

NHS Next Stage Review

A response from the Family and Parenting Institute

11 January 2008

1. Introduction

The Family and Parenting Institute (FPI) is the UK's leading centre of expertise on families and the upbringing of children. We very much welcome the opportunity to contribute to this review of how the NHS should be shaped for the future. As an organisation, the NHS needs to be able to respond at the level of the family as well as the individual, and to do this it must work closely with other sectors concerned with child and family wellbeing.

2. Maternity care

Concerns have been raised over maternity services budgets and the number of midwives.¹ The first step in implementing the Government's maternity strategy must be to ensure that the workforce is not over-stretched. The role of support workers also needs to be clarified to ensure they are not carrying out tasks requiring specialist midwifery knowledge and training.²

Raising the proportion of women who initiate and continue breastfeeding is a cost-effective preventative health measure. Evidence suggests that implementing the Unicef / WHO Baby Friendly Initiative in all hospitals would be an important step towards this.^{3,4} Currently in England only 10 per cent of women give birth in fully accredited Baby Friendly hospitals.⁵ Practice in these hospitals also promotes early attachment between mother and child, which is valuable for all, not just those who breastfeed.

Finally, midwives (and other health professionals) should follow best practice in involving fathers, emphasising their importance from the start.

3. Health visitors

A survey carried out by the Family and Parenting Institute in 2007 found that parents had very positive views of the support that health visitors could provide, and that this was true across social classes. In contrast, a companion survey of PCTs found that overall numbers were falling and variation between areas created a 'postcode lottery'.⁶

We are concerned that the value of the universal health visitor service may be overlooked in current policy, with its greater focus on targeting support to vulnerable

families. The danger of targeting resources based on pre-natal screening is that many families will slip through the net, for example mothers with post-natal depression. In contrast, with an entitlement to universal health visitor contact, and sufficient staff capacity, these problems are much more likely to be picked up, enabling extra help to be provided.

A modern health visiting service should still be universal and non-stigmatising. It should also invest in ongoing information review and training to ensure parents are not getting conflicting messages from different professionals.

Health visitors may be the only professional to whom depression, relationship problems or domestic violence are confided. It is essential that they have the skills to respond to tentative signals that something is wrong. The One Plus One Brief Encounters training provides a model to enable health professionals to listen, understand and respond, without getting 'out of their depth'.⁷ It is also relevant to other health professionals such as GPs.

4. School nurses and extended schools

School nurses are a valuable resource in delivering a wide range of health targets. However, they are overstretched: in the state sector 79 per cent work part-time, typically 26 hours a week. These usually cover one secondary school and 6 or 7 primary schools, (about 2,728 pupils).⁸

More broadly, health services will also play a key role in extended schools as these continue to be rolled out. For example CAMHS work with schools can provide a valuable opportunity to access children who would not normally be reached and identifying children's problems early.⁹

5. Mental health

We welcome the progress that has been made towards commissioning a comprehensive CAMHS; however there are still problems with waiting lists and availability of specialists such as family therapists. One important deficit is in therapeutic services for children in care and others who have survived traumatic experiences such as abuse.

Despite widespread recognition of the problem, there is still a lack of joined-up working between adult mental health services and those concerned with children. This makes it much more difficult to keep families functioning and meet children's needs.¹⁰

It is important in this area to prioritise approaches that have been shown to work. One example of good practice is the Marlborough Family Service in the London Borough of Westminster, which combines a Child and Adolescent Mental Health Service with an Adult Psychotherapy Service. The services it provides include social work and family therapy, family and parenting assessment, Asian and Arab family counselling, adult psychotherapy, child psychotherapy, and school-based mental health services.¹¹

6. General comments

Designing policy on the basis of measurable outcomes should be tempered with a social rights approach, in other words an understanding that everyone is entitled to a

certain level of service. As is widely acknowledged, the use of any form of targets has its limitations, as they tend to focus attention on what is easily measured and may have perverse effects.

What is needed is a consistent narrative of how health services will work with other sectors to promote the health and wellbeing of children and their families. It is crucial to learn from 'what works', avoiding the desire to always do something new. This clearly involves the Department of Health and Department for Children, Schools and Families working closely together. It might help in this for there to be greater stability of civil service staffing in key policy areas.

There also needs to be consideration of the remaining barriers at local level which can prevent health services participating fully in Children's Trusts. The greatest of these seem to be PCT deficits and budget constraints, but conflict between requirements for confidentiality and the desire for information-sharing is also an issue.¹²

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¹ Royal College of Midwives (2007) Press release 8 January 2007
<http://www.rcm.org.uk/news/pages/newsView.php?id=249>

² Sandall, J. et al. (2007) Support workers in maternity services: a national scoping study of NHS Trusts providing maternity care in England 2006. Kings College London

³ Broadfoot, M., Britten, J., Tappin, D. and MacKenzie, J. (2004) The Baby Friendly Hospital Initiative and breast feeding rates in Scotland. Archives of Disease in Childhood Fetal and Neonatal Edition 90, F114-116

⁴ Phipp, B. and Radford, A. (2006) Baby-Friendly: snappy slogan or standard of care? Archives of Disease in Childhood Fetal and Neonatal Edition 90, F145-149

⁵ UNICEF UK (2007) Press release 30 August 2007
http://www.babyfriendly.org.uk/items/item_detail.asp?item=482

⁶ Family and Parenting Institute (2007) Health visitors – an endangered species. Family and Parenting Institute.

⁷ One Plus One website Brief Encounters online factsheet
<http://www.oneplusone.org.uk/SFR/downloads/BriefEncountersInformation.pdf>

⁸ Ball, J. and Pike, G. (2007) Results from a census survey of RCN school nurses in 2005. Royal College of Nursing

⁹ Pettitt, B. (2003) Effective Joint Working between Child and Adolescent Mental Health Services (CAMHS) and Schools. Department for Education and Skills

¹⁰ Tunnard, J. (2004) Parental mental health problems: messages from research, policy and practice. Dartington: Research in Practice

¹¹ Marlborough Family Service Activities Report 2005/6
<http://cnwl.org/uploads/Activities%20Report%202005%2006%20.doc>

¹² University of East Anglia (2007) Children's Trust Pathfinders: innovative partnerships for improving the well-being of children and young people. University of East Anglia.