



**The Michael Sieff Foundation**

Working together for children's welfare

**THE MICHAEL SIEFF FOUNDATION CONFERENCE**

**From Conception to Reception: Early Years Intervention**

Plenary Group Discussion of Recommendations

Wednesday, 24 September 2008

at

Cumberland Lodge  
Windsor Great Park  
Windsor  
SL4 2HP



## The Family Context

Understanding the family is the most important part of delivering services. The universality of services is important; it comes without stigmatisation and the services get to know that family as it develops and sees the wider network. So universality and continuity are our two watchwords: continuity because at the moment there is a serious discontinuity between the support of pregnancy and the support of children. That universality should be used to identify and to target those people who need specific support in specific areas.

The systemic approach is a major philosophical change in assessment of families. Family networks are hugely important but family networks have not only strengths but also of course vulnerabilities and dangers. Family group conferencing and family network meetings are fraught with risk if not done thoroughly, carefully and analytically. Analysis is something which we feel is a skill which has been lost in social work because of the pressure of gathering information.

Of course, interventions have to be evidenced based as they have the best chance of being effective. There will never be any innovation, however, with 100% evidence-based interventions. There is a place in this world for innovation and experiment, but on a properly thought-through basis. Responding to a different level of needs is absolutely right. The respectful relationship between practitioners and parents is crucial.

We should consider a continuum from the identification of pregnancy through to the offering of services which does not involve heavy changes of personnel but actually builds up trust with parents.

## Early Childhood

It is necessary to promote positive interaction between child and parents and, critically, also parents and child - it goes both ways. This perspective should be valued within the community and the neighbourhood, universal services and targeted services. There needs to be a shared understanding of child development. We seem to know a lot about what makes them unhappy. What makes them happy? In Nordic countries nursery education is thought of as a joyful experience.

There is a need for a competent workforce with informed supervision, meaning people who actually do the job. One of the difficulties for several disciplines is that supervision or management is being undertaken by people who are not practitioners and who have long since departed the field of practice.

In terms of neighbourhood and communities, this should include the media, government information, public awareness, schools, health and so forth; and information should be tailored for particular people and groups who may be caring for young children: grandparents, private fostering and informal carers.



Universal services should include strengthening professional appreciation of positive interaction between children and parents; training, valuing and retaining staff, particularly health visitors. Unless you have good universal services, you are not going to identify the ones that you need to target. This requires professionals to be able to describe interactions and other relevant factors when making referrals.

Targeted services required assessments and interventions which were evidence based, faithful to the particular instrument and include attention to the child's experiences of interactions, and seek to sustain strengths and repair difficulties.

It is necessary for pre-school day care to respect children. This should take account of the optimal time for each individual child to spend outside the family. Should children arrive for the breakfast club and stay for the dinner club? We need graduate level pedagogues working in nurseries and so forth, supervision and consultation informed by practice, prioritisation of the emotional and interpersonal aspects of a child's development and the development of creativity as a basis for lifelong learning, which links to experience in day care, nursery education and pre-school education.

### Helping Parents

There is a very strong public health argument for universal parenting services delivered through multi-modal methods of delivery. Many possibilities have opened up in the last few years, through schools, TV, DVDs, websites, workplaces, and not forgetting primary health care, because our midwives, health visitors and GPs remain the source that almost all families will have contact with. Well written materials are useful but they are more likely to be accessed by some groups of the population and not others.

There should be a statutory commitment to provide such help, though it may be delivered by multi-agency services including statutory, private and voluntary sectors.

How can we be effective in working with the media so that the right messages are put forward and parents and children are not exploited in prurient or voyeuristic ways? We need to respond to the demands of the media and not leave it to the less responsible members of our professions. Programmes should be multi-layered, and reflect a spectrum from brief consultation through to intensive services.

Against the essential background of universal services, there will continue to be a need for targeted services directed to vulnerable, socially excluded and high-need parents. Multi-agency aspects are important. There must be good communication across disciplines, across agencies and across the age span of the child.

There should be an increase in the number of mothers and fathers who participate in evidence-based parenting services, which recognise the need for training, fidelity in delivery and reflective supervision.



## Helping Babies

Universal services are important for a number of reasons. First they provide support but, secondly, they provide the best way of helping to pick out the vulnerable parents and babies who were going to need further help. There must be a revitalisation of the health visiting service. Health visitors must be skilled and given more training in order to perform an assessment skill as well as a supportive role.

It is important to have more universal recognition of the skills that are required from relevant professionals who are looking at targeted interventions. There is debate in the public forum, but it has to be taken on board by government and by the health service and by local authorities. There must be a ring-fenced sufficient budget for at least ten years for various services, underpinned with cross-party commitments to maintain it even if there was a change of government.

## The workforce

Practice and policy have seen a high rate and pace of change and which has imposed onerous requirements on the workforce. While there is a need for innovation and change, it must be better joined up to make it more manageable for the workforce. The rate and pace of change must allow the impact of interventions to be seen and to work better.

Although there may be more staff delivering more services, there is less time for practitioners to do direct work with families and children, and that is because of the need to evidence and account for what we are doing. We need to find ways to evidence and account which still allow time for direct practice.

It is important to have partnership and collaboration across the professions. We need a common core of competencies built on Every Child Matters. There is a need for individual specialisms within professions, while at the same time people must work together and not in silos.

Clinical practice ceases as soon as promotion enters the equation in social work, unlike in some of the other professions, and there are other professional groups working with children where there is an absence of clinical leadership.

