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CCPS Family Support Research Project - Part 2

What does existing research identify as effective strengths-based family support?

Scoping Review

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Summary

What does existing research identify as effective strengths-based family support?

In 2016, 12 organisations* from the Coalition of Care and Support Providers in Scotland (CCPS) children's committee came together to consider whether there were gaps in robust recent evidence about the components of effective community and strengths-based family support services. In May 2017, CCPS commissioned the Centre for Child Wellbeing and Protection, University of Stirling to undertake a review of the literature in relation to this.

Context

The notion of family support has been a central aspect of UK social care policy and practice in recent years. Since the 1990s, legislation and policy in the UK has committed to providing services that can effect changes in children's lives in order to improve life chances and outcomes, reflecting a shift from a narrow focus on child abuse and protection to the provision of supportive services to children in need and their families. This shift, however, continues to be subject to a range of financial and wider societal pressures. The Scottish Government has been public in its commitment to support children and families and recently allocated £14 million in 2016-17 through The Children, Young People and Families Early Intervention and Adult Learning and Empowering Communities Fund and enshrined elements of the Getting it Right for Every Child (GIRFEC) in law.

Use of the term family support

Categorising the defining elements of family support has been described as a fluid process changing over time as the role has developed from providing advice and support to a more holistic approach to families that aims to change behaviours. The apparent lack of a single definition, however, should not undermine the relevance of family support as an important means of working with children and families. Family support builds on a theoretical knowledge base drawing on, for example, theories about attachment.

Emerging themes

This review does not provide definitive answers to what works, in what circumstances and for what families, but identifies some common messages in relation to: common principles of family support services; features of effective service provision; challenges in providing services; and potential areas for development.

Common principles of family support services

Trust and openness

The voluntary and community sectors are often perceived as flexible and approachable, and well placed to generate trust. It was suggested that there could be a risk of collusion between family support practitioners and parents regarding potential child protection concerns, however, workers stated they were open and honest with parents to avoid this. Parents' fears of being judged as inadequate or that their children would be taken into care meant that some hid their struggles and presented a front of coping, which could result in increased risk for the child. If professionals were open to the various parenting capabilities and aware of the different timescales needed to develop skills, then workers were more successful in engaging the parents in a range of services and preventing referrals to social work. Being open early on was recognised as an important part of promoting transparency, which increased the likelihood that parents saw advice as supportive, rather than threatening.

Non-judgmental person centred support

Parents viewed workers being non-judgmental as especially important. Practitioners should not make assumptions or have negative expectations recognising that learning new parenting skills applied to all parents. Practical and emotional support are closely intertwined and central to effective family support but needed to be provided in a non-judgmental way for service users to consider it acceptable.

Workers as humans

Workers and parents agreed on the qualities workers need to demonstrate including approachability, honesty, showing empathy and respect, making parents feel safe and being a good listener. Service users' evaluations about the effectiveness of a family support service were intrinsically connected to relationships. It is more the 'how' than the 'what' in terms of what works for families - the 'human aspect' of practice.

Consistency of worker

A consistent relationship between the practitioner and service user was viewed as crucial in assisting families to cope in challenging circumstances by reducing the sense of isolation.

Collaboration between families and workers

Being open with parents about potential power differences and their possible impact on partnerships demonstrated a realistic, transparent approach to practice. Reciprocity and partnership with practitioners was highly valued by families.

Peer support

Many parents highlighted their need for peer support, which they understood to be social support from other parents. Parents valued mutual respect with practitioners and between parents.

Features of effective service provision

Many features highlighted in the literature about what is thought to be effective family support are influenced more by what parents and workers identify as important in keeping families engaged than evidence about what is known about the impact of services on outcomes:

Accessible services

Accessibility was understood as the ability of services to respond quickly following referral and according to need. Practical ways to encourage service uptake by parents were especially important at the beginning stages, when parents could feel particularly nervous – for example, provision of transport and childcare.

Flexible service duration

The length of time required for families to effect change depends on the individual family. Service flexibility – especially regarding how long family support input would last – was greatly valued by parents.

Meeting needs

Providing a service that matched assessed need was a fundamental element of effective family support. Central to achieving engagement and developing a workable plan was to support families to identify their own needs, potential solutions, and build on existing resources.

Range of interventions

Successful approaches of family support included using a range of delivery methods, including elements specific for both children and parents, in seeking to attain central objectives.

Building social support

Families, who are concerned about potential stigma about being involved with a formal service, could be encouraged to access informal support networks as one way of maintaining support long-term. Social networks could also be a source of stress for some families facing pressure from their families and friends not to access services.

Partnerships and advocacy

Inter-agency collaborative working was considered essential to provision of a holistic response to a family's needs, which are often wide-ranging and complex. Positive family support was provided

through working with a range of agencies. While family support services are important, they are not sufficient to buffer the difficulties of parenting in challenging situations. Support with navigating complex health and social care systems – and acting as a connector with statutory services – often included an advocacy role.

Planned endings and transitions

Relationships between workers and families can evolve to the stage where some view workers or carers as a friend or extended family. Even when planned, endings could be difficult and confusing for some children who had developed strong relationships with workers. Endings could also be emotionally difficult for parents especially when they occurred at short notice.

Challenges in providing services

Family focussed or child-centred: Focussing on the whole family poses a risk of services being diverted from the child to the point where the child's behaviour may be viewed as the cause of problems within the family. While whole family approaches have been increasingly promoted, many have argued that all family members may not be included: fathers are often excluded because they are not around or easy to include; and the important caring role played by extended family members was not always recognised by practitioners. While support offered to the (male) partners may not have been taken up, mothers attending the service felt reassured that support was available to their partners, if required.

Ecological assessment

It is important to understand how the child's needs are being addressed by those who care for them and how the child interacts with, or is affected by, their wider environment such as home, school and communities. This is not without difficulties as the rights of children, their parents and family, may differ and clash. Workers can feel split in responding to parents' and children's needs, which could result in a lack of focus on the child.

Ensuring strengths-based perspectives

Some parents viewed their own family situations differently to practitioners. Parents often emphasised their close and supportive bonds, which contrasted with practitioners focused on deficits and adversity. There could also be a divergence between funders' or referrers' expectations of the services, and what workers thought families needed. Parents did not always perceive themselves as 'disadvantaged'. Families see the referral as a beginning rather than defining their situation. Consistent parenting was often challenging, especially where structural factors, such as unemployment or poverty, were contributing to a chaotic home environment and lifestyle. Some service users felt that workers did not always fully appreciate the realities of living with such challenges.

Shared, realistic, reviewed goals

Setting achievable targets was important, but this could be difficult if parents did not feel able to be open about the challenges they were facing. Identified good practice was described as negotiating shared goals; those needs the family raised with those identified within the child support or protection plan. This could achieve good outcomes for children, even in cases of significant child protection concerns. Reviewing these shared goals was particularly important where families had been perceived as not engaging with, or resistant to, services.

Impact of family support services

The discussion of outcome and impact within the literature is patchy and complex. Short, medium and long-term outcomes vary according to time, and perspectives, which were not homogeneous between practitioners or families. Seeking service users' perspectives is now a key aspect of programme evaluation. However, genuine participation appeared rare - suggesting that using disconnected routine evaluations often treats users as 'objects' of evaluation, rather than active, 'participating'. Furthermore, the timing of service evaluations is often guided more by commissioning or funding cycles than the timescales needed for parents to build trust and relationships with workers in order to recognise and make the changes necessary to improve family relationships and functioning.

