The Robertson Trust

Change takes trust

Impact and Insights

Nurturing Relationships

Contents

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Introduction

We are pleased to share our fourth thematic Impact and Insights report, focused on our theme of Nurturing Relationships.

Through this theme, we support strong, caring relationships within families and communities which help to break the cycle between persistent poverty and intergenerational trauma.

The experience of persistent poverty can itself be traumatic. Experiencing deep and persistent poverty also increases exposure to further trauma, while reducing the protective factors that help families recover. Evidence shows that poverty is a significant factor in stress, family disruption, and adverse childhood experiences, which can lead to long-term disadvantage.

For example, the cost-of-living crisis and rising financial insecurity are placing additional strain on family relationships, increasing the risk of mental health challenges and associated trauma within families (**Action for Children, 2023**). The **Hard Edges Scotland** 2019 report, which we co-commissioned, underlined poverty-related childhood trauma as a significant background factor in severe and multiple disadvantage (SMD) in adulthood, reinforcing cycles of poverty and intergenerational trauma.

We know that Nurturing Relationships intersects with our other themes - Financial Security, Education Pathways and Work Pathways - and that holistic approaches are most effective in helping people and families thrive.

Therefore, breaking these cycles means tackling material hardship and relational wellbeing together. Nurturing relationships within families and communities play a vital role in reducing the risk of trauma and supporting recovery, making efforts to tackle poverty more effective.

However, building and sustaining nurturing relationships is challenging, given the current scale and complexity of SMD in Scotland, as well as slow progress in achieving equitable access to holistic whole family support.

Despite this, there are clear patterns of practice that show what is working. Sustained, reliable support provided by multiple integrated community services helps to build trust and enables long-term change for people and families.

Accessible and inclusive spaces for parents, early years and communities in general are vital for building strong relationships and support networks; acting as a preventative tool for addressing factors associated with SMD.

This report starts to tell the story about the differences we are contributing to within Nurturing Relationships and the implications of what we are learning as we seek to prevent and reduce poverty and trauma in Scotland.

If you have feedback, a different perspective, or an idea for collaboration, please do get in touch.

Zoë Ferguson
Head of Impact and Insights

What are we funding?

Through our Nurturing Relationships theme, we want to see a Scotland where people, families, and communities can thrive, not be trapped in cycles of poverty and trauma. Nurturing relationships within families and communities is a crucial way to reduce the impact of trauma and support recovery.

In Spring and Summer 2024, we paused Our Funds and conducted analysis to ensure that our funding was supporting work which had the most potential for impact in relation to our mission to prevent and reduce poverty and trauma.

This led us to refocus on breaking the cycle between persistent poverty and intergenerational trauma, which included replacing our previous Emotional Wellbeing and Relationships theme with the revised theme of Nurturing Relationships.

The Nurturing Relationships theme opened to applications in November 2024 and makes the connection between poverty and trauma clearer by aiming to address the material and relational impact of poverty and trauma together.

The following charts provide a summary of Nurturing Relationships awards we made between November 2024 and November 2025.

£4.2M was awarded under Nurturing Relationships through **Our Funds** between **November 2024 and November 2025:**

