

Every Child Matters

Response to the Green Paper by the National Family and Parenting Institute December 2003

The National Family and Parenting Institute (NFPI) welcomes the opportunity to comment on the Green Paper, *Every Child Matters*.

NFPI was established with Government support to improve services for families and parents. It conducts and analyses research on services - especially from users' points of view, advises Government and others on family policy, coordinates family and parenting organisations, produces public information for parents and practitioners, and campaigns for a 'family friendly' society. This response is based on NFPI research with service providers and users (listed below).

1 *Introduction*

NFPI warmly welcomes the broad vision outlined in the Green Paper, though we have strong reservations on specific proposals, for example on IRT. The real challenge, as we see it, is getting the resources, capacity and will to implement the vision - the reshaping and revitalising of services - without imposing destructive fallout on the state of services now. It would be tragic if a concentration on changing structures drew even more energy and resource away from the front line.

We particularly welcome the emphasis on family support within the vision; the recognition of the part children and young people can play in voicing their concerns and views; the establishment of the new directorate on children, young people and families reporting to a Minister for Children, Young people and Families; the proposal to appoint a children's commissioner; the Paper's grasp of the necessity to bring services together and closer to users; the workforce proposals; and the recognition that each professional carries responsibility for child protection and the clarity on accountability.

2 *Including parents*

We are concerned, however, about the absence of parents, families and communities as key players. Rethinking social care for children and families is easy; remaking it much more difficult. We believe that, in order for this remaking of services to work, we need to rethink the nature of the State's relationship with parents and families.

Research is unequivocal that so-called 'authoritative parenting' - a style, not a series of techniques, of warmth love and affection, 'demandingness' and respect for the child's psychological autonomy - produces the best outcomes for children. Yet, increasingly,

parents feel that their authority is eroded by the state and the media both at home and in the public sphere.

Parents do not have a say in public policy - even term dates changed without recourse to parents. The recent announcement that terms were going to be changed could not be done in, say, Canada, where there would have to have been a series of polls to gauge the support for such a measure. The Green paper on children and families services had elaborate mechanisms for consulting children and providers, but, until recently, no plan for parents. No business could survive long without market research. In the sense that services are businesses, they need to research their users.

Parents are also subject to a whole set of mixed messages about their authority. They are seen as competent and required:

- To ensure their children eat the right food,
- To resist the blandishments of the vast marketing and product development industry
- To protect children from internet stalkers and porn
- To ensure children go to school
- To handle the financial market over the choice of child trust fund;

Yet incompetent:

- To decide which vaccination they should receive,
- To decide which movies they should see,
- To decide whether their children needs services.

If services are to work for parents and carers, then they need to be developed as part of a partnership between the parent citizen and the state, not for the professionals' or providers' benefit. A user-focus has to be embedded. Could we imagine a service for parent citizens - not framed as big brother, with service being offered for bad behaviour; not framed as moral improver - with Government or professionals apparently knowing best and telling people how to parent - people who bridle at being 'improved'; but framed as assistance?

The Green Paper on *Supporting Families* said this explicitly: '**Parents raise children and that is how it should be**' (*Supporting Families*, 1998, p 4). This is not simply semantics; it goes to the heart of the contract between the state and the people. People do not use services to meet government targets but because they feel a need and imagine the service will meet it.

- **NFPI would like to see local and regional children and family services have parent advisory groups with representation at strategic planning level, and local 'service hubs' follow the Sure Start model of parent involvement.**

3 *The voluntary sector*

Voluntary sector family and parenting support is cost-effective, flexible, responsive, and acceptable to users, and has led the way in service innovation. Just under half of family and parenting support is delivered by the voluntary sector. The new localism must not be allowed to undermine the strength of the sector.

- **NFPI believes that voluntary sector provision should be encouraged through central government requiring local commissioning processes to privilege quality voluntary sector providers and encourage the development of less well-placed providers. This may require 'light touch' regulation of service providers to ensure quality.**

4 *Reconfiguring local services*

The scale of the task is immense and complicated as complex, unwieldy and interlocking structures are remoulded. We are sorry that in the new directorate, the justice and welfare split which has dogged work with children for so long, has not been shifted yet. But we think it essential that regional and local strategic planning arrangements do so.

NFPI canvassed for local service planning for children and families to be united and undertaken under the aegis of the local authority chief executive. We remain convinced that this is the right way forward.

