

**SURE START SUNDERLAND
MONUMENT**

INITIAL LOCAL EVALUATION REPORT

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

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Monument

Round 5

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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 Monument

Sure Start Monument falls within two electoral wards of the North Coalfield area. Houghton has a population of 10,600 and Shiney Row has a population of 14,100 (Office of National Statistics, 2000). The Sure Start area incorporates the villages of Penshaw, Shiney Row, Fence Houses and New Herrington.

1. Structure of the Programme

The Monument Partnership like previous Sunderland Sure Start Programmes has Social Services Department as their accountable body. The Partnership consists of representatives from citywide organisations, local agencies and voluntary organisations. Together the Partnership link together with Wider Strategic Planning, which includes the Early years Development & Childcare Partnership.

The Lead Agent and Management Group involves five members meeting for 1 ½ hours per month. Lead agent representatives whose organisations deliver the programme join in the meeting for a further 1 ½ hours where issues are endorsed or discussed further. There is a rolling programme each month covering performance / budgets / training & development. These are all linked to returns to Government and returns from teams.

The Programme Management Team currently consists of the Programme Manager, Admin Manager, Health Co-ordinator and Early Years Learning, Play & Childcare Co-ordinator, with a vacancy for a Community Development Worker.

The Programme has four main teams: Health & Family Support; Early Years Learning, Play and Childcare; Community Development; Administration. There are currently three operational managers for the teams. They all convene monthly task groups of people delivering services on the ground either funded from Sure Start or other services, and those with a special interest e.g. parents. The task groups are as follows:

Health & Support Task Group

This group includes representatives from wider agencies, and the time is used to discuss how targets are being met. Views of the Parental Involvement Group are also fed into this.

Early Years Task Group

This group includes representatives from SCUFA and Shiney Row Childcare; a Head Teacher; parent and the Early Years Team.

Parental Involvement & Community Development Task Group

This group is run by the Programme Manager and has parent representation and a representative from the City of Sunderland College.

The *Capital Development Group* is chaired by the Programme Manager.

2. History of Staff

The Programme Manager came into post in September 2002 and staff have come into post on a gradual basis since that time. At the time of writing the most recent worker came into post in February 2004. Recruitment is still ongoing as some posts are yet to fill. 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 twenty 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.

A. 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.

1. 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.*

Staff from across teams contribute towards this target. For example:

- For the Play and Learning Team this includes through helping toddler groups to develop their play practice, through books and stories; through providing books on child development in the Parent Collections loan scheme; through the provision of appropriate equipment in the Toy Library; through story sessions in local libraries; and through organising visits (e.g. to libraries; nature reserve).
- For the Health team it includes through health visitor child development assessments and use of the Edinburgh PND scale (providing four listening visits and subsequent internal referral or external referral, e.g. to GP, CPN, where necessary); through monitoring play and interaction at the Sure Start Language group at The Harbour; through working with families on a voluntary basis with regard to domestic violence including, when appropriate, its effect on children, and through therapeutic intervention with families. The Psychologist is receiving training on the Crittenden CARE-Index, which concerns attachment and identification of behaviours that may lead to the child becoming anxious, for example, with subsequent feedback to the mother to help develop awareness of behaviours and enable the child to feel safe and secure. This training will be delivered to health visitors and will enable joint screening in the early weeks postnatally of all families who agree to take part to identify potential problems and offer support, with guidance and support for health visitors from the Psychologist.
- The Programme's provision of transport for families enhances access to groups and different venues

A key focus in Objective One is the early identification of difficulties. For example, referrals are made to the community paediatrician (e.g. by health visitors, nursery nurses, psychologist, Speech and Language Team), who assesses children who are presenting with emotional and behavioural problems, mainly to exclude

organic/medical causes such as speech and language disorder or ADHD, and is able to offer support in the home.

1b. Target Two: *100% of families with newborn babies living in Sure Start area to have been visited by local programme within the first two 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 target is achieved through the statutory Health Visitor primary visit 10-14 days after birth. Entries are made into the Health Authority Child Record books regarding all assessments, with a copy held by the family. The Programme is exploring the possibility of these child development records being extended to cover from birth to school age. In the case of babies in the neonatal unit, health visitors link with paediatric liaison, telephone the mother to introduce themselves and visit where possible. Health visitors also carry out introductory home visits with families who transfer into the area. Consent forms are taken to visits to enable families to be entered onto the Sure Start database.

Health visitors provide families with information, e.g. NHS 0-5 book, NHS Direct book and other leaflets, and also leave leaflets promoting all Sure Start services. The Child Safety Worker considered this to work well for her service, as it has enabled the immediate offering of a universal positive service. In some areas of work, e.g. a leaflet currently being prepared on domestic violence, this method will avoid the notion for families of individual targeting.

The follow-up visit at four weeks provides the opportunity for health visitors to talk about Sure Start in more detail and promote services, including the increased availability and accessibility of milk tokens (now available at Shiney Row Shop and St. Aidan's).

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

- i) Request for Services 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 or through schools. It has also involved liaison with other agencies, e.g. with regard to financial issues or furniture.
- ii) A whole team approach to parent support and information is provided through a weekly drop-in session (St. Aidan's Church Hall, New Herrington). The Health Visitor is involved in baby weighing, health advice and health promotion (e.g. healthy eating), the Nursery Nurse provides play and stimulation activities, the Domestic Violence Worker is available, the Child

Safety Worker offers the safety equipment service, a member of the admin team distributes milk, and the Early Years Librarian offers the Parent Collections book and resource loan service. This is a small local area and at present there is reported to be low attendance, however this is said to be increasing. The Programme has assisted in changing the structure of the building and the facilities within it.

- iii) The Parent Collections book and resource loan service (covering e.g. pregnancy, healthy eating for babies, raising families, information on Sure Start) is being made available at different venues in the area. It has its primary access point at Shiney Row Shop and others at The Harbour and two local libraries (Fence Houses and Shiney Row). The service is gradually becoming established, with highest uptake at the libraries and lowest at the outreach access points, where it was felt that parents might not yet equate the service with the venue.
- iv) Staff have written/are writing a variety of leaflets concerning Sure Start services and activities, the professional support they can offer and wider issues (e.g. leaflets produced for WWIN on legal matters for the general public e.g. divorce, injunctions). Information is given out to parents at a variety of locations to increase knowledge of Sure Start services throughout the local area, including the Reception desk at Shiney Row Shop and toddler groups. Staff have reported visiting a variety of locations to raise awareness of their service and encourage referral, and provide leaflets and posters as available, e.g. GP surgeries, libraries, toddler groups (Child Safety scheme); GP Practice managers; vicars; Lambton social services office; Homelessness Unit (Family Support worker, Domestic Violence).

Local Target: *To support mothers at risk of depression in the antenatal stage*

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 GP’s, hospital staff, voluntary providers and midwives.

The Programme is initiating antenatal home visits. The Health Visitor will discuss attachment and its links to security and well-being and will aim to identify vulnerable mothers and assess their needs. At present the Health Visitor has weekly contact with a midwife and is able to discuss any concerns. Referrals are made to the Psychologist by e.g. health visitors and midwives. In cases of concern identified through contact with mothers who already have children, staff are able to signpost mothers to the Health Visitor or Psychologist.

Local Target: *To establish links with young parents under the age of 18*

The Programme receives information on young parents antenatally and Health visitors discuss cases with the midwife. Both are able to make referrals to the B2B+ Project in Hendon, where the Sunderland Sure Start Plus Adviser is based. The latter has attended Health team meetings to inform staff of her work and training courses

available for young people and to discuss ways of working together, e.g. through mutual referral. Staff are thus better informed when talking to young people, and they carry leaflets and are able to signpost young people to this service. The Programme is aiming to set up similar provision through a group in this area to provide a more local service, but at present there is staff shortage within the Health team. Members of the Play and Learning team also reported hoping to develop work with young people, e.g. through toddler groups and courses.

Local Target: *To establish baby massage classes to support the development of good relationships between parents and children*

Five-week baby massage classes take place at two venues in the area, St. Aidan's and The Harbour (with 100% attendance), and the Programme is looking for venues in Fence Houses and Penshaw. Access to baby massage classes is facilitated by the community drivers who are able to transport participants to classes. The transport service benefits from good communication between team members ensuring that the correct size child seats are fitted for these occasions. In addition, in relation to the previous target, it was identified that young parents did not always want to attend groups but would like to take part in activities and felt they would be comfortable and confident doing this activity in their own homes, and this service is being provided.

The Early Years Librarian attends one baby massage session to promote Bookstart and library membership, thus increasing awareness of the scheme in venues across the Sure Start area. The Toy Library Officer plans to link with the baby massage worker to provide equipment, e.g. baby mats and rattles. Other members of staff reported promoting the Baby Massage classes (e.g. Family Support worker DV).

