

**SURE START SUNDERLAND NORTH WEST**

**INITIAL LOCAL EVALUATION REPORT**

**MAY 2004**

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

**Gillian Morrow  
Fiona Simpson**

**School Of Health, Natural And Social Sciences  
University Of Sunderland**

**North West**

**Round 5**

Programme Manager: Gillian Patterson  
[gillian.paterson@ssd.sunderland.gov.uk](mailto:gillian.paterson@ssd.sunderland.gov.uk)

Tel: 0191 516 4080

Evaluator: Gillian Morrow  
[gillian.morrow@sunderland.ac.uk](mailto:gillian.morrow@sunderland.ac.uk)

## CONTENTS

	Page
Introduction	1
Progress Towards Sure Start Targets and Objectives and How Staff are Working Together	3
Factors Helping And Hindering Progress Towards The Sure Start Objectives And Targets And Staff Perceptions Of What Would Help Overcome These Barriers.	35
The Contribution Of Interprofessional Working In Relation To Sure Start Objectives And Targets	40
Conclusion	51
References	52
Appendix One: Staff Table	
Appendix Two: Summary Of Issues Raised In Relation To Working Towards Sure Start Objectives And Targets And Questions The Programme May Wish To Consider	
Appendix Three: Factors Helping and Hindering Progress and	
<b>What Would Help Overcome Barriers</b>	

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

## I. SECTION ONE: INTRODUCTION

### A. Sure Start North West

Sure Start North West comprises two electoral wards in Sunderland. Town End Farm has a population of 10,300 and Castletown has a population of 9,600 (Office of National Statistics, 2000), and the area also incorporates the estates of Downhill, Hylton Castle and Red House.

#### 1. Structure of the Programme

The Sunderland North West Partnership, like the previous three Sure Start Programmes in Sunderland, has The Social Services Department as their accountable body and lead agent. The Partnership consists of representatives from citywide organisations, local agencies and voluntary organisations. Together the Partnership link with Wider Strategic Planning, which includes Early Years Development & Childcare Partnership, Children and Young Persons Strategic Partnership and Local Strategic Partnership.

The Group Leads has members of all organisations involved, but more particularly those who are receiving funding or delivering projects on behalf of the Programme.

The Programme has four main teams: Administration; Play, Learning and Childcare; Health & Family Support, and Community / Parental Involvement. There is a Management Team that consists of the Programme Manager, the team co-ordinators and a representative of the administrative team. There are also three Core Groups, which are more operational. Each of the three co-ordinators takes the lead in one core group for their specialism, and all staff feed into one of these groups.

*Health* – including the Health Team and representatives from outside agencies

*Play & Learning* – including the Play & Learning Team, representatives from outside agencies and parent representatives

*Community Development* – including the Community team, representatives from outside agencies and parent representatives.

The Programme Manager leads on the *Capital* core group.

The Programme also has some specialist groups, e.g. the fathers' group.

## **2. History of Staff**

The Programme Manager came into post in August 2002 and staff have come into post on a gradual basis since that time. At the time of writing the most recent worker came into post in January 2004. Recruitment is still ongoing as some posts are yet to fill. Dates of staff coming into post are listed in Appendix One.

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

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

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

#### **2. Method**

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

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

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

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

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

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

### **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:** *To reduce the proportion of children aged 0-3 in the 500 Sure Start areas who are re-registered within a space of 12 months on the child protection register by 20% by 2005.*

This is an area in which the majority of staff feel they have a role to play, e.g. through early identification of difficulties and reporting of concerns to members of the team. Information sharing and joint working are being formalised through the introduction of the Request for Services system, a whole team approach to making and implementing plans for work with families on a range of issues, not restricted to child protection cases.

The Programme Manager is responsible for ensuring that child protection is highlighted during the staff induction process and for identifying training needs in individuals who join the Programme and ensuring this is organised. She is responsible for monitoring across the team to what extent staff have child protection training appropriate to their level of working. She has also organised whole team training on child protection, domestic violence and anti-oppressive/anti-discriminatory practice. The psychologist has run training on the CARE-Index and on an introduction to attachment for the whole team.

The Programme Manager is the link person with social services, receiving information about child protection cases. The Health Co-ordinator is provided with a list of children on the register in the area by her STPCT line manager, and what support they are receiving, and formulates a care plan with the Health Visitors and social services, incorporating who is responsible for the family. Intensive visiting is carried out and is followed up when the child is deregistered. Liaison also takes place with the Sure Start paediatrician. Nursery Nurses liaise with Health Visitors and follow programmes of care as appropriate on a one-to-one basis with families. This includes support such as accompanying families to toddler groups and introducing them to the facilities in the area. The Psychologist also works closely with social services on assessment and intervention and will be taking internal referrals. The position regarding external referrals has not yet been firmly established. The Programme has a Child protection policy and staff are aware of the procedures to be

followed in cases of concern and also ensure that groups they work with in the community, e.g. toddler groups, are advised of the procedures.

Health Visitors operate high dependency visits where there are concerns, increasing the visits to a minimum of three months, and difficulties may also be highlighted through their surveillance programme and Well Baby Clinic sessions and the Nursery Nurses' promotional visits. Preventative work is also considered important and is addressed by workers from different teams, e.g. through the Childcare co-ordinator promoting play in the "Dads' group" to encourage interaction and help the development of relationships with their children, through the Librarian's outreach and small group work with young children containing a social and cultural element; through linking toddler groups to nurseries to ensure continuity and greater knowledge of families, and through signposting families to relevant services, e.g. Family Friends. One-to-one interventions by Nursery Nurses are offered in the home on issues such as sleeping problems. Programmes such as the Family Nurturing Programme may make a proactive contribution to this target. The new Snowdrops group, to be run by Health Visitors and Nursery Nurses, will provide postnatal support and cover issues such as new births, postnatal depression (PND), fathers, relationship with partners, employment, feeding and sleeping, on a 6-week rolling programme, inviting guest speakers as appropriate, e.g. dentists to talk about dental hygiene, and offering opportunities for parents to suggest areas for input. There was some delay in commencing this group due to initial lack of premises. Due to their knowledge of her previous experience with young parents, the Hospital social work team referred to one member of staff a teenage parent with a baby on the Child protection register, and this person then offered one-to-one support.

It is hoped that the introduction of the CARE-Index screening, aimed at early identification of difficulties, will prevent child protection cases and reduce the risk with older children in the family. The training provided for the team by the Psychologist and Family Therapist includes helping staff identify covert abuse and problems and helping them make sense of what they see when it is not obvious abuse. Health Visitors trained in the CARE-Index will be expected to routinely video record all mothers and their babies in the first few weeks postnatally (with parental consent). They will then take the video recording to a consultation with psychology and the video will be used as a screening device for potential problems. Mothers will be given feedback and, if necessary, offered additional support.

Staff are supported in this work by the weekly case discussion forum, a drop-in session run by the Psychologist and Family Therapist for any member of the team (predominantly Health) to discuss complex cases or any difficulties with families. The forum has been used by Health Visitors and Nursery Nurses. 'It is about containing people's anxiety and helping them understand why people and children behave the way they do and why they make us feel as they do' (H7). In one example, this drop-in has led to a case being brought to social services. Using the information from the drop-in, it was decided to invite social services into Sure Start to talk about their concerns and discuss a way forward and how they could work together. One worker reported that 'it's very helpful. The problem becomes a shared one – you are still responsible but not so much' (H3).

Evidence of a whole team approach to support for families is to be found in the planned introduction of the Request for Services system. Following on from their previous experience working in a trailblazer programme, two members of staff were invited to talk about their experiences of setting up a referral and allocation project. Their experience had shown that this was a process staff needed to work through, rather than a set formula, so the training they provided for staff covered issues such as confidentiality, participation of team members, airing anxieties about the process, informed consent and the place of supervision. The team is working through issues such as attendance, confidentiality, consent and purpose for different professions. Despite some worries, the staff are reported to be keen to go ahead with the meetings, which are starting with case studies, and will enable e.g. practice on chairing, minute taking and the role of admin.

There appears to be a strong emphasis on aiming to reduce stresses for families and strong links have been made with two services in particular. The Programme supports and works closely with the Health Scented Team (a holistic approach to good health and wellbeing offering a variety of therapies, relaxation techniques and stress management) and the Family Friends befriending service (part of Sunderland North Family Zone) and individual referrals are made to these services. The Family Friends co-ordinator is managed by the Sure Start Health Co-ordinator, whose management role thus extends beyond the Sure Start team to voluntary agencies and covers e.g. family issues and financial issues for the projects.

**Issue One:**

It was reported that other (non-Sure Start) Health Visitors do not make use of the Wednesday sessions, although they are open to them. It was felt that people could live in the same street and get different support because the non-Sure Start Health Visitors did not seem to be aware of the helpfulness of these sessions.

**Questions:**

How equal is the support being offered to families across the Sure Start area?

Sure Start employs one Nursery Nurses who is based at Sure Start and part of the Sure Start Health team, and who works with mainstream Health Visitors in GP surgeries in the local area.

Does Sure Start need to further develop work with non-Sure Start Health Visitors to ensure that an equal service for families is provided across the local area?

**1b. Target Two:** *All local Sure start programmes to have agreed and implemented, in a sensitive way, ways of caring for and supporting mothers with postnatal depression.*

This is an area that may be identified through Request for Services and through the CARE-Index screening, which will incorporate a measure of maternal mental health (depression and anxiety).

At present, staff work in the following ways. The Health Visitors have been trained to carry out the Edinburgh PND screening at 5 weeks, 3 months and 9 months. If a problem arises the Health Visitor discusses this with the mother and is able to offer support in a number of ways, e.g. through listening visits or through encouraging mothers to attend groups locally, e.g. the Snowdrops group, which the Programme

hopes to roll out to each of the five local areas to enhance its accessibility. Links are made with the Sunderland North Family Zone (SNFZ) service, with a referral being made to the Family Friends scheme if the mother is isolated and in need of this type of support, or to the Health Scented Team, e.g. for reflexology or massage, supported by crèche facilities. Where Family Friends are involved, they are encouraged to be present at visits by the Health Visitor. Cases can be referred to the Psychologist/Family Therapist or taken to them for case discussion. If families do not want to go through Sure Start the Health Visitor can refer them to the Community Psychiatric Nurse (CPN) for their GP practice. If the scores are high at 5 weeks the GP is informed because there is a 6-week GP check for new babies. Increasingly over time, as the Infant Programme becomes established, the Family Therapist and Psychologist will work directly and indirectly with mothers with postnatal depression.

It is not only the Health team who report that they contribute to this target. For example, some members of the Play and Learning team and Community team reported talking informally to mothers, e.g. at toddler groups, telling them about the support available and offering to “have a word” with the Health Visitor to access support. One worker also reported working closely with the senior therapist at SNFZ, which enabled her to suggest their services, e.g. therapies, peer support and counselling. The Sure Start registration card also enables staff to talk to other professionals with the family’s permission. The Administration team are aware of the need to be sensitive in taking telephone calls and making mothers feel at home and relaxed when they visit the Cabin, as ‘sometimes they launch into talking about their difficulties so you need to be prepared for this and sensitive in your approach’ (A13).

