Open Kindergartens:

Improving Family Support Provision in Scotland

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Introduction

The importance of the early years has been recognised by Scottish Government in a range of policies such as the Early Years Framework[3] and the National Parenting Strategy[1].

The Scottish Government is committed to making Scotland 'the best place to grow up'. Scotland's National Parenting Strategy[1] recognises that parents need to be better supported to ensure every child has the best start in life. It also acknowledges that support should be informed, coordinated and flexible enough to address a range of needs and that steps need to be taken to improve the availability and access to early learning and childcare (ELC).

Early Learning and Childcare (ELC)

The commitment to ELC is further strengthened by several measures introduced by the Children and Young People (Scotland) Act 2014 with the aim of improving children and young people's outcomes. One such measure introduced an entitlement to free ELC to 600 hours per year to all three- and four-year-olds, and eligible two-year-olds from August 2014. In 2015 the Scottish Government pledged to further increase the provision of free ELC to 1140 hours per year to all three- and four-year-olds and eligible two-year-olds by 2020[4].

By increasing the provision of free ELC the Scottish Government aims to reduce inequalities in the early years, close the educational attainment gap between children from advantaged and less advantaged backgrounds and improve children's outcomes. Good quality early learning and childcare has been shown to make a positive contribution to the cognitive and social development of children[5,6]. Evidence of the impact of attending good quality early learning and childcare settings has led to increased policy interest in early years education as a long-lasting investment in children's outcomes, future participation in and contribution to society[e.g. 18].

A consultation carried out by the Scottish Government with parents suggests that parents may not take full advantage of their entitlement to free ELC because places are not available in their chosen/preferred setting, or because the opening hours of ELC settings are not suitable for their needs[7]. Others have noted that often the most disadvantaged

families are less likely to make use of childcare, even when it is free, because they are less informed about its availability[6].

Support in the early years

Beyond the provision of ELC, Scottish Government has introduced a number of policy initiatives to provide support to families in the early years of a child's life. For example, a commitment was made to extend the support available to parents in the early years through health visiting, including a new health visiting pathway that establishes 'a core home visiting programme to be offered to all families by health visitors as a minimum standard'.[2(p4)]

A new policy was also introduced with a baby box being delivered to every parent of a new baby born in Scotland from August 2017. There are also policy initiatives to improve the life chances of young parents and their children through the Pregnancy and Parenthood in Young People Strategy and the roll-out of the Family Nurse Partnership to all health boards in Scotland.

In 2017 the Scottish Government announced the introduction of the Best Start Grant by summer 2019. This will replace the Sure Start Maternity Grant in Scotland, providing targeted financial support for families on low incomes at key points in the early stages of a child's life.

Taken together these initiatives are creating a more holistic pathway of support throughout a child's early years. While this is a welcome development, evidence suggests that many families are still unable, or reluctant, to access support when and where they need it. Another important consideration here is that before being able to access the funded hours of ELC many parents have little or no access to support. Children spend the majority of their time with their parents in the early years and parents are the most significant influence; supporting parents during this crucial time is key to improving outcomes for children.

We know that during this time many new parents feel isolated and insecure in their role as new parents. This can impact on mental health and on relationships which in turn can have an impact on children's outcomes.

Maternal mental health is well known to have a significant impact both on children's outcomes and on parents' ability to cope. Almost a third of

mothers taking part in the Growing Up in Scotland study reported that they had experienced poor mental health at some point in the four years since the birth of the baby included in the survey[8]. While all women are at risk of developing perinatal mental health issues those who experience poverty, migration, extreme stress, violence and lack social support are at greater risk of developing mental health issues[9,10]. Infants and children are particularly vulnerable to the impact of maternal mental health issues. Many studies have indicated that maternal mental health issues can impair the mother-child relationship and attachment and this may, in turn, have a negative impact on the emotional and cognitive developments of the child[9–15]. Early intervention to support families is crucial as, if left untreated, these issues can have a significant detrimental impact on individuals and their families[10,16].

Evidence also indicates that relationships are under particular pressure after the birth of a child with relationships being more likely to break down in the first three years after the birth of a child[17]. Reducing social isolation, building parental capacity and peer to peer networks can relieve these problems.

Supporting parents in the early years

There is a need for support for parents in the early years that bridges the gap between the health information and support that is provided in the very early days and the early learning and childcare that is provided from the age of two or three.

This needs to be directed at parents and carers, providing support that is holistic, non-stigmatising and open to all. It needs to tackle social isolation and offer both peer to peer support and professional help, building parents' capacity and self-confidence.

As well as improving outcomes for children, such support could have the added advantage for many families of easing the transition into early learning and childcare, enabling children to benefit from the advantages of an ELC place and parents to engage more confidently in their child's education.

The aim of this project was to consider an alternative model of low-threshold family support for parents with children aged 0 to 3 years of age – the Open Kindergarten. Open Kindergartens are drop-in open sessions for parent and child staffed by early years practitioners and non-

statutory social workers, which offer parents support through peer interaction and professional support. Two of the authors of this report have visited Open Kindergartens in Finland, Norway and Sweden and were inspired by the support that they provided to children and families. They were keen to consider whether and how such a model of low-threshold universal family support might be implemented in Scotland. This formed the starting point for this feasibility study.

Review of the literature

Between January and April 2018, we carried out a review of the literature to consider the key features of the Open Kindergarten model, as well as the key features of what has been termed here, low threshold family support. Low threshold family support includes services and programmes offered on a universal or targeted basis and delivered by the statutory and third sectors that aim to promote and protect the health and wellbeing of children and their families.

Note that we have opted to use the term 'family support' rather than 'parenting support' because the latter is associated with a deficit-approach whereby those requiring 'parenting support' are perceived as lacking the necessary skills to promote and protect the health and wellbeing of their children and families[see for example 18,19]. We use the term parent here to refer to all those who have responsibility for the day to day care of a child on a regular basis.

We also carried out a consultation with parents and professionals to explore what family support services are currently available, how well these meet the needs of parents and how these may be improved on.

The Review

The aim of the review was to, first and foremost, provide insights into the key features of the Open Kindergarten model that is found in some Nordic countries (i.e. Finland, Norway and Sweden) and evidence of its impact on families. The review also considers the key features of Family Centres more generally as Open Kindergartens are often co-located within and referred to as the core of Family Centres in the Nordic countries.

The second aim of the review was to consider 'what works' in terms of preventive family support offered to families with young children (0 to 5

years old). For this paper preventative family support services are those that explicitly aim to protect and promote the wellbeing of children but are not universal or specialist services[20]. Whilst we recognise that 'what works' in terms of preventative family support, or any kind of social intervention, is highly contextual, we wanted to identify common themes emerging from the literature that could provide some indication of common features that are deemed, by families and/or professionals, to be beneficial.

Data for the review was gathered from the following sources:

1. Searches of Stirgate, the University of Stirling search engine with access to over 150 databases including the University of Stirling Library Catalogue, ERIC, JSTOR, Web of Science, Cochrane Review and SocINDE
2. Searches of Open Grey, a European search engine that focuses exclusively on grey literature
3. Searches of the Cambell Collaboration
4. Searches of DiVA, a searching tool and institutional repository for research publications and student theses written at 47 Nordic universities and research institutions
5. Locating relevant research from the literature identified as relevant to this review
6. Literature provided to us by colleagues in Scandinavia with an interest or working in Open Kindergartens.

