidence, social opportunities, links to services, child development, and socialisation. Child Smile, Health Visiting support, employability input, and Home-Start home support.

Age / Stage	Services / Organisations	Interventions / Supports
Home visit: 6–8 weeks	Health Visitor / Community Early Years Practitioner	Community Early Years Practitioner referral to support attendance at groups and reduce isolation. EPDS through the Health Visitor.
Home visit: 3 months	Health Visitor / Family Nurse Partnership / Community Early Years Practitioner	Weaning information if required through CEYP, Health Visitor, and/or Family Nurse Partnership. EPDS through the Health Visitor.
Home visit: 4 months	Not specified	No interventions listed
Review GIRFEC assessment and confirmation of HPI: 6 months (review by telephone if no additional support needs)	Not specified	No interventions listed
Home visit: 8 months	CALA / Health Visitor / New Start / Just Ask helpline / Allied Health Professionals	Possible childcare through CALA, including support or funding before eligibility for two-year ELC payments. Parents can opt into Employability Services supported by CALA and New Start. Just Ask telephone line for advice on baby development, with access to Speech and Language Therapy, Occupational Therapy, Physiotherapy, and Dietetics.
Development and wellbeing review: 13–15 months	CALA / New Start	Childcare support or funding before eligibility for two-year ELC payment. Parents can opt into Employability Services through CALA and New Start.
Development and wellbeing review: 27–30 months	ELC provider / Health and Education professionals / Just Ask helpline	Eligible two-year funding for nursery placement. Support to understand the early learning and childcare offer and transitions into nursery, with consideration of the child's needs and any additional support. Just Ask enquiry line for access to Health and Education professionals. Enrol and start in ELC/nursery.

Age / Stage	Services / Organisations	Interventions / Supports
Development and wellbeing review: 4–5 years, prior to starting school	Health Visitor / Education / ELC	School enrolment reminder in February before starting school. Enrol and start ELC/nursery.
4–5½ years	Health Visitor / Education Named Person / ELC / School	Transfer from Health Visitor Named Person to Education Named Person. ELC and school support the transition.
6 years – Primary education	School / CALA / Thriving Families / Home-Start	In Inverness High School ASG only, ability for referral to Family Links Support Worker (delivered by CALA, Thriving Families, or Home-Start) – referrals from school to Family Links Service. School staff support for families.
7 years	Not specified	No interventions listed
8 years	Not specified	No interventions listed
9 years	Not specified	No interventions listed
10 years	Not specified	No interventions listed
11 years	School	Transition support from primary school to secondary school
12 years – Secondary education	Not specified	No interventions listed
13–14 years	School	SHARE programme for teens at school.
15–16 years	Employability Services / Education	Employability support for school leavers Education Maintenance Allowance (EMA), means-tested for fifth and sixth year students. Developing the Young Workforce for ages 16 to 24.
17 years – Employment, college or university	Not specified	No interventions listed
18 years	Thriving Families	Support for parents of children with additional support needs up to age 25 - Information, signposting, and guidance on benefits and related support.
26 years (Care-Experienced Young People)	Not specified	No interventions listed

Activity No.2

Key Questions and Responses

1. What supports can your service offer to the parents?

A wide range of supports are available to Amanda and Jake, including:

- Signposting and Advocacy - directing the couple to relevant services and advocating on their behalf
- Employability Support for Amanda
- Guidance on workplace behaviours and emotional regulation
- Support in understanding her dyslexia and its impact
- Vocational profiling to identify a suitable career path
- Parenting and Baby Groups - accessible and supportive classes and groups tailored to their schedules
- Health Visiting Services - Universal Services, baby massage, and baby groups
- Relationship Counselling and Mediation - to address family dynamics and strengthen their relationship
- Practical and Emotional Support - assistance with form filling, coping strategies, and emotional regulation

Specialist Referrals:

- Alcohol Brief Interventions (ABI) for Jake
- Perinatal mental health support for Amanda
- Welfare and benefits advice, housing support, and financial assistance

Third-Sector Support:

Referrals to organisations like Home-Start, Citizens Advice Bureau, and Women's Aid.

2. What would be the key transition points for the mother and their child(ren) and what services would be involved at those stages?

Pre-Birth:

- Confirmed pregnancy and 28 weeks of pregnancy
- Services - Family Nurse Partnership, prenatal PEEP sessions, and Highland Breastfeeding Group

Birth and Post-Birth:

- Birth of the baby and the first 14 days post-birth
- Services - Midwifery, health visiting team, and seamless handovers between maternity and health visiting services

Early Years:

- Nursery and preschool transitions
- Services: Early learning childcare providers and universal health visiting services

Later Transitions:

- School, secondary education, and adulthood
- Services: Education providers, employability pathways, and adult services

3. What referrals are available to the couple? Can they self-refer?

- Family Nurse Partnership, Highland Breastfeeding Group, and Home-Start
- Citizens Advice Bureau and Welfare team
- Employability services, sector-based work academies, and mental health services
- General practitioner, midwife, and community link worker referrals

4. Are there any barriers to parents getting support?

Personal Challenges:

- Amanda's dyslexia, which makes form filling and reading materials difficult
- Jake's anxiety and alcohol use as coping mechanisms
- Emotional regulation difficulties and low confidence for Amanda

Practical Challenges:

- Financial difficulties and low income
- Housing conditions, including damp issues
- Hidden costs of accessing services and Jake's working hours

Social and Systemic Barriers:

- Isolation from family and limited support networks
- Distrust of statutory services and stigma or shame associated with seeking help
- Lack of awareness about available services

5. What opportunities might there have been to provide earlier supports to both parents?

Educational Support:

- Amanda could have received support for her dyslexia and emotional regulation during school
- Educational psychology or occupational therapy could have been involved earlier
- Jake might have benefited from earlier engagement with mental health services

Parenting and Family Support:

- Earlier access to parenting classes and baby groups tailored to their needs
- Social work supports or family therapy to strengthen relationships with their families

Community and Welfare Support:

- Early referrals to Home-Start by the community midwife
- Earlier involvement in the GIRFEC (Getting It Right for Every Child) process, including child plans
- Housing support for young couples to address their living conditions

6. What do we need practitioners to be aware of to support the family effectively?

Trauma-Informed Practice:

- Sensitivity to Amanda and Jake's backgrounds, including isolation, controlling behaviours, and potential domestic abuse concerns
- Recognising Amanda's low confidence and emotional regulation challenges

Practical Considerations:

- Avoid overwhelming Amanda with written materials or multiple referrals at once
- Use a step-by-step approach to support
- Be mindful of hidden costs and Jake's working hours

Emotional Support:

- Prioritise emotional support alongside practical assistance
- Enable deeper conversations about psychological and relational issues

Health and Wellbeing:

- Address housing conditions, including damp issues, and their impact on the family's health
- Ensure family planning discussions are held with Amanda and Jake

Activity No.3

Alcohol and Drugs

The group highlighted the risks associated with alcohol and drug use, particularly during pregnancy and parenting. Substance use can lead to developmental delays in children, such as foetal alcohol spectrum disorder (FASD), and pose risks to family safety and stability. Parents under the influence may face challenges in maintaining emotional well-being and safety within the home.

Key interventions include:

- Alcohol brief interventions and motivational interviewing through health visitors and family nurse partnerships
- Referrals to drug and alcohol services, including DARS, Alcoholics Anonymous, and mutual support groups
- Trauma-informed approaches to ensure transparency and effective communication between services and families
- Pathways for children affected by parental substance use involve school nurses, youth action teams, child and adolescent mental health services (CAMHS), and educational psychologists. Adults requiring treatment can access support through general practitioners, Osprey House, and community psychiatric nursing services

Significant Bereavement

The emotional and financial impact of significant bereavement, such as the loss of a baby, was discussed. Maternity services provide immediate support and signpost families to organisations like Tommy's and Crocus.

Key resources include:

- The "What to Do After a Death" booklet
- Support from the welfare team, Citizens Advice Bureau, and funeral services
- Mental health services to address isolation and vulnerabilities, with organisations like the Samaritans and the Highland Directory of Services offering additional support

Domestic Abuse

Domestic abuse was identified as a significant complexity in family situations. Risks include physical and mental harm, heightened anxiety, financial instability, and developmental impacts on children.

