States of Jersey
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États de Jersey
Assemblée des États

Health and Social Scrutiny Sub-Panel Public Hearing

Family Friendly Legislation Review

Witness: Family Nursing and Home Care

Wednesday, 16th July 2025

Sub-Panel:

Deputy L.M.C. Doublet of St. Saviour (Chair)

Deputy K.L. Moore of St. Mary, St. Ouen and St. Peter, Member

Witnesses:

Rosemarie Finley, Chief Executive Officer, Family Nursing and Home Care

[11:06]

Deputy L.M.C. Doublet of St. Saviour (Chair):

Okay. Good morning, everybody. We are the Family Friendly Legislation Review Sub-Panel, and we are here today for a public hearing with family nursing and home care. My name is Deputy Louise Doublet, and I chair the sub-panel.

Deputy K.L. Moore of St. Mary, St. Ouen and St. Peter

I am Deputy Kristina Moore. And can I just suggest you ... there you go. Thank you.

Deputy L.M.C. Doublet:

If you would like to introduce yourself and what your role is, please.

Chief Executive Officer, Family Nursing and Home Care:

Hello. My name is Rosemary Finley, and I am the Chief Executive of Family Nursing and Home Care, and registered health visitor and registered community nurse.

Deputy L.M.C. Doublet:

Great. Thank you, and welcome to the hearing. Thank you so much for making time to come and give us evidence today for this review. We have some information about your organisation on the screen there. Is there anything that you would like to add to that, or any more detail that you would like to give us about what Family Nursing and Home Care does?

Chief Executive Officer, Family Nursing and Home Care:

I would just like to emphasise that Family Nursing and Home Care see every child across the Island at different stages, from antenatal visits, right the way through universally. There are some targeted services right the way through to school, and then we are lucky enough here in Jersey to have school nursing for the primary schools and secondary schools across the Island. We do have a continuity with the families and the children.

Deputy L.M.C. Doublet:

Yes. I think it is the only universal under-5s, maybe apart from the GPs now, because now the GPs are free, but Family Nursing over the years has consistently been that sole kind of universal defiance, has it not?

Chief Executive Officer, Family Nursing and Home Care

Yes.

Deputy L.M.C. Doublet:

How many families do you support annually? I know you are probably going to say all of them.

Chief Executive Officer, Family Nursing and Home Care:

Yes, all of them. It is about 18,000 children, so under 18, and the antenatal.

Deputy L.M.C. Doublet:

Yes. How many under-5s is that do you know?

Chief Executive Officer, Family Nursing and Home Care:

It is about 1,000 a year. As we all know, the birth rate has dropped at the moment to 600 to 700. So, for all of those, it is about 4,500 ... 4,300.

Deputy L.M.C. Doublet:

Yes. It varies. This review is focused on the parts of the employment legislation, which are called the Family Friendly Employment Legislation. There were some changes made in tranches. Can

you tell us whether your organisation has had to change in any way, or how that change in the law has impacted you?

Chief Executive Officer, Family Nursing and Home Care:
Yes. At Family Nursing and Home Care, the only elements of the law that we have not yet introduced is with regards to zero contracts. We will change it in regards to parental leave. But we have a lot of nurses who prefer to have a zero contract, because then they are in control as to when they work and when they do not. Although I can understand societally why it is not perceived as a positive contract, it is very much in the hands of the individual. We do not always have availability for them to work, because we have got a full staff at Family Nursing.

Deputy L.M.C. Doublet:
How many staff do you have?

Chief Executive Officer, Family Nursing and Home Care:
It is about 180 at the moment.

Deputy L.M.C. Doublet:
Okay.

Chief Executive Officer, Family Nursing and Home Care:
But we will change it so that all of the zero contracts, and I think there is only 2, we will provide parental leave. But in all other respects, we have adopted every aspect. We provide all the benefits, like continued holiday accrual, et cetera, through parental leave. We do not provide allowances, which is things like the car, uniform allowance, and that sort of thing, which would be normal.

Deputy L.M.C. Doublet:
Okay. Thank you. Employing 180 people. You have just given an answer there as an employer. Most of the questions that we have asked for your evidence as an expert in children of Jersey, and your professional background, give you that as well. In terms of the services that you are delivering to families, for example, are there more dads at home now that the leave is equal to dads? How has your service had to flex in response to those changes?