**Issue Two:**

One member of the team expressed frustration concerning a lack of sufficient information on postnatal depression and a lack of support for fieldworkers. She also reported feeling unclear about the target, which concerns the number being treated, and feels there is a large discrepancy because she does not feel that all cases get picked up and hence do not get treatment. She questions the reliability of the current screening method. This situation will potentially be improved through the introduction of the CARE-Index screening and its attention to attachment and bonding and postnatal depression and anxiety.

**Question:**

Does the Programme need to consider working more closely with the PCT in order for staff to receive more training on postnatal depression and perhaps consider alternative assessment tools?

**1c. Target Three:** *100% of families with young children to have been contacted within the first two months of birth.*

This target is achieved through the statutory Health Visitor primary visit 10-14 days after birth. The statistics on births and visits are fed to the Programme Manager by the PCT and she would have to flag up any discrepancy. In the case of babies in the neonatal unit telephone calls are made by the Health Visitor.

The Programme has introduced a new initiative to improve the way in which families with new babies are introduced to Sure Start services and reduce the amount of

information that needs to be given at the primary visit when there are other issues to discuss. Every family with a baby born since 1<sup>st</sup> January 2004 receives an invitation from a Sure Start Nursery Nurse to a promotional visit at their local Well Baby Clinic (when the baby is approximately 4/5 weeks old). This allows the Nursery Nurse to explore any parental concerns, promote Sure Start services and what they have to offer, including baby massage and the Parent Matching service, provide the promotional pack, a referral form for Safety Matters and a consent form and ascertain smoking and feeding status. This is also seen as an opportunity to find out what families in the area want. Details from the consent form are then added to the Sure Start database by the Admin team. This contact is seen as positive as it helps to develop a relationship between the workers and the families, and also means that the Nursery Nurse becomes a familiar face, which is seen as positive in terms of future visits, e.g. the 18 month check (H22). If parents do not attend they will be invited again, and if they still do not attend they will be visited at home.

**Issue Three:**

Concern has been expressed that parents who do not attend the clinic are not targeted as early as those who do. Inviting parents to these appointments raises social issues of access and transport. It was originally envisaged by the instigator of these visits that they would take place in the home but this idea was not accepted and has therefore been adapted as described. Government guidance on Sure Start has also suggested that home contact is a positive step to develop relationships soon after the birth and ‘to make parents aware of the full range of services available and to begin discussion about their needs and the services they may want to enjoy’ (DfES, 2002, p.10).

**Question:**

As the promotional visits are reviewed over time, does the Programme consider that clinic appointments are the most effective way to reach parents/carers at this early stage, or would it be appropriate to reconsider home visits?

Further, could the Programme consider starting promotional visits in the antenatal period? How could links with midwifery be improved to enable access to information on pregnant women in the area?

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 the providers of ante-natal care in the area including GPs, hospital staff and voluntary providers as well as midwives.

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

The co-location of professionals such as Health Visitors, Nursery Nurses, Psychologist, Family Therapist, the Play and Learning Team and Community Development Team, and the introduction of weekly case supervision sessions and 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, e.g. social services, who are invited in to discuss individual families. Co-ordination

with Family Friends and nursery staff also provides the opportunity for appropriate services to be offered to families and has, for example, also involved working with the disability team to support a family through provision of nursery sessions for the younger siblings of a child with disabilities. Health Visitors and psychology will work closely together on video screening and on offering interventions if necessary, which will include input from Nursery Nurses. Furthermore, the weekly drop-in case supervision facilitated by the Psychologist and Family Therapist is providing increased support and a feeling of sharing of responsibility for Sure Start professionals.

The employment of Nursery Nurses in the Health team can be seen to be enhancing work with families in the community through one-to-one interventions in the home or through facilitating access to groups such as toddler groups, which may, for example, reduce social isolation. Nursery Nurses and Health Visitors will run the Snowdrops group together. Members of the Play and Learning Team and Community team are also contributing to this objective through relevant training and understanding of referral mechanisms, through knowledge and understanding of services available and the ability to access professionals such as Health Visitors easily, and through providing a listening ear in the community. 'There are different professionals to go to for advice or support and you can just say "Can I have 5 minutes?" and it makes it easier to make appointments, and it is easy to ring them as well' (P1). 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 committed to working in partnership with SNFZ to increase the range of support available to families.

Staff reports on factors that were helping them work towards Objective One included: previous experience and knowledge gained through use of the Edinburgh PND scale and working with mothers with high scores on an individual and group basis (P10), good links with the Health team (C18), and working with children, teaching them how to play with toys and how to interact (P4). Factors hindering work towards this Objective included: delays in moving from Winchester House (H22), lack of crèche staff until recently (H22), and time management, with statutory work playing a large role (H2). One person noted that time to develop other roles within Sure Start would be welcome to help work towards this objective (H2).

**Issue Four:**

There have been some concerns and initial anxieties over the introduction of the Request for Services meetings, e.g. 'early discussions have raised confidentiality issues.'

**Question:**

How will the Programme monitor the initial phase of Request for Services meetings, considering, e.g., staff anxieties, aims, team participation, procedures and responsibilities, and how/whether families' and professionals' needs are being met?

**Issue Five:**

One member of staff reported that working in partnership with social services remained difficult and suggested that there may be a lack of understanding of Sure Start's modus operandi, e.g. with regard to whole family work, and their still trying to use the service in traditional ways. Another felt that more education was perhaps required for outside agencies to ensure clarity of Sure Start principles and ways of working, e.g. mainstream social work. The Programme has also been unsuccessful in recruiting a social worker for their team.

**Question:**

How can the Programme further develop its links with outside agencies, e.g. mainstream social work, to ensure full understanding of Sure Start principles and ways of working?

**2. Objective Two: Improving health**

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

**2a. Target One:** *To achieve by 2005 in the 500 Sure start areas a 10% reduction of mothers who smoke in pregnancy.*

The two Sure Start Health Visitors and one non-Sure Start Health Visitor run a weekly smoking cessation clinic at Hylton Castle Health Centre. This is for postnatal mothers and other family members. The Health Co-ordinator will also be receiving training to become an intermediate smoking cessation adviser. Clients are seen fortnightly for 3 months and the success rate is described as 'very good'. The Programme is supportive of the group. A course on 'Smoking in Pregnancy' has extended knowledge of the harm of smoking for mothers and babies. GPs, practice nurses and midwives refer into the service and there is also self referral (e.g. mothers are asked their smoking status at the promotional visit and at routine home visits and are told about the clinic, given leaflets and can be referred to a Health Visitor). The Health Visitors are also nurse prescribers for nicotine replacement therapy, but are unable to prescribe nicotine patches to women who are, or are planning to be, pregnant or are breastfeeding. Consultants in Sunderland have signed an agreement for these people to be referred to the specialist smoking cessation officer, who then operates weekly home visits.

Other members of the team, including the Community Team and some of the Play and Learning Team, reported promoting the smoking cessation class and giving out leaflets, e.g. at toddler groups; promoting 'No Smoking Day', e.g. in libraries; and liaising with health visitors when a parent expressed an interest in giving up smoking. Guest speakers have also been invited into community groups. Work towards this target is supported by the Admin. team who input data on smoking status, liaise with the Health Team to make fliers and posters and organise promotional materials for event days, and are often the initial point of contact for parents.

**Issue Six:**

At present there is some frustration that data received by the Programme only relates to numbers of women smoking at birth and 6 weeks after birth when public health evidence shows that people are much less likely to give up smoking after rather than

before the birth. There is a concern that mothers are being targeted too late and that it is 'the tip of the iceberg'. The Programme is not provided with a list of pregnant women in the area by the midwifery service and there is currently no midwifery input into the Programme.

Progress towards this target will potentially be enhanced through the planned employment of a pregnancy smoking cessation adviser funded by Sure Start, to work across all Sunderland local programmes. It is intended that the adviser will visit every pregnant woman who smokes and will have previous experience as a nurse, which will enable them to access information on pregnant women.

**Question:**

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

**2b. Target Two:** *Parent support and information to be available for all parents in the Sure Start areas.*

Request for Services demonstrates one way in which the Programme will be striving to ensure that parent support for particular families is considered by the whole team with their range of expertise, and that the most appropriate course(s) of action is/are offered to the family. Staff are able to refer families within and across teams where a need for help, support or information is expressed or identified, and this can be through a range of types of contact, e.g. at toddler and community groups, crèche, Safety matters scheme, home and promotional visits. Promotional visits have recently been introduced to improve the way in which families are introduced to Sure Start services and reduce the amount of information that needs to be given at the primary visit when there are other issues to discuss.

Considerable effort has been given by the team to producing an attractive, accessible information pack about the Programme and opportunities for parent support. This is given to families, e.g. at home visits, the promotional visit and family and community events, and sent out by the Administration team in response to telephone enquiries. Some members of the team were evidently giving much attention to distribution of the packs to families 'at any opportunity' (C5), and also to professionals, e.g. Hospital social work team, B2B+, Backup North, SNBC and to local organisations, e.g. Town End Farm Residents' Association. Volunteers are also given packs to distribute.

The admin. team have supported team members through purchasing promotional items to take to events and through producing a number of leaflets on the services and professional support they offer, e.g. Safety Matters, Employment Counsellor support, and on groups, training, activities and events. These are distributed and/or displayed at e.g. the Sure Start crèche, toddler groups, nurseries, Hylton Castle Health Centre, clinics, community centres and shops. Staff running events are provided with leaflets by other members of the team. One member of staff also reported that being well known personally in the area presented opportunities for informal communication with parents about areas of concern and requests for information and for 'helping parents into the programme informally' as sometimes 'they have to get over the boundary of being scared'. One Sure Start Nursery Nurse, who works with mainstream rather than Sure Start Health Visitors, reported attending antenatal

parentcraft classes with a Health Visitor to explain their roles, where they are based, and services offered for after the baby is born.

In response to parental comments, the team has taken a decision to send personal invitations to parents for events and activities, as parents had reported that this would be more effective than picking up a leaflet. This is carried out as time permits.

Knowledge of other services available in the area and how to find information for parents is also clearly important. For example, a member of the Community team reported her own awareness of health issues that affect people due to low income and knowledge of where to find information, e.g. the Answers confidential help line.

**Issue Seven:**

Although members of staff appeared to be making keen efforts to distribute information packs and leaflets, and one reported that ‘a lot of footwork is involved to ensure that as many people hear about Sure Start and the services offered’, one member of staff expressed concern that the Programme is not marketing itself as actively as it could and is perhaps missing opportunities.

**Question:**

Is there a co-ordinated strategy in place for ‘marketing’ Sure Start and does this need to be further developed? How could the Programme extend this in the antenatal period?

**2c. Target Three:** *All Sure Start programmes to give guidance on breastfeeding, hygiene and safety.*

Health staff have received breastfeeding training including Bloomsbury and La Leche, and a Nursery Nurse is hoping to receive La Leche training. Health Visitors report hoping to set up a breastfeeding support group. The Co-ordinator reports ensuring that Health Visitors and Nursery Nurses distribute health promotional advice, as well as passing information to other team members for distribution, e.g. toddler group workers and librarian, in order to raise breastfeeding awareness.

