

**SURE START SUNDERLAND
HETTON AND HOUGHTON**

INITIAL LOCAL EVALUATION REPORT

JULY 2004

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

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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 Hetton & Houghton

Sure Start Hetton & Houghton falls within the electoral wards of Hetton and Eppleton, which are situated in the Sunderland Coalfield area south west of Sunderland. The population in Hetton is 11,600. Part of the Eppleton ward is covered by Sure Start and this ward has a total population of 12,400 (Office of National Statistics, 2000). The area is divided into a number of communities including Easington Lane, East Rainton, Hetton, Houghton Racecourse Estate and Moorsley.

1. Structure of the Programme

Sure Start Hetton and Houghton is a sixth wave programme. The Hetton/Houghton Partnership like previous Sure Starts has the Social Services Department, City of Sunderland, as their accountable body. The Partnership consists of representatives from citywide organisations, local agencies and voluntary organisations, and the partnership was initiated by the Sure Start Strategic Team and the Area Regeneration Officer. Together the Partnership link with wider strategic planning, which includes the Early Years Development & Childcare Partnership, the Children and Young Persons Strategic Partnership and Local Strategic Partnership. The Partnership elected a City of Sunderland Councillor as chair initially.

The Programme has three main teams:

Health Team. The Health team includes a Child Safety worker, a Health Co-ordinator the three Sure Start health visitors and one nursery nurse (second nursery nurse appointed since time of interviews) and is integrated with nine health visitors and three nursery nurses attached to other GP practices, including two health visitors from separate PCTs (Easington and Durham). The team will also include the newly appointed CPN.

Play and Learn, currently consisting of the Early Learning, Play and Childcare Co-ordinator, Toddler Power Worker and Toy Library Worker, with an Early Years Librarian to come into post and future employment of a Speech & Language Nursery Nurse and Family Learning Assistants.

Family Support team, currently consisting of the Parental Involvement worker and Domestic Violence Family Support outreach worker. An NSPCC social worker is yet to be appointed.

The Programme has the following subgroups:

Childcare, led by the Early Learning, Play and Childcare Co-ordinator, includes the Early Years team and Parental Involvement worker, a headteacher, a representative from the Education Authority, from Houghton Access Point (Octopus Garden crèche provision) and from Barnardo's, The Hive, and four parents. The group meets monthly and its purpose is to involve a range of people in putting services together, looking at the budget and childcare in the area, what training parents want and what childcare needs to be provided, and at issues such as how to improve emergency childcare.

Community Transport, led by the Programme Manager, with Easington Lane Community Access Point (ELCAP) and parental involvement (e.g. looking at routes). Funding for this area of work is being doubled through Urban II funding.

Health, led by the Health Co-ordinator and including health visitors, nursery nurses, Partnership members, non-health organisations (e.g. Leisure Centre staff), Healthy Living Centre, Connexions, Keys project (housing for young people under 25; independent living) and parents. The group meets monthly to address action related to targets, desired outcomes, responsibility, milestones and training resources.

Play and Learning, led by the Early Learning, Play and Childcare Co-ordinator, with crèche, nursery and parental involvement. This is in the early stages of development (Co-ordinator had only been in post for two months).

Parental Involvement. This was currently being established, and will include representation from community development agencies, Barnardo's, Easington Lane Community Access Point and the NSPCC.

The FACT group (Families and Communities Together) meets fortnightly and has provided input into the development of this Sure Start local Programme from local parents.

2. History of Staff

The Programme Manager came into post in January 2003 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 ongoing and some posts are yet to be filled. 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 fifteen staff in the Programme were interviewed by one of two evaluators. The purpose of the interviews was to examine how their work was contributing to the Sure Start targets and how they were working with other members of the Sure Start team and outside agencies. They were also asked what factors were helping or hindering progress towards the targets and objectives and how they felt any barriers could be overcome. The responses were hand written by the evaluators. The data was content analysed by the evaluators to explore emerging issues and themes and hence to enable a descriptive evaluation of progress and exploration of any issues arising; thematic analysis of factors helping and hindering progress, and a thematic analysis in relation to the contribution of interprofessional working to Sure Start objectives.

C. Description of Report

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

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

II. SECTION TWO:

PROGRESS TOWARDS SURE START TARGETS AND OBJECTIVES AND HOW STAFF ARE WORKING TOGETHER

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.*

The Programme works towards this target in a number of ways:

i) Identifying areas of concern and intervention

The Health team have a large role to play in working towards this target:

Health Surveillance - The Health Visitors offer routine surveillance to assess whether a child is achieving developmental milestones. If any concerns are raised interventions can be implemented by the Health Visitor on a one-to-one or group basis or alternatively the Nursery Nurse can offer sleep and behaviour interventions. 2-year parties will be introduced where children will have their two-year assessments and the 'speech and language measure' will be carried out. The play and learn team will also be involved to help look at ways to develop play & learning and numeracy & literacy. Children identified with speech problems can be referred to the Speech and Language Therapists and links are also made with the paediatrician. The Community Paediatrician has input to cases and can offer one-to-one support for children who have been identified as having developmental, behavioural or emotional problems. These interventions usually take place in the home or sometimes at outreach venues in the community. This system is allowing early identification of difficulties so children and parents can have input sooner.

Family Support team - The Parental Involvement Worker links in with members of the Play and Learning team to work in toddler groups to build up relationships and encourage parents to learn new skills. She has noted that once parents become involved in activities and gain more confidence, with support and encouragement, they become more involved in decision making within Sure Start, e.g. through the FACT group. This was also reported to be reducing isolation and enabling the building of social networks for parents. The Domestic Violence Worker has a direct role in assisting families with difficulties and works with them to build up relationships and offers support to children who may not be developing socially and emotionally. A male perpetrator worker also offers support to violent men. Whole family support is also offered and there are good links with other team members who can be called upon to offer their expertise. The Social Worker will offer advice and support and take a lead on child protection.

ii) *Courses*

The Programme is running/developing a range of courses for parents such as positive parenting, family nurturing, behaviour management and baby massage. There are also plans to develop a community parents programme.

iii) *Play and Learn activity*

The Play & Learn team also contribute to this target through:

- story times
- activities in groups to increase social interaction
- role play activities
- working with staff and parents to promote good standards of play and learning
- providing good quality equipment including provision for children with special needs e.g. sensory awareness toys
- linking in with other agencies to increase social skills and provide holistic learning environments e.g. Fabtots
- Toy Library provision

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

Health Visitors assess women for PND using the Edinburgh Scale at 6 weeks and 9 months. They try to identify at-risk women as early as possible in order for them to receive the correct support. Discussions take place with the mothers and their circumstances are assessed (linked to awareness of areas of vulnerability e.g. lone mothers, younger unsupported mothers, difficult delivery). They try to include fathers to make them aware of the signs and promote positive body image to improve self esteem. Health Visitors are able to offer listening visits but may further refer women to their GP or other services according to the assessment of possible contributory factors via the Referral & Allocation system. The Programme is appointing a CPN who will be able to offer support and mothers can also be referred to groups that can offer support such as Bumps to Babies (8-week antenatal group for young mothers run in partnership with a midwife and Sure Start Plus) and Baby Massage, which aims to promote bonding and relaxation. Antenatal visits are soon to be introduced which will allow Health Visitors to tackle these issues sooner. The Health team is also addressing the emotional development of parents through antenatal and postnatal screening, support groups and bonding and attachment.