Chief Executive Officer, Family Nursing and Home Care:
Not only in Jersey, but internationally, it has been much more problematic to engage fathers in antenatal care, particularly with regards to work, because they are often at work when we are providing our Baby Steps classes, or any antenatal classes. I am really happy to say that we are doing extremely well here in Jersey. We have got a very good uptake, and I cannot quite remember

the statistics, and I do not want to give you a false one, but it is very high. The connection with fathers attending antenatal classes prior to the birth of the baby.

Deputy L.M.C. Doublet:
That is great. So, at the Baby Steps?

Chief Executive Officer, Family Nursing and Home Care:
Yes. About 80 per cent of all expectant parents are attending Baby Steps across Jersey for their first baby.

Deputy L.M.C. Doublet:
Okay. Has there been any change in that, or in the fathers attending since the law was changed?

Chief Executive Officer, Family Nursing and Home Care:
Yes. It has also been accompanied by some really good marketing, if you like, to ensure that fathers are engaged, and to ensure that, as healthcare professionals, we are including the fathers in the health assessments and the family assessments. Historically, I do not think that happened as much as it does now.

Deputy L.M.C. Doublet:
Sorry, we had a slide that had the law set out. We are going to see if we can get that on the screen. There we go. Yes. This is just a reminder for us all of what the changes were. Looking at that, do any of these elements of change in the law, have they impacted your service delivery and what you have been delivering to families?

Chief Executive Officer, Family Nursing and Home Care:
We do not have many men working in our services, but those that do, this year we have provided parental leave.

Deputy L.M.C. Doublet:
In terms of the service delivery rather than as an employer?

Chief Executive Officer, Family Nursing and Home Care:
Yes.

Deputy L.M.C. Doublet:
Are families doing things differently? When you go into the homes is anything different as a result?

Chief Executive Officer, Family Nursing and Home Care:

Yes, for sure. There is much more sharing of the care of the baby, because they are able to be present in a way that historically they just were not. They might have had one or 2 days leave. It was very dependent, of course, upon their employer, but now it is well versed the fact that the majority of male and female employees can get access to being at home to look after the babies for longer.

Deputy L.M.C. Doublet:

Are you seeing a culture change as a result of this legislation?

Chief Executive Officer, Family Nursing and Home Care:

Yes, definitely.

Deputy L.M.C. Doublet:

That is really positive.

Chief Executive Officer, Family Nursing and Home Care:

Yes, it is definitely positive. Can I go into other areas?

Deputy L.M.C. Doublet:

Please do. Yes.

Chief Executive Officer, Family Nursing and Home Care:

I do not know if you have seen the breastfeeding figures for the last half year, but 4 per cent increase. In my career, and I would hate to think how many years that is now, but it is in excess of 30, I have never known an increase in breastfeeding of 4 per cent in such a short period of time.

Deputy L.M.C. Doublet:

That is more great news.

Chief Executive Officer, Family Nursing and Home Care:

It is just fantastic. I know in Jersey we have been working incredibly hard to increase, and employers have been working hard to make facilities available, but nevertheless that is still quite a significant increase. But we do still have an issue with regards to making awareness higher so that young families are identifying what they are able to apply for.

Deputy L.M.C. Doublet:

Awareness of what is in the legislation?

Chief Executive Officer, Family Nursing and Home Care:

Yes. We introduced some awareness raising through our Baby Steps programme and with our health visitors so that we can, in our M.E.C.S.H. (Maternal Early Childhood Sustained Home Visiting) programme, which is a targeted sort of health visiting service, all of those services are very focused on ensuring that the families are aware of their entitlements.

[11:15]

Deputy L.M.C. Doublet:

Okay. Do you feel you do a lot of passing on information about what is out there?

Chief Executive Officer, Family Nursing and Home Care:

It is on our website, yes. It is really important that people know what they can ...

Deputy L.M.C. Doublet:

Yes. When you are all passing information on, is it about this employment legislation or is it more about the Social Security benefits, or is it both?

Chief Executive Officer, Family Nursing and Home Care:

It is both. It is complicated. They have got a lot going on, becoming new parents, understanding all the nuance of the law, and what the entitlements are, is difficult for people to navigate.

Deputy L.M.C. Doublet:

We will come back to some of these themes. In terms of your community support, we had the Jersey Childcare Trust sit for a hearing, and they referred to you as their eyes and ears in terms of what is happening with families. Can you tell us a bit about some of the common challenges for young families in Jersey, or families raising very young children in Jersey?