Key measures include:

- Safety planning through health visitors and referrals to Women's Aid and MARAC (Multi-Agency Risk Assessment Conference)
- DASH risk assessments and child concern forms where appropriate
- Trauma-informed approaches, such as the Safe and Together process, to address the impact on children and families
- Gaps in support for male victims of domestic abuse were noted, and the need for a multi-agency approach, including social work and police involvement, was emphasised

Employment

Employment challenges for parents, particularly during pregnancy, were discussed. Amanda may face discrimination due to her pregnancy status, and Jake's anxiety may impact his ability to work.

Key supports include:

- Specialist employability services to address discrimination and provide tailored support for Amanda's dyslexia
- Training opportunities for parents, such as becoming childminders or pupil support assistants (PSAs), to balance earning an income with caregiving responsibilities
- Support from organisations like Home-Start, the Highland Council Employability Team, and community link workers

Childcare

The lack of accessible, affordable, and flexible childcare was identified as a significant barrier for families, particularly those in rural areas. This impacts parents' ability to work and maintain social connections.

Key recommendations include:

- Expanding childcare options, such as toddler groups, nursery hours for children aged two and above, and support from the Care and Learning Alliance
- Encouraging parents to train and work in the childcare sector to address workforce shortages while earning an income

School Attendance / Engagement

Poor inclusion and lack of peer support were identified as contributing factors to school non-attendance and disengagement. This can lead to long-term consequences such as unemployment or involvement in crime.

Key interventions include:

- Introducing transition services earlier to engage children at risk of disengagement before problems escalate
- Multi-agency approaches through the child plan process to ensure proportionate and tailored interventions
- Support from Thriving Families, alternative education options, and local support groups

Adult Mental Health

Both Amanda and Jake face mental health challenges, with Jake experiencing anxiety and Amanda displaying poor emotional regulation. Domestic abuse adds complexity to their situation.

Key supports include:

- Referrals to general practitioners, primary mental health workers, and organisations like Mind and Action for Children
- Access to crisis services such as the Samaritans, NHS 24, and Breathing Space
- Trauma-informed approaches to address the impact of mental health challenges on family dynamics

Infant Mental Health

Isolation and lack of reassurance about normal or abnormal traits in children were identified as significant concerns. Indicators of infant mental health challenges include excessive crying, developmental delays, and bonding issues.

Key supports include:

- Consultations and interventions from health visitors and midwives to support parent-infant interactions.
- Early intervention to address developmental concerns and promote brain development through parent-child communication during pregnancy and after birth
- Addressing gaps in specialist therapeutic services for families and ensuring consistent pathways for support

Children and Young Person Mental Health and Wellbeing

The meeting highlighted the importance of early intervention to address mental health challenges in children and young people. Poor sleep, self-harm, and disturbed behaviour were noted as potential indicators.

Key supports include:

- Referrals to general practitioners, CAMHS, and primary mental health workers
- Access to online resources and advice for families who do not meet CAMHS criteria
- Multi-agency approaches to address mental health concerns and promote wellbeing

Parental Supports and Training

The importance of building parental confidence and resilience was emphasised. Training opportunities and peer support were identified as valuable resources for families.

Key supports include:

- Parent craft classes and condition-specific workshops for families with children who have additional support needs
- Support from organisations like Thriving Families, Action for Children, and Connecting Carers
- Online resources such as the PINES website and Greater Glasgow and Clyde KIDS website

Adult Learning Disability

Dyslexia was highlighted as a barrier to accessing written information for some adults. This can impact their ability to engage with services and employment opportunities.

Key supports include:

- Tailored support from specialist employability services to address literacy challenges
- Training and mentoring to improve digital skills and access to information

Housing

Poor housing conditions were identified as a significant factor contributing to health and social challenges for families. Amanda and Jake's rural location adds complexity to accessing services.

Key recommendations include:

- Securing affordable, fit-for-purpose housing with necessary adaptations for children with disabilities
- Support from Highland Council Housing and other relevant services to address housing needs

Involvement with Criminal Justice System

The potential risks associated with criminal justice involvement were discussed, including safety concerns for the baby and family.

Key measures include:

- Routine questions during antenatal and postnatal periods to identify risks
- Multi-agency approaches, such as the GIRFEC staged approach, to address concerns and ensure family safety
- Support from police, social work, and other relevant services to mitigate risks

Additional Support Needs / Disability

Children with disabilities may require assessments for equipment and adaptations, as well as support from allied health professionals. Challenges in accessing appropriate support were noted, including gaps in specialist provisions and outdated criteria for adult services.

Key supports include:

- Home visiting teams for children aged 0-3 with complex needs
- Training and mentoring for staff to improve support for neurodivergent children in mainstream schools
- Streamlining referral pathways and ensuring consistent messaging to improve efficiency

You Decide

Practitioners were encouraged to consider additional complexities they have encountered in supporting families. Examples include:

- Financial instability and its impact on family wellbeing
- The intersection of multiple challenges, such as mental health, substance use, and domestic abuse, requiring coordinated multi-agency responses

Workshop No.2

Scenario No.2

Sarah is 25 and lives with her boyfriend Paul who is 27. They have been in a relationship for five years now.

There are three children in the household.

Alice is 6 and her dad is a former partner of Sarah's. Sarah does not get any financial support from Alice's dad and Alice does not see her dad. Alice struggles at school and often does not want to go to school. Alice gets highly distressed when she is at school. Sarah struggles to get Alice into school and even when she does manage to get Alice into school, she is often late.

Jamie is 4 and Paul is his dad. Jamie is a bright and energetic child, but he struggles with his speech. Sarah worries that he is not developing at the right stages, and this causes her a lot of stress. She often gets annoyed when Jamie is trying to speak, and people cannot understand what he is saying. This has made her want to avoid taking Jamie along to events where his peers or their parents might be.

Bella is 2 months old and Paul is her dad. Bella does not sleep well and keeps Sarah and Paul up most nights. Bella keeps getting a rash on her body and the doctors do not seem to be able to work out what is causing it. The rash causes Bella to cry a lot and sometimes Sarah feels that she just wants to walk out and never come back. Paul is not very supportive in these moments and rarely offers support to Sarah. Sarah struggles with breast-feeding Bella and sometimes there is just not enough money to buy formula for her.

Paul is employed as an electrician for a local firm and earns £400 per week. Paul is expected to work long hours and rarely gets a weekend off his work.

Sarah previously worked as a cleaner for a local company but left when she had Bella.

They live in social housing in Applecross. Sarah can drive but she does not have a car. Paul has a company van from his employer but does not have his own car.

Sarah is close to her family but hates asking for help or support. She has an older sister who lives an hour away and her Mum lives half an hour away.

Paul does not see his family as he was removed from his family when he was 12. He is Care Experienced and does not like people to know about this.

They both worry about making ends meet, there never seems to be enough money and they rarely put the heating on for fear of big bills that they cannot afford.

Two weeks ago, the couple had a huge argument after being up all night with Bella and Paul walked out. Paul has been sofa surfing with friends since and cannot see a way back to going home to Sarah and the kids.

Sarah is at the end of her tether and does not know where to turn, she has thought about ringing up Social Work and asking them to take the children, as she just does not know what to do anymore.