Objective One also has a target on Child Protection under consideration. All staff have received training in Child Protection and procedures for referral and allocation. The Programme receives monthly data of who is on the Child Protection register, and works to engage with and support families according to need, seeking out help and building up relationships with other services, and providing additional services such as drop-in sessions, following discussion at whole team Request for Service meetings. The Programme Manager liaises with head teachers and has delivered training to Early Years teams in schools on the Request for Service meetings and their purpose. The Safe Child message is promoted in Sure Start premises and there is a focus on anti-smacking and behaviour management.

The Programme Manager monitors progress towards Objective One through supervision with the Co-ordinators, through examining monitoring data and evaluations, and by reporting on a performance review, with a summary report presented to the Partnership.

How are the Sure Start staff coming together with other members of the team and outside agencies to work towards Objective One?

Sure Start staff have made referrals across teams in relation to this Objective, particularly target one, thus making use of the expertise available. Increasingly, this will take place through the Request for Services system. These meetings are an

important way for communication, information sharing and joint working to support families to be enhanced. In some cases this extends to working with outside agencies. It was reported that there appear to be increasing numbers of families who are showing some sort of concern (e.g. a vulnerable child / failure to thrive / speech and language problems), identified either through a range of professionals or by a parent asking for help. Through the Request for Services system, with its parental consent form, the whole Sure Start team are able to discuss the issues and how to offer support directly from the team or by developing links with other services, e.g. re. delivery of furniture or liaising with the Credit Union over financial problems on the family's behalf, thus developing a possible package of services. There is also an agreement with the five local primary schools whereby a link person can talk to parents in cases of concern and, with consent, bring this concern to the meetings. The families are fully informed of the procedure, know when they will be discussed and are able to withdraw. They are also asked how they would like to receive feedback. If the team suggests a number, or package, of services the original referrer goes back to the family to make the suggestions and support is given with the family in control so that they become 'part of the solution'.

The Programme is addressing how to support staff working with families. The Counselling Psychologist is developing through consultation with staff a 'debriefing' model for support for the whole Sure Start team, to enable staff to be supported if faced with, for example, threatening or distressing situations. The intention is to train all staff in co-counselling and listening, which may provide sufficient support, but the model also provides a clear route to the Psychologist without the need to go to a line manager.

The Psychologist also provides supportive feedback and guidance to other professionals within and beyond the team, in particular health visitors. Monthly meetings are held at Houghton Health Centre for health visitors to bring cases and have case discussion.

Another aspect of interprofessional working is seen through staff using each other's skills to develop their own work. For example, a small working group (Family Support Worker Domestic Violence, Nursery Nurse, Child safety Worker and, originally, a Health Visitor who has since left the Programme) is producing legal leaflets for parents, e.g. on domestic violence, care proceedings, residence and contact, and the group is 'helping with the challenge of making it snappy and simple and contain relevant information and getting appropriate wording' (H7).

There is evidence of mutual promotion of activity, e.g. members of different teams promoting the Safety scheme, and of staff accessing each other's groups to promote their service (e.g. Early Years Librarian at Baby Massage classes). Furthermore, the Programme is accessing networks in the community to develop their knowledge of related services (e.g. B2B+ for young parents) and to heighten awareness of Sure Start services amongst other professionals and community groups, thus potentially increasing uptake of services.

The co-location of professionals such as Health Visitor, Nursery Nurse, Psychologist and Family Support worker (DV) and the whole team Request for Services 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. Whilst there are some opportunities for liaison across teams, the separate location of the Play and Learning Team appears to be lessening informal opportunities for communication, sharing ideas and joint working across teams.

The employment of a Nursery Nurse 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, which may, for example, reduce social isolation. Members of the Play and Learning Team are also contributing to this objective through relevant training and understanding of referral mechanisms, through knowledge and understanding of services available and the provision of resources. A whole team approach to parent support and information is provided through the weekly drop-in at St. Aidan's.

Staff reports on factors that were helping them work towards Objective One included, for the Health team, the ability to work in different ways and provide different services. For example, health visitors are able to look at social isolation and help mothers form groups and friendships, and this will also provide support to develop relationships with their children. 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).

Factors reported to be hindering progress towards Objective One concerned premises and recruitment. Activities and courses cannot be run from the Sure Start Monument base in Shiney Row due to lack of space. Staff reported that it was often difficult to find venues for activities, particularly in the Fence Houses area. There was reported to be difficulty regarding where to meet women who are still with violent partners. It has taken some time to recruit the wider team and this has had an impact on staff roles and how they develop their services. It was also felt that having a social worker on the team would improve communication and information sharing, and that the vacancy for a community development worker was limiting the development of work in the community, the development of further outreach venues and options for offering relevant support in the home, e.g. discussing options for those interested in returning to work (H7). Disability criteria (i.e. for the very disabled or life limiting conditions) were seen to mean a gap in the service for families with children with moderate learning difficulties and had led to one member of staff providing support beyond her role.

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 Health Team is able to provide smoking cessation for non-pregnant women and support is also available for other family members but there is no dedicated team

member at present. Health visitors are able to prescribe nicotine replacement therapies e.g. zioan to non-pregnant ladies but a different strategy is used for i) ladies who are planning to become pregnant; ii) ladies who are pregnant; iii) breast feeding mothers. These women are referred to a specialist smoking cessation advisor who currently works citywide and visits women in their own homes on a weekly basis. This scheme was piloted at Washington Sure Start. The Health Team also provide information leaflets for individuals and link in with midwives who always ask the smoking status of pregnant women and find out if they would like help to stop.

Other team members such as H7, may also refer individuals directly to the smoking cessation team in the local health service or would offer to find out information on the individual's behalf. Also, depending on a person's level of understanding, information about this service could be passed on so they can contact the service directly. The Admin team also link in with the Health Team to ensure information passed onto individuals is current and up to date. They link in with the DoH website to gain information regarding smoking cessation. The Programme Manager is looking to improve baseline data regarding smoking during pregnancy. Other team members such as P3 put leaflets in the parent collections and also refer individuals to the Health Team.

Issue One:

It is unclear how far the Programme currently receive information from midwifery service regarding pregnant women in the area. Progress towards this target will potentially be enhanced through the planned employment of a pregnancy smoking cessation advisor funded by Sure Start, to work across all Sunderland local programmes. It is intended that the advisor will visit every pregnant woman who smokes and will have previous experience as a nurse, which will enable them to access information on pregnant women.

Question:

How will the Programme liaise with the new 'smoking cessation advisor-pregnancy' to ensure it receives the information it requires and that support is given?

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

Breastfeeding

The Health & Family Support Worker has looked at different ways of breastfeeding management e.g. NCT, but has decided to go with the La Leche programme. The Health Visitor and Health Nursery Nurse have both completed the La Leche training course which will allow them to train breastfeeding mothers in the community who will in turn be able to offer volunteer peer support for other breastfeeding mothers. The Health Visitors will also be able to discuss breastfeeding options when they access women in the antenatal period at 36 weeks, and discuss peer support with them and pass on their names to a volunteer with their permission. Currently there are links with the midwives who will pick up mothers antenatally who would like to breastfeed and this information can be passed on. La Leche will also be able to train the wider team and the programme is hoping to establish a support group at The Harbour in June. Leaflets about breastfeeding are also distributed by the Health Visitor which are

DoH sourced. All parents also receive a 0-5 book, which offers advice about parenting.

Other team members including A14, H5 have also stated that they are aware of the services the Health Team provide and can signpost mothers to team members and also to clinics such as the Drop-in Centre at St Aidan's.

Nutrition

Health Visitors do a weaning visit to promote a good diet for children in their early years and they, and the Admin team, also distribute leaflets from Health Promotion. Information is also available in the 0-5 book parents receive. The Health Visitor can also provide one-to-one visits for parents who have concerns about their children's eating habits.

Referrals are made to the Health Visitor from other members of staff e.g. H5.

Hygiene

The Nursery Nurse offers basic hygiene advice to parents in their homes and has also completed a Childhood Illness Course. She also refers parents to local training providers who offer basic hygiene courses, such as ShARP and Bridge. Dental hygiene is promoted in toddler groups to small children by the Toy Library Officer to help them learn how to clean their teeth.

The Child Safety Scheme also offers information on hygiene as they now have funding for 'Feed Safely', which enables the scheme to provide sterilising equipment, heat sensitive bowls and spoons and also weaning cups.