Chief Executive Officer, Family Nursing and Home Care:

It is a huge transition to parenthood. There is a whole raft of different adaptions that you have to make. The first, of course, is financial and emotional. But it is also physical with regards to housing. From our experience, it is about finance and it is also about rent and accommodation. Those are the 2 big factors that we come across time and time again. With regards to childcare, we have got on the whole, maybe this is because the birth rate has dropped, but we, on the whole, have got sufficient nursery places for those preschool years. But the cost is enormous. Now, Jersey is very good with regards to getting a tax rebate, but it is retrospective. If the parents are both back at work and the baby, or the young child, is going to nursery, then they have to put that money forward and

then claim it back. To my mind, it is the wrong way around. It needs to be that the families are supported with their choice about whether to go back to work, or whether to stay at home, or whatever circumstances, but the finance should not be driving those decisions to the extent that it is. In Jersey that is a very pronounced influencer.

Deputy L.M.C. Doublet:

Yes. Okay. I am just trying to equate some of these challenges to this law that we are focusing on. You mentioned financial challenges as being one of the biggest challenges to families. Obviously, the changes here did increase the paid leave that is now available to families. Has that helped enough with those financial challenges?

Chief Executive Officer, Family Nursing and Home Care:

Well, it is never enough really, but if you look at it with regards to the cost of living here, and the cost of rental, I would probably argue it needs to be greater to cover that increased cost. If you do a comparison with London, which is an expensive part of the world to live, Jersey is still coming out as if not on a par, more expensive. You then have to think, well, benchmarking probably it is not enough, even when you take the tax into consideration. I have got stats around this, because I wanted to be really clear, but we have got higher salaries here on average after tax of about 14.9 per cent difference with London, but nevertheless, groceries, phone or rental, they are all massively higher, and all things that these young families will be needing with the raising of the children. There are a significant tranche of families who are really struggling.

Deputy L.M.C. Doublet:

Yes. We heard from ... did you want to ...

Deputy K.L. Moore:

I was just going to say, when you say: “significant tranche”, would you be able to put that in a percentage term?

Chief Executive Officer, Family Nursing and Home Care:

Yes. It is circa 20 per cent.

Deputy K.L. Moore:

20 per cent. Okay.

Deputy L.M.C. Doublet:

When you say: “really struggling”, what does that look like?

Chief Executive Officer, Family Nursing and Home Care:

To the point where they are looking at what food to put on the table, how to pay rent, getting into rent arrears, not having ... I know we live in a beautiful island, but it is still not having downtime from work so that they can have some holiday and a break, and some family time. That is often expensive. Really fundamental things that you need as a young family, transport costs, you know, all of these costs are high. Families do struggle, there is no doubt about that.

Deputy L.M.C. Doublet:

That paints quite a bleak picture, and it echoes what Brighter Futures said to us, which the Panel found quite shocking. In terms of this legislation then, how could this legislation be changed or improved to help those families that are most struggling?

Chief Executive Officer, Family Nursing and Home Care:

To my mind, it is not just about giving financial support, it is about giving a plethora of different choices. It might be financial, but it might be that what they need is some space at a nursery. Having some capacity to have some nursery space each week, but without a cost associated with it, or looking at a proportion of rent. It is those everyday really, really basic stuff, but that helps their bottom line in a real way, rather than providing an increase in a parental allowance, which you get once and then it is gone. You need that sort of continuous, not big flood of money, drip, drip money that helps on a week in, week out basis in those first couple of years for sure.

Deputy K.L. Moore:

Yes. In a way, helping to address ... if I could put it in this sense, there is a time, money, energy equation in most people's lives, but at different stages, at different angles, and different pressures on those 3 factors, and young parents generally tend to experience the most stretched period. They have the energy perhaps, but they are most stretched with the time and the money factors in life. It is perhaps looking at areas where you can reduce those pressures on the time and the money factors.

Chief Executive Officer, Family Nursing and Home Care:

Yes. That is in line with their needs. That it is not prescribed by external people, such as us or any government or whomever, but it is aligned to their needs in a more meaningful way. But it is agile so that it is ... at the end of the day, we have to be realistic. It costs resource from the States of Jersey, and we have to work out how to pay for that. But we do not want a society without 25 per cent of our population being young people and children. It is so important for us to be forward-thinking and balanced as an Island. We need to help it.

Deputy K.L. Moore:

Yes. These matters may not reflect immediately in society, but a bit like the increase in breastfeeding rates, we will see in the future the potential positive impact on that cohort of young children as they grow up.

Chief Executive Officer, Family Nursing and Home Care:
Yes. In all sorts of ways, which are very, very meaningful for health and well-being.

