

Support for All: the Families and Relationships Green Paper

Consultation Response Form

The closing date for this consultation is: 21 April
2010

Your comments must reach us by that date.



department for
children, schools and families

THIS FORM IS NOT INTERACTIVE. If you wish to respond electronically please use the online or offline response facility available on the Department for Children, Schools and Families e-consultation website (<http://www.dcsf.gov.uk/consultations>).

The information you provide in your response will be subject to the Freedom of Information Act 2000 and Environmental Information Regulations, which allow public access to information held by the Department. This does not necessarily mean that your response can be made available to the public as there are exemptions relating to information provided in confidence and information to which the Data Protection Act 1998 applies. You may request confidentiality by ticking the box provided, but you should note that neither this, nor an automatically-generated e-mail confidentiality statement, will necessarily exclude the public right of access.

Please tick if you want us to keep your response confidential.

Name Heather Ransom
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If your enquiry is related to the policy content of the consultation you can contact the DCSF helpline on:

Telephone: 0870 000 2288

e-mail: info@dcsf.gsi.gov.uk

If you have a query relating to the consultation process you can contact the Consultation Unit on:

Telephone: 01928 794888

Fax: 01928 794 311

e-mail: consultation.unit@dcsf.gsi.gov.uk

Please tick the box that best describes you as a respondent.

<input type="checkbox"/> Parent/carer	<input type="checkbox"/> Grandparent	<input type="checkbox"/> Child/young person
<input type="checkbox"/> Local Authority	<input checked="" type="checkbox"/> Third Sector	<input type="checkbox"/> Employer
<input type="checkbox"/> Health Organisation	<input type="checkbox"/> Representative body	<input type="checkbox"/> Family and friends carer
<input type="checkbox"/> Schools sector	<input type="checkbox"/> Health Practitioner	<input type="checkbox"/> Family and Parenting practitioner
<input type="checkbox"/> Other		

Please Specify:

Early Childhood Forum is a coalition of 61 professional associations, voluntary organisations and interest groups united in their concern about the well-being, learning and development of young children from birth to eight.

ECF has five central areas of work which form the basis of its policy agenda:

- Championing children's rights and entitlements
- Supporting training, development and education of early childhood practitioners and all who work with children and their families
- Working in partnership
- Addressing inequalities and valuing diversity
- Evaluating practice and ensuring quality

Early Childhood Forum Members

4Children

Action for Children

Association of Educational Psychologists (AEP)

Association of Teachers and Lecturers (ATL)

British Association of Community Child Health (BACCH) British Association of Adoption and Fostering (BAAF)

Campaign for Advancement of State Education (CASE)

Children in Scotland (CiS)

Children's Society

Children in Wales (CiW)

Council for Awards in Children's Care and Education (CACHE)

Council for Disabled Children (CDC)

Community Practitioners and Health Visitors Association (CPHVA)

Daycare Trust (DCT)

Early Childhood Studies Degrees Network

Early Education

Early Years (formally NIPPA)
Early Years Equality (EYE)
Fatherhood Institute (formally Fathers Direct) (co-opted member)
Full Time Mothers
Forum for Maintained Nursery Schools
High/Scope UK
ICAN
KIDS
Learning Through Landscapes (LTL)
Local Authority Early Years Network (LAEYN)
Mencap
Montessori Education UK
National Association of Education Inspectors, Advisors & Consultants (ASPECT)
National Association of Head Teachers (NAHT)
National Association for Primary Education (NAPE)
National Association of Nurseries in Colleges & Universities (NANCU)
National Autistic Society (NAS)
National Children's Bureau (NCB)
National Campaign for Nursery Education (NCNE)
National Childminding Association (NCMA)
National Day Nurseries Association (NDNA)
National Deaf Children's Society (NDCS)
National Literacy Trust (NLT)
National Network Of Children's Information Services (NACIS)
National Portage Association (NPA)
National Union Teachers (NUT)
Parenting UK
Parents for Inclusion
Play England (formally Children's Play Council)
Preschool Learning Alliance (PLA)
REU (formerly Race Equality Unit)
Refugee Council
Royal National Institute of Blind People (RNIB)
Save the Children (SCF)
Scope
Special Educational Needs Joint Initiative for Training (SENJIT)
Steiner Waldorf Schools Fellowship (SWSF)
Trade Union Congress (TUC)
Training, Advancement & Co-operation in Teaching Young Children (TACTYC)
UNISON
Voice - Union for Education Professionals (formally PAT / PANN)
What About the Children (WATCH)
World Organisation for Early Childhood Education (OMEP)
Young Minds



The Government would like to seek views on how best to shape the next phase of family policy to meet the needs of families today and support strong family relationships. It would therefore welcome responses to the following questions:

1 What more can we do to help create a culture in which seeking help for relationship or parenting problems, or other family difficulties, is considered socially acceptable?

Comments:

It is important to create an environment in which mothers, fathers and other key carers feel confident and comfortable to engage with advisors and specialists about relationship and parenting issues they are experiencing without feeling stigmatised or blamed. Equality and diversity training should underpin professional development, so that staff fully understand how equality and inclusion supports the well-being of children and families and respect and value each family member as an individual as well as a collective. Training for professionals also needs to include listening skills, so that families are truly listened to, and being non judgemental, so that mothers and fathers get the help they are seeking rather than the professional thinks is best which can undermine confidence rather than empower families.