Other team members such as the Domestic Violence Worker have an input to this target and work with women to establish the type of depression and whether there are any underlying causes such as domestic violence. Support is offered for as long as it is needed and there are close links with the health visitors who can offer support.

The Programme was felt to be in the early stages of meeting this target and it was considered an area for all staff members to address. This has been discussed at the FACT forum and new ways of implementing care have been discussed such as pamper days. Good links have been established with 'Wearside Women in Need'. The Programme Manager is involved in the formation of action plans and the Partnership is where ideas are approved. Consultation with local people is a two-way link where ideas can be put into action.

Other team members have stated that they would like to look at ways of providing more support for mothers e.g. ways of getting them out of the house and socialising in new groups (P16). There are also facilities available e.g. 'quiet rooms' at Hetton and Easington Lane that provide an area for families to talk and for counselling.

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

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

Health Visitors visit all newborns between 10-14 days. They are then usually seen weekly or fortnightly. Health Visitors offer advice and support regarding baby care such as feeding and immunisations and health issues such as contraception and smear advice. Everyone receives a 'birth to five book' and NHS health promotion and Sure Start activity and services leaflets are given out. This time is also used to promote the Sure Start services, bath and wall thermometers are provided, information is given and the consent form is discussed. The Health Visitor role is also to assess mothers for any other needs they have such as problems with housing, and they offer help according to the need. Links have been established with midwifery services and paediatric liaison and it is envisaged that health visitors will visit all pregnant women at 36 weeks. The admin team collate information from the health team regarding who they have visited in the area. Registers are kept at each clinic.

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

This target is the responsibility of the whole team. The team building day provided an important opportunity to learn about each other's roles and how staff members were involved with parents in each area. This enabled everyone to have a greater understanding so information about Sure Start services can be passed on appropriately to parents. Other ways in which staff are working towards this target include:

- (i) Request for Services demonstrates one way in which the Programme will be striving to ensure that a package of 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 will be 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. Referrals are being received from Social Services, mainstream Health Services etc.
- (ii) One-to-one support is offered by health visitors at home visits, GP clinics and Drop in Clinics (Hetton Centre, East Rainton). Other team members such as the Domestic Violence Worker and Nursery Nurse offer one-to-one support on particular issues.

- (iii) Parent support is offered through courses such as 'Promoting Body Image', Baby Massage and First Aid.
- (iv) The Programme is so far extending activity across four of the five areas and introducing additional services into areas e.g. baby clinic in East Rainton Primary School, with more being planned to provide clinics at different times and in different venues across the area.
- (v) Most staff reported informing parents and carers about the services within Sure Start. Many carried leaflets and distributed these at groups and venues. The Child Safety Worker for example has targeted areas such as the Hetton Centre as there is a large turnover of people who access the different services there. The Parental Involvement Worker attends toddler groups to extend knowledge of the FACT group and parent support and information.
- (vi) The FACT group enables the development of knowledge of Sure Start that members can pass on to their networks and communities.
- (vii) Information days are organised to promote Sure Start services. There are posters to advertise courses and leaflets to advertise services. These are distributed throughout the area and are displayed in venues including GP surgeries and leisure centres. Welcome packs are currently being organised.

Issue One:

There were reported to have been some teething problems with regard to communication within the Programme in the early stages. Staff gained greater understanding of each other's roles through the teambuilding day.

Question:

How can the benefits of the teambuilding day be maintained and extended in the future to achieve ongoing effective communication between staff and understanding of each other's roles and help maximise opportunities for providing support and information to parents?

Issue Two:

Some areas are harder for Sure Start to reach than others, particularly more isolated areas.

Question:

How can the Programme build, for example, on its introduction of an additional service in East Rainton (baby clinic) to increase knowledge and use of a range of Sure Start services and further extend its activity?

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

Three of the four targets within Objective One were considered to be whole team issues. The co-location of professionals such as the Health Co-ordinator, Health Visitors, Nursery Nurse, Family Support and the Play and Learn team, and the introduction of 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 such as Social Workers, CPNs etc.

Co-location is leading to easier contact and providing opportunities for mutual advice and support and informal liaison, easing communication and helping to ensure that families are receiving appropriate support. Liaison and discussion also takes place with other professionals/groups on a regular basis, e.g. Social Services, midwifery and toddler groups.

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 and Centre-based groups.

Increasing levels of parent support provided by members of all teams and increasing accessibility and availability in the community have the potential to reduce social isolation and help parents form groups and friendships, and this will also provide support to develop relationships with their children. This is an important area of development for Health. 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).

The Programme is working with community organisations/access points across the area to introduce Sure Start activity and increase accessibility and availability of services, e.g.

- baby clinics to be run at different venues and on different days and times, linking with e.g. East Rainton Primary School and Easington Lane Community Access Point.
- First Aid courses being run in partnership with City of Sunderland College and local agencies e.g. Easington Lane Outreach Group, Houghton Community Access Point.

Informal contact with parents by a range of staff in the home and at toddler groups may be increasing opportunities for parental expression of concern and referral to other team members. The role of the Nursery Nurse allows flexibility to call on families between visits e.g. to provide information on areas of interest or concern, and helps build/maintain relationships. In some cases members of different teams go to groups together to build relationships and describe their work (e.g. Toddler Power Worker and Parental Involvement Worker attending toddler groups together).

Factors helping towards this Objective include:

- availability of courses to enhance parent learning e.g. family nurturing, baby massage
- good communication between teams and with external agencies
- implementing new methods of care e.g. sleep interventions allowing parents to get help sooner

Factors hindering included the large amount of routine work, which it was felt could be looked at in the future (H12). It was also felt that having NSPCC in the building would be useful for advice and information.