Searches were restricted to publications written in English published between 2000 and 2018. Appendix 1 provides a list of the search terms used for the database searchers and the number of resources identified and reviewed.

The first section of the review provides a brief overview of the historical development of family support in the UK. The second section focuses on the common characteristics to emerge from the literature in relation to what is considered to be positive and helpful low threshold family support. The third section considers several examples of how Family Centres work across Europe to then move on to focus more specifically in the Nordic countries. The Open Kindergarten model is considered within

this section. Unfortunately, despite the broad search very few studies focusing on the Open Kindergartens published in English were identified. We also found a striking absence of studies focusing on 'unstructured' low-threshold family support with most of the literature focusing on 'structured' parenting programmes such as the Positive Parenting Programme (Triple P), Mellow Parenting and the Incredible Years.

What is family support?

Family support has been a central aspect of UK family policy and practice[18,21]. Burgess and colleagues note that policy and practice in the UK often use family support as a 'catch-all' term for working with families[18]. As some noted, the lack of a definition can be seen as a weakness[22,23]. Several definitions of family support are offered. The following definition encompasses some of what we believe are the key features of good family support:

> Family and parenting support includes a wide range of actions and services that help parents develop the skills they need to carry out their parenting role and that support children within families. It can range from low threshold advice and support to all parents to very targeted, specialised services for the most vulnerable.
>
> However, **all services aimed at family and parenting support must be non-stigmatising and empowering in their approach, have a participatory and strengths-based orientation, and be accessible to all but built around a model of progressive universalism. Their conception must be underpinned by a child-rights approach.**[24(p6)] (emphasis added)

It is also suggested that family support services must be evidence-based and reflect best practice[24]. As others have argued, however, the emphasis on evidence-based practice can detract from the fact that, as family support services are complex interventions often delivered informally (as opposed to standardised programmes) by different agencies and professionals, they are not always amenable to the types of evaluative practices linked with what counts as 'evidence-based'[19,20,25].

Historically in the UK family policy has been influenced by neo-liberal values that promote individual 'choice', minimal state intervention and market solutions to social problems[19,25]. This approach to policy gives

preference to interventions that are: a) expert-led and defined; b) targeted at those judged to be 'in need' or 'at risk' so as to minimise state intervention in the family; and c) time-limited to avoid service users becoming dependent on services[19,25,26].

The aim of these interventions is to provide parents with knowledge and skills to modify their behaviour so that they can become good/better parents and promote children's healthy development and wellbeing[19,25,27,28]. As Vandenbroek[29] observed in relation to childcare provision in Western Europe more generally, the focus on parents as teachers privatises child-rearing responsibilities and absolves the state from making investments required to address the structural inequalities that impact on parents' ability to care for their children. Others have argued that parents can feel disempowered by initiatives that aim to educate them to develop their parenting skills as these initiatives tend to be based on a deficit-approach that imposes middle-class values and ignores the wider context in which families are parenting[30–32].

In England the late 1990s marked a significant change in approach focusing on early intervention and prevention[29]. Programmes such as Sure Start and the Children's Fund were implemented with the aim of improving the health and wellbeing of families and young children and tacking social exclusion[20,26,33]. At first Sure Start Local Programmes (SSLPs) were in deprived areas and brought together education, childcare, healthcare and family support services with a variety of services being available to all children under 5 years of age and their families[33]. Services were offered on a universal rather than targeted basis with the intention of reducing stigma around accessing family support. Between 1998 and 2005 SSLPs experienced extensive autonomy and did not have to follow a prescribed programme.

The Children's Fund was set up to aid the development of local partnership between statutory and non-statutory agencies in the development and implementation of preventive services to 'tackle the causes of vulnerability which may impact on children's future life chances … and tend to focus on reducing risk factors, building resilience and promoting protective factors'.[26(p86)] During the course of the initiative (2001-2008) a variety of services were developed by local partnerships of statutory and non-statutory agencies.

The end of the Labour government in 2010 saw significant changes to policy on children's centres, and family support, and a significant

reduction in investment. Nonetheless, the general consensus that existed at the time, that investment in the early years is the most cost-effective way in which to achieve greater social equality and long-term savings in, among other things, social welfare and the health and criminal justice systems, persists see for example[2,4,34,35].

Research evidence indicates that family support can have a positive effect on family functioning and parental wellbeing[26,33,36,37]. Asmussen and colleagues note that reviews of parenting interventions report a range of effective programmes[37]. They conclude that targeted, strongly-framed preventive programmes are the most cost-effective type of intervention and that 'programmes which focus on children's behavioural development tend to have better evidence of effectiveness that those focused on attachment or cognitive development'[37(p11)]. Care needs to be taken, however, when considering these findings. Standardised programmes are more amenable to outcome evaluations than approaches that are flexible and tailored to individual needs[19,25,38].

Family support services – what parents want

Research consistently shows that families value services that are responsive to their specific needs, that include them in decisions, that focus on the whole family and are provided consistently, for as long as needed[18,21,26,36,39]. In their evaluation of the Children's Fund, Pinnock and Evans note that families were more likely to engage with services that included them in decisions[26].

Artaraz and colleagues argue that the multifactorial nature of issues faced by families requires approaches to service delivery that are also multifaceted[20]. In their review of the literature, Koerting and colleagues conclude that programmes need to address the actual needs of families, rather than what professionals perceive their needs to be[40]. This requires programmes to be flexible, responsive and available during and out of office hours.

In dealing with complex issues a multi-agency approach, whereby agencies work collaboratively in a coordinated fashion, is often described as the most effective way in which to respond to the needs of families[20,26]. Coordination of approaches is key for such an approach to be effective. Research indicates that parents can find it stressful and confusing to have to deal with several professionals as the advice given can differ from one another[41]. In addition, families often contrast the

approach taken by the statutory and third sectors, with the former being described as bureaucratic, unresponsive and inflexible, and the latter as more flexible and trustworthy suggesting that partnerships between these sectors may result in a clash of cultures[20,26,42].

Commenting on the findings of the Children's Fund evaluation, Pinnock and Evans note that services' ability to develop responsive and holistic practice was jeopardised by the rapidly changing policy context during the initiative, the Fund's relatively small budget and the short-term nature of the fund available for the services. Service budgets had to be renegotiated on an annual basis resulting in difficulties in planning and some services being de-commissioned. 'Indeed, access to funding represents a continuing barrier to the development of preventive services that are accessible and sustainable'.[26(p89)] Artaraz and colleagues note that often preventive family support services are equated with low-level, low-intensive provision, which may explain the low level of investment in these types of services[20].

In addition, many targeted interventions are provided for a defined number of weeks. Time-limited, short-term interventions can be effective for some families. One reason given for the development of time-limited short-term interventions is to avoid service users becoming dependent on a service[26]. One of the objectives of service provision is then to strengthen families' capacity and resilience so that they can provide for themselves. However, there needs to be a recognition that many families will require intensive and/or ongoing support to deal with the many issues they face[20,26].

Accessing support: barriers and enablers

Research identifies several barriers to families accessing the support that is available to them[40]. Practical difficulties, such as the lack of transport or childcare, may exclude families from accessing a service[40,41].

Participants in a small-scale evaluation of a service delivered to parents with young children who were experiencing low to moderate depression and/or anxiety reported that they would have struggled to take part in the programme if transportation to and from the group, as well as a creche facilities for their children had not been available[36].