Safety

The Programme has a Child Safety Worker and Safety Administrator who work closely together to deliver this service. The Safety Worker has worked hard to ensure the scheme has been widely publicised to allow as many people as possible in the Sure Start area to make use of this service. In the early days this included promoting the scheme by targeting groups of parents at school gates and giving out leaflets. Also leaflets were distributed to GP surgeries and local libraries. The Safety Scheme operates from different venues in the area to allow as many people as possible to access the service. These include operating in Fence Houses, Herrington, Easington Lane and Peshaw. New services are advertised and the team link in with Admin to produce leaflets and fliers, e.g. for 'Feed Safely' and 'Sun Safety'. Admin also keep a list of names and addresses and keep records of people who have used the scheme. They also order equipment such as sterilisers and have a display cabinet in the Shiney Row Shop showing safety equipment.

The Safety Worker also links in with other safety schemes Citywide to share good practice and offer support. The workers are also hoping to pool resources to buy stock in bulk that will provide a more cost-effective service to users. There have been 4-5 meetings so far.

Work toward this target has been strengthened by being able to develop the project, and as other professionals have become aware of the scheme e.g. Health Visitors, it has enabled more people to access the project, or the safety workers can ring a family

to offer advice. Also having contacts with Easington Lane Community Access Point has made it easier to organise courses and has saved time having to ring around to find trainers. Additional funding has helped to supplement equipment e.g. a successful bid to the Community Fund enabled the Safety Scheme to purchase supplies for the sun safety scheme last summer.

The Programme also has an Administrator for Sure Start Monument Child Safety Equipment Loan Scheme. Her role is to develop the scheme with the Child Safety Worker to provide safety equipment for parents in the area who have children aged 0-4 years. Parents pay a £2.00 membership (ID needed) and are then entitled to borrow a range of equipment for one year then membership is renewed. A starter pack includes safety gates, fireguards, safety packs, reins and forehead thermometers. The Administrator also collects data and ensures consent forms have been signed then inputs the information on 2 separate databases. The data includes names and addresses of users, a record of the stock they have borrowed and payments made. Over 400 people have accessed the service so far which is well above target. Her role is also to order new equipment and inform users when new stock and products are available e.g. sun cream. She also researches information on the internet to ensure the products that are being distributed are of a certain standard e.g. kitemarks, and lidded cups are recommended by the Dental association.

The Programme offers a Childhood Illness Training Course to parents, which is run by the Health Visitors who have been trained to deliver this. Other team members signpost parents to this course.

The Health & Family Support Co-ordinator has bought in new equipment to facilitate this such as sterilisers which will be offered to mothers who will also be taught about safe handling of food. She has also linked in with ROSPA (Royal Society for the Prevention of Accidents) who provide good information and products regarding sun safety and has also looked at the DoH guidelines to gain up to date information. She is also looking at ways to gain more funding to promote sun safety.

The Health Nursery Nurse offers basic safety advice in the home and also promotes safety in the community. For National Safety Week she has linked with the Road Safety Department 'Stepping out' to raise awareness of Road Safety Promotion. Activities will take place in the community for children and families e.g. at St Aidan's there will be role play activities for nursery children and older children will have the opportunity to learn about road safety issues such as how to use traffic lights and zebra crossings. They will also be able to learn about bike and scooter safety.

The Toy Library Officer provides support and advice to parents and children about the toys available. She links with the Safety Worker to ensure all the toys are safe. Each toy is labelled and is age appropriate and choke tested. Information is also put in the Parent Collections by the Early Years Librarian.

The Sure Start mini-bus is used to transport mothers and children in the area. The drivers ensure that babies and young children are secured in seating that is age and weight appropriate to ensure safety. They have linked in with the Brittax local distributor who has demonstrated how to fit the seats correctly. They have also linked in with the Assistant Transport Manager at Social Services who has instructed them

on operating the bus and securing and transporting wheelchairs. The bus has seating for 15 people in total and also has the facility to take 6 wheelchairs but 13 seats need to be removed to accommodate this.

Factors helping work towards this target include courses attended, including a first aid course, and there will also be a moving and handling course which will ensure the safety of project users who use the transport, and also the drivers who may be transporting people with disabilities who require extra handling.

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).

A major thrust in the work towards 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. So far, the Sure Start Health Visitor for Monument has delivered two courses, one at The Harbour and one at ShARP, and plans to run it in the other areas. A further development has been that the Paediatrician is working closely with the paediatric consultants and paediatric liaison nurse to identify repeat attenders 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 which 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).

Issue Two:

The Paediatrician is only able to provide two sessions a week to this Programme rather than the three sessions envisaged in the Delivery Plan.

Question:

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

The Health Co-ordinator collects data from the A&E department related to this target and the information is logged onto the computer. The Health Visitor is informed via City Hospital paediatric liaison and can phone or visit the family to follow this up depending on the severity. There is an Accidents Statistics Data Base that covers all children in the area who have been admitted to hospital due to an accident or other reason. There is a coding system e.g. 1 = break, 2 = gastro.

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

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).

The Health Team is currently building relationships with midwives in the area and ensure they are informed and kept up to date with any changes and relevant information. The Health Visitor is planning to visit antenatal women between 34-36 weeks in their homes. This will help build up a good rapport and offer opportunity to advise on issues such as breastfeeding. There is currently a well-baby clinic at the GP surgery which is run at the same time as the ante-natal clinic so the Health Visitor has been able to liaise with the Midwife. She is also looking at ways in which her new role can be developed to provide further support for antenatal women e.g. starting a parentcraft group.

Issue Three:

A major issue in the development of work in the antenatal period is the need to make productive links with the midwifery service.

Question:

Could the programme also look at ways of introducing other services that have been established in other Sure Start programmes in the area, e.g. Health Care Assistants?

Other team members such as the Early Years Play & Childcare Co-ordinator offer services such as Parent Collections which goes through from pregnancy to age 4. There is for example information on books about pregnancy and what to expect as well as postnatal advice. All staff members have had training on how to issue these and can give out the packs. There are also information leaflets in the shop front and Admin staff can signpost women to the professional team at St Aidan's drop-in. There are also good links with the Children's Information Service.

2e. Local Target: *Development of health and exercise sessions for a whole family.*

There is a non-Sure Start Health Visitor who is a qualified fitness instructor. (H8) Parents are sign posted to fitness sessions by various team members. The class runs in two venues in the area and it also includes healthy eating advice. Dads are encouraged to join in activities here and the Health Nursery Nurse is hoping to take an active role in the class. The Sure Start Health Visitor and Health Nursery Nurse are also intending to set up a Stay & Play Babes at Peshaw which is aimed at 0-1 year olds and will incorporate information regarding health and exercise and have fun games, play and stimulation to promote physical activity. The team also link in with another Sure Start programme that offers Rhyme & Wriggle Sessions.

The Early Years Team do Bounce & Rhyme movement and dance sessions. They ensure that toddler groups have exercise sessions but are working together to look at ways of developing this. They are also hoping to introduce Toddler Aerobics and currently have tapes and books in place to set this up. Finding a venue to deliver this is now being looked into. Other agencies such as Fabtots are invited in to deliver sessions during holidays and the team would like to make more use of these services on a regular basis, i.e. weekly.

Team members also refer parents to local training providers and agencies such as ShARP and the YMCA who provide fitness and exercise classes. There is a crèche available for children at ShARP and the transport can pick up mothers and take them to the venue. Other members of the team e.g. (H7) take leaflets advertising exercise classes out on visits to try and encourage mothers to participate as a way of "doing something for yourself."

The Safety workers have also linked in with Easington Lane Community Access Point to provide 'Heartstart' which is a one day course where parents learn about issues such as resuscitation on babies. This course was well attended.

Issue Four:

Little evidence was provided regarding working with fathers. At a recent National Evaluation workshop it was identified that Sure Start staff are predominately female, which can often lead to less engagement of men in the programmes i.e. setting up fathers' groups that can incorporate special interests such as football. It was also recommended in the Sure Start national evaluation summary that to develop relationships with fathers the programme could 'increase the range of 'male focused' activities, consulting with men to build on their interests and use fun outdoor activities to attract fathers' (Lloyd et al, 2003).

Questions:

Has the Programme put together a package to engage dads / grandads in activities? These can include parenting courses specifically for dads; activity sessions for dads and children; discussion groups to find out what dads would like.

Does the Programme have a designated person to engage with fathers?

2f. Local Target: *Increase availability and accessibility of welfare food scheme within Sure Start Monument area.*

Baby milk stage 1 & 2 is now available for parents to purchase from Monument on a daily basis and also from St Aidan's on a Thursday morning between 9-11am. Bankhead Church at Fence Houses will be the next venue to offer this service. The Admin Team organise this and order the milk from Houghton Health Centre and Pallion Health Centre. They also stock take and liaise with the drivers who collect the milk. This service allows parents to purchase the milk at a cheaper price and they can also use their vouchers which they would otherwise not be able to do. The Programme is also hoping to implement 'Healthy Start' which will offer a range of healthy foods. Other team members inform parents of this service, and the Toy Library Officer could advertise this service on her notice board so more parents were aware of the scheme.