- **NFPI believes that local strategic partnerships should bring together all providers, including youth justice and housing, to analyse local need, identify and map provision, gaps and overlaps and the possibilities for adding value through innovative use of 'plant' and 'capital', plan and commission services.**

5 *The role of central Government*

There are profound differences between the needs and rights of different children and between children and parents. Differing departmental agendas reflect this; they are not simply the product of different political ambitions. An overarching strategy on children may assume differences are reconcilable when they are not. It is only too easy for departmental priorities to act in completely contradictory ways, for example, educational targets for looked after children and targets for school truancy and discipline.

What we all really want are better services, and Whitehall cannot magic that out of a hat. Better services come from individual people doing better work and taking responsibility for doing it. That requires a confident, trained, knowledgeable workforce with back up. What central Government can do is establish the overarching strategic and policy framework.

- **NFPI would like to see Government set out an action plan with detailed targets, over years, not only for the establishment of children's trusts and local accountability for child protection, but also for extending provision with detailed advice and guidance on commissioning and on the range of services to be provided. The priority requirement on localities should be to map, analyse and produce a database of local provision.**

6 *Regional Government*

Many localities are too small to organise and provide the range of services needed for the diverse needs of a population. Many English regions have a population bigger than the devolved administrations, like Scotland. It makes sense to use them as an interface between local and central Government. They could have a key role in coordinating services and in ensuring the provision of a sufficiently wide range of specialist provision.

- **NFPI would like to see regional bringing together of initiatives like Sure Start, Connexions, TPU, Youth Justice with voluntary sector family, couple and parenting services to develop an infrastructure at an appropriate level for training, sharing good practice and disseminating knowledge and innovation.**

7 *Universal provision of family support*

There is an association between emotional support and the quality of parenting: information, practical action, having a network of support or simply a shoulder to cry on. Rudolph Schaffer's masterly review of the child development literature said it all very clearly and elegantly:

“Parents who receive more support:

- behave towards their children with greater warmth and more consistency,
- are able to provide more effective discipline and yet be less punitive,
- respond to their children with greater sensitivity,
- have more positive attitudes about child rearing,
- show greater affection and are more likely to have securely attached children”
(Schaffer, 1996, p231)

Research demonstrates that transition points, like the birth of a new baby, unsettles individual and family equilibrium, making people ready and sometimes eager for advice and support on how to cope with new challenges.

- **NFPI supports the provision of universal family and parenting support with a special emphasis on the first year of life, when new parents are hungry for support and eager to learn the new skills of child rearing, and on subsequent transition points.**

- **NFPI sees a lynchpin role for midwives and health visitors. These professions need to be revitalised. NFPI welcomes the Chief Nursing Officer's review of the health visiting service.**

In addition to proposals in the Green paper for the range of universal offerings. **NFPI proposes:**

- **Alongside the Child Trust Fund voucher, parents be offered a parenting course voucher on the birth of a child. The cost to the state would be similar and this could encourage both the supply of and demand for parenting support.**
- **Better nutrition for all children, through re-instituting the programme of vitamins, orange juice, cod liver oil and milk alongside a strategy to improve the quality of school meals.**
- **An extension and revival of child development checks at transition points building up from the 18th month and 3rd year at 5, 7, 11 and 13, provided by a revitalised health visitor and school nurse service, as is offered in Holland, allowing parents and children to identify any development, behavioural or emotional issues in a non-stigmatising and universal service.**
- **Family friendly children's centres and schools to increase possibilities for families to build networks, the 'glue' that holds communities together, through family learning, informal contacts, 'good times', and workshops for parents on child development at key transition points and on the big issues for parents of teenagers: drugs, alcohol, sex.**
- **A parent information point in every school with schools as parent resource centres and access point to more intensive family support services (but not necessarily their location).**

8 *Early intervention and effective protection*

While universal provision may reach more children than only targeted help, universal services are not specific and specialist enough to do the business that troubled children and families need. They deal with number but not severity; and they are necessarily generic. While the really big issues that impact on children's outcomes, like domestic violence, drug and alcohol misuse, mental health problems, family conflict and breakdown, require specialist help.

- **NFPI proposes that Government requires adult-focused services for serious relationship, mental health and other difficulties to have a child focus.**

Balancing universal and targeted help

We rightly believe we would have better outcomes for more children from delivering universal rather than only targeted services. But without the money to do both, we are unlikely to achieve an improvement in children's outcomes.

Getting the investment balance right is not easy. We do not want even worse outcomes for some disadvantaged children and families who need expensive long term help, while families and children with resources to manage really quite well, access all the help going. It would be ironic, if at the same time as we are asking people with flu and colds not to call in the GP, we increase demand for help with the 'slightly unhealthy' emotionally well to a level that is financially unsustainable. Ironic, too, if the universal help served, instead, to increase the attainment gap between disadvantaged and non-disadvantaged children.

