

# Parenting Evidence Review Scotland 2025-26

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**Parenting**  
Across Scotland

The  Lines  
Between

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# Executive summary

Parenting Across Scotland (PAS) commissioned The Lines Between (TLB) to conduct an evidence review of literature published on parents and carers in Scotland in 2025 and early 2026. This builds on a previous review conducted in 2024 that brought core concerns of parents and carers to the fore. The aim of this review is to identify the key issues, challenges and priorities facing parents and carers in Scotland today and provide evidence to inform PAS's policy priorities and future influencing activity.

The review draws on 26 studies involving over 20,000 parents and carers across Scotland, covering a range of participant groups including single parents, black or minority ethnic parents, disabled parents or parents with disabled children, carers, parents with care experience, parents who have had a child put into the care system and foster parents. The analysis focuses on three overarching and interconnected themes: poverty, health and wellbeing, and early years, childcare and hobbies.

## Poverty

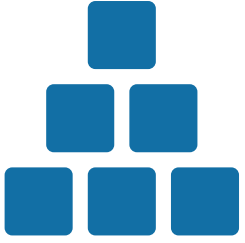
Poverty remains a central and persistent challenge for families in Scotland. Research shows financial insecurity as a structural issue affecting multiple aspects of family life, including access to employment, services, childcare, and extracurricular opportunities. While concerns about the cost of living, work flexibility for those already struggling, and access to support and services run throughout the whole report, the first section focuses specifically on the poverty and research on social security support available to parents and carers in Scotland.

Social security payments, particularly the Scottish Child Payment, are widely recognised as providing essential support. These payments enable families to meet basic needs, while also contributing to reduced parental stress and improved wellbeing. However, the evidence indicates that these payments primarily support families to manage immediate hardship rather than providing a sustained route out of poverty. Families often rely on these payments to cover core living costs, reflecting the depth of financial pressure they face. For example, parents and carers report making sacrifices such as skipping meals to ensure their children are fed, while stigma associated with poverty – particularly around food bank use – compounds emotional stress. Overall, the evidence demonstrates that while existing financial supports are essential, they are insufficient to fully address the scale of need.

## Health and wellbeing

Mental health emerges as a key concern across the literature. Parents and carers frequently report feelings of stress, anxiety, isolation, and pressure to meet societal expectations of parenting. These experiences are intensified by financial strain, lack of support, and difficulty accessing services. Barriers to support include long waiting lists, stigma, fear of judgement, and mistrust of services. In some cases, these barriers lead to worsening mental health outcomes and reduced engagement with support systems.





## Early Years, childcare and hobbies

Access to early years provision, childcare and children's activities plays a significant role in shaping parental experiences. Community-based support, such as playgroups and Open Kindergarten programmes, provides important opportunities for social connection, learning and emotional support for both parents and children. These settings help reduce isolation, build parental confidence, support child development, and are often described as safe and supportive spaces. However, access to such provision can be uneven as some families face high costs, low access in rural communities and poor transportation options. Others also describe perceptions of exclusion as a barrier to partaking.

The expansion of funded Early Learning and Childcare (ELC) has had clear benefits, particularly in supporting child development and enabling parental and carer employment. However, many parents and carers continue to face challenges related to affordability, flexibility, and accessibility. Additional or wraparound childcare remains costly, and limited flexibility in provision can make it difficult for parents and carers to engage in sustained employment, particularly for single parents and carers and those with additional caring responsibilities.

Childcare constraints also affect education and career progression. Parents and carers report difficulties balancing work or study with caring responsibilities, with lack of flexible and affordable childcare contributing to missed opportunities and longer-term financial insecurity. Similarly, while extracurricular activities and hobbies are widely valued for their developmental and social benefits, cost and accessibility limit participation for many families. This contributes to broader concerns about inequality of opportunity and the impact of financial hardship on children's experiences.

### Discussion

Across the evidence, poverty, health and wellbeing, and early years, childcare and hobbies are deeply interconnected issues that collectively shape family life in Scotland in 2025. While policies and services are making meaningful contributions to supporting families, they are not yet sufficient to address the scale and complexity of need.

A consistent theme is the importance of holistic, whole-family approaches that recognise the interconnected nature of challenges faced by parents and carers. The evidence suggests that addressing ongoing challenges will require not only increased resources, but also changes to service design, with a continued focus on reducing inequalities and improving outcomes for all families in Scotland.





# 1.

## Introduction

Parenting Across Scotland (PAS) is a membership organisation which brings the parent and carer voice to policymakers and service providers. Its members work together to realise the PAS vision: *A Scotland where every parent, carer and family thrives*.

In 2024, Parenting Across Scotland (PAS) commissioned The Lines Between (TLB) to review research with parents in Scotland conducted in the previous year (2023). The review identified numerous challenges faced by parents, particularly in the post-pandemic years, and the findings helped to inform PAS' futurework and underpinned many of its manifesto calls in the 2026 Scottish Parliamentary election.

To update the evidence base, Parenting Across Scotland commissioned TLB to repeat the review in 2026 and examine evidence on parenting experiences in 2025 and early 2026 to identify the key issues, challenges and priorities highlighted by parents and those in a parenting role in Scotland today. The core tasks were to:

- Identify which groups of parents and carers have been involved in Scottish research over the last year and any gaps in who has been included in these activities.
- Provide evidence to inform PAS's policy priorities and influencing activity, and help shape future research priorities.

While considering literature published recently ensures this report captures a current snapshot of parents and carers' experiences, there has been policy developments over the last few years in Scotland and the UK more widely that contextualise the research. For example, research into the success of the Scottish Child Payment (SCP), introduced in 2020 and increased incrementally over the years, is timely and relevant as families and policy officials have had five years to understand the impact it may have on child poverty levels. During the period of research for all the reports and article cited, Westminster's two-child benefit cap was still in place. However, while writing this report, the current government had removed it. The combined impact of SCP and an increase in Universal Credit child supplements for larger families will be something to review in the coming years. Similarly, the Scottish Government initiative to support families holistically before they reach crises point, the Whole Family Wellbeing Fund, has been assisting families for three years now. With a recent election and the publication of the next Tackling Child Poverty Delivery Plan, *Building Hope, Building Futures*, in 2026, there has been a needed focus on supporting families facing financial hardships.

The key themes in this report are poverty, health and wellbeing, and early years, childcare and hobbies. Predominant in the literature is the continued impact of the increasing cost of living. Poverty, food deprivation, high childcare costs and their reported impacts on parents' and children's mental health and wellbeing are prominent themes across the evidence reviewed.

## Methodology

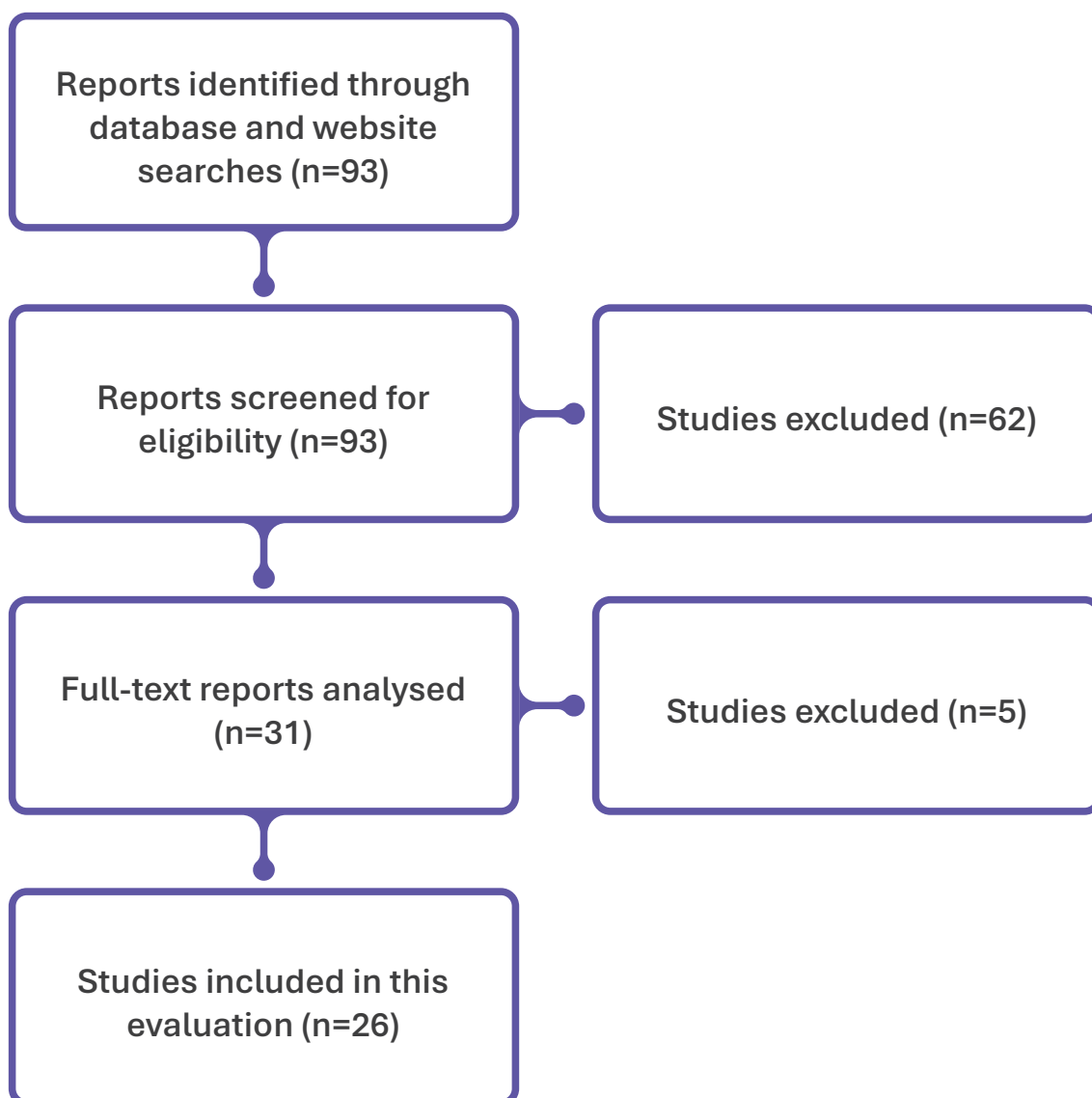
This evidence review had a defined scope. All publications included in the analysis met the following criteria:

