

Supporting families in the early years

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Executive summary

Background

In 2014 I was awarded a Winston Churchill Memorial Trust travelling fellowship and travelled to Sweden, Norway and Denmark to look at how families are supported through childcare and other means in those countries. This is an account of what I learnt; it is by no means exhaustive and very much depends on the places I visited and the people I met. Nonetheless, I hope that you will find something to interest you in how differently countries support families; one of the key learning points for me was the strength of universal services and how they formed an underpinning support system for families.

Summary

Family centres

I visited a number of family centres in Norway and Sweden. Family centres are said to have four legs: midwifery; child health nursing; early years education; and social work. Services are co-located and parents are able to attend the one centre from the time they know that they are pregnant. Having a familiar place to go that is so family orientated establishes a supportive and preventive environment for family support.

Midwives provide support throughout pregnancy, and shortly afterwards as in the UK. After this, families move on to the child health nurse service, similar to the UK health visiting model, with nurses visiting families at home in the early days of their child's life, and then parents visiting the family centres for a programme of visits. Where this varied from the UK system was that parents saw the same child health nurse establishing an on-going relationship, and that there was a far greater number of contacts (monthly over the first two years of their child's life) allowing problems to be picked up early. Another difference was that because of co-location, the nurses were able to refer parents onto other services more easily.

Family centres also had an open kindergarten which parents could attend along with their children. Drop in sessions, staffed by early years staff and social workers, supported parents in looking after their children, providing support and help where needed. They also had an important function in enabling parents to come together to meet one another and provide peer support. Sessions were open to children from 0 - 6 but in practice tend to be attended by mothers and fathers on parental leave. Many of the staff had come from childcare settings and were almost evangelical about open kindergartens feeling that they were far better able to support parents to support their children, and that this had a positive long-term effect. If there were one thing, I could bring back to Scotland, open kindergartens would be it.

More targeted support and programmes

As well as comprehensive universal support, there were more specific support where needed. This could be local groups of parents meeting for peer support or to tackle specific problems such as postnatal depression. Many of the familiar commercial parenting programmes, such as Incredible Years and Triple P, were used, as well as more locally devised programmes. I was particularly interested to learn about ABC, a preventive public health programme that had been designed based on the evidence of what works. There is no national directive on which programmes to use and local areas decide for themselves. A Norwegian academic has produced a database, which distilled and disseminated the evidence on parenting programmes to assist in choosing

Partnership working

Particularly within the family centres but also within other settings, there was an emphasis on partnership working. While this was achieved more easily in a co-located setting, some of the same issues still persisted: separate budgets; information sharing; culture. I had many discussions with practitioners about this and met an academic who had designed a reflective tool to improve partnership working within centres.

Childcare

Childcare is universally available to families covering the period from when parental leave finishes (generally when the child is about two years old). It is of high quality with well-qualified staff and an ethos built on the rights of the child. Child care is heavily subsidised by the state and of low cost to parents. Parental involvement is encouraged.

Fathers

The number of fathers using services was noticeably different to the UK. Although many UK fathers are becoming more involved in looking after their children, many family services struggle to attract fathers. However, in the countries I visited the numbers of men attending general drop in sessions was striking. While this was not the subject of my trip, it was so striking that I had to find out more. In the UK, there is debate about the reasons more fathers do not use family services; the main reasons put forward are around the predominantly female staffing and marketing. However, these factors were very similar in the countries I visited; the major difference was that in the Scandinavian countries parents get more generous parental leave and that in some of the countries a proportion of this is dedicated to fathers.

Poverty

While Scandinavian countries have the lowest rates of inequality in the world and much lower rates of poverty compared to the UK, rates of inequality are rising and there are people living in poverty. Low income is particularly concentrated among single parent families and immigrant and migrant communities. As in the UK there are efforts to tackle the attainment gap and to help

families living in poverty.

Children's rights

The Scandinavian countries were among the first to sign up to the United Nations Convention on the Rights of the Child (UNCRC). The impact of a child rights based approach are very visible in services dedicated to children but is also apparent more generally in its approach more widely to other services. Town planning, transport and employment practices are all more child and family friendly, resulting in societies which place children at the centre.

Integrated policy frameworks

The policy frameworks which support families are far better integrated in the Scandinavian countries than in the UK. High quality, intensive midwifery services prepare parents for parenthood; generous parental leave allows parents to form attachments with their child and adjust to their new life together as a family; an intensive programme of child health nursing together with the remarkable open kindergarten system helps parents to find the support they need in the early years; and a comprehensive child care enables them to return to work. Policy responds to the stages of child and family lives in a logical and integrated fashion.

Conclusions and recommendations

My abiding impression from the Nordic countries I visited was that supporting families seemed central to policymaking. It seemed to occupy a different place within government thinking: families were valued and the approach reflected families' lives, children's rights and work patterns. As a result, an extensive system of progressive universalism meets general need; identifies more specific needs; and is able to support families more effectively. My visit showed me that a better way of supporting families is possible.

Recommendations

UK and Scottish Governments

1. To consider more integrated policy frameworks and ensure that they are more joined up

Scottish Government

2. To ensure that universal child health is well-staffed and equipped to support parents in children's early years
3. To ensure that parental involvement is built into the expansion of childcare
4. To develop a fully-integrated family support strategy and model
5. To provide more support to families in children's early years, particularly looking at the open kindergarten model and how it might be applied in Scotland

Local authorities

6. To assess whether public health programmes, such as ABC and IPDP, can be applied here as less rigid, less costly, effective support for parents
7. To consider the use of the VIDA programme as one of the options in up skilling early years staff to respond to poverty and the attainment gap
8. To consider the use of partnership skills training