2. Objective Two: Improving Health

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

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

The Programme is not able to offer one-to-one smoking cessation support to pregnant women and is not licensed to give nicotine replacement, but is contributing to this target through:

- Effective links with the specialist smoking cessation adviser for pregnant women and referral of interested, consenting parents, with follow-up support. The Health Co-ordinator is a member of the strategic management group.
- Awareness raising (e.g. through leaflets), signposting to health workers by staff in contact with individual families
- Contributing to national events, e.g. running a 'No Smoking Day', which included school-aged children
- The development of links with the paramedics and fire department

Work towards this target will be further developed in the future through:

- the planned employment of a pregnancy smoking cessation adviser funded by Sure Start, to work across all Sunderland local programmes
- health visitors in this area working proactively in the antenatal period, meeting pregnant women at 36 weeks
- the potential provision of childcare to enable mothers to attend smoking cessation sessions

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

These areas are being approached through routine home visiting by health visitors and nursery nurse, through the introduction of new groups and services (e.g. the Safety scheme), through liaison between Sure Start professionals and through linking with outside agencies.

Breastfeeding

Routine health visitor advice, information and support are given in the home and at clinics. In addition,

- health visitors across the Sure Start area are receiving La Leche peer counselling training that will enable the establishment of peer support. Mothers will be trained to become parent facilitators to run training groups.
- Breastfeeding is addressed in the antenatal/postnatal Bumps to Babes parenting group for young people, run in collaboration with Sure Start Plus.
- The Programme supports national events, e.g. Breastfeeding Awareness week
- The Programme's contribution will be further enhanced as health visitors start to meet pregnant women at 36 weeks.

Nutrition

This is being addressed through:

- routine antenatal and postnatal health team advice to families and, more specifically, at the Bumps to Babes group for young parents
- the provision of suitable snacks at groups for children
- activities being planned for the future e.g.
 - ‘Baby Bistro’ – a weaning party to be held at 3/6 months; development of weaning packs
 - ‘Promoting Body Image’ course (exercise, diet, nutrition), to be run by two members of the Health team in partnership with The Hive (using their facilities)

Hygiene and Safety

These are addressed through:

- routine health visitor/nursery nurse work with individual families in the home and at clinics (e.g. sterilisation of bottles; safe handling of babies; dental hygiene)

In addition, the Programme

- has established a new safety equipment loan service that operates at different venues within the Sure Start area: Hetton House, Easington Lane Community Access Point, The Hive, Hetton Medical Centre and the Hetton Centre, with enhanced accessibility through Easington Lane Community Transport
- has promoted First Aid courses run by City of Sunderland College
- provides a First Aid kit at 9 months
- addresses safety aspects in buying toys for the Toy Library and informs parents of correct usage

The Safety Equipment Loan Scheme offers a variety of equipment, e.g. stair gates, fireguards, sterilisers, heat sensitive bowls and sun safety items, and has an annual membership fee of £2. The Child Safety worker distributes equipment but does not offer advice. The scheme is well supported by the Health Visitors, for example through passing on details of new families, through supporting requests for extra equipment, and through advocacy for parents regarding the installation of equipment in some rented homes, as well as by staff from other teams promoting the scheme and referring families to the Safety worker. The Safety worker is proactive in attempting to access further funding.

Safety is also addressed in work with toddler groups, ensuring that regulations are adhered to and providing the groups with relevant guidance, e.g. from the SCUFA information pack for setting up groups.

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).

Health visitors have a preventative role in relation to this target, which is closely linked to the previous target, e.g. with regard to breastfeeding and accident prevention. Information is received from the Hospital regarding emergency admissions. These are followed up home visits by health visitors if appropriate,

records are kept, and monitoring information is being developed. Further preventative work takes place through encouraging positive parenting and empowerment (C4), through the loan of safety equipment and the provision of, or signposting to, courses and events, e.g. First Aid courses, household safety/accident prevention courses and 'No Smoking Day'.

A major contribution to the work towards both targets two and three will potentially be made through the Common Childhood Illnesses course devised by the Community Paediatrician and being run across Sure Start programmes. Health Visitors linked in any way to Sure Start are trained by the Paediatrician to deliver the course to parents. This covers nutrition, hygiene, breastfeeding, smoking and common childhood illnesses. The aim is to try and decrease inappropriate attendance at A+E and to empower parents to make them feel able to cope when their children have minor acute illnesses. A further development has been that the Paediatrician is working closely with the paediatric consultants and paediatric liaison nurse to identify repeat 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.

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

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

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

Issue Three:

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

Question:

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

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

Government guidance on Sure Start suggests that ‘programmes should aim to make contact with all parents-to-be as early as possible in the pregnancy’ (DfES 2002, p.10). It also suggests that, to do this, arrangements will need to be made with providers of antenatal care in the area including GPs, hospital staff, voluntary providers and midwives. The more holistic and community approach of Sure Start has the potential to complement the work of the midwifery service. The Programme has started working towards this target with new initiatives. For example, health visitors will work with a midwife at the antenatal clinic in each GP practice (possibly as early as 12 weeks) and will visit pregnant women at 36 weeks, start their record, and take out information packs. This will potentially promote earlier understanding of Sure Start and of the role of the health visitor and facilitate the development of a relationship between family and health visitor at an earlier stage. Information on numbers seen at clinics will be collated by the Admin team. Good links with midwifery will be vital for sharing information, e.g. on previous pregnancies. The Family Health Profile allows time for the discussion of issues, with the possibility of subsequent referral, e.g. to the Domestic Violence worker or WWIN. Other members of the Sure Start team signpost pregnant women to the Health team or provide information during the course of their own work.

New activities and support have been set up or are being planned in conjunction with midwifery and other services, e.g. the Bumps to Babes group for pregnant teenagers and young parents, being run together with a midwife and Sure Start Plus, and the aquafit sessions for pregnant women to be run by a midwife at Hetton Pool. It is also hoped to introduce breastfeeding peer support work in the antenatal period.

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).

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

The Programme works very closely with health visitors across the area, including them in the overall Health team and involving them in delivery of the Sure Start agenda and Sure Start training to enable equal access for families across geographical boundaries and regardless of whether they have signed up to Sure Start. Health visitors have smaller but equal caseloads and equal access to training. There is also equal provision of items and incentives to families across areas that are pertinent to Sure Start targets, e.g. fever scans, room and bath thermometers, first aid kits and bibs with messages that encourage communication.