Activity No.1

Age / Stage	Services / Organisations	Interventions / Supports
Pre-birth	Midwifery / wider universal and targeted family support	Dads Pad app; Dads Network; Home-Start East Highland; befriending and socialisation; support with routines, behaviour, budgeting, mental health and disabilities; PEEP; social housing and housing support; discussion around accommodation, environment and location. Paul identified as a Care Experienced Young Person, with consideration of counselling before the children were born.
Pre-birth antenatal	Midwife	Antenatal PEEP group; referral from midwife to welfare team; first visit midwife; ongoing assessment and review; consideration of the vulnerable pathway; discussion about whether midwifery appointments could identify potential issues.
Antenatal contact / home visit 32–34 weeks	Health Visitor / Midwife/ CAB/Highland Council Welfare Team	Employability support for Dad; Scottish Government pathway visit; additional visits if required; Highland Council Welfare Team benefit check; Citizens Advice Bureau or Highland Council welfare team for benefits, money and heating; housing support through housing provider; Dads Pad app for dad; family mediation; CSA for Alice; breastfeeding support referred by Health Visitor. Citizens Advice Bureau - benefits and legal advice contact.
New baby home visit	Health Visitor/CEYP/CSA/ SALT/Infant Feeding Support Service	Family mediation; CSA for Alice; breastfeeding support; GP support; Jamie to have Health Visitor input, CEYP practitioner support, Words Up groups, nursery from age two, Speech and Language Therapy, and PEEP; Bella to have weekly HV visits, infant feeding support, Best Start welfare team, Health Improvement Team, Worrying About Money app, food security pathway, feeding support worker, education on crying, rash support; support for Dad via Dads Pad and referral to Dad PEEP group.

Age / Stage	Services / Organisations	Interventions / Supports
Home visits 3–5 weeks	Health Visitor / GP / Children and Families Social Work/AHPs	Just Ask helpline; support for Dad from Police/Community Custody Links around criminality; GP and specialist input including Paediatrics, Community Child Nurse, Genetics and Dietetics; Voluntary Action Groups for transport to appointments; Social Work Children and Families involvement.
Home visit 6–8 weeks	Health Visitor/Prison/Infant Feeding Support Service	Apex / prisoners' families support; baby and toddler group; infant feeding support; crying support; support with rash and milk intolerance; ongoing Health Visitor support for Bella and Jamie.
Home visit 3 months	Employability Team / Social Work	If family stable, discussion with Paul about self-employment; Business Gateway grant and possible van lease; support to diversify work; one-to-one employability support; help with business plan; children and families social work support linked to Dad's criminality.
Home visit 4 months	Health Visitor / CEYP	Discussion with Mum and Dad about priorities; containment and support through Health Visiting and CEYP.
Review GIRFEC / confirm HPI at 6 months	Health Visitor / Headteacher / Social Work	Review GIRFEC assessment; confirm Health Plan Indicator by telephone; simplified initial support; explore wider family network support alongside social work.
Home visit 8 months	Not specified	No interventions listed
Development and wellbeing review 13–15 months	Preschool Home Visiting Teacher	Jamie and Bella Preschool Home Visiting Teacher involvement.
Development and wellbeing review 27–30 months	Speech and Language Therapy / Nursery	SALT pre-request discussion; initial conversation with Mum; support to contain concerns; nursery discussion; assess Jamie's speech and act if needed.
Development and wellbeing review 4–5 years prior to school	Early Learning and Childcare / Speech and Language Therapy / Employability	ELC Words Up strategies; possible SALT referral; Speech and Language interventions for Jamie; employability support for Mum.
4–5½ years	Education Named Person / Primary School	Transfer from Health Visiting Named Person to Education Named Person; Just Ask helpline for SALT advice about Jamie's

Age / Stage	Services / Organisations	Interventions / Supports
		speech; school referral to CSW and School Nurse; Solution-Focused Meeting in school from age five.
6 years	School / Family Links / Home-Start	Consider Family Links worker; support for Alice to get to school; school consultation request regarding Alice with Mum's permission; support around emotionally based school attendance and school transition; planning to ease stress; Just Ask helpline for Education Psychology advice; links with school and meetings to address needs.
7 years	School / Educational Psychology	Educational Psychology consultation with Mum's permission; support for Alice's learning; curriculum differentiation; shorter regular nurture sessions; breakfast; friendship support to encourage more positive engagement with school.
8 years	Employability Team	Discussion with Sarah about employability and barriers caused by school attendance and childcare; options for working from home; possible family childcare; Work Life Highland website highlighted (Pipeline).
9 years	Not specified	No interventions listed
10 years	Not specified	No interventions listed
11 years	Not specified	No interventions listed
12 years / secondary education	Not specified	No interventions listed
13–14 years	Not specified	No interventions listed
15–16 years	Not specified	No interventions listed
17 years / employment, college and university	Not specified	No interventions listed
18 years	Not specified	No interventions listed
26 years – Care Experienced Young Person	Not specified	No interventions listed

Activity No.2

Key Questions and Responses

1. What supports can your service offer to the parents?

Participants identified a broad range of supports that services could offer to the family. These included universal supports such as midwifery, the health visitor pathway, and early learning and childcare, as well as more targeted services including breastfeeding support, speech and language therapy, school nurses, educational psychology, children's support workers, preschool education practitioners, and named person support

Antenatal and early years supports discussed included PEEP, dads' antenatal sessions, DadPad, and ICON. Wider family support options included welfare support, budgeting help, befriending, peer support groups, emotional support, links to schools, and support to build confidence and parenting routines for children under five

There was also discussion about employability support for both parents, including the possibility of Paul accessing a business grant to set up a local handyman or electrician service

The importance of trauma-informed practice was emphasised throughout, particularly the need to apply the principles of safety, choice, collaboration, trust, empowerment, and avoiding re-traumatisation

2. What would be the key transition points for the mother and their child(ren) what services would be involved at those stages?

The workshop identified several transition points where support may be particularly important. These included:

- pregnancy and birth, with midwifery as the main support
- the period from birth to age five, with health visiting involvement
- entry into nursery and school
- transitions into primary and secondary education

Specific discussion highlighted Bella's ongoing place on the health visiting pathway and Jamie's possible transition into school, including potential consideration of a deferred year. Transitions from home to school for Sarah and Alice were also noted as requiring planning and multi-agency support, including education psychology, school staff, and social work where needed.

Employment change for Sarah and Paul was also recognised as a transition that may require support.

3. What referrals are available to the couple? Can they self-refer also?

Participants identified a number of services that could be accessed either by referral or self-referral. Self-referral options discussed included the welfare team, PEEP, allied health professionals, the Just Ask helpline, school nurse services, the family centre in Inverness, Home-Start East Highland, and family links workers.

Other services discussed included CAMHS, speech and language therapy, social work, Citizens Advice Bureau, food banks, family mediation, and third sector community projects. Some of these services require professional referral, while others may also accept self-referral.

Knowledge base information also confirms Citizens Advice as a source of benefits, debt, housing, legal and general financial support, available via citizensadvice.org.uk and telephone support.

4. Are there any barriers to parents getting support?

A wide range of barriers were identified. This included rurality, lack of transport, limited childcare and early learning provision, waiting lists, job insecurity, money worries, lack of family support, and practical pressures such as food and heating needs.

Participants also reflected on emotional and relational barriers, including stigma, stress, mental health difficulties, reluctance to open up, low confidence, fear of statutory involvement, and the impact of previous negative experiences with services.

There was further recognition of the impact of inconsistent information, including information shared on social media, and the importance of effective communication across teams and agencies.

5. What opportunities might there have been to provide earlier supports to both parents?

Several points where earlier intervention may have helped are:

- Family Nurse Partnership involvement
- earlier intervention through children and young people's services
- antenatal PEEP
- early welfare and benefits advice from the health visitor
- support related to Paul's care experience
- family group decision-making and involving wider family support earlier

It was also noted that Paul could have accessed throughcare and aftercare support as a care-experienced young person up to the age of 26 if he had wanted this.

6. What do we need practitioners to be aware of to support the family effectively

Participants agreed that practitioners need a full understanding of the family's circumstances and should be knowledgeable about local, regional, and national services. They should be able to signpost effectively, stay updated on training and service availability, and work collaboratively across agencies.

There was a strong emphasis on trauma-informed and relationship-based practice, including understanding the effects of stress, poverty and sleep deprivation, taking time to listen, and responding rather than trying to rescue the family.

Activity No.3

Alcohol and Drugs

Support services for individuals dealing with substance use were discussed, with an emphasis on addressing the impact of trauma, stresses, and triggers. Home-Start was identified as a key referral service, offering emotional support and assistance with coping mechanisms. Other resources include the Alcohol and Drugs Partnership in Highland, Alcoholics Anonymous, the Scottish Drugs Forum, the Richmond Fellowship, school nurses, Youth Justice, Osprey House, specialist midwives, and New Start Highland. These services provide a range of interventions, from counselling and rehabilitation to community-based support.