In the complex field of social care, it is difficult to disentangle how much success with families can be attributed to family support when the concept of family support is built on partnership and multiple intervention.

Measuring impact

An important measure of the impact of family support is the translatability and sustainability of service provision into family life. Even where opportunities offered to children could not easily translate into family life, these could be enriching, expanding social networks for children. There were early examples of interesting developments: in one, parents of young children, who had completed a programme using Cognitive Behavioural Therapy techniques to help with parental mental health difficulties, continued to use the techniques suggesting that some positive impacts of this programme had been sustained over time. In another, the evaluation of a perinatal befriending service recorded significant improvements in mothers' mental health, depression, relationships and general self-efficacy by the end of the year of support. However, the sample size of 14 was small.

Only one study looked at the impact of family support over the longer term in terms of the psychosocial outcomes of children with behavioural problems and their parents. Forty families were

traced three years after they had received family support. Initially considerable positive outcomes were reported in terms of reduced aggression and antisocial behaviour in children, and improved family relationships, but these were not sustained three years later. This did not necessarily imply that interventions had been ineffective, as the deterioration could relate to wider issues such as changes in the family's circumstances. It could suggest that family support services would increase effectiveness through greater collaboration with other agencies over the longer term, particularly where families had 'chronic and long-term needs'.

Wider service context

Support for practitioners: Good supervision was considered particularly needed to create opportunities for reflective practice. This also assisted with keeping professional boundaries, so practitioners could offer realistic levels of support, and judge where they were potentially going beyond their role in some cases. Organisational support for services, however, was often compromised by changes in management, staff, policies, financial cutbacks and insufficient funding.

Funding cycles: At the heart of the change process is the need for supportive relationships, which takes time. The time needed, however, rarely fits neatly with the funding cycles or timescales of services offered. As a result services are sometimes measured before they have had the opportunity to realise the potential for change within families to the benefit of children and young people.

Potential areas for development

This scoping study identified several potential areas for further examination in the area of community and strengths-based family support. The potential areas have either been identified by the research included in this scoping review and authors have been attributed, or through the gaps identified in bringing this literature together.

Potential areas for further examination identified by individual authors

- **Understanding the skills needed to build responsive relationships with a family as a whole rather than with particular individuals in the family (Morris 2013).**
- **How parenting support can be more appealing for fathers, and to identify if fathers and mothers benefit from joint or separate input (Moran and Ghate 2005).**
- **More longitudinal research: on practitioner's 'practice wisdom' following long-term interventions with children and families (Devaney and Dolan 2017); on longer-term outcomes from families' perspectives, especially where situations had moved from crisis point to a more settled time (Anderson et al. 2006).**
- **Increase knowledge in the lived experience of children and families (Morris 2013), especially young mothers (Leese 2017).**

- Longitudinal evaluations of parenting support approaches in the UK coupled with further research into the underlying structural causes impacting on parents and their children (Moran and Ghate 2005).

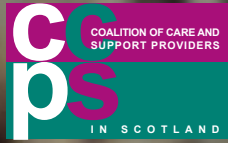
Potential areas for further examination identified by this scoping review

- There is limited research on what specifically third sector organisations might contribute and their impact in terms of supporting families as distinct from statutory agencies.
- There is limited research conducted directly with children and the lack of their views about what works for them and the benefits to them of family support.
- There is limited research into the impact of family support services on children and families.

Conclusion

Central to the effectiveness of family support is a relationship built on trust through offering practical and emotional support; quick practical help was often an effective way of building trust early on. Flexibility was needed in terms of service design, which could adapt to the family's changing needs, and in service duration; an ongoing relationship with services should not necessarily be regarded negatively. Wider partnerships with other agencies are vital to promote a holistic family support service. As well as building on strengths with children and families, services needed to build on practitioner strengths, with space for reflective practice, supportive management, and a service context that enhances ability to seek to address wider structural factors.

Families' welcome family support with immediate improvements noted across a range of factors for both children and parents or carers – sustaining this change is a much greater challenge. There are early signs from workers and families that good quality effective family support, where all are working together with children and families, can lead to significant improvements in family relationships, parental mental health and wellbeing, and family functioning. Perhaps then, moving forward, our focus should be on how we support families to continue to sustain such improvements in their futures informed by the views of all, including young people and children.



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Background

The Coalition of Care and Support Providers in Scotland (CCPS) identifies, represents, promotes and safeguards the interests of third sector and not-for-profit social care and support providers, so they can maximise the impact they have on meeting social need. Membership of CCPS comprises over 80 care and support providers in Scotland's third sector, of which about one third provide a range of services to children, young people and families. This includes early years provision, family and parenting support, residential child care and other support for Looked After and Accommodated Children. Services also include support for children and young people who have experienced abuse and neglect, children and young people with disabilities and their families, young people with mental health problems, and young people at risk of exclusion or involvement with youth or criminal justice.

In 2016, twelve CCPS children's committee members came together to consider whether there were gaps in robust, recent evidence about the components of effective community, strengths-based family support services. In May 2017, CCPS commissioned the Centre for Child Wellbeing and Protection at the University of Stirling to undertake a scoping review of the literature in relation to this.

Context

The notion of family support has been a central aspect of UK social care policy and practice in recent years (Devaney and Dolan 2017). Since the 1990s, legislation and policy in the UK has committed to providing services that can effect changes in children's lives, in order to improve life chances and outcomes. This reflected a shift from a narrow focus on child abuse and protection, to the need for the provision of supportive services to children in need and their families.

The Scottish Government has been public in its commitment to support children and families and recently allocated £14 million in 2016-17 through the Children, Young People and Families Early Intervention and Adult Learning and Empowering Communities fund to third sector organisations that tackle inequalities and poverty, support parents and carers, and improve learning and build skills. The Government also enshrined elements of Getting it Right for Every Child (GIRFEC) (Scottish Government 2012a) into law, to ensure that the child or young person and their family are the central focus for any support made available to them, that their needs are identified as early as possible and the right support is offered at the right time.

This shift, however, continues to be subject to a range of pressures. Findings from public enquiries and media in cases where children have been harmed or died increased public awareness of social work responses to children and families, and cuts in public spending and services have all contributed in keeping attention focused on child protection, often at the expense of the provision of early intervention or preventive services.

Use of the term family support

Various efforts have been made to categorise the defining elements of family support, but developing a shared and agreed understanding about this is a challenge, in part relating to its fluid nature (Devaney and Dolan 2017; O’Leary and Salter 2014). Early definitions often described activities or facilities that provided advice and support to parents to help them bring up their children, with more recent definitions describing a service which provides a range of supports to promote the development of children and young people, primarily by supporting and empowering families and strengthening communities, with a focus on early intervention and ensuring that help is available to all as soon as it is needed.

Artaraz and colleagues (2007) contrasted family support with universal services – for example health and education – and with specialist services. Whilst all aim to promote child wellbeing and welfare, this is the central focus of family support services. Family support aims to instigate change in behaviours, resources and families’ attitudes, via needs-led assessment, ongoing partnership with service users and intervention based on ecological assessments. Devaney and Dolan (2017) emphasised, however, that the apparent lack of a single definition should not undermine the relevance of family support as an important means of working with children and families. They also observed that family support builds on a theoretical knowledge base, drawing on, for example, theories about attachment.