Small Grants
£820.5K
18 awards

Wee Grants
£31.5K
10 awards

Community Spaces
£0

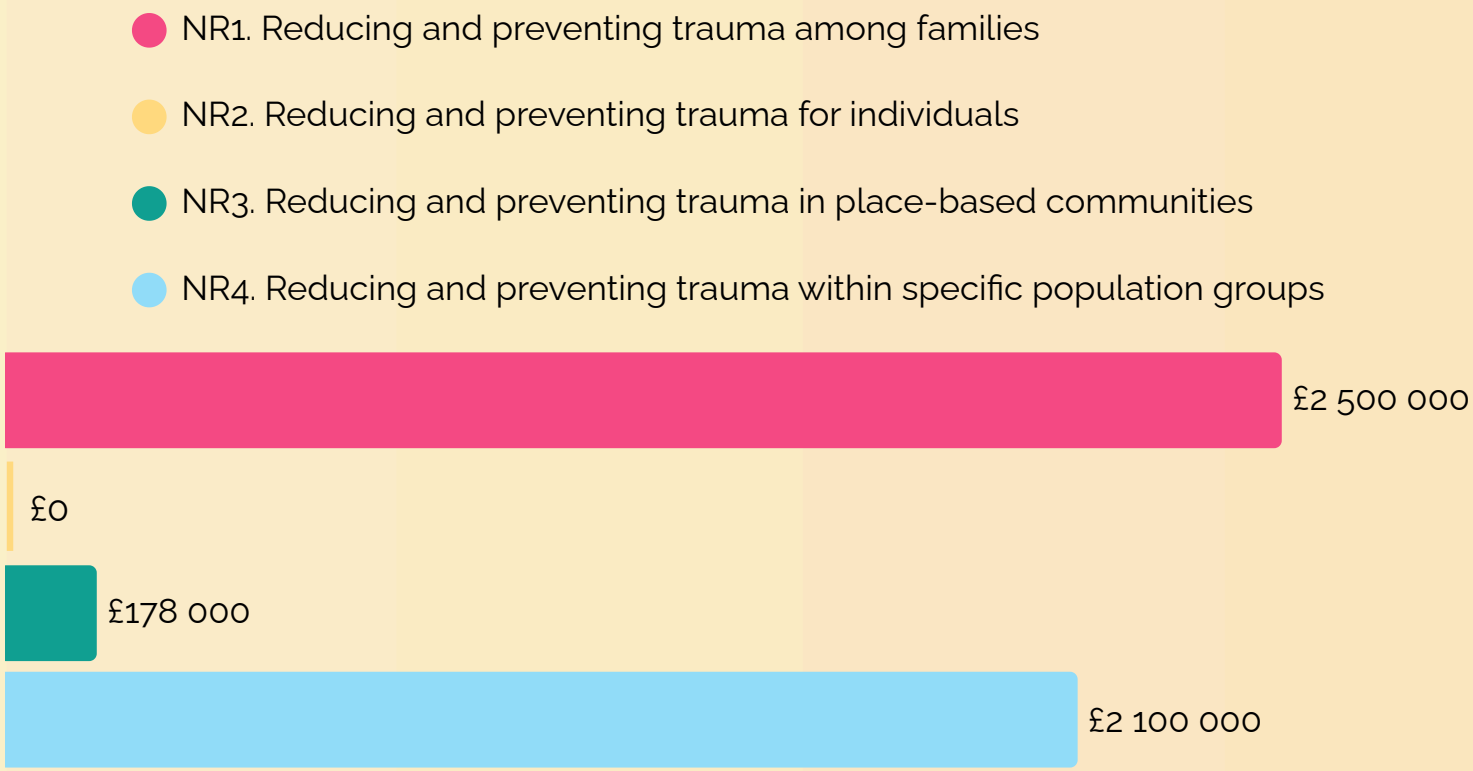
Transport Grants
£133K
8 awards

Large Grants
£3.1M
30 awards

Central to our Impact and Insights approach is clarity about the outcomes we want to contribute to through our strategy. Under each of our themes, we have identified four outcomes which outline the changes we want to see in order to achieve our long-term vision. Since 1st October 2024, we have been allocating Our Funds awards to a primary outcome which fits most closely with what organisations have told us they want to achieve. We will soon be doing this for other funding programmes and activities across the Trust.

These outcomes are for our own reporting purposes and enable us to understand and articulate the collective long-term differences our partners are contributing to. You can find out more about our Impact and Insights approach **here**.

The chart below shows the amount of funding through Our Funds that has been allocated to each of the four Nurturing Relationships outcomes since November 2024 (when Nurturing Relationships opened):



Deep Dive

Because we opened the Nurturing Relationships theme at the end of November 2024, none of the grants made under this theme had completed an end of year report when we conducted the deep dive analysis in November 2025. As a result, analysis for this report was based on:

34 Large Grant end of year reports that we analysed in 2023 and detailed projects which would be eligible for funding under the two Nurturing Relationships outcomes

20 Large Grant end of year reports completed by organisations who were funded under Emotional Wellbeing and Relationships and invited to re-apply under Nurturing Relationships.

Evaluations of relevant Programme Awards

External evidence (referenced).

An in-person collective sense-making event involving grant holders, external advisors and stakeholders, Trust staff and one trustee.

Every quarter, we provide a deep dive into one of our themes based on: analysis of external evaluations and end of year reports; external evidence (such as national data publications and research reports); and a collective sense-making event involving grant holders, external advisors, stakeholders, staff and trustees.

This provides insight into the external context and challenges that grant holders, people and communities are facing, as well as evidence of impact and patterns in practice.

The deep dive for Nurturing Relationships focuses on two specific outcomes, which we think are key to achieving the changes we want to see through our Nurturing Relationships theme:

- **NR1.** Reducing and preventing trauma among families (with a specific focus on holistic whole family support)

- **NR4**. Reducing and preventing the impact of trauma within specific population groups (with a specific focus on those experiencing severe and multiple disadvantage (SMD) including homelessness, substance misuse and/or contact with the criminal justice system)

Nurturing Relationships Collective Sense Making Event

Challenges for grant holders

- **Increased demand:** Grant holders are consistently reporting a significant increase in demand for their services, with one organisation reporting that the number of families they support increased by 85% between 2023 and 2024. Grant holders cite the long-term impact of COVID-19 and the ongoing cost-of-living crisis, as well insufficient funding and capacity within statutory mental health services, as the main reasons for this surge in demand.

