

FAMILY ACTION CONSULTATION RESPONSE

APRIL 2010

Support for All: the Families and Relationships Green Paper

BELOW YOU CAN READ EXTRACTS FROM OUR RESPONSE TO THE DCSF CONSULTATION ON THE FAMILIES AND RELATIONSHIPS GREEN PAPER WHICH WE SUBMITTED IN APRIL 2010

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:

- Public policy, both in terms of how it is enacted in services and how it is communicated, should be non-judgemental about family formation and about how families are led. For example if tax and welfare policies appeared to favour families led by married couples over families led by single parents, this could lead to an atmosphere in which single parent families feel judged negatively; and this could prompt their disengagement with services. The recognition of grandparents and other kinship carers by the Green Paper is welcome but needs to be backed by resources and welfare reform.
- Ideally service commissioners and policy makers would acknowledge that every relationship/family has difficult issues to address, and recognise that those seeking help sometimes need ongoing emotional support and strategies for dealing with, and surviving situations, rather than the specific outcomes within time limits that commissioners are increasingly seeking. Family Action agrees that we as a service provider should demonstrate the impact of the funding we receive. We are committed to providing services based on models which have been evaluated and proven to work. However we believe that amid pressure on public spending the current outcomes culture is in danger of moving us to an emphasis on the “quick-fix” which may be at odds with what service users are seeking.

- Service users need to be able to trust and understand what they are being offered. There needs to be more investment in the training and recruitment of relationship professionals and in the creation of core, holistic skills and methods across service providers which can be explained to, and understood by service users. Increasingly relationship professionals need to be equipped with the more complex, intergenerational skills needed to deal with families containing grandparents and sometimes great-grandparents; the skills to deal with “blended” families that are the results of adults having more than one partner in their lifetime; and an awareness of diversity and ageism. This is particularly important where younger relationships professionals may be dealing with older, and grandparent, carers.
- It is important that there is a variety of parenting information support: while some parents may benefit from the Family Information Service or parenting classes, or drop-in activity, others who are more vulnerable such as parents with mental health problems may need more intensive professional parenting support in the home, for example through Family Action’s Building Bridges. <http://www.family-action.org.uk/uploads/documents/Building%20Bridges%20Summary%20Evaluation.pdf> The value of the Building Bridges model is recognised by C4EO. http://www.c4eo.org.uk/earlyintervention/files/early_intervention_effective_local_practice.pdf. Our experience is that very vulnerable parents need this home-based support in order to build the levels of confidence and organising capacity needed to use less targeted, timetabled services such as children’s centres.
- In addition to the Family Information Service, there also needs to be reliable information about the support that is available from the agencies that should be key sign posters, such as children’s centres and schools (see below). Both children’s centres and schools need to improve their performance in this regard. Sometimes this may be a question of resourcing. For example some parents have told us that inconsistent service provision and staffing in children’s centres cause information problems. Consistent staffing in particular is important to establishing trusting relationships which will make it possible for parents to confide in service providers that they need help. Sometimes in the case of schools it is a question of negative attitude predominating towards parents who have difficulties(see below)
- There is more to be done in de-stigmatising services by empowering parents to champion the services and support that help other parents, for example by giving parents an input into delivery. We have consulted parents who belong to the various children’s centre parents’ fora which we co-ordinate in south London. They argue that as a result of their involvement they are more motivated to share the information they receive through the fora about local services with other parents. Parents can also be assisted to organise the kind of peer support that will be attractive to other parents who will not engage directly with staff. Children’s centres have an important role to play in this. It is clear in some cases that the original Sure Start local partnerships were important catalysts for parents organising self-help groups. For example the WoW group of mothers originated their group as a result of the local partnership in Battersea and still meet in the children’s centre. <http://www.wowmums.com> One of these mothers said: ‘The initial Sure Start started a community. A big community.’ As a result she had helped deliver the child of a neighbour whom she had befriended through Sure Start. ‘That’s because we found out who was vulnerable, who everyone was.’ The WoW group reaches out to other isolated mothers to offer emotional support, campaigns against local issues of concern to them, and organises cheap holidays away together for them and their children.