Health Visitors also report work on breastfeeding in the community, e.g. doing breastfeeding sessions with librarians. Health Visitors go into Castlevue Comprehensive School to give talks on the Health and Social Care course in Years 10 and 11, initially about breastfeeding and also about jobs in the Health service. There were currently six young mothers in Years 10 and 11 and the Health Visitors promote Sure Start services. Other members of the team are aware of this target and some have reported referring to Health Visitors. CARE-Index screening has the potential to detect anxiety over breastfeeding and referrals will be made to Health Visitors. Two members of the Play and Learning team reported contributing to Breastfeeding Week. They worked with the Health team on a strategy to promote the week in toddler groups and the library by reading relevant books to the children, involving breastfeeding mothers and giving out “freebies”. The admin. team are often the first point of contact for parents and are able to signpost them to the relevant workers, i.e. the Health team and the Safety Matters worker.

**Issue Eight:**

One member of staff reported concern over whether the Programme is adequately meeting this target and reported e.g. cultural issues in the area and poor written materials. The Programme Manager is the nominated Sure Start Programme Manager to take forward the issue of breastfeeding across the City and will work with all Sure Start programmes, all the Health managers and the Hospital.

Tenuous links with midwifery mean that the Programme is not receiving information on pregnant women, hence Sure Start is unable to give breastfeeding support and information in the antenatal period.

There appears to be a lack of communication and appropriate support to maintain breastfeeding within the first week or two after birth, as Health Visitors report not receiving information about breastfeeding activity. La Leche peer support will potentially increase support for new mothers and has the potential to target antenatally.

**Question:**

Does the Programme have an action plan for setting up peer support groups?

Hygiene and safety constitute part of the core care plan for health visits. Staff report addressing basic hygiene matters in individual work with families, e.g. bottle washing, hand washing and observing and identifying potential hazards in the home, and in the crèche contract. Hygiene and sterilisation will also be covered in the Snowdrops group. The Toy Librarian gives information to parents about the age appropriateness and suitability of toys for their children. Certificated Food Hygiene courses are being run for a community group, all toddler group leaders and some toddler group parents. The Programme Manager ensures that team members have received food safety handling training. The Health Visitors attend the final session of an antenatal parentcraft course run by midwives at Hylton Castle Health Centre in order to cover sterilisation of bottles.

The Programme operates a Safety Matters scheme. Suitable appointments are made with families to arrange the loan of safety equipment, which can also be delivered for a small charge. Families are informed of the scheme at home visits and the promotional visit and referred to the Safety Matters worker, mainly by the Health Visitors and Nursery Nurses, but also by other members of the team, e.g. Admin, also the Librarian and the Toddler Power Worker, who can ring and make appointments with the Safety Matters worker on behalf of families, and the worker can also report back to them if the family misses an appointment.

The take-up of safety equipment is reported to be well over target for this area and the scheme is reported to benefit from active promotion at an early stage; good communication between staff; regular management support from the Health Co-ordinator; the appointment of a driver to undertake deliveries, and the Safety Matters worker being well known in the area. Better storage facilities at the Cabin would help get the service up and running at this venue. Time previously wasted on missed appointments will potentially be reduced through the support of the Health Co-ordinator who will be given names of those who have missed two appointments which she will pass on to the Health Visitors in order to find out why and how to proceed.

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

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

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

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

Staff are aware of the new Sure Start target with regard to antenatal advice, support and information being available to all pregnant women and their families living in Sure Start areas. The Health Visitors will be receiving training on an antenatal screening tool for depression. Midwives start the Edinburgh screening at 20/32 weeks, which picks up high risk, and it is intended that high scores will be passed on to the Health Visitors so that they can continue through postnatally. 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. The Psychologist reported hoping to develop work in the antenatal period, e.g. picking up antenatal referrals for depression and other mental health problems, implementing Braselton work, doing educational work with midwives, developing protocols for referral or to offer case discussion. However, links with the midwifery service are described as tenuous and communication with the midwifery service as historically problematic, so at this stage it is unknown how this work will develop.

In two other local Sure Start programmes Health Care Assistants visit every pregnant woman in the area to promote Sure Start services and breastfeeding. As the value of this scheme is assessed, the Programme is hoping to learn from their practice.

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

With regard to interprofessional activity a major link towards the achievement of Objective Two is that of the Community Paediatrician, Health Co-ordinator, Health Visitors, Nursery Nurses and Safety Matters worker. A principal function of a Sure Start local programme is to provide comprehensive family support, add value to what already exists and work towards a more cohesive and equitable set of services, for example by making professional and clinical advice more accessible and responsive to children's needs. The Sure Start Health Visitors have a slightly reduced caseload to other Health Visitors and run groups and courses in the community, and their work is supported by nursery nurses assisting with developmental checks and with clinics, carrying out interventions in the home and running courses jointly. There is easy access to a Community Paediatrician on site for advice and referral, and she also works with families in the home. In addition, Health Visitors report that previously they worked in isolation, whereas now working closely with others is leading to a feeling of 'sharing the load' and shared responsibility, and a feeling of being well supported. The Sunderland Nurse Forum is currently looking at the role of the health visitor, particularly in conjunction with Hall's (2003) recommendations with regard to developmental assessments and support for parents in areas of need.

Training related to e.g. breastfeeding, postnatal depression and sleeping has been delivered to members of the whole team, including admin, who report that this allows them to keep up to date on issues and current topics, and makes them better informed when talking to parents.

The Health Co-ordinator has a wide role in team leading four Health Visitors who work in the area and are allied to Sure Start as well as the two Sure Start Health Visitors and three Nursery Nurses (each of whom work with two Health Visitors) and the Safety Matters worker. Nursery Nurses support 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, potty training, behaviour and language development. Health Visitors and Nursery Nurses will run groups together, e.g. Snowdrops group, Family Nurturing. The Health Co-ordinator works in the dads' group with the Employment Counsellor. The Health Co-ordinator also has a management role with regard to the Health Scented Team and Family Friends and liaises closely with the co-ordinator concerning referrals and operational matters, and this is to be extended to liaison on individual families. Her association

with the Family Friends co-ordinator, who is starting a local parents' group in an area considered one of the hardest to reach, has led to her accompanying the co-ordinator to the group and their subsequent agreement to undertake the Common Childhood Illnesses course (she is also able to offer First Aid and Family Nurturing courses). Community involvement from the voluntary sector is reported to have paved the way into more hard to reach groups, e.g. an established toddler group in one area. The Programme is showing evidence of using the strengths of the community to ease pathways into hard to reach groups.

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

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

Objective Two emphasises *supporting parents in caring for their children* to promote healthy development before and after birth. As well as striving to improve communication with regards to children's health and professional care, the Programme is developing ways by which to empower parents in family health matters, through First Aid courses, Food Hygiene courses and, notably, the Common Childhood Illnesses course and through providing one-to-one support in the home.

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

It is evident that in a number of areas, notably Safety Matters, members of the whole team are working together to promote the scheme and make referrals.

Work towards this objective is also being strengthened by some team members' links with members of the same profession outside the Sure Start programme. For example,

the Safety Matters worker is a member of the Citywide Partnership of Safety workers, which includes workers from, e.g. Healthy Living Centres, other Sure Start programmes and Easington Lane Access Point, and meets monthly to share information on any accidents, views of equipment and how to get a cheaper deal. Leaflets on safety are obtained from the Health Promotion service, with which the worker also liaises over individual parental requests for written information. The company from which the equipment is ordered is also a good source of support and mutual feedback is provided.

Other factors that staff felt were helping them work towards Objective Two included: easier communication now that staff are based at the Cabin (C18), making good use of skills and resources with the Health and Community team developing programmes together (C18) and previous experience working with outside agencies meaning that 'whatever the family presents with, I know where to go to for help' (H3).

Staff reports on factors hindering work towards this Objective were as follows. It was felt that having the Health Co-ordinator last in post (because the team was already there but there was no identified lead) had delayed getting services off the ground, as had having to catch up after being out of health visiting for a while and new additions to role (H9). Changing buildings had also delayed starting courses where childcare was required, and the recent provision of a crèche meant that the team was just starting to be able to focus (H9). Gaining trust from voluntary groups and developing relationships had taken time, for example fighting through the barrier of having previous temporary initiatives, e.g. City Challenge (H9). There had also been a delay for one person wishing to undertake the Common Childhood Illnesses course (H22). One worker felt there was a lack of consistency in services being received by families, e.g. 'we are running groups, and families with non-Sure Start Health Visitors could be using services such as groups more if it was promoted by these other Health Visitors, and this would also increase our numbers for our targets' (H3). Geographical boundaries meant that families in the area were not receiving an equal service, with one side of a street in Red House being part of Greater Southwick Sure Start, which has more facilities up and running, and the other side being part of Sure Start North West. This led to wanting to be able to increase the speed at which services were implemented (H22). Time was an issue, with one worker commenting that meetings took up a lot of time (C15) and statutory work playing a large role (H2).

It was felt that a permanent building would get more people in and allow for everything to be at one base (C15) and help overcome difficulties with those who were upset at the loss of a community centre on the current site (C15).

#### **Issue Nine:**

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).

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

**Question:**

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

**Issue Ten:**

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

**Question:**

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

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

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

**3a. Target One:** *To achieve by 2005 for children in the Sure Start areas, a reduction of 5 percentage points in the number of children with speech and language problems requiring specialist intervention by the age of 4.*

This objective is mainly the responsibility of the health team as they assess children in speech and language at developmental checks, 18 months and 2 ½ years. Nursery Nurses implement the Sure Start Language Measure (SSLM) under the remit of the Health Visitors. The Play and Learning team also have valuable input incorporating speech development into everyday activities they organise. The Programme Manager feels that the teams are very much working towards this target and her role is to co-ordinate and support others in their activities. The Programme is currently in the process of recruiting a speech and language nursery nurse whose role will be to work across the six nursery schools in the area. The psychology team also hopes to promote good interaction between mother and baby that will work towards providing foundations for speech and language development, e.g. turn taking.

Health Visitors and Nursery Nurses have undergone speech and language training organised by the Health Co-ordinator and offered by the Speech and Language Therapists at Sunderland Teaching & Primary Care Trust (STPCT), so are able to pick up on any problems during developmental checks. They implement a 'traffic light' system that provides guidance of when it would be appropriate to refer a child to the speech and language department. If a Health Visitor or Nursery Nurse has a concern about a child's speech they discuss with the family how best to tackle this issue e.g. a supervision session can be organised, then support is provided and ways of dealing with this are discussed without alarming the family about their child's development.

Nursery Nurses provide intervention programmes under the Sure Start remit that are implemented on an individual basis according to the child's needs. On each home visit a programme of care is discussed with the family and this continues over a period of time and the progress of the child is monitored. The length of time may vary according to the needs of the child and family.

If a Health Visitor or Nursery Nurse feel that a child needs to be referred for specialist speech and language assessment they are then referred to the Speech and Language Dept to be assessed by a therapist. Speech therapists provide accessible outreach at Southwick Health Centre as well as at their main base.

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 needs specialist intervention. Referrals are made via the Health team and also speech and language therapists. After assessment the child can be referred to appropriate services i.e. consultants within the Child Development Unit (CDU) and other paediatric consultants, according to their specialism e.g. failure to thrive.