Families' fears of being judged as inadequate is often cited as a barrier to seeking help, as is the fear of having to walk into a new setting and

meet new people[18,40,42,43]. Parents often report that they do not know where to go or who to ask for help[18,40]. Lack of information about services is also a common team in the literature.[39,40] Some believe that the issues that they are facing are not as acute as those faced by other families and that, consequently, they will be turned away by service providers if they ask for help[18]. Some find it difficult to ask for and accept help[18]. This could relate to the stigma often attached to services[40].

Koerting and colleagues' systematic review of the literature considering relating to parents' low take-up and high drop-out of parenting programmes identified three key factors that support parents' engagement with services: effective advertisement/service promotion; direct recruitment and good inter-agency collaboration[40]. Effective marketing was achieved by sharing information through a variety of channels such as leaflets and posters, the internet, local ration stations, and newsletters in a clear and accessible way (taking into account differences in language skills and other language requirements). Some of the literature also emphasises the need to make it clear that the programme being advertised is suitable to all in order to minimise stigma. One of the studies they reviewed suggests that marketing should not be a one-off exercise but an ongoing effort.

Direct recruitment is reported as an effective way in which to support parents' engagement with support[40]. Most of the studies reviewed by Koerting and colleagues suggest that recruiting parents through recommendations from parents who had already completed the programme was the most effective way of direct recruitment. Some suggest that home visits to specific families can also improve recruitment and engagement with services. Well-coordinated interagency collaboration can also facilitate parents' access to and engagement with services, 'particularly through multiple, well-organised referral routes.'[40(p665)]

Professionals' skills and characteristics valued by families

As Devaney and Dolan have noted, *how* family support is delivered is often more important than *what* is delivered[23]. The skills and characteristics of professionals who provide family support services greatly impact on how family support is delivered and perceptions of its effectiveness[27].

Research shows that families are most likely to engage with professionals who are non-judgmental; who are able to listen to and empathise with them, and who adopt a strength-based approach[18,21,26,36,39,40]. In describing what qualities children and parents value in professionals, Pinnock and Evans refer to the 'professional friend'[26]. A 'professional friend' is a professional who is easy to talk to, responsive to families' needs and acts quickly to address these the best way they can, and available to families outside working hours for both practical and emotional support.

Families also value professionals who they perceive as being highly competent in their area of work[41]. Campbell-Barr and Garnham note that parents often prefer teacher-led initiatives as these are of the highest quality[6].

Parents often report that one of the most enjoyable and helpful aspects of attending a group for parents is the opportunity to socialise with others going through similar experiences and getting support from peers[36,40]. Group facilitation skills are therefore of particularly importance so that professionals can ensure that all families are welcomed and included[27,44].

Satisfaction with services is intrinsically related to the quality of the relationship between service providers and service users. Good relationships between service users and providers are often cited as key to successful engagement[40,45]. Building trusting relationships between families and service providers is a crucial aspect of providing support[18,20,26,41,46,47].

Building trust requires skillful professionals who are able to be open and honest in their communications with families[45]. These skills are best acquired through experiential learning, with the support of 'strong supervision which both questions and supports the workers.'[23(p11)] Some have suggested that families are more likely to trust professionals who they perceive as being highly competent[41].

Trust is built over time. Mason's study indicates that relatively mundane actions, such as showing parents how to cook an omelette, and actions that demonstrate genuine concern and support, such as being available to a parent when they needed it, contribute to the building of trust. For some families it can take a long time before they feel able to trust a professional. This does not fit well with the current preference for short-term interventions. It also represents a challenge for the way in which

services are funded. The time-limited, short-term nature of many interventions is unlikely to support the development of trusting relationships between service providers and service users[26].

Family Centres

Family Centres are found in various countries such as France, Belgium, Netherlands, UK, Germany and Japan[24,48–52]. For example, in Flanders and Brussels parents can access a variety of services provided by different agencies at the parenting shop[53]. Support and services are provided on a 'progressive universalism' basis and are available to everyone who is involved in caring for a child under the age of 18 years, as well as expectant parents. The support and services provided aim to:

- strengthen the competences, skills and capacities of everyone involved in parenting.

- reduce the tensions, difficulties, struggles, etc of everyone involved in parenting.
- reinforce the social network around parents/educators and their children.

In 2007 the parenting shop model was endorsed by the Flemish Government through an Act of Parliament. The Flemish government funds 14 parenting shops located in the main cities, while parenting shops located in small cities and towns must secure their own funding.

In the Netherlands, all municipalities are required to have *Centres for Youth and Families (CYF)* and *SPIL (Spelen, Integreren and Leren) Centres,* where services are collocated and provided on a 'progressive universalism' basis to families[54]. As a minimum CYFs offer baby clinics and local health services; information, advice, guidance and counselling for parents and carers; pedagogical support; youth services and the coordination of care. They may also provide child care, general social work, youth work and primary health care. *SPIL Centres* provide child health clinic, primary education, playschool and childcare to children aged 0-12 years, as well as parenting support and access to youth care. In some instances, the youth care team will be co-located at the *SPIL Centres* aiding the coordination of cases where families are experiencing multiple issues. They may also offer adult education, safety programmes and after-school care.

In England, Sure Start Children's Centres bring together early education, childcare, healthcare and family support with the aim of improving the health and wellbeing of young children and their families and ensure that children will do well in school and later in life[33]. Sure Start Centres were first introduced in 1998 as Sure Start Local Programmes (SSLPs). SSLPs were located in deprived areas and brought together education, childcare, healthcare and family support services with a variety of services being available to all children under 5 years of age and their families[33].

Services were offered on a universal rather than targeted basis with the intention of reducing stigma around accessing family support. Between 1998 and 2005 SSLPs experienced extensive autonomy and did not have to follow a prescribed programme. Between 2005 and 2006 significant changes were made to the way in which SSLPs operated:

> …as they came under the control of Local Authorities and were operated as Sure Start Children's Centres. Service delivery was modified by making the guidelines for children's centres more specific about the services to be offered. Nonetheless there was still substantial variation among Local Authorities and areas within Local Authorities in the way the new children's centre model was implemented.[33(p3)]

The National Evaluation of Sure Start (NESS) ran from 2001 to 2010 and compared a group of children in Sure Start areas with children from the Millennium Cohort Study living in similar areas that did not have access of SSLP at three points in time – when children were aged 3, 5 and 7 years old[33]. The evaluation found that, in comparison with mothers in non-SSLP areas, mothers in SSLP areas reported engaging in less harsh disciplining and providing a more stimulating home learning environment for their children. In addition, lone parents and workless households reported greater improvement in life satisfaction than families in the comparison areas. This, the study authors argue, indicates that SSLPs were successfully engaging with groups who are often perceived as 'hard to reach'. They also note that these positive outcomes appeared to apply across SSLPs, regardless of the level of deprivation and that they persisted for at least two years after contact with Sure Start programmes had ceased. They concluded that 'The success of SSLPs in engaging and supporting the poorest families without stigma means they provide an infrastructure that is well placed to engage the most vulnerable groups and support them effectively'.

In Northern Ireland, Family Support Hubs are networks of statutory and non-statutory agencies that provide early intervention services to vulnerable families and/or signpost families to appropriate services[55]. Hubs were developed to 'ensure that families who do not meet the threshold for statutory child protection services, but who nonetheless have a need for Family Support services, are directed towards the appropriate help.'[55(p81)] By encouraging cooperation between agencies, they aim to ensure better coordination and less duplication of services for families. As of 2018 there were 29 Family Support Hubs in operation in Northern Ireland[54].