- Both the members of the parents' fora and the WoW group emphasised that a major issue is that this peer support becomes less accessible when children start primary school and parents lose the right to access the children's centre facilities. This means that while recent proposals such as parents running children's centres are potentially very empowering in creating new networks of peer support for parents of younger children, a group of parents of older children are still faced with lack of access to similar peer networks.
- Others who may find it particularly difficult to access peer support are the parents of disabled children. A mother of two disabled daughters, and a younger non-disabled daughter who attends a children's centre we run in Essex, felt that families with disabled children were generally overlooked by mainstream services. Both her middle and eldest daughters had developed renal problems which meant that while they did not appear visibly disabled they were subject to exhaustion, curtailment on their physical activity, interaction with other children and depression. The middle daughter required a support worker to attend to her constantly during her mainstream schooling four times a week. The mother's experience was that she had had to work very hard to create her own support networks with little support from paid professionals. She valued the fact that at the children's centre she could spend time giving her youngest non-disabled daughter attention, and mixing with parents; also the fact that her middle daughter was allowed to attend the centre with her younger sister one day a week. However she was unhappy that, because of the loss of a local social group for disabled children, (owing to insufficient numbers) she had lost the regular peer support from other parents that she had gained by accompanying her middle daughter to the group. Inputting to the steering group of the children's centre was partly compensating for the loss of this group but she felt there was limit to which parents and staff whose children did not have similar problems would want to listen to her issues. While the specialist counselling that is proposed by the Green Paper would be helpful to the individual, she seemed to prize the opportunity for peer support most highly.
- Peer support is the major feature of our perinatal support service in Southwark for new mothers, offering a mixture of home visiting and group support before birth and in the first year of the child's life. This model has been clinically proven to half the onset of antenatal depression and is being rolled out by us to three other deprived areas as a result of Big Lottery Funding.
- Many schools are already doing valuable activity through the Personal, Social, Health and Economic (PSHE) Education and could have an important role to play in creating a new culture among young people about seeking help with parenting and relationships. As noted by the consultation document when PSHE becomes a statutory part of the national curriculum next year this will be an important opportunity to promote to secondary schools the need to increase understanding of adult couple relationships within SRE
- There is also a role for schools in identifying vulnerable parents and helping to access support. Our services work productively in partnership with many schools to support such families identified as a result of children exhibiting behaviour of concern in school. <http://www.family-action.org.uk/section.aspx?id=784> However much is at the discretion at the heads of school so that some parents experiencing problems still perceive schools as punitive toward them rather than helping them to find solutions. For example one mother, since helped by Family Action's home-based parenting support, received a letter threatening a court order from her child's school in south London following her child's late attendance. She explained to us that she had three children aged 5, 8 and 1 and following the birth of her youngest

child, she was finding it harder to organise her childcare provision to get her other children to school on time. We supported her in organising her household including a morning routine. However she did not access this support via the school but via the children's centre which her youngest children were attending. There was no one at the school to whom she could turn to explain her problems and the school did not bother to investigate the cause of child's lateness. Yet the school should have been the agency ideally placed to identify the need for support and signpost her after it had picked up the issue of the child's late attendance.

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

Comments:

- While we are pleased with the recent policy imperative to Think Family in service delivery in this Green Paper and hitherto, it needs to be recognised that this is an approach that is far from generally realised in practice. Local services must continue strive to attain this model of practice; and it must be resourced by local authorities and central government if the most vulnerable families with multiple complex needs, and extended members of their families, are to engage productively with services and be strengthened by them.
- From our point of view as providers of professional home-based parenting support to some of these families, it is urgent to improve communication across adults' and children's services. There are still gaps which impact particularly on parents with mental health problems, learning disabilities and physical disabilities. 'Team around the child' has in some places widened this gap between adults/children's services. In practice this means that adult services often fail to take into account the potential impact of an adult's mental health, or other difficulties, on other family members, such as children and young people, or extended family members such as grandparents. This can include young people taking on acceptable levels of caring responsibility for their parents as experienced by many young people attending our Young Carers Projects. A further issue is the differing thresholds for assessing the needs of parents and children, for example thresholds for children being assessed as abused or neglected are low compared to the threshold for an adult with learning disabilities being assessed as in need of support.
- Additionally programmes that are proven to support these families effectively, and reduce the gap between adult and children services such as our home-based Valuing Families programme for parents with learning disabilities, are not widely resourced throughout the UK. As discussed in the article linked here, Valuing Families works successfully with parents with learning disabilities to ensure they parent well and their child is safeguarded. Valuing Families achieves this by providing support in the home and using the methods needed by those with learning disabilities to learn effectively, for example an increased amount of pictorial information and frequent repetition. The familiarity of the home-based setting is especially important to the learning of those parents with learning disabilities. <http://www.communitycare.co.uk/Articles/2010/01/08/113506/parenting-skills-for-parents-with-learning-disabilities.htm>. However Leicestershire Council is one of the few local authorities to commission such a service. It is therefore not surprising to us that the figures show that disproportionate numbers of children of parents with a learning disability are placed in foster homes or residential care with high cost implications for local authorities. This is not cost-effective. For example our Valuing

Families programme generally costs up to £5,000 a year per family compared to £25,000 for a foster care placement. While the resourcing for Family Intervention Projects is important we feel that intensive support for that is begun earlier at a lower level of need prevents complex needs spiralling and so is cheaper and more cost effective than the average unit cost of FIP which is at least £8000 per year family or the potential costs to the state of responding to a family which may be up to £350,000 (Source: Communities and Local Government (2006) 'Anti-social Behaviour Intensive Family Support Projects: An evaluation of six pioneering projects'. *Department for Communities and Local Government*: London). An intensive intervention such as FIP will also be less helpful to parents with learning disabilities who need a lower level of ongoing intervention.