- Involved research with parents, carers, or those in a parenting role. Some larger studies comprised a broad range of participants, including parents; from these we have drawn out any findings that specifically relate to parental experiences.
- Related to parenting or caring and highlighted the experiences of parents or carers.
- Published in 2025 or in the first quarter of 2026. This is to capture the current issues, concerns, and struggles facing parents and carers as accurately as possible.

- Based in Scotland. Scotland's legal, education, social security, health and local government systems differ from those in England, Wales and Northern Ireland. This means the experiences of parents and carers in Scotland may differ from those elsewhere in the UK. While some important UK-wide research was produced in 2025-2026, it was beyond the scope of this review to include this. However, we included reports where UK-wide data had explicit sections detailing the experiences of Scottish parents.
- Included primary qualitative, quantitative, or mixed-method research. This report is based on a review of published primary research. Only reports with clear methodologies and numbers of participants were included. While different types of evidence were reviewed, the focus was on parents' and carers' views and lived experiences.

A range of publications was included in the review, spanning government research, grey literature from third sector organisations, academic literature, and collaborative research between the third sector, government and academia. Alongside using academic search engines, we asked the Parenting Across Scotland network to share relevant examples with us, reviewed the websites of 76 third-sector organisations and public bodies working with parents, carers, and families in Scotland.

Much of the research we screened fell outside of the timeframe or participant profile scope for the evidence review and was therefore excluded from the analysis. In Appendix B, our 'Continued Reading' section, we signpost other relevant research.



Our team developed an analysis framework to structure the evidence review. In the analysis, we sought to draw out intersectionality<sup>1</sup> and identify any differences or additional impacts linked to specific parental characteristics. This has enabled us to explore how issues such as the childcare costs have affected families and any greater impacts experienced by some parent groups due to structural inequalities.

Language used throughout varies as when writing about different research, we reflect the language used by the study authors. For example, single parents are referred to in some cases as lone parents. We did this to ensure the wishes and rationale behind the researchers' choices are reflected in our review.

Reflecting the study resources and timeframes, this evidence review is not exhaustive. However, it provides a well-rounded picture of the major themes emerging from the research with parents and carers in Scotland in 2025 and early 2026.

## Participants

The Lines Between examined 26 reports and articles that explore parenting in Scotland in 2025-2026. Together, these studies engaged over 20,000 parents in Scotland from at least 31 local authority areas, and worked with single parents, black or minority ethnic parents, disabled parents or parents with disabled children, carers, parents with care experience, parents who have had a child put into the care system and foster parents. While the participant sizes, methodologies and themes varied across the different projects, priorities and areas of concern emerged from an analysis of the research landscape. Poverty, health and wellbeing, and early years, childcare and hobbies were key themes across the evidence.

To see specific details of each report, such as participant numbers and geographic spread, please refer to Appendix A.

This report brings together the key issues, challenges, and priorities, and each chapter sets out the collected recommendations identified in the different reports under that theme. The report is structured as follows:

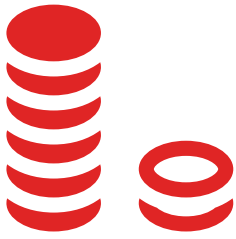
- This chapter outlines the purpose of the review and the methodology.
- Chapters Two to Four present findings linked to the three overarching themes that emerged across the literature: poverty (Chapter Two); health and wellbeing (Chapter Three); and early years, childcare and hobbies (Chapter Four).
- Chapter Five presents a discussion of the findings.
- Chapter Six sets out works cited within this report.
- Appendix A provides an overview of the articles cited, including the number of parent participants and the geographic spread of the research.
- Reading and research that is relevant to the research questions but out of scope of the research parameters is included in Appendix B, a continued reading list.

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<sup>1</sup> Intersectionality acknowledges that people are made up of multiple, complex identities, which means that people have unique experiences of hardship, oppression and disadvantage. An intersectional approach to analysis considers these different experiences. This is important when examining how social issues affect different groups of people more acutely.



## 2. Poverty



## Introduction

This chapter examines evidence gathered by charities, academics, and the public sector on the impacts of poverty on families in Scotland. It focuses on five studies in particular, although poverty as a theme recurs throughout the remaining chapters of the report.

Research shows that while social security payments assist families, many of the issues causing poverty are entrenched and poverty remains a significant concern for families in Scotland and the organisations that support them. This chapter provides an overview of specific issues around the cost of living and how families use support and services to offset greater costs faced.

## Families and poverty in Scotland

Fife Gingerbread and Save the Children found that some families in Scotland are living in severe and sustained levels of poverty. [1] [2] In a report by Save the Children, Keir found that poverty is consistently identified as the fundamental issue shaping parents' and children's lives, affecting multiple aspects of family life. [2] These included impeding access to services, employment, extracurricular activities and childcare. [2]

Similarly, a survey by Fife Gingerbread with 134 parents in Fife found that 70% of responding households are living below the low-income threshold after housing costs are deducted. [1] They noted that in recent years, low income has been a “stubbornly persistent challenge” for families who Fife Gingerbread supports. [1, p. 4] Of those responding, 96% belonged to at least one of the priority groups identified by the Scottish Government as a group at higher risk of poverty<sup>2</sup> and over half belonged to more than one priority group, highlighting poverty as an intersectional challenge with certain groups facing multiple barriers. [1]

## Families and poverty in Scotland

This section considers research on social security payments used by parents in Scotland, including the Five Family Payments<sup>3</sup> and Universal Credit. It also considers research on local grants, such as free school meals and the school clothing grant provided by local authorities.

One of the most impactful payments targeted to families is the Scottish Child Payment (SCP). Research by Andersen et al. considered the impact of the SCP on the wellbeing of children. [3] Using surveys and interview engagement with parents, Andersen et al. compared the experiences of families receiving SCP with those in England who are ineligible. They considered the impact of the payment on child material deprivation, household food insecurity, parental stress and wellbeing, and children's everyday experiences.

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<sup>2</sup> The Scottish Government has highlighted six priority groups most at risk of poverty. They include: lone parent families, minority ethnic families, families with a disabled adult or child, families with a younger mother (under 25), families with a child under 1 year old and large families (with three or more children).

<sup>3</sup> The Five Family Payments include Scottish Child Payment, Best Start Grant and Best Start Foods. The Scottish Child Payment includes a payment of £108.60 every 4 weeks for each child up to their 16th birthday. The Best Start Grant include three one-off payments: the Pregnancy and Baby Payment, the Early Learning Payment and School Age Payment. The Best Start Foods provide money on a pre-paid chip and pin card to buy health foods. It is paid weekly. Parents can apply while pregnant and the payment continues until a child turns 3.

Qualitative research found that parents in Scotland consistently described SCP as making a “significant” and tangible difference to children’s lives, particularly through enabling spending on essentials and developmental opportunities. [3, pp. 11-13] Examples of resources purchased through SCP include food, clothes, uniforms, shoes, toys, educational resources and extracurricular or social activities.