The Play and Learning team provide activities within the crèche and toddler group and nursery settings to promote speech and language. This is also implemented by the Family Community Development Worker who accesses community groups. Activities include singing, storytime, stories with puppets, and rhyme and action games, which encourage repetition or help children to sound out words. As many of the staff see children on a regular basis they are able to monitor them and pick up on any signs of slow development. Any concerns would be discussed with parents/carers and referrals can then be made to the Health Visitor.

The Play and Learning team provide resources, and promote schemes e.g. Bookstart, in which they link with the Health team to give out a free bag of books at the 9-month hearing test. 'Chatterbox' is available for 0-2 year olds in toddler groups and 'Talk Talk' is available on a two-three weekly basis for children who attend nurseries.

**Issue Eleven:**

It was reported that only parents who attend toddler groups have access to the 'Chatterbox' service.

**Question:**

Could this service be available through other routes to try and make it more available and accessible (e.g. through Nursery Nurses who provide intervention programmes in the home)?

**3b. Target Two:** *All children 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.*

Within the local area the Programme Manager has established good links with headteachers e.g. regarding use of premises, and has input into defining the roles of Family Learning Assistants within schools. The Programme Manager also identifies

training needs of the Sure Start staff and ensures that they are gaining appropriate training.

The Play and Learning Co-ordinator has been assessing the needs of the community by liaising with established toddler groups and nurseries and assessing childcare provision in the area. There is also an emphasis on looking at holiday activities and out of school provision.

The team is working towards this target in a variety of ways. A 'Toy Library' is currently being set up and is due to open on April 23<sup>rd</sup>. This will provide good quality toys at low cost to children aged 0-14 years in the area for a three week period. The main venue will be at Hylton Castle Library and there will also be a venue at Hylton Castle Primary School. The only factor hindering this development is looking for a venue at Redhouse to enable families there to have good access to this service. There may also be the possibility of a delivery service. The Library will also target schools in the area where toys will be loaned on a term time basis and the service will also be rolled out to toddler groups in the area. The Toy Librarian will be able to offer advice on how to use the toys and the benefits they will have for children. The wide range of toys will include: - educational; musical; role-play; multi-cultural and toys suitable for disabled children.

There are ten toddler groups in the area, which means that families from all estates should be within walking distance of a group. A key feature of working with the toddler groups is looking at ways to sustain groups in the long term. The Toddler Power Worker works with toddler group leaders to identify any training needs and also looks at ways in which activities could be improved. She is trying to set up a Toddler Group Network so that leaders can meet each other, share information, provide mutual support and share good practice. She states, 'it's about helping each other'. The team also provides support for the groups by linking in with group leaders to develop activities and to ensure a wide variety of good quality equipment is provided. Parents are also encouraged to be involved in play and learning by participating in courses organised at the groups such as 'messy play' which helps to build up their confidence and allows them to experience different ways of playing with their child. The Early Years Play and Learning Co-ordinator and the Toddler Power Worker also link with other agencies to provide a variety of activities. These include SNCBC (Sunderland North Community Business Centre) who provide a Mobile Soft Play, which accesses all toddler groups and nurseries once per half term, and Castle View Sports Centre, who provide Toddler Splash sessions.

The Childcare Co-ordinator ensures that crèches and nurseries in the area are working to OFSTED standard. She has also set up a new crèche in The Cabin, which provides planned activities for children. These are planned a week ahead and are adapted to the child's age and cover the six areas of learning: Communication, language & literacy; mathematical development; physical development; personal, social & emotional development; knowledge and understanding of the world and creative development. Any work the children have done is displayed around the room. A Dads' group has been started, in which part of the time is spent with their child in the crèche and looking at different activities related to play and learning that would be easy to do at home with the children. This is to encourage interaction and allow fathers to see how play can help towards learning and development.

The Family Community Development Worker also encourages play and learning in family and community groups. Activities such as dancing and movement, craftwork and singing take place. She links closely with the Play and Learning team to gain information on appropriate toys for children with physical and mental impairments. This is an area in which families are closely involved, and a 'bottom-up' approach is implemented by involving parents in decision making i.e. choosing toys that would be suitable for their children. She has also linked in with other organisations in the area such as SNFZ who are starting up a fixed sensory room. The idea to develop a mobile service with sensory equipment has been discussed to provide stimulation for children and relaxation for hyperactive children.

The Toddler Power Worker has sent out questionnaires to parents about what could be offered by other members of the team, e.g. Health Visitors, Nursery Nurses and Safety Matters Worker. The parents have identified that they would like to learn about childhood illness, which would allow other team members to come in and offer their expertise. Nursery Nurses are also invited to attend toddler groups in the area to talk to parents about early interventions. This raises awareness of what the teams have to offer and provides mutual benefits for all parties as Nursery Nurses can then promote the toddler groups when visiting families to try and encourage social interaction. They keep up to date information lists of current groups that are provided by the admin team and also liaise with the Play and Learning team to promote any activities that they are running in the area. The teams were also considering working together to provide a short course for mothers with young children due to start nursery, to give them a better start e.g. socialising, good quality play, health aspects. They also promote good quality toys that are age appropriate and answer any queries parents may have regarding play and learning. Parents are also encouraged to attend other groups such as 'Stay and Play' sessions (SNFZ), which are held weekly and encourage children in structured play. Nursery Nurses also encourage parents to put their child's name down for state nursery. They are also hoping to develop a leaflet that would offer advice on age appropriate toys and what children should be achieving at milestones. Nursery Nurses are also able to provide interventions in the home on play and learning stimulation if concerns are identified.

The Psychology team will also promote play and learning to families identified via the CARE-Index. The value of playing together is emphasised and other team members such as Nursery Nurses could be brought in to help families develop this role.

**Issue Twelve:**

Some toddler groups were reported to be more popular than others in the area.

**Question:**

What are the reasons for this? Can the less popular groups be targeted to provide new activities to promote the groups? The Toddler Power Worker is currently monitoring toddler groups and is prioritising her input accordingly.

**3c. Target Three:** *Increase the use of libraries by parents with young children in Sure Start areas.*

There are currently two libraries in the area, Hylton Castle Library and Town End Farm Library, both of which are promoted by many of the Sure Start staff. This is done by word of mouth and with the help of the admin team who link closely with the Play and Learning team to produce flyers and posters to promote activities and new schemes that Sure Start are organising in the libraries.

The Play and Learning Co-ordinator has worked closely with library staff (Culture & Tourism Dept) in the area to look at ways to improve services and facilities for the community. She has spent time buying in new stock that would be appropriate for young children and has been involved in the renovation of the libraries. The 'Reading Reward Scheme' was set up to encourage families in the area to use libraries more frequently. This is an incentive scheme where families have a card that is stamped every time they visit the library and take out books. After six stamps have been collected a £2.00 Early Learning voucher is issued. There is currently £500.00 available for this scheme. It also provides the opportunity for people to see what else is on offer for young children. The admin. team have designed and organised cards for this scheme and have bought in the vouchers to be distributed. This team also input the monitoring data of people accessing this service, therefore it will be possible to see how effective the service is.

Activities currently running include 'Storytime' sessions where 'craft activities are linked to a story which have been very popular. There were 50 at the last session' (P20). The Co-ordinator also tries to ensure that these sessions are run at different times to toddler group sessions for example, so they fill a gap and offer more variety for children in the area.

The Bookstart scheme is organised by the Play and Learning team (delivered in partnership with City Libraries). It is aimed at 9 month old babies and is co-ordinated with the health team to be distributed at the hearing test. The scheme provides a free bag containing books to encourage parents to promote early reading and join libraries.

The only factor hindering this target was the lack of space at libraries. Town End Farm, for example, is small and cannot accommodate large groups for organised sessions. This will hopefully be resolved when both libraries will be amalgamated into the new building and there will be better facilities available.

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

**Issue Thirteen:**

There is no information in the promotional packs about libraries.

**Question:**

Should information about libraries in Bookstart also go into promotional packs to enhance knowledge of the service and raise an earlier awareness?

## **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, community, nursery and toddler group settings; supporting the activities of voluntary groups (e.g. toddler groups); providing crèche experiences for the children of parents undertaking various training activities; and home visiting (e.g. to carry out speech and language / play 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.

Staff from different teams have undergone speech and language training, enabling cross team input into this objective. Training has increased knowledge, allowing staff to pick up on any concerns a parent may have about their child, and the co-location of, and ease of contact with, other Sure Start professionals is enhancing communication, information sharing and referral. Members of the Play and Learning and Community teams are able to recommend parents to contact their Health Visitor, or make a referral to the Health team for assessment. This type of information could be identified in a variety of settings e.g. toddler groups and community groups, and the information would be passed informally between staff. The Safety Matters worker, for example, may have built up a good rapport with a family and would retrieve information regarding speech and language from the Health team and pass this on to a family who had expressed concerns. Guest speakers can also be brought into groups if staff have identified that parents would like more information on this subject. Many of the staff also found that having a centered base made referrals easier and more information was likely to be passed on.

Working towards the speech and language target has also been facilitated by good links between the Speech and Language Department and the Sure Start Health team. Training provided by the Department has equipped staff with an increased knowledge of speech and language measures and ways of implementing them. Support is ongoing from the Department, with suggestions for ways of working with individual families, and this benefits families in the community who are provided with accessible support from a Nursery Nurse working through an intervention programme in the home. This enables the families to have quicker access to interventions without every potential problem having to be referred.

Good intra-agency communication between Health Visitors, Nursery Nurses and the Paediatrician allows children to be identified, assessed and referred more quickly, enabling families to receive support earlier, and this also avoids hospital visits at an early stage. Children who need further intervention also benefit from this system. The Paediatrician has good links with the CDU and appropriate referrals can be made to a specialist in the team.

There has been good evidence of linking in with other agencies in the area by the Play and Learning team to provide a wider range of play and learning opportunities for young children. This includes SNCBC, who provide supervised Soft Play at toddler groups to allow children to access a wider variety of equipment to promote physical activity. The Early Years Play and Learning Co-ordinator also links with SNFZ to

support other nurseries and to provide crèche workers who are contracted in to organise activities during holiday periods, e.g. Easter Activities. The Programme Manager also links in with schools in the area to look at ways of defining and developing roles of workers such as Family Learning Assistants and a link worker who will work across the school nurseries in the area. The Programme Manager also has budgetary control which involves deciding how much money is allocated for certain projects, e.g. links with SCUFA to make funding decisions about the work they do for Sure Start, and the allocation of money for new employees.

The Health Team and the Play and Learning team have been linking together to organise a course for mothers with children who are due to start nursery. This would allow parents to gain the expertise of both teams. This is a good example of offering parent support identified in the Sure Start Core Services. It has been recognised that families often need *additional support* when changes occur in daily routines such as a child starting school (DfES, 2002, p.13), and the team here have recognised and have taken steps to address this issue.

All teams liaise when events are organised in the area such as a Sure Start Event that was held at Castle View Sports Centre. The Admin. team linked in to promote and help organise the day and arranged children's activities e.g. soft play and dancing. Other organisations such as the Police and the Fire Service attended the event to offer parents advice on safety issues. The Admin team also liaise with the Play and Learning team to order equipment and to promote activities. They also signpost parents to activities as they keep an up to date list of activities in the area.