Family support is often described as intervening earlier, which is considered crucial to promote better health, education and behaviour outcomes for children (Artaraz et al. 2007), with early intervention being understood as providing a service when a child is young, or intervening at the earlier stages of difficulties (Devaney and Dolan 2017). Other authors state that the essence of family support relates to its:

‘preventative activities to alleviate stress and promote parental competencies and child nurturing, [to] enable families to use other resources, and creative, supportive social networks to enhance childrearing skills’ (Anderson et al. 2005, p.2)

Use of the term ‘preventative’, however, may result in services being misconstrued as low-level, or of short duration, when the opposite might well be the case (Artaraz et al. 2007).

Devaney and Dolan (2017) suggest that family support can also be distinguished by its values such as empowerment, collaborative working, balanced needs-led interventions and the prioritisation of children's wellbeing and wishes. The literature also talks of taking a strengths-based approach, which builds on resilience factors, as a crucial aspect of family support. Manalo's (2008) qualitative study with practitioners from a collaborative network of family support agencies identified core principles, which together constitute family support. These included agency coordination and cooperation - both within the agency and across professions; that families are recognised as being resources for their own family members, other families and their own communities; and that services and systems are fair, responsive, and accountable to the families. These themes ran across the studies of this scoping review.

In its Parenting Strategy, the Scottish Government (2012b, p.28) discussed that the role of family support was 'to increase the wellbeing of children, parents, families and whole communities through improved access to a comprehensive range of activities and services that make the best use of the resources available across all sectors'. Parents themselves have described a key component of 'family support' as enabling families to stay together, assisting in times of crisis, and promoting as much normality as possible (Spratt 2003). They suggested increased resources as way of improving the ability of services to provide effective ongoing family support (Spratt 2003; Gadda 2016).

Review of the literature

Methods and aims

This small-scale scoping review brings together current literature on family support, described as 'business as usual', or the routine practice of those providing advice and support to families and their children on a regular basis. The decision for this related to the perception that less is known and understood about the impact of such routine work of family support practitioners on the lives of children and their families, whereas that more has been written about evidence-based programmes or interventions. This was not a full systematic review, however, it has followed the guidance on systematic reviews (Centre for Reviews and Dissemination). ¹Agreed aims were to explore the defining elements of effective family support from the perspectives of children and young people, their families, and practitioners. Also, to identify key themes on what works, as well as any potential gaps in our knowledge in this area.

¹<https://www.york.ac.uk/crd/guidance/>. Accessed 16th July 2017.

The objectives were to identify:

- **Key themes emerging in relation to community and strengths-based family support services;**
- **The different perspectives that emerged about family support services;**
- **Common elements across the range of different types of family support that produce successful outcomes for children and their families, and**

- **Any potential gaps in research regarding the effectiveness of family support services.**

For the purposes of this review: the term family was considered broadly. This included non-blood relative carers and kinship care. The age range for children was from unborn babies to 18. Family support services included those delivered as part of routine practice, but did not generally include specific evidence-based programmes, except for the evaluations of approaches or programmes in Scotland.

Search strategy

Psychological, education and sociological databases were searched for peer-reviewed publications that were available in English and published within the last ten years. Search terms included: family AND support AND services plus social AND work AND third AND voluntary AND sector.

In total, 2086 peer-reviewed articles were identified and screened. Articles were excluded if the focus was on evidence-based interventions or programmes, or in settings such as hospital-based family support for children with specific health conditions or disabilities. This initial stage resulted in 39 articles eligible for further screening.

The next step of filtering considered these 39 articles in more depth. A selection of articles were subject to review by two reviewers, to ensure inter-rater reliability. Reviewers rated the articles, for methodological quality (1 very good - 3 poor/doubtful) and usefulness of the paper (1 very good - 3 not at all) to the review question. Articles which rated 3 for both were automatically excluded. However, articles which may have scored poor for methods, but were highly relevant, were still included. Eighteen articles were included in the final scoping review through this search method.

The references of these 18 articles, together with their individual abstracts, were shared across the 12 CCPS members involved in this work, to ensure that key texts or authors had not been omitted from the search. Members were also asked to identify evaluations that had been undertaken on local projects, to include in the work; this yielded a further 4 publications.

A total of 22 articles and reports informed this scoping review: 18 via sourced peer reviewed articles or papers; and 4 recommended reports. All but two publications were from the UK, one article was from the US, and another from Australia. Eighteen articles related to primary studies (level 1) and four papers were either reviews of research or discussion papers (level 2).

Limitations

Across the UK, statutory family support services are often delivered in partnership with non-profit or charitable organisations, and the

development of services has also seen an increase in associated evaluations and reviews. This evidence base is described by Coles and colleagues (2015, p.2) as a 'fractured evidence base' and can be attributed to a range of factors, such as a lack of theoretical frameworks to guide research and interpret data; evaluations conducted too early or with poor methodological design, lack of follow-up studies to measure medium- and long-term outcomes; difficulties replicating programmes in different contexts and a lack of appropriate and timely outcome measures (Coles, Cheyne and Daniel 2015).

As mentioned, this scoping review is limited by the quantity and quality of information accessed within the short timescales. Some studies lacked adequate sample size or sufficient methodological rigour, in terms of study design. A further limitation was that there were very few longitudinal studies to fully understand the effectiveness of family support over time. Notably, the voice of the child was often missing, as studies, which gathered the views of 'families' often focused on adults and not the children.

One observation was that there was no consistent description within the literature about which organisation was providing the service. The term family support was often used to describe services offered by a range of providers or there was discussion of who was providing the service: statutory agencies or the third sector? It is difficult, therefore, to make generalisations about the differences in perceptions and delivery of services offered through statutory or voluntary organisations, but some comment was made within individual research studies, discussed later on.

Emerging themes

This review does not provide definitive answers to what works, in what circumstances and for what families, but does identify some common messages within the literature in relation to:

- Common principles of family support services
- Features of effective service provision
- Challenges in providing services
- Potential areas for development

Common principles of family support services

The key elements to emerge from the literature were:

- Trust and openness
- Non-judgmental person-centred support
- Workers as humans
- Consistency of worker
- Collaboration between families and workers
- Peer support

Trust and openness

Artaraz and others (2007) found that the voluntary and community sector are often perceived as flexible and approachable, and therefore particularly well placed to generate trust; this perception was presented in contrast to the statutory sector. The authors identified that family support practitioners working closely with, but clearly differentiated from, social work was associated with more successful engagement with service users. Parents described feeling that their family support practitioners really listened to them and contrasted this to their experiences of statutory social workers (Mason 2012). Mason contextualised this view within the boundaries of a local authority role, but nevertheless underlined the need to understand how parents value and judge the quality of their relationship with practitioners. Spratt's (2003) findings similarly presented a stark contrast between how practitioners and families perceived outcomes and quality of relationships with the voluntary sector, as opposed to social work services. Spratt suggested that there could be a risk of collusion between family support practitioners and parents regarding potential child protection concerns, however, practitioners interviewed stated that they were consistently open and honest with parents, to avoid this.

Young mothers and parents frequently reported fears that their children could be taken into care, including when social services were not currently involved (Leese 2017; Morris 2013; O'Leary and Salter 2014). These feelings could prevent a trusting relationship with the practitioner from developing, meaning young mothers felt they needed to hide their struggles and present a front of coping, which could result in increased risk for the child (Leese 2017). Morris (2013, p.203) described this as 'stage management of 'routine family life''. However, in time, once a trusting relationship developed, more relevant holistic assessment and intervention could take place (O'Leary and Salter 2014) and protection for the child be increased (Mason 2012). Leese (2017) explored the provision of family support services for young mothers delivered through a Sure Start Centre in England. Leese found that if professionals remained open to the mothers' various parenting capabilities and were aware of the different timescales each needed to develop skills, mothers were more likely to engage, which could reduce the need for a referral to social services (Leese 2017).