Prevention increases demand

Also, doing preventive work does not actually immediately reduce service demand; it increases it, as trust increases and what goes on behind closed doors comes to light. This has to be anticipated and planned for. There will need to be considerable capacity built into clinical, child protection, domestic violence, and drug and alcohol services to enable them to respond to the increase in referrals.

Embedding relationship support within pro-family social policy

Any strategy to reduce inequality and increase wellbeing and achievement has to start with a broad family support strategy. Stress, more than anything else, produces negative parenting. Structural forces profoundly affect the intimate arena of family relationships. People get drowned in a sea of troubles. The more risk factors, like poverty and poor housing that families face, the higher the likelihood of child abuse. We need:

- financial and work-based support for families,
- childcare
- regeneration
- good housing
- as well as a focus on family relationships

Indirect interventions to support parenting

When it comes to interventions, the most careful - forensically careful - policy thinking has to happen. Indirect interventions can be as effective as direct ones. Cholera was defeated most by clean water, not by curative medicine or vaccination. Family relationship problems are not easy to pick up or fix; damage is done bit-by-bit not all at once. Stress and couple relationship problems are a common background to parenting problems. Difficulties have often become entrenched and intractable before people face up to them – sufferers and professionals. This makes the case for a preventative strategy: here there are enormous opportunities and tough barriers.

9 *Achieving prevention*

The most striking thing about the UK is the opportunities available to reach and to help:

- Most troubled and troublesome children are easily identified
- Most children are in settings where they could be given emotional or therapeutic help or a regime of behaviour management, even more so, as children's centres and extended schools are rolled out
- Most parents of children at risk or in need are already talking with people who could help them directly or be a gateway to help - ditto above

Low-key provision

A frontline workforce adequately trained in primary care responses can offer help early in most cases. There are countless examples of effective, targeted, 'barefoot' help:

- With pregnant mothers at risk of post-natal depression
- With couples who are going through a bad patch
- With children in schools and nurseries who are unhappy, troubled or troublesome
- With parents, teachers and carers who are finding it difficult to cope
- With new and struggling parents through home-visiting

Matrix of local support services

It is not hard to devise a schema for family support services within an area. NFPI's Mapping of Family Support outlined what might be provided in an area. And we are not starting from nowhere. Over the past 6 years, Government initiatives amount, de facto, to an incipient child and family relationship support service. It is a fragmented, confused set of services, heavily burdened with the weight of scrutiny and measurement and, heavily reliant on an under-funded voluntary sector for delivery, but it is there. The challenge, then, is to weave together statutory and voluntary sector provision into something that makes sense to users.

User focus

People do not use services to meet government targets but because they feel a need and imagine the service will meet it. Parents can view professionals' power as both vast and arbitrary - a view reinforced by the public attention paid to instances of actual or supposed incompetence. Yet, the most effective family work (family group conferencing, family counselling, parenting programmes, family therapy, child protection work) happens when parents and children feel involved and trust their workers.

NFPI has recently done a review of what works in parenting programmes for children at risk. It shows that alongside the quality of transmission of technique and skill provision, a key factor is the quality of relationship between helpers and helped: trust and mutual respect and a sense of agency, a 'therapeutic alliance' between helper and helped.

Yet families who do need help can be very resistant to accepting that they are caring inadequately or destructively. (Even parents who responded positively to parenting orders, while saying they wished they had help earlier, admitted that they would probably

not have taken it, without being pushed, had it been on offer.) Judging just how and when to use compulsion will never be consistently right. The people who need help most are likely to ask for it least.

- **NFPI considers the key features of such a service would be:**
- **A lynchpin role for midwives, health visitors, school nurses or counsellors, GP-based counsellors and Sure Start visitors as the frontline service deliverers and gateways to specialist help**
- **Sure Start and Health Visitor network linking with school-based support service**
- **A range of helpline, home visiting and family support services delivered through voluntary sector**
- **Child and Family centres established in localities – locations could be early years and nursery provision, schools (extended schools), surgeries, voluntary sector centres, social services, contact centres**
- **Connexions grown down from 13 as a delivering not a brokering service and Connexions advisors could have lynchpin role for children of secondary school age and their families - developing appropriate family support models for parents of teenagers around adolescent development, relationships, drugs, alcohol, teenage pregnancy, bullying and running away**
- **Excellent directories of local and national services for referral so front line people and users are able to connect people with someone who knows through excellent web-based information**
- **Shared standards of quality training for workers**
- **Access to a range of specialist mental health, child protection, speech and language, psychological services - they would need expansion - possibly planned on a regional basis to ensure cost-effective access to a full range of provision: couple and family, marital therapy, parenting education and support, family group counselling, mediation, child and adolescent mental health provision.**

Service deficits

There are currently enormous delays in getting help to families and children when concerns about them begin to be evident. The problem is often not slow identification but not enough services. A model is needed that will pick up on children showing unhappiness or difficult behaviour so they and their families can be approached with offers of help through health visitor or school nurse.