With regard to interprofessional activity within the Programme a major link towards the achievement of Objective Two is that of the Community Paediatrician, Health Co-ordinator, Health Visitors, Nursery Nurse and Child Safety worker. A principal function of a Sure Start local programme is to provide comprehensive family support, add value to what already exists and work towards a more cohesive and equitable set of services, for example by making professional and clinical advice more accessible and responsive to children's needs. The Health Visitors have a slightly reduced caseload. 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. A health visitor and nursery nurse will co-facilitate the Family Nurturing programme. 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 offers one session (half a day) a week to this Programme. This facilitates access e.g. for information sharing and referral and enables a quicker response and a more efficient care pathway. There have been some difficulties with regard to communication when working for six programmes (e.g. receiving minutes of meetings and notification of cancellation), which should improve now that she has a base at Hetton House 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 planned 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, the Nursery Nurse and the Community Paediatrician.

The Programme is linking with related services with regard to courses and the provision of equipment, thus enhancing parent support and information in relation to Objective Two. For example, the Fire service were involved in the First Aid course to address fire safety in the home, the Fire, Police and Ambulance services were involved in 'No Smoking Day', and the Fire service agreed to provide smoke alarms and carry out house checks.

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 Child Safety worker is a member of the Citywide Partnership of Safety workers, which includes workers from, e.g. Healthy Living Centres, other Sure Start programmes and Easington Lane Access Point, and meets monthly to share good practice, offer mutual support, and enables bulk buying and liaison with relevant companies.

Factors helping progress towards Objective Two included the promotion of the Safety scheme by other Sure Start workers, thus bringing new clients; staff training e.g. La Leche; increasing understanding of other workers' roles and good communication within Sure Start. Factors hindering were obtaining information from other sources (e.g. hospitals, GPs), some difficulty in distributing bulky safety items, and lack of time. It was felt that work towards Objective Two would be helped by a chart to help plan work (H12), an outreach point to store safety equipment, and input into toddler groups on health issues, with crèche facilities available.

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.

The Play and Learn team had all come into post recently (from January 2004) and the Early Years Librarian was not yet in post. The appointment of a specialist nursery nurse for speech and language is being planned and the appointment of Family Learning Assistants is imminent.

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

The Programme is demonstrating in a number of ways how they are working towards this target. Staff from across teams contribute to this target through (i) assessment at developmental checks and 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 (there is a speech & language therapist at Hetton Health Centre), with support provided in the meantime by the Nursery Nurse who can offer speech interventions. If families express concern, other team members (e.g. Domestic Violence Worker, Early Learning Play & Childcare Co-ordinator) may offer to signpost to a Health Visitor or Nursery Nurse or 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 taxi services enables easier access to appointments.
- (ii) Bookstart packs are distributed at the 9-month hearing test. Talk Talk and Chatterbox bags are being introduced to nurseries in the area and will be distributed by the Play & Learn team who will do before and after assessments. It is hoped there will be Sure Start Family Learning Assistants in each class in each area. Good toys to promote learning are offered at groups and explanations are given to parents to ensure they get the best value for their children from the toys and books on offer via the Toy Library Worker.

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

- (iii) The Play & Learn team provide a range of activities to help speech and language development including song time and story time at the end of sessions and rhyme sessions at groups. Parents are encouraged to join libraries in the area where activity sessions are being introduced. Other team members e.g. Health Visitors encourage parents to join groups where they can interact with other children and have access to new experiences such as 'ducklings' at Hetton Pool.

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

The Programme is introducing new services and activities, liaising with community facilities to increase activity, enhancing existing services, and attempting to meet the needs of specific groups within the population.

Toy Library - The Programme is currently setting up a Toy Library at Hetton House to offer good play and learning opportunities for children. These will be offered at a low price (25p per toy) and parents will be able to borrow a toy for a two-week period. This service will also be accessible to childminders, after school clubs and nurseries. The Toy Librarian also has items for sale such as craft activities. She is hoping to introduce new play sessions such as messy play. The Toy Librarian is a member of the National Association of Toy Libraries and has attended courses run by this organisation. She has been able to link up with Toy Librarians in other areas to share good practice that has helped to work towards this target.

Physical Activity - The Programme Manager is currently looking at ways to increase outdoor play areas in the locality. The Play & Learn Team are encouraging parents to use facilities to encourage outdoor play and are hoping to introduce walks with interests (e.g. nature walks) to increase physical activity. Links have been made with the Parks services to look at funding to develop services.

Liaising with community facilities to increase activity – The Programme is linking with Hetton Pool and has developed soft play there and at Houghton Sports Centre.

Enhancing Services – There are currently 25 established groups in the area and one new group has been set up. Team members e.g. Toddler Power Worker regularly access groups to find out the need of parents and work with groups to provide good play and learning activities. Relationships are building up between staff and other organisations in the area such as nurseries, and there is evidence of the team making an impact on already established groups, e.g. a nursery teacher approached Sure Start staff to look at ways in which facilities attached to a nursery could be used. A toddler group ‘Houghton Tots’ has now been set up and this allows parents to drop off nursery children then have access to the toddler group for younger children.

Staff are also looking at ways of trying to provide facilities in more isolated areas. The main factors hindering this are lack of venues e.g. at East Rainton and Moorsley. Other ways to include parents and children in play activities have been to provide transport so they can access activities in other areas. The Toy Library has also looked into providing a mobile service so that children in isolated areas will have the same provision.

Meeting needs of specific groups – Staff have linked in with other Sure Starts to look at ways of introducing services. It has been identified that more provision is needed for ‘father figures’ and their children. Plans are being made to introduce groups (H22) and other team members (P6, P16) are looking at ways to introduce more activities.

It was 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 and outdoor activities to attract fathers’ (Lloyd et al, 2003). The Programme has demonstrated that it has acknowledged this issue and is taking steps to engage fathers more fully in the programme.

Other hard to reach groups such as families experiencing domestic violence and asylum seekers have also been identified (C4, H5) and appropriate assistance is given to help integrate children into nurseries and crèches in the area. One to one support can be given to help parents play with their child.

The Programme is hoping to provide a full programme of activities during the school holidays.

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

An Early Years Librarian was due to take up her post at the beginning of May to assist in work towards this target. Her role will be to promote awareness of the libraries by accessing local groups, providing story telling sessions, explaining the activities that will be available, and handing out library cards.

The Programme has good links with local libraries in Easington Lane, Hetton and Houghton. Many team members promote this service and encourage families to join. Books are also encouraged and the Programme has already demonstrated ways of promoting books (see target 1).