Being open early on was recognised as an important part of promoting transparency. Managing a dual role of assessing and supporting required a careful response (Leese 2017; Roberts 2016; Spratt 2003). Similarly, offering advice and not offending parents or carers was a fine balance (Roberts 2016). Nevertheless, Roberts identified that a basis of a positive relationship could increase the likelihood that parents could perceive advice as supportive, rather than threatening, also increasing capacity for self-reflection.

Non-judgmental person-centred support

In their evaluation of a perinatal befriending support service in one Council area in Scotland, Calveley and colleagues (2016) noted how

important it was for the mother to make the decision on whether to take part in the service or not. They discussed the importance of taking time to develop relationships in response to the mother's needs. This was also reflected in comments from parents about the need to be listened to and not judged. Parents viewed workers being non-judgemental as especially important, as they often held fears of being labelled as 'inadequate' (Attree 2005; Gadda 2016; Leese 2017; Paige-Smith and Rix 2006) and felt that practitioners should not make assumptions or have negative expectations, recognising that learning new parenting skills applied to all parents (Paige-Smith and Rix 2006, p. 197, emphasis in original).

Practical and emotional support were closely intertwined, and central to effective family support (Attree 2005; Mason 2012; Paige-Smith and Rix 2006; Spratt, 2003). Anderson and colleagues (2006) found that families viewed both aspects as equally important. In some cases, service provision exceeded parents' initial expectations, in terms of workers planning and setting goals together with families (Mason 2012; Spratt 2003).

Practitioners viewed offering emotional support as a way of connecting and reaching out, meaning that when a service user felt ready to share, a baseline of trust had already been established (Devaney and Dolan 2017). Some families, however, felt slightly coerced by social work services to engage with family support services, which they could initially perceive as threatening (Roberts 2016). This appeared particularly relevant if they had previously had a child removed from their care, often at a time when they were not receiving an appropriate level of support (Paige-Smith and Rix 2006). Once initial mistrust had been overcome, a skilled practitioner could frequently gain greater emotional and physical access to families lives (O'Leary and Salter 2014) – as demonstrated, for instance, by being welcomed into the family home, including during unannounced home visits (Mason 2012).

The level of practical support required often varied over time - for example, women who had fled domestic violence situations, often at short notice, needed immediate practical support (Anderson et al. 2006). Moreover, practical support needed to be provided in a non-judgmental way, for service users to consider it acceptable (Attree 2005). Anderson and colleagues (2006) found that practitioners often offered emotional support naturally alongside the provision of practical support, which was an important part of building trust. Individual relationships particularly valued by parents included those that were informal, non-judgemental and friendly (Gadda 2016; Spratt 2003; Westwood et al. 2017).

The mothers who participated in Calveley and colleagues' (2016) evaluation of perinatal befriending service noted the value of having someone who could help them get out and do the things that you would do with a 'friend'. In some cases, simply having someone coming to see them gave a structure to their week and something to look forward to.

This, however, had to be carefully managed to avoid families seeing this as workers 'checking in', with an underlying agenda. Similarly, Mason (2012) found family support needed to be carried out with parents – rather than being imposed on them; for instance, by identifying the practical support needed and taking action together. This was an important part of building trust, and seemingly small practical tasks were greatly appreciated. Family support practitioners supporting young mothers recognised that practitioners need to understand how wider challenges impact on a mother's engagement with her child, but noted that in these frequently difficult settings, small changes in the family could impact positively on a child, in terms of spending time with and listening to their child (Leese 2017).

Workers as humans

Family support practitioners' views about the qualities they needed to demonstrate, in order to do their job well, closely aligned with those of families. These included being approachable, honest, and a good listener (Anderson et al. 2006). However, maintaining positive relationships with parents, whilst simultaneously being honest about potential concerns could be challenging, particularly where child protection concerns entailed that a referral to social work services was needed (Leese 2017). In these situations, practitioners felt their approach became more directive than supportive and noted that some young mothers subsequently disengaged from the family support service.

Cortis (2007) found that service users' evaluations about the effectiveness of a family support service intrinsically connected to relationship. The notion of a positive relationship between service users and practitioners is held up as a vital component of family support, but there are complex interaction factors and practitioner skills needed to develop this (Mason 2012; Morris 2013). Devaney and Dolan (2017, pp.18-19) critique that it is more the 'how' than the 'what', that counts: in other words, the 'human aspect' of practice. This was a perspective also described in Mason's (2012) research, despite parents acknowledging the authority of the worker. How an intervention is delivered - through an individual practitioner demonstrating qualities such as empathy, respect and making parents feel safe - significantly affected whether it would facilitate a positive and durable outcome (Roberts 2016). Parents were more likely to engage if they felt comfortable with, rather than threatened by, family support workers, even in the context of child protection concerns (Mason 2012). Service accessibility was accompanied by practitioner approachability - in the words of one service user, who was living in a homeless hostel:

"If need to chat; can just knock on the door" (Anderson et al. 2006, p.123)

Professionals agreed that it was important that they were perceived by children and families as trustworthy, relatable, empathetic, kind, fair,

respectful and with good capacity to make decisions (Devaney and Dolan 2017); being available and friendly (Anderson et al. 2006); reliable; and supporting the parent to feel safe (Mason 2012).

Consistency of worker

Anderson and colleagues (2006) observed that the timing of family support services involvement is often when families are experiencing chaotic and transitional periods in their lives. A consistent relationship between the practitioner and service user was viewed as particularly important, in assisting families to cope in challenging circumstances by reducing the sense of isolation.

The messages from parents from a range of ethnically diverse backgrounds were very similar – in effect, that service approach needs to be sensitive and responsive to families' varying needs and views. Practitioners showing cultural sensitivity, seeking guidance from members of the same community or faith group, who speak the same language, and having capacity to challenge racism at individual and wider levels, were valued abilities (Chand and Thoburn 2005). Certain approaches may be beneficial for parents from ethnically diverse backgrounds. For example, for some parents, having a worker from a similar ethnic background was considered helpful (Chand and Thoburn 2005; Moran and Ghate 2005). For others, concerns about lack of clarity in role or worries that confidentiality may be breached acted as a barrier (Chand and Thoburn 2005). Therefore, cultural competency was viewed as an important skill for all practitioners.

Collaboration between families and workers

Family partnerships and collaboration started from the point of referral, and included being open with parents about the reasons for referral to the family support service (Artaraz et al. 2007). Practitioners considered that being open with parents about potential power differences and their possible impact on partnerships demonstrated a realistic, transparent approach to practice (Devaney and Dolan 2017; O'Leary and Salter 2014). Reciprocity and partnership with practitioners was highly valued by families (O'Leary and Salter 2014; Spratt 2003; Westwood et al. 2017). Empowering service users included providing practical information, setting realistic targets, supporting community integration (Manalo 2008) and offering options (Anderson et al. 2006).

Peer support

Many parents highlighted their need for peer support, which they understood to be social support from other parents (Gadda 2016; Hogg et al. 2013). Parents valued mutual respect, both with practitioners and between parents for example through support groups (Gadda 2016; Hogg et al. 2013; O'Leary and Salter 2014; Westwood et al. 2017). The opportunity for groups to bring service users together was considered empowering. For example, Westwood and colleagues (2017) identified that parents reported that they enjoyed supporting new parents to

the group in their evaluation of a family service in Scotland. Parents remembered how they had felt when they themselves were new to the service, and could also model behaviour which was demonstrated by practitioners. Groups could also help reduce social isolation and particularly benefitted fathers who had been experiencing mental health difficulties.