- **Increased complexity**: These issues also mean that grant holders are supporting more individuals and families with complex needs, who are often in crisis situations due to multiple overlapping issues, including: mental health issues; homelessness; alcohol/drug misuse; domestic abuse; social isolation; and the rise of online harm.

- **Low volunteer recruitment:** Many grant holders are reporting challenges with recruiting sufficient numbers of volunteers, which is consistent with findings from the **SCVO Third Sector Tracker**. The cost-of-living crisis continues to limit the public's capacity to volunteer, particularly for more intensive, long-term work like one-to-one support for families.

- **Increased waiting times**: This low volunteer capacity means that staff at many organisations cannot keep up with the rise in demand, resulting in increased waiting times for support. Some grant holders have waiting times of more than a year, with several reporting that their waiting times are the longest they have ever been.

- **Short-term and unstable funding**: At the collective sense-making event, it was highlighted that short-term funding cycles do not give organisations enough time to provide the long-term support needed to allow people to build trusting and nurturing relationships, or evidence their impact. Alongside the competitive funding landscape and cuts in funding from local authorities and the Scottish Government, short-term funding also creates significant uncertainty around the long-term sustainability of support services.

- **Limited data sharing and collaboration**: The multiple, incompatible data systems used by different third sector and statutory services was also highlighted as a key barrier to data sharing and collaboration, limiting the provision of integrated, holistic support for individuals and families across different services.

Although the specific reasons are different, these challenges are consistent with what we are hearing from grant holders who are working within our other thematic areas, as reported in our previous Financial Security Work Pathways and Education Pathways reports.

The following sections outline what we are learning about the external context, impact, and patterns in practice in relation to severe and multiple disadvantage and holistic whole family support.

Severe and Multiple Disadvantage

External Context

Numbers of people experiencing SMD: The Hard Edges Scotland report, which was published in 2019, estimated that, over a year, approximately: 5,700 people in Scotland experience all three disadvantages of homelessness, experience of the criminal justice system, and substance misuse; 28,800 experience two out of the three disadvantages; and 156,700 experience one of the three disadvantages.

Homelessness: In the current context, the number of households reporting rough sleeping the night before making an application has continued to increase, from 1,932 in 2023/24 to 2,465 in 2024/25. The number of households in temporary accommodation also increased to a record high of 17,240 in 2024/25, including 10,180 children (Scottish Government, 2025). Although there is evidence that a Housing First model is an effective way of addressing homelessness, as of September 2025, 13 out of 32 local authorities in Scotland (41%) have declared a housing emergency, and the Scottish Government has declared a national housing emergency.

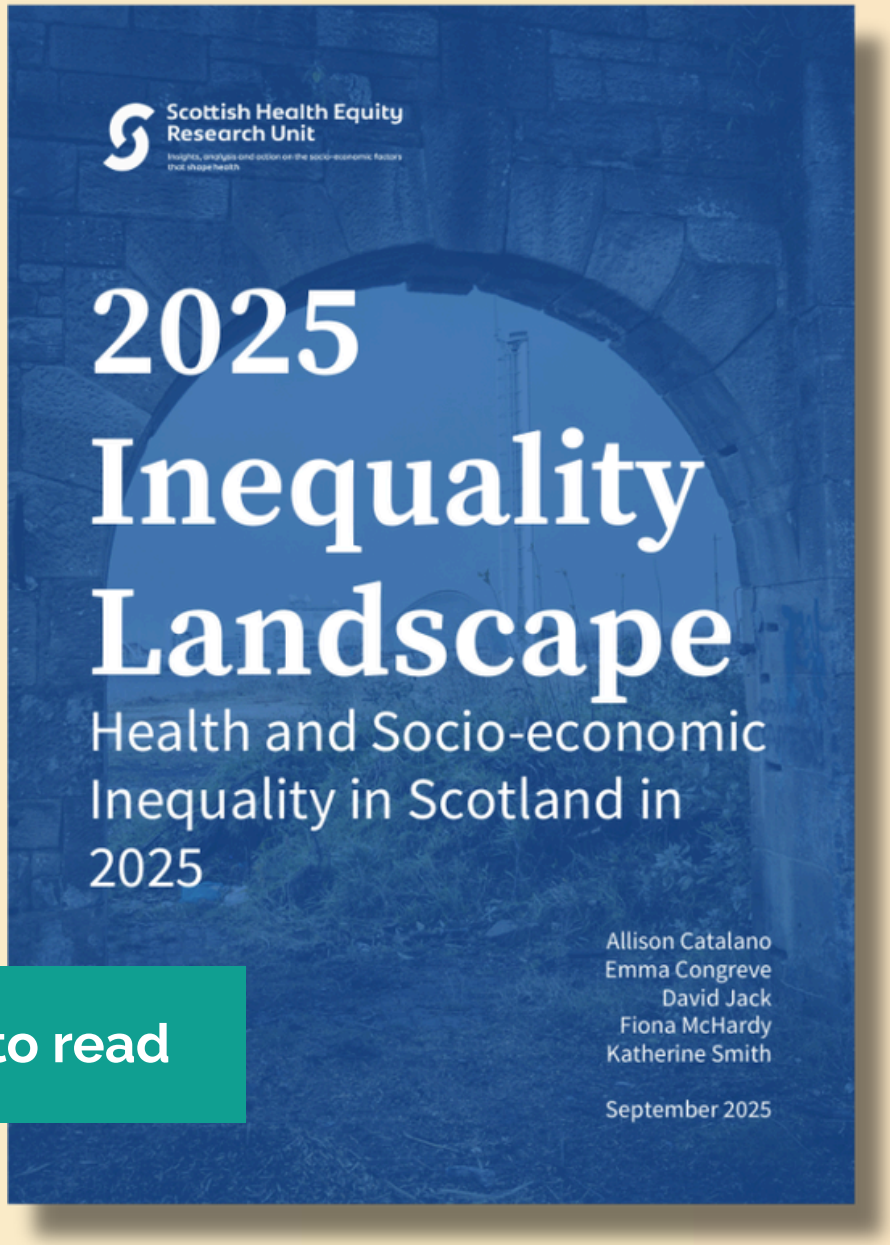
Alcohol and substance misuse: There was a 13% decrease in the number of **drug misuse deaths** and a 7% decrease in the number of **alcohol specific deaths** registered in Scotland between 2023 and 2024.Although the difference has narrowed over time, these figures remain the highest out of all UK countries, with drug misuse mortality among the highest in Western Europe.