Significant Bereavement

The workshop highlighted the importance of welfare and financial assistance for those experiencing significant bereavement. Bereavement allowances and funeral support payments were noted as available resources. Home-Start East Highland was identified as a referral point, alongside organisations such as Crocus, Held in Our Hearts, Archie, hospice services, chapel services, Mikey's Line, Change Mental Health, and CHAS. These services provide emotional support, counselling, and practical assistance to individuals and families coping with loss.

Domestic Abuse

Support for individuals affected by domestic abuse was discussed, with Women's Aid identified as a key organisation. Midwives and health visitors were noted for conducting routine inquiries to identify and support those experiencing abuse. Additional resources include the Citizens Advice Bureau, Victim Support, RASASH (Rape and Sexual Abuse Service Highland), and AMIS (Abused Men in Scotland). Housing support was also highlighted as an area of focus for individuals affected by domestic abuse.

Employment

The workshop addressed employability support, particularly for individuals and families navigating trauma and family responsibilities. The Employability Team was highlighted as a resource, with a focus on family-friendly policies and trauma-informed practices. Collaboration with the Department of Work and Pensions, Skills Development Scotland, and Parents Pod was noted, alongside local knowledge of potential placements.

Child Care

Childcare availability and support were discussed, with an emphasis on checking the availability of nurseries and childminders. Community groups, family and friends, and organisations such as Home-Start Caithness and the Care and Learning Alliance (CALA) were identified as resources. These services aim to provide accessible and flexible childcare options to support families in need.

School Attendance / Engagement

The importance of supporting school attendance and engagement was highlighted. Education psychologists were identified as key contributors in linking families to appropriate resources. Community social workers (CSWs), school nurses, and early years practitioners were also mentioned as integral to addressing attendance challenges. The use of Pupil Equity Fund (PEF) funding was noted as a potential resource to support engagement initiatives.

Adult Mental Health

The workshop addressed the availability of mental health support for adults, with general practitioners serving as a primary point of contact. Additional resources include NHS 24, Mikey's Line, Prevent Suicide, Highland Mental Wellbeing, Breathing Space, Samaritans, and Mind to Mind. These services provide crisis support, counselling, and mental health guidance.

Infant Mental Health

The discussion on infant mental health emphasised the importance of raising awareness among parents about recognising and responding to their children's cues. Baby massage and support for managing infant crying were highlighted as practical interventions. The role of child health specialists, primary mental health workers, and perinatal mental health staff trained in trauma-informed practice was also discussed. Programmes such as PEEP (Parents Early Education Partnership) and pop-up sessions by the Care and Learning Alliance (CALA) were identified as valuable resources.

Children and Young Person Mental Health and Wellbeing

The workshop explored supports available for children and young people's mental health and wellbeing. School nurses, general practitioners, and primary mental health workers were noted as key professionals. Services such as Child and Adolescent Mental Health Services (CAMHS), Young Minds, and Mikey's Line were mentioned as providing specialised support. Education psychologists and community staff nurses were also identified as contributors to mental health guidance. Social groups, peer support, and school clubs were recognised as beneficial for fostering positive mental health among young people. The Highland Council website was highlighted as a resource for accessing information and support.

Parental Supports and Training

Various parental support services were discussed. Home-Start East Highland was mentioned as a key resource, offering volunteers, group activities, and training opportunities such as PEEP (Parents Early Education Partnership) and Parents Under Pressure programmes. These initiatives aim to enhance parenting skills and provide emotional and practical support. Communication with services and the involvement of family and friends were also emphasised. The Care and Learning Alliance (CALA) was noted for providing free training to support the wellbeing of children and young people, accessible through the Highland Council website.

Adult Learning Disability

Support for adults with learning disabilities was addressed. The Adult Disability Team was identified as a resource for assessments, diagnoses, and welfare support. Other organisations mentioned include L'Arche Highland, which offers supported housing and transition services, and the Haven Centre, which provides additional support for adults with learning disabilities. High Life Highland and Nansen Highland were also noted as resources for adult learning and development.

Housing

Housing-related support services were discussed extensively. Housing Support Officers, the Citizens Advice Bureau, and community early years practitioners were identified as key contacts for housing assistance. Organisations such as New Start Highland, the Richmond Foundation, Calman Trust, and Gateway Outreach Support were highlighted for their roles in providing housing support and related services. Challenges related to rents, separation, and managing two households were also discussed, with an emphasis on ensuring individuals and families have access to appropriate resources and guidance.

Involvement with Criminal Justice System

Support services for individuals involved in the criminal justice system were explored. The Caledonian Programme and the Youth Action Team were mentioned as key initiatives. The Highland Third Sector Interface and Community Justice Partnership were also identified as resources for support and rehabilitation. Drug Treatment and Testing Orders (DTTOs) were noted as a specific intervention available. Additionally, link workers were highlighted as a resource for connecting individuals with relevant services and support networks.

Additional Support Needs / Disability

Support for individuals with additional support needs (ASN) and disabilities was extensively discussed. The Learning Disability Team and the Just Ask Helpline were mentioned as key resources. General practitioners, school nursing, health visiting, and community early years practitioners were identified as important points of contact. The Burnie Centre was highlighted as a resource for specialised services. Speech and language support, education services, and the Thriving Families initiative were also noted as valuable resources for individuals and families.

You Decide

This category allows practitioners to add any additional complexities they have knowledge of or experience in supporting families with. Examples include:

- Gambling-related challenges, with referrals to Gamblers Anonymous and budgeting advice
- Trauma-informed practices for families experiencing complex emotional or psychological challenges
- Community-based initiatives to address unique family needs

Workshop No.3

Scenario No.3

Claire is 35 and lives with her husband Derek who is 37. They have been in a relationship for fifteen years now and they have three children together, Poppy, Maria and Lucy.

Derek has an acquired brain injury following an accident on his bicycle 8 years ago. Derek is a serving Police Officer and whilst he is able to work, he is now in a non-operational role as his work has had to make reasonable adjustments for his disability. Derek struggles with this situation and often gets very down and withdrawn from Claire and the children.

Poppy is 14 and loves going to school and would love to be able to go to more out of school activities, however this is not possible as she has to be at home to help her Mum with household chores. This is because of her Dad's disability and also because her younger sister Maria was born with Cerebral Palsy.

Maria is 6 and following complications with her birth Maria was born with Cerebral Palsy, she is a non-verbal, bright and energetic child. Maria attends a school for pupils with additional support needs and is developing well, despite the challenges that she faces and the fact that she has undergone regular surgical procedures, resulting in spending significant periods of time away from school for treatment and rehabilitation.

Lucy is 6 months old and does not sleep well which keeps Claire and Derek up most nights. Claire has been feeling detached from Lucy and feels very down. She has spoken to her GP and she has been diagnosed with depression. Claire is finding it difficult to admit that she is depressed and worries that when her Health Visitor finds out that it will look bad on her and her family.

The couple live in a two-storey house in Thurso, Caithness, they cannot afford to make alterations to the property to make things easier for Maria's needs. Maria has a large posture correction chair and a standing frame, both of which have a wide wheelbase and Claire feels like she is always banging into things. The property they live in has no means to support Maria's needs and Claire has to carry Maria up and down the stairs and lift her in and out of the bath.

Claire has not worked since she had her first child and does not drive. Derek can drive and uses the family car to get to work.

Derek earns around £2,500 per month and their mortgage is £760.00 per month. They often have to make choices about having the heating on and have not had a holiday since before they were married.

Both parent's families live down in Glasgow, so they are not near to offer support. Claire's Mum tries to get up to Caithness as often as possible.

The pressures of everything have been getting harder for both Claire and Derek to manage. Derek can access support from his employer through their Employee Assistance Programme but Derek feels that if he asks for help, this will reflect badly on him in his job and they will be judged. As a result of this Derek often tells Claire that she is not allowed to tell anyone how they feel as the neighbours will find out and they will be the laughingstock of the street.