It is overly simplistic, however, to assume that because service users might have comparable issues, they would form positive relationships with one another. For example, Anderson et al. (2006) identified conflicts between service users, who were accessing a family support team whilst living in a homeless hostel. Also, perspectives about the purpose and opportunities of groups varied with practitioners hoping these could promote parenting skills, whereas parents themselves valued the opportunity to meet parents in similar situations (Paige-Smith and Rix, 2006).

Features of effective service provision

Many of the features highlighted in the literature about what is thought to be effective in-service delivery is influenced more by what parents and workers both identify as important in keeping families engaged, rather than evidence about what is known about the impact of services on outcomes:

- Accessible services
- Flexible service duration
- Meeting needs
- Range of interventions
- Building social supports
- Partnerships and advocacy
- Planned transitions or endings

Accessible services

Accessibility to family support services was vital, in terms of reaching a wide range of children and families, including those from ethnically diverse backgrounds (Manalo 2008). Accessibility was understood as the ability of services to respond quickly following referral and according to need – taking an open-door approach (Gadda 2016). This also related to physical geography and location of services (Anderson et al. 2006; Devaney and Dolan 2017) and opening hours (Westwood et al. 2017). Practical ways to encourage service uptake by parents were especially important at the beginning stages, when parents could feel particularly nervous – for example, provision of transport and childcare (Gadda 2016; Devaney and Dolan 2017).

Artaraz and colleagues (2007) evaluated a voluntary and community sector project in the North West of England, which offered outreach

family support. Referrals to the service came from a range of agencies, and also from service users – pointing to considerable levels of trust. Agency reputation in the community was positive, which increased service uptake. Westwood et al. (2017) similarly found that ‘word of mouth’ was a particularly beneficial referral route for families.

Critiquing the UK policy arena of family support, Artaraz and colleagues (2007) note that preventative services can be associated with the voluntary and community sector, potentially due to their perceived service flexibility. They suggested, however, that the way in which existing models of family support are planned and commissioned may lead to overlaps or gaps in provision. In contrast, Manalo (2008) identified a well-functioning collaborative of agencies, where sharing resources, applying for joint grants and service flexibility all had a positive benefit for service users in terms of their ability to access services. Being flexible about referral routes therefore increased service accessibility (Artaraz et al. 2007; Westwood et al. 2017).

Ethnic diversity can affect perspectives about, and the uptake of, services (Chand and Thoburn 2005; Moran and Ghate 2005). Parenting practises vary widely both within and across cultures, furthering the complexity of what may constitute effective cross-cultural parenting support. Moreover, specific approaches of family support developed in one cultural context may not readily translate into another (Chand and Thoburn 2005).

Flexible service duration

Roberts (2015) identified that UK policy can favour time-limited interventions, sometimes viewed positively, in terms of reducing service user dependency, whilst simultaneously increasing service capacity. Experienced practitioners and managers emphasised, however, that the length of time required for families to effect change depends on the individual family (Devaney and Dolan 2017). Artaraz and colleagues (2007) found that service flexibility - especially regarding how long family support input would last - was greatly valued by parents. The researchers underlined the need for intervention to be underpinned by a full assessment, which was negotiated with the family (Artaraz et al. 2007).

At the same time, however, it was emphasised that services need to work within children’s timescales (Devaney and Dolan 2017) with follow-on visits and accessible re-entry points viewed as ways to promote more positive and durable outcomes (Anderson et al. 2005).

Meeting needs

Providing a service that matched assessed need was a fundamental element of effective family support (Anderson et al. 2005; Devaney and Dolan 2017; Morris 2013; Roberts 2016). Central to achieving engagement and developing a workable plan was to support families to identify their own needs, potential solutions, and build on existing

resources (Devaney and Dolan 2017). Artaraz and colleagues (2007) identified an example of good practice, where practitioners regularly (six-weekly) reviewed service provision with service users, agreed the changes required, and addressed these together. Not unexpectedly, when family situations improved, services reduced, however, parents reported feeling reassured, by knowing that services could increase again, if this were required (Paige-Smith and Rix 2006). Parents considered that knowing that they could re-access support once professional involvement had ended was important (Westwood et al. 2017).

Range of interventions

Moran and Ghate's (2005) research review identified that successful approaches of family support included using a range of delivery methods, including elements specific for children and parents, in seeking to attain central objectives. Who delivered the service also mattered – with efficacy generally associated with the input of professionally trained workers, rather than volunteers, although they noted there can be exceptions to this.

Interventions can be through home visits, in groups or a combination (Artaraz et al. 2007). Groups could be informal or more formal such as group therapy work - often connected to parenting and/or behaviour management approaches (Artaraz et al. 2007). Parents appreciated being able to access activities for themselves and their children that they would not otherwise be able to afford (Westwood et al. 2017). Another study found that informal and personal services were highly valued by service users (Attree 2005); especially for black and Asian families, who in the case of this study were accessing family centres (Chand and Thoburn 2005). Having a drop-in service was viewed as one example of this informal service design.

Building social supports

Chand and Thoburn (2005) observed that not all families potentially eligible for family support services will want, or need, to access them. Attree and colleagues (2005) noted that those families who most need support are those least likely to seek that support. The researchers suggested that where certain families were very concerned about potential stigma about being involved with a formal service, the service could prioritise encouraging informal support networks, rather than seeking to compensate for needs in the family through formal provision. O'Leary and Salter (2014) viewed increased informal social support networks for service users – whether achieved intentionally, or naturally - as a key measure of the long-term success of family support.

Attree and colleagues (2005) identified that families in receipt of family support services were often socially isolated. Building on social networks was complex; as well as offering support, social networks could also be a source of stress. For example, those from South Asian backgrounds sometimes faced pressure from their families not to access family

support services (Chand and Thoburn 2015), as did some young mothers (Leese 2017).

Interviews with senior practitioners, academics and policymakers, who had considerable experience working with children and families, referred to previous professional interventions which had reduced, sometimes inadvertently, children's contact with their own family, through the provision of short-term respite care. As a result, some children were at greater risk of having fewer connections with the local communities in which they lived (Devaney and Dolan 2017).

Partnerships and advocacy

Intra-professional partnerships needed to demonstrate collaboration – which was deeper than cooperation, so that members could confidently contribute their different strengths and skills to the team (Anderson et al. 2006; Hogg et al. 2013). This was also associated with job satisfaction, a positive working environment (Anderson et al. 2006) and staff retention (Westwood et al. 2017; O'Leary and Salter, 2014), all viewed as components which brought about indirect benefits for service users, through a sustainable, well-functioning team and service.

Inter-agency collaborative working is essential to provide a holistic response as the needs of families are wide-ranging and their situations are often complex. Positive family support was provided through working with a range of agencies: a holistic response to complex, overlapping needs with professionals sharing information and resources, and making connections (Anderson et al. 2006; Manalo 2008; Morris, 2013). In the multiplicity of such needs – such as housing, or physical or mental health difficulties – services need to clearly demarcate their particular 'niche' or area of support (Gadda 2016; Moran and Ghatge 2005) to avoid duplication. A service was found to be more successful, if it was integrated with other local services (Calveley et al. 2016).