The Family Community Development Worker has liaised with the Play and Learning team, who have been able to offer advice and information on appropriate toys for children with physical and mental impairments. She has used their expertise to access new toys for the crèche, which has allowed the children to have toys that are suitable for their needs. The Family Community Development Worker has also linked with other agencies in the area to look at developing facilities for children with impairments. SNFZ are starting a fixed sensory room to provide equipment for hyperactive children who may benefit from relaxation for example. Links have been made to establish whether it would be feasible to make this facility more mobile thus accessing more children. It has been highlighted within the Sure Start core services that better access should be provided for families with special needs. One of the key roles was 'filling the gaps wherever information and services don't exist, by helping to provide those services' (DfES, 2002, p.20). The Family Community Development Worker has demonstrated that she is engaging with families to respond to their needs and help them overcome barriers.

Good links have been developed with library staff, helped by the worker's previous experience in Sunderland libraries and good knowledge of the system (P20). Good partnership working has been established in developing activities and services as the staff have been pro-active in accommodating new ideas. The Programme Manager is also working closely with the Community and Culture Dept on the capital project for the library within the new building.

Other team members across the programme have knowledge of the library facilities and the schemes that are on offer e.g. Reading Reward, and actively promote this in

the area, both through engaging with families in the home and through using community networks. The Safety Matters worker, Employment Counsellor, Health Visitors and Nursery Nurses are amongst those who actively promote the service in different venues. The Toddler Power Worker has also assisted with running events with the Play & Learning Co-ordinator to promote National Book Week.

It is evident that staff are applying cross boundary working to increase the use of libraries and promote services. The Health Co-ordinator liaises with the Play and Learning Co-ordinator to provide a list of people who have not attended their hearing test in order to target these families regarding the Bookstart scheme. This is one example where team working increasing the chances of reaching more families regarding this objective.

There is evidence of parental participation with regard to Objective Three, with two parent representatives in the Play and Learning core group. This is said to encourage good communication and information sharing between parents and staff and allow time to discuss what is going on in the community.

#### **4. Objective 4: 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.*

**4a. Target One:** *By 2004 to reduce by at least 12% the number of 0-3 year old children in Sure Start areas living in households where no-one is working.*

Additional services have been suggested in Sure Start: Making a difference for children and families (DfES, 2002) to meet the needs of local communities. Both wards within the North West area fall within the top 10% unemployment figures nationally. The Programme has recruited an Employment Counsellor to assist families with, for example, 'money advice and related services' (DfES, 2002, p.21).

The Employment Counsellor actively works with members of the community who wish to go back to work or gain advice about training opportunities as a pathway to employment. This is arranged in outreach venues, often at groups such as Downhill Toddler Group or Abacus at Winchester House, and advice can be given here on an individual basis, or alternatively during home visits. The Counsellor's role is to help individuals back into work including identifying previous work experience and training, taking into account their strengths and weaknesses. It also involves identifying and overcoming barriers that may prevent employment, such as childcare and the availability of flexible working. She also provides benefit calculations and tax credit information to help families see the financial potential of working. There is also assistance with job applications, CVs, job searches and training opportunities. The Employment Counsellor also assists parents who are working who may need help in improving their work/life balance. An action plan is formed with the client and advice and support are given for whatever length of time the client needs them.

Many of the clients involved are low in confidence and need support in attending appointments e.g. with Job Linkage, so the Employment Counsellor will accompany individuals until they feel confident to go alone. She also has good links with groups who can offer support and increase confidence and social contacts such as

Gingerbread, and organisations in the area that can assist with employment issues such as the Lone Parent Adviser (New Deal) and Job Linkage. The Employment Counsellor's previous work in Job Linkage has provided good contacts with staff and knowledge of what is available locally and nationally.

Some members of the Play and Learning team also work closely with parents to offer advice regarding the cost of childcare when going back to work; support that is available in the area e.g. childcare provision; and the positive factors about returning to work. By working closely with families good relationships have been built up, which enables the workers to establish the needs of the parents and advise and support appropriately. There are registered volunteers who help out with community activities and events in the area.

The Family Community Development Worker has established the volunteering service. There are currently seven volunteers and three awaiting induction. This allows local people to develop their community as well as gaining personal development. The volunteers undergo four compulsory training sessions including child protection, domestic violence, health and safety and food hygiene. All the necessary policies and procedures are now in place. This is a way of involving and empowering local people and has the potential to ease pathways into the community and break down any existing barriers with organisations in the area. The Employment Counsellor has been actively involved in the volunteer programme and identifies appropriate training for active members and offers supervision. She is aware of the rules of volunteering is able to give advice e.g. benefit entitlement to participants.

It was noted that the target of reduction in workless households was difficult to measure, as although there is evidence of assisting people back into employment within the Sure Start area, there are difficulties incorporating these figures with government data.

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

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

Staff from all teams have described how evaluation forms are given out at the end of events or courses to gain feedback from parents. Their comments are taken into account and changes to services can be implemented, e.g. Toddler Splash Week went very well for 3 weeks, then parents found it too cold for their children. This has now been changed to a summer-term activity.

It has also been suggested that the Request for Services will have parents present to help develop ownership of the solutions or changes required to alleviate their difficulties. There is also a possibility of organising a customer satisfaction survey for the CARE-Index.

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

There are currently two parent representatives on the local programme board and two volunteers who have expressed an interest and are currently awaiting the necessary checks. Parents are asked by Nursery Nurses at the promotional visits if they would like to be actively involved in Sure Start and other team members have reported attempting to recruit new parents. This highlights how staff members are addressing the Sure Start key principle to ‘promote the participation of all local families in the design and working of the programme’ (DfES, 2002, p.7). Parents have an induction and are offered support. The Admin team offer support to parents by linking in with other agencies to provide transport to enable them to attend meetings, and liaise with the Play and Learning team if crèche facilities are required. A ‘Buddy System’ has been offered to provide extra support if the parents wish. Parent representation on the partnership board was noted to be an issue that constantly needs highlighting.

In addition two core groups within Sure Start have parent representation: -

*Play & Learning Core Group*

Two parents who run local toddler groups attend these meetings. They are able to contribute to the agenda and it allows them to have more control about what is happening in the community, e.g. the library reward scheme was changed after parents voiced their views. Parents also identified that they would like more childcare provision and activities in the area during holiday time. The group has been able to link with the Hylton Castle Primary School PTA who have been able to offer funding and look at ways of sustaining this scheme.

*Community Development Core Group*

This group has monthly meetings attended by the community team, outside agencies such as New Deal, representatives from the City of Sunderland College and parent representatives.

The Programme intends to start a ‘Parents’ Committee’. The aim is to have four community groups, including grandparents, dads, carers and parents of children with impairment. The Parents’ Committee will contain representatives from all 4/5 local areas, who will come together to bring matters up as a closed group and from there will feed into the partnership on a rota basis, thus enabling them to gain experience of attending meetings and reporting back to their area group. This would further contribute to the Sure Start principles to ‘involve parents, grandparents and other 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’ (DfES, 2002, p.7).

**Issue Fourteen:**

Fathers are not yet represented on the local programme board. The Programme has, however, started a Dads’ group and as this becomes more firmly established, it is hoped that there will be more active involvement.

At a recent National Evaluation workshop it was identified that Sure Start staff are predominately female which can often lead to less engagement of men in the programmes i.e. setting up groups for dads such as football.

**Question:**

Would the recruitment of more male workers/volunteers help engage dads and grandads?

**4d Target Four:** *All Sure Start programmes to have developed local targets for ensuring links between local Sure Start partnership and Employment Service Job Centres.*

The Employment Counsellor has developed good links in the area with Job Centres and employment agencies. She is able to access information from other agencies such as social security benefits and is aware of individual training grants and funding that is available. Organisations such as the Inland Revenue will automatically inform of any changes that have been made to changes in Tax Credit for example.

As well as sitting on several of the Sure Start groups, she also attends a monthly meeting for 'Local Development Workers' which is a mixture of local professionals in the area, that enables the participants to share information and keep abreast of what is happening in the locality. There is also a monthly meeting with Job Linkage / Back Up North that allows up to date information sharing regarding employment in the area. The wider outreach team also attends organised events in the community where information can be shared and awareness of current issues can be highlighted.

Good links have been formed with training centres in the area such as Downhill and Hylton Castle, who are able to provide classrooms and computer training suites where the Employment Counsellor and Family Community Development Worker deliver courses to local people. The Employment Counsellor also has a good knowledge of other courses in the area and the organisations that are able to provide them, such as the Community Education team who deliver courses such as 'parent nurturing' and Job Linkage who deliver courses such as food hygiene, first aid and computing.

Parents can be signposted to any of these agencies by the Employment Counsellor or other members of the Sure Start Team. The Childcare Co-ordinator also works closely with Job Linkage and is aware of courses that may benefit the families she has contact with. For example, there is a course available on working family tax credit that is organised by the Inland Revenue and is delivered through Early Years Development and Childcare Partnership (EYDCP). This would be useful to parents who are considering returning to work regarding the financial implications this has.

Agencies such as Job Linkage are also invited in to talk to staff at team meetings regarding information that may be useful for them to pass onto parents, e.g. a talk was given about benefit advice to the health team, enabling them to pass on relevant information to parents.

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

The Programme has demonstrated active involvement with their EYDCP in increasing the availability of accessible childcare. They plan to provide a childcare place for every 3 year old in the area. New Neighbourhood Nurseries are currently being set up that will allow more childcare provision. The Programme Manager has had a role in getting this up and running and has been involved in finding funding. The 29<sup>th</sup> March sees the opening of the Sunflowers Neighbourhood Nursery in Town End Farm and there will also be a nursery in Downhill providing 42 childcare places in total. Downhill will provide a full day care nursery facility run by fifteen staff.

The Childcare Co-ordinator has had an active role in planning and implementing crèche facilities in the area in partnership with SCUFA and has been checking policies and procedures to ensure they conform to OFSTED standards. There is now a full operational plan in place. This role also included interviewing staff and organising courses to ensure that staff are up to date with training, e.g. child protection, crèche courses, sign language and first aid.

Sure Start also funds crèche provision and the Play and Learning team organise outreach crèche facilities in the area to accommodate the needs of the parents, e.g. if a course is running at Downhill the crèche team will be booked in to provide sessions there. There are also crèche facilities at 'The Cabin'.

**Issue Fifteen:**

There are limited childcare facilities in the area for older children, which can restrict some families especially during holiday periods. Crèche provision may be available for a toddler in the family but nothing may be available for the over 5s. This can restrict some parental activities.

**Question:**

Could relationships be developed further with schools and other agencies in the area to look at ways of providing more available childcare provision to meet the needs of families?

**Further Work towards Objective Four:**

The Programme is also working towards strengthening families and communities by assisting in developing the following groups: -

**Chatterbox Group – Downhill/Redhouse**

The Toddler Power Worker initially set up this group and community members now run it. The group has a committee, a constitution, a bank account, funding and other funding applications are ongoing. The group focuses on improving the area and how children will benefit from the changes implemented. It is accessed by the Family Community Development Worker who offers support regarding courses that would be appropriate e.g. 'food hygiene' so parties can be organised for the children. Other courses are attended and information is shared amongst the group. The Family

Community Development Worker also offers advice and guidance and helps the committee look at ways of developing and sustaining the group.

