

**SURE START SUNDERLAND
NORTH WEST**

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

**SUMMARY OF
INITIAL LOCAL EVALUATION REPORT**

OCTOBER 2004

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SUMMARY OF FULL REPORT OCTOBER 2004

I. Aims Of The 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.

II. Method

All twenty staff in post 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.

III. Background

From the outset, Sure Start was held to be a clear demonstration of the Government's commitment to 'tackling complex issues in radical, innovative ways' (DfEE, 1999, p.1) in order to meet the needs of young children and their families. Part of their vision was that 'Providers of services and support will work together in new ways that cut across old professional and agency boundaries and focus more successfully on family and community needs' (ibid.).

At local level, Sure Start is run by partnerships, and working in partnership with different organisations is seen as crucial to improving local services and, indeed, is 'at the heart of Sure Start' (DfEE, 2000, p.8). Partnership working is 'exciting and challenging. People are used to different ways of working and need time to build a shared understanding and ethos' (ibid.).

IV. Summary of Full Report

1. Staff are working towards the objectives and targets for Sure Start by:

- providing new services, e.g.
 - providing resources to encourage parents to take an active role in their children's learning (Bookstart, Chatterbox, Talk Talk, Toy Library)
 - groups/classes/activities for parents/carers and children together (e.g. Breastfeeding support group, Baby Massage, 'messy play' sessions at toddler groups, crèche activities for dads and children)
 - courses/groups for parents/carers operating or in preparation (e.g. Smoking Cessation, Family Nurturing, Common Childhood Illnesses, Food Hygiene, Snowdrops postnatal support group)
 - services to promote health and safety (Safety Matters scheme; promotion of national events e.g. 'No Smoking Day', 'Breastfeeding Week')

- individual/group support for parents/families (e.g. via CARE-Index; Employment Counsellor service; La Leche training to lead to provision of breastfeeding peer support)
 - providing more information for parents (e.g. antenatal pack in preparation, promotional visits)
- filling gaps in services e.g.
 - earlier intervention and more proactive, preventative approach to speech and language in the home and in groups, courses, activities (e.g. through Baby Massage, training on SALT ‘traffic light system’)
 - liaison with Castle View Sports Centre to introduce Toddler Splash sessions
 - new activities for families with young children (e.g. story times at libraries) planned for times in week when toddler groups are not in session
 - possible introduction of short course for parents/carers and young children due to start nursery, with input from Health and Play and Learning teams
 - identifying need to extend services into Redhouse area (e.g. access point for Toy Library)
 - introduction of activities in school holidays
 - access to more childcare provision; helping to plan and implement crèche facilities with SCUFA
 - increasing range and availability of activities, information, support and training that could lead to employment
- adding value to/enhancing existing services, e.g.
 - working with toddler groups and community groups e.g. to develop play practice, promote speech and language development and offer support e.g. re. children’s sleep patterns, training opportunities for adults; also to increase parents’/carers’ knowledge of other services available e.g. Safety Matters, nursery nurse early interventions
 - introducing new services into toddler groups and nurseries, e.g. Toy Library, Mobile Soft Play in partnership with SNCBC
 - working with toddler group leaders and crèche workers to identify training needs
 - supporting local libraries through acquisition of new stock, involvement in renovation, introduction of Reading Reward scheme, story time sessions
 - planned liaison between health visitors and midwives on information sharing re. pregnant women at high risk of depression
- providing a flexible service / availability, accessibility
 - providing services for families in the home (e.g. Employment Counsellor, Community Paediatrician, Psychologist, Family Therapist, Nursery Nurse interventions, support for postnatal depression)
 - accompanying parents e.g. to toddler groups, appointments with Job Linkage
 - making information available at a range of venues (e.g. Sure Start information packs, health promotion information) and extending activity into outreach areas (e.g. Toy Library, Snowdrops group, and investigating possibility of mobile sensory equipment service with SNFZ); activity

supported by mobile crèche team if needed (e.g. Employment Counsellor and Community Development Worker service/courses)

- activities during school holidays
- attempting to address the varying needs of families
 - Request for Services meetings
 - Parent Matching service
 - addressing needs of particular community members e.g. Dads' group; equipment for children with physical/mental impairment; input into Castletown area
 - providing individual programmes of care (e.g. nursery nurse interventions on sleep, potty training, language development, behaviour, play and stimulation)
 - providing access to childcare facilities to enable parents to attend courses
 - opportunities for volunteer work within the Programme
 - enabling parents to have a say and participate in the Programme (e.g. Partnership, two core groups, future Parents' Committee)
 - establishment and constitution of Chatterbox community group, enabling members to participate in community development and take on officer roles
- delivering the Sure Start agenda through statutory health care services, e.g.
 - health visitor child development assessments (including primary visit, Edinburgh PND scale, breastfeeding, nutrition, hygiene and safety, speech and language, sometimes in conjunction with paediatrician)
- signposting/referral, e.g.
 - working in partnership with SNFZ, referring to Health Scented Team and Family Friends, also to 'Stay and Play' sessions
 - specialist smoking cessation adviser for pregnant women
 - GPs/CPN re. postnatal depression
 - Speech therapy service
 - Child Development Unit
 - training organisations / agencies offering employment advice