Key factors associated with SMD:

- **Location**: Across these data sets, it is clear that living in urban, deprived areas is associated with an increased risk of experiencing SMD. For example, The **Hard Edges Scotland report** found that people experiencing SMD were largely concentrated in urban areas, particularly in Glasgow. In 2024, people in the most deprived areas of Scotland were 12 times as likely to have a drug misuse death compared to people in the least deprived areas (**National Records of Scotland, 2024**).

- **Sex**: The **2025 Inequality Landscape**, published by the Scottish Health Equity Research Unit (SHERU), highlights that young adult men are at greatest risk of deaths from drugs, alcohol and suicide due to compounding challenges across work, education, housing, justice, relationships and mental health. The **Hard Edges Scotland report** also demonstrated that those at highest risk of experiencing SMD were under 40, single and male. Incorporating mental health and domestic violence into the analysis changed the profile as most domestic abuse victims are female. However, even accounting for that, the most complex forms of SMD continued to be experienced by males, particularly those who had experienced violence throughout their lives.

Missed opportunities for prevention: the [SHERU report] suggests that, despite this evidence, young adult men remain a policy 'blind spot' because they often average well on income and employment. Contact points like homelessness presentations, police/justice interactions, or A&E visits provide opportunities to better understand the experiences of and support young adult men, but they typically occur after crises emerge, missing the preventative ambition of Scottish policy.