Activity No.1

Age / Stage	Services / Organisations	Interventions / Supports
Pre-birth	Physiotherapy / Occupational Therapy / multi-agency	Maria likely to be on physio and OT caseloads; provision of equipment; therapy programme across home and school; periods of intensive rehab post-surgery; moving and handling risk assessment; OT support with housing needs, adaptations and grants; consider respite support; transport and wheelchair accessibility; welfare and benefits check; signposting to young carers support; speech and language therapy discussion about communication needs; multidisciplinary planning around family priorities
Pre-birth antenatal Antenatal Letter	Midwife / Health Visiting / PIMHT / Home-Start / Employability Team / TBI (Third Sector Charity)	All children considered; Health Visiting involvement; support for Dad through Employability Team; acquired brain injury / TBI charity support; SHANARRI wellbeing assessment at 16 weeks; additional antenatal plan; HV handover and communication; Home-Start support; support around Parental Mental Health, routines, housing, groups, benefits, budgeting, socialisation and isolation; Perinatal Infant Mental Health team; baby massage and PEEP
Antenatal contact (24–32 weeks) Home Visit	Health Visiting / Community Midwife / CEYP / Infant Feeding Support Service	Support with money worries, mental health, family team support, breakfast clubs and sleep support; CMW and HV handover; CEYP; Infant Feeding Support Worker; baby massage support
11–14 days New baby home visit	Health Visiting / Home-Start / Welfare Team / Thriving Families	Thriving Families support age 0–25; Home-Start Caithness support for Claire and help at home; welfare team input for disability supports, housing supports, carer's allowance, additional Universal Credit and Motability car
3–5 weeks Two home visits	Health Visiting	No interventions listed

Age / Stage	Services / Organisations	Interventions / Supports
6–8 weeks Home Visit	Health Visiting	No interventions listed
3 months	Physiotherapy / Employability / SCBU	Maria referred to physio from SCBU or follow-up clinic, usually by 6–12 months; early discussion with family about what physio can offer; developmental support, postural care, equipment, liaison with paediatrics, orthopaedics, orthotics, OT and wheelchair services; employability support for Claire including getting ready for work and driving
4 months	Physiotherapy / Employability	Repeat of 3-month actions: physio referral and early family discussion; developmental support and liaison; employability support for Claire around work and driving
6 months	Health Visiting / Family Support Services / CAB / PIMHT / Connecting Carers / Caithness KLICS / Home-Start Caithness / Encompass	GIRFEC assessment and confirmation of HPI; Dad group; Citizens Advice input; mental health support for Mum via GP and perinatal infant mental health; Parents Under Pressure and PEEP; Connecting Carers; KLICS for Poppy and Maria; Home-Start Caithness whole family support; Encompass support; support for parents around disability
8 months	Housing / Alienergy	Housing support and Alienergy energy support
13–15 months Development and wellbeing review	Education Psychology / Health Visiting	Education Psychology for Poppy and possibly Home Visiting Teacher for Maria
27–30 months Development and wellbeing review	Not specified	No interventions listed
4–5 years	Education Psychology / Education	Support for transition to nursery and school, especially for Maria; support also for Poppy; Child Plan review to ensure needs are identified and met

Age / Stage	Services / Organisations	Interventions / Supports
4–5.5 years Transfer from outgoing named person in Health Visiting to incoming Named Person in Education	Not specified	No interventions listed
5–6 years	OT / PT / SALT / Paediatrics / Connecting Carers / Employability Team / Community Transport / Home-Start Caithness	Assistive technology to support Maria; Connecting Carers for short breaks; discussion with Claire and Derek about communication needs; employability support for mum to learn to drive with Motability car; support around Maria's cerebral palsy; housing assessment by OT and PT; accommodation during surgery; SALT offer; adaptation grants; regular paediatrician appointments in Wick; Caithness Community Transport; Home-Start support with Lucy
7–8 years	Not specified	No interventions listed
9–10 years	Young Carers / Education	Young carers support for Poppy; discussion with Poppy about wishes to participate in the community and right to rest and play; ensure Maria's right to education is upheld and that they are listened to despite being non-verbal
11–12 years	Not specified	No interventions listed
13–14 years	School Nurse / Young Carers / School	Meet with Poppy in school to assess emotional health following referral to school nurse; possible referral to young carers; if more support is offered to parents, Poppy may attend more activities; liaison with school about activities
15–16 years	Transition Team / Education Psychology	Specialist support for transition from school to college or employment for Maria; planning for future equipment needs and adaptations
17–18 years	Young Carers	Young carer support for Poppy at college, university or employment; grant and bursary support

Age / Stage	Services / Organisations	Interventions / Supports
26 years Care Experienced Young People	Not specified	No interventions listed

Activity No.2

Key Questions and Responses

1. What supports can your service offer to the parents?

A range of supports were identified for Claire and Derek, depending on need and timing.

- Financial and practical support - Citizens Advice Bureau for income maximisation, disability benefits, housing matters and applications; welfare support; energy support; and employability advice. Citizens Advice was specifically noted in the directory as a source of support for general and health-related benefits
- Family support - Home-Start for emotional wellbeing, reducing barriers, appointment support and in-home support
- Parenting support - Parents Under Pressure (PUP) training and wider parenting support.
- Pregnancy and early years support - Midwife, health visitor, community early years practitioners, infant feeding support and SHANARRI wellbeing assessment
- Health and therapy input - SALT, physiotherapy, occupational therapy, children's physio team, equipment advice, moving and handling support, and transport planning for Maria.
- Mental health and wellbeing - one-to-one home-based support, peer groups, community groups, and signposting to wider services. The directory also lists Samaritans and Mind as available mental health supports
- Employment-related support - support for Derek with re-employment, alternative work options, and occupational health; potential future employability support for Claire
- Community and group support - baby and toddler groups, thriving families support, peer connections, and practical guidance around what support is already in place

2. What would be the key transition points for the mother and their child(ren) what services would be involved at those stages?

Several key transition points were discussed for each family member:

Claire:

- Pregnancy and postnatal period
- Transition from having two children to three
- Adapting to parenting alongside Derek's brain injury and return to work
- Learning about equipment and support systems

Services involved:

- Midwife
- Health visitor
- GP
- Community early years practitioners
- Infant feeding support
- PUP training
- Home-Start
- Citizens Advice Bureau

Maria

- Surgery and ongoing health needs
- Transition from preschool into school
- Moving through school stages and classes
- Adapting to equipment such as a standing frame

Services involved:

- Education
- Health visitor / school nurse
- Paediatric and community supports
- Children's therapies
- Occupational therapy
- Ronald McDonald House in Raigmore Hospital
- Highland Action for Little Ones

Lucy

- Health visitor pathway
- Early years developmental support, including sleep support

Services involved:

- Health visitor
- Highland Action for Little Ones
- Third sector support
- Community early years practitioner
- Poppy's transition into post-school planning and subject choices was also identified

Poppy

- Poppy is a young carer, and this was a significant consideration throughout
- Need for more out-of-school and after-school activities to reduce pressure
- Support during holidays
- Food and financial support where needed
- Peer support and access to a social network
- Impact of trauma and caring responsibilities
- Support during puberty and adolescence
- Quiet space and support for exam study
- Post-school planning and future options as a young carer
- Possible access to SDS assessment, respite and activity opportunities
- Access to groups such as KLICS (Kids Living in Caring Situations) in Caithness
- Access to youth development and leisure opportunities such as High Life Highland

Wider Family Transitions:

- Derek's accident and operation were recognised as major transition points for the whole family.

3. What referrals are available to the couple? Can they self-refer also?

A number of referrals were identified, and many could be accessed by self-referral as well as through professionals.