Family Centres in Finland, Norway and Sweden share many common characteristics, including the drive to provide 'universal health promoting and preventive services, to promote the psychosocial health and wellbeing of parents and children, and to safeguard the families' own resources'[56(p9)]. Services are usually co-located and collaboration between statutory and non-statutory agencies and civil society is highly valued[52,56]. Sweden was the pioneer in developing Family Centres that brought together services that promote the health and wellbeing of children and families. Later, this model was adopted, albeit with some variations to account for local context, in Norway and Finland. The section below describes in more detail the development of Family Centres in these countries, as well as the open pre-school/kindergarten model that has been developed alongside the Family Centres.

Sweden

The origins of Family Centres in Sweden can be traced back to the 1970s and a series of family policy reforms aimed at supporting parents and protecting children[57]. These reforms recognised that the wellbeing of children and that of their parents are intertwined and that parents must have financial means, knowledge and support to ensure children were protected and healthy[57]. It took, however, another 20 years, and the leadership of various professional groups that wanted to collaborate more effectively, for the creation of the first Family Centre.

Swedish Family Centres are therefore the result of a protracted process, which has largely been driven forward by the professional groups involved themselves. However, during the 2000s, Family Centres came to be included in local and regional public health plans. This accelerated their development and, during the period 1997 to 2010, the number of Family Centres increased from 35 to 130.[58(p11)]

Bing explains that the Swedish Family Centre model is underpinned by a public health approach where health prevention and promotion are key[57]. It aims to give to children a healthy start by supporting *all* future and new parents and their children aged 0-6 years. It does so by supporting interactions between different professional groups and adopting an assets-based approach.

A complete Family Centre provides full maternal and child healthcare services, counselling and an Open Kindergarten. In addition, the Family Centre must:

- Provide a meeting place
- Strengthen the social network of parents and children
- Engage children and young people
- Provide easily accessible support
- Be an information and knowledge hub.

Within this configuration practice develops organically, according to the needs of the families and community in which each Family Centre is located[58].

While the number of Family Centres in Sweden rapidly increased in the early 2000s, there are few studies considering the Family Centre model and its impact on the families and communities they serve. Bing notes that between 2008 and 2012 several evaluations of Family Centres in different localities, as well as three doctoral theses, were carried out – unfortunately, few of those are published in English and it is not possible here to provide a summary of key findings from across studies.

Bing cites one evaluation, that of Region Västra Götaland, to illustrate some of the benefits of Family Centres' to families such supporting the creation and strengthening of social networks; and facilitating and promoting peer support[57]. This evaluation also emphasised the importance of having staff who are friendly, responsive and flexible so that parents can 'cross the threshold' and make the most of the services available. Bing also notes that the model is very highly rated by professionals, who describe how the close collaboration between professionals under one roof allows them to devote their efforts to what they were trained to do. Finally, results indicated that users of Family Centres reflected the socio-economic profile of the area.

Open pre-schools

Open pre-schools, as they are often referred to in Sweden, have developed alongside Family Centres and are now at the heart of what Family Centres do[52,57]. The open pre-school model emerged due to concerns relating to the negative impact social isolation had on families and, consequently, on children's wellbeing[57]. The Open Kindergarten was therefore created as a meeting place for families where they could also access child care[59]. The aims were to support families by empowering parents, increasing their knowledge and strengthening their social networks.

Open pre-schools offer support and childcare services to all families with small children, usually free of charge[60]. Parents and children attend the open pre-school together. Children do not have to be registered and parents can choose when to attend. Practice is based on attachment theory and an ecological understanding of the family[60]; and is child-led and underpinned by the United Nations Convention on the Rights of the Child (UNCRC)[61].

Supporting parents was seen as part of the UNCRC commitment, in that parents are the guardian and dispenser of rights to the child, and the state's duty is to support parents in this role. There was a clear understanding informing and permeating the work that the UNCRC is a protective and enabling framework for the whole family.[61(p18)]

Norway

In Norway, the development of Family Centres, or Family's Houses as they came to be known, started in the early 2000s when the Norwegian Health Authorities commissioned a national pilot of Family Centres based on the Swedish model of prevention and early intervention[59]. The pilot was led by the Regional Centre for Child and Youth Mental Health and Welfare at the University of Tromsø and included six municipalities[59,62]. Following the piloting, the Norwegian authorities recommended that municipalities should adopt the Family's House model developed as this was in line with the health reforms that were underway and that were aimed at improving service co-ordination and delivery[62]. By 2012 the model had been adopted by 14 municipalities, with a further 44 adopting elements of it[59].

The Family's House goal is to promote the health and wellbeing of children and young people and their families. Services are often co-located and include the provision of physical and mental health services to children and young people and parents (including pre-natal care), preventive social work, pedagogical-psychological services, and an Open Kindergarten[59]. The co-location of services ensures that support to families, whether this is at the universal or targeted levels, is well coordinated[44(p67)]. This ensures that needs are identified early, and the required support put into place to address these without delay.
Source: Thyrhaug et al. 2012, p.30

A recent evaluation of three Family Centres located in different Norwegian municipalities identified several strengths and challenges in the Family's House model from the perspective of the parents and professionals who took part in the study[41]. The ease with which families can access the Family's House was an important aspect of their engagement with the service. Some families were excluded from the service because they lived far away and did not have access to and/or could not afford the costs of transport. This is a significant issue since the model aims to be an inclusive meeting place for all families. Participants reported that the co-location of services was a strength of the model. Having services co-located in the same building facilitates families' access to multiple services in one single trip, thus encouraging parents to make better use of the services available. Professionals had greater opportunities to interact with other services, to ask questions or to introduce a parent to another service. Another feature of this model that was key to encourage family engagement was that services were free of charge and could be accessed when suited them. This flexibility could, at times, cause some difficulty to professionals who might not always be able to provide the support required, when required.

Open Kindergartens

Vedeler explains that Open Kindergartens aim to offer a welcoming place open to all where parents/carers and children can meet with their peers, as well as professionals without the need for referrals or appointments[44]. Parents can come 'just to be there or to seek counsel and guidance' while their children can socialise with others in a secure and stimulating environment[44(p68)]. Professionals work closely with families and the communities they are situated in to ensure the Open Kindergarten offers the information, courses and activities that meet the needs and wishes of families. The key aim of these activities is to

'promote good health and development by meeting the needs of families and other care givers with small children'[44(p65)]. The services is therefore preventive – it works with all families, before any issues may arise – and supports early identification of families in need of more targeted support.

Unlike the other services offered in the Family's House, Open Kindergartens are a universal provision available to all parents. By situating the Open Kindergarten within the Family's House, it was hoped that service offered by the latter would be perceived as being open and low threshold, thus contributing to the de-stigmatisation of statutory services[44]. Open Kindergartens aim to be inclusive and to offer parents a place to meet with other parents and professionals and expand their networks, and for children to develop new skills, meet other children and play (Bulling).

Health professionals, as well as other professionals situated within the Family House, may also be available on-site at the kindergarten. This co-location of services is seen as an advantage as parents can access multiple services in one single visit[41,44]. Vedeler emphasises that collaboration between the kindergarten and the health clinic is of particular importance. Health professionals meet regularly and have an overview of all the families with small children in an area. They are able therefore to direct families to the Open Kindergarten and encourage them to use the available services. Such close collaborations can facilitate the sharing of information between professionals and thus ensure that families receive the support they require when they need it[41,44]. Vedeler[44] and Thyrhaug[62] emphasise, however, that it is important to ensure that the principles of confidentiality are observed and clear guidelines about how collaborative work may be carried out should be established, agreed and understood by all.