Deputy L.M.C. Doublet:
Yes. I thought it was really interesting, that question about the time, and money, and energy, and one potential policy idea that could address the problems you outlined around families not having enough time together, and time for rest and relaxation and family time. Would something like a 4-day work week address any of those concerns, and potentially childcare costs and things like that?

Chief Executive Officer, Family Nursing and Home Care:
Yes, for sure. It is about the flexibility. Often you hear people saying: "I will have 2 years at home", let us say for the mum. Let us provide a scenario of 2 years at home. But that is not necessarily what that mum wants or needs, particularly she has got to keep up to date in practise, she has got to be worthwhile when she goes back to the workplace, however long it is, and supported in that. To my mind, it is much better to have a flexible approach. You have got perhaps not full-time, but paid full-time so that financially she is not disadvantaged, but she has got a balance with family, and time with the baby, and childcare. Also, enabling her to continue as an individual rather than as a mum for 2 years and not have her independence in the workplace, or whatever. It is about flexibility, but it is sort of like bag of all sorts, and for them to choose what is most meaningful to them as a family, would, to my mind, be the best scenario.

Deputy L.M.C. Doublet:
Yes. It seems like you have this really deep understanding of issues that families are facing, and any of the potential solutions that might help them, do you feel that you are able to feed that expertise into government and is that taken into account with policy making, all that understanding and knowledge that you have?

Chief Executive Officer, Family Nursing and Home Care:
Some elements of it, but indeed there could be much more expertise fed in, for sure. If I think about the expertise of some of our staff, the health visitors, when I think about safeguarding and child protection, and all of the different elements of our work, absolutely that could feed in more.

Deputy L.M.C. Doublet:
Yes. Okay. Thank you.

Chief Executive Officer, Family Nursing and Home Care:

But I am not finding any closed doors, to be honest. If I pushed on the door, it is pretty quickly opened. So, it feels quite accessible.

Deputy L.M.C. Doublet:

Good. Yes. Okay. in terms of that relationship with government, how do you report to government on the services that you provide, and are there any kind of formal mechanisms related to funding et cetera?

Chief Executive Officer, Family Nursing and Home Care:

Yes. We have performance meetings every quarter. We provide a performance report every month, and that looks at outcome-based accountability as well as data regarding number of home visits, the number of clients we have seen, how much face-to-face contact we have spent with different patients, whether they are children, young people, families, older people, whatever the service.

Deputy L.M.C. Doublet:

Okay.

Deputy K.L. Moore:

In terms of service provision, are there different levels of service offered to families who have twins or multiple births, or children who have disabilities or additional needs?

Chief Executive Officer, Family Nursing and Home Care:

Yes. Very much so. You do your universal services to start with antenatally and then you have what is called a Healthy Child programme. The family are visited within the first 10 to 14 days after the baby is born, and then it sort of 6 to 8 weeks after the baby is born. Then at 4 months, when you are starting to look at feeding and nutrition. All different elements are reviewed at different stages. You then look at 8 to 10 month development of the baby, or it sometimes goes into about a year, so that you are looking at that first year. Then we have a 2 year. We are really lucky in Jersey, to be honest, because we have got full complement of health visitors. We did not have, but we have now. Then we have a 2-year developmental check. We have just this year introduced a 3-year developmental check, which was done on the back of a pilot because of Covid, and the implications of development for the young child during the years of Covid. I must say, it is quite easy to recruit health visitors here because we are doing proper health visiting here, which is not really done in other jurisdictions, because they are a rare breed.

[11:30]

When you say to somebody who is trained to deliver this Healthy Child Care programme, that we are still doing that here in Jersey, and we are not all focused on child protection and court appearances, it is very appealing, because it is what should be provided and is evidence-based as best practise.

Deputy K.L. Moore:

That is good to hear. Over time, the service provision has increased rather than decreased. Could you identify what the reasons are for that? Is it political support?

Chief Executive Officer, Family Nursing and Home Care:

I think it was we were held to account. This is my 5th year here in Jersey, but we have certainly been held to account during my time by our providers of our funds. You know: "What are you doing? What is the delivery? Why are you not achieving X when you ...?" Which is right and proper, and, of course, we are inspected. We have got a passion to do the very best for families in Jersey. There has been a stretch, and there has been a real thought behind how can we do better. Recruiting more staff was absolutely top of that list. We did manage to entice ... and, of course, you earn more here. As a healthcare professional in the community, it is very appealing to be in Jersey. I think that has helped. It has been a mixture of a lot of things. It is being held to account, which is right and proper. It is being aware of the needs here in Jersey, and knowing how you can best address those needs. It is also about the offer here in Jersey as a generic offer.