**“ It’s gave me that extra bit of breathing space to get little educational type things for my son that I normally wouldn’t have been able to afford.”**

Single parent with a disability [3, p. 12]

Researchers found that SCP positively impacted parental wellbeing, decreasing stress about money. However, the report emphasised that while SCP had a positive impact on families it enabled survival rather than a route out of poverty. They found that many families needed the payment to cover basic bills or food shortages, particularly for larger families who, at the time, had any child increases to Universal Credit payments capped at two children.<sup>4</sup> They also note that the cut-off point for payments at a child’s 16th birthday may re-introduce hardship for some families.

**“ They’ve got a long ways to go to eradicating child poverty and this is just beginning.”**

Single parent [3, p. 19]

This was supported by research from Save the Children, which highlighted that SCP helps families meet basic needs. Although, this report also notes that it does not provide capacity to absorb any rising costs. [2]

**“ If I didn’t have the Scottish Child Payment there wouldn’t be any food in the fridge.”**

Parent [2, p. 15]

ScotCen was commissioned by the Scottish Government to evaluate the Five Family Payments, which includes the SCP. The other payments are the Best Start Grants and Best Start Foods. Their evaluation found similar evidence that alongside the other payments, SCP was reducing material deprivation among low-income families but noted that while it is supporting progress towards child poverty objectives, poverty persists. [4]

Research showed that the Five Family Payments helped parents to mitigate the increases to the cost of living. Research participants described the food insecurity they faced, with some reporting that they cut down on their own food consumption to ensure their children were eating. [4] Evaluation participants acknowledged that the Five Family Payments did help to mitigate some concerns around food insecurity, although they still faced hardship. Survey results showed that:

- 60% of SCP recipients agreed they relied on it to pay for household essentials. [4, p. 75]
- 64% of SCP recipients agreed it reduced the need to use food banks. [4, p. 69]
- Best Start Foods reduced food insecurity, especially for families with babies and young children. [4, pp. 88-90]

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<sup>4</sup> The two-child benefit cap, which limited Universal Credit and Child Tax Credit payment to the first two children, was officially ended in April 2026. Families are now allowed to claim support for all children. It is too soon to determine the impacts of this on families living on low incomes.

The payments were noted as being particularly important for larger families who were disadvantaged by the two-child cap for Universal Credit<sup>5</sup>, and for households with disabled family members. [4]

**“ I have 6 kids. The Scottish payment’s very helpful because without Scottish payments I can’t manage [the] living crisis.”**

Parent [4, p. 65]

Alongside positive impacts on the immediate financial crises, the research noted that the assistance provided by the payments improved wellbeing of both parents and children. Parents were relieved of some financial burden and parents reported that their children, particularly secondary-school aged, helped fight the stigma and social exclusion of poverty. [4]

**“ I mean it’s definitely a positive one for sort of like our own wellbeing, definitely. I mean I’m able to say yes more often, which then builds a better relationship with the kids, and they’re pleased because they’re hearing yes.”**

Parent and carer interview [4, p. 94]

The report identified barriers to uptake for the Five Family Payments. These included struggles to engage with the benefits system because of difficulty with the application system, low levels of literacy, digital poverty, or language barriers. ScotCen noted that these barriers also disproportionately affect families experiencing extreme poverty. [4]

**“ The mental burdens of living in poverty mean families struggle to engage with benefits systems.”**

Parent [4, p. 43]

## **Cost of living concerns**

The research cited above by Fife Gingerbread highlighted that 97% of parents responding to their survey received Universal Credit, but only 86% reported receiving Scottish Child Payment, reaffirming the gap or barrier to uptake for those eligible. [1] Some parents particularly focused on school costs, highlighting the expense of uniforms, school trips and extracurricular activities. While some families make use of resources such as the school clothing grant, high costs remain a cause of stress and concern.

**“ School clothing grant is a help but given the increasing cost of living it doesn’t always cover the needs.”**

Parent [1, p. 9]

**“ School trips are expensive... a trip cost £300. They gave me £50 help towards it and I paid the rest in instalments.”**

Parent [1, p. 9]

As with the other reports, stigma around poverty, particularly for school-age children and their parents, was high. Only 24% felt there was enough school based support for families struggling financially, and just one in four parents felt comfortable speaking to schools about money worries. [1, p. 9]

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<sup>5</sup> The two-child benefit cap has now been terminated.

The Save the Children research identified severe cost-of-living pressures on families living on low incomes. Families reported struggling with food, energy, transport and housing costs, with some unable to afford heating even when children had health conditions such as asthma. [2]

The stigma associated with food banks further compounds emotional stress:

**“ Who wants to go to a foodbank? But needs must. But it’s still that, it’s the pride.”**

Parent [2, p. 19]

As with other sources of evidence, parents described skipping meals to feed their children, often shielding them from the reality of the depth of poverty faced by the family.

**“ I don’t care if I go without a meal or two... there is some nights me and Dad go without dinners, so my children have got.”**

Parent [2, p. 18]

## **Barriers to support**

Reports cited above highlight issues around uptake of specific benefits managed by Social Security Scotland, particularly the difference in the number of the families on Universal Credit and those using the Five Family Payments. As noted above, the reports suggested accessibility and awareness issues. A report by One Parent Family Scotland considered how the construction of the payment system for Universal Credit may disadvantage specific groups. [5]

Working with researchers Currie and Podoletz at the University of Edinburgh, One Parent Family Scotland highlighted a concern with the technical design of Universal Credit’s automated payment. They determined that it could negatively impact working single mothers. [5] Single mothers make up a large proportion of working Universal Credit claimants. [5, p. 5] The researchers emphasised then that these design problems disadvantage single working mother more than any other group, further disadvantaging a group already at greatest risk of poverty. [5]

They cited three main issues with the payment design. The first relates to how payments are calculated. Payments are calculated based on automated income data collected directly from HMRC for tax purposes. The report noted that while this way of collecting data has been more accurate than some legacy benefits, claimants still face errors leading to over- or underpayments. [5, p. 9] While this may be due to employer reporting incorrectly, claimants had very little power to rectify the mistakes. All the data must come through HMRC. The report states “that 126,286 disputes have been raised by claimants over HMRC data over the course of 2022 [and] ...If all these disputes were raised by a different claimant, that means that one in 18 working claimants, or 5.5%, disputed a payment error”. [5, p. 9]

Another issue highlighted by the research is instances of misalignment between Universal Credit payment periods and when the payments were needed or used by parents. Often research participants described a mismatch between the timing of childcare cost reimbursements with payment schedules dictated by childcare providers. This resulted in parents having limited time to report childcare charges to the DWP, resulting in delayed or late payments. [5]

The evidence indicated that accessibility of financial support affects whether families experiencing poverty are able to use the available resources. For some benefits, such as Scottish Child Payment, it may be a question of building awareness. As One Parent Family Scotland and Currie

and Podoletz with Universal Credit, the problems faced are built into the technical design of payment, which disproportionately affect groups already at higher risk of poverty.

## Conclusion

Reports published in 2025 and early 2026 indicate that poverty continues to be a main concern for families. The Scottish Child Payment, the Best Start Grants and Best Start Foods have provided essential support for families living in poverty. Grants and programmes, such as a free school meals and school clothing grants, administered by local authorities have also provided some assistance to decrease the stigma and hardship faced by those experiencing poverty. However, the evidence indicates the cost of living is an ongoing challenge for many families in Scotland.

## Collected recommendations



The recommendations below present suggestions and policy recommendations identified in the cited texts. These do not contain every recommendation, but summarise the main propositions from the readings.

- Increase the financial impact of poverty reduction payments.
  - Maintain SCP as a core anti-poverty measure.
  - Extend eligibility beyond age 16.
  - Increase payment values or provide seasonal uplifts at points of higher predicted costs.
- Improve access for families experiencing poverty.
  - Increase awareness of social security payments and support, particularly at early points such as pregnancy.
  - Simplify the application process and provide non-digital route.
  - Reduce reliance on Universal Credit as a qualifying gateway.
- Consider different payment methods.
  - A cash-first approach.
  - Introduce flexible assessment periods for Universal Credit.
  - Provide advance repayment for childcare costs.
- Tackle poverty-related stigma.



# 3.

## Health and wellbeing



## Introduction

This chapter outlines research findings from 11 pieces of literature in relation to the wellbeing and physical and mental health of parents and carers, and the follow-on impacts for their children. The research cited spans a range of intersecting topic areas such as mental health, substance use, physical health, care experience, migrant experiences, experiences with healthcare professionals, learning disabilities, and community support services.

