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# THE PROGRESS OF THE PROGRAMME TOWARDS SURE START TARGETS AND OBJECTIVES AND THE CONTRIBUTION OF INTERPROFESSIONAL WORKING

## I. SECTION ONE: INTRODUCTION

### A. Sure Start Ford

Sure Start Ford falls within the electoral wards of Pallion and South Hylton, which are situated on the west side of Sunderland. The population in Pallion is 10,700 and South Hylton has 10,000 residents (Office of National Statistics, 2000). The area is divided into three main areas of Upper Ford, Lower Ford and Pallion.

#### 1. Structure of the Programme

The Ford Partnership like previous Sure Starts has Social Services Department as their accountable body and lead agent. The Partnership consists of representatives from citywide organisations, local agencies and voluntary organisations. Together the Partnership link with wider strategic planning, which includes the Early Years Development & Childcare Partnership and the Children and Young Persons Strategic Partnership.

The Programme has the following staff:

**Administration** – Programme Manager; Admin Manager; Admin Assistant; Modern Apprentice; Caretaker.

**Health** – Health Co-ordinator; Health Visitor; Nursery Nurse X 2; Safety Equipment Co-ordinator (PNC worker).

**Community** – Community Development Worker.

**Play & Learn** – Family Support Worker X 2; Play Worker (PNC). Two Education Assistants have recently been appointed.

The Programme still have vacancies for the following posts – Play & Learn Co-ordinator, Social Worker, CPN, Family Therapist, Welfare Rights Worker and Play Worker.

The Programme has three main sub-groups:

#### *Emotional, Social & Health*

This group meets on a fortnightly basis and consists of representatives from Health, the Voluntary Sector and Social Services. There are also parent representatives who have input into decision making and identifying gaps in provision.

#### *Play Learning & Childcare*

This group is chaired by the Programme Manager and has representatives from schools, local nursery schools, EYDCP, Voluntary Sector and the Education Action Zone. It also has parent representatives.

### *Strengthening Families & Communities*

This group meets on a fortnightly basis and is lead by the Community Development Worker. It has parent representation along with representatives from e.g. local training organisations, Healthy Living Centre, HAZ, local businesses, the church, the Jobcentre and local job clubs.

The subgroups, with representation from the Partnership, played a strong role in the early days of the Programme's development, meeting regularly before staff came into post. The Programme is currently considering amalgamating the three main subgroups to include staff, parents, representatives from local groups/organisations and partners in this level of decision-making.

In addition, an *Older Children's Services* subgroup is to be developed. The *Capital Group*, consisting of community representatives from Education, Housing and local funding organisations such as SRB, is currently on hold.

The Programme also has an active *parental involvement group*, Ford Family Focus, which feeds into the Partnership Board. The group has recently been constituted.

## **2. History of Staff**

The Programme Manager came into post in December 2002 and staff have come into post on a gradual basis since July 2003. At the time of writing the most recent worker came into post in January 2004. Recruitment is ongoing and some posts are yet to fill. For those interviewed, dates of staff coming into post are listed in Appendix One.

## **B. Introduction to the Evaluation**

### **1. Aims of Research**

- To evaluate the progress of the local programme towards Sure Start objectives and national and local targets.
- To examine the contribution of interprofessional work to each of the four Sure Start objectives and their component PSA/SDA/local targets.

### **2. Method**

All thirteen staff in the programme were interviewed by one of two evaluators. The purpose of the interviews was to examine how their work was contributing to the Sure Start targets and how they were working with other members of the Sure Start team and outside agencies. They were also asked what factors were helping or hindering progress towards the targets and objectives and how they felt any barriers could be overcome. The responses were hand written by the evaluators. The data was content analysed by the evaluators to explore emerging issues and themes and hence to enable a descriptive evaluation of progress and exploration of any issues arising; thematic analysis of factors helping and hindering progress, and a thematic analysis in relation to the contribution of interprofessional working to Sure Start objectives.

### **C. Description of Report**

Following this introduction (Section One), the report contains the following sections:

- Section Two consists of a descriptive analysis of the activities the staff undertake working towards each target. Factors helping and hindering progress towards individual targets are included. There is also descriptive analysis of ways in which staff work together and link in with other agencies. Any issues raised by staff members concerning progress towards a particular target have been highlighted in Section Two and questions have been raised for consideration. These issues and questions have been drawn together in Appendix Two.
- Section Three consists of a thematic analysis of staff reports on factors helping and hindering progress overall, and what would help to overcome these barriers. The categorisation of these factors is presented in Appendix Three.
- Section Four highlights dimensions of interprofessional working identified in this local programme and examines their contribution in relation to Sure Start objectives and targets.
- Section Five: Conclusion

## **II. SECTION TWO: PROGRESS TOWARDS SURE START TARGETS AND OBJECTIVES AND HOW STAFF ARE WORKING TOGETHER**

Section Two consists of a descriptive analysis regarding the activities the staff undertake working towards each target. Factors helping and hindering towards individual targets are included. There are also examples of ways in which they work together and also link in with other agencies. Any issues that have been raised by staff members concerning a particular target have been highlighted throughout Section Two. These issues have also been drawn together in Appendix Two.

### **Objective One: Improving social and emotional development**

*In particular by supporting the development of good relationships between parents and children, enabling early identification of difficulties, helping families to function effectively and promoting social and emotional well-being.*

**1a. Target one:** *Achieve by 2005-2006 a (x)% increase in the proportion of babies and young children under 4 living in Sure Start areas with normal levels of personal, social and emotional development for their age.*

The Programme Manager and Health Co-ordinator are working to ensure that this target is not looked upon with 'tunnel vision' by staff, and social and emotional health is looked on much more broadly to help families in the area. H9 states 'social and emotional well-being has a massive impact [and is therefore] bound to have a knock-on effect on babies'. The Programme has adopted a number of approaches to tackle this issue.

#### *Identifying areas of concern and intervention*

A key focus in Objective One is the early identification of difficulties. The Health Visitor role is to identify areas of concern and either conduct an intervention or refer to another team member. This can be done through 'Referral and Allocation' where a multi-disciplinary team approach is taken to offer assistance to families. Any member of staff can offer their services appropriately and options are considered. External referrals are also made by Health Visitors and Social Services who may have a clear idea of what is required e.g. additional support. The Nursery Nurses provide one-to-one interventions in the home to offer support on play and stimulation that help parents and children form good relationships. These last for around 6 weeks then are evaluated to see whether further intervention is needed or other services are required e.g. speech therapy. The Community Paediatrician has input to these meetings (as and when required) and can offer one-to-one support for children who have been identified as having behavioural or emotional problems, mainly to exclude organic/medical causes such as speech and language disorder or ADHD. These interventions usually take place in the home or sometimes at outreach venues in the community. This system is allowing early identification of difficulties so children and parents can have input sooner.

#### *Introducing Parents to Sure Start Services*

Secondly the Programme provides informal coffee mornings (Health Drop-in), run by a member of the Health team and a member of the Play & Learn team, which offer support and allow parents to say what they would like. Staff take this opportunity to

encourage parents to come to the Centre and do so by offering to go to their homes and attend the Centre with them, show them round, introduce them to staff and describe what the Centre has to offer.

#### *Family Nurturing*

Two members of staff (from Health and Play and Learn) run a 10-week Family Nurturing course that aims to raise self-esteem and self-awareness and has 4 components: Appropriate Expectations; Self-esteem & Self-awareness; Empathy and Positive Discipline. The course looks at ways in which parents were treated as children and the impact this had on them. This helps parents to break the cycle and monitoring takes place to look at changes over time.

#### *Baby Massage*

A Nursery Nurse has introduced baby massage as a way of encouraging parental/child bonding and promoting interaction between mother and baby. Parents are encouraged to use eye contact, and stimulation of the senses is discussed. This service is offered at home for mothers who do not wish to attend a class.

#### *Groups*

The Play & Learn team link into toddler groups in the area to provide activities to work towards this target. At St Luke's for example there is a role play area, a home corner and dressing up, which promote social and emotional development. There are also groups at the Ford Centre, such as Crocs, which is aimed at children aged 1-3 years old and their parents that encourage different forms of play and interaction. At Diamond Hall a childminder now runs a group and the Family Support worker is encouraging young mums to join the group who are currently seen in the home.

**1b. Target two:** *All local Sure Start programmes to have agreed and implemented, in a culturally sensitive way, ways of caring and supporting mothers with PND.*

The Health Visitor undertakes routine PND screening at 6 weeks and 9 months using the Edinburgh scale. If a mother scores high on the scale the Health Visitor does four listening visits and then appropriate referrals can be made to e.g. GP, counselling services. Referrals can also be made to other team members such as Nursery Nurses who can offer anxious mothers Baby Massage, or encourage mothers to attend different groups. The Health Visitor is hoping to soon be able to target women in the antenatal period at 36 weeks. Links are being made locally with midwifery to encourage passing on details of women who may be vulnerable so they can be targeted earlier.

Other team members also have input to this target to try and tackle this issue from different viewpoints and provide ways of helping and supporting mothers. A Family Support Worker for example does home visits and promotes activities to encourage mothers to participate. The Community Development Worker is involved with many groups in the community and encourages activities to relieve stress such as meditation, Indian head massage and relaxation. Links with outside agencies have been established to deliver these activities. She has also arranged health awareness days, which include mini MOT testing, reflexology and samples of healthy food. There are links with other agencies such as Healthy Cities, Ford & Pallion

Community Project and Lifelong Learning to deliver courses and also take a small group of community members to events organised by these partnerships.

#### Groups

The Programme is working with parents in the Emotional, Social & Health sub-group to look at different ways to incorporate care and support for mothers with PND without it being stigmatised. A support group was launched but had poor attendance, so ways to relaunch this needed to be discussed. The coffee morning (Health Drop-in) has been a successful way to encourage vulnerable mothers to attend the Centre, use services and join groups through an informal, less threatening approach.

**1c. Target three:** *100% of all families with newborn babies living in Sure Start areas to have been visited by local programme within the first 2 months of their child's life.*

Government guidance on Sure start has suggested that home contact is a positive step to develop relationships soon after birth, and 'to make parents aware of the full range of services available and to begin discussion about their needs and services they want to enjoy' (DfES 2002, p.10).