Attree (2005) considered that while family support services are important, they are not sufficient to buffer the difficulties of parenting in challenging situations. Support with navigating complex health and social care systems – and acting as a connector with statutory services – often included an advocacy role (Attree 2005; Westwood et al. 2017); sometimes family support workers acted as 'interpreters' to increase understanding of these systems (Paige-Smith and Rix 2006). This was particularly important for families from ethnically diverse backgrounds, where some were experiencing implicit or explicit prejudice (Chand and Thoburn 2005). Parents of children with disabilities also described the challenge of needing to advocate themselves for services for their child (Paige-Smith and Rix 2006).

Planned endings and transitions

The need for careful management of transitions and endings of family support work with children and families was emphasised. Roberts (2015)

observed that the very concept of 'family' is dynamic and slippery, and found that genuine relationships could evolve during short break care, to the stage where some children and their parents came to view carers as extended family. Even when planned, endings could be difficult and confusing for some children who had developed strong relationships with their carers (Calveley et al. 2016; Roberts 2015). Endings could also be emotionally difficult for parents and carers, especially when they occurred at short notice. Roberts (2015, p.111) contended that the traditional association of service endings with success can represent an 'adult-centric' perspective.

O'Leary and Salter (2014) recommended careful planning where support staff were changing. Artaraz et al. (2007) pragmatically recognised that the ideal - of service support ending occurring only after care plan objectives were achieved - was not always realised.

Challenges in providing services

Family focussed or child-centred

Mason (2012) viewed holistic family support as an important means of promoting the child's best interest, however, noted that this could contrast with the needs expressed by carers and families. In the words of a support carer, providing short break provision for a fifteen-year old young person: 'You know, I'm thinking we need to be more Jack based' (Roberts 2015, p.107). Roberts cautioned that focussing intently on the whole family may risk the focus of services being diverted from the child, to the point where the child's behaviour may be viewed as the cause of problems within the family. In their research exploring perceptions of parents, who had a child aged three to four with Down Syndrome, Paige-Smith and Rix (2006) found that some felt that the emphasis of professionals on working to actively support the child's development could be objectifying, taking away from simply being with and enjoying their child.

While whole family approaches have been increasingly promoted, many have argued that all family members may not be included: fathers are often excluded from professionals' assessments and miss out on the support available because they are not around or easy to include (Moran and Ghate 2005). Similarly, the important caring role played by extended family members was not always recognised by practitioners (Morris 2013). Gadda (2016) also identified the absence of fathers from services as a potential concern of professionals, however, parents reported cases where practitioners had reached out to fathers. Gadda found that while support offered to the (male) partners of the mothers receiving family support had not been taken up, nonetheless, the mothers attending the service felt reassured that support was available to their partners, if this was required. In addition, they appreciated that support had also been offered to other family members who had taken on a caring role for the mother and/or her children.

Ecological assessment

Artaraz et al. (2007) suggest that ecological assessment is important in assessing the needs of a child; it is important to understand how the child's needs are being addressed by those who care for them and how the child also interacts with or is being affected by the wider environment such as home, school and their socio-cultural communities. Family support, based on this holistic assessment, is most effective when provided in conjunction with multiple forms of individualised intervention. Assessment should be ongoing, conducted in partnership with service users, and open to reassessment and reappraisal, informing subsequent interventions.

Many authors noted the difficulties professionals face in carrying out ecological assessments that are responsive to the needs of the whole family. Devaney and Dolan's (2017) research advocated for distinguishing between the rights of children, their parents and family, cautioning that these may often differ and sometimes clash. This was understood as a complex issue: family support practitioners can feel split between seeking to respond to parents' and children's varying needs (Leese 2017). In their research of homeless families, Anderson et al. (2006) found that whilst practitioners were skilled at taking a whole family approach, the level of complex need could result in a lack of focus on the child.

Ensuring strengths-based perspectives

Families in receipt of a family support service often have a history of numerous service interventions, and at the time of involvement may also have multiple services involved (Morris 2013). Morris found that parents felt that how they viewed their own family situations differed from practitioners; parents often emphasised their close and supportive bonds, which contrasted with practitioners focused on deficits and adversity. Families also described the difficulty of narrating their story to numerous professionals:

'It was just going from one agency to the next...you keep going on, repeating yourself, and they say the same things, and then you're like whoa, I've been in this situation before, but you're a different person.' (Morris 2013, p.203)

Despite the diversity of family support services, many focus on building family strengths through intensive short-term input (Mason 2012), which is often shaped by the commissioners or funders of services. Devaney and Dolan (2017) viewed a strengths-based approach to early intervention as building on the positives, rather than focusing on the negatives, in other words, focusing on protective factors as a means of seeking to reduce risk.

Family support practitioners also raised that there could be a disconnect between funders' or referrers' expectations, and what they considered families needed, as well as tensions between a deficit versus a strengths-

based perspective (O’Leary and Salter 2014; Spratt 2003). This was a theme also identified by parents (O’Leary and Salter 2014); that whilst experiencing numerous challenges, parents did not perceive themselves as ‘disadvantaged’ as one mother expressed:

‘You can’t go around all the time thinking ‘that is a problem, this is a problem’...You would go mad.’ (O’Leary and Salter 2014, p.19)

For families, it was important to see the referral as a beginning rather than defining their situation (O’Leary and Salter 2014).

Practitioners sometimes thought that the commonality of young mothers not attending a formalised parenting course could relate to feelings of blame if their child was presenting with negative behaviour, or if there were concerns about whether their child was meeting developmental milestones (Leese 2017). Practitioners recognised, however, that consistent parenting was often challenging, especially where structural factors, such as unemployment or poverty, were contributing further to a chaotic home environment and lifestyle.

Practitioners acknowledged that formalised parenting classes could be deficit-focused and not fully appreciate the impact of structural issues on parenting. Moreover, service flexibility was needed, as change was cyclical – with improvements in young mothers’ lives sometimes being at risk of deteriorating due to wider contexts (Leese 2017). Some service users also felt that family support practitioners did not always fully appreciate the realities of living challenges such as poverty and unemployment (Attree 2005; Leese 2017). Attree (2005) suggested that involving parents’ perspectives on service planning and design could perhaps increase understanding about this.

Shared, realistic, reviewed goals

Setting achievable targets was important, but this could be difficult if parents did not yet feel able to be open about the challenges they were facing (Leese 2017). In a study on parents’ perspectives on an intensive family support project, Mason (2012) identified good practice as including negotiating shared goals. These brought together the needs that the family raised, with those identified within the child protection plan. It was found that this could achieve good outcomes for children, even in cases of significant child protection concerns. Reviewing these shared goals was particularly important where families had been perceived as not engaging with, or resistant to, services (Mason 2012; O’Leary and Salter 2014). Parents and professionals both emphasised that the child’s welfare was paramount to them (Tarleton and Ward 2007) and, thus, the ultimate ‘goal’.

Hogg and colleagues (2013) identified a need for interventions to be adapted to better suit young parents, who reported sometimes feeling stigmatised, and requested more informal interventions. Similarly,

professionals in Leese's (2017) study considered that young mothers sometimes felt stigmatised by high standards of expected parenting which they perceived as unattainable. These feelings could hinder engagement with services. In such situations, family support practitioners viewed a key part of their role to focus on strengths, and celebrate achievements, to counteract these negative views.

Along similar lines, Tarleton and Ward (2007) found that parents with intellectual disabilities, who had previously had social work involvement, needed an assessment that took account of parenting capacity in the light of current support available, carefully monitoring whether the current level of support was appropriate.