Click to read

Impact

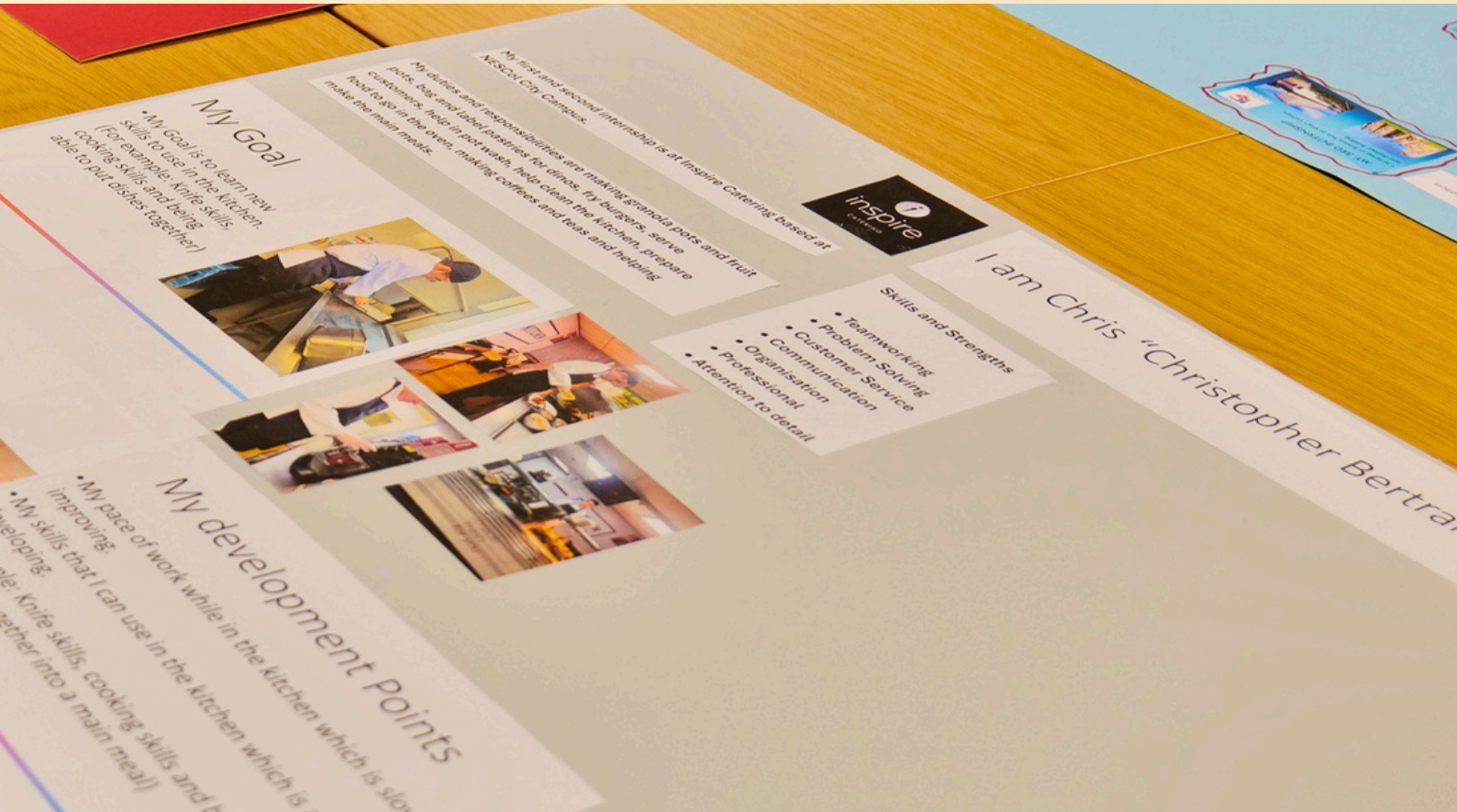
Number of people supported: Of the 31 end of year reports analysed under this outcome, 12 detailed the total number of people supported, which totalled 3,427. What was included in this figure varied, as numbers were higher for organisations who reported the number of individuals supported (including young people, adults and parents), while numbers were smaller for organisations who reported the number of whole families supported.

Qualitative evidence: Almost all end of year reports provided qualitative evidence of the impact of support on various aspects of individuals' health, wellbeing and quality of life, including:

- **Improved confidence** (in themselves and to seek support), safety, and social connections.
- **Improved mental and physical health**, including reduced cravings for drugs/ alcohol, risk of suicide and hospitalisation.
- **Stronger family relationships** and more supportive home environments.
- **Wider impacts of support**, such as enabling individuals to return to work, education or training.

Lack of comprehensive evidence of lasting change: As noted above, this impact reporting is mainly focused on case studies and qualitative feedback, and we are seeing less use of quantitative data alongside this, with most organisations reporting either on outputs or shorter-term outcomes.

This could be because of the issues with collecting, accessing and sharing data outlined in the challenges section above, or grant holders just might not be sharing it with us, but it means that there is a lack of consistent and comprehensive evidence of lasting change - both for individual organisations and at a local/national level. This lack of consistent reporting on longer-term outcomes, as well as a lack of linked data, has been identified as a barrier to tracking overall progress and identifying points for early intervention **(SHERU, 2025)**.



Patterns in Practice

One-to-one support

Dedicated support workers provide different types of emotional and practical support depending on the issue e.g. counselling, drug therapy and other physical interventions to address substance dependency, advocacy for those experiencing homelessness, or mentoring and support for victims of domestic abuse to access legal support/report to the police.

Co- development of a tailored support plan with a support worker who has shared lived experience of these issues and provides compassionate, trauma-informed and sustained support is important for building trust and helping individuals to take ownership of their recovery.

Group work/peer support

Many grant holders provide community spaces for people to come together to share their experiences and support each other, as well as group workshops focused on understanding trauma, managing emotions and reducing shame and stigma. At the collective sense-making event, it was highlighted that there has been a lack of investment in these community spaces, particularly for parents, early years and youth work.

Youth work in particular was seen as a key preventative tool for addressing factors associated with SMD, including toxic masculinity and violence, through youth-centred, participatory approaches which support young boys and men to challenge gender norms.