This is a mandatory role of the Sure Start Health Visitor and the non-Sure Start Health Visitors who visit homes within 10-14 days of a new birth. Entries are made into the Health Authority Child Record books regarding all assessments, with a copy held by the family. Health Visitors liaise with midwives and face to face contact has been encouraged to hand over patients but most communication takes place via telephone and paper due to geographical locations of bases. In the case of babies in the neonatal unit, Health Visitors link with paediatric liaison, contact the parents and visit if possible.

New clients in the area are also given an introductory visit in which the Health Visitor or Nursery Nurse hand out information to families about the Centre and what is on offer. On this visit the Health Visitor would ask the family to sign a consent form which would be forwarded to the Admin team for filing. Parents are encouraged to attend the Friday morning sessions for further advice and support. The numbers for these sessions are starting to build up so another group has been started. The Play worker is also hoping to do home visits in the future.

The Programme Manager collates statistical information regarding this target. There will soon be figures available via the Comwise Health Database regarding who has been contacted in the area. Following the new-birth visit by the Health Visitor, the consent form is forwarded to the Admin team for filing to ensure information is up to date and available.

**1d. Target four:** *Parenting support and information available for all parents in Sure Start areas.*

- (i) *Information-* All parents who have signed a consent form will be on the new database and will receive information automatically regarding Sure Start services and up to date information. Timetables are also sent to Health professionals locally e.g. GPs, Health Visitors and Nurses so they are aware of

what the Programme is delivering, allowing them to refer clients appropriately. Parents were consulted regarding how best to hear about Sure Start services. Thirty/forty parents provided input and opted for a glossy leaflet with photos. This seems to have been successful as there are about 480 families in the area and 300 are already registered. This highlights how staff members are addressing the Sure Start key principle to 'promote the participation of all local families in the design and working of the programme' (DfES, 2002,p.7).

Information about the Programme and the services it offers is distributed locally and is available at local schools, nurseries, libraries and the maternity ward. The CDW has compiled a list of playgroups in the area. Staff have visited families in the area and also flag up services at groups and at home visits to raise awareness and distribute leaflets and timetables to parents. Staff also refer parents appropriately to other agencies if they are unable to help directly e.g. the Safety Equipment Worker would signpost parents who were not within the Sure Start area to another agency where they could obtain safety equipment. Links were established early on with other agencies in the area to promote the Programme and look at ways in which partnerships could be formed to provide an effective service for parents.

- (ii) *Referral and Allocation* demonstrates one way in which the Programme will be striving to ensure that parent support for particular families is considered by the whole team with their range of expertise, and that the most appropriate course(s) of action is/are offered to the family. Staff are able to refer families within and across teams where a need for help, support or information is expressed or identified, and this can be through a range of types of contact, e.g. at toddler groups and home visits (interventions). It has also involved liaison with other agencies, e.g. speech and language dept.
- (iii) *Parenting support* is offered in many ways throughout the Programme and staff have demonstrated that they are listening to what certain groups want and are implementing support accordingly. Two members from the Play and Learn team have started a 'Young Mums' Group' as it was identified through home visits and 'Have your Say Day' that young mothers often felt intimidated and uncomfortable when joining groups with older mothers. The new group will offer crèche facilities for the children whilst the mothers participate in group activities to promote their wellbeing, such as C-card training (contraception), sexually transmitted diseases. This group aims to run on a weekly basis and it is hoped the young mothers will form good relationships therefore providing mutual support
- (iv) *Links* have also been made with other agencies in the area to try and improve support for Dads in the programme. A Family Support Worker attends the Fathers' Forum (Children North-East) every 4 weeks and it has been established that Sure Start has been seen as female dominated both staff-wise and activity-wise. Staff have identified that it would be beneficial to develop relationships between fathers and children, particularly as some do not live with the child's mother but have active involvement. Dads also need parental support and need access to a range of activities within the locality to attend. It

was reported that mothers would also feel more comfortable if they knew the child's father was involved in activities where people were familiar.

It was recommended in the Sure Start national evaluation summary that to develop relationships with fathers local programmes could 'increase the range of 'male focused' activities, consulting with men to build on their interests and use fun and outdoor activities to attract fathers' (Lloyd et al, 2003). The Programme has demonstrated that it has acknowledged this issue and is taking steps to engage fathers more fully in the Programme.

### **How Are The Sure Start Staff Coming Together With Other Members Of The Team And Outside Agencies To Work Towards Objective One?**

The co-location of professionals such as the Health Co-ordinator, Health Visitors, Nursery Nurses, Family Support Workers and Play Worker, and the introduction of whole team Referral and Allocation meetings are important ways in which communication, information sharing and joint working to support families are being or will be enhanced. In some cases this will extend to working with outside agencies.

The employment of Nursery Nurses in the Health team can be seen to be enhancing work with families in the community through one-to-one interventions in the home or through facilitating access to groups such as toddler groups and Centre-based groups which may, for example, reduce social isolation. This is also addressed through the informal Drop-ins attended by members of the Health and Play and Learn teams, providing a cross-team approach to parent support and information. Attendance is encouraged by staff offering to accompany parents to the sessions or meet them at the door. The reduction of social isolation and helping parents/carers form groups and friendships is an important factor. Hall and Elliman (2003) state that 'In the light of growing evidence that communities, relationships, and the environment are important determinants of health, investment in community development and social support networks is increasingly important; health professionals should contribute to and sometimes lead in these aspects of health care' (Hall and Elliman, 2003, p.xvii).

There is an emphasis within the Programme on joint planning and running of groups by members of staff with different professional backgrounds, thus increasing the range of expertise that is available to parents/carers within these groups. For example, a Nursery Nurse and Family Support Worker have provided 'Family Nurturing', which is run by Family Links and funded by Sure Start, Ford. The 10-week course has looked at issues such as parenting skills and how to apply positive discipline. The skill mix of the workers has provided parents with a variety of ways in which they can learn about parenting skills and behavior management. Health and Play and Learn staff are also jointly involved in Rhyme and Wriggle. It is expected by the Programme Manager that social and emotional well-being will be a strand in all groups.

Members of the Play and Learn Team and the Community Worker are also contributing to this objective through relevant training and understanding of referral mechanisms, through knowledge and understanding of services available (e.g. Baby Massage) and the ability to access professionals such as Health Visitors easily, and through providing a listening ear in the community.

**Issue One:**

Referral and Allocation meetings represent a new way of working for Sure Start professionals and have been described as 'a learning curve' (e.g. re. documentation structure of meetings).

**Question:**

How will the Programme monitor the initial phase of the Referral and Allocation meetings, considering e.g. procedures and responsibilities and how/whether families' and professionals' needs are being met?

Factors helping work towards this objective were reported to be previously established good networks with Havelock and Pallion primary schools (P2); good support from staff; monthly supervision meeting and fortnightly team meetings (Play & Learn) (P6).

Factors hindering work towards this Objective included insufficient information received by the Admin team from other team members and outside agencies (this problem was addressed at the team building day so hopefully communication in the future will be improved); staff being managed by different agencies who may have different expectations.

**2. Objective Two: Improving Health**

*In particular, by supporting parents in caring for their children to promote healthy development before and after the birth.*

**2a. Target one:** *Achieve by 2005-6 a 6 percentage point reduction in the proportion of mothers who continue to smoke during pregnancy.*

The Programme Manager has encouraged the involvement of the mainstream Health team to support the Programme in working towards this target. A weekly smoking cessation group is run by a Health Visitor from Pallion Health Centre at Sure Start Ford for families within and beyond the local Sure Start area, and the Programme is offering additional training. The Programme also supports these sessions through its admin team organising leaflets and posters and booking appointments. The Sure Start Health Visitor has the training needed to deliver a group should demand increase. All staff are aware of the procedure for referral, including the Admin team, and several members of staff across professions reported signposting people to this service, getting information for them or referring them to the Sure Start Health Visitor (H1, P2, P3, P6, H9, H11, C15, H17).

Pregnant women are referred to the specialist smoking cessation adviser for pregnant women via the Health Visitor. Every pregnant woman who is seen antenatally and who asks to be signposted is referred to this adviser. The Health Co-ordinator maintains close contact, meeting her about once every two months. There has been an increase in referrals to the service since the introduction of Health Care Assistants into two local Sure Start programmes and all seven local programmes have agreed to jointly fund an additional three-day post.

An individual members of staff's own training (H1, Public Health Awareness) has stressed the need for all to be involved and has led to her taking a more proactive

approach raising the issue with families and with staff, sharing information across the agencies within the team. The Programme is involved in publicity and further contributes towards this target through giving positive consistent messages in a child-centered environment.

**2b. Target two:** *Information and guidance on breastfeeding, nutrition, hygiene and safety available to all families with young children in Sure Start areas.*

These areas are being approached through routine home visiting by health visitors, through the introduction of new groups and services (e.g. the Safety scheme and ACE shop), through liaison between Sure Start professionals (e.g. health visitors, nursery nurses, community paediatrician, family support workers, community worker, admin team) and referral to outside agencies.

### *Breastfeeding*

The City traditionally has a low rate of breastfeeding mothers. The Programme is addressing breastfeeding through routine home visiting; through focusing on peer support, planning to train mothers as peer counsellors; through running a support group, and through seeking to replicate good practice in another area with regard to the antenatal period. This is in view of the importance of working with mothers before the primary visit at 10-14 days after the birth, by which time the method of feeding is usually already established.

The Health Co-ordinator shows a strong commitment to breastfeeding through her membership of the Sunderland breastfeeding steering group and is striving to introduce support into the community for initiating and sustaining breastfeeding. The Health Co-ordinator, Health Visitor and one Family Support Worker and Nursery Nurse are La Leche trained, and the other Nursery Nurse and the Play worker will also be undertaking training, as the Programme Manager is committed to providing consistent messages and a whole team approach. The Programme has also funded mainstream Health Visitors in the area for this training. It is hoped to train about ten mothers to become peer counsellors, possibly linking with Sure Start Thorney Close, and thus provide an additional service that is credible in the community.

The Sure Start Health Visitor runs a support group, currently attended by three mothers. She encourages promotion of the group by other health visitors and midwives, and some team members reported referring mothers to the Health Visitor (P6, A8) or introducing to her a breastfeeding mother who now talks to other mothers (C15).

The Health Co-ordinator negotiated with midwives that they would deliver an antenatal breastfeeding support group in a local area as well as in the Hospital, thus increasing the availability and accessibility of support, and hopes to replicate this in Ford in the future.