### **Castletown**

This group focuses on play and learning and parent/child interaction and information. The group is small and wishes to stay that way. Other Sure Start teams have been invited in to offer their expertise regarding various issues e.g. the Health team have discussed sleep patterns and the Employment Counsellor has discussed training opportunities.

Whilst there is no specific target relating to working with those who are considered hard to reach, this is clearly an important area of work for Sure Start programmes. In this Programme this is contained within the job description of the Family Community Development Worker and is also part of the Health Co-ordinator's remit. The latter has chosen to work in the dads' group and with the Castletown group and in the Learning Skills area (literacy and numeracy). Other members of the team are also involved, as will be described. The following areas have been highlighted as examples of practice with regard to the hard to reach:

#### **1. The Parent Matching service**

This is a new service designed by the Family Community Development Worker (FCDW), whereby parents are matched according to interests or circumstance. Parents are interviewed to ascertain what would suit their circumstances, e.g. they may be isolated or have a 2-year old who is not used to other children, and they are matched with another parent accordingly. The service is flexible and will operate out of hours to enable social contact e.g. for a lone parent working full time in the week. The service is intended to promote friendship for parents and children and to facilitate use of Sure Start services, e.g. by having someone to go with on outings or on training. Parents will have review sessions with the FCDW after meeting weekly for two months after the initial introduction. Parent matching forms are distributed by Nursery Nurses and during the FCDW's maternity leave the service will be co-ordinated by the Health Co-ordinator.

#### **2. Work with fathers**

Work initiated by the FCDW has now involved staff across teams. In the first instance, a Nursery Nurse suggested a particular father in response to the FCDW's asking the Health team to inform her of any fathers who would like to be involved. A sub-group was then formed, comprising representatives from the Health team and Play and Learning team, two members of the Community team (FCDW and Employment Counsellor) and two fathers, and a dads' launch was arranged, which exceeded expectations with a high attendance of approximately 60 families. A regular dads' group is now held weekly, set up initially by the FCDW but run in her absence by the Health Co-ordinator and Employment Counsellor, with attendance of up to 5/6 dads. It is organised so that children are in the crèche for the first hour and the fathers join them for the second hour. Fathers have input into what they would like in the group, e.g. First Aid, and will attend the Family Nurturing course. Particular requests can be catered for by inviting in guest speakers, e.g. on fathers'

rights or parental respite. In the second hour there are activities for the fathers and their children in the crèche designed to promote parent/child interaction.

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 steps forward in engaging fathers, listening to their needs and implementing appropriate programmes.

### 3. Impairment

The FCDW has been active in working with the Play and Learning team and a father from the local community in selecting appropriate toys for children with physical or mental impairments to use in the crèche. She is also keen to develop the use of mobile sensory equipment for use by the whole team and by other local Sure Start programmes.

### 4. Learning Skills

This is an area being addressed by both the Health Co-ordinator and the Employment Counsellor, ensuring that staff have the relevant information and know where to signpost families in this area with low levels of literacy and numeracy. Following a course attended with representatives from two other local Sure Start programmes, the Health Co-ordinator and Employment Counsellor are attending a conference and hoping to establish a training package and cascade the information to the whole team to enable them to signpost families effectively.

### 5. The Castletown area

Castletown is considered one of the hardest areas to reach and efforts have been made, notably by the Health Co-ordinator and FCDW, to work with new and established groups in the area and introduce courses

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

There is evidence of members of the Sure Start team working together in using community networks to assess needs and to extend activity into the community. For example, the Employment Counsellor works with the Toddler Power Worker and Toddler Group leaders to find out the needs of the community, and together training can be arranged and learning packages can be organised. This in turn involves staff working with other agencies, sometimes bringing in guest speakers to groups and allowing time for individuals to look at learning packages. The 'Dads' Group' for example, identified that they would like to learn about cooking food for children so the Employment Counsellor has linked in with City of Sunderland College to deliver a one-day course on food hygiene. She has also linked with Sure Start Washington to use their kitchen facilities to deliver cookery sessions. They also have time to look at individual learning packages that would be relevant to them such as 'learn to drive –

theory test'. The Employment Counsellor would then link in with an appropriate agency to deliver this course.

Work towards Objective Four is promoted by staff from across all teams, thus increasing knowledge amongst families and easing referral, so potentially increasing uptake of services. With regard to employment, all team members were aware of the services that the Employment Counsellor provided and would refer clients appropriately. It was noted that this was a useful service to have access to and made referrals regarding employment and training much easier. Some workers also stated that they were aware of other agencies in the area to whom they could refer parents directly or offer information about that particular service. The nursery nurses also promote the services of the Employment Counsellor on their promotional visits. They also use this time as an opportunity to discuss employment options with parents and introduce ideas that may be suitable pathways into work. The Play and Learning team also signpost parents to the Employment Counsellor and they also link up to offer childcare support when courses are running in the area. This two-way communication has enabled parents with young children to access courses more easily. These are often organised by the Family Community Development Worker who has identified that some mothers in the area have problems with basic skills e.g. numeracy and literacy. She has been able to offer courses in these subjects to help individuals build up their confidence in an attempt to help them make the next step. It was identified that since the Employment Counsellor has moved premises to The Cabin, communication has been easier and working together has been more efficient and effective in working towards this target.

The national evaluation of Sure Start states that 'It is the quality of the collaboration with the other agencies which determines the success of Sure Start local programmes in tackling the issue of employability, and especially the links and networks that programme managers and staff bring with them to the programme' (DfES, 2004, p.1). Work towards this target has been helped by staff who have had links with agencies such as Job Linkage, Back up North and the Lone Parent Advisor. The Community Core Group, for example, incorporates members from these agencies which allows regular communication between parties and information sharing. The admin team also linked up to provide information leaflets and flyers about events and courses.

There is also evidence from all teams of signposting, promotion and referral with regard to childcare. For example, the Nursery Nurses provide advice on promotional visits to parents regarding childcare facilities in the area. Information booklets are given out listing nurseries and crèches, and advice is given on how to find out about other facilities such as childminders i.e. signposting to the Children's Information Service (CIS).

Other team members signpost parents to the Play and Learning team regarding childcare information and the admin team produce and distribute leaflets with information about groups in the area. Other team members, such as the Health Co-ordinator, Health Visitors and Childcare Co-ordinator, also refer parents directly to services such as the CIS or will act on their behalf to retrieve information. The Employment Counsellor also has knowledge of childcare providers. In her role she

can assist parents with working out the cost of childcare, as she keeps up to date with information changes regarding costs and benefit entitlement.

The Play and Learning team Core Group has a representative from Stay and Play (Sunderland North Family Zone) and two parent representatives. The monthly meetings allow for information sharing and updating regarding childcare provision.

The Health team, as well as the Community team, link in with the Play and Learning team if they are providing courses. They work together to ensure childcare facilities are available for courses they are running such as first aid, thus facilitating access. Sure Start documentation points out that 'parents wanting to take up work or training will need good quality childcare' (DfES, 2002, p.13). The Programme has demonstrated good intraprofessional team working to accommodate parents who are undertaking courses and require childcare. There have also been good links to improve facilities in the area and Sure Start team members have had an active role in working in partnership with Early Years Development and Childcare Partnerships.

Staff across teams are making efforts to access hard to reach groups and individuals, including the FCDW, Health Co-ordinator, Employment Counsellor and Toddler Power Worker.

Community involvement from the voluntary sector (e.g. the Family Friends co-ordinator) has paved the way into more hard to reach groups, e.g. in Castletown. It is evident that members of the Sure Start team are using the strengths of the community to ease pathways into hard to reach groups. For one member of staff, working under the umbrella of SCUFA has also eased the pathway into toddler groups, as it is an established organisation well known to the groups. In running events in schools e.g. consultation days, they are also using the schools' experience and taking their suggestions with regard to ways of maximising attendance.

Community development is expanding and linking in with other teams to meet local targets. It has been noted to provide a more effective service it would be beneficial to have two more part-time workers in post in order to support communities and groups. This would free up time to attend to matters at strategic level. It would also enable greater clarity of roles and responsibilities, e.g. in times of staff absence, which it was also felt would benefit both staff and the community.

Staff reported a number of factors that were also generally helping towards Objective Four. They stated there were good links between teams e.g. the Community, Health and Play and Learning teams linking together for the Dads' group, and this also encouraged further development of groups and training, e.g. packages are now being put together to support dads such as parent education, learning, fathers' rights. One of the key findings in the Sure Start National Evaluation report on fathers' involvement stated that 'Fathers are inclined to attend activities designed specifically for them . . . and can be a stepping-stone for fathers into a wider range of Sure Start experiences' (Lloyd et al, 2003).

There were also good links with other agencies in the area that are very approachable and are keen to link up for events that are taking place. There was also good support

from the Programme Manager, and training was available and well supported to develop roles and assist in community learning and development.

Factors hindering towards this objective include the fact that admin is time consuming (C18) e.g. updating files, monthly reports to SNCBC. It would be useful to have some support with this thus allowing more time to develop this role to help create more pathways out of poverty.

## **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 requirements and principles has also been highlighted for example, to 'promote the participation of all local families in the design and working of the programme' (DfES, 2002). This has been demonstrated by the staff working towards objective four, target three, to have parent representation on the local programme board. Many staff promote this, Nursery Nurses have provided information to all families with new born babies to encourage active participation and a volunteer scheme has been established. This has resulted in parent representation on the local programme board, parent representation on two core groups and the current development of a parents' committee to feed into the partnership.

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 facilities such as the Toy Library
- access to nursery nurses who can assist with child development interventions
- access to health professionals within the locality
- access to new services, e.g. Employment Counsellor, Family Community Development Worker
- access to more childcare provision
- access to tailor made courses

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 voluntary agencies such Family Friends and employment agencies such as Job Linkage. Examples of interprofessional working have been demonstrated in all objectives to provide new facilities, develop current facilities and provide support for workers in the local area.

Within Sure Start the team have demonstrated ways of working together to benefit Sure Start users, for example through information sharing and referral, pooling expertise and mutual promotion of activity.

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

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

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

Staff reported on factors helping and hindering progress towards the Sure Start objectives and targets and their perceptions of what would help overcome these barriers. Where these factors related to particular objectives and targets they have been included in the relevant part of Section Two. 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. Forming a new organisation and building a team
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. Time
7. Training
8. Premises
9. Facilities and resources

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

#### **1. Forming a new organisation and building a team**

Staff from all teams reported on the value of whole team meetings and individual team meetings, particularly in helping understand each others' roles and responsibilities. This was important for the admin team as the programme was so diverse and staff had different admin needs. Good links between teams were enabling staff to make use of each others' skills and resources to develop programmes and support packages. It was a help that all co-ordinators were now in place, staff were reported to be approachable, and it was noted that 'we generally have a whole team approach which enables us to do our job effectively'. Teamworking was said to have improved dramatically since the teambuilding days in November 2003, which had helped break down barriers within the team, e.g. in perceptions of work already being undertaken, and provided the staff with opportunities to discuss how they worked.