Skilling-up frontline workers

The front line workers need to have a menu of 'low key' interventions to offer and the time to do so and frontline staff can be trained to a far greater skill level than is currently expected. We have very good intervention models that could, with funding, be run out without great difficulty.

Whatever family and parenting support is in place, frontline staff need to be trained in direct work with children. There is an enormous need for one-to-one emotional support for children, especially children who have experienced abuse or neglect; therapeutic services for children in public care are scandalously inadequate. To provide therapeutic help would increase the likelihood of these young people becoming more confident parents in their turn.

Relief of suffering as an outcome measure

It is difficult to measure the difference made by services to children and families. In the long term, if we can reduce poverty and disadvantage and keep it in check, child and family services will produce children with better life chances. If we give children in public care access to first-rate educational opportunities and therapeutic help, we can increase the likelihood that they can recover and raise their own children well. But no-one would argue that we should only treat people in pain if we could be sure their illness could be treated and improve; we think it a good thing to relieve suffering for its own sake. The same should be true of children: we want to reduce suffering because it is the right thing to do, whatever the long-term outcome.

Impact on children's outcomes

The Prime Minister's Strategy Unit has plausibly argued that more benefit might be secured from spreading family support than increasing the emphasis on financial responses to child poverty and disadvantage. It would not necessarily, though, cost less.

10 Identification, referral and tracking

In the many child protection enquiries following the deaths of children, one key theme has been the failure to share information so that no one had the whole picture. The Green Paper response is to provide each child with a unique numeric identifier that will enable information systems to be linked so that a flag can be placed against children when concerns are raised.

- **NFPI has serious concerns about the costs and benefits of such a system. We think it will create more difficulties than it solves and take much needed investment away from direct service provision.**

Will the system work?

- Is the system for all children or children at risk and if so how is this decided? If for all children, how will this be done without transgressing individual and family privacy and leaving children a prey to breaches of confidentiality, the effects of labelling and stigmatisation, and the impact of poorly directed interventions?
- Will there be potential, later, for children and parents to sue because of the impact of identification and any subsequent intervention upon them?
- How long will information suggesting concern be retained on the database?
- Will parents and children be able to access and change inaccurate information on linked service databases that may be shared?

- More fundamentally, how will consent be managed: are children's and parents' consent to the holding and sharing of information to be assumed, negotiated or dispensed with upon a specific threshold of anxiety being reached and if so can this be legally challenged?
- How will confidentiality of sensitive information be controlled?

Administering the system

- How will the problems of categorisation of information and inaccurate inputting be managed?
- Who would enter the data into the system, if further administrative responsibilities are loaded onto front-line staff, will this reduce their capacity to deliver direct services?
- Will investment be used up in administration and bureaucracy rather than services?
- The usefulness of the data is reliant on the accuracy of the information processed, human error such as entering a misspelt last name or incorrect birth date would render the whole process meaningless and this involves a monitoring and coding system that further drains resource from frontline service.
- How will access to stored data and consent for information to be shared, possibly across localities as well as inter-agency, be policed to ensure compliance with the guidelines?
- Will access history be transparent for all parents, children and young people coming into contact with key services?
- Will children and their parents have full access to the data?
- Will voluntary organisations or those offering therapy and operating different rules of confidentiality be included?

Benefit

- Then there is the question of benefit: who will the system benefit? Will children at risk of significant harm be identified early and protected? Will children be labelled and the 'tracking' of them bring about exactly what it is intended to prevent?
- Has there been a strategic analysis of costs and benefits as a basis for adopting the IRT option?
- Given that the identification of risk is inaccurate, what is the margin of error? How will it be managed to ensure that large numbers of children are not drawn into the net with negative consequences for themselves and their families? How will it explain its failure to prevent death or harm to babies and children? For example around 3000 babies, out of 600,000 are placed on the child protection register in their first year and it is estimated that between 1 and 2 babies a week die as a result of child abuse or neglect, and many others suffer permanent damage. A margin of error of 10% in risk identification would mean that 60,000 might be considered in need of intervention or protection who are not and 300 babies who are would be missed.
- How will services deal with the much larger numbers of children thus found to need help?