### *Nutrition*

Nutrition is addressed through specific activities and events and through the course of work for several staff, particularly since this issue has been addressed within the Programme to clarify understanding and appropriate delivery by members of the team with different backgrounds. For example, healthy snacks e.g. fruit are provided in

toddler groups and Sure Start groups. The Health Visitor has run a weaning party but there was low attendance and is intending to promote this work through the coffee mornings or a group, with a Nursery Nurse or Play and Learning team member, providing information and demonstrations of different types of food. Family Support Workers run 'Clever Cooks' and 'Cooking on a Budget', which will involve parents and children together making a low cost meal and taking it home. Work is supported by the Programme Manager finding out about other available services and initiatives and encouraging liaison, and will also be supported by the allocation of a number of hours to the Programme by appropriate workers.

Staff also use opportunities during classes that they run for parents, e.g. baby massage, to informally cover topics that arise, e.g. safety, hygiene, sleep management, use of dummies, speech and language development. Parents are signposted to the Health team by the Admin team and other team members.

### *Hygiene and Safety*

The Programme uses opportunities to promote hygiene at the Centre, e.g. through a mural displayed in one room and through ongoing term-time groups and activities, including a cooking group. In addition, holiday courses are run for siblings on Health and Safety, First Aid and Food Hygiene.

New services have been provided for families in the area. The Programme operates a Safety Equipment scheme from Ford Reception. This costs £2 per year to join and has a current membership of approximately 139. Equipment provided includes tummy tubs, smoke alarms, carbon monoxide detectors, bath and forehead thermometers and, later on, stair gates, fireguards and safety packs (e.g. socket covers and cupboard locks). The Safety Equipment Co-ordinator operates the scheme for two hours a day and it is also well supported by the Admin team. The Co-ordinator is active in promoting the scheme and making contact with new parents, attending e.g. the Crocs group, Toy Library sessions and coffee mornings. The scheme is also promoted well by Health workers (e.g. informing new and pregnant mothers) and Play and Learning workers (e.g. through taking leaflets to toddler groups).

The ACE shop at the Ford Centre, operated from the Reception area, provides affordable and accessible items (bulk bought at cost price) for families with young children, e.g. sterilisers and tablets, nappies, baby wipes, cups, bowls, spoons and tubs. Parents are also able to buy baby milk with tokens, and Sure Start is thus providing another access point for the community. It was reported that it would be helpful for those involved with the ACE shop to be kept more up-to-date with new products.

**2c. Target three:** *A 10% reduction in children in the Sure Start area aged 0-3 admitted to hospital as an emergency with gastro-enteritis, a lower respiratory infection or a severe injury.*

'Emergency hospitalisations of 0-3 year olds for gastroenteritis and respiratory infection are all highest in the North East' (Government Office Region, 2000).

The Health workers are informed of admissions to casualty and reasons, and this is followed up by health visitors visiting the family at home. It is also part of the routine health visitor role to identify risks and potential risks, provide information to parents

and carers, assess need and refer as appropriate to A+E, the paediatric department, GP or community paediatrician. The Health Visitor and Health staff are available for drop-ins and advice which may prevent visits to A+E, and messages regarding hygiene and safety, e.g. in the preparation of food, are reinforced throughout the building and throughout activities.

A major thrust in the work towards both targets two and three is through the Common Childhood Illnesses course devised by the Community Paediatrician and being run across Sure Start programmes. Health Visitors linked in any way to Sure Start are trained by the paediatrician to deliver the course to parents. This covers nutrition, hygiene, breastfeeding, smoking and common childhood illnesses. The aim is to try and decrease inappropriate attendance at A+E and to empower parents to make them feel able to cope when their children have minor acute illnesses. A further development has been that the Paediatrician is working closely with the paediatric consultants and paediatric liaison nurse to identify repeat attendees at A+E, initially in order to chart who they are and from 2005 in order to target these families and invite the parents to attend a Common Childhood Illnesses course in their local area. Via referral from other members of the Sure Start team, the Community Paediatrician also sees children with feeding difficulties.

Links are also being developed with Sunderland Royal Hospital in order to improve communication and in order to ensure consistency of advice to families. As regards communication, a City Hospital initiative has led to the creation of a new role whereby the ward manager of the ward for young children (under 3 years of age) is to link with all Sure Start programmes in the City. There are regular meetings of the ward manager, the Paediatrician and the Sure Start Health Co-ordinators. Two proposals are being taken to the consultants for consideration. One initiative is to improve the level of information Health Visitors receive when a child is discharged from the ward. The group is attempting to set up a system whereby Health Visitors receive a copy of the full discharge letter that is sent to the GP so that they are fully informed when they visit the family. Secondly, the group is attempting to set up a system that will highlight when a child has been admitted to hospital more than expected over a certain period in order to explore reasons why. As regards consistency of advice, the Community Paediatrician has been a key provider of training to Sunderland Royal Hospital children's ward staff on advice to give parents on issues such as feeding and the management of sleep problems to ensure consistency in information sharing and advice.

The employment of the Community Paediatrician across six Sure Start programmes is valuable in ensuring consistency of advice and support to families; offering support and advice on individual cases, particularly to Health Visitors and Nursery Nurses; improving communication with hospital and community consultants and enabling a more complete whole child/whole family picture to be presented. This information sharing has increased since the Paediatrician has been receiving regular clinical supervision. Working in Sure Start enables easier access, better communication and earlier support to families. More complex problems are being referred and children are seen and assessed more quickly (There remains, however, a problem of waiting lists for children who require multi-disciplinary assessment, which is being addressed by City Hospital). Despite having only recently started working for the Ford Programme, the Community Paediatrician's service was already being used very

effectively, with referrals coming through almost immediately. This may be due to the fact that Sure Start is becoming increasingly well known and understood across the City and staff are now familiar with the role of the Community Paediatrician, e.g. through health visitor forums. However there still may be scope for development within the Ford team.

**Issue Two:**

The Paediatrician is only able to provide one session a week to this Programme. Over time the Programme may need to consider whether the demands on her service will exceed current capacity.

**Question:**

In the future, and as the trial period of the Community Paediatrician working across six programmes is evaluated, would it be appropriate to consider whether the secondment of a further community paediatrician is required?

**2d. Target four:** *Ante-natal advice, support and information available to all pregnant women and their families living in Sure Start areas.*

It was reported that information on pregnant women was not freely available. At present the Health Care Assistant from a pilot scheme at another local programme is helping Ford access information on pregnant women in their area, however this was stated to be an informal temporary mechanism.

The Programme is starting a Preparing for Parenthood course, to be run by the Health Visitor and a Family Support worker, for the antenatal and postnatal periods. The antenatal course will provide support, education and information about parenting, relationships, support, stresses, demands and feelings. The Safety Equipment Co-ordinator will also be involved with this group through the provision of free sterilising equipment and working alongside the Health Visitor to encourage use of the equipment.

The Programme is working to liaise with the midwifery service with regard to vulnerability. The PCT and midwifery service are launching a scheme involving vulnerability assessment and the Programme is working to establish information sharing and handover to enable the Health Visitor to target women at risk of depression in the antenatal period and provide home visits.

The Community Paediatrician, who works across six programmes and started working in the first of these programmes in January 2001, is preparing an antenatal pack with information about e.g. breastfeeding, sleep, good weaning practice and the importance of talking to the baby as soon as it is born. She has produced leaflets on breastfeeding and on sleep (in close consultation with Psychology) and will be working with a dietician on good weaning practices (both of these parties are from different Sure Start areas).

**Issue Three:**

Staff may need to explore ways to best disseminate information from leaflets before handing out to parents.

**Question:**

How will the information from these leaflets best be disseminated to local families? (e.g. through new groups being developed)

Again, the Admin team have a good deal of contact with parents who make enquiries or access services at the Ford Reception area and are proactive in providing information to pregnant women, telling them about Sure Start classes and inviting them to coffee mornings.

**Issue Four:**

Government guidance on Sure Start suggests that 'programmes should aim to make contact with all parents-to-be as early as possible in the pregnancy' (DfES 2002, p.10). It also suggests that, to do this, arrangements will need to be made with providers of antenatal care in the area including GPs, hospital staff, voluntary providers and midwives.

The Programme is developing ideas for group work in the antenatal period, providing an additional form of support to that provided by midwives. It was noted that antenatal visits will increase awareness of what the Programme has to offer and of the health visiting service. It was felt that the Programme would benefit from a more open channel of communication with regard to pregnant women and that 'there is scope for further development in working between midwifery and Sure Start and the benefits we have to offer to enhance the midwifery service'.

**Question:**

How will the Programme sustain information sharing regarding pregnant women in the area following the Health Care Assistant pilot project? How could the Programme build on links already established with the project in another local programme to further develop its work in the antenatal period and provide continuity of support? Would it be possible for a designated worker to work in the antenatal period?

**How Are The Sure Start Staff Coming Together With Other Members Of The Team And Outside Agencies To Work Towards Objective Two?**

The Programme has taken deliberate steps towards delivering a whole team approach in some areas. For example, practice development activities have focused on nutrition. The staff looked at Sure Start objectives and projects that stem from that, e.g. breastfeeding and early weaning, and utilised the strengths of the team and identified the training needs of staff to enable them to deliver. It was felt that this was facilitating better teamwork (H11). Focusing on the objectives, and the reasons behind the objectives, and relating this to the national and local agenda and activities was considered to be helping staff focus on why particular activities and approaches were important, and also helping them contribute in a more innovative way on what they would like to deliver and what their training needs are (H11). In addition, the Programme links with dieticians (at Hospital or another Sure Start programme) if they require further information.

Staff access the expertise of colleagues within the Programme to enable them to address parents' queries (e.g. a Family Support Worker approaching the Health Visitor regarding a parental query about cheap healthy eating resulted in her passing

on ideas for meals to cook). Further, it was reported that good working relationships between the Health and Play and Learn teams were facilitating the sharing of information that could be passed onto parents. There were also several examples of staff across the Programme signposting parents to the relevant services and professionals when they expressed interest or concern in particular areas. It is evident that in a number of areas, notably the Safety scheme, members of the whole team are working together to promote the scheme and make referrals.

With regard to interprofessional activity a major link towards the achievement of Objective Two is that of the Community Paediatrician, Health Co-ordinator, Health Visitor, Nursery Nurses and Safety scheme worker. A principal function of a Sure Start local programme is to provide comprehensive family support, add value to what already exists and work towards a more cohesive and equitable set of services, for example by making professional and clinical advice more accessible and responsive to children's needs. The Sure Start Health Visitor has a slightly reduced caseload to other Health Visitors and runs groups and activities in the community. The Nursery Nurse supports the work of Health Visitors through involvement with routine child surveillance, assistance at baby clinics and hearing tests and carrying out interventions with regard to e.g. sleep, diet and language development. There is easy access to a Community Paediatrician on site for advice and referral, and she also works with families in the home.