Self-referral or professional referral

- Home-Start
- Citizens Advice Bureau
- Employability services
- Welfare support
- Maternity services
- Children's therapies

- Health visiting team
- Educational psychology
- Family Links (if available locally)

Self-referral options specifically mentioned

- Acquired Brain Injury Organisation
- Employee Assistance Programme
- Occupational health
- Mikey's Line
- Headway
- Some wider mental health and wellbeing services

Professional referral usually required

- Mental health support through the GP was noted as a usual route in some cases
- The knowledge base also highlights broader benefit and carers' support that may be relevant, including Personal Independence Payment and Carer's Allowance

4. Are there any barriers to parents getting support?

For Derek:

- Their role in police and child protection
- Fear of stigma or being judged
- Worries about confidentiality
- Reduced self-worth linked to withdrawal from operational duties
- Cultural pressure around men not asking for help

For Claire:

- Fear of reaching out
- Feeling prevented from accessing help
- Limited transport
- Time pressure and exhaustion

For both parents:

- Mental health stigma
- Geographic isolation
- Limited local services
- Transport difficulties
- Financial worries
- Housing and employment pressures
- Lack of family support or wider social network
- Visibility in a small community
- Being too tired or overwhelmed to engage
- Limited evening and weekend service availability

5. What opportunities might there have been to provide earlier support to both parents?

Earlier opportunities for support were identified at several stages.

- When Derek had their accident eight years ago
- Through earlier psychological and emotional support for both parents
- Through referrals to social work, occupational therapy and wider family support at that point
- Through school awareness of the accident and the possible development of a child health plan for Poppy
- During pregnancy via community midwife support
- Through SHANARRI and GIRFEC-based early assessment and planning
- Through an HPI or additional needs planning meeting
- By identifying family stress and support needs sooner, rather than waiting for crisis points

6. What do we need practitioners to be aware of to support the family effectively?

- Holistic approaches
- Family-centred approaches
- Trauma-informed approaches
- Be aware of ACEs and the long-term impact of the family's experiences
- Recognise the family's pride, strengths and wish to be empowered
- Avoid siloed working and collaborate across services
- Be clear about each practitioner's role
- Consider the needs of the whole family, not only the children
- Make routine enquiries about parenting support and community resources
- Understand the family's competing priorities and past history
- Offer information in small, manageable amounts
- Work at the family's pace and be ready to offer support when they are ready to engage
- Keep communication open and respectful, including asking what they feel would help most right now

Activity No.3

Alcohol and Drugs

Participants highlighted the use of alcohol and drugs as coping mechanisms within families. It was noted that parents and children, including Poppy, may be self-medicating with alcohol, pain medication, and antidepressants, which could worsen mental health and financial difficulties. Concerns were raised about Claire's potential substance use during pregnancy and its possible impact on Lucy's development. The use of substances was linked to challenges in ensuring children's safety, emotional availability, and neglect. Support services such as Alcoholics Anonymous, Smart Recovery, and DARS were identified as potential resources for families.

Significant Bereavement

The workshop discussed the impact of significant bereavement on families. Derek's brain injury has led to the loss of his police career and financial stability, while Claire has struggled with the loss of her identity after not returning to work. The family is grieving the loss of anticipated life plans and freedom. Claire has also experienced the loss of her father, compounding her emotional burden. For Poppy, the inability to participate in activities has been linked to potential risks of alcohol and drug misuse. Bereavement support services such as Cruse, Crocus, and Highland Hospice were identified as valuable resources.

Domestic Abuse

Concerns were raised about coercive control and financial abuse within family dynamics. Derek was noted to be exerting control over Claire, including preventing her from returning to work. Personality changes following Derek's brain injury and his role as a young parent were discussed as contributing factors. Support services such as Women's Aid, MARAC, and RASASH were highlighted as essential for addressing domestic abuse and providing assistance to affected families.

Employment

The workshop identified employment challenges faced by Claire, including limited opportunities in her geographical location, potentially Caithness, and the impact of childcare responsibilities on her ability to work. Claire's current role was described as isolating, with fewer opportunities for progression. Derek's loss of his police career and associated financial stability was also noted. Financial pressures and the lack of flexible employment options were highlighted as contributing to the family's stress. Employment support services such as Jobcentre, Skills Development Scotland, and Work Life Highland were suggested as potential resources.

Childcare

Childcare was identified as a significant issue for families, particularly during hospital stays for children like Maria. The lack of available childcare facilities in rural areas was highlighted, creating challenges for parents to manage work and care responsibilities. Limited support options and the family's location were noted as exacerbating factors. Suggestions for resources included free nursery places for children aged two years, school breakfast clubs, and after-school activities.

School Attendance / Engagement

Participants discussed the impact of family responsibilities on children's school attendance and engagement. It was noted that caring for family members and other home responsibilities were causing children to miss school or arrive late. Maria's prolonged absences due to medical needs were highlighted as significantly affecting her education. Concerns were raised about parents not fully engaging with schools to maximise available support. The importance of addressing these issues to ensure children's educational needs were met was emphasised.

Adult Mental Health

The workshop highlighted significant concerns about adult mental health within families. Suicidal tendencies, self-harm, and substance use were identified as coping mechanisms for some family members. The pressures of isolation, financial strain, and relationship difficulties were noted as contributing factors. Support services such as the Perinatal Infant Mental Health Service, Parents Under Pressure programme, and Solihull Approach were identified as valuable resources. Other services mentioned included SAMH, Mikey's Line, NHS 24, and Breathing Space.

Infant Mental Health

Concerns were raised about the infant mental health of children like Lucy, particularly regarding attachment issues stemming from parental withdrawal. The potential impact of family challenges on infants' emotional and developmental wellbeing was discussed. Health visitors and the Family Nurse Partnership were highlighted as critical in providing support. Resources such as Bookbug, Play at Home, Words Up, and infant mental health therapists within NHS Highland were identified as valuable for supporting infant mental health.

Children and Young Person Mental Health and Wellbeing

Participants discussed the mental health and wellbeing of children, particularly Poppy and Lucy. Poppy was described as exhibiting risk-taking behaviours, including shoplifting and potential involvement in illegal activities, which could stem from feelings of isolation and a lack of peer connections. Concerns were raised about Poppy's vulnerability to grooming and underage sexual activity, which could lead to teenage pregnancy. Lucy was noted to potentially have attachment issues due to parental withdrawal. Targeted mental health support for children, such as CAMHS, was highlighted as essential.

Parental Supports and Training

The workshop explored the complexities of parental supports and training. Stigma was identified as a barrier to accessing support, with some parents reluctant to engage. The importance of tailoring services to meet families' specific needs was emphasised, including options for one-to-one or group support. Universal and targeted support approaches were discussed, with a focus on ensuring families are aware of available resources. Services such as Home-Start, PEEP, and the Solihull Approach were identified as valuable for supporting parents.

Adult Learning Disability

Concerns were raised about Claire, who may have an undiagnosed learning difficulty. This has reportedly impacted her ability to secure employment, drive, and manage finances, leaving her vulnerable to exploitation. Challenges in forming friendships and building a support network were also noted. Support services such as Thriving Families and learning disability nursing were identified as potential resources.

Housing

Housing challenges were a significant focus of the workshop. Issues included the need for appropriate furniture and beds for children, as well as the size of rooms required to accommodate necessary equipment for Maria. Concerns were raised about co-sleeping risks, damp and mould, and the lack of mortgage support. The suitability of housing was questioned, particularly regarding maintenance and adaptations such as wet rooms. The lack of housing availability in rural areas was also highlighted. Support services such as Highland Council, Shelter, and Women's Aid were identified as potential resources.

Involvement with Criminal Justice System

The workshop addressed concerns about potential involvement in criminal justice issues. Poppy's risk-taking behaviours, including shoplifting and possible involvement in county lines activities, were discussed. There were concerns about illegal activities being used to generate income, with references to potential grooming risks and underage sexual activity. Derek's potential involvement in illegal online activities and financial exploitation within the family were also noted. Support services such as Criminal Justice Social Work, probation services, and youth action programmes were identified as relevant resources.

Additional Support Needs / Disability

The workshop highlighted challenges faced by individuals with additional support needs and disabilities. Claire's potential undiagnosed learning difficulty, Poppy's behavioural challenges, and Maria's unmet developmental milestones were discussed. The role of Granny, who has her own disabilities and relies on Claire for care, was also noted. The importance of tailored support from statutory services, allied health professionals, and third-sector organisations was emphasised.