2. Key findings for the Programme to consider in relation to the targets concerned:

- Consideration of how to further develop work with non-Sure Start health visitors.
- A possible need for further training on postnatal depression and assessment tools.
- A need to consider whether clinic based promotional visits are the most effective way to reach parents/carers in the early stage of introducing Sure Start services, or whether it would be appropriate to reconsider home visits. Could antenatal promotional visits be considered if links with midwifery could enable access to information on pregnant women?
- In the light of some concerns and anxieties expressed, the recently introduced Request for Services meetings may require a period of monitoring.

- The Programme may need to further develop links with outside agencies e.g. mainstream social work to ensure full understanding of Sure Start principles and ways of working.
- How best to liaise with the new ‘smoking cessation adviser – pregnancy’ to ensure the Programme receives the information it requires and that appropriate support is given.
- A need to further develop a co-ordinated strategy for ‘marketing’ Sure Start North West.
- As the Programme is not receiving information on pregnant women in the area, it is unable to give breastfeeding information and support in the antenatal period. Following La Leche training, what action is planned for setting up peer support and could this be introduced antenatally if this information is provided?
- Consideration of whether the amount of Community Paediatrician support needed will exceed current capacity.
- The need to further develop work with the midwifery service could include looking at pilot projects established in other Sure Start programmes in the area (Health Care Assistants).
- Broadening access to the ‘Chatterbox’ service e.g. through interventions in the home.
- Input into less popular toddler groups.
- A lack of information about libraries in the promotional packs.
- Further encouraging active participation in the Programme by fathers/male carers, e.g. through recruitment of male workers/volunteers.
- Limited childcare facilities in the area for older children can restrict some families accessing activities, especially during school holidays.

The issues are identified throughout Section Two of the full report and are collated in Appendix One of this summary.

3. The evaluation highlighted factors helping and hindering progress towards targets and objectives. Both helping and hindering factors were raised within the following themes:

- Forming a new organisation/building a team. Helpful working practices included whole team meetings, individual team meetings, team building days, all of which have helped staff understand each other’s roles and responsibilities. Building on from the teambuilding sessions and sustaining this awareness are essential for successful links between teams and planning and sharing of work. Good links between teams were enabling staff to make use of each other’s skills and resources to develop programmes and support packages. Factors hindering work had mainly been concerned with unsuccessful recruitment and staff shortages e.g. in the Admin team.
- Professional support. Staff feel well supported, and commented favourably on good communication with, and support from, line management, the benefits of supervision, case discussion, co-working and teamworking in avoiding professional isolation, the availability of different professionals to go to for advice or support, the opportunity for self development and, for some, support from professional groups outside Sure Start and from other local programmes.
- Communication. Communication has improved since the team moved to the Cabin. Good communication was seen to be helping the work of the team.

Attending meetings was increasing knowledge of what was happening within the team, locally and citywide and enabling people to keep up-to-date. The accessibility of staff was facilitating communication and working together. Good communication is important in avoiding duplication of work.

- Work with parents and the community is being helped through the accessibility of staff in the community, being able to respond to fathers' interests through forming a dads' group, a range of staff promoting a scheme and making referrals, connection with SCUFA easing the pathway into toddler groups, links with voluntary organisations, the approachability of most agencies, good help from the community and a good relationship with parents. Developing relationships in the community has understandably taken time. Concerns over working with parents mainly centred on how best to reach them. Points considered important in future work concerned finding a way to distribute Sure Start packs to families who miss promotional visits, finding a way to target working parents, more provision of activities or childcare for older children to enable more young children to access trips.
- Working with mainstream services. This has benefited from staff's previous experience in a multi-agency team or work with outside agencies and enabled staff to develop relationships with other organisations and increase their knowledge and provide up-to-date information to parents. Further work may be needed with some mainstream services to ensure full understanding of Sure Start principles and ways of working, and more productive links with midwifery would be of benefit. There may be a need for better information sharing about mothers who are starting to breastfeed and consideration of whether cases of postnatal depression are being fully identified.
- Time. Time was an issue for several staff, e.g. in terms of lack of time, time management, travel time and workload and had been affected by delays in getting staff into post. For some in the Health team, the amount of statutory work was considered to be reducing time to develop new ideas and other roles, and one worker felt that clarification of which staff were required to attend particular meetings was needed.
- Staff have benefited from a wide range of training opportunities to develop their own practice, inform their work with parents and introduce new activity. It was suggested that time was now needed to consolidate training and take things forward and that a more co-ordinated approach to training might now be beneficial, so that staff were on 'training projectiles'.
- Premises. The delayed move from Winchester House, the change of buildings and lack of premises had delayed starting courses, particularly those requiring childcare prior to the provision of a crèche, and some staff felt that they were now more able to focus. It was acknowledged that a permanent building would attract more families and provide more suitable facilities (e.g. library facilities).
- Facilities and resources have improved since the move to the Cabin and there has been a strong improvement in publicity materials. The involvement of some staff in the Improving Lives steering group is helping identify how to improve working conditions. A shortage of facilities for older children was noted.