The Community Paediatrician works across six Sure Start local programmes in the city and offers one session (half a day) a week to this Programme. This facilitates access e.g. for information sharing and referral and enables a quicker response and a more efficient care pathway. There have been some difficulties with regard to communication (e.g. receiving minutes of meetings and notification of cancellation), which should improve now that she has a base in one Sure Start programme with dedicated admin. support and access to a computer. Working across six programmes has raised issues for her with regard to travel time and about trying to be a real part of each team rather than a nominal figure, and becoming known in each programme, which are essential for staff to feel comfortable about approaching her, e.g. for advice or support. The support of the programme managers and health co-ordinators and their understanding of the multiple demands on her time and the need for flexibility have made an important contribution to this way of working.

Work towards Objective Two is being strengthened by initiatives being undertaken with mainstream services that have the potential to improve services for children and families. The Community Paediatrician is working closely with mainstream Hospital services to achieve better communication and sharing of information with regard to individual children, to enable tracking of families where children have been admitted to hospital more than expected over a certain period and to ensure consistency of advice to families. Her work with different professionals from Sure Start local programmes is allowing for input from a range of expertise, e.g. psychologist (sleep), dietician (weaning).

Objective Two emphasises supporting parents in caring for their children to promote healthy development before and after birth. As well as striving to improve communication with regards to children's health and professional care, the Programme is developing ways by which to empower parents in family health

matters, notably through the Common Childhood Illnesses course and through providing one-to-one support in the home.

Making courses available in venues across the Sure Start area will contribute towards making parent support more accessible, along with the individual support in the home with regard to e.g. feeding, sleep, behaviour and language development provided by Health Visitors, Nursery Nurses and the Community Paediatrician.

Work towards this objective is also being strengthened by some team members' links with members of the same profession outside the Sure Start programme. For example, the Safety Matters worker is a member of the Citywide Partnership of Safety workers, which includes workers from, e.g. Healthy Living Centres, other Sure Start programmes and Easington Lane Access Point, and meets monthly to share good practice and offer mutual support. The Health and Safety worker is employed by Pennywell Neighbourhood Centre (PNC) and jointly funded by PNC and Sure Start. The Scheme benefits from the further opportunities for her training and development that this arrangement provides.

### **3. Objective Three: Improving children's ability to learn**

*In particular, by encouraging high quality environments and childcare that promote early learning, provide stimulating and enjoyable play, improve language skills and ensure early identification and support of children with special needs.*

**3a. Target one:** *Achieve by 2005-06 a x% increase in the proportion of children living in Sure Start areas with normal speech and language development at age 2 and x% increase in the proportion of children in Sure Start areas having normal levels of communication, language and literacy at the end of the Foundation Stage.*

The Programme is demonstrating how they are working towards this target in a number of ways, with input from a range of professionals.

#### *Filling gaps in services*

Speech and Language development is supported by all the teams, and in addition the Health team carry out statutory provision for families such as the 9 month hearing test which is held in the library at the Ford Centre, plus 9 month, 18 month and 2 ½ year assessments. The Nursery Nurses link in with non-Sure Start Health Visitors at the local surgeries to assist with developmental checks as well as working with the Sure Start Health Visitor. The team use this time to assess children and any concerns raised can be referred to the Nursery Nurses who provide 'speech and language interventions' on a one-to-one basis in the child's home. They also run intervention sessions at Havelock school where they work with identified children in nursery and reception. The support that goes into this school is a mixture of health and family support to deliver Speech and Language development. The Speech and Language Team have provided training to enable Nursery Nurses to offer interventions which has allowed them to access children with problems sooner, thus enabling them to teach parents different ways of working with their children to help overcome these problems. They provide handouts for guidance so other staff can use these, enabling them to refer appropriately. It was noted that work towards this target was being helped by the earlier interventions provided for children and the ability of the staff to take a more proactive, preventative approach to speech and language (e.g. in baby

massage sessions, Rhyme & Rumble, high quality support toddler sessions and other group work/courses/activities).

Early identification and support is also offered by the Community Paediatrician who assesses children with speech and language difficulties to identify whether this is purely delay or whether the child has a communication disorder that needs specialist intervention. Referrals are made via the Health team and also speech and language therapists. After assessment the child can be referred to appropriate services i.e. consultants within the Child Development Unit (CDU) and other paediatric consultants, according to their specialism e.g. failure to thrive.

One of the key roles for Sure Start was 'filling the gaps wherever information and services don't exist, by helping to provide those services' (DfES, 2002, p.20). One Nursery Nurse provides 'Simply Stories' which has been cross-referenced with Birth to 3 and curriculum guidance for the foundation stage. It has themes e.g. About Me, Feelings and is described as a good tool for assessing and measuring language. This programme runs twice a week and is accessed by parents, carers and childminders, and it is hoped to roll out to other nurseries. It also includes dance and drama / soft play for half of the session. Links were made with staff from the Play & Learn team to provide this.

#### *Supporting Toddler Groups in the area and developing play provision and practice*

The Play & Learn team is providing activities for parents and babies and young children to ensure they are promoting the importance of speech and language development at an early stage. They offer a number of groups including 'Rhyme & Wiggle' that is aimed at 0-1 year olds and 'Rhyme & Rumble', which is for 1-4 year olds. These groups provide suitable activities for the particular age group such as aerobics to nursery rhymes and have proved very popular, and 'Rhyme & Rumble' has now been split into 2 groups. A CD is also being made which will be available citywide. Two members of the Play and Learn team run a group called 'mini-music makers' which runs in a 6-week block. This encourages the children to listen and to learn from repetition. They also learn to communicate through dance, song and music, and it is aimed at helping children to develop their sound system (e.g. p,b,t). The workers are also hoping to introduce drama. Programmes are rolled out to outreach venues such as Havelock and Pallion to engage more families. Story time is also encouraged at groups. They work closely with a local teacher who has an active role and supports the group with a view to sustaining this in the long term. Two members of the Play and Learn team also link together to provide 'Rhyme & Reason' where parents and children are shown how to make nursery rhyme books, promoting communication and encouraging parents to actively talk to their children and introduce new vocabulary and develop concepts, e.g. time.

Services such as these provided by this local programme have been highlighted by the DfES (2002) to encourage parents to take an active role in their children's development as 'parents are their children's first educators' (DfES, 2002, p.14).

**3b. Target two:** *All children aged 0-3 in Sure Start areas to have access to good quality play and learning opportunities, helping progress towards early learning goals when they go to school.*

The Programme opened a Toy Library at the beginning of March that opens three times per week allowing children aged between 0-14 to access a wide range of toys including bikes, outdoor equipment, games and videos. Each child is allowed two toys per week at a cost of 20p per week for children living in the Sure Start catchment area. Children outside the catchment area have to pay a £2.00 joining fee. There are 32 children accessing this service at present. The workers advise parents about the toys which they may not have experienced themselves, so that learning opportunities can continue at home.

**Issue Five:**

It was identified that the Toy Library service needs to be publicised more to reach a wider audience.

**Question:**

How is the Programme going to promote the Toy Library to ensure families throughout the area have access to this facility? Will there be opportunity to link this service to groups in the area to provide a greater range of equipment for children accessing these groups?

The Programme provides daily activity sessions for children in the Centre and at outreach venues, to encourage play and learning opportunities. Group activities include 'freeplay' for children when they first come into a group and are welcomed, followed by craft activity sessions including art, play dough, sand and water, gluing and sticking. This is followed by 'tidy up time' and story time. Physical play is encouraged at soft play sessions and outdoor play where they are encouraged to use bats, balls, hoops, cars, balancing beams and stepping stones. Sensory activities are also promoted. Each group is aimed at certain ages and the play equipment offered reflects this. Aims for the sessions are handed out to teachers to highlight what parents and children should get out of the session. 'Crocs' is a popular session and is a rolling programme. It offers early learning activities to 15 parents and 15 children that include physical activity, art, literacy and swimming (ducklings). There is also a 6-week programme of visits to farms, parks and museums. There is currently a waiting list for this group. A pre-nursery group is run where parents do not stay with their children. This is intended to prepare children for nursery. 13 attend this group and the session lasts for 1½ hours. The Play & Learn team also offer holiday activity sessions which are run on two sites in the area. There is also a large soft play area on site that is frequently accessed by groups of children.

The Play & Learn team sell craft activities via the Toy Library such as play dough, crayons and paper. They take bookings for the soft play and signpost parents to the Play & Learn team. They also have organised leaflets and posters to promote activities and services such as the Toy Library and have assisted in the promotion of this service.

**3c. Target three:** *Increased use of libraries by families with young children in Sure Start areas.*

At the time of collecting data from staff, the library in the building was run by Quality Time but Sure Start were about to take this over. A librarian will be brought into post to facilitate this service. Sure Start offers library provision from 0 – Key Stage One

and is hoping to expand this by linking with partner agencies to provide funding and support for children up to the age of 11. The library is accessed by schools in the area e.g. Havelock and Pallion Nursery, who spend half a session in the library and half a session in the soft play, and the Programme is hoping to increase access to this facility. Other team members ensure parents are aware of this service and actively promote reading from an early age. Parents are also encouraged to use Talk Talk, Chatterbox and Storysacks. Bookstart is issued at hearing tests for babies who are 7-9 months old, currently run by the Health team. Information is passed on to parents about library services.

Factors helping towards this target include other staff members being involved in looking at ways in which services can be improved in the area. The Health Visitor, for example, has liaised with local libraries to encourage them to have a breastfeeding corner, and this is starting to happen. The Admin manager has a good knowledge of funding streams and has been able to link with Early Years to gain money for more books. The Admin team is promoting the opening of the library by organising leaflets and advertising.

The Ford Centre also has a community room that provides “nearly new babies’ and children’s clothing and toys”, which are sold at a low price e.g. 5-20p. Staff are setting up a video and book library which will run as a ‘swap shop’. It is hoped parents may become actively involved to run this on a day to day basis.