Open Kindergartens are managed by a (preschool) teacher, who is responsible for ensuring that legislation, policy and guidelines are appropriately followed. They are staffed by teachers and, on occasions, assistants. Vedeler notes that 'there is little material describing the professional content of the service' but this should be guided by the general aim of ensuring that parents are supported to further develop their parenting capacity[44]. All staff are responsible for ensuring families feel welcomed and included in the service. They will facilitate interactions between parents and encourage participation; whilst being sensitive, flexible and responsive to the needs of individuals. As observed

by Vedeler[44(p67)]: 'The teacher's role is challenging. They must have strong social competence, be able to put themselves out there handle unclear boundaries, have extensive knowledge of children development and parent functioning; and have some experience with health-promoting and preventive work. […] teachers must summon their pedagogical expertise and compassion in the "here-and-now" situations in a way that challenges both their professional competence and humanity. The teacher must…be able to handle any situation that occurs with professional integrity and social confidence.'

A key difference between Open Kindergarten and ordinary kindergartens in Norway is that the former works with parents and carers to support and strengthen their parenting capacity. A key aspect of this work is carried out through the establishment and strengthening of parent networks. In addition, families can access various group activities, themed courses, group meals, sing-a-long sessions, walks, counselling, and drop in services (such as 'coffee with the midwife' and 'baby café'). Third sector organisations may also offer services to families in the Open Kindergarten. What professionals and services are available in each Open Kindergarten varies depending on the needs and wishes of families and communities, as well as the financial and professional resources available. Professionals work in partnership with families and parents are expected to actively contribute to the work of the kindergarten and to ensure that it is a welcoming and safe place for all families.

A survey of six Open Kindergartens carried out in 2008 found that of the 185 respondents most (97%) were mothers and over two thirds (67%) were stay-at-home parents[44]. The findings also suggest that services are accessed by parents from all social economic backgrounds, and by those with well-established social networks, as well as those with weak social and support networks. Most of the respondents (70%) used the service weekly and almost all parents (96%) were fairly or extremely pleased with the service. Those who were least satisfied were those parents with the weakest social networks to start with and those who were not ethnically Norwegian.

Finland

Viitala, Kekkonen and Halme explain that several factors contributed to the introduction of Family Centres in Finland in the early 2000s[63]. As Finland emerged from an economic crisis there was an increased realisation that more needed to be done to support families. There was a

growing awareness that 'it takes a village to raise a child' and that parents had to be included in service planning and delivery. A new understanding of 'wellbeing' emerged, emphasising the role of public services for children and families in strengthening social inclusion and building a sense of community.

At the same time, there were growing concerns that professionals lacked the skills to deal with families' issues which were perceived to be more complex and serious than in the past. It was clear that to increase the provision of specialised services was unsustainable and that instead what was required was greater investment in preventive work with families. It was agreed that the most effective way in which to deliver preventive work was by enhancing cooperation between different players. Professionals understood that closer cooperation would increase their resources, skills and opportunities to support families and they pushed for the introduction of Family Centres.

The first Family Centre in Finland emerged from a collaboration between the city of Espoo and the Diaconia University of Applied Sciences. Following the Swedish model, they began to deliver pre- and post-natal courses to parents in 2002. Soon, other services were also made available such as an Open Kindergarten, peer groups and family work; and other municipalities established their own Family Centres. In 2005 the Finnish Government funded a three-year programme (the FAMILY project), led by the National Institute of Health and Welfare, to develop a common framework for the establishment of Family Centres nationwide. Almost 100 municipalities took part in the project and together they developed five principles to guide the establishment of Family Centres in Finland:

- promotion of children's welfare: the best way in which to promote children's health and welfare is by supporting parents to care for their children

- development of universal services for children and families: with a focus on prenatal and child health clinics, early learning and care and preventive social work

- promoting peer activities and sense of community: practice must be informed by an assets-based approach that makes the most of the resources and expertise of parents and children. Peer activities and support are key to ensuring social inclusion and a sense of community

- creating a culture of cooperation and partnership: cooperation between statutory and non- statutory agencies, professionals and families is essential

- renewing the service structure: cooperation between various agencies and actors is not static. They must be reviewed and renewed, in light of policy and guidelines issued by national and local governments.

At the end of the funded project the Finnish government committed itself to the introduction of Family Centres through a series of policies aimed at enhancing the wellbeing of, and reviewing service provision for, children and young people and their families. Service reform focused on the delivery of prevention and early intervention through the strengthening of basic services and cooperation amongst agencies, professionals and families.

As in the Swedish and Norwegian models, Family Centres in Finland include 'prenatal and child health clinics, early childhood education, primary school services, early support and family work services', as well as meeting places for parents where they can take part in a variety of groups and activities[63(p24)]. To facilitate cooperation, services were brought together, both operationally and structurally, under municipal preventive services and partnership agreements are drawn between statutory and non-statutory services

As the way in which services were brought together varies from municipality to municipality, Viitala and colleagues recommend that further information be gathered about what service Family Centres offer and how these are organised and managed[63]. They also note that further work is required to develop the pedagogical approach of Open Kindergartens so that it can both support the child's learning, as well as parents. They recommend that further research must be carried out to evaluate the impact of Family Centres on the health and wellbeing of children and families.

Denmark

Denmark does not have Family Centres as the other three Nordic countries discussed above. Instead, support for parents in Denmark is embedded within universal services such as health, education and early

childhood education and care (ECEC)[64]. Of interest here is that, similarly to the open kindergarten model described above, early years workers (pedagogues) working in ECEC in Denmark play a key role in providing support for parents of young children. Further consideration of the role of early years pedagogues in Denmark may provide some insights as to how early years professionals in Scotland can become better able to provide support to parents, as well as children.

Consultation

The aim of this consultation was to explore whether and how the OK model could be replicated or adapted in Scotland. We asked parents, carers and professionals to comment on what provisions are available currently and how well these work, what are the facilitators and barriers to accessing these services, and to think about how current services could be improved.

In Midlothian, we talked with parents and carers who were accessing services from Midlothian Sure Start (MSS), and professionals (such as health visitors) who provided these and other early years services within the local authority. MSS is a voluntary organisation financially supported by the local authority that has six family learning centres within the local authority area – three of which are located in areas of high deprivation. On average, MSS works with over 500 families a year with children under the age of 12 through a range of services with the aim to ensure that all children have the best start in life.

Between February and March 2018, we carried out focus groups with 19 parents and carers and 28 professionals in two local authorities – City of Edinburgh and Midlothian. In Edinburgh we talked with parents from an Early Years Centre (EYC) located in one of the 5% most deprived areas in Scotland and early years professionals, health visitors and social workers.

It supports children from birth to three in a variety of ways – it offers Early Learning and Childcare options to families all year round and families are given the opportunity to attend various groups, including Stay and Play sessions.

Services currently available

Participants in both areas noted that there are a variety of services on offer. What was available, how could this be accessed and who

accessed these services seems to vary greatly from place to place. In MSS Centres families could access groups that parents and carers attended with their children, such as *Stay and Play, Peep* and *A Good Start*; groups aimed at parents and carers, including groups specifically aimed at dads and grandparents; parenting classes such as *Raising Children with Confidence*; outreach family support; and one to one support, including counselling. Parents were also able to access family trips over the summer holidays, as well as caravan holidays organised by the centre.