There needs to be universal services for all families, with additional targeted services available to families (and individuals in families) in most need of them. For instance, engaging with both parents on parenting and couple relationships in the peri-natal period can set the scene and make good connections for delivering non-stigmatising information and support afterwards, when both mothers and fathers tend to be less open to receiving support. This can help reduce parenting stress and the normative decline in satisfaction with the couple relationship experienced after the birth.

Information needs to be communicated to fathers, mothers and other key carers in a variety of ways including through face-to-face contact at services, over the phone, online via the internet, through the post, in the written press and on television and radio, to ensure coverage reaches as many people as possible. NHS Choices is an excellent example of a comprehensive information service and trusted brand.

We need to consider what we mean by 'the family' as this can take many forms and the term 'families' is preferred (families can consist of single mothers or fathers, same sex couples, married or unmarried couples, biological, adopted or foster children, step-family members, 3-generation families, grandparental care and co-residence with friends or other family members). All members of families should be engaged with routinely and feel that their voice is being heard. Step-parents have an important role which often goes unrecognised and for which support is rarely given. A child's relationship with all adults in or closely

attached to the child's household needs to be 'mapped'. Conversations with mothers and fathers should include opportunities for them to reflect on their relationship with each other (whether or not they live together), as part of the parenting system; and professionals will need to be equipped to engage in these conversations, to talk with fathers, and to talk with both parents at the same time. Currently their expectation (and practice) tends to be only to engage with the mother; and not to engage with fathers even on couple-matters.

Families benefit from having a key worker relationship. A 'lead professional' should be the single contact for the family and liaise with other relevant professionals. This person need to be equipped to engage with more than one family member at a time or another key worker for a different family member should be provided.

There should be some signposting available to direct fathers and mothers to the most relevant person. Children's Centres and other services can 'hook in' mothers and fathers through using outreach workers and then introduce them to additional services. There is some evidence that engaging with the fathers can help draw mothers and children into services; and vice versa.

The Team around the Family is particularly important for families that have a disabled child. A greater percentage of parents split up than parents with an able bodied child. Services focus on the mother, who often develops a protective bond with the child and the father can feel like an outsider within his own family.

2 Which issues should be prioritised by Government in seeking to strengthen families and support family relationships in this country?

Comments:

- Child poverty, social exclusion and circumstances affected by the socio-economic environment e.g. housing, food and nutrition, clothing, basic amenities
- Inequalities in terms of the 6 equality strands (age, gender, disability, sexual orientation, religion or belief, race or nationality)
- Health inequalities experienced by young children and the later impact on their well-being, education and life chances
- Lack of health visitors
- More focus on building family resilience which will include engaging with parents on the quality of their relationship, routinely 'thinking fathers' (registering them as parents, collecting their details, assessing their needs and strengths), and engaging with family networks attaching to both parents, including parents who do not live with their children
- Children's Centres' provision of integrated services such as antenatal

care, health visiting, JobCentre Plus

- Ensuring there is help available to both mothers and fathers when families need it most, including providing information on receiving tax credits and child benefits and access to counselling services such as Relate. (In Barking and Dagenham, engaging fathers as well as mothers in sessions on benefits/tax credits has resulted in many more families successfully claiming benefits due.)
- Increasing educational levels of mothers and fathers with few qualifications, perhaps in preference to (or alongside) active participation in paid work. Further education is associated with improved parenting.
- Improve funding for the voluntary sector and parent-led schemes, which provide training and supervision to volunteers who offer emotional and practical support to local families. Parent to parent support networks are invaluable in passing skills across the generations and strengthening community resilience.
- Harness the views of parents as the primary caregivers and first educators of their children and the importance of sensitive, consistent and loving parental or family based care in providing the best start in life in the early years.

3 Which services need the most urgent development to make them truly family-friendly?

Comments:

While most mothers and fathers engage with maternity services, and most mothers with health visiting and early years provision, later transitions (which can also be stressful) do not generally provide mothers with the opportunity to receive support. There is evidence that intervening with parents when their first child goes to school, to discuss their relationship and family dynamics, and think about parenting issues, pays off in better parenting and child outcomes. The transition periods in a child's life can be very de-stabilising for families, as they lose relationships with people who have been closest to and who they feel understand them best. Such transitions include the move between primary and secondary school. The situation can be particularly difficult for children with special needs. It suggests evaluation of current early years services which considers transition stages fully and the support needed for families when they move from one service or educational institution to another and the support needed for children. There is an ongoing dialogue between nursery and reception class teachers with visits to the new setting.

Maternity services need to develop a far more inclusive approach to ensure that their service is, a 'woman focused' and 'family-centred'. Fathers, particularly low income and other disadvantaged, are not engaged with as much by maternity services or in ways that would help them support their partner through birth and beyond, while negotiating the transition to parenthood on their own account, and this can affect their children, as well as the men themselves. Maternity services are the golden opportunity moment to address a range of issues – and establishing the principle of help/information seeking by both parents, and for fathers.