### **How Are The Sure Start Staff Coming Together With Other Members Of The Team And Outside Agencies To Work Towards Objective Three?**

Progress towards Objective Three is being made by members of different Sure Start teams, for example through influencing home, nursery and toddler group settings; supporting the activities of voluntary groups (e.g. toddler groups); and home visiting (e.g. to carry out speech and language interventions). This work appears to be enhanced by good communication between team members and some outside agencies, notably the nurseries and local schools.

The Programme Manager ensures the Programme is very proactive with regard to speech and language and has emphasised to all staff the importance of developing this aspect of children’s learning. Staff from different teams have undergone speech and language training, enabling cross team input into this objective. Training has increased knowledge, allowing staff to pick up on any concerns a parent may have about their child, and the co-location of, and ease of contact with, other Sure Start professionals is enhancing communication, information sharing and referral. Members of the Play and Learn and Community teams are able to recommend parents to contact their Health Visitor, or make a referral to the Health team for assessment. The speech and language training appears to have increased knowledge, enhanced awareness of when it is appropriate to refer children to SALT, and enabled staff to develop their own practice. This benefits families in the community who are provided with accessible support from Nursery Nurses working through an intervention programme in the home.

Good intra-agency communication between Health Visitors, Nursery Nurses and the Paediatrician allows children to be identified, assessed and referred more quickly, enabling families to receive support earlier, and this also avoids hospital visits at an

early stage. Children who need further intervention also benefit from this system. The Paediatrician has good links with the CDU and appropriate referrals can be made to a specialist in the team.

Staff are working with other services and groups in the community to add value to existing services and provide parenting and early learning support. A key feature is working with parents to encourage their involvement in their children's learning. This is promoted through groups such as Rhyme & Wriggle, Rhyme and Rumble, the Art Club and Crocs, and in the home. The Health team and the Play and Learn team together run a drop-in coffee morning, which provides health advice and offers stimulating play opportunities for children. Other staff signpost parents to this session and promote the services offered by the Play & Learn team (e.g. H13, C15, H11), assist parents to access these services and refer where necessary.

Local schools and nurseries are very supportive of the Programme and have embraced the services and activities they offer. Staff work closely with other services in the area, such as schools and St. Luke's and Diamond Hall toddler groups, bringing in new ideas and sharing good practice. Staff training for toddler groups, education nurseries, the nursery on site and local neighbourhood nurseries (e.g. Highscope; Play and stimulation) is designed to ensure continuity for 0-3 year olds in the area. The pre-nursery group (currently attended by 13 children) is a good example of offering a type of parent support identified in the Sure Start Core Services. It has been recognised that families often need *additional support* when changes occur in daily routines such as a child starting school (DfES, 2002, p.13), and the team here have recognised and taken steps to address the issue through the establishment of this preparatory group.

The Play worker has worked with the Programme Manager and other agencies in the area such as SCUFA to devise draft standards that will provide a checklist to monitor/raise standards with regard to e.g. the environment, activities, Health & Safety and parental participation for toddler groups. This is intended to become a tool for providing good quality. Other team members (e.g. P1) liaise with other agencies in the area who refer families they feel will benefit from the support Sure Start offers. These include:

- a) Social Work Dept bring along mothers who have visitation; Family Support Workers spend time working with mothers to build up their relationship with their children;
- b) Pennywell Youth Centre;
- c) The Housing Officer informs if there is a new family in the area;
- d) External Health Visitors liaise if they feel a child would benefit from the services offered.

Work towards this objective was reported to be helped by excellent communication between members of the Play & Learn team. For staff from all teams, learning about the rules and responsibilities of different professions had, however, taken time, although a recent teambuilding session was reported to have provided the opportunity for staff to express their views and gain appreciation of what other teams had to do. The awareness and understanding helped all staff members realise that good communication was essential at the planning stage.

The Admin Manager has linked in with the Play & Learn team to assist with the finances for the Toy Library to buy new equipment and the Programme Manager has linked in with other agencies (SRB) in the area to secure funding for specially designed equipment for children with disabilities. Staff are always keeping up to date with funding streams to try and enhance the services they offer.

**Objective Four: Strengthening Families and Communities**

*In particular, by involving families in building the community's capacity to sustain the programme and thereby create pathways out of poverty.*

The Programme is working towards this Objective through the provision of courses and the development of a volunteer pathway and is acting, as has been found in the national evaluation of local programmes, 'as a bridge for parents into the education, training and employment services of other organisations which specialise in providing these services' (DfES, 2004, p.1).

**4a. Target one:** *Achieve by 2005-2006 a 12% reduction in the proportion of 0-3year old children living in households where no-one is working.*

'Unemployment in Sure Start local programme areas is twice the rate for England and some local programme areas have up to one in three working-age adults receiving income support' (National Evaluation Summary, DfES, 2003, p.3).

It was reported that one mother has gone through training and into work. Hopefully the appointment of a Welfare Rights worker three days per week will help strengthen this target. The Strengthening Families and Communities subgroup is focusing on this target, linking with the partner agencies to support reduction by providing a varied timetable of activities, support and training. Local parents, carers and grandparents and local workers are represented on this group, including from the New View Training Agency at Pallion, Healthy Cities Group, Jobcentre, Pennywell Community Business Centre, Ford and Pallion Community Development Project and City of Sunderland College. The dads' group and young mums' group will include a focus on courses and training and speakers will be invited, e.g. regarding benefits and returning to work, or from colleges and Springboard, which provides training for young mothers. The Centre also has the potential to be used for placements for parents undertaking childcare training. Work is also done in the home to support individual families in areas of concern, such as housing and finance, and facilitate them in decision-making, e.g. by the Health Visitor.

The Community Development Worker (CDW) organises education and training courses, several of which lead to accredited qualification, e.g. the Take 5 for Play childcare qualification, which can also lead to the Take 10 for Play higher qualification that enables people to apply for jobs in crèches or set up their own travelling crèche team. The courses are organised in partnership with Bridge Women's Project who provide the trainer. A ten-week certificated First Aid course is run at the Ford Centre, with a tutor provided by City of Sunderland College. A crèche is available for all courses. The CDW's networks facilitate her responding to parental requests or expressions of interest e.g. organising Sign Language training for two parents through signposting to Pallion Action Group

The Programme is developing a volunteer pathway. Six parents are to be trained on a Community Parents project organised through the NSPCC. The CDW is liaising with two other Sure Start local programmes to develop a ten-week training programme and working in partnership with other agencies e.g. the NSPCC, and will bring in midwives, social workers, health workers and counsellors to contribute to the course. Community Parents will be allocated a parent/carer in the community (e.g. with a first baby/wanting general support) and will offer support and friendship, not advice.

The CDW has created a volunteer pack including, for example, contracts, equal opportunities policies and Health and Safety policies. Volunteers, including Community Parents, will sign up to this pack. It has been handwritten and four volunteers will be involved in the typing up and printing, thus making it 'more real' to them and developing their computer skills. Volunteers will be able to assist with running the community shop and supporting courses e.g. through introducing and assisting parents, and organising the register and refreshments. The computer in the community room is available to the whole community.

Staff recognise a link between raising confidence and self-esteem and this target, and one described this as 'intrinsic in whatever we do'.

**4b. Target two:** *75% of families reporting evidence of an improvement in the quality of services providing family support.*

This target has been considered by the Strengthening Families and Communities subgroup and the Programme will be using the expertise offered by a represented organisation, Voices, to develop a measurement tool. At present, staff gain feedback from parents on activities, events, groups and courses they organise, and there is a suggestion and comments book in the Reception area.

The Programme, along with the evaluation team, is organising a user satisfaction survey to establish satisfaction with services and the effect Sure Start is having on families in the area to improve the quality of services providing family support.

**4c. Target three:** *All Sure Start programmes to have parent representation on the local programme board.*

Approximately sixteen parents are actively participating in the development of the Programme. They are represented on the Partnership board and on the three subgroups currently in operation (Emotional, Social and Health; Play, Learning and Childcare; Strengthening Families and Communities) and are involved in recruitment and selection. The Admin Manager has worked with a mother from the Strengthening Families and Communities group regarding bank and finance systems. Parent representation on the board is drawn from the Ford Family Focus parental involvement group, with two attending the board and another two available to take their place if necessary. If only one was available, the CDW would accompany them if they wished. If none was available, the CDW would attend on their behalf. The CDW supports the parents by taking them through the process and discussing beforehand what they will be feeding into the meeting. Parental representation on the Partnership facilitates links between organisations and local parents. For example, through their attendance at the Partnership and meeting a representative from

Housing, links were made with the CDW and Ford Family Focus to enable discussion of the demolishing of houses in the area at one of their meetings. Parental influence has been demonstrated through their successful request for a local councillor session on site

The Ford Family Focus parental involvement group has recently been constituted. The constitution drafted by the CDW has been approved by the group, officers have been elected and a bank account has been set up with two parents as signatories.

**4d. Target four:** *All Sure Start programmes to have established effective links with Jobcentres Plus, local training providers and further education institutions.*

The Programme has established links with these institutions. There is representation from a variety of organisations on the Partnership and on the subgroups, e.g. New View, the Jobcentre, City of Sunderland College, Pennywell Community Business Centre, SRB, Ford and Pallion Community Development Project, and Pallion Action Group and the Programme develops training and support activities in consultation and partnership with providers in the area. For example, Bridge Women's Project run the Take 5 for Play course, and trainers are provided by the City of Sunderland College (First Aid) and the NSPCC. The Safety Co-ordinator is liaising with Pennywell Neighbourhood Centre and the College with regard to equipment and courses for parents, and the Health team have worked with the catering department of the College with regard to family nutrition, which is regarded as a two-way learning process for Sure Start and the students. Courses run by other providers are promoted by staff to parents. The Programme has a modern apprentice from Youth Inspirations, Pennywell, in the Admin Team.

**4e. Target five:** *All Sure Start programmes to work with their EYDCP to help close the gap between the availability of accessible childcare for 0-3 year olds in Sure Start area and other areas.*

The Programme is expanding on the proposed childcare in the Delivery Plan. There will be three Neighbourhood Nurseries in the area, in Millfield, Pallion and at the Ford Centre (now open). These will provide approximately 90 new places. The Programme is also focusing on supporting childminding and encouraging local people to take childminding as an option for employment and childcare. The Programme runs training for crèche workers to enhance the work and offer service provision. Approximately 12 parents are crèche trained, with approximately 14 more going through the plan. There is a crèche at the Ford Centre.