Provision of services within the Early Years Centre in Edinburgh was more restricted. Professionals noted that there had been a shift in policy direction with the focus of early years intervention shifting from support for families to provision of early learning and childcare to children. That, combined with reduced budgets since the economic crisis of 2008, has resulted in a great reduction in the availability of services for families in the area. Nonetheless, there were still some services available within the Centre (such as Stay and Play and parenting courses such as *Raising children with confidence*), as well as other services (such as Peep and baby massage) available within the community. Parents we spoke with were aware of the *Stay and Play* group and the monthly coffee mornings for parents whose children attended the Centre.

Overall, the vast majority of mothers consulted with were happy with the quality of the services they were accessing. Mothers accessing MSS spoke highly of the quality of the services and staff. They appreciated the opportunities they had to influence what type of activities and classes were available to them within the Centres.

Fathers in Midlothian also spoke highly of staff facilitating their groups and were overall satisfied with the quality of the services they were accessing. They were, however, dissatisfied with the availability of services. Fathers felt that they were not only excluded from family support services, but also seen with suspicion by service providers when they tried to engage with the available support and take a more active role in the care of their children.

Parents in Edinburgh were very satisfied with the services provided by the Early Years Centre but lamented the lack of services and support available to them more generally.

Establishing peer support networks was also an important aspect of service provision, and one which all but one group of parents talked about frequently and with passion.

> *"It's just great to see like-minded dads, and share thoughts and feelings and know it's confidential and good …It's a good group to come to."* (Father, Midlothian)

The group that did not mention peer support as an important aspect of the service had only recently been formed and so had not yet had the opportunity to develop these relationships.

Some parents, both in Edinburgh and Midlothian, commented on their experience of attending standardised parenting programmes. These parents noted that they were reluctant to attend at first, one mentioning that she did not understand what the aim of the programme was. However, they all reported that, in the end, they had enjoyed the experience and had learnt something new.

Early years professionals emphasised that their work to support families was not limited to standardised parenting programmes but that these programmes 'had their place' when offered as part of a package that included more flexible, individually tailored support.

Social workers noted that parents may agree to attend family support services on the hope that this would avoid further contact from social work. There were some doubts, however, as to whether parents engaged with the content of the programme.

> *"…we suggest things like early years or early parenting groups, and it's almost an issue, the say "I'll do that", but I think it's not "I'll do that because I want to improve my parenting." It is "I'll do that so that you'll go away." And I do wonder if you went back in six weeks' time how many people would be doing the things they said they would."* (Social workers, Edinburgh)

They suggested that before parents could benefit from family support work they had to have built trusting relationships with professionals. Workforce pressures often prevented social workers from having the time to build these trusting relationships.

Accessing services

In both areas services could be accessed through a referral from another professional or self-referral. Health visitors and social workers were the professionals most often mentioned as referrers. All parents agreed that health visitors had an essential role to play in ensuring that families are aware of the services and support that are available and to direct families to the right type of services when required. Many parents reported, however, that they did not have regular contact with their health visitors. Fathers felt that health visitors did not engage with them, effectively excluding them from participation in other services as well.

There was a mixed response from parents in relation to how easy it was to access services and support. Mothers in one group found it easy to access services offered by Midlothian Sure Start. All of these mothers had been referred to the service by a health visitor or social workers. In other groups, mothers reported different experiences, with some having experienced several difficulties in accessing the support they required. Fathers reported that accessing family support and services was very difficult for them.

One of the biggest barrier parents faced in accessing available services was a lack of knowledge about what was available.

> *"Because you don't know. We can only find out from someone else like who is already attending some course or something."* (Mother, Edinburgh)

Interestingly, some professionals felt that there was enough information out there for parents. This could either be accessed online or at the Centres, where information could be found displayed in posters on walls and leaflets. In Edinburgh parents also received information about the services available when they first contacted the EYC to enrol their children at the nursery.

Some professionals have noted, however, that many families would struggle to engage with this information due to their literacy levels and the way in which information is often conveyed.

> *"…leaflets are never worded in a very… they are never like "if you want to come along, meet some friends, have a cup of tea, come here." And that's really what I think our families would be like "oh*

> *yeah, I'll go and try that." It's like "if you want to do this, this, this and this." And they don't view themselves as needing those types of things."* (Social worker, Edinburgh)

Parents, carers and professionals agreed that it was difficult for people to come to a group for the first time. Many parents talked about how they had found 'crossing the threshold' into the centre 'anxiety provoking'; and professionals believed that this might be the biggest barrier parents and carers face in accessing a service.

Participants noted that parents and carers often required one-to-one support to 'cross the threshold'.

> *"[…] my senior practitioner tomorrow, she's away meeting somebody in the street to bring them into the building. And they're a middle-class family [...] she suffers from postnatal depression, but coming into a new setting is actually really, really hard for her…" (*Professional, MSS)

For some, support to attend a new service was required only once. Others, however, may require ongoing support to 'cross the threshold'. Either way, parents, carers and professionals emphasised the need for trusting relationships between professionals and service users and how this may take a long time to build.

Other barriers to accessing services were parents' lack of confidence, low-self-esteem, mental health issues and feelings of inadequacy and guilt.

> *"I think parents initially, or most parents I've come across, initially find it hard to ask for help when they support because they think it's something wrong. So giving them the confidence to access that support or the knowledge to know that it's okay to take support and accept support. And it's a strength rather than a failure, because a lot of them think they're failing as a parent if they need help."* (Professional, Midlothian)

Some parents described how they had struggled to admit that they needed help because doing so was seen by then as an admission that they were inadequate parents. They reported that they suffered in silence for a long time before seeking help.

Professionals recognised that parents might find it difficult to engage with a service for fears of being judged.

> *"It's that fear of being judged that I think so many families have. They're so anxious when they go to these (groups) that even any feedback they're given they instantly take as criticism."*
> (Social worker, Edinburgh)

Related to that was the view that there is a great deal of stigma attached to family support services. Parents and professionals noted that many families will not access family support because they believe that services are targeted at families with specific needs (such as those where substance misuse might be an issue) and that by accessing these services they run the risk of being wrongly labelled.

> *"There is a massive stigma for these kind of groups, massive stigma. […] I speak to dads that I know and there's one specific one that I spoke to recently, and he was like "I don't want to come into a group and discuss all my problems and for it to be broadcast around the community." ...then there's other people that think that people that come here are people that really need extra support, a huge amount of support, and are people that are maybe on drugs or alcohol or mental health issues, whatever. Actually, it's not. There's a wide range of people."* (Father, Midlothian)

Resources

In Edinburgh, parents often joined a waiting list before being able to access the childcare on offer at the Early Years Centre. Priority in accessing childcare was given to those parents who were referred by social workers and health visitors.

> *"So, there are some families who we would probably consider as quite a low threshold, and then we've got families that are a very high threshold and need to be seen very quickly. So those low ones get bumped and get bumped and get bumped, and that's very frustrating because you want to offer support when it's needed, but if you've got somebody down the end of the phone saying that this child needs to be seen and we need to know that they're safe then that child is the first child to come in..."*
> (Professional, Edinburgh)

The frustration expressed by this professional in not being able to provide childcare for families when they needed was further compounded by the fact that, within the current physical space and staff capacity of the Centre, other services and groups within the centre could only be made available to those families whose children were enrolled at the nursery.