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

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 Nurse and Safety scheme workers. 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. The Health Visitor and Nursery Nurse will run groups together, e.g. Stay and Play Babes. 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 two sessions (one 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.

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.

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 Community Access Point (ELCAP), and meets monthly to share good practice and offer mutual support. The workers are also hoping to pool resources to buy stock in bulk that will provide a more cost-effective service to users.

Professional working has been enhanced by induction training (H7), which has allowed members of the team to gain a good knowledge and understanding of the

Programme and the roles of staff. This included sitting in on Positive Parenting courses and exercise classes, and also going out in the community with other team members such as the Safety Worker to gain a good understanding of her role and meet Sure Start parents.

Factors Helping Progress Towards Objective Two:

The Child Safety Community Worker has stated that being employed by another agency (Easington Lane Community Access Point), which is a registered charity, has enhanced the service she provides as she is not bound by constraints e.g. advertising. The project is able to offer information leaflets produced by companies such as Milupa and can also give out labelled products such as Johnson's sun cream. Health Visitors and other Sure Start workers are more restricted and have to offer information within the DoH guidelines. As the employing agency does have charitable status the scheme is also in a strong position with regard to successful funding applications, so people in the area benefit all round and have services taken out to them.

Factors Hindering Progress:

There was reported to sometimes be a lack of information between teams regarding events that are taking place in the area. It would be useful if there was a timetable of future events so other team members could tap into these e.g. Non Smoking Event. There is also sometimes a lack of communication between the Health Visitor and non Sure Start Health Visitor which can hinder working practice, e.g. not reaching all clients on caseload. It would improve working relationships if there was better communication e.g. fully informing non Sure Start Health Visitors of activities and trying to work together more to run groups.

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: *To 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 a 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.*

Staff from across teams contribute to this target through (i) assessment at developmental checks with the possibility of referral; (ii) the provision and distribution of resources; (iii) the provision of activities for families with young children (e.g. at libraries, toddler groups and nurseries).

- (i) Concerns may be highlighted through health visitor developmental checks and referral made to the Speech and Language team, with support provided in the meantime by the Nursery Nurse. If families express concern, other team members (e.g. Psychologist, Family Support Worker DV) may offer to "have a word" with their Health Visitor and make informal contact on their behalf. Staff training on speech and language was reported to have been useful. Early

identification and support is also offered by the 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 will need specialist speech and language 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. Use of the community bus enables easier access to appointments.

- (ii) Bookstart packs are distributed at the 9-month hearing test. Talk Talk and Chatterbox bags are distributed in three schools and attached toddler groups (Dubmire, Shiney Row, Penshaw). Barnwell Primary School will be taking up the scheme in September 2004. The Play and Learning Team have produced action rhyme cards but there is not yet an established method of distribution.
- (iii) Bounce and Rhyme sessions are run at ten toddler groups in the area. A Family Fun Time story session is held once a month at Fence Houses Library (current attendance of approximately two) and Shiney Row Library (current attendance of approximately eight), and storytimes are held at toddler groups and nurseries. A 10-session Fab Fun course has been run at St. Aidan's to link in with the Northern Children's Book Festival. This will be a rolling programme, with the next course in Fence Houses. Nursery sessions are organised, mainly linking in with events such as World Book Day, and an outreach library loan system is provided to toddler groups. Books are also available for loan through the Parent Collections, and the Toy Library offers a range of books and toys designed to promote communication. Play and Lend sessions will be run weekly at Monument and The Harbour to provide advice to parents on early learning and language development.

Issue Five:

Families who miss hearing tests do not receive the Bookstart packs distributed at this appointment.

Question:

What is the best way to distribute these to families to increase availability of the service?

Issue Six:

The speech and language training delivered to members of the Health team and its component "traffic light system" appear to have increased knowledge and enhanced awareness of when it is appropriate to refer children. However, staff in the Play and Learning team have not all received this training.

Question:

How can the Programme progress with a whole team approach to speech and language monitoring and referral?

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 get to school.*

In addition to those activities and resources described under Target One, the Programme is contributing to Target Two through (i) supporting toddler groups in the area and developing play provision and practice; (ii) the provision of new services and resources; (iii) filling gaps in services; (iv) the provision of holiday activities; (v) enhancing awareness and access.

- i) Supporting toddler groups in the area and developing play provision and practice

The Early Years Practice and Development Officer visits all ten toddler groups in the area monthly to ensure continuity of service. An audit of play provision has been carried out, looking at e.g. facilities in toddler groups and helping them to develop their play practice. This includes running play workshops, themed play and craft sessions and sessions on books and play. The availability and appropriateness of outdoor play equipment for young children has been monitored. The Programme has supported one group (St. Aidan's) with funding for a play house and equipment to promote physical development, consulting parents on what they wanted. The Early Years, Play and Childcare Co-ordinator is also working with Shiney Row toddler group to help access equipment through Awards for All.

The Early Years, Play and Childcare Co-ordinator has set up a toddler group and childminder network in conjunction with SCUFA as a further means of supporting toddler groups and developing play. This will meet five times a year and will include workshops and cover issues raised by the group.

- ii) the provision of new services

The Sure Start Monument Toy Library operates in three outreach venues: the Shiney Row Access Point, St. Aidan's Church Hall and The Harbour. Weekly Play and Lend sessions will be held at Shiney Row and The Harbour. Further links are being made with two schools, two toddler groups and a playgroup to increase availability of the service. Equipment is stored at Herrington Burn and delivered to the access points by the community drivers. A picture catalogue of all stock is also available to enable parents/carers to select equipment.

- iii) filling gaps in services

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).

Members of the Health Team are contributing towards this target with the newly established Stay and Play Babes group for 0-1 year olds, run by the Health Visitor and Nursery Nurse at Penshaw Church Hall. This is intended to fill a gap in provision before children start going to toddler group.

Services such as those 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).

- iv) The Early Years team provides holiday activities, e.g. play sessions, story sessions and outings (e.g. to beach/Wildfowl Park)
- v) enhancing awareness and access

In some cases, staff knowledge of colleagues' work and activities was reported to enable them to signpost families to possible services (H5) or encourage them to take part in activities and outings, informing them of the availability of transport (H7, H9). Some staff reported carrying / distributing leaflets about toddler groups (A15, H9).

Transport has enabled children and families to access a variety of activities, including toddler groups, and experience new places. The Early Years Practice and Development Officer eases access to toddler groups by accompanying parents on their first visit if they wish, to help them meet new people and interact.

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

Work towards this target takes place through library visits and events, the Parent Collections scheme, the Bookstart project, Family Fun Time and the provision of outreach library facilities in toddler groups, which is supported by the Community drivers. The Library service has also started mobile visits to toddler groups, thus enhancing the service they offer. The Fab Fun course at St. Aidan's included a visit to the library, and it is intended that this will be a rolling programme, with the next course in Fence Houses.

The Early Years Librarian monitors library use with the aid of monthly sheets of use by under fives provided by the librarians. She is also working with library staff to introduce nappy changing facilities, which will make libraries more accessible for families with very young children.

Several members of staff from other teams reported promoting libraries by raising awareness of the service and signposting families (H5, H7, H8, H16, A12, A14) and the work of the Librarian is also promoted in nurseries by the Family Learning Assistants.

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 local libraries and schools.

The speech and language training delivered to members of the Health team and its component “traffic light system” appear to have increased knowledge, enhanced awareness of when it is appropriate to refer children to SALT, and enabled them to develop their own practice. This benefits families in the community who are provided with accessible support from a Nursery Nurse working through an intervention programme in the home. However, staff in the Play and Learning team have not all received this training, leading to a feeling that there was not yet a whole team approach to speech and language referral.

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 have made use of opportunities for other team members to promote their area of work in the community. For example, a member of the Play and Learning Team has asked the Child Safety worker to encourage families to join the library when she operates her service at the outreach point in Fence Houses library, as the same documentary evidence is required for joining both services. Free gifts are given to families who join the library and these are displayed by the Safety worker, thus helping to raise awareness. The Early Years Librarian and Health team work together on the distribution of Bookstart packs.

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 the provision of the Talk Talk and Chatterbox bags for children in nurseries and their attached toddler groups. It has involved close liaison with school based teams and head teachers to ensure that it runs smoothly and work with parents at launch sessions to promote their involvement. The scheme is currently being extended to another school, the Neighbourhood Nurseries and the Sure Start Toy Library. The work of the Family Learning Assistants has been important not only for the distribution of the bags but also for their involvement with school staff and children, for example offering equipment related to a particular theme through discussion with the nursery teacher, and discussing the needs of a particular child with the Sure Start Early Years Co-ordinator.