## Mental health and support services

A range of literature looked into the mental health, wellbeing, and relevant support services available to parents, in particular mothers, in different situations and with different aged children. McGougan et al. interviewed mothers with care-experience, who expressed how motherhood had been a positive experience in terms of their mental health, but also how it could have a negative impact, such as during the post-partum period. [6] Concerns about their parenting abilities due to their care experience, and fear of passing on mental health challenges or impacts onto their children were raised. Others drew strength from their care experience as motivation for parenting. Challenges when engaging with support services due to their past care experience were expressed, with varying levels of comfort when talking about their care experience with staff. [6]

**“ I really didn't like the fact that doctors were calling it post-natal depression. ... that's very different to being confronted with childhood trauma. ... I wasn't being listened to. ... they probably just thought, she's had a baby, we see this often, you know, symptoms of depression.”**

Parent [6, p. 9]

Similar results from a mixed-method report by Public Health Scotland highlighted the fragility felt by mothers in the perinatal period.<sup>6</sup> [7] This research considered the maternal mental health care offered during this period. A range of factors impacted on mothers' mental health needs during this period, including experiences of pregnancy and birth, physical complications and symptoms experienced by mothers, anxiety about the health of their babies, prior experiences of complications and miscarriages. Unplanned pregnancies and traumatic births were also noted to significantly affect mothers' mental health. [7]

After birth, mothers could feel unprepared for responsibility and the exhaustion that comes with the care of a newborn baby. [7] A lack of information related to maternal mental health within antenatal classes was raised, with information shared on social media lacking accuracy and being overwhelming. Mothers also reported feeling inadequate, with a loss of their individual freedom, and social pressure to meet certain expectations of being a mother. Social and geographic isolation, financial stress, solo parenting, challenges in relationships, previous mental health challenges, and their own childhood trauma, were noted to negatively impact on mental health. [7]

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<sup>6</sup> The perinatal period is the period from pregnancy through the first year following birth.

**“ I think also just the pressure you feel under. You're expected to feel amazing. You're expected to be like, 'Oh my God, my baby's here and my life is complete'. I had a real fear that if I spoke about how I was feeling that I would be judged. I think that's part of it as well. I felt like people are going to think I'm a bad mum.”**

Mother [7, p. 69]

**“ There was no empathy, nothing whatsoever...Mental health isn't... I don't know, it's not really taken seriously in pregnancy, at all.”**

Mother [7, p. 140]

Conversely, having positive supportive relationships (such as with friends, family and partners), and continuity of care (through having the same professional throughout this period), were protective to not only mother's mental health but also that of their baby. [7] While some mothers received professional support, some preferred to solve problems by themselves. Barriers to seeking support for their mental health included feelings of shame, fear of being perceived as bad parents, and long waiting lists to access support. Proactive support from health professionals about maternal mental health was raised as being important, noting the need for it to be done in a non-judgemental and empathetic way. [7]

## **Substance use**

The perinatal period was highlighted as a particularly vulnerable time for mothers affected by substance use. Aberlour conducted interviews to understand the experiences of mothers accessing their housing support with their children, as they recovered from substance use. [8] Mothers detailed early trauma and mistrust in statutory services from care experience, along with child removal making their mental health and substance use worse. This was compounded due to long waitlists for support. [8]

Challenges faced by mothers include stigma, feelings of shame and isolation, fear of child removal, and experiences of grief when children were removed from their care. They favoured services, like those offered by Aberlour, that were healing, positive and trauma-informed. [8]

**“ I've not had a good experience with the perinatal mental health team. I've been breaking down on the phone to them, scared for how I'm feeling, but nothing... You get fully supported here – they've got me counselling and it's brought my confidence up.”**

Parent [8, p. 10]

**“ I felt like if I asked for any help at all with my mental health there was no chance I was getting my kids.”**

Parent [8, p. 11]

Aberlour offers a service that includes children in their mothers' care. Mothers with experience of this highlighted the value of mother-child support to keep them in programme and strengthen maternal-infant bonds. [8]

**“ If this was a rehab where you couldn't bring kids, I think I would have left before now... It's so lovely for her here as well.”**

Parent [8, p. 15]

**“ Since having him I’ve become a different person. I’m sober 11 months. I’ve always been suicidal and wanting to die, but once I had him I said I wanted to live longer and be healthier and change my lifestyle. Being here [the Mother and Child Recovery House] has just helped so much.”**

Parent [8, p. 15]

The complexities faced by mothers with substance use challenges, accessing support, and experiences of child removal were detailed through qualitative research by Russell et al. [9] Mothers expressed the extreme distress of having children removed from their care. Like other mothers with mental health concerns, they found it difficult to access services for their substance use, which perpetuated a negative cycle with their mental health and made prolonged their time away from their children. [9]

Mothers also described mistrust of support and services, and reported feeling like they were unable to talk about substance use issues to services for fear of their children being removed. [9]

**“ There is an element of not wanting to speak to your addiction worker for fear of things you talk about being passed back to social work and then being used against you. So it’s needing a service provider that... you just needing a someone who you can comfortably and confidently talk to without your information being passed back and used against you.”**

Parent [9, p. 5]

They detailed how their self-perception changed and their mental health deteriorated after their children were removed.

**“ Basically, you are a piece of garbage, you don’t deserve to be a mother, that’s the way I felt.”**

Parent [9, p. 6]

They described the removal of their children as feeling a sense of bereavement and loss, and could result in perpetuating substance use cycles as a coping mechanism for this loss [9].

**“ I wanted to numb myself, but yet it is a vicious cycle because that’s the reason why [daughter] got taken in the first place.”**

Parent [9, p. 5]

The study identified what helped mothers most in accessing services, namely continuity in care workers, treating mothers with respect and as mothers regardless of their child’s care status, and clear communication and support [9]. Research suggested these adjustments to services helped keep mother’s engaged in support and improved outcomes.

The experiences of pregnant people who use drugs or who are receiving treatment for substance use specifically was explored by Radcliffe et al. [10] These women described feelings of guilt and stigma associated with taking opioid replacement therapy (ORT) while pregnant. They spoke about fear of the impact of ORT on their unborn babies. Guilt and shame around using ORTs led some expectant mothers to express not wanting to follow medical advice around using ORT. [10]



***I find I'm, like, I've got a lot of guilt... because I'm like God, for all that time that I've been using and I've not felt her moving, there's obviously certain times I did feel but she's very, very active...and I do sometimes, like, 'God what have I done to this baby when I have been pregnant?'***

Parent [10, p. 96]

This finding reinforces the role of trust, stigma reduction and clear communication between parents and providers – something discussed in research by Hutchison and Williams, which looked at a programme called Making it Work for Families (MIWFF). [11] MIWFF provides support for families in Kirkcaldy and Levensmouth affected by substance use, focusing specifically on supporting young people transitioning to high school [11]. Parents highlighted that relationships with schools could be challenging, feeling unsupported by schools, finding it hard to feel listened to and with a lack of transparency about what would happen with their child at school. Key features of what supported this transition included wraparound support including MIWFF support, and positive relationships between children, their families and school staff. [11]

## Communication in healthcare

As highlighted throughout this chapter, clear communication and trusting relationships between service providers and their patients is necessary to help parents at pivotal points in their care. This was considered by Gashgari in their research with Arab migrant women receiving maternity care in Scotland. [12] While varied experiences were identified, some recounted their challenges in accessing care. Central to this was a language barrier, which led to a lack of information tailored to these mothers experiences. This negatively impacted on their understanding and access to needed services. [12]

Negative experiences with healthcare professionals were noted to lead to feelings of discrimination, while positive experiences created perceptions of equality. [12]



***When the midwife visits, I can only speak the sentences about requesting a translator ... They said that this kind of service is limited ... that is what is difficult being Chinese – language barrier. [It] disables us to express ourselves ... is a big threat ... it's very scary, bringing up a child is already hard.***

Parent [12, p. 75]

The importance of clear communication was highlighted in doctoral research by McConnell on babies born with Congenital Diaphragmatic Hernia disease. [13] Parents are forced to make complicated medical decisions about impactful surgeries soon after birth. Parents noted that learning about the diagnosis could be extremely difficult and the way in which this was communicated to them by health professionals was described as making a significant impact. Understanding of the condition as explained by healthcare professionals could vary, due to technical jargon use. In contrast, including parents in decision-making, establishing trust between parents and healthcare professionals, and speaking hopefully about outcomes were noted to be protective factors for parents. [13]