> *"…we know that we've done these things [groups open to the whole community] before and they can be very popular. But again because of the constraints that we have in terms of budget and why we're here and the type of establishment we're expected to be by a local authority or whatever, we're not able to open it up as much as we'd like to."* (Professional, Edinburgh)

All professionals talked about the need to be flexible and creative so that they could continue to support families the best they could with the fewer resources they now had.

> *"But we always find a way. We'll find a way. We do. That is totally why it works, like I have all my remits and all my boxes to tick and we have to do that because that's funders and what everybody wants. And then you have your regulations and your policies so you have to keep [...] but within that you need to be able to think right how can I deliver this? How does that help that child? How does that…? [...] Sometimes it's just like I think not being rigid."* (Professional, Midlothian)

Parents were very appreciative of the effort of these professionals. Parents noted, however, that not all professionals were flexible and creative in their approach resulting in some of them being unable to access the support they required, when they required. One parent talked at length about the difficulties she had experienced in accessing the support she needed in the past because she did not fit the referral criteria. She was only able to access the one-to-one support she required when a new centre manager joined her local MSS Centre. The new manager was able to take a flexible and creative approach to ensure that the right support was made available to this mother, independent of any service criteria that might have prevented this mother accessing services.

Improving services

Whilst parents were satisfied with the services they were accessing they made several suggestions as to how family support services could be improved in their area. Parents in Midlothian and Edinburgh agreed that information about services and how these can be accessed must be more readily available. In one focus group parents discussed how information should be made available through different means (i.e. leaflets, face-to-face meetings) and at different stages. Many parents mentioned that they would like to have someone to talk to, rather than being given a phone number or a leaflet. That may be even more important for families coming from abroad who will need extra support in becoming acquainted with and learning to navigate the various systems, such as health and education, in Scotland.

As aforementioned, health visitors were a key source of information to parents and gatekeeper to other services. Parents experiences of health visiting services, even within the same area, could be drastically diverse as the following passage illustrates:

> R1: Yes. It's very, very good help from them. I'm really happy, they helped me a lot, yes.
>
> R2: Yes. I don't see my health visitor often.
>
> R1: No I don't see her anyway now. But when I needed help she was there and she helped me with everything. And I could call anytime in fact. Because I was struggling as well. Because anything she said, even like if was struggling with money or something there is like vouchers for the food or for the furniture.
>
> R2: Mine disappeared. I don't know … She didn't even that …
>
> R1: No. But maybe you weren't struggling moneywise or something. I split up with husband and so I stayed alone and there was like a lot of help. And I wouldn't know where to go if the health visitor hadn't told me all that. But she transferred me and she helped me a lot. And only good words about her, how she helped me.

Whilst parents recognised that health visitors might have to prioritise some families over others, particularly in a context where there is a shortage of

staff, they would like to be able to see their health visitor on a regular basis, independent of their (perceived) level of need.
Various examples were given of professionals who had not been responsive to parents' needs and were unwilling to 'think outside the box'. Parents wanted professionals to recognise that, independent of their age, gender and/or socio-economic background, they may need help at any point. They wanted all professionals to be responsive, flexible and creative in their approach. Fathers emphasised that it was essential that professional attitudes towards them be improved so that fathers are treated with the same respect and dignity as mothers.

Parents in two groups, and professionals, also talked about the need for more secure funding for services so that parents can feel reassured that the support they may depend on will not suddenly end. In addition, parents and professionals would like better physical facilities; with some professionals noting that careful consideration must be given to where services are located. For example, one professional described how an attempt to make health services available more locally resulted in less family engagement because the service had been co-located within the school.

Parents and professionals also wanted more outreach work to be available for families:

> "*We had an outreach team that could meet with families that just needed that kind of six weeks of support or whatever to signpost them out to things or to bring them into things that we were running in the centre. I think that type of thing is really valuable.*" (Professional, Edinburgh)

Outreach services were key to ensuring that trust was built between parents and carers and professionals. Trust between parents and carers and professionals was described as an essential element of family support – without it, many parents may be unable, or unwilling, to access other services. Some service providers thought that trust was the foundation of family support – parents and carers needed to trust professionals first before being able to learn from them.

> "*…to me family learning for some people can happen straight away, but for lots of people you have to have that relationship first, you have to then get them into a position to be able to learn. They don't all just automatically learn...So we're building their trust,*

getting them safe to come in. And then move on."
(Professional, Midlothian)

Professionals emphasised that it can take a long time to build trust with families and the importance of putting time into building these relationships was often not recognised by funders, or policymakers.

Implementing the OK model in Scotland

Professionals agreed that there were many benefits to families, as well as service providers, in co- locating services under one roof and they would have liked to see more of that collaboration taking place. They noted that the co-location of services was quite common in the past but cuts to budget and changed policy priorities had seen many services being discontinued.

> "*… when I first started in early years centres there was a lot more drop-in type groups, a little bit like what we do with our Stay And Play, but it was open to anybody in the community with children under five. [...]And that's the stuff I think that's missing a little bit more in this neighbourhood, or in areas across the city. A place where parents could come with their children, they didn't have to be referred, they weren't told to come here, it was just a drop-in, you could come and play with your children, but they were staffed. And I think there was that bit that they could speak to a member of staff if they felt that they were needing to have that chat, or they got the support from other parents. But it didn't have that sort of stigma attached to it as "I'm going to the child and Family Centre". It's "I'm going to the drop-in." And I think that is something that is missing probably quite a bit now. I think there's pockets of it, but there's not enough…*" (Professional, Edinburgh)

One professional, however, cautioned against co-location:

> "*we think that co-located services will work because it makes them more universal, but actually sometimes people, they don't want other people to see them going in, they may not want people to see them going in to the nurse or whatever.*" (Professional, Midlothian)

The physical space where services were located was an important aspect in any consideration about inclusion of family support services

within current early years provision. Parents and professionals commented on the need for buildings that are accessible, fit for purpose, where there are sufficient number of rooms of different sizes that can be used for a variety of activities and groups for parents and children.

> *"... if we're expecting children to spend so much time in an early years establishment then we need to build the early years establishment like a community. We need to make sure that it's got areas to go and have private conversations, but also have areas where we're able to meet as groups or have information available or have other professionals available to meet with parents. I think that the planning now that needs to go into new buildings needs to consider parental support because we are expected to have children with us for longer and from an earlier age."*
> (Professional, Edinburgh)

Professionals also talked about the need to create spaces where families feel welcomed and a sense of ownership over the space so that they can come whenever they like – be that to have a cup of tea or to seek advice. Parents also commented on the physical space where they currently accessed services noting that these were not always accessible, easily identifiable or welcoming.

Discussion

As others have noted, practitioners' skills and characteristics are of great importance for the success of family support services and parents we spoke with for this consultation confirmed that[26,27]. Parents we spoke with often talked about the positive and significant contribution a 'professional friend'[26] had made to their wellbeing and, consequently, the wellbeing of their children and other family members. For parents, effective family support must be delivered by professionals who are non-judgmental; recognise and strengthen the assets of individuals, families and communities; include families in decisions (and actively listen to them); and are flexible and creative on their approach so that they can respond to the needs of families as they emerge. In contrast to policy discourses that promote structured parenting programmes as the most effective way in which to support families, parents and some professionals saw these as being of secondary importance with the support being provided more informally being the most valued by families.

As the evidence from the literature and consultation have highlighted the value of supportive and consistent relationships between service users and providers cannot be underestimated. Professionals we spoke with emphasise the importance of being consistent with families so that they know what to expect, and when; and noted that lack of consistency undermines trust.