The whole team Request for Service meetings contribute to this Objective through providing a co-ordinated approach to working with families and providing support, so that in the case of a speech and language concern for example, the team decided that the Health Visitor could take a Talk Talk / Chatterbox bag to the family, refer them to a toddler group or suggest story time sessions.

Groups within the Sure Start Programme are supporting the work towards this Objective. For example, the Early Years task group involves the Early Years team and representatives from the community and local organisations (a parent, a head teacher, representatives from Shiney Row Childcare and SCUFA) in looking at tasks for the quarter and discussing how to progress planned work and ensure cohesion.

Other relevant personnel are invited to the meeting as required, e.g. the childminder recruiter was invited to discuss ways of working together with regard to the recruitment of childminders. The Parental Involvement Group has helped with ideas about planning summer activities and helped develop leaflets, and the Early Years Librarian has attended this Group to promote her activities.

Work towards Objective Three has benefited from close working with SCUFA, a well-respected organisation in Sunderland. Working with SCUFA as consultants and accompanying them to toddler groups initially in order to become known has helped with Sure Start's standing in toddler groups, with whom a good relationship is vital. Further, the Early Years co-ordinator has set up a toddler group and childminder network in conjunction with SCUFA, and network meetings will be held five times a year. Planning meetings are held to plan the network meetings and are attended by the EY co-ordinator, EY Practice and Development Officer, head of SCUFA and two of her outreach workers. The purpose of the network is to help develop play practice (e.g. working with childminders on how to develop speech and language) and discuss pertinent issues for the group, for example funding for trips, for which a representative from the SRB project has been invited to speak to the group.

Factors helping progress towards Objective Three included:

- previous experience (e.g. previous work in two other Sure Start programmes and establishment of networks / awareness that progress would take time) (P17)
- ability to be able to get on with the job, but with support if needed (from colleagues, other services, parents)
- support from schools in organising sessions /opening up for activities in the holidays; very good support from library service
- having a good Early Years team that work well and gel well together
- good links between Toy Librarian and EY Practice and Development Officer
- the availability of transport
- wider connection with other teams in Sure Start
- meeting other professionals through the EY task group and support in 'ironing out the nitty gritty'
- the availability of staff training (e.g. speech and language, working with parents, under-3s curriculum, puppet making)
- parental support

Factors hindering work towards this Objective included:

- the lack of a large enough central venue to bring parents to for training, events or activities (whilst accepting the fact and acknowledging the positive aspect of running things at outreach venues in different areas in terms of accessibility for parents) / finding suitable locations, particularly for courses
- the time taken to recruit the team
- maintaining the impetus in each of the 4 areas when activities have to be run in each, in turn
- little feedback from the Health team about appropriate resources for the Parent Collections
- a large number of meetings, which could clash with appointments for development work

- the separate base of the EY team with less opportunity for informal liaison with other professionals
- Insufficient knowledge of what other people in the team are doing (e.g. Non-smoking event), although this is starting to happen in team meetings
- lack of internet access at The Harbour to enable access to up-to-date information
- no definite access point for the Toy Library for people in the community to meet Toy Librarian

Factors that would help work towards this Objective included:

- More funding for projects and events for families and children
- A suggestion for use of volunteers. This may be considered when a new Community Development worker is in post.
- More advance notice of future events / more advance planning
- More venues

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.

Despite the lack of a Community Development Worker, the Programme 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).

Work towards this target is mainly being achieved by linking in with other agencies in the area. Many of the staff direct parents to local agencies who offer employment advice such as ShARP. Other staff members e.g. H9 signpost parents to the Children's Information Service if they are interested in working in childcare or something to do with children. Also parents can be signposted to Pathways which has staff available to offer career guidance. The Programme Manager has reported that links can be made with other agencies such as Credit Union on a family's behalf.

The Health Team offer courses such as 'Positive Parenting' which runs for 6 weeks and parents gain a certificate on completion. This course will be rolled out to St Aidan's and the bus is able to provide transport for parents who wish to participate.

The main factor hindering work towards this target is the lack of a Community Development Worker to assist with "money advice and related services" (DfES, 2002, p.21). The Monument area falls within the electoral wards of Shiney Row and Houghton which both fall within the top 10% nationally of deprivation in terms of "employment, debt, housing and welfare benefit" (Sure Start, Monument).

Issue Seven:

Families in the area are perhaps not receiving the support the Programme intends to give due to recruitment problems.

Question:

Are there other ways in which the Programme could provide improved services as a temporary measure e.g. inviting a Credit Union worker to outreach sessions such as the Drop-in session at the Harbour?

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

Some members of staff build in evaluation to their courses or the service they provide to gain feedback from the parents who participate. The Safety Scheme for example, has been evaluated once since it was established which involved a mailshot with an evaluation form to all members. The feedback from this was very positive and they felt it was useful as changes could be made to improve the service e.g. different sized safety gates were needed.

The Health Team also gain feedback from parents, and services are changed according to their needs. Any issues that arise from this are taken to the Programme Management Team. Courses this team have provided including Baby Massage and Positive Parenting have recorded 100% Attendance.

The Early Years Librarian keeps monthly monitoring figures regarding the service she provides. This includes keeping a register for sessions parents and children attend; keeping a record of activities and the number of people seen. There are also *Bookstart* questionnaires that involves parents filling in a questionnaire before they receive a pack, and the Health Visitors return these to Monument. There is a follow up questionnaire which is posted out to parents but this is often hard to get back. The current method of return is parents dropping this back but perhaps alternative methods such as providing a SAE would be more beneficial. The Admin Team links with other team members if evaluation forms need drafting.

Some staff have asked how this target can be achieved. The Programme along with the evaluation team is organising a user satisfaction survey to establish satisfaction with services and the effect Sure Start has had 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.*

The Local Programme Partnership Board has six posts for parent representation and three of these are currently filled. The responsibility of the Programme is to have a minimum of 20% community and parent representation. The Programme has aimed for 30% of which 20% will be parents. The Programme currently lacks representatives from the Fence Houses area. The representatives have generally attended through natural interest e.g. one representative came as Sure Start was supporting her toddler group; another came who had previously worked at ShARP and another became interested after becoming pregnant.

The Programme Manager has put together an induction pack for staff and is currently putting one together for Partnership members that will include a 'Buddy System'. Through survey work the programme is also giving attention to how they are working collaboratively and where they need support. The Partnership Board is also represented by other organisations and agencies in the area such as City of Sunderland College; SCUFA; Shiney Row Childcare; Libraries; Community & Cultural Services plus representatives from the Monument Consortium of Primary Schools.

There is also parent representation on the following groups:

Early Years Task Group

This group meets once per month and consists of the Early Years Team; a parent; Head Teacher; a representative from Shiney Row Childcare and also a representative from SCUFA. The group looks at tasks for the quarter and also discusses how to take ideas forward. Relevant people are invited in to discuss pertinent issues e.g. the childminder recruiter was invited to advise the group on how best to recruit and work with childminders. The work is already planned and inviting in people who are specialised in their field adds cohesion and ensures the group is heading in the right direction.

Parental Involvement and Community Development Task Group

This group is run by the Programme Manager and has parent representation and a representative from City of Sunderland College. They meet on a monthly basis and the group is a consultative body. Some parents have come onto recruitment panels and they are encouraged to start thinking about organising events. They also proofread programme promotional and advice material for jargon (e.g. domestic violence leaflet) and have gone through the birth packs for parents to ensure suitability. Staff are now thinking more about using this group, and staff members have reported that they have attended or would attend the group if they needed parental involvement or support on something they were planning. The group also uses this time to look over training packages that would be suitable for parents. The Admin Team provides support by typing up the agenda and sending out minutes. The views of this group are then fed into other task groups such as the Health & Family Support Group.

There is also a *Parental Involvement Group* consisting of 7-8 parents, some of whom are short listed to assist as a parent representative on the interview panel. This Group is supported by the Health Nursery Nurse who takes the parents to Community Help and Information for Parents (C.H.I.P) in Sunderland once per month. This new group is run in partnership between Sure Start and the NSPCC and offers parents the opportunity to learn new skills about funding and community ventures. Courses are available for parents to access which aim to assist parents to make decisions about their community. The transport ensures parents have access to this group.

These examples have highlighted 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).