## Additional support needs and experiences of unpaid carers

Those caring for children with additional support needs within unpaid caring or foster caring situations were detailed within two studies. Woolrych and Hasan worked with Black, minority and ethnic (BME) unpaid carers to understand struggles they face in Scotland. [14] They spoke about navigating cultural expectations and not being viewed as carers socially, which impacted their self-perception and whether they sought and received support for their own health and wellbeing. [14]



***“I have never had any respite. Caring is 365 days a year, 24 hours a day. The only respite I get is when my son goes to bed. Then I start on the laundry and preparing his care needs for the next day.”***

Parent [14, p. 30]

Participants described neglecting their own physical and mental health to focus on their caring responsibilities. They also noted a lack of awareness of available services for carers. Researchers highlighted heightened levels of loneliness among BME carers and cultural stigmas around accessing support or talking about their wellbeing. Negative financial impacts from caring responsibility were also expressed. [14]

***I attended a minority ethnic carers coffee morning. It was the first time I could really vent with people who not only care like me but also understand culturally what I’m juggling... that was such a relief. We laughed and cried together.”***

Parent [14, p. 14]

Pelleginelli and Hodson researched awareness among foster carers in Scotland about the speech, language, and communication needs of children within their care. [15] They stated that up to 90% of children within the care system have speech, language or communication needs. [15] The study found that foster carers could identify challenges children had with communication and expressed confidence in supporting them. Highlighting a concern about accessibility and awareness of support, few foster carers had received training for this specifically, although those who had had found it to be beneficial. Research participants expressed interest in training being provided within the process of becoming a foster carer. [15]

## **Conclusion**

Across the literature, parents and carers reported varied experiences of receiving support from formal support services for both their own and their children’s mental and physical health. Regardless of the type of care referenced, the participants stressed the positive outcomes of being treated in an empathetic, understanding and trauma-informed manner by health and social care staff. Participants describing negative experiences commonly referenced similar barriers, including poor communications, stigma, and mistrust of staff.

Experiences of accessing support services, particularly for mental health support and support for substance use, were noted to be extremely challenging for parents. A lack of access to support and pivotal points during health crises could lead to spiraling outcomes, including drug misuse and, in some cases the removal of children from their parents.

## Collected recommendations



A range of recommendations were made within the literature detailed above. These tended to be specific to the topic area and findings. However, there is commonality in improving access to support for the wellbeing of parents, in particular mothers, and carers, as well as calls for further research, training, and trauma-informed healthcare provision.

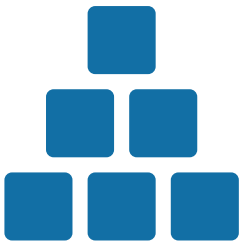
Specific recommendations include:

- Increase accessibility of mental health support services for parents.
- Improve and provide relevant staff training.
  - Providing training on mental health and trauma awareness for health and social
  - Support healthcare professionals to take a trauma-informed, empathetic approach to mother's mental health in the perinatal period, with continuity of care, and improved awareness and access to support services [7].
  - Tailoring information for migrant women in maternity care, and adopt practices that are culturally sensitive [12].
- Provide improved support for unpaid carers and foster carers.
  - To better support BME carers, improve recognition of these carers, accessibility to support information and health support, address challenges with finances and employment, and include BME carers in decision-making processes [14].
  - Make training available for foster carers on speech, language and communication needs for children through a speech and language therapist [15].



# 4.

## Early years, childcare and hobbies



## Introduction

This chapter examines reports published in 2026 that consider the experiences of parents and carers in relation to the childcare, playgroups and children's hobbies. It includes an analysis of research on careers, parental education and difficulty managing a work-life balance, which is often directly related to inflexibility of childcare provision and workplace policy. A range of different levels of learning are considered, from playgroups to school-aged hobbies, and the impact those have on parents and families more generally. The chapter progresses chronologically based upon when a parent encounters services in their parenting journey.

## Whole family early years support

Baby and toddler playgroups were described in the literature as an important form of support for parents and carers as they start parenting. Research with parents and carers across different organisations considers the impact of different types of baby and toddler groups on parent/carer and child wellbeing. A concern raised consistently throughout the research with parents and carers was the impact of groups on isolation, feelings around a lack of community and confusion about the best ways to engage with their pre-school-aged children. Participants in research suggested that playgroups and Open Kindergartens offer parents spaces to engage with each other and avenues to learn the best way to support their developing young children. [16] [17]

**“ Sometimes I just don't know how to entertain [my kids] myself and they want the same toys and there's only so much you can say no, because there's only so many battles worth picking in a day.”**

Parent [16, p. 15]

In their research with parents attending playgroups, Lightbody and Oliver found that playgroups provide an educational and supportive environment for parents as well as their pre-school aged children (aged 0-5 years). [16] Research was conducted with parents and carers using both participant observation and interviews in West Dunbartonshire and Argyll & Bute.

Parents and carers participating in this research felt that playgroups helped to anchor their days by providing structured places for socialising (both parents and children) and routine. [16] This assisted with feelings of isolation and helped form long-lasting relationships between parents. Others described these playgroups as emotional 'safe spaces' where they could speak without a sense of being judged, either by other parents or group leaders. For example, some noted concerns regarding perceived surveillance of their parenting in more formal settings. [16]

**“ Actually just to see other parents deal with their children in positive ways. Like I remember Teresa... her kid was running away at a toddler's group and she was killing herself laughing and chasing him. And I just remember thinking, ohh, that would have stressed me out because it seems like I would see that as behaviour that's a bit wild, but she was just enjoying it, so it does make you think. Alright, well, that's something to enjoy.”**

Mother [16, pp. 18-19]

These parents and carers evoked images of ‘villages’ or community parenting to speak about the needs parents and carers have for collective care and mutual support in the early parenting years. [16] Parents and carers would get to know each other’s children and feel open to discuss issues encountered in early parenthood. For example, Lightbody and Oliver noted that parents discussed feeling open to speaking about birth trauma, sleep deprivation, feeding difficulties and low mood and anxiety with other parents in playgroup settings. [16]

Others identified barriers to inclusion. In contrast to the support felt by some, others felt excluded upon joining a playgroup, getting a sense that people already knew each other. Fathers highlighted a feeling of exclusion in playgroups at times as it felt that they were gendered spaces, often reserved for mothers. [16] Some participants highlighted language or cultural barriers to their participation. Cost-related barriers, like transport cost, or practical barriers, such as finding out about groups or finding no open space, were also mentioned by participants. [16]

**“ Nobody’s said to me you know ‘you’re not welcome for this chat’ but you know just it seems like a common understanding. So in some ways I do feel I’m a man in a woman’s space.”**

Father [16, p. 28]

Identifying issues of isolation among new parents and carers, particularly those who were vulnerable or socially insecure in mainstream playgroups, Step by Step in Moray set up toddler groups to provide inclusive and nurturing environments. [18] In an evaluation of their services, they found that families most benefitted from services they could trust and where they could form communities. Families participating in the research found staff to be accepting, kind, understanding, empathetic and flexible. This helped service providers to enable connection, routine and create a sense of community for service users. The delivery model which encompassed whole family support for both parents and their children, coupled with a non-judgmental staff approach, was found to be a key point of difference in how the service supported wellbeing. [18]

The Open Kindergarten programme is an alternative to the traditional playgroup. Open Kindergartens stem from a Nordic model of supporting parents, carers and their children in pre-school settings. [17] These spaces are based on collaboration between parents and carers and early years practitioners and work on the premise that exchange between qualified practitioners and parents of young children can lead to better outcomes for families. Research found an education and support gap for parents and their children, aged three and under; while there were different reasons for this gap, one cause was thought to be the lack of funding for Early Learning and Childcare (ELC) for under threes. [17]

An evaluation of the Open Kindergarten programme, conducted by Hale, identified not only the value of play for children, but also the positive impact on parents. [17] Qualitative research found that parents and carers felt Open Kindergarten programmes allowed them spaces where they felt they could be themselves and allow their children the freedom of play in a way that more structured toddler groups or group classes do not. Parents and carers suggested that the Open Kindergartens provided ‘a relaxed atmosphere, emotional warmth, child-led play, and practitioners who were present, attentive, and human.’ [17, p. 33] The practitioners and other parents helped foster a learning environment, where parents were able to learn new ways to play and engagement with their children and new ways of understanding and describing their children’s behaviour. [17]

**“ You are like, what would you like now... and it is this scrubby bag, or pastry brushes. I would not have thought of that if I had not been here.”**

Mother [17, p. 36]

Parents and carers participating in the evaluation of the Open Kindergarten programme noted that a combination of independence to engage with their child in a less structured way and strong support helped develop their confidence as care givers and provided a new community. They described reduced isolation, improved parental wellbeing and mental health and the value of a space for children to learn and grow. [17]