The Programme also has a ‘health library’ that offers a range of books e.g. Toddler Taming, Breast Feeding, sleep, nutrition and feeding. These books can be lent out to parents.

Issue Four:

It was identified that there was a lack of resources on helping children to learn e.g. books at the city libraries in the area.

Question:

Can the Programme work with library staff to introduce more good quality books to assist learning and development? Could the purchase and availability of parenting magazines be considered?

Issue Five:

Isolated communities have limited access to library facilities.

Question:

When organised sessions are established at libraries, would it be feasible to put on transport for families in these areas so they can be included in activities? Could the Programme liaise with the mobile library service or introduce mobile library services to toddler groups to help parents have greater access?

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

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

Good intra-agency communication between Health Visitors, Nursery Nurses and the Paediatrician, and referral by other team members, 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.

There was evidence of:

- Liaison by team members with the Play and Learn team to arrange home visits with regard to play and learning, to gain advice on specific ways to support individual children, or to borrow appropriate toys/equipment to use in the home
- knowledge and promotion of activity towards this Objective by members of all teams, e.g. signposting parents to local toddler groups to reduce social isolation and help develop children's play, linking with the Toddler Power Worker to keep up-to-date.
- Working with the FACT group to share input into how childcare money is spent and to enable them to share their knowledge of the needs of the area.

As the Programme develops over time and a full team comes into post, it may be beneficial to give further consideration to cross-team input into groups, e.g. to talk about health issues at toddler groups.

Factors helping work towards Objective Three included the relationships being developed with schools (P16); good links with external agencies that would be further developed in the future (P6); training and information from the Toy Library Association; the ability to provide incentives (packs) and information. Factors hindering work included the lack of a full staff team (P16); restrictions on activities (e.g. messy play) in some community groups, and the geographical nature of the area. Factors that would help work towards this Objective included building further relationships with schools to enable the development of school libraries and increasing the availability of outreach venues and transport.

Objective Four: Strengthening Families and Communities

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

The Programme has a Parental Involvement worker, whose role is to ensure the involvement of local people in the planning, evaluation and decision-making process,

shaping the Programme and having meaningful involvement within it; and to provide support for them to grow into that role. This work originated through the established community development practice of The Hive; a group started in December 2002 via 'early monies' and provided input into the Sure Start Delivery Plan developed in the early stages.

The Programme is working towards this Objective through the provision of courses and is starting to act, 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 0-3 year 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).

The Programme is providing courses for skill development and qualifications, and is identifying other areas of interest amongst parents and linking with training providers such as City of Sunderland College, aiming to provide accredited courses within the local area. A six-week management skills course is being run and leads to a nationally recognised qualification. This develops skills such as writing reports and letters, effective communication, roles in committees, and consultation and how it can be achieved. The Hetton Centre provides the venue, the College provides the tutor and crèche, and Sure Start provides transport and refreshments. Other areas of interest identified for the future are First Aid/accident prevention, confidence-building/self-esteem and interviewing. These will be provided by a combination of Sure Start Staff including Health & Education, Play & Learn and external agencies.

Staff from all teams reported discussing work and training options with parents when appropriate; heightening awareness of training during the course of their work with individual families, including providing leaflets and finding information; signposting parents to training providers such as Easington Lane and the Racecourse Community Access Points, and liaising with professionals such as the lone parent advisor. The health visitor role provides opportunities for assisting with factors connected with employment, such as childcare, benefits, tax and welfare, and there are links with Backup North, the Job Centre and Benefits advisors. One member of staff reported hoping to develop work in this area with teenage parents. Staff also signposted parents to courses run by the Programme itself, such as the course on Promoting Body Image run by two members of the Health team. The Programme provides crèche facilities to facilitate access to its courses. It is also planning to develop opportunities for volunteer work within the Programme and to provide training and mentoring, linking with the Social Services Volunteer Co-ordinator.

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

The Programme is still in its early stages and there is not yet a full staff team. Timetables of events are provided for parents to increase knowledge of services and

activities available in the area. At present, there is course evaluation (e.g. baby massage); verbal feedback; personal satisfaction (e.g. cards). Ideas were put forward, such as a suggestions box. A complaints procedure has been put into place. The FACT group also provides opportunities for feedback from local people, at the same time developing skills and confidence and reducing isolation.

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

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

This target has been achieved. Parents are being supported in their role by the Parental Involvement worker and representation has been drawn from the FACT group. Participation in this group facilitates the development of the necessary skills for participation. In order for parental representation to be maintained, the right resources will be required (e.g. maintaining crèche, providing transport) as well as ongoing attention to an appropriate environment (e.g. how the board operates, relationships). Transport would appear to be a major issue in the area. When available it has led to a large number of parents attending (12 out of 17 who had expressed interest). Other team members also reported informing parents how they could become involved if interested, including signposting them to the Parental Involvement Worker.

In addition, parents are represented on all the local Programme subgroups, and this is an area that the Programme wishes to further develop. Issues are taken to the subgroups by parents (e.g. parents raising issue of difficulty taking more than one young child swimming at subgroup attended by Leisure Centre staff, possibly leading to Sure Start support with crèche facilities). Training is being provided, e.g. the Committee Skills course and planned NSPCC Child Protection Community Awareness. Transport and crèche are always provided.

Issue Six:

It would seem helpful for the Programme to know in advance what issues were to be brought to subgroups by parents.

Question:

Would it be possible for subgroups to be informed in advance of issues to be raised by parents, so that relevant personnel can be invited to provide a response and so that existing members, including staff, are prepared with relevant information, thus maximising the potential for a full response to parents?

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

The Programme has established links with City of Sunderland College, Connexions, Bridge, Backup North, Easington Lane Community Access Point, Houghton Community Access Point, Job Linkage and Jobcentre Plus, which has invited Sure Start to a Jobs Fair and will be attending the FACT group to discuss options available.

The Parental Involvement worker obtains information on courses run at e.g. the Hetton Centre, Houghton Access Point and The Hive, with which she has close links as the employing agency, and there is mutual referral. Courses are run in partnership with other agencies, e.g. 'The New Me', funded by Connexions, delivered by Bridge, with Sure Start providing the crèche. Sure Start provides a mentoring role in presenting opportunities for parents to learn through what is offered and to be able to move on.

Members of all teams reported signposting parents to training, taking them to venues to show them what is available or phoning on their behalf if they required information, or linking with related agencies e.g. welfare rights at Hetton Centre. This was considered important for developing confidence and social networks as well as gaining qualifications. The Domestic Violence support worker works on supporting women into employment together with the lone parent adviser who can offer retraining, help with interviewing and provide financial help and childcare and benefits advice. The Play and Learn team is planning to encourage local people to undertake training e.g. as classroom assistants or as crèche support.