Deputy K.L. Moore:

Have there been cases where you have put forward a case for additional funds to provide additional services that you see a need for, but had that denied?

Chief Executive Officer, Family Nursing and Home Care:

Yes, for sure. Plenty of times, yes. There is plenty of needs out there, without a question. We have just submitted a business case for a programme called H.E.N.R.Y. (Health, Exercise and Nutrition for the Really Young), which is about health and nutrition for the very young children, because we recognise through the monitoring of health and weight, which we do in the school nursing team, there is a real need to focus on nutrition and healthy activities for young children. We had it funded by the Jersey Community Foundation for 2 years, and, of course, that has just finished. I had hoped to be able to show through the evidence that, it is an evidence-based programme, we needed to do this in Jersey as we have got about 28 per cent of age group who are overweight with our children. But we have not got that yet. There are definite needs. Looked after children is another area of concern, and child protection is another area of concern. There are big gaps there, but the universal services and our targeted services are quite comprehensive.

Deputy K.L. Moore:
Can you see that the universal services might come under pressure in order to find funding for those other needs and where there are gaps?

Chief Executive Officer, Family Nursing and Home Care:
I do not think so. We have got a contract now for 5 years, and there is no talk of that contract being pulled back. It is all evidence-based, so it would be difficult to do that because the consequences would be significant.

Deputy K.L. Moore:
This is erring slightly off topic, but just to pick up on the point that you made in terms of the obesity levels and the lack of activity, what are the causes that you can see for this trend at the moment? I think it is relevant, because it is related to family life, is it not, and the pressures of that family life.

Chief Executive Officer, Family Nursing and Home Care:
It really starts right at the beginning. Breastfeeding is crucial, and support with breastfeeding is crucial. Then if a mum, dad or carers are going back to work, and then getting home, picking up the baby or the young child from nursery, it is quite an ask to then put a really healthy cheapish meal on the table. It is really easy to go to inappropriate foods. Then you can see as the children are going through school, the weight gain is happening. We need to get back to real basics. But people do not necessarily know what good looks like. If they have not got family support to help guide with cooking and they might not have the facilities in their home. It is a real education to make sure that we go back to what a good healthy balanced diet looks like.

Deputy K.L. Moore:
And level of activity and having the time to exercise.

Chief Executive Officer, Family Nursing and Home Care:
Yes, for sure. Again, it is time, yes. Which is why I said about that balance about having family time, because that is very much a part of the scenario.

Deputy L.M.C. Doublet:
It does come back to that time, does not it? The legislation allows in theory up to a year per parent to take that leave from work to spend the time with the child. What we have heard is that people cannot afford to do that. What is your comment on that, and maybe how that could be improved?

Chief Executive Officer, Family Nursing and Home Care:

I absolutely agree with that comment. People cannot afford it. They have still got rent to pay or mortgages to pay, and we know how expensive that is. We know that food is significantly more expensive here, which is understandable being an island, and cost of living generally. That is when I think you would bring in a suite of different solutions for the family. It is not a one-size-fits-all, and different things will suit different families at different times. We need that approach rather than a sort of increased allowance. I do not think that will fit the bill. It is more complicated than that.

Deputy K.L. Moore:

Okay. In terms of exceptional cases that your service deals with, such as postnatal depression or issues with attachment, failure to thrive, mental health issues, how do you escalate those cases, or does your service deal with them in tandem?

Chief Executive Officer, Family Nursing and Home Care:

We have something called, it is an awful name, sorry, Maternal Early Childhood Sustained Home Visiting programme. It is an Australian programme.

Deputy L.M.C. Doublet:

Is that the M.E.C.S.H.?

Chief Executive Officer, Family Nursing and Home Care:

Yes. It is linked with the Best Start programme, and it improves child health and development. It is evidence-based again, it is a really comprehensive 3 home visits antenatally, and then it goes on to weekly visits for 6 weeks, and then fortnightly visits for 3 months, and then goes on to the age of 2. So, really, really targeted support to that family. It has really taken up well here in Jersey. The people who need additional support on top of the Healthy Child programme, which I mentioned earlier, can get this service, and that is the core of health visiting really. That real skill and understanding what the needs of that family are and addressing your service to fulfil those needs in any which way. It is a fantastic start, but you need the other offers to layer it up.

Deputy K.L. Moore:

Yes. So, you would signpost to other support services if they were identified as being a requirement?

Chief Executive Officer, Family Nursing and Home Care:

Yes. Hence the Childcare Trust and the Brighter Futures. You know, we refer on to both of those organisations significant numbers of funds.