Child development checks as route to identification and care of children in need

While it is true that appalling cases continue to arise where children die or suffer terrible harm, generally it is not through lack of contact but through lack of follow-up, professional incompetence or neglect, and inadequate service provision. The difficulty in depending on a 'flagging' system is that the very facts that might help to reach a sophisticated assessment of risk (a father with a drink problem, a mother with post-natal depression, a workless family) are those that child and family will feel least able to share, except where parents are actively seeking help.

A much more sensitive instrument would be increased midwifery and health visiting services and regular child development checks throughout children's growing up. Such checks, if routine at 5, 7, 11 and 13, say, would be an opportunity, if well provided, to pick up and respond to difficulties child and family are encountering and would, if universal, be as acceptable to parents, children and young people as the baby and toddler checks.

The four big issues linked to poor outcomes for children are: domestic violence, drug and alcohol misuse and family violence. Where parents suffering these difficulties come to the attention of adult services, they need to be required to think child and consider the impact on children's wellbeing.

- **NFPI cautions against investing great expectations and resources into electronic solutions to problems that require human judgment and responses. Finding out a child is at risk at home is only the beginning. The really hard part is thinking what to do next for the best: how could the child's parents be helped to be more loving, less abusive? If not, how can the child be better cared for? Changing people is extremely hard; there are no 'magic bullet' services. Because each child and family is contending with different issues requiring different interventions, families need access to a range of specialist, expertly provided services, where people have the time and persistence, and, with threatening violent families, the courage. That is a challenge.**

11 *Delivering not brokering*

At present when children are identified a dysfunctional system response occurs as services pass on responsibility for the child and family. As well as clarifying responsibility and accountability for child protection, as the Green paper does, it is important to discover why services of all kinds tend to broker or advocate rather than deliver actual interventions that help?

Service barriers

Apart from differing service thresholds, there are a number of other inter-locking reasons:

- Poor organisational cultures
- Poor organisational links and lack of coordination of services

- Too few staff
 - Training deficits
 - Hard, frightening work producing burnout
 - Fear of criticism and getting things wrong
 - Poor management and complicated service structures
 - Staff do not know how to do the job well because there is not a sufficiently developed professional technical skill-base
 - Many programmes for working with seriously troubled people are amateurish, inconsistent and too brief
 - Specialist work is resource-intensive and expensive
 - Money linked to service not customers so there is no service advantage to 'keep' people, indeed getting people 'off the books' and cases closed is positively rewarded.
- **NFPI believes that these barriers can be transformed by workforce development, service coordination, bringing preventative, family support services like Sure Start into the mainstream, and building voluntary sector provision. But the cultural, organisational and workforce changes required are massive and cannot be done without investment.**

12 *Schools and other centres as service hubs*

The Green Paper has outlined a new vision of children's services that will involve schools and primary care settings much more centrally in the delivery of family support.

- **NFPI welcomes this approach but cautions that we will need to configure services very carefully to avoid undermining the fragile partnership between parents and schools.**

Respecting parents

The relationship between parent and school is emotionally and dynamically different from the relationship between helper and helped. It has to be managed so as not to infantilise parents. Otherwise parents risk being increasingly robbed of their authority and their agency. This is what makes involuntary work with parents so difficult; and it is why services like the Marlborough Family Service, quoted in the Green Paper, find they can achieve change through using the parent group process - parents helping parents - as a key influence rather than only professional-to-parent service paradigms.

Families generally see the State's role in raising children as an enabling one and do not expect the State to have a role in the 'management' of their families or their homes – unless they ask for it. Anxiety about the nanny state is not a figment of media imagination; it is deeply felt by parents. As schools become more involved in social control, they risk being viewed increasingly nervously by fragile families. And families

who are hard to reach will need services that reach out to them in their homes rather than services that require them to visit centres or schools.

Parents and schools are partners (however uneasy) in raising children. That partnership feels very one-sided to many parents, most intensely to those with most need of encouragement to be involved. We want to be aiming to transform school environments to make them child and family-friendly and parents have ideas about how it could be done. The achievement gap will not be closed only by improving at-home parenting; it also needs to be addressed by intensive study support for children where families are not able to provide it.

NFPI hopes that Government will provide the investment needed to achieve the vision set out in the Green Paper. However much Government expects to be able to save costs through rationalising and integrating services, a transformation of this scale cannot be achieved without investment.

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NFPI research evidence

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