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 demonstrated ways in which it is linking in with local training providers to ensure parents who use Sure Start services have an opportunity to participate on courses and have access to job opportunities and training. The Programme Manager has linked in with City of Sunderland College; ShARP; YMCA and Shiney Row Childcare to jointly produce a prospectus of training and education. There is a wide range of courses available to assist adults in gaining qualifications that may lead towards employment or work experience. These include 'committees, meetings and minutes skills', 'aromatherapy' and 'introduction to special needs'. This is publicity for all parties and it sends out a message to users that these agencies are working in partnership to provide free venues in their neighbourhood. Working together will also help prevent duplication and will hopefully reach wider audiences. This aims to put the building blocks in place and show all the skills and progression routes available (A19).

Issue Eight:

Staff members have reported referring parents to local training providers and sometimes finding out information on their behalf. One expressed concern that there was a general lack of information about courses available.

Question:

How can this prospectus and other training information best be disseminated to staff and Sure Start users to ensure that parents are fully informed when appropriate e.g. via parent collections, library services?

Members of staff from all teams have reported that they are aware of training providers in the area including ShARP; Bridge; City of Sunderland College, and Easington Lane Community Access Point. The Health Team use the drop-in at St Aidan's as an opportunity to talk to parents about training providers. Also members of the team have been linking in with agencies to provide training that is appropriate for certain groups e.g. The Early Years Practice and Development Officer has been looking at ways to provide training for under 16's such as babysitting, basic childcare and first aid.

Appropriate training packages are also discussed at the Parental Involvement Meeting. There are also links with schools in the area e.g. an initial meeting was held with a member of staff at Penshaw Primary School to discuss how Sure Start could link in to complement the work at the new Language Unit.

This target has been strengthened by the accessibility of courses for users. The transport has enabled parents to attend courses that they otherwise would have found difficult. The availability of childcare is also a major factor and staff have reported that childcare is available when needed (H21) in a number of venues across the area.

Sure Start documentation points out that 'parents wanting to take up work or training will need good quality childcare' (DfES, 2002, p.13). The Programme has

demonstrated good intraprofessional team working to accommodate parents who are undertaking courses and require childcare.

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 Early Years Team are working towards this target in a number of ways. Firstly they have been linking in with the EYDCP to set up childminder networks and toddler groups in the area. This has enabled the team to establish links with childminders and offer them support. Childminders were not initially accessible through the CIS due to data protection, but since the team has worked with other agencies, they have established links and drawn up a list of childminders in the area.

Secondly there are three Neighbourhood Nurseries starting up in the area. Shiney Row nursery has now opened, and two other nurseries (Barnwell and New Penshaw) are still to open. The Early Years team has worked in partnership with schools to help develop policies and procedures for these nurseries and also to establish posts. The Early Years Play & Childcare Co-ordinator has worked with Shiney Row Childcare to help develop practice e.g. business plans, management and leadership.

Thirdly, the team has booklets with information regarding Shiney Row Childcare and Toddler groups. The Librarian also puts information in the Parent Collections about childcare in the area.

The Admin Team signpost parents to the Neighbourhood Nurseries and also take the names of parents who are interested and pass this on to the Early Years Team. Parents are also signposted to the Children's Information Service. A representative from this organisation works at Monument one morning per week, and this encourages good communication and information sharing and allows parents accessibility to this service.

Other team members such as H16 & H9, are aware of the crèches and childcare facilities in the area so they either refer parents directly or signpost to the Early Years team. The drivers are also aware of facilities in the area and can collect parents with children and take them to venues when required.

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

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. 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). The Programme Manager has worked closely with training providers in the area (City of Sunderland College, ShARP, Shiney Row Childcare, YMCA) to jointly produce a prospectus of training and education. There is a wide range of courses available to assist adults in gaining qualifications that may lead to

employment or work experience and a commitment to provide venues in the neighbourhood free of charge.

Work towards Objective Four is promoted by staff from across all teams, thus increasing knowledge amongst families and easing referral, so potentially increasing uptake of services. For example, many of the staff direct parents to local agencies who offer employment advice (e.g. ShARP, Pathways, CIS) and training opportunities (e.g. ShARP, City of Sunderland College, ELCAP).

In relation to community capacity, the Programme supports childminders, toddler groups and Shiney Row Childcare and offers advice, support and learning opportunities to promote sustainability. Sure Start and the NSPCC have linked together to provide Community Help and Information for Parents (CHIP). This provides parents with opportunities to learn about community development and offers them the skills to engage in this, thus empowering them with regard to making decisions for their community. Three parents attend the Partnership and an induction pack and 'Buddy system' are in preparation. The Parental Involvement Group provides a more informal means for parents to provide input into the Programme and some parents have been involved in recruitment panels.

With regard to the provision of childcare, Sure Start have worked with the Monument school consortium of five primary schools to develop the Neighbourhood Nurseries and have provided expertise and advice e.g. concerning nursery procedures. Staff from all teams reported signposting parents to childcare and to the CIS. A representative from this organisation works at the Monument reception desk one morning a week, thus facilitating communication and information sharing and making the service accessible to parents in this area.

The main factor reported to be hindering this objective is that there is no Community Development Worker. Staff have reported that this has made their work more arduous as they have found it difficult to link into other agencies on parents' behalf. Also some parents are vulnerable and do not have the confidence to enrol on a course or seek advice regarding benefits and need the support of a designated worker to assist.

Summary of Section Two

This section has described ways in which staff are making very positive contributions to the Sure start targets and objectives, and ways in which interprofessional working and links with outside agencies are enhancing their work. The relationship of their 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 through additional expertise and new services and activities; had an active role in developing the new Neighbourhood Nurseries, and have linked in with existing services such as local libraries.

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, Chatterbox, Talk Talk and Safety Scheme
- the availability of a range of new courses and activities to promote children’s development and parental learning, eg. baby massage, Common Childhood Illness course, Stay and Play Babes, story sessions, Bounce and Rhyme, Fab Fun, holiday activities
- access to more childcare provision
- access to baby milk at a lower price

Later Sure Start principles also state that services should be ‘flexible at the point of delivery’. ‘All services should be designed to encourage access’ (SSU Leaflet, DfES, 2003). The programme is showing evidence of this through e.g.

- providing transport that can pick parents up from their homes and take them to venues in the area. This service also accommodates babies, children and disabled people
- providing new services at a number of outreach points (e.g. Safety Scheme, Toy Library)
- providing activities and courses in each of the four areas on a rolling programme
- providing services in the home when parents do not wish to attend a group (baby massage for young parents)

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 number of agencies to allow greater access for Sure Start users to facilities in the area. These include training providers such as ShARP and venues in the area such as St Aidan’s and The Harbour 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 team 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.

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. Staffing
3. Professional support from management and from other workers within and beyond the Sure Start team
4. Communication
5. Working with parents and the community
6. Working with mainstream services
7. Training
8. Premises
9. Facilities and resources
10. Funding
11. Publicity

It was also found that both helping and hindering factors applied to each of 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 described 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 physical bringing together of staff at team meetings was also felt to be important for the cohesion of the team and for providing the opportunity for informal contact about a family or other matters. Task groups were regarded as helpful in working towards targets.

The fact that staff with different backgrounds and areas of expertise were 'on tap' for queries and sharing ideas was seen to enhance the support and information that staff could offer families. In addition, there was felt to be an atmosphere of openness and honesty and a willingness to see things from others' perspective and respect differences.

However, some issues remained in terms of building a team and teamworking. Two members of staff felt that there were too many meetings, eating into their own time in the community. By the nature of their work, two staff members felt rather isolated, both within the community and within the programme (P11, P13), although they acknowledged that this was being addressed. It was noted that the separate base for the Early Years team meant that there was less opportunity for informal liaison across teams. Further, it was noted that working in the 'challenge' as opposed to the 'comfort' zone could be exhausting with regard to changing habits and attitudes.

For the future, it was felt that there could be more planning in advance, more joint working between teams (endorsed by management) including combined team working on targets.

2. Staffing

The enthusiasm of the staff was noted. However, there have been difficulties with staff recruitment, and staff felt that further appointments, e.g. a speech and language worker, community development worker, social worker and family support worker would enhance the work of the Programme. Volunteers were also suggested.

3. 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:

- good communication with / support and supervision from line management (including, in two cases, the absence of intrusiveness and ability to get on with the job with support if needed)
- the overall support for individuals
- the support of other team members in promoting their own area of work
- the availability of different professionals to go to for advice or support
- the support received from the Admin team
- the induction process

Individual members of staff also commented favourably on the support of groups and organisations outside Sure Start (e.g. Toy Library network, ELCAP) and professional meetings (e.g. monthly meeting of psychologists).