Work towards Objective Four: Strengthening Families and Communities is also being carried out through targeting particular sections of the population, e.g. setting up a dads' group and a young mums' group, which will each be planned and run jointly by members of the Health and Play and Learning teams, encouraging joint ownership and displaying a team approach. The groups will include benefits and employment information and advice. The Programme has also drawn on a suggestion from a parent to establish a Downs Syndrome support group. This meets monthly at the Ford Centre and is well attended. SRB have offered to contribute funding for this group. This provides another example of the Programme fulfilling the key role of 'filling the gaps wherever information and services don't exist, by helping to provide those

services' (DfES, 2002, p.20). Since the time of interviewing a Special Needs Worker has come into post who will support this group.

### **How Are The Sure Start Staff Coming Together With Other Members Of The Team And Outside Agencies To Work Towards Objective Four?**

The Programme Manager gives ongoing support and encouragement to staff at practitioner level on working with the community to gain ideas for development, progression and expansion, the view being that constant involvement and encouragement from the Programme Manager is essential for development and checking that the Programme delivers what people want and is not wasting resources.

This Objective in particular requires linking with outside agencies, and there is evidence of ongoing work by members of all teams and, in particular, the Programme Manager and Community Development Worker. The latter reported positively on the helpfulness of the network links already established through her previous experience and those established since working for Sure Start. The national evaluation of Sure Start states that 'It is the quality of the collaboration with the other agencies which determines the success of Sure Start local programmes in tackling the issue of employability, and especially the links and networks that programme managers and staff bring with them to the programme' (DfES, 2004, p.1).

Work towards this Objective is being enhanced through informal referral by members of the whole staff team to the CDW, and the accessibility of staff. For example, a staff member found that a parent wanted to apply for a job but had not done a CV before so liaised with the CDW to arrange for her to help. Staff make efforts to introduce parents to the CDW and parents also approach her informally when attending groups on the premises at the Ford Centre. In addition, staff are informing parents directly about what is on offer regarding groups and courses and encouraging involvement, helped by information sharing at meetings e.g. whole team meetings, Play and Learning team meetings at PNC, and a detailed timetable. Good communication between staff is crucial to maximise the potential for information sharing with parents. This is being addressed by the Programme.

### **Summary of Section Two**

This section has described ways in which staff are making very positive contributions to the Sure Start targets and objectives. There is a large number of families using Sure Start Ford services and strong involvement from partners and the community.

#### **Issue Six:**

The Programme is growing and serving an increasing number of families, and there are waiting lists for some activities. This is clearly positive, but may raise issues in the future concerning resources and the capacity of the Programme.

#### **Question:**

Is the Programme able to monitor demand in relation to capacity, and what action may need to be considered in the future with regard to the size of the Programme, the capacity of the team and the potential need for additional funding?

**Issue Seven:**

As the Programme continues to develop its services and expand its area, this will place increasing demands on the Administration team, who perform a 'multi-tasked role' (including running ACE shop, supporting safety loan scheme) and have been described as 'the hub of the Programme', working with parents on a daily basis and often facilitating their access to Sure Start activity, 'at the forefront of community involvement'.

**Question:**

How can the Programme monitor the demands on the Administration team to ensure that they have the capacity to meet the clerical and administration requirements of the staff team at the same time as fulfilling their multi-tasked role at the forefront of the Programme and their contribution to increasing parental involvement?

This section has also reported on ways in which interprofessional working and links with outside agencies are enhancing the work of the Programme. The relationship of staff's work to Sure Start principles has also been highlighted for example to 'co-ordinate, streamline and add value to existing services in the Sure Start area' (DfES, 2002). This has been demonstrated by staff working towards objective three, targets two and three as they have provided support for toddler groups, had an active role in developing the new Neighbourhood Nurseries and have linked in with existing services such as local schools.

The principles also aim to add value and 'provide services not already available in the area'. This has been demonstrated in a number of ways, for example,

- access to new services such as the Toy Library, Soft Play, Chatterbox, Talk Talk and Safety Scheme
- access to different groups and staff who can offer expertise and advice, e.g. Health Drop-In
- access to more childcare provision
- access to baby milk and other baby essentials at a lower price

The Programme recognises that families will not all want the same service and that 'families have distinctly different needs' (SSU Leaflet, DfES, 2003, p.5). It is a Sure Start principle that 'Services should recognise and respond to these varying needs' (ibid.). The Request for Service procedure represents a whole team approach to considering offering appropriate services to individual families.

Interprofessional working has been illustrated on different levels. On a strategic level Sure Start have linked in with organisations to develop services in the area such as the Neighbourhood Nurseries.

At local level Sure Start has linked in with a plethora of agencies to allow greater access for Sure Start users to facilities in the area. These include training providers such as Life Long Learning, and venues in the area such as Diamond Hall and St Luke's to deliver services. Examples of interprofessional working have been demonstrated in all objectives to provide new facilities, develop current facilities and provide support for workers in the local area.

Within Sure Start the teams have demonstrated ways of working together to benefit Sure Start users, for example through information sharing and referral, pooling expertise and mutual promotion of activity. This has been especially highlighted through the Health Drop-In on a Friday morning and through groups that have been run by staff members in different teams collectively e.g. Health and Play & Learn combining expertise to provide groups such as Rhyme & Wriggle.

The contribution of interprofessional working towards Sure Start objectives is considered in more detail in Section Four.

### **III. SECTION THREE:**

#### **FACTORS HELPING AND HINDERING PROGRESS TOWARDS THE SURE START OBJECTIVES AND TARGETS AND STAFF PERCEPTIONS OF WHAT WOULD HELP OVERCOME THESE BARRIERS**

Staff reported on factors helping and hindering progress towards the Sure Start objectives and targets and their perceptions of what would help overcome these barriers. Where these factors related to particular objectives and targets they have been included in the relevant part of Section One. However, some factors were found to relate to the more general operation of the Programme and it was decided that further analysis was required. Therefore, all the factors were drawn together and were analysed according to categories that emerged.

The categories are as follows:

1. Building a team / teamworking
2. Professional support from management and from other workers within and beyond the Sure Start team
3. Communication
4. Working with parents and the community
5. Working with mainstream services
6. Training
7. Premises, systems and resources

It was also found that both helping and hindering factors applied to these categories, i.e. the category could have two sides to it, some of its features helped and others hindered. This is demonstrated in Appendix Three and summarised below.

#### **1. Building a team / teamworking**

Staff from all teams reported on the value of whole team meetings, individual team meetings and teambuilding away days, particularly for sharing information and helping understand each other's roles and responsibilities.

The fact that staff with different backgrounds and areas of expertise shared offices and were 'on tap' for queries and sharing ideas was seen to enhance the support and information that staff could offer families. It provided for many opportunities for joint planning and sharing of ideas for groups and sessions, and sharing ideas for work with individual families. The availability of a range of professionals within the same building enabled quick and easy referral and reduced waiting time for parents.

The enthusiasm, energy and commitment of the staff were noted, and links between teams were reported to be growing and contributing towards the targets.

In the early stages of building the team, there had been issues for staff from different cultures and backgrounds in relation to awareness of each other's professional standards, systems, targets and priorities. Two days teambuilding had enabled

opinions to be expressed and led to increased awareness of each other's roles, responsibilities, targets and ways of working.

For the future, it was considered that it was important for these teambuilding sessions to be built upon and any issues acted upon, and that ongoing awareness of the requirements of each other's roles was essential for successful links between teams and sharing of work.

## **2. Professional support from management and from other workers within and beyond the Sure Start team**

Staff reported positively on the support they received that was helping them work towards the Sure Start targets and objectives. For example, staff commented favourably on:

- The strength of the Partnership and their support, commitment, enthusiasm and active participation / support and commitment of SRB co-ordinator re. additional funding / supportive, involved and committed Chair
- good communication with / support and supervision from line management
- the support of other team members in promoting their own area of work
- the support received from the Admin team

Individual members of staff also commented favourably on the support of groups and organisations (e.g. Toy Library network, other local Sure Start programmes, Ford/PNC Family Support meetings).

For two staff dual management raised issues regarding different expectations and time involved in certain procedures. One member of staff commented that it would be helpful to have support on the premises for the Play and Learn team as well as from PNC (there is currently no co-ordinator in post).

## **3. Communication**

There was reported to be good communication within the Play and Learn team and a close working relationship with the Health team that was enabling the sharing of information that could be passed onto parents. Communication with the community worker was reported to be good, although it was also noted that the nature of the work sometimes made communication more difficult, and this is being addressed.

The lack of an internal mailing system and having to collect mail from Pennywell Health Centre (time consuming and inconvenient) were felt to be a hindrance in health communication. Since the time of writing an internal mailing system has been introduced.

Knowledge of targets and information sharing by team members and external agencies were commented on by the Admin team, who considered that further improvement in information sharing would further increase their knowledge and enhance their promotion of Sure Start activity and targets.

#### **4. Working with parents and the community**

Factors that appeared to be enhancing the team's work with parents and the community included:

- good communication with parents / parental support / positive feedback from users / input and ideas from volunteers and parents
- the support and receptiveness of the community
- previously established networks in the area

Concerns over working with parents and the community mainly centered around funding, space and the organisation of outside venues.

#### **5. Working with mainstream services**

There were reports of productive links and support in relation to some other services, notably schools and health visitors and nursery nurses from local health centres/GP practices.

Long waiting lists for multi-disciplinary assessment following quick initial referral and assessment were a concern, but it was noted that this was being addressed by the City Hospital.

It was felt that more open channels of communication with the midwifery service would enable the Programme to be more proactive in the antenatal period and would be of mutual benefit in strengthening services and activities to enhance work with children and families.

#### **6. Training**

Staff have clearly benefited from a range of training opportunities, supported by the Programme Manager. Staff had been on courses that were directly relevant to their own work (e.g. data base training, puppet making) and that would help develop work within the Programme (e.g. La Leche, food hygiene).

#### **7. Premises, Systems and Resources**

The Sure Start building, with its rooms and facilities, was facilitating the running of groups. Some systems were noted to be working well (e.g. register for courses, entered into monitoring file, recording information from consent forms) and a new data base was currently being set up. Not being linked to the Comwise system had been time consuming for staff having to enter data on a computer elsewhere. Admin were kept well informed of funding streams by the Programme Manager, although it was felt that the budget was not large enough and that requesting funds sometimes took time.

It was noted that there were considerable demands on Admin time from all sections of the Programme and it was felt the establishment of systems and standards would be of mutual benefit and help monitor the capacity of the Admin team to support Health in their statutory role as well as fulfil other demands.