Workforce parenting development might begin to consider whether those professionals concerned with the carers of children ought to be very much involved in developing parenting skills. This group of workers is particularly not immune from work/life balance problems and difficulties with their own children. During the implementation of Triple P as a parenting programme, a workplace version was offered in the corporate head office of the Health Department. This was offered to the entire workforce. There is a huge need within the helping professions for parenting assistance.

One of the high risk times for marital breakdown is when people are undergoing specialist training during their transition into parenthood. Providing a workplace



parenting initiative targeting high risk occupation groups for family breakdown and relationship breakdown gave opportunities for double benefit.

Volunteers, foster carers and childminders also provide services to support children and families right the way across the board, and many of them are obviously also parents themselves, and that is the reason that they have been included as volunteers and are undergoing training. When we are thinking about researching the relationship between client and worker, we ought to be thinking about looking at volunteers in that respect as well.

A difficulty for social workers is the balance between paperwork and what the government is currently requiring by way of returns from social workers. One of the problems with the bureaucratic requirements is that the time for actual analysis of the information is so very short. One of the things the courts find is that core assessment, which is a crucial part of considering what a child needs and what a family needs, is long on information but has a complete absence of analysis and what it means. Analytic skills are required, looking at the clinical material in a context which gives you that supervision by someone who knows what they are doing.

There must be training on and access to systematic ways of collecting information and its analysis and planning of interventions and outcomes. If people are not trained in doing that effectively, it is difficult when they are presented with complex forms to use and then driven by those forms. There could be two levels of training. First is correctly understanding and completing the forms, but the second is to interpret the data.

We value the context for childcare in this country, whether it is biological parents, foster carers, extended family, volunteers or day care staff. Because we value that, we feel they require sufficient and appropriate information, and intervention when necessary, and support from a skilled workforce. The workforce, in return, ought to be appropriately remunerated, supervised, and there should be continuity of employment for them and continuing training. In support of these needs the professional identities of the different professions, social work, health visiting, midwifery, must be strengthened.

The child's development takes place within a family or other care-giving context for the biological or primary carer, and other contexts which brings in day care. When we talk about the workforce we tend to think in terms of supportive intervention rather than those who are actually looking after children when they are not being looked after by their parents. We have to recognise the importance of both the family, including extended family and any other care-giving contexts for the child, which include day care, childminding and foster families. They all require information about child development, support and intervention, and the sources of that which come from another workforce group, including health visitors, social workers and more specialised services.



## Research

We should have a Chief Scientist for Children who could variously be described as a champion or a leader or a visionary who could build coalitions between all the various agencies and organisations and constituencies in research and policy, and that includes the funding councils, voluntary sector funding, charities and trusts and the major centres of research development.

How would this compare with existing provision? We already have a Chief Scientist. We have systems for commissioning research in government. In the Department of Children, Schools and Families there is a research person responsible. That person is responsible also for liaison with other government departments, research officers and outside people like research councils.

The support for a Chief Scientist for Children comes out of the lack of clear leadership and resource commitment from Government across the board to children's research. The Office should be part of government but independent and able to offer independent advice and provide that leadership. It should look at the policy of Every Child Matters and generate the questions that need to be answered and think about how that research can be commissioned across the board.

What is being suggested is completely new, which is a Chief Scientist for Children, part of whose remit is to develop a strategy and commission specific pieces of research into children's physical and mental health. The Office should identify the critical research questions and the development of methodological skills and approaches mirroring the outcomes identified by Every Child Matters. These should reflect the highest standards of evidence, including normative and epidemiological studies, the development of single point in time data, as well as the range of disciplines ranging from sociology to economics and including longitudinal studies. The early task of the Chief Scientist would be the provision of knowledge and skills to enable the intelligent interpretation of research and its application in multi-disciplinary policies and practice with children and families. That needs to address culture, systems and practice, and it needs to involve managers, commissioners and practitioners.

Research on effective and early interventions in family conflict is a priority. It is recognized that family conflict has a seriously damaging impact of family on the family and yet there is little research work on it. That is high on the shopping list of specific areas of research.

Mindful that some of the research will be long term and large scale, we had to be patient when commissioning services. We should encourage researchers to be aware that whenever possible we should be, in the course of longitudinal large-scale research, identifying indisputable truths about core principles that can be embedded in practice before the final research findings are available.

There are many public health issues that a Scientist for Children might take up. We would propose a remit involving child development. The Government is already



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commissioning, funding and rolling out programmes of research into child health, physical and mental, but how is the process of commissioning this action decided. What are the priorities for that specific research and what have we learnt from decades of government-funded research?

It isn't just about government. Major research councils and trusts could club together very easily, and as in other fields, have coordinated research programmes. We need to weave all the endeavours into a more coherent strategy which has a more powerful impact. They are key to long-term research, key to long-term intervention and key to the involvement of the workforce long term.

The great value that would come out of this, is looking at problems arising for the future, where do we put our money and what are our priorities. If lack of resources is a given, decisions must be taken about where resources should be applied. We have to ensure that we identify longitudinal moneys for outcome research. There has to be a ring-fenced budget. Time lines for Parliament are not consistent with the decision-making that very often has to go over a period of 20 or 30 years. We have to have some mechanism of establishing a view which runs across all parties.

The roles of other organisations have to be taken into account: for example the National Institute of Clinical Excellence and the Social Care Institute for Excellence , the Institute for Effective Services, The Centre for Excellence and Outcomes in Children. There are institutions that don't actually do much for us at the moment. A lot of money has gone into creating these bodies, without a great deal of change. Social policy decisions should not be a plaything for politicians. Decisions about priorities and the way forward should be made by those more technically minded, and scientifically driven.