However, some issues remained in terms of building a team and one member of staff referred to 'the politics and difficulties that may be inherent in forming a new organisation'. There were frustrations to do with unsuccessful recruitment and staff

shortages. For example, staff shortage in admin had meant it had been difficult to maintain a consistent provision of support to the Health team (e.g. filing, keeping records up to date). Time and lack of office cover had also meant that it had not been possible to establish admin team meetings to discuss issues and come up with solutions together / improvements they would like to make. Further, for admin, the separate budget for the Play and Learning team meant that it was more difficult to monitor the overall budget, although it was hoped this would be changing shortly.

Setting up the Request for Services meetings has involved working through several issues, with each profession said to have different demands, and early discussions had raised confidentiality issues. The team are working gradually towards implementation of the meetings, starting with case examples to enable staff to “practise” aspects, e.g. appropriate minute taking.

For the future, it was felt that continuance of teambuilding sessions and regular team meetings would further develop staff understanding of each others’ roles and responsibilities and overcome barriers in perceptions of work already being undertaken. One member of staff felt that ‘there maybe needs to be a shared understanding that forming a new organisation does have inherent anxieties and difficulties for people’. Further, ‘This can be facilitated externally, but maybe some continuity in facilitation of teambuilding sessions would help this process and move the programme forward’.

Other team / staffing factors that staff reported would help progress in their work toward Sure Start objectives were:

- Support from the overall team to enable establishment of admin meetings
- Better communication with the Education Department to ensure posts are advertised and filled to help provide a more effective service
- The opportunity to do more cross boundary working i.e. with other teams (H16)

## **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 availability and support of the Programme Manager
- good communication with / support and supervision from line management (including, in one case, the absence of intrusiveness and ability to get on with the job)
- the benefits of supervision, case discussion, co-working and teamworking in avoiding professional isolation and, for some, sharing the load and the responsibility
- the availability of different professionals to go to for advice or support
- the opportunity for self development.

Individual members of staff also commented favourably on the support of professional groups outside Sure Start and the support of other local Sure Start programmes.

Staff who commented on the helpfulness of the weekly drop-in clinical supervision sessions felt that it would be helpful if the non Sure Start health visitors made use of these sessions to ensure the same level of support for families across the Sure Start area.

One person commented on the time taken with a new management post and unexpected additions to her role and felt that external supervision from non-management might be helpful for reflection and development purposes.

### **3. Communication**

Communication has improved since the team moved to the Cabin. Good communication was seen to be helping in the following ways:

- attending meetings (e.g. whole team / individual team / core group) 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 (e.g. liaising over the provision of information to parents / making and following up appointments).

One member of staff felt that there had sometimes been a lack of communication with other Sure Start groups and that this was necessary to try and prevent duplication.

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

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

- accessibility ('being seen out and about')
- starting a dads' group and responding to their interests
- a range of staff promoting a scheme and making referrals
- connection with SCUFA easing pathway into toddler groups
- attending regular meetings of voluntary organisations
- the introduction of trips to enable parents and children to visit other areas
- approachability of most agencies (e.g. SNFZ) / good help from the community / active parents / good relationship
- previous knowledge and experience

It was pointed out that gaining trust from voluntary groups and developing relationships takes time, and people can initially be wary or unsure, particularly if previous initiatives have ceased.

Concerns over working with parents and the community mainly centered around reach. For example, it was pointed out that working parents could sometimes miss out

on information. For one person, there was concern over missed appointments, but also appreciation that this would be addressed by the Health Co-ordinator and Health Visitors. It was also felt that the targets for Objective Four were vague, with no specific mention of targeting / working with “hard to reach” people, although this was a Sure Start requirement.

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

- finding a way to distribute packs to families who miss promotional visits
- finding a way to target working parents
- more provision of activities for older children to enable more young children to access trips (funding limited to 0-4 years olds)
- increasing childcare provision for older children (e.g. through developing further relationships with schools in the area).

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

Previous experience of working in a multi-agency team or with outside agencies was reported to be helping staff to develop relationships with other organisations, and helping their work with families through good knowledge of where to go for help, through good contacts, information sharing and knowledge of facilities available and what is happening locally and nationally. Contacts were also being made with other agencies through training sessions and through working closely with the volunteer co-ordinator. There was reported to be good partnership working with libraries, which was enhancing work in this area, and the provision of a community room at a primary school had enabled Sure Start staff to develop good relations with school staff and promote Sure Start services.

Some concern was expressed, however, as to whether some agencies (e.g. mainstream social work) had a full understanding of Sure Start principles and ways of working, and it was felt that further work might be needed in this area. In addition, links with midwifery were reported to be tenuous and historically problematic. There was also some concern regarding gaining information on new breastfeeding mothers and on postnatal depression (which it was felt might require further work with the PCT regarding training and reliable assessment). 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. Time**

Time was an issue for several staff, for example in terms of lack of time, time management, travel time, and workload. There had also been delays in getting staff into post. For some in the health team, it was felt that statutory work took up a large proportion of time, thus reducing time to develop new ideas and other roles within Sure Start.

One member of staff felt that difficulty co-ordinating diaries for meetings was possibly hindering effective working and that staff perhaps needed to be around more and it would help to clarify who needed to be at which meeting and why.

## **7. Training**

Staff have clearly benefited from a wide range of training opportunities, supported by the Programme Manager. Staff had been on courses that were directly relevant to their own work; that would help develop work within the Programme (e.g. Framework for Assessment, CARE-Index); that extended their own knowledge and enabled them to keep up to date in their own field (e.g. breastfeeding) or pass information on to parents; that gave them background knowledge to gain better understanding (e.g. domestic violence, anti-discriminatory practice); or informed their approach with parents (e.g. Solution Focused Therapy).

For two members of staff delays in attending training had been frustrating, although since resolved.

Despite the very positive comments about the training they had received, there was a sense that the amount of training that people were embarking on meant that they were away from the department a lot, and that it had slowed things down. A co-ordinated approach to training was suggested so that staff were on training projectiles, pursuing a line proactively rather than reacting ad-hoc to one-off pieces of training. It was also felt it was time to consolidate training and take things forward.

## **8. 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. The small size of Town End Farm library was restricting at storytime.

It was acknowledged that a permanent building would attract more families and provide more suitable facilities (e.g. library facilities).

## **9. Facilities and Resources**

There has been an improvement in facilities and resources since the move to the Cabin and initial problems regarding crèche provision had been resolved (although there remains a problem of storage space for large safety equipment). The involvement of some staff in the Improving Lives steering group is helping identify how to improve working conditions. Publicity materials were said to have improved drastically, which helped staff when working in the community.

A shortage of facilities for older children was, however, noted. A difficulty was perceived when families in the same street could be accessing the facilities of this local programme or a more established programme, and one member of staff expressed a desire to be able to increase the speed at which services were implemented.

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

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

#### **1. Introduction**

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

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

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

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

- Widening the repertoire of possible interventions and responses, e.g.
  - through providing interventions, support and guidance in the home from a range of professionals, e.g. health visitors, nursery nurses, community paediatrician, employment counsellor
  - through providing a range of courses and activities in venues across the local area
- Accessing a range of professional perspectives, e.g.
  - the current development of the Request for Services system
  - weekly drop-in case discussions
  - 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
  - Core Group meetings provide opportunity to learn about roles and prevent duplication; mutual information sharing; joint organisation of training

- Broadening / reconceptualising professional knowledge, e.g.
  - whole staff training extends knowledge and informs practice in individual or group settings, including through informal discussions and subsequent referral
- Easing referral and support pathways, e.g.
  - informal contact with parents (e.g. in toddler/community groups) enables discussion of concerns and offers of referral / support
  - co-location of staff facilitates information sharing and referral
- Using community networks to extend activity into the community, e.g.
  - staff from all teams visit community groups to increase knowledge of services and offer a range of input
  - involvement with the voluntary sector has eased pathways into groups in the community
- Supporting community groups / networks to promote sustainability, e.g.
  - through providing or enabling access to a range of training opportunities; developing provision within groups
  - through using voluntary organisations to deliver training
- Pooling expertise to enhance family support and promote parental learning, e.g.
  - some joint planning and running of groups for parents
  - some joint development of learning and support packages
- Mutual promotion of activity, e.g.
  - knowledge of range of Sure Start services and activities and communication between staff enables promotion of activity in a variety of settings
- Sharing practice across Sure Start boundaries, e.g.
  - learning from pilot schemes in other local programmes

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

It would appear, therefore, that this is a very 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**

Interprofessional 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. PM and HC receive information on child protection cases. Care plan formulated with HVs and social services, incl. responsibility. Liaison with SS community paediatrician. NNs liaise with HVs and follow programmes of care on 1-1 basis with family, e.g. accompanying to toddler groups and introducing to facilities in area.</p> <p>2. CARE-Index training provided to Health team. Screening will involve HVs, psychologist + family therapist in assessing potential problems, including attachment, maternal mental health, with support offered by Health team if required.</p> <p>3. Support of work of Health Scented Team and Family Friends provides further possible interventions (e.g. for relaxation or befriending to reduce isolation); crèche</p>	<p>1. NNs support HVs by offering a range of interventions in the home. e.g. sleep, potty training; referral to paediatrician who visits in the home.</p>	<p>1. NNs support HVs and work with Play and Learning team and SALT, offering interventions in the home, e.g. play and stimulation, speech and language. NN input benefits from ongoing support from S+L Dept. incl. opportunity to discuss individual cases and suggested approaches.</p> <p>2. CARE-Index training provided to Health team. Screening will involve HVs, psychologist + family therapist in assessing potential problems, including parent and child playing together, with support to be offered by Health team if required.</p>	<p>1. EC able to offer support in the home and at venues (e.g. re. improving work/life balance, job searches, benefits, tax credit info, assistance with job applications, personal development) and accompanies to outreach appointments if lacking in confidence. Members of all teams promote service and refer families to EC.</p> <p>2. EC works with HC to combine health and employment advice.</p>	

	provided where required				
Accessing a range of professional perspectives	<p>1. Request for Services will provide a whole team approach to discussing families and making, implementing and monitoring plans for work with families.</p> <p>2. Psychologist + family therapist run weekly drop-in case discussion forum for any team member (predom. Health) to discuss complex cases / difficulties with families. This can also lead to invitation to outside agency to attend and discuss ways forward.</p>	<p>1. Request for Services will provide a whole team approach to discussing families and making, implementing and monitoring plans for work with families.</p> <p>2. CARE-Index screening (psych / fam. therapist / HVs) has potential to detect anxiety over breastfeeding and referrals will be made to HVs.</p>	<p>1. Request for Services will provide a whole team approach to discussing families and making, implementing and monitoring plans for work with families.</p> <p>2. Concerns identified by HVs and NNs are further informed by “traffic light” guidance following training provided by SALT. Further assessment can be carried out by S+L Dept/paediatrician.</p>	<p>1. Request for Services will provide a whole team approach to discussing families and making, implementing and monitoring plans for work with families.</p>	
Providing access to networks of different professionals involved		<p>1. Community paediatrician working with paediatric consultants and liaison nurse to identify repeat attenders at A+E and in future invite them to attend Common Childhood Illnesses course, devised by</p>		<p>1. Strong links with Job Linkage and Backup North; Lone Parent Adviser on Partnership.</p> <p>2. EC encourages parents to link with other agencies (e.g. to increase confidence, create</p>	<p>Some concern re. outside agencies’ (e.g. mainstream social work) understanding of SS ways of working and how far they are truly working towards SS targets / objectives / principles. May need further</p>