In contrast to the research on playgroups, fewer barriers were identified. [17] Open Kindergarten programmes are currently much less widely available with limited pilot projects. While playgroups can provide an important space for parents of young children, offering both parental and carer support and developmental support for children, volunteer-run groups are declining. [16]

The impact parents, carers and early years practitioners can have on child learning and development was examined in relation to outdoor play in a study conducted by McCrorie et al. [19] Outdoor play has been recognised by different groups for the benefit it gives to children who have faced ‘generational declines’ in time spent outdoors. Citing previous research, McCrorie et al note that greater time spent outdoors in childhood is associated with higher physical activity in children and is important for social and emotional development. [19]

In their research with parents, carers and childcare practitioners, referenced by the researchers as ‘gatekeepers’, McCrorie et al. noted a generational trend that parents and childcare practitioners perceived greater danger in outdoor or ‘risky’ play, which had led to a decline in children playing outdoors overtime. [19] Researchers acknowledge a mix of variables that impacted research outcomes, such as age of the child, parents and practitioners experiences during childhood, perceptions of road traffic and urbanicity of home/childcare facilities. However, their findings show that in Scotland, when provided with the positive benefits of outdoor play, the perceived dangers parents and ELC practitioners had of risky or outdoor play became non-significant. Researchers noted that their regression modelling demonstrated that “perceived benefits may nullify the effects of perceived dangers” and proposed the importance of continuing to highlight the benefits to encourage more outdoor play. [19, p. 134]

## Early learning and childcare

In 2017, the Scottish Government laid out a plan to provide greater funding for children between the ages of 3-5 years in Scotland to attend Early Learning and Childcare (ELC) settings. In August 2021, all local authorities in Scotland have offered the 1,140 funded ELC hours to eligible children. Commissioned by the Scottish Government, ScotCen undertook research with parents and carers to identify the impact of the increase in funded hours. [20] Their goal was to explore perceptions about impacts to quality, flexibility, affordability and accessibility of ELC. This data was compared against previous research conducted soon after the roll-out of the increased funded hours. [20]

ScotCen reported that uptake of the hours was very high with 95% of three to five year olds and 83% of eligible two year olds using their hours. [20, p. 6] However, many research participants still supplemented the funded hours with supplementary childcare, whether paid-for or informal, something reflected in multiple reports cited in this review. [20]

Participants noted that while support for employment was one of the main benefits of further funded ELC hours, parents required additional childcare to make paid work feasible. This was particularly true for parents in two-parent households, who were more likely to use the funded hours to increase their paid work. While single parents, carers and families with children who had greater support needs also highlighted barriers to full-time employment, they also spoke about the funded hours as assisting with general wellbeing improvements. [20]

This is echoed in research conducted by Save the Children, which suggests that a lack of affordable, flexible childcare is the greatest barrier to employment for parents and carers on low incomes. [2, pp. 21-23] While funded ELC hours do exist, parents and carers still struggle to utilise the system either due to a lack of available funded places, inflexibility with hours and days and unaffordable wrap around care.

**“ If we were both to get back to work, we’d probably be worse off than what we are now, just because of the cost of childcare.”**

Parent [2, p. 21]

Participants in ScotCen’s research suggested that ELC funded hours had other positive impacts. [20] For example, some felt that it greatly benefitted their children’s development, assisting in social and behavioural progression, improving their confidence and independence, and advancing their school readiness. This was also true for families with children with additional support needs (ASN). [20]

**“ He was non-verbal to now speaking... it is amazing how much he has come on.”**

Parent [20, p. 69]

While research shows that the increased funding has had a positive impact on children and their parents and carers, there are still concerns around affordability and accessibility. The survey data from ScotCen shows that 42% of parents are still experiencing difficulty in affording childcare for their pre-school age children. [20] Extra costs include paying for wraparound hours or days and the costs of transportation. The extra financial burden has led some parents to reduce their working hours or leave employment entirely. [20]

**“ I earn £12.50 per hour and the hours at the nursery cost the same.”**

Parent [20, p. 36]

The research also shows that 39% of responding parents and carers had experienced accessibility challenges. [20] Barriers included lack of local places, particularly in rural areas, limited choice of hours and no provision for childcare over school holidays. Transport was also highlighted by parents and carers of children with ASN as a particular challenge. Some reported that the lack of flexibility with offered hours impacted their working schedules as the offered hours did not fit full-time work. [20]

**“ You almost feel like you’re being penalised and not able to work full time hours.”**

Parent [20, p. 51]

Research with parents and carers of children with ASN suggests that most parents were satisfied with the funded ELC provision, but areas of dissatisfaction were linked to concerns with staff training and experience and ELC environments that were unsuitable for their children’s needs. They felt improvements could be made through using more tailored spaces, such as quiet or sensory spaces, and improved one-to-one support. [20]

ScotCen suggests that the funded hours programme is delivering clear benefits, particularly in supporting child development and parental wellbeing. However, they note scope for improvement, such as ensuring the equal availability of ELC across Scotland, improving affordability for those who use wraparound hours and improving the quality of ASN support. [20]

## Childcare, work-life balance and career progression

As noted above, while funded childcare goes a long way to help enable parents to remain in the workforce, there is still a gap in provision. High costs and limited availability were reported to affect parents' and carers' ability to remain in the workforce, alongside inflexible or unsupportive workplace policies. Lone Parent Positive Workplace published a paper based on experience panels with lone parents, all of whom were mothers. [21] The panel worked with researchers to create a set of employer principles that focus on fair work and flexibility, and employer approaches that consider childcare, support and empathy, and career progression when working with lone parents. Panel participants also highlighted the importance of systems for accountability. Together Fife Gingerbread, Lone Parent Positive Workplace, the panellists and the researchers proposed a new framework to assist lone parents in the workplace called 'small village principles'. [21]

Looking specifically at workplace environments, panel participants described the impact of being a lone parent on career and career progression. They cited barriers to work, like childcare, discussed in depth above, as well as problems with career growth. A central concern raised by panelists considered the challenge of balancing work and caring responsibilities. [21]

Participants in the panel found that flexibility in the workplace is often offered but rarely put into practice. [21] They thought this could be due to a misunderstanding of the types of flexibility parents or carers may need. For example, they noted that flexibility is not only about finishing early and employers needed to work to create a definition of flexible working that considered real life needs and implications. Participants described missing school events or being forced to miss work for appointments or sick days. They thought that clear flexible working guidelines should be introduced at the hiring stage and that employers should offer more flexibility around hybrid working for days when children need care at home. [21]

**“ My first thought was actually, what’s that [flexible working]? In my experience, as a single parent, I felt the flexibility from my employer was really pretty poor... I never seen a sports day for years.”**

Parent [21, p. 12]

Alongside a more empathetic workplace that considered the many roles of lone parents, panel participants also highlighted the importance of mentorship and pride in their career, which they felt was hard to foster in the current environment.

**“ It would be great to have a career with a progression route, however I do feel a lot of lone parents are just in jobs that will do for now and do what hours childcare hour wise is available to them.”**

Parent [21, p. 12]

Kankanamge, Jayathunga and De Silva consider the perspective of ten fathers in their research, examining how child caregiving responsibilities are affected by work schedules. [22] They consider the experiences of fathers working in academic institutions across Scotland. Their work frames the role of fathers in family life as increasingly important and highlight previous research on the positive impacts of fathers on their children's emotional, psychological, and educational development.

The fathers interviewed spoke of engagement in all aspects of the childrearing. Their research found similar struggles with employer conceptions of flexibility. [22] While they felt their 'white collar careers' in academic employment often had a corporate culture that supported their involvement in family life, these fathers still struggled balancing their careers with the caring

responsibilities and felt they were not spending enough quality time with their children. This was particularly true for fathers interviewed who worked in academic administration rather than academic research or teaching. [22]

This was also explored in research by One Parent Family Scotland when considering the barriers faced by single parents in accessing, sustaining and completing higher education. [23] In a survey with over 280 single parents, respondents spoke about affordable and flexible childcare as a main barrier to sustaining and finishing their studies. Although childcare grants exist, funding is limited, childcare settings often close early, and their working hours do not reflect the realities of study patterns such as placements or long shifts. [23] The lack of emergency or flexible childcare contributes directly to missed lectures, late submissions and, ultimately, non completion. Participants described these as contributing to longer-term financial insecurity for single parents, who are sole household earners. [23]

**“ Finding childcare for a 12 hour shift is very difficult... it’s a lot to expect for an extended period of time.”**

Parent [23, p. 17]

## Hobbies

Parenting Across Scotland conducted a short-term study with parents and carers, using both online surveys and in-person focus groups. [24] Their research considered parents’ and carers’ opinions on barriers to their children’s participation in hobbies.<sup>7</sup> Although the research did not break down the participating parents and carers into further subgroups by other characteristics, such as income level, location or ethnicity, some participants elected to share that information in their responses.