Deputy K.L. Moore:

Yes. You have a risk assessment and safeguarding process?

Chief Executive Officer, Family Nursing and Home Care:

Yes. Very much so. We escalate through the child protection, not that often, probably 5 or 6 times a year. But it has to be done unfortunately.

Deputy K.L. Moore:

Yes. But that is another of the benefits of having universal access to every child.

Chief Executive Officer, Family Nursing and Home Care:

Yes. Being in the home, it is quite different.

Deputy L.M.C. Doublet:

Thank you. We have talked about some exceptional needs, and families that might need more input from your service. What do you see in this law that could be improved for those families that have exceptional needs?

Chief Executive Officer, Family Nursing and Home Care:

If I am thinking about disability, we have about 50 or 60 children in families across the Island who have got significant need.

Deputy L.M.C. Doublet:

"Fifty or 60", did you say?

Chief Executive Officer, Family Nursing and Home Care:

Yes. They have very specific needs, and we have our children's community nursing service that supports them in a health perspective. But also, because we are a charity, we are able to support them with equipment. For example, specific mattress, or specific chairs, or other pieces of equipment. That is always quite difficult because some of the equipment is really expensive. So, we struggle sometimes. Last year we bought one piece of equipment for one child which was £6,000. You are talking a lot of money. Having a facility to support that is quicker, because you cannot wait 2 weeks sometimes for these pieces of equipment, and we can be agile being a charity, it is really fantastic, but sometimes you need other sort of government-led decision making to be quicker and more agile. To have a fund that can be utilised for specialist need, there is some of that, but it does not work quickly enough for us. Equipment is a big issue. So, something in here that makes life significantly safer and easier for some families who have got specific disadvantage are needed.

Deputy L.M.C. Doublet:

Okay. Say, for example, parents have a child with significant disabilities, let us look at the 52 weeks leave per parent. Is that long enough in those particular circumstances? Should there be any amendments made there to the length of leave?

Chief Executive Officer, Family Nursing and Home Care:
I do not think generically, but it might be for that individual family, and we are only talking small numbers here. Fifty or 60 families might need that to be extended, but, again, that is going back to the agility and that framework of assessing. You could say we have that to a certain point, but it is just not enough. That does need to be extended, because there is some significant complexity of need, which is getting higher and higher, the complexity of need is, because of the advance of medicine. Some of the children we are looking after have got very significant needs here in Jersey, and, so, we always are struggling to get money for equipment for them.

Deputy L.M.C. Doublet:
Okay. So, improvements may be outside of this law thing?

Chief Executive Officer, Family Nursing and Home Care:
Yes.

Deputy L.M.C. Doublet:
Okay. Returning to this law and maybe looking at some different types of families. Single parent families, are they well served by this law? Could anything be improved?

Chief Executive Officer, Family Nursing and Home Care:
I really struggle with the licences for housing, and the tax situation. I know that they have been addressed legally here in Jersey, but you still have circumstances, and I can give you a case study of one from last year where the mum was working and pregnant, they then separated, and the tax rebate went to the father, who had not worked. That sort of situation still happens. We have to get that right so that women and single parents are ... I mean, they were newly separated, so it was a difficult situation from an administrating, but it really caused a hiatus for that newly single mum. You do hear those sort of specific cases that we are not agile enough to be able to respond to.

[11:45]

Single parents here have a difficult time because of licencing around ... the house might be in the husband's name, and they may have separated, then she loses the right of ability to continue to live there. She has to find somewhere else, and then there is the cost. It is complicated.

Deputy L.M.C. Doublet:

Yes. Talking about the financial struggles, the Panel have noted some of the statistics around from the J.O.L.S. (Jersey Opinions and Lifestyle Survey) survey, it is in the 80s, I think, single parents who are struggling financially. Looking at this law, so that the leave is per parent, so if you have a child born to a single parent, that child will only have the 52 weeks of a parent rather than for each parent. Do you think anything needs to change?

Chief Executive Officer, Family Nursing and Home Care:

Yes. Maybe that could go to another family member. I am not biassed, but to a grandparent, or to a brother or a sister who can help support, so that it just becomes, again, more able to respond to their individual circumstances. It might be that the father of the baby is still in that baby's life, but it might be that they are not. In the cases when they are not, then that should be transferable, I would think, to another carer.

Deputy L.M.C. Doublet:

Thank you. Twins, we have touched on. Is there anything that you think could be changed in this law where a family have 2 babies, or sometimes more.