		<p>herself and delivered by trained HVs.</p> <p>2. PM links with clinical director for A+E (mainly data gathering): working on an agreement re. identification of appropriate action for childhood ailments.</p> <p>3. Manager of young children's ward, paediatrician + SS HCs meet regularly. Working together to improve level of information HVs receive when child discharged from ward; to set up system to highlight when a child has been admitted more than expected and explore why.</p> <p>4. Community paediatrician provides training to children's ward staff (e.g. feeding, sleep) to ensure consistency in information sharing and advice.</p> <p>5. PM is nominated PM to take forward the issue of breastfeeding across City, to work with all SS programmes, Health managers and Hospital.</p> <p>6. Health core group meetings include e.g. non-SS HVs + FF and provide opportunity to learn about roles and prevent duplication.</p>		<p>new social contacts) e.g. Gingerbread, Lone Parent Adviser New Deal, Fathers' Network.</p> <p>3. Community core group includes e.g. other development workers (e.g. SNCBC), Lone Parent Adviser; Backup North: for mutual information sharing, joint working / organisation of training.</p> <p>4. Regular attendance at meetings of voluntary organisations and working closely with volunteer coordinator in social services provides contacts that enable support of staff team, e.g. access to trained volunteers for events.</p>	<p>work to ensure clarity of SS principles and ways of working.</p>
--	--	---	--	--	---

Broadening / reconceptualising professional knowledge	Whole staff training extends knowledge on e.g. DV, CP, Anti-discriminatory practice, and informs practice in individual or group situations.	Whole staff training extends knowledge on e.g. breastfeeding, sleep, and means staff are better informed when talking to parents	Training on speech and language for staff from all teams has extended knowledge and informed discussions that arise with parents	Input to team meeting from Job Linkage increases knowledge e.g. re. benefit advice, enabling staff to pass on relevant info to parents.	
Easing referral and support pathways	Informal talks with parents e.g. at toddler/community groups, crèche, Safety Matters scheme, can lead to members of different teams offering to “have a word” with the HV, e.g. re. PND, to access support.	<ol style="list-style-type: none"> <li>1. Informal talks with parents e.g. at toddler/community groups, crèche, Safety Matters scheme, can lead to members of different teams offering to “have a word” with the HV, e.g. re. giving up smoking to access support.</li> <li>2. Safety Matters worker, HC and HVs will liaise over missed safety scheme appointments to find out why and how to proceed.</li> <li>3. Community paediatrician gives 2 sessions a week to this programme (1 of 6), facilitating access e.g. for advice, information and referrals (e.g. feeding difficulties), providing a quicker response and more efficient pathway.</li> </ol>	<p>Informal talks with parents / expressions of concern e.g. at toddler/community groups, crèche, Safety Matters scheme, can lead to members of different teams offering to refer or “have a word” with the HV, e.g. re. speech and language to access support.</p> <ol style="list-style-type: none"> <li>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.</li> </ol>	<ol style="list-style-type: none"> <li>1. Location of EC at Cabin enables easier access for staff from all teams to make referrals re. employment and training.</li> <li>2. Inclusion of local organisations and outreach workers e.g. Job Linkage, Backup North and Lone parent Adviser (New Deal) in SS Community Core Group enables regular communication / information sharing / access to free training.</li> <li>3. FCDW liaises with College. supporting parents wanting help with basic skills</li> </ol>	Facilitated by co-location of staff in centred base: makes referrals easier and information more likely to be passed on.
Using community networks to extend activity into the community		<ol style="list-style-type: none"> <li>1. TPW invites NNs to toddler groups to explain services and interventions; questionnaires to toddler group parents to identify input they would like from staff from other teams,</li> </ol>	<ol style="list-style-type: none"> <li>1. Community involvement from voluntary sector has paved the way into an established toddler group.</li> <li>2. Invitation by TPW to NNs to attend toddler groups</li> </ol>	<ol style="list-style-type: none"> <li>1. EC links with e.g. Downhill and Abacus Toddler Groups to offer individual advice at these venues as well as in the home.</li> <li>2. EC liaises with TPW to</li> </ol>	

		<p>using range of expertise e.g. HVs, NNs, Safety worker.</p> <p>2. Safety worker promotes service at e.g. toddler groups, Dads' group.</p> <p>3. HC accompanying FF co-ordinator has facilitated access to a "hard to reach" parents' group and led to their uptake of Common Childhood Illnesses course.</p> <p>4. Liaison with Police and Fire Service to enhance provision of safety advice (SS Event, Castle View Sports Centre).</p> <p>5. Guest speakers invited to community groups (e.g. smoking cessation).</p> <p>6. HVs work with Health + Social Care course in Castlevue Comp. with Ys 10+11 re. breastfeeding and promote SS to young mums.</p> <p>7. HVs and NNs hope to roll out Snowdrops group to all 5 areas.</p>	<p>extends their knowledge and enables them to promote toddler groups.</p> <p>3. P+L team link with outside agencies to enhance play provision e.g. SNCBC: soft play sessions at toddler groups, SNFZ: crèche workers for holiday activities, Castlevue Sports Centre: toddler splash</p> <p>4. Parent representation on P+L core group encourages good communication and information sharing and wider knowledge of what's going on in the community.</p> <p>5. Good links with library staff and their support have enabled staff to extend activity into local libraries e.g. linked story/craft sessions</p> <p>6. PM links with schools and headteachers re. using premises</p> <p>7. PM working with Community and Cultures Dept. re. capital project (libraries)</p> <p>8. Staff response to concerns / requests raised at groups enhances information sharing (e.g. arranging guest speakers, passing on information on Sign Language for Babies).</p> <p>9. FCDW linking with SNFZ</p>	<p>arrange training and organise learning packages.</p> <p>3. Inclusion of parents in EYPL core group meetings has led to highlighting of need for extra provision in school holidays.</p> <p>4. Community core group meetings enable support of community / agency events.</p> <p>5. Liaison with schools informs practice re. ways of encouraging attendance at groups and helps develop knowledge of area.</p> <p>6. Approx. 21 outside agencies (e.g. Shout) to be invited to consultation day in autumn 2004.</p> <p>7. HVs work with Health + Social Care course in Castlevue Comp. with Ys 10+11 re. jobs in Health service. Hoping to set up links to establish employment experience in SS</p>	
--	--	---	---	---	--

			<p>re. sensory equipment and raising possibility of extending service to make it mobile and enable wider access.</p> <p>10. Working with local library and primary school to establish Toy Library at accessible venues.</p> <p>11. EYPLC links with others to provide diversity of activities and fill gaps. Shares info and liaises with outside agencies (e.g. library, toddler groups) to put on activities at different times.</p>		
Supporting community groups / networks to promote sustainability	1. Programme uses voluntary organisations to deliver training (e.g. re. DV, ADP)	1. TPW and FCDW provide access to a range of training provided by team or other agencies, e.g. Food Hygiene, First Aid, Health and Safety.	<p>1. P+L team working in toddler groups to develop play and involvement of parents in play.</p> <p>2. TPW aiming to set up a toddler group network for leaders to meet, exchange information, provide mutual support and share good practice.</p>	<p>1. Members of all teams have provided input to Castletown group e.g. EYPL team: play and learning, library; health team: sleep patterns; EC: training opportunities.</p> <p>2. With SS support, Downhill /Redhouse now a mainly independent community development group.</p> <p>3. Groups invited to SS promotional events (e.g. community stained glass windows)</p>	
Pooling expertise to enhance family support and promote		<p>1. Paediatrician working on antenatal pack with e.g. psychologist (sleep), dietician (weaning)</p> <p>2. HVs and NNs run</p>	1. Health and P+L aiming to work together to organise course for mums and children due to start school re. e.g. socialising, good quality play,	1. Dads' group set up by FCDW, now run by HC and EC, providing cross-team input to dads, sharing skills and resources, with childcare	

parental learning (e.g. leaflets, groups, courses)		Snowdrops group together.	health aspects. 2. FCDW liaises with P+L team and parents re. appropriate toys for children with impairment; has led to provision of suitable toys in crèche.	co-ordinator working on play and interaction with dads and children. 2. Teams working together to produce packages for dads, e.g. parent education, learning, fathers' rights. 3. HC and EC planning to develop a training package re. adult literacy and numeracy and cascade to staff to enable them to signpost families effectively. 4. EC and FCDW both contribute to Volunteering scheme e.g. re. training, advice re. benefit entitlement.	
Mutual promotion of activity	1. Parent Matching form: initiated by FCDW, completed by NNs with parents at promotional visit, co-ordinated by HC.	1. Staff from all teams promote safety scheme and can make referrals/ promote smoking cessation group (e.g. at toddler groups). 2. HC passes information to other team members, e.g. TPW, librarian, to raise breastfeeding awareness. 3. Staff from all teams support special Days / Weeks, (e.g. 'No Smoking Day' ) in libraries / members of P+L	1. NNs carry leaflets re. available groups and liaise with P+L team to promote activities running in area. 2. Members of all teams promote library facilities and schemes e.g. Reading Reward, incl. HVs, NNs, Safety Matters worker, EC. 3. HC informs EYPL co-ordinator of children who have missed hearing test to enable them to be targeted re.	1. All teams join to organise and promote SS promotional events in community (e.g. Castle View Sports Centre). 2. Members of all teams promote service of EC, incl. NNs at promotional visits.	Admin are often first port of call for parents and are included in meetings and training, which extends their knowledge of services and who to refer parents on to, and enhances information they can provide. Staff from different teams access a range of community groups (e.g. toddler groups, community centres) and

		<p>team promoting Breastfeeding Week in toddler groups and libraries (e.g., through storytelling); admin liaise with Health Team to make flyers + posters and organise promotional materials</p> <p>4.NNs promote the range of SS services at promotional visit</p>	<p>Bookstart, thereby increasing chances of reaching more families.</p>		<p>professional bases (e.g. Health Centre, clinics, nurseries), which facilitates distribution of SS information and leaflets.</p>
<p>Sharing practice across Sure Start boundaries</p>	<p>1. Request for Services being established following successful pilot in a local trailblazer programme.</p>	<p>1. Aware of Health Care Assistant pilot antenatal visiting scheme in 2 programmes and hope to learn from their practice.</p> <p>2. Regular meetings of Citywide Partnership of Safety workers (incl. other SS progs) enables information sharing on safety issues / equipment.</p> <p>3. SS Health co-ordinators meet regularly. Paediatrician attends some meetings - to share good practice and ensure consistency of approach.</p> <p>4. Paediatrician runs Common Childhood Illnesses course across SS programmes.</p>			<p>PM reports favourably on the support of other SS programmes in the City – linking in and often finding that someone has had experience, so don't have to constantly re-invent the wheel.</p>

## **V. SECTION FIVE:**

### **CONCLUSION**

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

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

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

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

## REFERENCES

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

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

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

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

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

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

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