

Families Matter: Supporting Families in Northern Ireland

Clanmore Sure Start

Q1. No - it needs to be more detailed with parents/carers supported by timely interventions when and as they need them with freely available information on routes to services. These timely interventions include information on choices such as breastfeeding including peer support and education. Other interventions would be Postnatal Depression Support and other support groups as needed and freely available and accessible in community based settings. It is not enough to have an overarching aim without the resources to fund it.

Q2. No - Active contributors to their community is a choice or option not a necessity to healthy and satisfying life. Real choices for children and young people so they are valued whatever their choice. These choices need to be understood and the possible consequences of these choices acknowledged. The choices (or lack of choices) should not be imposed by a governmental strategy no matter how well intentioned. Children and young people should be encouraged to define their own vision of their future life and not be constrained by adults perception of what is possible or not.

Q3. No - some of the principles are contradictory. Policy development and planning based on evidence contradicts innovation and creativity in developing policy. One cannot have both within the principles as each cancels out the other. Creativity and innovation needs to be within the framework of needs and perspectives of families and children and young people.

Q4. No - Make a positive contribution has negative images associated within the text. This is supposed to be a supportive document and strategy and should not have pre-conceived notions of how young people will behave. Change the wording to a more positive outlook.

Q5. No - it needs to be broader to include information and easy access to services with follow-up interventions if requested and needed is vital in preventative work to support parents. If parents do not have the information they cannot make informed choices. Therefore a better and realistic information sharing strategy of informing parents, communities, community led groups and support within communities are all vital elements in this strategy if it is to work.

Q6. Yes - But it needs more widespread access to information and community based support.

Q7. No - Most of the families we work with see Health Visitor's as part of "The Welfare" and do not trust them additionally with HALL 4 implementation some children will slip through the net and not receive the services and intervention needed in a timely way and will reach crisis whereas if real community facilities offered a range of community based services their parents would be more likely to access these services and not be seen to be stigmatised by a visit by "The Welfare". In other words more Sure Start's where by the community is seen as the service provider.

We are fearful that the funding will be taken up by the expansion of Child Contact centres and less will go into the Preventative work.

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Q8. Yes

Q9. No - More needs done in this area. Information and signposting needs to be everywhere parents are. Be this in schools, G.P. surgeries, Dentists, Chemists, Post Offices, Community groups, Shopping centres, anywhere parents are. Access and information on accessing services are so hard to find even for professionals who know where to look. This information should not be treated with the preciousness it receives today but should be widely available to all.

Q10. No - If preventative programmes and funding were available and if parents and children were listed to actively then assessment would be a very small minor part of the process or providing support to families. Preventative programmes such as Sure Start, Support groups, Parent & Toddler sessions, Stay N Play groups, crèches, Women's Groups, Men's Groups etc. should all be available for parents to attend and easily accessed.

Q11. Early intervention and promoting integrated approaches appear to be only worked by community and voluntary providers. Statutory provision needs to catch up and leadership in the statutory providers needs to ensure effective integrated approaches are a common approach and not each office adopting differing approaches as directed by the team leader. Another difficulty is the timelines of the proposed assessment and by whom. If Health Visiting are not going to visit families as often as in the past how often will the assessment be reviewed and renewed. Needs more information.

Q12. Yes

Q13. This needs to be across sectors and communities. Having protocols in place needs the support and understanding of all and not get left in offices where definitions are vague and left to the judgement of individuals. Children are and should be put at the centre of all we do in working with families and supporting families in the decisions they make not the organisation at the centre and the child and family second.

Q14. Yes

Q15. No - it does not go far enough. Sure Start is inconvenient for families as it abandons families and children at a crucial time of transition into Primary school. Expansion of Sure Start into age 6 should be a priority if we are to address real integration and Multi-agency working and not just "Children's Centres". There needs to be a wakening up now that Sure Start and early years sit in DE which is real and effective joined up working with children and their families at the centre of all we do and building on existing networks and supports in the community.