Chief Executive Officer, Family Nursing and Home Care:

They get a parental allowance. My understanding is that they get that for the 2, or however many babies.

Deputy L.M.C. Doublet:

Yes. I think that is the only thing that is.

Chief Executive Officer, Family Nursing and Home Care:

Yes. That is what is going to go on to say that. That is the only thing. They do need to have 2 sets of pretty much everything, and they have got 2 sets of nurseries. I would think that the allowances should be accounting for that.

Deputy L.M.C. Doublet:

Yes. What about the paid leave and the unpaid leave, should that be flexed for twins?

Chief Executive Officer, Family Nursing and Home Care:

I would say so, but again down to their needs. If the mum wants to go back to work, then you have got the double nursery cost. It is not because they are the same age, the same cost, that should be taken into account. We want more babies here, so let us let us try and celebrate babies more and pregnancy, and encourage as much as we possibly can.

Deputy L.M.C. Doublet:

Yes. We heard from Brighter Futures. They said many of the families they work with have a feeling of shame around some of the problems around finances and wanting to provide for their families. How would you address that?

Chief Executive Officer, Family Nursing and Home Care:

Giving them choice. Putting the authority on the decisions with them, not being done to. If they want to go back to work, and not feeling guilty for that. We have got some fantastic nurseries here in Jersey and there is sort of a rhetoric that you should not put child in nursery before a year, and all of this. There are cultural things that we carry without even realising, but I think that is unhelpful. You have just got to think of the circumstance of the family and think: "How can we best give them the power to make their own decisions?" If it does not work, be flexible enough to adapt. If going back to work is not the solution that they thought it was going to be for that family, then, all right, we can take stock, we can review. But not having carte blanche decisions sitting with the family. But if the family is in control of their decision making, that shame and that being done to, can dissipate. Our world here in Jersey, very much being a supportive world for that family and for young children, so that they can have a sense of pride.

Deputy L.M.C. Doublet:

Yes. We heard from our previous hearing that information around this legislation is not always available in other languages, and you said that you had concerns around the awareness levels around the legislation. Can you make any comment around minority ethnic groups in the Island and how this legislation is affecting them? Do they know about it? Are they accessing it?

Chief Executive Officer, Family Nursing and Home Care:

In the Baby Steps we have access to interpreters, and we fund interpreters from Family Nursing and Home Care. We use interpreters. It is a formal interpretation service. We do not use ad hoc. Because they have got a family member who can interpret for them, we would not use a family member. It has got to be somebody who is aligned, so the terminology and health and that sort of thing is understood, because otherwise it could be interpreted wrongly.

Deputy L.M.C. Doublet:

Yes. You said you are spending a lot of time informing families about this legislation. How could that be improved perhaps by other services? What improvements would you like to see?

Chief Executive Officer, Family Nursing and Home Care:

It may well be that Family Nursing and Home Care could do more. We could provide more leaflets, perhaps in different languages. We do not have any health visitors, to my knowledge, that will perhaps speak Polish or whatever, but maybe we should look at that so that we gain expertise in being able to offer services to people who are ethnically more marginalised here in in Jersey. Maybe we could all do that. It is about having an open mind, is it not, and making sure that people have got the information that they need.

Deputy L.M.C. Doublet:
Yes. There is always room to improve, is there not?

Chief Executive Officer, Family Nursing and Home Care:
Yes. There is.

Deputy L.M.C. Doublet:
Yes. We have talked about the affordability of families being able to access this legislation. Do you think it is flexible enough?

Chief Executive Officer, Family Nursing and Home Care:
No.

Deputy L.M.C. Doublet:
What would you change?

Chief Executive Officer, Family Nursing and Home Care:
I would absolutely want ... it says: “Extend the right to request flexible working”, and for things like breastfeeding, I will just give you an example of breastfeeding, my hobby horse.

Deputy L.M.C. Doublet:
I was going to ask you a question about that in a minute.

