

Vulnerable Families Pathway Project – Draft Framework for Consultation

Consultation Feedback Form

The consultation period for the Vulnerable Families Pathway – Draft Framework for Consultation takes place between Monday 8th March – Friday 11th June 2010. Please send us your comments using this form and return it to vulnerable-families.qis@nhs.net, **OR** by accessing the on-line survey at www.vulnerablefamilies.org, no later than **Friday 11th June 2010**.

We would be grateful if you could take the time to complete this form as fully as possible, all comments will be considered and will help to shape the final framework and identify what support for implementation is required.

About you:

Job Title – must be completed	Policy Officer
NHS Board / Local Authority / Organisation - must be completed	Children in Scotland

What's in a name?

The title of this project 'Vulnerable Families Pathway Project' is a working title. We recognise the stigma and negative connotations in relation to the term 'vulnerable' and seek to find an appropriate title to truly reflect the vision within the framework.

Please let us know what you think about the following suggested titles for the final framework and provide your own suggested titles:

Our Suggested Titles	Your Comments
Pre-Birth to 3: A Collaborative Framework – Responding to need, making a difference, improving outcomes	
Pre-Birth to 3: Responding to need, making a difference, and improving outcomes through a collaborative framework	
Pre-Birth to 3: A collaborative framework for responding to need and improving outcomes	
Your Suggested Titles	Any Comments
Pre-birth to 3: working together to meet complex needs and improve outcomes for children. A framework for action.	More emphasis on what this is all about – improving outcomes for children. 'Responding to need' could imply a reactive rather than pro-active, preventative approach.

What do you think?

Question	Response
Overarching Comments	
<p>1 What part(s) of the framework do you think has/have the greatest impact?</p>	<p>Plan for every child from conception to age 3 based on GIRFEC and offering a minimum level of care and support.</p>
<p>2 What aspect(s) of the framework is/are unrealistic?</p>	
<p>3. What are the gaps in the framework?</p>	<p>The framework does not mention fathers explicitly. Although implicitly included as ‘parents’, ‘partners’ and ‘carers’, the evidence shows that many fathers will tend not to view themselves as included when this terminology is used. It is important to recognise that the currently prevalent culture within NHS maternity and postnatal services leaves some men feeling alienated and inadequate and is contributing to their disengagement as supportive partners and parents at this crucial early stage. This is particularly true of young fathers and those with additional needs.</p> <p>Finding practical ways to engage more and better with fathers (actual or de facto) and male carers will be a necessary and core component of multi-agency working in a changing social context. There is a real danger of the NHS lagging behind other services for children and families in their engagement with fathers and male carers. This can only impede the effective delivery of GIRFEC.</p> <p>It should be noted that these services and policies relating to them are subject to the public sector Gender Equality Duty (in the future will be subject to the Equality Act equivalent provisions). Failure to adequately engage with the different needs of women and men is likely to leave services open to legal challenges.</p> <p>The framework is generally weak on transitions post age 3.</p>
<p>4. Does the framework work within and across agencies?</p>	

Layout		
5.	<p>What changes would you suggest to the order of the framework to make it easier to read and understand?</p>	<p>The wording and prominent positioning of the supporting text on page 4 relating to the risk of abuse from dangerous men is unfortunate and sends a message that dangerous men are the main 'problem'. Given that this is the only explicit mention of men in the document, it also suggests that men are to be viewed predominantly as a threat or problem in relation to the health and wellbeing of young children. This reinforces my concerns raised in 3 above.</p> <p>Generally, the interspersal of supporting evidence with main text in the Introduction and Overview section is distracting, particularly as this supporting text does not relate to specific sections against which it is juxtaposed. Suggest grouping supporting text together in 1 or 2 boxes.</p>
6.	<p>What changes would you suggest to the layout of the framework to make it easier to read and understand?</p>	<p>Putting supporting text into boxes.</p>
Supportive Text		
7a.	<p>Do you think there needs to be more supportive text? If so what would you like to have included?</p>	<p>Include an example of positive work with fathers e.g. West Lothian Sure Start 'Dads2b' and 'young dads2b' antenatal support programme. There is also plenty of evidence from NCT and the Fatherhood Institute in England and the Young Fathers Study in NHS Glasgow and Forth Valley, of the needs and benefits of, and practical opportunities for, supporting fathers. It is also important to note that these sources include evidence of a demand for better support from fathers themselves, including very young fathers.</p> <p>Generally, more evidence from practice would be useful, even if only briefly mentioned with references that can be followed up for more in-depth information. This might include relevant international examples and research for inspiration of what can be achieved.</p>
7b.	<p>Do you think there needs to be less supportive text? If so what would you like to see removed?</p>	