4. Communication

Good communication was seen to be helping in the following ways:

- attending meetings (e.g. whole team / individual team / task group) was gradually increasing knowledge of what was happening within the team, locally and citywide and enabling people to keep up-to-date;
- the accessibility of staff was facilitating communication and working together (e.g. liaising over the provision of information to parents)

- good communication between staff and with external organisations was contributing to the smooth running of the transport scheme

At the same time, staff would like to be able to improve communication between the Health team and the Early Years team, and the provision of e-mail was suggested. In addition it was also felt that, despite recent improvement, greater links with regard to staff activities and future planning would enable more staff to contribute information and promote the activities.

5. Working with parents and the community

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

- accessibility (outreach work facilitating development of relationships in the community)
- the availability of the transport service and crèche (particularly for hard to reach)
- connection with SCUFA easing pathway into toddler groups
- having contacts in / working with local organisations (e.g. ELCAP, ShARP)
- the smaller HV caseload and the ability to work in different ways and provide different services (e.g. addressing social isolation) and to do more group work
- the ability to do one-to-one sessions in the home
- good communication with parents / parental support / feedback from parents through evaluation / getting to know parents through Parental Involvement Group

Concerns over working with parents and the community mainly centered around reach, maintaining impetus when activities had to be repeated in other areas, and the ability of the team to offer groups and services in all areas due to a lack of suitable venues.

Staff felt that the following were important for the development of Sure Start's work:

- greater awareness and use of the transport service
- looking into the availability of more venues, including some where equipment (e.g. Safety scheme, Toy Library) could be stored and/or displayed

6. Working with mainstream services

There were reports of productive links and support in relation to some other services, notably schools and libraries, also social services. However, the issue was raised of how far some agencies saw the value of the Sure Start approach, and it was felt that it was important for the Programme to now become more coherent and consolidate its approach. It was also felt that communication with non-Sure Start health visitors was perhaps not working as effectively as it could and needed to be improved to achieve

more joint working. 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.

7. 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, safety, first aid); that would help develop work within the Programme (e.g. CARE-Index, La Leche, Family Nurturing); that extended their own knowledge and enabled them to keep up to date in their own field (e.g. under 3s curriculum) or pass information on to parents; that gave them background knowledge to gain better understanding (e.g. child protection); or informed their approach with parents (e.g. working with parents).

8. Premises

There had been some difficulties with e.g. working conditions, storage space and various moves before the move (for some) to Shiney Row access point. For some there was still some concern over where to meet clients and the restriction on work with families, and difficulty regarding lack of privacy for confidential phone conversations and ability to concentrate. This was shortly to be resolved. Lack of space at The Harbour will hopefully be resolved by the Early Years team's move to Barnwell.

9. Facilities and Resources

The preparation of Talk Talk and Chatterbox bags requires a great deal of time and organisation, and work is still ongoing to address some difficulties with supplies and resources. The lack of internet access at The Harbour has made it difficult for some to acquire up-to-date information, and Admin would benefit from greater access to the Publisher programme.

10. Funding

Successful bids have helped the Safety Scheme supplement equipment. More funding would be appreciated for e.g. events for families and children.

11. Publicity

One member of staff felt that promotion and publicity needed to be improved e.g. through newsletters and mailshots.

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
 - through providing a range of courses and activities in venues across the local area
- Accessing a range of professional perspectives, e.g.
 - through the Request for Services system
 - quick and informal pathways to other members of the team to discuss problems/ideas and receive support
 - support from other experts in the field (e.g. SALT)
- Providing access to networks of different professionals involved, e.g.
 - through the Request for Services system
 - links with hospital consultants and children’s ward staff to improve communication and information sharing and ensure consistency of advice
 - 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
- Easing referral and support pathways, e.g.
 - informal contact with parents (e.g. in toddler/community groups) enables discussion of concerns and offers of referral / support
 - co-location of staff facilitates information sharing and referral
- 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
 - involvement with SCUFA has eased pathways into toddler groups
- Supporting community groups / networks to promote sustainability, e.g.
 - through providing or enabling access to advice and training opportunities; developing provision within toddler groups
 - through partnership with CHIP
- Pooling expertise to enhance family support and promote parental learning, e.g.
 - some joint planning and running of groups for parents
 - producing leaflets
- Mutual promotion of activity, e.g.
 - knowledge of range of Sure Start services and activities and communication between staff enables promotion of activity in a variety of settings
- Sharing practice across Sure Start boundaries, e.g.
 - learning from pilot schemes in other local programmes

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. Child Protection: Programme seeks out help for family according to need and builds up relationship with service; drop-in sessions suggested</p> <p>2. CARE-Index training will be provided to Health team. Screening will involve HVs and psychologist in assessing potential problems, including attachment, maternal mental health, with support offered by Health team if required.</p> <p>3. Discussion at Request for Services increases range of possible interventions and responses and includes e.g. possibility of member of team accompanying parent to toddler group.</p>	<p>1. NN supports HV by offering a range of interventions in the home. e.g. sleep, diet; 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>1. EYDCP /CIS “mans” Monument reception desk weekly, thus increasing range of support available to families at this venue.</p>	<p>The Programme offers an accessible whole team approach to family support at the St. Aidan’s drop-in, with staff from all teams providing parent support and information covering the range of SS services, e.g. HV: baby weighing, monthly health information theme (e.g. healthy eating); NN: play and stimulation; Admin: issuing baby milk; DV worker; EY librarian; Toy Librarian; Child Safety worker.</p>

<p>Accessing a range of professional perspectives</p>	<p>1.Request for Services provides a whole team co-ordinated approach to discussing families and making, implementing and monitoring plans for work with families from range of SS services; also involves Programme linking with other agencies on families’ behalf (e.g. CPN). 2. Psychologist gives feedback, guidance and support to other team members, especially HVs, re. work with families and suggested approaches 3.Psychologist developing ‘debriefing’ model to enable support for all staff if faced with threatening/distressing situation. All will be trained in listening, co-counselling; also clearroute to psychologist for further support.</p>	<p>1.Request for Services provides a whole team co-ordinated approach to discussing families and making, implementing and monitoring plans for work with families from range of SS services; also involves Programme linking with other agencies on families’ behalf.</p>	<p>1. Request for Services provides a whole team co-ordinated approach to discussing families and making, implementing and monitoring plans for work with families from range of SS services (e.g. HV will take Talk Talk/Chatterbox bag, refer to toddler group or to storytimes); also involves Programme linking with other agencies on families’ behalf. 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.</p>	<p>1.Request for Services provides a whole team co-ordinated approach to discussing families and making, implementing and monitoring plans for work with families from range of SS services; also involves Programme linking with other agencies on families’ behalf (e.g. Credit Union, furniture delivery).</p>	<p>Co-location and office sharing also facilitates quick and informal sharing of problems and ideas and provides support <i>within</i> teams (for Health team in Monument and for Play and Learning team at The Harbour), with opportunity <i>across</i> teams at team meetings.</p>
<p>Providing access to networks of different professionals involved</p>	<p>1.Programme has carried out training / raised awareness re. Children in Need with Early Years team in schools. Link person in each of 5 primary schools for Request for Service procedure and meetings.</p>	<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</p>	<p>1.EY task group (including parent, headteacher, representative from Shiney Row Childcare and head of SCUFA) acts as discussion forum, enables joint work on progressing tasks for quarter, provides cohesion. Others</p>	<p>1.Staff e.g. Safety worker, NN, HV, signpost parents to other agencies (e.g. CIS, Pathways, ShARP) when interest is expressed re. work / training/childcare. 2. Through Request for Services Programme accesses</p>	<p>Do all agencies recognise and value the SS approach? How can the Programme ensure full understanding? Is communication between professionals (e.g. HVs in area) always good enough to enable joint promotion and</p>