- Professional home based support with parenting is also highly valued by less vulnerable parents who are experiencing a time of crisis. The mother we mention above whom had experienced difficulties with depression and organising her household following the birth of her youngest child felt strongly that professional home-based support should be made available more generally, as do many of the parents who experience this service.
- As the Green paper notes some 200, 000 children live in homes where domestic abuse is occurring. Professional home-based support is also invaluable in strengthening these households by supporting those experiencing domestic abuse to assert and protect them against a perpetrator. We find that our family support workers play an essential role in advocating for the victims when they experience abuse to authorities like the police, and monitoring and ensuring a joined up multi-agency approach to following up the MARAC (Multi-Agency Risk Assessment Conference) process. However this needs to be complimented by an approach and powers for the police and other services whereby the onus is on the perpetrator of abuse to leave the family home and seek help. Presently the onus is on the victim women and children to leave their comfort zone and local social networks of support and experience the impoverishing and isolating impact of setting up a new home. Also in light of the Green paper's acknowledgement of the impact on children of witnessing domestic violence we would also look for projects which support such children, such as those run by Family Action, to receive more resourcing.(see <http://www.family-action.org.uk/section.aspx?id=776>)

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

Comments:

- Some of our answers to the questions above will be relevant.

Additionally we interviewed some parents who attend one of our parental involvement support groups at a children's centre in south London on this question. Their views were:

- There needs to be more investment in free public play space that parents and children can use together; and more consideration given to how low income parents with children can use indoor leisure services. Even where children can attend the latter for free, for example for public swimming the fee for the accompanying adult, around £4, is prohibitive for those on limited incomes. Parents felt particularly strongly about the way in which large numbers of dogs were dominating areas of

public parks in their locality and preventing their children from using them freely. They felt the “dog lobby” was winning against the “parents’ lobby”.

- More consideration needs to be given as to how single parents can access training and education, particularly, as in addition to existing welfare reform, a welfare reform pilot will target single parents of younger children in South London for work readiness from the autumn. Childcare support is only available through the local Job Centre for those studying midwifery. The group felt it was not fair that this particular vocational course has been picked for this benefit, and asked ‘are no other vocational courses such as teaching or social work, which a lot of our mums want to doing, important?’ Help with childcare for those studying at the local colleges is restricted and not always assured for the duration of the course. A typical scenario is to obtain help from the college with childcare costs for the first year the course but not the second.
- Some parents we interviewed had previously been employed by local authorities in children’s centres and in associated services but the jobs had since been cut. Many parents felt they had a special contribution to make to the running of these and other local services given that their parenting skills and knowledge could help make services more family-friendly.

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

Response: Not sure

Comments:

- We would be in favour of a mechanism which would ensure that couples take responsibility for the decisions they are making about their children and futures rather than relying on courts to impose decisions which one of the couple then avoids complying with.
- However delivery of court-supported mediation would require consistent commitment and resource, principally in ensuring the resourcing of therapeutic interventions for the couples involved.

In principle many couples themselves identify mediation as a need; however in practice they will find little value in the process of mediation as long as feelings continue to run high on both sides and they receive no counselling to identify and process the sources of their conflict.

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:

While we would agree the current procedure can cause hardship, and there is scope for bureaucracy and costs to be reduced in this area, the first consideration must be the well-being and safeguarding of the child. While extended family involvement is often invaluable

to strengthening families as we acknowledge above, it must not be routinely presumed that it is always in the interests of the child

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

Response: Not Sure

Comments: see above

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.

Response: Not sure

Comments:

- NHS Direct and the NHS Carers Direct service are important sources of information; and we agree there is potential to develop such a resource in respect of support with parenting and relationships. As we note earlier there needs to be a variety of support for parenting.
- If such a service were developed we would like to see the resource going to third sector providers of existing similar services with established, trusted brands and proven services so they could market their services more effectively, extend them and use the service findings to feed back into public policy development and advocate for service consumers. We do not believe a private sector provider or providers would be as motivated to deliver the latter as part of the offering.
- However the information that is provided by any contractor would need to keep up with changes in service provision on the ground. It would only be as effective as the information that is provided to it by local authorities and other service providers, such as the third sector.
- We would also be concerned that some of the very vulnerable parents we deal with for example those with learning disabilities and mental health problems, would not have the capacity to make best use of this kind of information service; while low income vulnerable families are frequently digitally excluded and do not have access to landline phones. We would be interested to know how NHS Direct and the NHS Carers Direct service are measuring their success in reaching disadvantaged and vulnerable groups and what the findings are. For example last year at the height of the swine flu epidemic when vaccines were being made available how successful were very low income disadvantaged groups in accessing the vaccine and did they tend to us NHS Direct or their local GP or casualty department to do so?
- The priority for these vulnerable groups must be to invest in community outreach methods, more service collocation solutions and multi-agency working. For example Family Action WellFamily Services work through GP surgeries to ensure that people in the country's most deprived area can access joined emotional and practical support that supports their general health and well-being through support with relationships and family life. <http://www.family-action.org.uk/section.aspx?id=778>