Whole person, holistic support

This involves a multi-agency approach through which support for different issues is co-ordinated by a case manager who has strong partnerships with other community services e.g. schools, police, NHS, housing services, social work, family wellbeing, Citizens Advice Bureaux. In some cases, different services are co-located in one place e.g. within a police station, which helps case managers to co-ordinate and integrate support from multiple services.

The **Hard Edges Scotland report** gave examples of people experiencing housing or mental health crises who had committed offences in order to access support through the criminal justice system. This was because criminal justice social workers were often seen to be the most proactive and connected across different systems.

'Stickability' of services

The collective sense-making event emphasised one of the key findings from the Hard Edges Scotland report: across these different types of support, 'stickability' i.e. providing consistent, reliable support for as long as people need it, regardless of poor choices or reduced engagement, is key to building trusting relationships and creating long-term change in someone's life.

£117K spread over 3 years (approximately 4% of the annual income for the year the award was made)

Case Study

Transform Forth Valley provide a range of services to support individuals and families affected by substance use and/or experiencing societal, financial or health inequalities.

Their Social Inclusion Project (SIP) supports people aged 16+ who have experience of problematic substance use or backgrounds of offending or anti-social behaviour to engage with and access support from community services which they may otherwise struggle to interact with.

This is achieved through a dedicated SIP worker, who builds a safe and trusting relationship with the individual and ensures that they are directly involved and can take ownership of the development of their care plan. The SIP worker also facilitates a multi-agency approach by co-ordinating and managing support from partner services, including Falkirk, Clackmannanshire, and Stirling Councils, NHS Forth Valley, third sector partners, Scottish Fire and Rescue and Police Scotland. All support from partners is delivered fully in the community, often taking place in individual's homes, in the Transform Forth Valley mobile outreach vehicle or any place the individual feels safe and comfortable to meet and explore the support they require, for as long as they need it.

Claire Hughes, Senior Service Manager at Transform Forth Valley, participated in a panel discussion at the collective sense-making event, and highlighted that this multi-agency, community-based approach is effective in reducing offending and supporting recovery from substance misuse by addressing multiple underlying issues together, including housing, benefits, food, electricity and healthcare. Joint care plans developed in partnership between individuals, the SIP worker and services like the NHS and police were also highlighted as beneficial in helping individuals to build trust in and positively engage with these services, particularly for young people who are initially reluctant to engage with the police.

Holistic Whole Family Support

External Context

The Promise

The Promise is showing some success in implementation, though is falling behind in terms of meeting 2030 targets (The Promise Oversight Board, 2025).

Children in care

In 2024, there were 11,844 'looked after' children in Scotland, which represents a reduction of 18% since the publication of the Independent Care Review in 2020 (Audit Scotland, 2025). Together with a greater proportion (35%) of children living in kinship care, this indicates some positive progress towards keeping families together.

Domestic abuse

In 2023/24, domestic abuse accounted for the highest percentage of concerns (45%) at child protection planning meetings for children placed on the child protection register (Scottish Government, 2025). In addition to the increased risk of entering the care system, children and young people who have been victims or witnesses of domestic abuse are at increased risk of mental health issues, alcohol and drug use, and repeating similar offences.

Justice

The youth justice system in Scotland is making progress towards more trauma-informed support for children who have been victims or witnesses of crimes like domestic abuse to access recovery, support and justice through the Bairns Hoose model, which provides child-friendly support spaces with holistic services in one place. However, challenges remain in rolling out the model of integrated services and achieving consistent access and outcomes across all local authorities (**The Promise, Plan 21-24**).

Whole Family Wellbeing Fund (WFWF)

The Scottish Government's WFWF aims to create local system changes through Children's Services Planning Partnerships and reduce the need for crisis intervention in families, shifting investment towards prevention and early intervention.

An **independent evaluation of the WFWF** in 2023/24 highlighted that outcomes related to availability, access and child/family-centred service design were partly achieved. However, the short-term nature of the funding, as well as a **lack of clear reporting and linked data on the outcomes and experiences of children and families**, have been identified as barriers to developing a whole systems preventative approach across Scotland (**Audit Scotland, 2025**).

At the collective sense-making event, it was highlighted that these issues and a lack of quality assurance at local level also contribute to an implementation gap between **holistic whole family support policy** and what can be delivered by frontline services.

Impact

Number of people supported

Of the 23 end of year reports analysed under this outcome, 13 reported the total number of people supported, which totalled **5,433.**

What was included in this figure varied, as numbers were smaller for organisations who reported the number of whole families supported, and higher for those that reported the number of individual parents, children or young people supported.

Relationships

Almost all end of year reports provided qualitative evidence of the impact of support on relationships, including:

- Improved **social connections**, confidence, and parenting skills among parents.
- Improved parent/child **mental health and emotional wellbeing**.
- More **secure attachments** between parents and children.
- More supportive and nurturing **home environments**.
- Stronger and more stable **family relationships**.