	<p>2. Through Request for Services Programme accesses appropriate professional / community support e.g. nursery provision, CPN.</p> <p>3. Psychologist runs monthly case discussion sessions for HVs at Hetton Heath Centre – “psychovision”</p> <p>4. Family Support worker DV works with other agencies according to need, e.g. housing.</p> <p>5. FS worker DV has worked with others to raise awareness of service and facilitate possible referral, e.g. social services, practice managers, vicars, homelessness unit</p> <p>6. SS Plus adviser from B2B+ has attended Health meetings to inform of service, so team able to signpost to /promote this citywide group, and hope to develop more local service for young people.</p> <p>7. Other organisations provide info for SS e.g. EYDCP for Parent Collections.</p>	<p>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. Links being established with midwifery to develop work in antenatal period including breastfeeding peer support.</p> <p>5. Staff, e.g. NN, refer parents to local courses e.g. basic hygiene courses at Bridge and ShARP.</p>	<p>invited as relevant, e.g. childminder recruiter.</p> <p>2. PM has facilitated liaison between ShARP and SS EY co-ordinator re. provision of childcare.</p> <p>3. EYDCP/CIS weekly “manning” of Monument reception desk increases accessibility to this service for both parents and staff.</p>	<p>appropriate professional / community support e.g. furniture supply, Credit Union.</p> <p>2. Involvement in EY operations group (school based EY teams) to develop policies and procedures for Neighbourhood Nurseries.</p>	<p>joint activity?</p>
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Broadening / re-conceptualising professional knowledge	Whole staff training extends knowledge on e.g. Child Protection, and informs practice in individual or group situations.		Training on speech and language for some staff (“traffic light” system) has extended knowledge, informed interventions, and informed discussions with parents		<p>1. Rolling out the speech and language policy to all members of SS team would facilitate a more whole team approach in this area.</p> <p>2. One team member reported on helpfulness of induction process which gave good understanding of others’ work (“eye-opener”) and possible approaches e.g. ways of talking to children/handling behaviour.</p>
Easing referral and support pathways	<p>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, NN, psychologist e.g. re. PND, to access support. For parents visiting Monument, staff also use opportunity to access other staff located there (e.g. ‘Shall I see if [worker] is upstairs?’)</p> <p>2. Links with B2B+ and knowledge of each other’s services facilitates referral of young people to appropriate services</p>	<p>1. Informal talks with parents e.g. at toddler groups, Safety scheme can lead to members of different teams offering to “have a word” with the HV, e.g. re. giving up smoking to access support.</p> <p>2. Community paediatrician gives 2 sessions 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.</p>	<p>Informal talks with parents / expressions of concern e.g. at toddler groups, scheme, can lead to members of different teams offering to refer or “have a word” with the HV or NN, e.g. re. speech and language, to access support. For parents visiting Monument, staff also use opportunity to access other staff located there (e.g. ‘Shall I see if [worker] is upstairs?’)</p> <p>2. 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.</p>		<p>1. Facilitated by co-location of staff in centred base, office sharing and informality: makes referrals, raising queries, requesting information easier (‘ I might not be so keen to disturb them if I had to go and knock on doors’).</p> <p>2. 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.</p> <p>3. With a separate base for the EY team, informal liaison is not possible to the same extent across teams.</p>

<p>Using community networks to extend activity into the community</p>		<p>1.Safety worker has outreach session at GP surgery hearing test to inform of service; posters and leaflets at libraries and toddler groups. 2. Having contacts in ELCAP has helped delivery of courses, e.g. access to trainers, easier to organise</p>	<p>1. Working through SCUFA has paved the way into established toddler groups. 2. Links made with schools to enable uptake of Talk Talk and Chatterbox bags, distributed by FLAs who also liaise (as far as possible given limitations of timetable) with teachers and loan materials to contribute to particular themes in nursery. FLAs also liaise with SS EY co-ordinator about needs of particular children. 3. FAB course run for parents at St. Aidan's will be rolled out across areas. 5. Good links with library staff and their support have enabled staff to extend activity into local libraries (e.g. story sessions) and enhance facilities e.g. nappy change. 6. Good links with schools re. holiday activities, organising sessions and providing resources, supported by community drivers. 7. Working with local library, primary schools and toddler groups to establish Toy Library at accessible venues; provision of service facilitated by community drivers</p>	<p>1. Liaison with EYDCP/CIS has enabled distribution of SS info to childminders. 2. PM has used links with community activist re. environmental project to introduce other team members to local estate to address further introduction of SS activity. 3. PM has worked with ShARP, Shiney Row Childcare, YMCA, City of Sunderland College to make joint community prospectus of training and education; joint publicising; agreement that all courses will be free. Prevents duplication and shows skills and progression routes.</p>	<p>There is concern over the lack of suitable outreach venues for SS activity, particularly for training, and notably in Fence Houses.</p>
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Supporting community groups / networks to promote sustainability			<ol style="list-style-type: none"> 1. EY team working in toddler groups to develop play and involvement of parents in play. 2. EY co-ordinator has set up a toddler group and childminder network for them to meet, raise issues and exchange information, and to provide workshops to develop play practice. SRB invited to discuss how to get funding (e.g. for trips). 3. EY co-ordinator has consulted with parents re. suitable play equipment provided at St. Aidan's, and worked with Shiney Row toddler group to access equipment through Awards for All. 	<ol style="list-style-type: none"> 1. NN (health) takes 8 parents to CHIP monthly (run in partnership between SS and NSPCC) to learn about funding for community ventures and courses available. 2. EY co-ordinator works with Shiney Row Childcare to develop practice, e.g. advice re. business plans, management and leadership. 	The Programme is adding value to existing toddler groups and childcare e.g. through contributing expertise and developing play practice.
Pooling expertise to enhance family support and promote parental learning (e.g. leaflets, groups, courses)	<ol style="list-style-type: none"> 1. Working group of NN, Child Safety worker, previous HV and FS worker DV helping with legal leaflets for parents re. DV, care proceedings, residence, contact – group helping DV worker with appropriate wording- snappy, simple, relevant info 2. EY librarian liaises with whole team and outside agencies e.g. CIS, EYDCP to acquire materials for Parent 	<ol style="list-style-type: none"> 1. Paediatrician working on antenatal pack with e.g. psychologist (sleep), dietician (weaning) 2. HV and NN setting up Stay and Play Babes (0-1) at Penshaw to include health and exercise, play and singing; to fill a gap before starting toddler group. 		<ol style="list-style-type: none"> 1. Parental involvement and community development task group acts as consultative body, proof reads for jargon and has provided parental representation on interview panels. 	<ol style="list-style-type: none"> 1. This could be further enhanced by more advance notice e.g. of special events enabling other team members to contribute information and resources and promote the event e.g. in libraries. 2. Separate base for EY team reduces opportunities for informal liaison, development of relationships, sharing ideas and working together. 3. More combined working on targets and joint working

	Collections.				between teams would enable further pooling of expertise.
Mutual promotion of activity	1. Whole staff trained re. issuing Parent Collections, also EYDCP /CIS who “man” Reception desk once a week.	1. Staff from all teams promote safety scheme e.g. FLAs. 2. Staff from all teams promote baby massage, e.g. Child Safety worker.	1. Staff e.g. Child Safety worker carry leaflets re. toddler groups, lists of childminders and liaise with P+L team to promote activities running in area. 2. Members of all teams promote library facilities, schemes and activities incl. Safety worker at outreach session at Fence Houses library, FLAs in nurseries and attached playgroups		1. Admin are often first port of call for parents and are included in meetings and training, which extends their knowledge of services and who to refer parents on to, and enhances information they can provide. This could be further developed over time. 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. Community drivers also deliver a range of SS leaflets to local stores, GP surgeries, Post Office and libraries. 3. Staff promote the range of SS services to families in the course of their work, e.g. when joining safety scheme. This could be further enhanced by greater and more advance knowledge of special events.
Sharing practice across Sure Start boundaries	1. Request for Services established following successful pilot in a local	1. Regular meetings of Citywide team of Safety workers (incl. other SS progs)	1. Toy Librarian links with other workers, which allows for information sharing and		

	<p>trailblazer programme.</p> <p>2. Psychologist responds to informal requests re. specific cases from other SS local programmes with no psychologist.</p> <p>3. Monthly meetings of SS psychologists and family therapists – business/peer case supervision</p>	<p>enables information sharing on safety issues / equipment; support on experiences with clients; maintaining motivation, and will help streamlining of service e.g. bulk buying</p> <p>2. Joint funding bid with Hetton SS for safety equipment.</p> <p>3. Links with Washington SS to find out good working practice re. baby massage and equipment needed.</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 deliver Common Childhood Illnesses course.</p> <p>6. HV and NN have linked with another SS (doing Rhyme and Wriggle) to inform practice in Stay and Play Babes.</p>	<p>learning about new funding streams. Links with Toy Library network to learn about resources that could benefit children in this area.</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.

REFERENCES

DfES (2002) *Sure Start. Making a difference for children and families.* Ref. SSDCF6. Nottingham, DfES Publications.

DfES (2003a) *Sure Start. National Evaluation Summary.* Ref. Government Office Region. Nottingham, DfES Publications.

DfES (2003b) *Sure Start.* SSU Leaflet 01/12/03, Nottingham, DfES Publications.

DfES (2004a) *Improving the employability of parents in Sure Start local programmes.* Ref. NESS/FR/2004/006. Nottingham, DfES Publications.

DfES (2004b) *Towards understanding Sure Start local programmes.* Ref. NESS/SF/2004/007. Nottingham, DfES Publications.

Hall, D.M.B. and Elliman, D. (eds.) (2003) *Health for all children* (4th edn.). Oxford, Oxford University Press.

Lloyd, N., O'Brien, M. and Lewis, C. (2003) *Fathers in Sure Start local programmes.* NESS evaluation summary NESS/SR/004. Nottingham, DfES Publications.