Impact of family support services

The discussion of outcome and impact within the literature is patchy and complex. Short, medium and long-term outcomes vary according to time, and perspectives were not homogeneous between practitioners or families. Seeking service users' perspectives is now a key aspect of programme evaluation, however, genuine participation appeared rare - suggesting that using disconnected routine evaluations often treats users as 'objects' of evaluation, rather than active, participating 'subjects' (Cortis 2007, p.399, emphasis in original). Traditional views may take a 'deficit' angle, where views held about service users ultimately disempower their contribution. Cortis (2007) promoted viewing service users expressing their perspectives as a right, rather than merely a source of data.

Views about what constitutes 'effective' family support were found to be highly subjective: Roberts (2015) highlights that children, parents and carers, and professionals may all view planned interventions, and appraise outcomes, differently. Anderson et al. (2006) found that service users of a homelessness hostel family support team had very different views about the service, some relating to perceived practitioner's negative qualities, such as being unavailable, others about practical provision of the service building itself. Furthermore, evaluations about what the service has achieved is often guided more by commissioning or funding cycles than the timescales needed for parents to build trust and relationships with workers, in order to recognise and make the changes necessary to improve family relationships and functioning.

Again, impact is complex. Preventing children being taken into care was viewed as an important way of measuring family support success by practitioners (Gadda 2016; Spratt 2003) and parents (Tarleton and Ward 2007). This reflected practitioners' views that the best place for children to live was generally with their own family (Spratt 2003), but Mason (2012) also identified that parents with children who had been accommodated, following input from a family support service, still described valuing the service. Again, in the field of social care, how much can be attributed to family support alone, in measuring 'success', is complex, especially as family support is built on values of partnership and on multiple interventions.

Measuring impact

An important measure of impact of family support is the translatability and sustainability of service provision into family life (Cortis 2007; Paige-Smith and Rix 2006). For children, some outcomes of service intervention were tangible – for instance, improvements in a child meeting their child developmental milestones (Roberts 2016). Activities to practise at home could encourage reflection and sustained change. Even where opportunities offered to children could not easily translate into family life, these could still be enriching, expanding social networks for these children in ways they would not otherwise have experienced. The child being the sole recipient of a potential benefit was viewed as a positive outcome in itself, regardless of whether or not it directly benefitted the wider family (Roberts 2015).

In a recent evaluation of an early intervention programme, based on the principles of Cognitive Behaviour Therapy, to promote good mental health in parents of young children, Gadda (2016) found that most participating parents continued to use the techniques learned after they had completed the programme. This suggested that some of the positive impact of this programme had been sustained over time. The evaluation of the perinatal befriending service asked mothers to complete standardised questionnaires to measure outcomes in mental health, depression, relationships, social isolation and general self-efficacy pre-intervention and by the end of the first year. In all areas, the mothers recorded significant improvements, except for reducing social isolation. The authors expressed caution, however, as the sample size of 14 was small (Calveley et al. 2016).

²Gower, S.G., Harrington, R.C., Whitton, A., Lelliott, P., Wing, J., Beevor, A. and Jezzard, R. (1999) 'A Brief Scale for Measuring the Outcomes of Emotional and Behavioural Disorders in Children: HoNOSCA'. *British Journal of Psychiatry* 174: 413-416.

³Goodman R., Meltzer H. and Bailey V. (1998) 'The Strengths and Difficulties Questionnaire: A pilot study on the validity of the self-report version'. *European Child and Adolescent Psychiatry* 7: 125-130.

Anderson and colleagues (2005) in-depth research also used standardised methods, Health of the Nation Outcome Scales for Children and Adolescents² and the Strengths and Difficulties Questionnaire³, to look at the psychosocial outcomes of children with behavioural problems and their parents. They traced forty families, three years after they had received family support. Their findings identified that whilst children and families initially reported considerable positive outcomes in terms of reduced aggression and antisocial behaviour in children, and improved family relationships following family support input, these were not sustained three years later. Aware of the research limitations, they suggested that this did not necessarily imply that interventions had not been effective. They noted that the changes could relate to a range of issues, such as changes in the family's circumstances. The authors put forward that family support services could increase longer-term effectiveness through greater collaboration with other agencies over the longer term. Roberts' (2016, p.2133) findings concurred with this research, particularly where families had 'chronic and long-term needs'.

Wider service context

Support for practitioners

The promotion of family support, as a way of working, was connected to positive individuals, particularly those in a managerial role, who had personal attributes such as tenacity and confidence, that equipped them to 'champion' and 'advocate' for this approach (Devaney and Dolan 2017, p.12). This was often viewed as opportune, in contributing to a policy and practice context that encouraged innovation.

Good supervision was considered particularly needed to create opportunities for reflective practice (Devaney and Dolan 2017). This also assisted with keeping professional boundaries, so practitioners could offer realistic levels of support, and honestly judge where, in some cases, they were potentially going beyond their role (Leese 2017). Mason (2012) observed that caseload management enabled practitioners to be more available to service users. The support for services, however, was often compromised by changes in management, staff, policies (Anderson et al. 2006); financial cutbacks (Chand and Thoburn 2005) and insufficient funding (Manalo 2008; Roberts 2016).

Funding cycles

There is much discussion in the literature that the length of time required for families to effect change depends on the wider family and individual members within the family. At the heart of the change process is the need for supportive relationships, which takes time. The time needed, however, rarely fits neatly with the funding cycles or timescales of services offered, and projects often need to report on outputs and outcomes in line with the funding requirements rather than the longer timescales it can take for families to develop trusting relationships in order to make significant change. As a result services are sometimes measured before they have had the opportunity to realise the potential for change within families to the benefit of children and young people.

Potential areas for development

This scoping study identified several potential areas for further examination in the area of community and strengths-based family support. The potential areas have either been identified by the research included in this limited scoping review and the authors have been attributed, or through the gaps identified in bringing this literature together.

Potential areas for further examination identified by individual authors

- **Understanding the skills needed to build responsive relationships with a family as a whole, rather than with particular individuals in the family (Morris 2013).**
- **How parenting support can be more appealing for fathers, and to identify if fathers and mothers benefit from joint or separate input (Moran and Ghatge 2005).**

- More longitudinal research: on practitioner’s practice wisdom following long-term interventions with children and families (Devaney and Dolan 2017), and on longer-term outcomes from families’ perspectives, especially where situations have moved from crisis point to a more settled time (Anderson et al. 2006).
- Increase knowledge about the lived experience of children and families (Morris 2013), especially young mothers (Leese 2017).
- Longitudinal evaluations of parenting support approaches in the UK coupled with further research into the underlying structural causes impacting on parents and their children (Moran and Gbate 2005).

Potential areas for further examination identified by this scoping review

- There is limited research into the impact of family support services on children and families.
- There is limited research conducted directly with children and the lack of their views about what works for them and the benefits to them of family support.
- There is limited research on what specifically third sector organisations might contribute and their impact in terms of supporting families as distinct from statutory agencies.

Conclusion

The discussion in the literature about the fluidity of definitions of family support could be viewed positively, in that services can develop and adapt according to the diverse range of children and families they support. Central to the effectiveness of family support from the perspectives of professionals, parents and carers is a relationship built on trust, through offering practical and emotional support; quick practical support was often an effective way of building trust. Flexibility was both needed in terms of service design, which could adapt to the family’s changing needs and in-service duration - an ongoing relationship with services should not necessarily be regarded negatively.