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.*

This is being addressed in the Childcare Subgroup, which includes parental input on how childcare money is spent. The area has two Neighbourhood Nurseries and one private nursery. There are a number of Sure Start places allocated in local nurseries. The Programme has mapped out childminders in the area and crèches have been identified. Crèches are provided at the Hetton Centre and Houghton Community Access Point, and another is to be opened in Easington Lane in September 2004 and will employ sessional workers. The Programme is looking at provision in more isolated areas such as Moorsley and East Rainton, and at the development of childcare, e.g. out of school facilities. 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 is aware that it needs to develop more accessible childcare and ensure a good standard. The Health team have knowledge of local nurseries and this is discussed at 18-month visits, and they may liaise with agencies on families' behalf with regard to family entitlements, e.g. Family Tax Credit. Members of all teams reported signposting parents to available childcare including childminders, and the Admin team liaise with the Children's Information Service who provide up-to-date information.

Issue Seven:

There may not be sufficiently clear criteria for the allocation of Sure Start places in nurseries.

Question:

How could these criteria be developed?

4f. Local target: *To improve access to Sure Start services and facilities.*

The Programme covers five local areas and part of the Capital Plan is to develop services in each area. Sure Start is improving accessibility through funding e.g. venue costs, lighting and refreshments in outreach areas, and the Parental Involvement Worker contributes to development through relationships being established in these areas. The Programme is already working in all areas except Moorsley, where it has been difficult to find a venue. The Racecourse Community Access Point, Easington Lane Community Access Point, East Rainton School and The Hetton Centre will provide venues for the Domestic Violence support worker, Community Paediatrician and Health Visitors, and will provide further distribution points for baby milk. As well as improving access, this will also be a more efficient use of limited paediatric time. Courses are run from the Hetton Centre (e.g. baby massage, which it is hoped will also be provided in Houghton) and a baby clinic has been established at East Rainton, where a feasibility study is taking place regarding extending the building. Accessibility to services by particular groups is being considered, e.g. through baby massage classes for young mums. Services in the early stages of development are considering how accessibility can be improved, e.g. through a mobile toy library service to visit community groups. The Programme is also planning to further extend the availability of community transport, taking over from the HLC and linking with Urban II for assistance with funding, to enhance the accessibility of e.g. courses, meetings and crèches, particularly for those in more isolated areas e.g. East Rainton.

Issue Eight:

There is a lack of uniformity regarding costs of delivering services in outreach areas, e.g. costs for venues, some of which are businesses.

Question:

How can this lack of uniformity in costs be addressed?

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. 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). Links have been made with e.g. City of Sunderland College, Backup North, the Hetton Centre, Houghton Community Access Point and Easington Lane Community Access Point to raise awareness of training and increase access, and the Programme is facilitating access through funding venues, transport and crèche facilities. Courses are being provided that will develop skills and promote further involvement in programme development.

Staff from all teams are informing parents directly about what is on offer regarding groups and courses and encouraging involvement. Good communication between staff is crucial to maximise the potential for information sharing with parents. This is being addressed by the Programme.

Work towards this Objective is being enhanced by the commitment of the Parental Involvement worker and local people to the functioning and development of the FACT group, and the contribution of its members to the Partnership and subgroups, also contributing to the Sure Start principles to 'involve parents, grandparents and carers in ways that build on their existing strengths' and 'promote the participation of all local families in the design and working of the programme'. These principles are of central importance.

Issue Nine:

Workers taking up employment in Sure Start programmes come from a range of professional backgrounds and will inevitably have varied experience and understanding of parental involvement. It appears that there has been a lack of shared understanding of what parental involvement can mean, the levels at which it can operate, and the extent to which consultation will be taken as the Programme develops over time. This has been recognised by the Programme and is being addressed. It has been decided to establish a Parental Involvement Subgroup to explore perceptions of parental involvement and produce documentation on levels of parental involvement.

Question:

How will the work of the subgroup and the documentation produced be disseminated to the whole team to increase shared understanding and inform practice and the ongoing development of the Programme?

Factors reported to be helping work towards Objective Four included the interest and enthusiasm of local people wanting to be involved (C7); the knowledge and support of organisations such as Easington Lane Community Access Point (A14) and The Hive (C7), and the Programme's ability to provide costs for venues (H3) and crèche and transport facilities (A14). Factors hindering included limited premises and information (C4); a perception of insufficient awareness of the availability of free childcare (P8), and not having a full staff team (Social Worker not yet in post) (H22). Factors that would help work towards this Objective included gaining further information on courses available with crèche facilities and looking at ways of establishing these facilities where required (P8); increasing the involvement of fathers (an area of work currently being addressed) (H12).

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, had an active role in developing the new Neighbourhood Nurseries and have linked in with existing services such as local schools.

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

- access to new services such as the Toy Library, Chatterbox, Talk Talk and Safety Scheme
- access to different groups and staff who can offer expertise and advice
- access to more childcare provision
- access to baby milk
- access to training courses

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.:

- developing the provision of community transport that can pick parents up from their homes and take them to venues in the area.
- providing new services at a number of outreach points e.g. baby clinic at East Rainton. The Racecourse Community Access Point, Easington Lane Community Access Point and The Hive will provide venues for the Domestic Violence support worker, Community Paediatrician and Health Visitors, and will provide further distribution points for baby milk.
- Planning to provide classes at different venues (e.g. baby massage)
- providing services in the home when parents do not wish to attend a group

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

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

At local level Sure Start has linked in with a plethora of agencies to allow greater access for Sure Start users to facilities in the area. These include training providers such as City of Sunderland College, and venues in the area such as Easington Lane Community Access Point and The Hetton Centre to deliver services. Examples of interprofessional working have been demonstrated in all objectives to provide new facilities, develop current facilities and provide support for workers in the local area.

Within Sure Start the teams have demonstrated ways of working together to benefit Sure Start users, for example through information sharing and referral, mutual promotion of activity and some joint working across teams, e.g. the planned parties for two-year olds that will involve both Health and Play and Learn.

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

III. SECTION THREE:

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

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

The categories are as follows:

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

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

1. Building a team / teamworking

Staff from all teams reported on the value of the teambuilding away days, particularly for sharing information and helping understand each other's roles and responsibilities and for helping with teething problems with communication.