The analysis shows that parents and carers feel that hobbies are beneficial for children. [24] Respondents felt that hobbies helped with personal development and learning, social engagement and provided benefits for physical health. Lesser common benefits included enjoyment, positive impacts on mental health and prevention of risky behaviours.

**“ It increases my children’s confidence and independence and allows them to realise the world has different opportunities.”**

Parent [24, p. 12]

Of those who responded to the survey, most said their children currently participated in hobbies. [24] However, the researchers note that the survey was self-selecting and it was likely that those replying were interested in or supportive of hobbies for children. Therefore the findings may not be indicative of the general population.

Respondents did cite some barriers, particularly the cost of hobbies, time pressures, and local availability and accessibility of different offerings. [24] Issues included local programmes with long waiting lists or long distances to access provision. There was also concern that children with ASN have fewer options available to them. [24]

**“ I have two children, I can’t afford to spend £15 each for a weekly 30 minute swim class.”**

Parent [24, p. 15]

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<sup>7</sup> Parenting Across Scotland defines hobbies as “a prolonged group activity for school aged children, undertaken outside of home environments, run by a trained adult instructor” (p. 7).

Due to high costs of living, parents who were financially stable still felt the cost pressure of children's hobbies, particularly in larger families with multiple children.

Suggested improvements to overcome some barriers included free or subsidised hobby provision, greater local provision, and family-friendly changes to scheduling and accessibility, such as year-round provision, sibling discounts or activities for siblings located in the same area or building as other siblings' activities. [24]

In contrast to hobbies outside of the home, Goodall et al. conducted a mixed-method study to explore parental mediation of technology use in young children at home. [25] They looked specifically at protecting children from harm, strategies for technology use, and challenges faced from the parental perspective. [25] Technology was used in a variety of ways with young children, such as to take photos, watch shows and listen to music. Parents often joined children as they used technology, and parents with disabled children were much more likely (1.9 times) to use technology with their child for play. Parents supported technology use by teaching children how to use devices, use the technology together, and oversee use. [25]

**“ I think it's just part of our culture now as we're such a digital culture and I think if we don't let them use it young in a safe way, then we're almost like disadvantaging them a little bit, growing, moving forward.”**

Parent [25, p. 10]

The idea of technological disadvantage was also reflected in a doctoral dissertation by Al Zawam that considered the integration of technology on children's learning across education and home settings [26]. Technology use within education was found to support student engagement and skill development – such as literacy, numeracy and problem-solving skills. The need for technological skill training and development in education staff was suggested to best support technology integration as was distribution of free or subsidised devices to ensure equal access across all students. [26]

## Conclusion

Parents are greatly impacted by the provision of different programmes and services for children. Preschool groups, whether playgroups or Open Kindergartens provide parents and carers with essential support and community while also aiding in their children's development. Funded childcare provision has been helpful in providing greater support to families, allowing parents and carers to access employment, but there is still a gap in provision that affects varied groups differently. Research has shown that single parents have struggled with the inflexible hours offered and the need for further wraparound care. Multiple research projects have shown that a lack of affordable, accessible and flexible childcare negatively affects employed parents and carers and the career progressions. Once in school, extracurricular learning provision or hobbies provide children with social and educational development. However, often those opportunities are costly for families and limited in provision. This chapter shows the impact child development, whether social or educational, has on parents and carers and their confidence, wellbeing and careers.

## Collected recommendations



Collected recommendations identified from the cited texts have been included below. They are not exhaustive but rather summarise the main recommendations from the readings.

- Improve accessibility.
  - Increase flexibility of support and services offered, including demands on parents and carers to attend set meetings or groups.
  - Ensure childcare is provided flexibly to meet diverse work schedules.
  - Address geographic inequity.
  - Ensure support and services are well publicised.
- Prioritise inclusion.
  - Accessible facilities.
  - Staff training.
  - Address geographic inequity
- Ensure staff and volunteers in childcare, playgroup and educational settings receive appropriate and continued training and development.
- Provide parents and carers with support as needed in further education or higher education environments.
- Consider further legal protections around flexible work policies.
- Continued monitoring and evaluation of programmes and services currently offered.
- Sustainable funding for programmes of support and services that benefit parents and carers of young children.



# 5.

## Discussion

This rapid evidence review highlights challenges shaping parents' and carers' experiences in Scotland in 2025 and early 2026. The review considered research that worked widely across at 31 local authority areas in Scotland and included experiences from parents and carers from the groups identified by the Scottish Government as most at risk of poverty. These included experiences of single parents, parents of families with disabled members, larger families, families with young children and parents who identified as Black or minority ethnic. It also includes research conducted with parents with care experience or parents who are involved with social services.

Across the literature, three key areas of focus emerge: poverty, health and wellbeing, and early years, childcare and hobbies. These are not discrete issues but deeply interconnected pressures that cumulatively affect family life and often centre on the stress of deprivation and poverty. The evidence indicates that existing support and services are making a meaningful difference, but remain insufficient to address the scale and complexity of need.

At the centre of the evidence is the continued impact of poverty and the cost-of-living crisis. For many families in Scotland, financial insecurity is persistent, often described as a structural condition shaping almost every aspect of family life. While social security measures, particularly targeted Scottish Government payments, are consistently shown to alleviate immediate hardship, they are commonly described as supporting families to meet immediate needs, rather than enabling a sustained move from poverty. Parents and carers describe these benefits as essential for meeting basic needs, including food and clothing, and for reducing acute stress. However, financial pressures continue within households, including sacrificing essentials, limiting participation in activities, and navigating ongoing stigma associated with poverty. Barriers to accessing support, including complex systems, digital exclusion, and design features of wider benefits, further compound inequalities, particularly for groups already at greater risk of poverty.

The evidence also demonstrates clear links between financial hardship and health and wellbeing outcomes. Parental mental health emerges as both an outcome of wider socio-economic pressures and a critical factor in family wellbeing. Experiences of stress, anxiety, and isolation are frequently connected to financial strain, social expectations, and challenges in accessing support. At the same time, the research highlights the importance of protective factors, including strong social networks, continuity of care, and supportive, non-judgemental services. Where services are experienced as trauma-informed, relational, and accessible, they can have transformative impacts on parents' confidence, wellbeing, and engagement.

Childcare and community-based provision are important to parents and carers in Scotland. Early years provision, including playgroups and Open Kindergarten models, plays a significant role in reducing isolation, building parental confidence, and supporting children's development. These settings are valued not only for their developmental benefits for children but also as informal support networks for parents and carers. Parents and carers found this type of whole family support, particularly the Open Kindergarten model where parents and carers worked with and learned from trained specialists, particularly useful.

While they are helpful, parents and carers report access to these opportunities is uneven, with barriers relating to availability, cost, and inclusivity.

Similarly, while the expansion of funded early learning and childcare has delivered recognised benefits, substantial challenges remain. Affordability of additional or wraparound care, inflexible provision, and gaps in availability continue to limit parents' ability to engage in sustained employment. These challenges are particularly acute for single parents and those with additional caring responsibilities. Across school-age provision, including hobbies and extracurricular activities, similar patterns emerge. Parents strongly value these opportunities for their children's

social, emotional, and physical development, yet cost and accessibility frequently limit participation. This contributes to wider concerns about inequality of opportunity and the social impacts of financial hardship on children.

## Collected recommendations



A consistent thread throughout the review is the high costs faced by parents and families and the impact that has on development, health and careers. The evidence highlights the value of approaches that recognise the relational and holistic nature of parenting. Services that support both parents and children together, foster community connections, and build trust are valued. Overall, this review suggests that while there has been meaningful progress in supporting families, significant challenges remain. The evidence indicates that addressing these challenges may require a combination of additional resources and changes to service design with a continued focus on the lived experiences of parents. Considering the recommendations provided by parents, service providers and researchers across the evidence cited, below are overarching recommendations.