The numbers of health visitors need to be increased as a matter of urgency so that it can still offer health. Since 1998 there has been a drop of 12.95% in whole time equivalent (WTE) health visitors. Since 1998, 4.65%, the number of live births has increased by 8.51%; the number of midwives has grown by 8.51%; midwives and health visitors has risen by 27.57% and the number of paediatric doctors by 60.07%. The number of staff employed in the NHS has risen by 99.03%. The increase in the use of inappropriate skill mix may include the use of now community staff nurses, community nursery nurses, family outreach workers etc. Families do not know the roles and skill levels of the staff involved in visiting them at home, be they from the children's centre or health visitor. This increasingly supports the view that home visiting and early interventions that include support for parents are key components in combating health inequalities and many modern-day public health concerns, such as mental health problems.

Factors such as unemployment and poverty are more prevalent in families with a disabled child and these families in accessing services (Daycare Trust, 2001). Other research has shown that the circumstances and difficulties in securing access to appropriate services, which are found for the most disadvantaged, are particularly acute for families from minority ethnic groups (Fazil et al, 2002). Consequently, specialist knowledge and flexibility in structure to meet the diverse needs of individual children and their community.

Services from statutory and voluntary sectors, such as access to employment or education, although available, are not always accessed by parents in their own right. However, parenting support to disabled parents is minimal. Evidence is supported incidentally if there was practitioner involvement on behalf of their disabled child; and support for a disabled child is negligible.

The Joseph Rowntree Foundation report (Morris, 2003) which collated evidence heard by the Task Force on their Parenting Role found that people with physical and/or sensory impairments, learning difficulties, long term illness or HIV/Aids experience common barriers to receiving appropriate support in their parenting role (Clarke, 2003) of parenting, disability and mental health which examined the views of parents and carers and identified barriers to full participation in parenting. And disability in fathers usually goes unrecognised. For mothers, it is assessed for learning disabilities unless their partner is found to be learning disabled (O'Hara & Morris, 2003) and urgent development.

Balancing paid work with raising children can be achieved by families in many ways and not necessarily that both mother and father are in paid employment at the same time. Recognise parents' freedom to choose the best option on their particular family circumstances, the needs of their children, and the preference of mother and father to work themselves and/or work outside the home and use childcare. There should be a level playing field so that one-earner families with a full time caregiver at home are not disadvantaged compared to two-earner household incomes who benefit from two single person's allowances rather than just one.

The paper also includes three specific proposals for consultation:

4 Do you consider that compulsory mediation assessment would improve the take-up of mediation in family law cases, and what more could be done to improve the take-up of family mediation as an alternative to court action? The Ministry of Justice has produced supporting information relating to the

consultation question on mediation, to view this please go to www.dcsf.gov.uk/consultations.

Yes

No

Not sure

Comments:

5 a)

How far does the need to seek leave of court act as a barrier to prevent extended family members applying for contact with a child?

Comments:

5 b) Is there a need to remove this requirement for some other family members, beyond grandparents? (Note: Parents are already exempt.)

Yes

No

Not sure

Comments:

6

Would a comprehensive advice service on family issues based on the successful models like NHS Direct and the NHS Carers Direct service make it easier for families to find the help they need? This could consist of a national online service coupled with a single telephone number.

Yes

No

Not sure

Comments:

Thank you for taking the time to let us have your views. We do not intend to acknowledge individual responses unless you place an 'X' in the box below.

Please acknowledge this reply

Here at the Department for Children, Schools and Families we carry out our research on many different topics and consultations. As your views are valuable to us, would it be alright if we were to contact you again from time to time either for research or to send through consultation documents?

Yes

No

All DCSF public consultations are required to conform to the following criteria within the Government Code of Practice on Consultation:

Criterion 1: Formal consultation should take place at a stage when there is scope to influence the policy outcome.

Criterion 2: Consultations should normally last for at least 12 weeks with consideration given to longer timescales where feasible and sensible.

Criterion 3: Consultation documents should be clear about the consultation process, what is being proposed, the scope to influence and the expected costs and benefits of the proposals.

Criterion 4: Consultation exercises should be designed to be accessible to, and clearly targeted at, those people the exercise is intended to reach.

Criterion 5: Keeping the burden of consultation to a minimum is essential if consultations are to be effective and if consultees' buy-in to the process is to be obtained.

Criterion 6: Consultation responses should be analysed carefully and clear feedback should be provided to participants following the consultation.

Criterion 7: Officials running consultations should seek guidance in how to run an effective consultation exercise and share what they have learned from the experience.

If you have any comments on how DCSF consultations are conducted, please contact Donna Harrison, DCSF Consultation Co-ordinator, tel: 01928 794304 / email: donna.harrison@dcsf.gsi.gov.uk

Thank you for taking time to respond to this consultation.

Completed questionnaires and other responses should be sent to the address shown below by 21 April 2010

Send by post to:
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Area GB
Castleview House
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Cheshire
WA7 2GJ

Send by e-mail to: supportforall.consultation@dcsf.gsi.gov.uk