Some consideration must be given to power dynamics between service providers and service users and how this impacts on the relationships they built with each other. Evidence from the consultation indicate that where service users feel that they are included in decisions, have their views and opinions valued that they are more likely to trust and engage with services. However, when service providers are less willing to listen to parents, or exclude them from service provision all together, leads to parents feeling disempowered and less willing or able to engage with family support services. Trust may also be difficult to build when professionals espouse a deficit-approach in their work with families.

A recurring theme in conversations with parents was the perceived lack of information about the family support services available in their area. Whilst information is available in various formats (online, leaflets, direct correspondence with parents) further consideration needs to be given to how this is presented and provided to ensure that it is reaching families at the right time. For example, Waterston and colleagues' study indicates that a monthly parenting newsletter can be an effective and non-stigmatising way in which to reach parents and provide information[65].

Parents and professionals noted that one reason why families may not access the support available was due to the stigma often attached to these services, or the places where they were on offer. One way suggested to make services for families less stigmatising is by making them more accessible. Accessibility means two things. First, ensuring that family support services are offered locally, preferably within a setting that is accessed by all families such as school and nurseries. Second, ensuring that all families can access support when they require it, without the need of being referred by a professional or of satisfying eligibility criteria.

The role of health visitors in supporting families to identify and access different types of family support was often highlighted. It was concerning to hear, however, that many families are not seeing their health visitors as often as they need or require. Future research needs to consider how the

Universal Pathway's impact on families' access to and experiences of health visiting services.

The role of outreach family support workers was also highlighted by parents and professionals as an essential component of any family support programme or configuration. Skilled family support workers were described as able to identify families' unique needs, provide tailored one-to-one support and help parents to develop trust in services. The work carried out by family support workers seems to be, however, undervalued by those who fund services as evidence from the consultation indicates that this is the first service to be cut out when budgets are reduced.

A consideration of whether the Open Kindergarten model could be implemented or adapted in Scotland must take into account the different policy contexts in the UK and Scandinavia. Family policy in the UK is guided by neo-liberal principles that advocate minimal state intervention and promotion of market solutions. By contrast, policy in Scandinavian countries is influenced by social democratic values which seek to redistribute wealth and where the state assumes most of the responsibility for welfare. Current policy developments in Scotland, such as the desire to ensure *all* children to have the best start in life and the heavy investment in increasing the availability of early learning and childcare provision for all 3 to 5 years old indicates a desire to align Scottish family policy with social democratic values of redistribution, social justice and fairness. In this context, the OK model provides an opportunity for the re-thinking of how family support is delivered in Scotland so that it becomes more inclusive and less stigmatised.

More practically, implementing such a model of preventive practice in Scotland would require the training of professionals who are able to both 'diagnose' and 'treat' family needs and to direct them to other services when required, providing a single point of contact for children and families. Professionals will also need to take an asset-based approach to their practice, work in partnership with families, and be flexible in their approach. On a more practical level, it would also require the provision of meeting spaces that are accessible and welcoming to both children and families and that can be used for a variety of activities.

Conclusion and recommendations

We had several important reasons for exploring the potential value of the Open Kindergarten approach in Scotland. In the first place, we were very much aware of the Scottish Government's policy objectives. Key among those were addressing the current discrepancy in educational attainment between children who have had effective support for their early cognitive development and those who had not. Also, supporting parents to give their children the 'best start in life' and minimising the risk of long-term inequalities in life outcomes in learning, health and wellbeing. In addition, we were aware that parents in difficult circumstances were generally less likely to access early years support services, even when these were free and close at hand. We were also conscious that, when resources are limited, a sustainable approach using existing staff and buildings would be relatively straightforward to put in place and, indeed, was desirable for other reasons such as parents and children becoming familiar with a setting and building relationships with staff before the children reached the age of entitlement to pre-school provision.

We found that many parents had not found it particularly easy to find out about services in their community where they and their children might access support and advice. In most cases they had found out about provision through other parents. The health visitor could be pivotal here and, for many, they had been a great source of advice. Critically important for many was the welcome they received, as was the attitude of the professionals they encountered. Parents well less keen on attending sessions that had prescribed content. They felt they gained more benefit from services when they were able to raise issues that were current and important for them. Practical help and advice that they could realistically act on were valued. Many described the peer support from other parents as being a really important element of groups they had used and was instrumental in their deciding whether they continued involvement with a service or never returned after the first visit. While parents much enjoyed doing activities with their children and learning together, many really valued a balance between doing things together and having some element of respite. The staff we spoke to, all with lengthy experience in working with young children and their families staff, generally reinforced what the parents had said. The quality of the relationships between parents and professionals were what underpinned the effectiveness of the support.

Recommendations

Our conclusions are that Open Kindergartens could: meet parents' support and learning needs more effectively; provide parents with critical peer support; upskill the early years workforce; represent a sustainable and financially viable model, readily capable of being upscaled and, most importantly, contribute to achieving better and more equitable outcomes for children.

To demonstrate the value and impact of the model we have a number of recommendations:

- The approach is tested out in at least two contrasting early years settings
- A capacity-building programme is provided for staff. This would cover forming and using relationships, particularly in terms of reaching out to those less likely to engage spontaneously, co-producing the curriculum and supporting parents to adopt constructive ways to develop their child's confidence, learning and wellbeing
- We work with specialist agencies in terms of supplementing the core activities, such as with art, music or drama
- The staff in the settings we work with become skilled in advising parents on healthy child development and encourage parents to engage with them on this at any time
- An information session, supplemented by hard copy and web-based advice, is provided for local agencies who might broker first contact and encourage parents to attend. Health visitors will be a very important element of this
- A model of initial outreach and accompanied visit(s) is always adopted
- Parent and baby/child sessions are held twice weekly, with sessions lasting around two hours
- Funding is available to help with transport if needed
- Ground rules are adopted about behaviour for all participants
- Sessions are staffed by qualified centre staff, supplemented from time to time by specialists as described above
- There is no programme or prescribed content, the topics talked about are raised by the parents
- There is no compulsion on participants to attend every session
- Sessions are open to mother and fathers together or to either separately

- The sessions are fun and not didactic
- Qualitative and quantitative evaluation is conducted
- A plan is developed for upscaling the approach.

Appendix 1

Search engine	Search terms	Search parameters	Returned and saved articles
Stirgate	family support OR parenting support OR parenting programmes OR parenting classes (in Abstract)	Publication date: 2000 – 2018. Language: English In full text In academic journals, reports, books, ebooks	25,450 returns checked first 100 30 saved
Stirgate	Family support OR parenting support AND young children	Publication date: 2000 – 2018. Language: English In abstract In peer reviewed, academic journals	14281 returns Checked first 50 2 saved
Stirgate	Family Centre AND sweden or swedish or norway or norweigan or denmark or danish	Publication date: 2000 – 2018. Language: English In abstract In academic journals, reports, books, ebooks	4 returns All saved
Campbell Collaboration	parent, family, family support, early years, child	N/A	42 returns All checked 8 saved
DiVA	Family Centre	Publication date: 2000-2018 Language: English Full-text in DiVA	175 returns Checked first 50 1 saved
	Open Kindergarten	Publication date: 2000-2018	2 returns (one of

		Language: English Full-text in DiVA	which already identified in previous search and saved) None saved
	Open pre-school	Publication date: 2000-2018 Language: English Full-text in DiVA	1 14 returns (one of which already identified in previous search and saved) Checked first 50 None saved

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