#### **IV. SECTION FOUR:**

### **THE CONTRIBUTION OF INTERPROFESSIONAL WORKING IN RELATION TO SURE START OBJECTIVES AND TARGETS**

#### **1. Introduction**

Section Two of the report provided a narrative analysis of how staff are working towards the Sure Start objectives and targets and how they are working with others within and beyond the local programme team.

This section of the report examines more closely the contribution that interprofessional working is making towards achieving the Sure Start objectives. The interview data was combed to seek answers to the question: ‘What is it about interprofessional working that contributes to working towards the objectives and targets?’ This led to categorisation of the data into features of interprofessional working that were identified within this local Programme. Examples of activities were highlighted to demonstrate how these features were operationalised in relation to each of the four Sure Start objectives. The categories and examples are presented in Table One.

#### **2. What Is The Contribution That Interprofessionalism Brings And How Does It Help Achieve The Sure Start Objectives?**

From the data, the main dimensions of interprofessional working that appear to be contributing towards achievement of the objectives are:

- Widening the repertoire of possible interventions and responses, e.g.
  - through providing interventions, support and guidance in the home from a range of professionals, e.g. health visitor, nursery nurse, community paediatrician, family support workers.
  - through providing a range of courses and activities in venues across the local area (facilitated in part by smaller health visitor caseload)
  - through having the time and flexibility to offer support in the home to those who do not wish to attend a class, e.g. baby massage (facilitated in part by change in nursery nurse role)
  - through training and supporting mainstream health visitors, nursery nurses and health centres to extend Sure Start activity and enhance services offered
  - through the Referral and Allocation system (e.g. offering to accompany parents to groups/sessions)
  - through liaison with outside agencies to increase participation of families in Sure Start activity
  
- Accessing a range of professional perspectives, e.g.
  - through the Referral and Allocation system

- quick and informal pathways to other professionals within the team to discuss problems/ideas and provide mutual support
  - support from other experts in the field (e.g. SALT)
  - the contribution of outside agencies to training and parent support groups
- Providing access to networks of different professionals involved, e.g.
  - through the Referral and Allocation system
  - links with hospital consultants and children's ward staff to improve communication and information sharing and ensure consistency of advice
  - through representation on Sure Start sub-groups e.g. for access to trainers and knowledge of opportunities in the area
  - raising awareness of Sure Start services in different agencies and organisations
- Broadening / reconceptualising professional knowledge, e.g.
  - whole staff training extends knowledge and informs practice in individual or group settings, including through informal discussions and subsequent referral, and enables consistent messages to be given
- Easing referral and support pathways, e.g.
  - informal contact with parents (e.g. in toddler groups, at Ford Centre) enables discussion of concerns and offers of referral / support
  - co-location of staff facilitates information sharing and referral and reduces waiting time for parents
  - close links with PNC as employing agency facilitate referral between agencies
  - community paediatrician support facilitates access e.g. for advice, information and referral, providing quicker response and more efficient pathway
- Using community networks to extend activity into the community, e.g.
  - staff access community groups to increase knowledge of services and offer a range of input
- Supporting community groups / networks to promote sustainability, e.g.
  - through providing or enabling access to training opportunities and advice (e.g. re. criteria for funding)
  - through developing play provision within toddler groups
  - through working with SCUFA to devise draft standards for toddler groups

- Pooling expertise to enhance family support and promote parental learning, e.g.
  - joint planning and running of groups for parents; joint diary planning; use of Service Delivery Request form
  - involving experts from outside agencies, e.g. Healthy Cities, to enhance service delivery
  - producing leaflets/packs
  
- Mutual promotion of activity, e.g.
  - knowledge of range of Sure Start services and activities, detailed timetable and communication between staff enable promotion of activity in a variety of settings
  
- Sharing practice across Sure Start boundaries, e.g.
  - learning from pilot schemes in other local programmes
  - linking with other local programmes in particular areas of activity e.g. La Leche, Community Parents
  - linking with networks of professionals, e.g. Citywide team of safety workers, Toy Library network.

Table One gives more detailed analysis of the various dimensions and their contribution to the Sure Start objectives.

It would appear, therefore, that this is a successful development within Sure Start, which needs to be supported and nurtured.

The question the Programme may wish to consider is: 'How can the Programme maintain, enhance and extend these features of interprofessional working for the benefit of families and the community and to further help progress towards the Sure Start objectives?'

Table One could be used as a stimulus for discussion amongst Sure Start staff to identify further examples within their practice and the conditions that enable the success of those dimensions.

**Table One: The Contribution of Interprofessional Working in Relation to Sure Start Objectives**

Inter-professional working contributes through:	Objective 1 Improving social and emotional development	Objective 2 Improving health	Objective 3 Improving children's ability to learn	Objective 4 Strengthening families and communities	Comments
Widening the repertoire of possible interventions and responses	<p>1. Discussion at Referral and Allocation meetings increases range of possible interventions and responses and includes e.g. possibility of member of team accompanying parent to groups.</p> <p>2. NNs support HVs through home visits to mothers who are depressed/anxious (coping skills, confidence); also encourage participation in activities/offer baby massage. Flexibility and time to offer this service in the home rather than at a class.</p> <p>3. Staff from different backgrounds have variety of skills, styles of intervention, expertise and insight: helps HV match staff to parents for support (e.g. NNs and FSWs who all carry out home visits).</p> <p>4. Referrals are made to SS Ford by a variety of professionals for family support, e.g. social workers,</p>	<p>1. NNs support HVs by offering a range of interventions in the home e.g. sleep, nutrition, behaviour; referral to paediatrician who also visits in the home.</p> <p>2. Smaller HV caseload allows more time for setting up and running groups.</p> <p>3. Change in role means NNs have more time and flexibility to work in more proactive ways, with larger amount of activity to which to signpost parents. Flexibility in ways of working with parents, e.g. gauging confidence to access activities / ability to accompany parents to activities, events / provide more home visits to develop confidence / provide similar support in the home. More time to plan and run groups themselves (e.g. baby massage) and with others.</p> <p>4. SS funding for training mainstream HVs, NNs and</p>	<p>1. NNs and FSWs support HVs, offering interventions in the home re. speech and language (including Rhyme and Wriggle if parents do not wish to attend the group). Speech and language work informed by training and written guidance from SALT.</p>	<p>1. Parents' knowledge of services is increased through staff attendance at each other's sessions (e.g. FCDW attends playgroups to inform of her activities).</p>	<p>Staff encouraged to look across objectives to incorporate aims of SS within groups, e.g. group with speech and language objective also expected to broaden out and incorporate social and emotional well-being</p>

	<p>Hospital social work team, schools, mainstream HVs, Housing Officer, Pennywell Youth Centre. Staff phone some agencies to enquire whether know of anybody who would benefit from particular group. Play and Learn staff support parents and children involved in visitation, liaising with their social worker and FSW.</p>	<p>Health Centres enables their incorporation into SS service delivery, plus mainstream promotion of, and contribution to, SS (e.g. parenting groups, breastfeeding, Family Nurturing, behaviour, smoking cessation), as well as statutory work. NN maintains close links with HVs from previous role. SS Health Co-ordinator co-ordinates team.</p> <p>5. Programme has encouraged involvement of mainstream Health team to support in reduction in smoking; supports mainstream HV (e.g. through training) in running smoking cessation group at Ford.</p> <p>6. Parents' knowledge of services is increased through staff attendance at each other's sessions (e.g. Safety Equipment Co-ordinator goes to Crocs, Toy Library, coffee mornings).</p>			
<p>Accessing a range of professional perspectives</p>	<p>1. Referral and allocation meetings provide a whole team co-ordinated approach to discussing families and making, implementing and monitoring plans for work with families from range of SS services.</p>	<p>1. Referral and allocation meetings provide a whole team co-ordinated approach to discussing families and making, implementing and monitoring plans for work with families from range of SS services.</p>	<p>1. Referral and allocation meetings provide a whole team co-ordinated approach to discussing families and making, implementing and monitoring plans for work with families from range of SS services.</p>	<p>1. Referral and allocation meetings provide a whole team co-ordinated approach to discussing families and making, implementing and monitoring plans for work with families from range of SS services.</p>	<p>Co-location and office sharing also facilitates quick and informal sharing of problems and ideas and provides support across teams.</p>

			2. Concerns identified by HVs and NNs are further informed by guidance following training provided by SALT. Further assessment can be carried out by S+L Dept / paediatrician.		
Providing access to networks of different professionals involved		<p>1. Community paediatrician working with paediatric consultants and liaison nurse to identify repeat attenders at A+E and in future invite them to attend Common Childhood Illnesses course, devised by herself and delivered by trained HVs.</p> <p>2. Manager of young children's ward, paediatrician + SS HCs meet regularly. Working together to improve level of information HVs receive when child discharged from ward; to set up system to highlight when a child has been admitted more than expected and explore why.</p> <p>3. Community paediatrician provides training to children's ward staff (e.g. feeding, sleep) to ensure consistency in information sharing and advice.</p> <p>4. Monthly Health meetings for all HVs and NNs in area,</p>		<p>1. Health team linking with College catering department re. family nutrition.</p> <p>2. Safety worker's links with PNC as employing agency facilitate organisation of courses and access to trainers (e.g. College trainer for First Aid for 5-11 year olds).</p> <p>3. Representation from parents and agencies on Strengthening Families and Communities subgroup (e.g. New View training agency, Healthy Cities, Jobcentre, Pennywell Community Business Centre, Ford and Pallion Community Development Project, City of Sunderland College) enables information sharing re. opportunities in area e.g. through presentations.</p> <p>4. Parental representation on Partnership (from Ford Family Focus) enables requests to be addressed, e.g. ward councillor session at Ford, and</p>	Are there any ways of improving day-to-day liaison with HVs based at different sites?