Lack of comprehensive evidence of lasting change

As with severe and multiple disadvantage, impact is mainly reported through qualitative evidence and case studies, with less use of quantitative data alongside this to provide comprehensive evidence of longer-term change. One organisation reported on the number of families supported to sustain a tenancy (640), but most still report on outputs or shorter-term outcomes.

Aside from data sharing challenges, grant holders who attended the collective sense-making event reported that they often find it difficult to measure and evidence the impact of their prevention work within holistic whole family support, particularly when trying to report on long-term outcomes in short-term funding cycles.

Patterns in Practice

Holistic whole family support

Before the collective sense-making event, we had observed that the language used in this area can be confusing, with 'whole family support' and 'holistic family support' often used interchangeably.

At the event, it was highlighted that good practice incorporates both:

- **Whole family support**: Tailored support from a dedicated family support worker, who listens to the needs of families and provides flexible and relational emotional support e.g. through counselling and play therapy, often delivered through home visits to ensure engagement with all members of the family.

- **Holistic family support**: Co-ordinated support from a range of different services e.g. schools, social work, housing associations, Citizens Advice Bureaux, NHS, Women's Aid. Through our awards, we are seeing some strong examples of this multi-agency support, particularly where services are co-located in community spaces like schools and GP surgeries, avoiding the need for multiple referrals to different services. However, lack of communication and inconsistent approaches to supporting families across statutory and third sector services mean some organisations are still finding it challenging to move past referral-only partnerships and co-ordinate this holistic, multi-agency approach.

Community support as prevention

As part of their support, a number of grant holders provide community spaces for parents to come together for advice, support and play and learning opportunities with their children, which allows them to form support networks and build confidence in different parenting skills.

At the collective sense-making event, it was highlighted that there has been a steep decline in the funding for and availability of community centres and youth clubs, which play an essential part in prevention by providing opportunities and empowering people/ families to contribute to their community, build their own connections, and support each other without the need for more formal intervention by services. It was noted that, in this way, prevention in holistic whole family support may not always be visible or labelled as 'prevention'.

It was also noted that these peer/community support activities need to be trauma- informed, with conscious thought around how to ensure positive engagement from people with experience of poverty and trauma.

This emphasises the importance of striking a balance between empowering people and families to make their own decisions and take ownership of the way they engage with their community, and ensuring that community spaces and activities are facilitated by trauma-informed staff to ensure that they do not cause any unintended harm.

CHILDREN FIRST Protecting Scotland's Children

£1,044,356 spread over 3 years (approximately 3% of the annual income for the year the award was made)

Case Study

Children First's Family Wellbeing Service, delivered in partnership with East Renfrewshire Health and Social Care (HSCP), aims to support children aged 8-18 who are experiencing emotional distress by providing support to them and their families, rather than the child/ young person in isolation.

An **independent evaluation of the Family Wellbeing Service**, published in July 2025, highlighted that a number of outcomes had been achieved across years 1-3 and 4-6. Most notably, for the first three years, the service led to a significant reduction in the number of young people re-presenting to GP's during the first six months since referral to the service and an 86% reduction in re-presentations to GP's in six months after leaving the service. Other outcomes achieved in years 1-3 were a key factor in this, as the service supported: at least 86% of children and young people to feel calmer and less anxious; at least 84% of parents to be better able to understand and support their children's emotional wellbeing; and at least 86% of children, young people and families to be able to cope better with stressful events and change.

Outcomes in years 4-6 included: at least 73% of those supported reported increased safety; at least 75% reported improved relationships; at least 78% reported recovery from trauma and at least 84% reported improved wellbeing. HSCP stakeholders and parents also reported that these outcomes resulted in wider impacts for children and young people, including improved school attendance and engagement with education.

The evaluation also identified key components of the Family Wellbeing Service that contribute to its impact, including:

- **The availability of support for all members of the family**, with support for parents/carers seen as particularly important in identifying underlying issues that may have contributed to emotional distress for the young people and preventing them for reoccurring.

- **Delivery of a social support model** rather than taking a medical approach to supporting young people experiencing emotional distress and their families.

- **Flexibility** in terms of the type of length of support offered.

- **Person-centred, relational practice** based on listening to and understanding the needs of families and providing consistent support, helping to build trusting relationships with families.

- **Partnership working,** both at the strategic and operational level. For example, the Family Wellbeing Service feeds into multi-agency meetings with educational psychology, social work, CAMHS, and other partners around the needs and most appropriate means of supporting each young person and their family. These multi-agency meetings are co-ordinated at the Healthier Minds Hub, which has led to Children First and the Family Wellbeing Service being more integrated with other support for young people in East Renfrewshire.