These helping and hindering factors, and the suggestions for what would help overcome these barriers, are described in full in Section Three of the full report and presented in table form in Appendix Two of this summary.

4. The evaluation identified examples of good practice with regard to interprofessional working in relation to the four Sure Start objectives, e.g.

Objective One

- Request for Services meetings to enable improved communication, information sharing and joint working to support families, through internal and external referral.
- Whole team training on child protection, domestic violence and anti-oppressive/anti-discriminatory practice.
- Team approach to early identification of emotional and behavioural difficulties (e.g. HVs, Nursery Nurses, Early Learning and Play team referring to Community Paediatrician).
- CARE-Index work involving psychologist, family therapist, health visitors and nursery nurses re. detection of early difficulties and support.
- Weekly drop-in case discussion forum open to any member of the team.
- Appropriate information sharing and referral within team, making use of expertise available.
- Joint running of Snowdrops group and Family Nurturing course by health visitors and nursery nurses.
- Liaison with other agencies to increase range and amount of support available to families (SNFZ).

Objective Two

- Whole team training on e.g. breastfeeding, postnatal depression and sleeping enables all staff to keep up to date and makes them better informed when talking to parents.
- Informal contact between staff in shared location is enabling them to access each other's expertise, pass on information and address parents' queries in a more informed way.
- Sharing good practice / mutual support (e.g. Citywide Partnership of Safety Workers).
- Nursery nurses, health co-ordinator, health visitors and community paediatrician working together enables more early interventions and provides opportunities for developing groups and courses; has led to better information sharing and referral, a quicker response and a more efficient care pathway; and to a feeling of shared responsibility and increased support.
- Community Paediatrician liaising with paediatric consultants and paediatric liaison nurse re. identification of repeat attendees at A+E.
- Community Paediatrician liaising with Sunderland Royal Hospital re. improvement of communication and consistency of advice to families.
- Linking with other agencies/professionals to support delivery of a wider range of services/groups (Health Scented, Family Friends) and deliver courses (e.g. First Aid, Food Hygiene).

Objective Three

- Staff from different teams have received speech and language training, enabling cross-team input into this Objective.
- A range of professionals meeting parents at a variety of venues, and the co-location and ease of contact with other professionals are enhancing

communication, information sharing and referral re. expressions of concern about speech and language.

- Good links with, and ongoing support from, the Speech and Language Department are enhancing knowledge and interventions.
- Good communication between health visitors, nursery nurses and paediatrician allows children to be identified, assessed and referred more quickly, enabling families to receive support earlier.
- Linking with other agencies to provide a wider range of play and learning opportunities (e.g. SNCBC Soft Play) and provide crèche support.
- Work being enhanced by good links with toddler groups, local schools and nurseries, SCUFA and local libraries.

Objective Four

- Dads' and Kids' Group set up by Community Development Worker and jointly run by Health Co-ordinator and Employment Counsellor, providing input from different areas of expertise.
- Staff work together to access community networks to assess needs and extend activity into the community.
- Good links with other organisations that can provide support (e.g. Gingerbread) and assist with employment issues (e.g. Lone parent Adviser, Job Linkage), including invitation to Sure Start groups.
- Linking with training providers and centres e.g. Downhill, Hylton Castle, City of Sunderland College, to provide courses in local area.
- Sharing good practice / mutual support and exchange of information (e.g. regular meetings of Local Development Workers and with Job Linkage /Back Up North; invitation of agencies e.g. Job Linkage to whole team meetings).
- Community involvement and links with the voluntary sector have provided a pathway into more hard to reach groups and has led e.g. to take-up of a Sure Start course.

5. Interprofessional working appears to be contributing to the objectives by:

- Widening the repertoire of possible interventions and responses
- Accessing a range of professional perspectives
- Providing access to networks of different professionals involved
- Broadening/reconceptualising professional knowledge
- Easing referral and support pathways
- Using community networks to extend activity into the community
- Supporting community groups / networks to promote sustainability
- Pooling expertise to enhance family support and promote parental learning
- Mutual promotion of activity
- Sharing practice across Sure Start boundaries

Examples of the contribution that these dimensions of interprofessional working are making to each Objective are provided in Section Four and Table One of the full report (Table One attached as Appendix Three in this summary)

6. 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?’

References:

DfEE (1999) *Sure Start. Making a difference for children and families.* Suffolk, DfEE.

DfEE (2000) *Sure Start. A guide for third wave programmes.* Nottingham, DfEE.