Question	Response
Principles and Recommendations	
We are keen to ensure that the principles and recommendations truly reflect agencies visions and values Please provide your comments on the following principles and recommendations:	
Culture: Principle	
8a. All agencies will work to a common aim, clarity of purpose, and defined roles and responsibilities to implement or enhance local pathways of support for children and families with additional needs.	
Culture: Recommendations:	
8b C1 Each agency will work to the National Performance Framework and will monitor and evaluate the indicators and targets to demonstrate a consistent approach in meeting the needs and achieving the best outcomes for children and families.	
8c C2 A common approach through implementation of GIRFEC, to promote effective collaboration and efficient service provision, will be supported by the use of a national glossary of terms for all agencies	
8d C3 Agencies will work in partnership to ensure that all family circumstances that impact on the health and well-being of children and families are assessed, that needs are identified and families are supported to get the help they need when they need it.	<p>Current NHS culture and practice does not promote the provision of timely and appropriate support to fathers/male carers during the critical conception to 3 years period of their child’s development. It is important to recognise the very real impacts upon children and mothers of alienation and disengagement by fathers – and the opportunity costs of not engaging with fathers at a time when many of those with additional needs are particularly receptive to support in their parenting role.</p> <p>As well as having a direct impact on children through their own actions, fathers and partners influence mothers’ behaviour (for good or bad) in areas such as smoking, drinking, eating habits, breast-feeding and activities/interaction with their child. They are often actively involved in important aspects of childcare and have the</p>

Question		Response
		potential to recognise the signs of postnatal depression and provide support. Children's wellbeing and opportunities in life are often cited as key motivators by both mothers and fathers to overcome addictions or otherwise improve their circumstances. Where it is safe and possible to do so, fathers should be provided appropriate support alongside mothers from the start.
8e	C4 Prevention and early intervention must drive practice across all agencies	
Systems: Principle		
9a	Seamless service provision to meet the additional needs of children and families will be developed and delivered within and between agencies to ensure support is co-ordinated by the appropriate individual.	
Systems: Recommendations		
9b	S1 There will be a plan co-ordinated by a named person from conception to age 3 based on the principles and practice model of GIRFEC that meets the needs of children and families.	What happens when the child reaches three? How will transition be managed effectively?
9c	S2 The lead professional who has the knowledge, skills, competencies and support will undertake to co-ordinate the plan to meet additional needs.	
9d	S3	

Question		Response
	Pathways to services (in hours and out-of-hours) which support additional needs will reflect a co-ordinated and integrated approach to planning and service provision which focuses on the social, economical, environmental, educational, emotional and health needs of children and families and addresses the wider determinants of health and inequalities.	
Practice: Principle		
10a	<p>Agencies should adopt a person and family-centred approach. Support and provision of care should:</p> <ul style="list-style-type: none"> • be sensitive and responsive to needs and values, and • prioritise the health, safety and well-being of children and families. 	
Practice: Recommendations		
10b	<p>P1 All agencies and individual practitioners will use a comprehensive model of assessment based on the principles and practice model of GIRFEC. The continuous assessment process should start pre-birth, be part of the Scottish Woman Held Maternity Record (SWHMR) and continue with the child through the early years (to age 3). Agencies will work with children and families to identify and meet additional needs.</p>	
10c	<p>P2 Early Assessment of parenting capacity</p>	Parenting support can be (and is currently) provided by a range of means, including parent education programmes. Less formally structured support services

Question		Response
	and intervention through parenting programmes of support should be equitable, evidence based and support families to ensure needs are being met.	and peer-led support groups are effective at supporting and engaging with parents who have complex additional needs. These parents are often lacking in trust of formal agencies, sensitive to being labelled or punished for being 'bad parents' and unreceptive to being taught or 'lectured to'. Directing both mothers and fathers to appropriate support services in their local area is important (see link in 13 below for examples of good practice).
Implementation Support		
11	We appreciate that there are many challenges in implementing the framework and would be grateful if you could identify any tools that you think would help you to implement this framework?	
Other		
12	We are interested in receiving any other comments that you have to help shape the final framework and would ask if you could add them here.	
13	We are interested in receiving your examples of local good practice in relation to the principles and recommendations within the framework and any tools that you have used to support good practice in your workplace. Please either post these to us or upload them on our website. Please note that by sending us this information you are agreeing to it being shared on our website.	For summary information on West Lothian Sure Start 'Dads2b' and 'young dads2b' antenatal support programme see: http://makinggenderequalityreal.org.uk/'dads-2b'-and-'young-dads-2b'-yd2b-antenatal-courses For examples of good practice in providing support to fathers in Scotland see: http://makinggenderequalityreal.org.uk/case-studies The Fatherhood Institute's 'Guide for New Dads' is a useful resource, produced for distribution by maternity services/health workers. See: http://www.fatherhoodinstitute.org/index.php?id=0&clD=1037

Question	Response
	NHS Fife has produced a document: 'Ten Important Facts for Fathers about Breast Feeding', for distribution to new fathers.

Please return completed forms to:
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Edinburgh, EH7 5EA

OR

vulnerable-families.qis@nhs.net

For further information on the project please visit our website:

www.vulnerablefamilies.org