You Decide

Under this category, participants discussed additional complexities, including complex health needs, home education, and marital breakdown. Maria's pending medical investigations and Derek's brain injury were noted as significant stressors. Concerns about the family's ability to manage these challenges alongside other responsibilities were raised. The potential for marital breakdown, financial strain, and divorce was also discussed, with an emphasis on the impact on the family's overall wellbeing.

Activity No.4

A summary of the workshop discussions for Activity No.4 is provided below. This outlines how services can enable a more holistic, whole-family approach to support across Highland. It reflects participants' views on current practice, areas for development, opportunities for improvement, and the implications for the Whole Family Wellbeing Programme under Pillar 2: Access and Availability and Pillar 3: Whole System Joined-Up Approach.

1. Evidence of existing holistic approaches – what are they?

Participants identified a number of examples of existing holistic and whole-family practice across Highland. Home-Start East Highland was highlighted as a particularly strong example, offering tailored family support through wellbeing walks, home visits, stay-and-play opportunities, guest speakers, practical cooking sessions, PEEP groups, baby massage and telephone support. Home-Start and Citizens Advice Bureau were also recognised as services that provide a broad range of support and seek not to turn families away.

Participants described holistic support as relationship-based, involving the right professional at the right time, and being realistic and responsive to family circumstances. The discussion also emphasised the importance of family decision-making, trust-building, and intervention and prevention to avoid families reaching crisis point. PEEP was also cited as a positive example of a whole-family holistic approach, although participants noted that engagement still requires improvement.

2. What are the things that we need to do to achieve this?

Participants identified a clear need to strengthen collaboration, coordination and visibility across services. This includes raising awareness of available services, creating an environment where families understand what support is available, enabling self-referral, and improving networking between professionals. There was also a strong emphasis on learning from services already delivering holistic whole-family support and building on this practice to address gaps.

Participants highlighted the importance of a more coordinated support model, including a single point of contact or one key person to help families navigate support requirements. Greater clarity is also needed about who is doing what with each family, and which practitioners are working in which areas, to support planning, communication and accountability.

The discussion also pointed to the need for services to be more flexible. Participants highlighted the importance of support for dads, working parents and families whose routines do not fit conventional service hours. Time to build trust and relationships was seen as essential, with support needing to be flexible and not always time limited.

3. What opportunities are open to us?

Participants identified a range of opportunities to develop more effective and accessible whole-family support. This included building community capacity, funding collaborative initiatives that address need, and expanding opportunities for networking and shared learning across services.

There was also interest in making better use of community assets and underused local venues. Examples included using Tesco community rooms to meet with families and exploring the use of schools or out-of-hours facilities as more accessible local bases for support. Participants also suggested that more family centres and hubs, including virtual hubs where small teams cover larger geographical areas, could strengthen local access and service reach.

The group reflected on the more flexible community-based responses seen during COVID-19 and questioned whether similar approaches could be sustained now. Participants also noted an opportunity to make greater use of statutory bodies within partnership arrangements and to support community development funding across both statutory and third-sector services.

4. What are the challenges to this?

A number of significant challenges were identified. Participants referred repeatedly to lack of staff, lack of services, lack of resources and lack of time as key constraints on delivering holistic support. Capacity and workload pressures within universal services were also noted, alongside lack of flexibility in current delivery models.

The discussion highlighted inconsistency in provision across Highland, with participants questioning whether families are offered the same services depending on where they live. Third-sector services were described as operating effectively in some areas, but not consistently across the region. Rurality was seen as a major challenge, with services often inaccessible because of travel distances, workforce pressures and recruitment issues.

Participants also raised concerns about families whose needs are not currently being well met, particularly lone parents with children with disabilities, and families affected by home education and complex health needs. Finally, there was concern that some current approaches remain too child-centred and consultation-based, rather than taking a genuinely whole-family or whole-system perspective.

5. What are the barriers to this?

Transport was identified as one of the most significant barriers, especially in rural Highland, where long distances and limited public transport make it difficult for families to attend appointments. Participants also noted that even in Inverness, reaching an appointment may require two buses, resulting in missed appointments that are not a matter of choice. Transport to Raigmore Hospital and other centralised services was specifically noted as an issue.

Participants also described barriers linked to service design and communication. Standard Monday to Friday working patterns were seen as unsuitable for many families. Services also need to be more visible to families, reduce stigma, and make information easier to find and use. The volume of available information was described as potentially overwhelming, with uncertainty about where to signpost families.

A further barrier relates to the cost of accessing suitable community venues. Participants noted that the high cost of hiring space in community centres or schools means that local venues are often underused.

6. What would we want the Whole Family Wellbeing Programme to do under Pillar 2 Access and Availability and Pillar 3 Whole System Joined-Up Approach?

Pillar 2: Access and Availability

Under Pillar 2, participants would want the Whole Family Wellbeing Programme to improve consistency of service access across Highland so that families are not disadvantaged by geography.

Participants would also like to see increased provision of local family centres, hubs and virtual hubs to improve access to support, especially in rural areas. Improving transport and reducing travel-related barriers were viewed as essential, including support for travel to major services such as Raigmore Hospital.

Participants also wanted access to be improved through more flexible hours, more visible and easier-to-navigate services, reduced stigma, and better routes for families to self-refer.

Pillar 3: Whole System Joined-Up Approach

Under Pillar 3, participants wanted stronger partnership working between statutory services, third-sector organisations and community-based provision. The discussion suggested that co-development of practice is more effective than simply placing services alongside one another.

Participants also called for greater clarity about professional roles, locality coverage and who is supporting individual families, in order to improve coordination and avoid fragmentation. There was support for maintaining a link within each partnership for planning and development purposes.

The group also wanted the programme to strengthen coordinated family support through key worker or family link worker roles, enabling one person to help families navigate services and maintain continuity. Finally, participants wanted Pillar 3 to support a genuinely whole-family, preventative and relationship-based approach that moves beyond child-centred or consultation-only models.

Thematic Analysis

1. Purpose and Analytical Lens

This thematic analysis synthesises practitioner responses from three multi-agency workshops, each centred on a composite family scenario and structured through four staged activities.

The analysis takes a needs-based, whole-family lens, aligned to:

- the questions asked of participants (Activities 1–3)
- the life-course and transition-based mapping (Activity 1 and 4)
- and the Whole Family Wellbeing Programme remit to identify gaps, opportunities and priorities

Rather than describing individual services, the analysis focuses on patterns across the system, highlighting:

- where families experience over-concentration, under-provision, or fragmentation of support
- where earlier intervention opportunities are consistently missed
- and what strategic system shifts are needed to improve outcomes

2. Cross-Cutting Themes from Activities 1–3

Theme 1: Intensity at Early Crisis Points, Followed by Drop-off and Gaps

What practitioners described

Across all three scenarios, Activity No.1 timelines show a heavy clustering of services around:

- pregnancy
- early infancy (0–12 months)
- acute crisis points (relationship breakdown, housing insecurity, health deterioration)

After these points, there is a marked reduction in identified supports, particularly:

- between 6 months and 3 years, and
- across later childhood and early adolescence, unless difficulties escalate to statutory thresholds

This pattern appears in all scenarios:

- Amanda and Jake have dense antenatal and early years support, but large gaps from ages 4–10
- Sarah's family experiences intense input during infancy and school entry, then sparse provision beyond age 7
- Claire's family receives episodic support driven by Maria's disability, but limited continuity for the family system as a whole

System implication

The system currently responds well to identifiable events (birth, diagnosis, crisis), but struggles to:

- sustain preventative, relational support across transition points, and
- maintain proportional involvement when families are *coping*, but still under strain

Gap for strategic consideration

- Lack of continuity models that intentionally bridge the space between universal early years input and later statutory interventions
- Absence of a visible "middle layer" of support for families who do not meet crisis thresholds but are living with cumulative adversity

Theme 2: Navigation Burden Is Placed on Families, Not the System

What practitioners described

In Activity No.2 responses, practitioners demonstrated strong knowledge of:

- what their service can offer
- where families could be referred
- and how to support families *once connected*

However, families in all scenarios are required to:

- hold complex information,
- manage multiple referral pathways
- repeat their story across agencies
- and rely on confidence, literacy, energy and transport to engage