The fact that staff with different backgrounds and areas of expertise shared offices and were 'on tap' for queries and sharing ideas was seen to enhance the support and information that staff could offer families. The availability of a range of professionals within the same building enabled easier referral.

The enthusiasm and motivation of the staff were noted, and links between teams were reported to be good.

The main factor hindering progress was that there was not yet a full team in post.

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

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

- the Buddies system
- good support and supervision from line management and Lead Agent
- the support of other team members in promoting their own area of work
- the support of other agencies / organisations in the community

Individual members of staff also commented favourably on the support of groups and organisations (e.g. Child Safety network, other local Sure Start programmes).

3. Communication

Communication appears to be improving but will require ongoing attention as the Programme develops and new staff come into post.

4. Working with parents and the community

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

- the interest and enthusiasm of local people
- previously established relationships and networks in the area
- proactive partnerships in the area, good links with local agencies

Concerns over working with parents and the community mainly centered around the geographical isolation of some areas, which would be helped by the organisation of more outreach venues and greater availability of community transport and the possible introduction of some mobile services.

The Programme is in the early stages of development and appointment of staff and there was reported to have been a lack of shared understanding of parental involvement, which is being addressed.

5. Working with mainstream services

Links and information sharing can take time to develop but there were reports of productive links and support in relation to some services, notably schools, libraries and health visitors and nursery nurses from local GP practices.

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

6. Training

Staff are clearly benefiting from a range of training opportunities. Staff had been on courses that were directly relevant to their own work (e.g. Toy Library Association training) and that would help develop work within the Programme (e.g. La Leche, health and hygiene).

7. Time

Setting up new services, travel and paperwork were time consuming; this may improve as services are up and running or could be helped by a chart to help plan work.

8. Premises, Systems and Resources, Funding

Knowledge of funding streams was helping the work of the Programme. Not being linked to the Comwise system had been time consuming for staff having to enter data on a computer elsewhere. Storage and more books/magazines on parenting and children's learning would be helpful.

9. Publicity

Welcome packs are being developed and the importance of correct information was noted. These would be further improved when there was a full team in place.

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 starting to make 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, domestic violence worker
 - through starting to provide courses and activities in venues across the local area
 - through training and supporting mainstream health visitors and nursery nurses to extend Sure Start activity and enhance services offered
 - through the Request for Services system
 - through accessing groups in the area e.g. toddler groups

- Accessing a range of professional perspectives, e.g.
 - through the Request for Services system
 - quick and informal pathways to other professionals within the team to discuss problems/ideas and provide mutual support and enhance information/support given to families
 - support from other experts in the field (e.g. SALT)

- Providing access to networks of different professionals involved, e.g.
 - links with hospital consultants and children's ward staff to improve communication and information sharing and ensure consistency of advice
 - through representation on Sure Start sub-groups
 - linking with outside agencies to provide appropriate support / information

- Broadening / reconceptualising professional knowledge, e.g.
 - staff training extends knowledge and informs practice in individual or group settings, including through informal discussions and subsequent referral, and enables consistency of approach

- Easing referral and support pathways, e.g.
 - informal contact with parents (e.g. in toddler groups, in the home) enables discussion of concerns and offers of referral / support
 - co-location of staff facilitates information sharing and referral and reduces waiting time for parents
 - community paediatrician support facilitates access e.g. for advice, information and referral, providing quicker response and more efficient pathway

- Using community networks to extend activity into the community, e.g.
 - staff access community groups to increase knowledge of services and offer a range of input
 - through linking with community organisations/access points/training providers to increase range and accessibility of support and training

- Supporting community groups / networks to promote sustainability, e.g.
 - through providing training to develop communication / committee skills
 - through developing play provision within toddler groups

- Pooling expertise to enhance family support and promote parental learning, e.g.
 - joint delivery of courses within the team (e.g. Family Nurturing) and beyond the team (Bumps to Babes)
 - Health and Play and Learn running 2-year parties (in preparation)

- Mutual promotion of activity, e.g.
 - knowledge of range of Sure Start services and activities and increasing communication between staff enable promotion of activity in a variety of settings
- Sharing practice across Sure Start boundaries, e.g.
 - learning from pilot scheme in other local programmes
 - informal contact with staff in more established programmes
 - linking with networks of professionals, e.g. Citywide team of safety workers.

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

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

The question the Programme may wish to consider is:

‘How can the Programme maintain, enhance and extend these features of interprofessional working for the benefit of families and the community and to further help progress towards the Sure Start objectives?’

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

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

Inter-professional working contributes through:	Objective 1 Improving social and emotional development	Objective 2 Improving health	Objective 3 Improving children's ability to learn	Objective 4 Strengthening families and communities	Comments
Widening the repertoire of possible interventions and responses	<p>1. Discussion at Request for Services meetings will increase range of possible interventions and responses, including for those referred by outside agencies e.g. Social Services.</p> <p>2. HVs, DV worker and NN provide home visits to mothers who are depressed /anxious, also encourage participation in activities/offer baby massage.</p>	<p>1. NNs support HVs by offering a range of interventions in the home e.g. sleep, nutrition, behaviour; consultation with and referral to paediatrician who also visits in the home.</p> <p>2. Smaller HV caseload allows more time for community work, setting up and running groups.</p> <p>3. SS funding for training mainstream HVs and NNs enables mainstream promotion of, and contribution to, SS agenda as well as statutory work, sharing of expertise. Smaller but equal caseloads; equal access to training; equal access for families. SS Health Co-ordinator leads and manages team.</p> <p>4. Parents' knowledge of services is increased through staff attendance at groups (e.g. Safety Worker goes to toddler groups)</p>	<p>1. NNs support HVs, offering interventions in the home re. speech and language. Speech and language work informed by guidance from SALT. Referral to Community Paediatrician on site leads to quicker arrangement of appointments for assessment in the home or in local venues.</p>	<p>1. Parents' knowledge of services is increased through joint staff attendance at groups (e.g. PI Worker accompanies TP Worker to toddler groups to inform of activities).</p>	