The Cottage Family Centre

£120K spread over 3 years (approximately 5% of the annual income for the year the award was made)

Case Study

The Cottage Family Centre provides a range of support to families living in the Kirkcaldy and surrounding areas of Fife who are vulnerable to social exclusion as a result of poverty, unemployment, poor housing, relationship breakdown, drug/alcohol problems and health related issues.

The Cottage Family Centre adopts a strengths-based community development approach that puts the needs and aspirations of children and families at the centre of its development and delivery. Their Children's Therapeutic Service provides an individualised therapeutic intervention to children aged 3-16 and their families who have been affected by trauma or abuse. Therapeutic interventions take place within the Cottage Family Centre's spaces, the family home, schools, community venues or any other place where the child/young person feels comfortable.

Specific Family Focus sessions recognise the need to bring families together and to help parents understand how their own emotional regulation can impact on their children. This also enables staff to explore the experiences/challenges that are being faced by the whole family unit and to provide support to address those, which has included advocacy and co-ordination across education, health, housing and justice systems, and linking families to essential services like The Cottage Family Centre's Big Hoose Project for practical aid, budgeting and respite. Through ongoing internal evaluation of the therapeutic service, The Cottage Family Centre report that:

- **62%** of the children and their families reported improved health and wellbeing.
- **64%** of the children improved in confidence, self-worth, and self-esteem.
- **52%** of children and parents reported improvements in family relationships and overall family functioning.

What's next?

Our deep dive into our Nurturing Relationships theme reinforces the opportunities to strengthen how we support individuals, families and communities - both in preventing poverty and related trauma, and in ensuring that key points of connection with services provide timely help that averts crisis and reduces the risk of multiple disadvantage

Breaking this cycle requires time to build trust and change in people's lives, as well as interventions at different points in their lives, rather than solely focusing on childhood.

Across both severe and multiple disadvantage and holistic whole family support, key themes that emerged from the collective sense-making event included recognition that:

- The current public narrative needs to account for structural factors that pull individuals and families into poverty and trauma, and that the continued framing of poverty as being caused by individual choices is getting in the way of social change;
- People with lived experience should be centred in policy-making, funding decisions and the design and delivery of services and solutions;
- Both bottom-up and top-down action is needed: individuals, families and communities need to be empowered but institutional assumptions and siloed ways of working also need to be challenged.

This led to some tangible recommendations being discussed by partners in the room, for:

- Delivery organisations
- Funders
- Influencing the wider system

Delivery Organisations

- **Upskill the workforce, particularly in statutory services, to provide compassionate, trauma-informed support**. This is key to breaking cycles of intergenerational trauma and distrust in services and would also help with service integration and collaboration through more consistent approaches with the third sector.

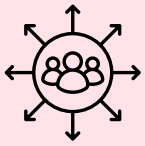
Funders

- **Consider how to fund in a way that encourages collaboration and not competition** between organisations working to address different but interconnected issues. This should be mirrored by a shift from siloed thinking (such as separating funding into 'homelessness money' and 'drug and alcohol money') to joined-up funding arrangements at government level.

- **Shift towards longer-term rather than short term funding cycles**. This would give organisations enough time to provide the long-term support needed to nurture relationships and collaborate with other services. Longer-term funding would also allow organisations more time to collect relevant data and provide comprehensive evidence of the lasting impact of their work, particularly in relation to preventative approaches.

- **Invest in community spaces and core services for parents, early years, and youth work**, as these play a key part in prevention by providing the opportunities and support networks needed to form nurturing family and community relationships and address factors associated with SMD.

Influencing the wider system



- **Better data infrastructure**, including systems which allow different services across sectors to share the same data, would enable greater integration and collaboration between services.

- Alongside this, **a more consistent, whole system approach to data collection is needed**, including cross-sector agreement about which outcomes should be the indicators of long-term change and should therefore be prioritised during data collection and monitored over time. The **SHERU report** highlights that a more coherent and integrated evidence base (combining quantitative and qualitative data) could improve understanding of the lived experiences, trajectories and potential intervention points for young adult men at heightened risk of preventable deaths from drugs, alcohol and suicide in Scotland.

- It also concludes that **more effective, cross-sector governance and budget arrangements within the Scottish Government are needed** to ensure that joined-up working and prevention is not left solely to local partnerships, but embedded in national policy, resourced effectively, and sustained over time.

These are things that we will be considering as we develop our work within the Nurturing Relationships theme and explore what we can best do to support nurturing relationships within families and communities to help prevent and support recovery from trauma.

This will include building on strong engagement from a range of Scottish Government Directorates at the collective sense-making event and considering how we can work with them and other key stakeholders to drive cross-sector research and systems change work.

What do you think?

Does this align with the work you are doing or how you are thinking? What have we missed? Do you have questions or ideas for us?

If so, please get in touch with us:

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