		<p>plus community paediatrician and SS Play and Learn team, for information sharing re. activities and advice given to families.</p> <p>5. Liaising with midwifery re. antenatal / postnatal support group; re. exchange of info on pregnant women assessed as vulnerable re. PND, and re. possible introduction of face to face contact between midwife and HV on handover (Nursing Management recommendation).</p> <p>6. FCDW works with outside agencies e.g. Ford and Pallion Community Development Project, Healthy Cities, NSPCC, EYDCP, Lifelong Learning, Millfield Co-ordinator re. health awareness days.</p>		<p>information to be shared (e.g. leading to Housing representative speaking to FFF group.</p> <p>5. FCDW's networks facilitate signposting to other agencies and organisation of courses for parents when particular interest is expressed.</p> <p>6. NN and FSW will invite speakers to dads' group and young mums' group e.g. re. Benefits, from Colleges, Springboard (training)</p>	
Broadening / re-conceptualising professional knowledge		<p>1. Whole staff training in La Leche will extend knowledge and enable consistent messages to be given.</p> <p>2. Joint funding of safety worker by SS and PNC (employing agency) gives access to PNC training and expertise and promotes development.</p> <p>3. Knowledge gained at</p>	<p>1. Whole staff training on speech and language development has extended knowledge, including identifying areas of delay, and informed support programme from birth onwards.</p>		<p>1. Knowledge and understanding can be gained through training and can lead to consistent messages being given. This is also being developed through practice development activities re. nutrition, which are reported to be facilitating better teamwork, encouraging innovative contribution and</p>

		Public Health Awareness re. smoking cessation is being shared across agencies within the team			helping identify training needs through focusing on objectives, local and national agenda, and relating these to activities. There is also a gradual process of staff from different professional backgrounds coming to understand each other's roles, systems, constraints and standards which takes time. This has been addressed at team-building days, leading to increased awareness of roles, responsibilities and targets, and will require ongoing attention to ensure good communication, understanding and cohesion
Easing referral and support pathways	1. Informal talks with parents e.g. at toddler groups, Safety scheme can lead to members of different teams offering to "have a word" e.g. with the HV e.g. re. PND, to access support.	1. Informal talks with parents e.g. at toddler groups, Safety scheme can lead to members of different teams offering to refer to HV, e.g. re. giving up smoking to access support. 2. Community paediatrician gives 1 session a week to this programme (1 of 6), facilitating access e.g. for advice, information and referrals (e.g. feeding difficulties), providing a quicker response and more efficient pathway.	1. Easier communication between HVs, NNs, paediatrician, SALT, enables children to be identified, assessed, referred and supported more quickly; paediatrician has good links with CDU for further assessment if needed.	1. Close links with PNC as employing agency facilitate referral between agencies. 2. Parents approach FCDW informally when attending Centre or are introduced / referred by staff.	1. Facilitated by co-location of staff in centred base, office sharing and informality: makes referrals, raising queries, requesting information easier and reduces waiting time for parents. Range of professionals with different backgrounds and expertise "on tap" provides help for staff on queries outside their area of expertise and enhances what they can offer/suggest to families. 2. Clear timetable and staff

					<p>knowledge of groups and activities facilitates invitation by staff to groups and then from one group to another (e.g. from Baby massage to Rhyme and Wriggle); promotes parental accessing of activities.</p> <p>3. Informal drop-in run by Health and Play and Learn provides informal introduction to building, staff and activities on offer, and facilitates 'on the spot' signposting to staff present, also access to other professionals at this base. Encouraging involvement at early stage enables preventative work. Staff facilitate access to drop-in through e.g. accompanying them from home or meeting them at door.</p>
Using community networks to extend activity into the community		<p>1. Safety scheme advertised in GP surgeries, hospitals and schools (flyers/posters).</p>	<p>1. Good links established with nurseries and schools, who are supportive of Programme and have embraced SS services and activities. Activities taken out enable staff and children to gain from SS expertise on e.g. speech and language.</p> <p>2. Good links with nurseries and schools enhance opportunities for children, e.g.</p>	<p>1. Good links with PNC as employing agency of some staff help co-ordination of programme of holiday activities, provide consistency in pricing, support in advertising.</p> <p>2. General invitation in community to theatre group hired by Ford Family Focus (money raised from Lifelong</p>	<p>The aim of the Programme has been to establish services and activities at a central point (Ford Centre) to 'test the water' re. what works/is popular. More recently there has been a focus on moving into outreach, with expansion based on positive feedback. The Programme is liaising with schools, community</p>

			<p>through (i) accessing services and activities at Ford Centre, e.g. library, soft play, special events; (ii) introducing activities into groups, e.g. dance sessions, Pallion and Havelock nurseries; mini music makers, Pallion outreach. Involvement of nursery staff potentially makes activities sustainable.</p> <p>3. Liaising with childminder group re. introduction of activity e.g. Simply Stories.</p> <p>4. Programme provides training for all toddler group /nursery staff (e.g. Highscope; play and stimulation) to enable provision of consistent approach 0-3.</p> <p>5. HV liaising with local libraries to encourage introduction of breastfeeding corner.</p>	<p>Learning Forum, Healthy Cities and Aspire Housing Group), promoted in e.g. playgroups, schools, community projects, youth projects, libraries, shops.</p>	<p>centres and neighbourhood centres in order to extend reach (Pallion and Millfield) and increase accessibility (e.g. Safety Equipment scheme).</p>
Supporting community groups / networks to promote sustainability			<p>1. Play worker, in consultation with SCUFA and PM, devising draft standards for toddler groups – checklist to raise standards re. environment, activities, Health &amp; Safety, parental participation.</p> <p>2. Play and Learn team working in toddler groups to develop play practice and</p>	<p>1. FCDW invited funding organisations to describe criteria for their funding and how much they allocated at meeting organised for interested groups.</p>	<p>The Programme is adding value to existing toddler groups and childcare e.g. through contributing expertise and developing play practice.</p>

			involvement of parents in play.		
Pooling expertise to enhance family support and promote parental learning (e.g. leaflets, groups, courses)	<p>1. NN (Health) and FSW (Play and Learn) jointly deliver Family Nurturing course.</p> <p>2. HV and FSW jointly run mothers' support group (to be re-launched).</p> <p>3. 1 NN (Health) and 1 FSW (Play and Learn) planning dads' group together and will run jointly; 1 NN and 1 FSW planning young mums' group together and will run jointly, enhanced by NN's experience of home visits (which will continue).</p>	<p>1. Paediatrician working on antenatal pack with e.g. psychologist (sleep), dietician (weaning).</p> <p>2. Staff team up together to run groups and bring others in from outside, e.g. Healthy Eating Group will be run by a health team worker and play &amp; learning worker and will call in expert from Healthy Cities to enhance service delivery.</p> <p>3. Play worker (Play and Learn) and Safety worker (Health) run After School Club together at Ford (First Deal for Kids).</p> <p>4. Safety worker and health team working together re. donation/use of sterilisers via new antenatal group.</p>	<p>1. NN (Health) and FSW (Play and Learn) run Rhyme and Wriggle together to promote speech and language development, also incorporate health elements e.g. brushing teeth.</p>		<p>1. Staff propose new activity via Service Delivery Request form, which is taken by PM to whole team meeting to provide opportunity for others to co-present or provide information. System facilitates pooling of team's expertise and personal and professional development; promotes consultation with partners/outside agencies for further support.</p> <p>2. Joint planning and delivery of courses and joint organisation of diaries are encouraging the pooling of expertise and providing input from a range of professional backgrounds. Facilitated by co-location and office sharing by Health and Play and Learn, which promote informal sharing of ideas for sessions and for work with individual families.</p> <p>3. Programme consults with parents on suitability of information, e.g. Programme information leaflet.</p>

Mutual promotion of activity	1.HVs and NNs take information leaflets and timetables to every home visit.	1.Staff from all teams promote safety scheme e.g. HVs, NNs, FSWs, Play worker – in the home and taking leaflets to toddler groups. Scheme well supported by Admin team. 2. Staff from all teams promote baby massage. 3. Staff from all teams promote smoking cessation group run by mainstream HV at Ford.	1. HVs and NNs encourage participation in groups if concerns identified, e.g. Rhyme and Wriggle/Rumble re. speech and language (or provide support in the home). 2. Staff liaise with P+L team to promote activities running in area. 3. Members of all teams promote library facilities. 4. Hearing clinic run at Ford, with waiting area in library: staff will encourage library membership.	1. Staff from Health and Play and Learn signpost parents to Community worker re. training/employment.	1. Admin are often first point of contact for parents at Reception and develop relationships through their involvement with e.g. ACE shop, safety scheme, milk distribution, sometimes leading to their informally suggesting other activities e.g. soft play. How could staff help maintain /extend information sharing with Admin e.g. re. targets following beneficial teambuilding days, to maximise understanding and promotion? 2. Staff from different teams access a range of community groups (e.g. toddler groups, community centres) and professional bases (e.g. Health Centre, clinics, nurseries), which facilitates distribution of SS information and leaflets.
Sharing practice across Sure Start boundaries	1. Referral and Allocation meetings established following successful pilot in a local trailblazer programme.	1. Linking up with another local programme re. La Leche breastfeeding peer support. 2. Hoping, in time, to replicate delivery of antenatal group by midwives in the community, as established in another local programme (in particular re. breastfeeding).	1. Toy Librarian on Toy Library network committee: discuss funding and operation of toy libraries.		

		<p>3. Regular meetings of Citywide team of Safety workers (incl. other SS progs) enable information sharing on safety issues / equipment / ways to improve scheme.</p> <p>4. SS Health co-ordinators meet regularly. Paediatrician attends some meetings - to share good practice and ensure consistency of approach.</p> <p>5. Paediatrician trains HVs across SS programmes to run Common Childhood Illnesses course.</p>			
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## **V. SECTION FIVE: CONCLUSION**

This report has highlighted many positive ways in which members of the Sure Start team are working together towards the Sure Start objectives and targets. Inevitably, as the Programme is introducing new initiatives and striving to further develop its work, there are areas for future consideration in relation to the objectives and targets. The report has highlighted issues raised by staff and further examined by the evaluators, which the Programme may wish to consider further (Appendix Two).

The evaluation has identified examples of good practice with regard to interprofessional working. It appears to confirm findings of the national evaluation of Sure Start that has identified positive aspects of multi-disciplinary working as 'greater flexibility, opportunities to work beyond rigid professional boundaries, sharing good practice and being better able to inform parents about the range of support available to them' (DfES, 2004b, p.3).

Furthermore, the evaluation has identified several dimensions of interprofessional working within the Programme and analysed their contribution to each of the four Sure Start objectives, providing examples of practice for each dimension.

The Programme may wish to consider: 'How can the Programme maintain, enhance and extend these features of interprofessional working for the benefit of families and the community and to further help progress towards the Sure Start objectives?'

Table One could be used as a stimulus for discussion amongst Sure Start staff to identify further examples within their practice and the conditions that enable the success of those dimensions.

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