Wider partnerships with other agencies is vital to promote a holistic family support service, however, clearly defining professional roles can be challenging because of the fluidity of defining the service and roles (Anderson et al. 2006). Hence the importance of regular and effective supervision for practitioners.

Family support is welcomed by families, with immediate improvements noted across a range of factors for both children and parents or carers – sustaining this change, however, is a much greater challenge. Professionals sense that improvements in parental mental health and wellbeing, children’s behaviour and family functioning are longer term and impact the whole family, but the evidence to support this professional intuition is not yet in place.

As well as building on strengths with children and families, services needed to build on practitioner strengths, with space for reflective practice, supportive management, and a service context that enhances ability to seek to address wider structural factors. This echoes a finding by Scott and Daniel (2016) in relation to child neglect, that:

'To address fully the impact of neglect in our society we cannot look at changing parenting alone. Children's lives must be understood within the context of both the strengths and difficulties within families, especially when children are exposed to a range of risks resulting from mental health, substance misuse and domestic abuse, the social order and social capital available within our communities and the wider structural issues, such as poverty and unemployment, within our society. (Scott and Daniel 2016, p.26)

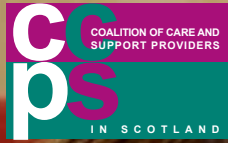
The commitment to family support is in the rhetoric of Westminster and Scottish Governments, but the move from policy to practice continues to be challenged by cuts in public spending, and significant welfare reform, which is likely to affect the most vulnerable in society (Reed 2012), and continued public scrutiny of our ability to protect children most at-risk in our communities. In addition, there is much discussion in the literature that the length of time required for families to effect change depends on the individual family and may require timescales that do not fit with the funding timescales of services offered.

To meet those challenges, there is evidence about what can be achieved to improve the immediate lives of children and families through 'business as usual' family support services. There are early signs from workers and families that good quality effective family support, where all are working together with children and families, can lead to significant improvements in family relationships, parental mental health and wellbeing, and family functioning. Perhaps moving forward, the focus should be on how families are supported in sustaining such improvements in their futures informed by the views of all, especially those of children and young people.

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Appendix 1

Data filter form

DATA FILTER FORM CCPS Family Support Review	
Record number Author(s) Title	
Reviewer	Date of Review
Primary Study (level 1) Yes/No	
Guidance/Review (level 2) Yes/No	
Does the paper address issues about delivering family support services and provide different perspectives regarding community and strengths-based family support services? Yes/No/Maybe	
If NO, discard immediately	
Main foci e.g. family support; etc.	
Subject e.g. programme, approaches	
Relevant Professional Group(s) e.g. social workers; health visitors; all	
Research Design:	
<input type="checkbox"/> RCT <input type="checkbox"/> Cohort study <input type="checkbox"/> Case control study <input type="checkbox"/> Survey	
<input type="checkbox"/> Qualitative study <input type="checkbox"/> Review <input type="checkbox"/> Other (please state) before and after	
Is it an intervention? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Should the paper be reviewed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
What level is it? <input type="checkbox"/> Level 1 <input type="checkbox"/> Level 2	
If excluded, please state reasons why:	

Appendix 2

Data extraction form

PAPER APPRAISAL FORM CCPS Family Support Review	
Record number	
Reviewer	Date of Review
Primary Study (level 1)	Yes/No/Unsure
Guidance/Review (level 2)	Yes/No/Unsure
Does the paper address issues and provide different perspectives regarding community and strengths-based family support services?	
Yes/No/Maybe	
If NO, discard immediately and record reasons at the end of this form	
Geographical location of study (level 1)/publication (level 2)	
<input type="checkbox"/> UK	<input type="checkbox"/> Europe
<input type="checkbox"/> North America & Canada	<input type="checkbox"/> Australia & NZ
<input type="checkbox"/> Other: _____	
Main foci	
<input type="checkbox"/> Family focus	<input type="checkbox"/> Social work family support services
<input type="checkbox"/> Community focus	<input type="checkbox"/> Outcomes
<input type="checkbox"/> Early intervention	<input type="checkbox"/> Approaches or programmes
Principles of service	
<input type="checkbox"/> Other: _____	
Professional group (please all relevant groups)	
<input type="checkbox"/> Social workers	<input type="checkbox"/> Education
<input type="checkbox"/> Medical professionals	<input type="checkbox"/> Housing

Professional group (please all relevant groups)

- Allied health professionals Police
 Non-statutory Other: _____

Research design, methods and rigour

Research design described by authors:

- RCT**
(a follow-up of participants randomly allocated to intervention or control groups with a comparison of outcome rates during the time period. Randomisation with concealment of allocation avoids bias)
- Quasi-experimental**
(a study in which the allocation of participants to different interventions is controlled by the investigator, but the method falls short of genuine randomisation and allocation concealment)
- Cohort study**
(comparison of outcomes between participants who have received an intervention and a group that has not (i.e. not allocated by investigator) in a follow-up study. These studies are usually prospective)
- Case-control study**
(comparison of the exposure to interventions between participants with the outcome (cases) and those without the outcome (controls). These studies are usually retrospective)
- Cross-sectional study**
(examination of the relationship between disease/issues and other variables of interest as they exist in a defined population at one particular time)
- Before-and-after study**
(comparison of findings in study participants before and after an intervention)
- Case series**
(description of a number of cases of an intervention and an outcome (without comparison with a control group))
- Other:** _____

Rigour of research

For RCTs and quasi-experimental research designs, please answer the following:

1. Was the assignment to the treatment groups really random?
Yes/No/Unsure
2. Was the allocation concealed?
Yes/No/Unsure
3. Were the groups similar at baseline?
Yes/No/Unsure
4. Were the eligibility criteria established?
Yes/No/Unsure
5. Was the outcome assessor blinded?
Yes/No/Unsure
6. Was the care provider blinded?
Yes/No/Unsure
7. Was the client/patient blinded?
Yes/No/Unsure

For all other studies, please answer the following:

1. Is there sufficient detail of the theoretical framework informing the study and methods used
Yes/No/Unsure
2. Is the description of the context clear?
Yes/No/Unsure
3. Is there adequate justification and description of sampling strategy?
Yes/No/Unsure
4. Is description of the fieldwork clear?
Yes/No/Unsure
5. Are research methods appropriate to the questions asked?
Yes/No/Unsure
6. Are procedures for analysis clear?
Yes/No/Unsure
7. Is sufficient evidence provided to support relationship between interpretation and evidence?
Yes/No/Unsure

<p>Summary (1 very good, 3 poor/doubtful)</p> <p>1. Estimate methodological quality 1 2 3</p> <p>2. How useful was this paper to the review question? 1 2 3</p> <p>If 3 for both, then discard</p>
<p>Please record key findings or themes discussed</p>
<p>Please list any tools or measures used. Please state if the focus of the article or measures used as part of the research</p>
<p>Further thoughts and comments</p>
<p>Should the paper be included? Yes/No/Unsure</p> <p>If excluded, please state reasons why:</p>



About CCPS

CCPS is the Coalition of Care and Support Providers in Scotland. It exists to identify, represent, promote and safeguard the interests of third sector and not-for-profit social care and support providers in Scotland, so that they can maximise the impact they have on meeting social need.

*The 12 organisations involved in our work on family support services are:

Aberlour

Action for Children

Barnardo's Scotland

Children 1st

Crossreach

Down's Syndrome Scotland

Includem

Kibble

National Deaf Children's Society Scotland

National Third Sector GIRFEC Project

Quarriers

Sense Scotland

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