Chief Executive Officer, Family Nursing and Home Care:
You go back to work at 6 months and you are fully breastfeeding. Fantastic, big tick in the box. But then you can breast pump your milk, and you might have a fridge, but there is still pressures on that young mum to deliver in a way ... because you are back in an office, it is a closed environment. There needs to be more pressure on employers to support. I do not just mean lip service. I mean really support that breastfeeding mother in a way that is aligned to what she wants, not what the company wants. I will give you an example. Going into the breastfeeding room in the office and leave your laptop, you are not allowed to take your laptop when you are going into the breastfeeding

room, and you think, well, why on Earth would not you be allowed to, if you are pumping for milk? It is stuff like that that is very sort of directive as to how you are going to breastfeed when you are in some work environments. You sort of think no, get rid of that sort of philosophy. Make sure that it is comfortable and that the young mum is breastfeeding in an environment that she is comfortable in and that she is doing ... if it means taking her laptop in and that she is still working, and that is what she wants to do to take the pressure away, that is fine. There is no problem with that from a breastfeeding point of view. But by increasing pressure on her, because she is in there perhaps for half an hour, and then feeling that she is got to go back to her desk, and that she is ... you know, it is just not flexible enough and it is not really giving the support that it could be giving. It is a bit more lip service.

Deputy L.M.C. Doublet:
What could that look like in the law, improving that?

Chief Executive Officer, Family Nursing and Home Care:
It is probably around behaviours. You could have expected behaviours of employers.

Deputy L.M.C. Doublet:
Guidance?

Chief Executive Officer, Family Nursing and Home Care:
Yes. What would be acceptable and encouraged, and what would not. Having it really outlined.

Deputy L.M.C. Doublet:
Yes. That is helpful, thank you.

Deputy K.L. Moore:
Are there any other challenges that you see, or your service sees, when parents are returning to work after their parental leave?

Chief Executive Officer, Family Nursing and Home Care:
The difficulty is, you go back to work and it is full on and there is very little support. It is just exhausting. If you have had a disturbed night, which you are likely to have done, and then you have got a full week's work ahead, that is absolutely draining for a young family. It might be around some sort of directions for employers, but saying: “Be tuned in to your parents who are coming back and work with them to look at a schedule that fits with them.” If it is easier to have a flexible working from home and that sort of thing, as long as they are not engaged with childcare when they are ...

that is different. But it is about flexibility, and it is about not being dogmatic. There is quite a lot of dogmatic: “You do not do it like that; you do it like this.” It should be the way it suits the parents.

Deputy L.M.C. Doublet:
Flexibility by default perhaps when parents go back?

Chief Executive Officer, Family Nursing and Home Care:
Yes.

Deputy L.M.C. Doublet:
Okay. That is interesting.

Deputy K.L. Moore:
You have touched on the availability and cost of childcare. Do you observe any other trends in how different groups, such as single parents, fathers, or lower income families experience returning to work?

Chief Executive Officer, Family Nursing and Home Care:
It is difficult to do this, because the social interaction develops a lot from the antenatal classes. There is some social support with the families who have done their antenatal. But that is quite important that the couple have some ability to still be a couple, rather than just, and I do not mean just in a pejorative way, but just parents. They have got to feed and nourish, nurture their own relationship. So, anything from a sort of social perspective to help support them.

Deputy K.L. Moore:
Brighter Futures talked about the pressure on some parents who are playing tag essentially, not playing tag but operating in a tag team, because they are covering the childcare, and so one is working day shift, the other a night shift, and crossing over. Therefore, there is no time for their interaction as a couple.

Chief Executive Officer, Family Nursing and Home Care:
That would be a really good example of, right, okay, put a full stop. What can Jersey do to help support that? Because that is not going to work on a long term basis, and the pressures then build up in the home and then you start getting other issues develop. That is part of Health System Services to go in and to talk about that sort of thing, and things like postnatal depression, and your mood. But tiredness is a massive issue for young parents and there is not really enough awareness about the impact of tiredness on your mood, on your behaviour, on your child rearing. That is something that we try and emphasise. But even if it is supported with employers' advice, having an

awareness that these young parents coming back are going to be exhausted, be kind, be supportive, and be aware.

Deputy L.M.C. Doublet:
That is really helpful. Thank you. That hour went very quickly.

Chief Executive Officer, Family Nursing and Home Care:
Has it gone already?

Deputy L.M.C. Doublet:
We may have a couple of questions to follow up in writing, if that is okay, but I think we have covered most of what we wanted to ask in depth, and your answers have been so interesting and informative. Thank you so much for that, and thank you for your time. Is there anything that you wanted to add before we close the hearing?

Chief Executive Officer, Family Nursing and Home Care:
Thank you. I really appreciate you doing this, and having the interest to do it, because not many places do. So, we should celebrate that. So, no, thank you.

Deputy L.M.C. Doublet:
Great. Thank you for the work that your organisation is doing as well.

Chief Executive Officer, Family Nursing and Home Care:
Thank you.

Deputy K.L. Moore:
Thank you.

Deputy L.M.C. Doublet:
Okay. We will close the hearing.

[11:59]