Accessing a range of professional perspectives	<p>1. Request for Services meetings will provide a whole team co-ordinated approach to discussing families and making, implementing and monitoring plans for work with families from range of SS services.</p> <p>2. Close liaison between HVs, paediatrician and DV worker on site promotes two-way communication to ensure families receive good support re. health and welfare.</p>	<p>1. Request for Services meetings will provide a whole team co-ordinated approach to discussing families and making, implementing and monitoring plans for work with families from range of SS services.</p>	<p>1. Request for Services meetings will provide a whole team co-ordinated approach to discussing families and making, implementing and monitoring plans for work with families from range of SS services.</p> <p>2. Concerns identified by HVs and NNs are further informed by SALT guidance. Further assessment can be carried out by S+L Dept / paediatrician.</p> <p>3. NN consults Toy Librarian re. suitable toys to stimulate children in particular ways in her work with families in the home / asks for advice / refers to Toy Library. Toy Librarian liaises with DV worker to provide suitable toys to take into homes.</p>	<p>1. Request for Services meetings will provide a whole team co-ordinated approach to discussing families and making, implementing and monitoring plans for work with families from range of SS services.</p>	<p>Co-location and office sharing also facilitates quick and informal sharing of problems and ideas and provides for support and advice across teams.</p> <p>Buddies system (pairing with colleague from another team) enables informal discussion of work on a flexible basis.</p>
Providing access to networks of different professionals involved	<p>1. DV worker links with range of agencies to provide appropriate support / liaise on victims' behalf; has good links with HVs and attends baby clinics to offer advice if needed re. DV issues.</p>			<p>1. Parental representation on subgroups enables requests to be addressed.</p> <p>2. PI Worker's networks facilitate signposting to other agencies and organisation of courses for parents when particular interest is expressed.</p>	
Broadening / re-conceptualising professional		<p>1. Training for all HVs in area in La Leche breastfeeding peer counselling etc will extend</p>	<p>1. Staff training on speech and language development has extended knowledge,</p>		

knowledge		knowledge and enable consistency of approach.	including identifying areas of delay, and informed support programme from birth onwards.		
Easing referral and support pathways	1. Informal talks with parents e.g. at toddler groups, Safety scheme can lead to members of different teams offering to “have a word” e.g. with the HV e.g. re. PND, to access support.	1. Informal talks with parents e.g. at toddler groups, Safety scheme can lead to members of different teams offering to refer to HV, e.g. re. giving up smoking, to access support. 2. Community paediatrician gives 1 session a week to this programme (1 of 6), facilitating access e.g. for advice, information and referrals (e.g. feeding/behaviour difficulties), providing a quicker response and more efficient pathway.	1. Informal talks/relationships with parents e.g. at toddler groups, Safety scheme can lead to members of different teams offering to refer to HV, e.g. re. speech and language, to access support. 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.		Facilitated by co-location of staff in centred base, office sharing and informality: makes referrals, raising queries, requesting information easier and reduces waiting time for parents. Range of professionals with different backgrounds and expertise “on tap” provides help for staff on queries outside their area of expertise and enhances what they can offer/ suggest to families.
Using community networks to extend activity into the community		1. Safety scheme advertised and offered in variety of settings across the area.	1. Good links developing with schools, nurseries and toddler groups. 2. Good links with local libraries. 3. Planning to liaise with groups to introduce mobile toy library service.	1. The FACT group provides a forum for consultation of local people on a range of issues e.g. local needs and new ways of implementing care (e.g. pamper days re. PND)	The Programme is working closely with local organisations and agencies (e.g. re. funding, venues, trainers) to: <ul style="list-style-type: none"> ▪ introduce new services and extend activity across the area and thus increase opportunities and enhance accessibility for families (e.g. baby clinics; courses such as First Aid; outreach access points for DV worker, paediatrician, HV)

					<ul style="list-style-type: none"> ▪ gain input into existing groups, thus benefiting from a range of expertise outside the Programme to increase knowledge and skills ▪ increase accessibility through provision of community transport
Supporting community groups / networks to promote sustainability			<p>1. Play and Learn team working in toddler groups to develop play practice and involvement of parents in play.</p> <p>2. TP Worker works with toddler groups e.g. re. safety regulations using SCUFA guidance.</p>	<p>1. PI worker works with toddler groups to share information and encourage new skills.</p> <p>2. Skills gained through FACT group and involvement and support of PI worker are taken forward into representation on Partnership board.</p> <p>3. Accredited Committee Skills course for local people will increase knowledge and skills re. working on committees, consultation, writing reports, letters etc. and potentially promote further community development work in the future.</p>	The Programme will potentially be 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.	1. HV and NN jointly deliver Family Nurturing course.	<p>1. Paediatrician working on antenatal pack with e.g. psychologist (sleep) and dietician (weaning) from other local programmes.</p> <p>2. Working across teams to introduce 2-year parties – HV</p>	1. Health and Play and Learn work closely to develop speech and language		As staff become established and as the Programme develops over time it may be possible to consider further development in the area of pooling expertise across teams e.g. in groups, sessions and

leaflets, groups, courses)		and NN from GP practice with Play and Learn – 2-year assessment, SSLM, play and learning, numeracy, literacy – informal approach. 3. Antenatal group for young parents run in partnership with SSP by Health Co-ordinator, SSP adviser and midwife.			courses.
Mutual promotion of activity	1.HVs and NN take information leaflets and timetables to every home visit.	1.Staff from all teams promote safety scheme e.g. HVs, NN, DV worker. HVs can support requests for extra equipment. 2. Staff from all teams promote baby massage.	1. HVs, NN, DV worker encourage participation in toddler groups if concerns are identified or to support family. 2. Members of all teams promote library facilities.	1. Staff from all teams signpost parents to childcare, courses and training opportunities.	1. Teambuilding days provided opportunity for staff to learn about each other’s roles and their involvement with parents; led to greater understanding and sharing of information. This will require ongoing attention as the Programme develops to ensure good communication, understanding and cohesion 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 and provides opportunities for staff to become familiar faces and for parents to ask about SS.

<p>Sharing practice across Sure Start boundaries</p>	<p>1. Request for Services meetings being established following successful pilot in a local trailblazer programme.</p>	<p>1. Informal contact with members of same profession in more established SS programmes enables learning from their experience e.g. how to approach parents. 2. Monthly meetings of Citywide team of Child Safety workers (incl. other SS progs) enable information sharing on safety issues / equipment / ways to improve scheme. 3. SS Health co-ordinators meet regularly. Paediatrician attends some meetings - to share good practice and ensure consistency of approach. 4. Paediatrician trains HVs across SS programmes to run Common Childhood Illnesses course.</p>	<p>1. Toy Library belongs to a citywide network.</p>		
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V. SECTION FIVE:

CONCLUSION

This report has highlighted many positive ways in which members of the Sure Start team have started to work together towards the Sure Start objectives and targets. Inevitably, as the Programme is developing a full team, 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 being developed with regard to interprofessional working. As this develops it would seem likely 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 coming into play within the Programme and analysed their contribution to each of the four Sure Start objectives, providing examples of practice for each dimension.

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

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

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