- **Improve accessibility and equity of support systems for families across Scotland**

There is a clear emphasis on ensuring that services and support are accessible to all families, particularly those facing structural inequalities. This includes improving awareness of available support, addressing language and cultural barriers, and ensuring that services are designed to reach marginalised groups. The evidence also highlights the need for more equitable provision across geographic areas, particularly in relation to childcare and extracurricular activities.
- **Cement flexibility in workplace standards and carer support**

Rigid structures do not reflect the realities of parents' lives. Parents require adaptable models that accommodate diverse working patterns, caring responsibilities, and family circumstances.
- **Strengthen affordability and reduce financial barriers on families**

Families are still struggling cost burdens. More assistance needs to be provided to help families face the high costs of basic needs, whether through subsidised provision, financial support, or more affordable service models. This includes addressing the hidden or additional costs associated with childcare, transport, and participation in children's activities.
- **Improve whole family support services**

The evidence highlights the fragmented nature of support systems, with families often navigating multiple, disconnected services. Integrated models are seen as particularly important for families with complex or intersecting needs.
- **Prioritise inclusion and tailored support for families with diverse needs**

Inclusive practice is identified as a core policy area, particularly in relation to children and parents with additional support needs. This includes ensuring physical accessibility, adapting environments and services, and providing tailored support.
- **Strengthen monitoring, evaluation, and evidence development to ensure services are working for families**

Finally, there is a consistent call for continued monitoring and evaluation of services and policies, alongside further research. This includes co-produced research with people with lived experience, ongoing assessment of programme effectiveness, and strengthening the evidence base to inform future policy development. Evaluation and coproduction should ensure that services are delivered in a trauma-informed, empathetic, and non-judgemental, particularly in health and wellbeing contexts.

# 6.

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14. **R. Woolrych and S. Hasan, “Where are we Now? Health and Wellbeing Experiences and Supports for Black and Minority Ethnic Unpaid Carers across Scotland,”** Heriot Watt University, 2025.

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26. **A. A. A. Al Zawam, “Exploring the impact of technology integration on teaching and learning in primary schools in Scotland,”** 2025.

# 7.

## Appendix A: Research profiles

	Author	Title	Type of research	Research location	Number of parents and carers	Characteristics of participants	Key research themes
[1]	A. Abdelrhman A Al Zawam	Exploring the Role of Technology Integration on Teaching and Learning in Primary Schools in Scotland	Mixed-method	Scotland	308	Parents and carers, educators	Technology
[2]	A. Goodfellow and Parenting Across Scotland (PAS)	Parents and carers perspectives on children and young people's access to hobbies	Mixed-method	Scotland	577	Parents and carers	Education and learning
[3]	Aberlour	Families Voices Project: Supporting and elevating the voices of families in recovery	Qualitative	Angus, Dundee, Falkirk, Glasgow, Tayside	23	Mothers	Substance use
[4]	B. McGougan, M. Knoll and I. Obsuth	Navigating Motherhood and Mental Health: An Interpretative Phenomenological Analysis of Care-Experienced Mothers	Qualitative	Scotland	5	Mothers	Care experience
[5]	D. Gashgari	Equity and Access to Healthcare Services. A qualitative analysis of the maternity care experiences of Arab migrant women in Scotland	Qualitative	Scotland	20	Mothers	Health and wellbeing
[6]	D. Kankanamge, D.P. Jayathunga, L.N. De Silva	Doing Fatherhood: Recognizing the Effect of Work Schedules on Fathers' Child Caregiving Responsibilities in Scotland	Qualitative	Dundee	10	Fathers	Childcare
[7]	E. McConnell	Understanding parental challenges in the neonatal intensive care unit: psychological support and decision making	Qualitative	Scotland	5	Parents and carers	Disability

	Author	Title	Type of research	Research location	Number of parents and carers	Characteristics of participants	Key research themes
[8]	Fife Gingerbread	Summary: Fife Gingerbread 2025 Annual Snapshot Survey	Mixed-method	Fife	134	Parents and carers	Poverty
[9]	G. Pelegrinelli, and A. Hodson	Foster carers in Scotland's knowledge and awareness of speech, language, and communication needs	Mixed-method	Edinburgh, Dundee City, Perth and Kinross, West Dumbartonshire, East Lothian, Falkirk, Fife	39	Foster carers	Disability
[10]	H. Hale	Evaluation of Open Kindergarten, Phase 3," Midlothian Sure Start, Parenting Across Scotland, Children in Scotland	Mixed-method	Lothians	249	Parents and carers	Childcare and early years
[11]	J. Goodall, R. Flewitt, S. El Gemayel, L. Arnott, A. Dalziell, J. Gillen, S. Savadova, S. Timmins, M. Liu and K. Winter	Parental mediation of very young children's early experiences with digital media at home	Mixed-method	UK-wide with distinct Scottish data	1444	Parents and carers	Technology
[12]	K. Andersen, S. Nesom, R. Patrick, I. Pinter, K. Stewart and E. Tominey	Investing in children: Early findings on the difference the Scottish Child Payment makes to child wellbeing	Mixed-method	Scotland	60	Parents and carers	Poverty
[13]	K. McArdle, and S. Briggs	Step By Step, Family and Community Wisdom: Holding a Fine Balance	Qualitative	Moray	50	Parents and carers	Health and wellbeing
[14]	L. Russell, F. Turner, R. Gajwani, and H. Minnis	"Everything is fear based": Mothers with experience of addiction, child removal and support services	Qualitative	Scotland	12	Mothers	Health and wellbeing, substance use
[15]	Lone Parent Positive Workplace	Small village principles Reflections and recommendations from the lone parent panel	Qualitative	Scotland	11	Single mothers	Poverty, childcare
[16]	One Parent Families Scotland (OPFS)	Design problems of universal credit and working single mothers	Mixed-method	Scotland	28	Single parents and carers	Poverty

	Author	Title	Type of research	Research location	Number of parents and carers	Characteristics of participants	Key research themes
[17]	One Parent Families Scotland (OPFS) and The Robertson Trust	Single parents and higher education. Barriers to access and recommendations for change	Mixed-method	Scotland	200	Parents and carers	Poverty
[18]	P. McCrorie, A. Johnstone, N. Nicholls, M. Keime, B. Jidovtseff and A. Martin	Risky outdoor play in the early years: how are parental and practitioner perceptions of danger and benefits associated with young children's outdoor play experiences?	Mixed-method	Scotland	205	Parents and carers	Childcare and early years
[19]	P. Radcliffe <i>et al</i>	Navigating surveillance: The experience of prenatal women who use or who are in treatment for using drugs	Qualitative	UK-wide with distinct Scottish data	18	Mothers	Health and wellbeing, substance use
[20]	Public Health Scotland	Evaluation of perinatal and infant mental health care in Scotland	Mixed-method	Ayrshire and Arran, Borders, Dumfries and Galloway, Fife, Forth Valley, Grampian, Greater Glasgow and Clyde, Highlands, Lanarkshire, Lothians, Shetland, Tayside	1495	Mothers	Mental health
[21]	Public Health Scotland	Evaluation of perinatal and infant mental health care in Scotland	Mixed-method	Scotland	1495	Mothers	Mental health
[22]	R. Lightbody and H. Oliver	Playgroups as 'a Safe Space' for Parents and Families: the Role of Community Based Social Support in the Early Years	Qualitative	West Dunbartonshire and Argyll and Bute	20	Parents and carers	Childcare and early years
[23]	R. Woolrych and S. Hasan	Where are we Now? Health and Wellbeing Experiences and Supports for Black and Minority Ethnic Unpaid Carers across Scotland	Mixed-method	Scotland	173	BME carers	Health and wellbeing

	Author	Title	Type of research	Research location	Number of parents and carers	Characteristics of participants	Key research themes
[24]	S. Keir and Save The Children	Families' priorities for action to tackle child poverty: Evidence from parents of babies and young children living on a low income in Scotland 2022-2024	Mixed-method	Scotland	155	Parents and carers from the priority groups most at risk of poverty	Poverty
[25]	ScotCen	Understanding the experiences of receiving the Five Family Payments	Mixed-method	Scotland	3922	Parents and carers	Poverty
[26]	ScotCen	Early Learning and Childcare (ELC) – parents' views and use: research findings 2025	Mixed-method	Scotland	7589	Parents and carers	Childcare and early years

# 8.

## Appendix B. Continued reading

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- **C. Clark and E.P. Taylor. ‘Caring for the carers’: Compassion fatigue and associated factors in foster and kinship carers.**  
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- **Cashback. Cashback for young parents Annual Report 2024-2025.**  
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- **Carers Scotland. State of Caring: The cost of caring in Scotland 2025.**  
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- **Early Years Scotland. Supporting Families Affected by Imprisonment.**  
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- **Family Fund. The Cost of Caring 2025 Report: The reality for families raising disabled or seriously ill children.**  
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- **G. Burvill. Understanding the interplay of financial change, debt, and lone parenthood in the UK: A secondary mixed methods analysis.**  
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- **P. Anderson and M. McQuade. Mothering Discourses, Parent Engagement and Social Injustice in Scottish Early Years Professions.**  
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