The burden of navigation is particularly pronounced for:

- parents with learning differences or literacy needs (e.g. Amanda's dyslexia)
- families experiencing mental ill-health, sleep deprivation or trauma
- families in rural or semi-rural locations

System implication

Although services exist, families often experience the system as:

- fragmented
- overwhelming
- emotionally unsafe
- and difficult to access without professional advocacy

Gap for strategic consideration

- Limited availability of key worker / family link roles with capacity to stay alongside a family across changing needs
- Insufficient system ownership of coordination; too much reliance on individual practitioners "going the extra mile"

Theme 3: Earlier Intervention Is Consistently Identified but Structurally Constrained

What practitioners said

When asked "What opportunities might there have been to provide earlier supports?", participants repeatedly pointed to:

- school-based identification of emotional regulation needs
- earlier dyslexia and learning support
- earlier mental health and relationship support
- antenatal welfare and housing intervention
- earlier recognition of caring roles (young carers)

What is notable is that:

- these opportunities were *clearly visible* in hindsight
- practitioners were able to articulate *exactly what could have helped*
- but many supports were only accessed once difficulties escalated

System implication

The system's design and thresholds often mean that:

- families must experience escalation before qualifying for help
- preventative services lack capacity to proactively engage
- identification does not reliably trigger coordinated action

Gap for strategic consideration

- Absence of a system-wide preventative mandate with protected capacity
- Limited mechanisms to act early on low-level but compounding needs, especially where no single issue meets a statutory threshold

Theme 4: Whole-Family Need Is Acknowledged, but Provision Remains Largely Individualised

What practitioners demonstrated

Across Scenarios 2 and 3 in particular, practitioners clearly articulated:

- the interdependence of parent wellbeing, child development, caring responsibilities and economic stress
- the impact of adult mental health, employment, housing and trauma on children's outcomes
- the importance of supporting parents and carers as people, not solely as caregivers

However, service responses remain largely organised around:

- individual family members (the baby, the school-age child, the parent)
- or single presenting issues (mental health, disability, attendance)

System implication

This creates:

- duplication in assessments
- partial understanding of family dynamics
- missed opportunities to reduce overall stress by addressing root causes (poverty, housing, isolation)

Gap for strategic consideration

- Need for whole-family assessment and planning models that are operational, not aspirational
- Greater investment in approaches that simultaneously strengthen parental capacity, child wellbeing and family resilience

Theme 5: Access Is Shaped by Geography, Transport and Service Design

What practitioners highlighted (especially Activity No.4)

Access barriers were consistently identified across all workshops:

- rurality and distance
- cost and availability of transport
- centralisation of specialist services
- weekday, office-hour delivery models
- lack of childcare enabling attendance

Even in Inverness, families may need multiple buses to attend appointments, while in rural and island communities, services may be technically available but practically inaccessible.

System implication

This creates structural inequity, where:

- families with identical needs receive different levels of support depending on where they live
- missed appointments are interpreted as disengagement rather than access failure

Gap for strategic consideration

- Inconsistent locality provision
- Limited use of hubs, outreach, blended or place-based delivery models
- Transport is a *system issue*, not an individual failing

3. Themes from Activity No.3 – Complexity and Cumulative Adversity

Across all Complexity Cards, one overarching theme emerged:

Complexity Is the Norm, Not the Exception

Families rarely present with a single issue. Instead, practitioners described:

- overlapping mental health, poverty, housing and relationship challenges
- disability intersecting with caring roles and employment exclusion
- trauma compounding across generations

Yet service structures often:

- prioritise *categorisation* over *integration*
- struggle with families who sit between service remits
- rely on families' stability and persistence to engage

Strategic implication

- Children's Services Planning must assume cumulative complexity as standard, not exceptional
- and commission accordingly

4. Strategic Gaps and Priority Areas for Leadership

Drawing explicitly from Activities 1–4, the following priorities emerge:

Priority 1: Build Continuity into the System

- Invest in key worker / family link roles that travel across transitions
- Reduce reliance on short-term, issue-specific interventions

Priority 2: Strengthen the Preventative "Middle"

- Expand non-crisis family support for ages 2–12
- Embed early intervention capacity within universal services

Priority 3: Simplify Access and Navigation

- Develop clearer self-referral pathways
- Reduce duplication and system complexity
- Consider digital and community-based access points

Priority 4: Address Structural Barriers

- Treat transport, childcare and service hours as core infrastructure, not side issues
- Improve consistency of provision across Highland localities

Priority 5: Operationalise Whole-Family Practice

- Commission services to work with the family unit, not just individuals
- Align assessment, planning and outcomes across agencies

5. Implications for the Whole Family Wellbeing Programme

The workshops provide strong evidence that the Programme can add value by:

Under Pillar 2 – Access and Availability

- Supporting local hubs (physical and virtual)
- Improving transport solutions and locality equity
- Enhancing visibility and ease of access for families

Under Pillar 3 – Whole System Joined-Up Approach

- Enabling coordination roles,
- Supporting co-development rather than parallel delivery
- Creating shared responsibility for families across the system

Executive Summary

Purpose

The Whole System Approach, Whole Family Support Workshops engaged multi-agency practitioners across Health, Social Care, Education, Educational Psychology and the Third Sector to explore how families experience support across the system at key life stages and during periods of adversity.

Using three composite family scenarios and a structured set of activities, the workshops examined:

- what support families receive
- when it is provided
- how services interact
- where gaps and barriers exist
- and how a more holistic, joined-up system could be achieved

This executive summary synthesises learning from all four workshop activities and highlights strategic gaps and priorities to inform Children's Services Planning in Highland, grounded in a needs-based, whole-family approach.

Key System Findings

1. Support Is Front-Loaded and Crisis-Driven

Practitioners identified strong system input during pregnancy, infancy and moments of crisis, with:

- multiple universal and targeted services operating simultaneously
- clear pathways into maternity, health visiting and early years support

However, there is a significant drop-off in provision beyond the early years, particularly:

- between ages 2–12
- where need is present but has not escalated to statutory thresholds

Strategic implication:

Families experience intermittent support rather than continuity, increasing the risk that unmet need accumulates and resurfaces at crisis point.

2. Families Carry the Burden of Navigation

Across all scenarios, access to support depends heavily on families' ability to:

- understand complex systems
- complete forms
- initiate referrals
- travel to appointments
- and repeatedly explain their circumstances

This disproportionately affects families experiencing:

- trauma, mental ill-health or exhaustion
- learning differences or low literacy
- poverty, isolation and rurality

Strategic implication:

Despite a wide range of services, the system remains experienced as fragmented and hard to navigate, particularly without professional advocacy.

3. Earlier Intervention Opportunities Are Consistently Missed

When asked explicitly about earlier opportunities for support, practitioners highlighted:

- unmet learning and emotional needs in parents' own childhoods
- delayed identification of mental health and relational difficulties
- late recognition of poverty, housing instability and caring roles

These opportunities were clearly identifiable retrospectively yet structurally constrained at the time.

Strategic implication:

The system recognises early need but lacks the capacity and mechanisms to act consistently before escalation.

4. Whole-Family Need Is Understood, but Provision Remains Individualised

Practitioners consistently described families experiencing cumulative, interconnected challenges, yet services remain largely organised around:

- individual children
- single issues
- or service-specific remits

Support for parents (mental health, employability, relationships, housing) is often treated as secondary, despite its direct impact on children's wellbeing.

Strategic implication:

Whole-family practice is widely endorsed but not consistently operationalised.

5. Access Is Inequitable Across Highland

Access to services is shaped by:

- geography and rurality
- transport availability and cost
- service hours not aligned to family life
- inconsistency in locality provision

Missed appointments are often interpreted as disengagement rather than access failure.

Strategic implication:

Families' ability to engage with support is heavily determined by where they live, rather than level of need.

Strategic Priority Areas

Senior leaders identified the need to:

1. Strengthen continuity of support across the life course.
2. Build the preventative "middle" between universal and statutory services.
3. Reduce navigation burden through coordination and key worker models.
4. Address structural access barriers, particularly transport and locality inequity.
5. Embed whole-family, relational approaches across commissioning and practice.