

Experiences of delivering an early intervention community based psychology service for families with children under 4

The aim of this report is to look at how psychological support services are being delivered within Sandwell SureStart programmes. It will focus on the way the service is operating and issues surrounding partnership working. It does not look at the experiences of service users or the impact the service is having.

It is based on information collected in the latter half of 2004: monitoring and evaluation data collected by the SureStart Psychology team and interviews with psychologists and programme managers about the service and how it is working.

An interim report, which looks at what the service is, without commenting on what is/ isn't working, has already been produced. Where appropriate, this information will be referred to here, yet not reproduced in such detail.

Recommendations arising from the information collected are detailed at the end of the report.

What is the SureStart psychology service?

In essence, the Sandwell SureStart Psychology services is a way of providing psychological support to families with young children through:

- Building the capacity of other professionals working with families
- Provision of brief intervention/ individual therapy
- Provision of group work relating to specific topics

It is a service that:

- enables quick access to psychological support that is local, accessible and delivered in an unthreatening manner/environment
- is preventative and focuses on early intervention

- signposts families on if there is another organisation better equipped to meet the families needs

It is delivered by a team of Psychologists and Assistant Psychologists who work as team, but who are each attached to a specific SureStart programme.

The service provided in different programme areas is similar but not identical, as each places different emphasis on the 3 core aspects of the service: individual therapy, group work and capacity building. In addition, service delivery is naturally influenced by the other services and staff within the programme.

There appears to be strong agreement between programmes and psychologists about what the service should look like. However there are a few things that programmes feel should be part of the service that psychologists feel they are unable to provide. **These should be discussed with view to agreeing a definite approach to meeting the needs:**

- **For parents to have access to counselling if needed** - *many of the counselling needs that parents have presented with fall under the remit of adult mental health and are not something that can be addressed by the existing psychology team, although there are a number of organisations operating within Sandwell which can provide this service. Where a families needs fall outside of the remit of the SureStart psychology service the team tends to offer an initial visit to present a 'friendly face' from a mental health service and introduce the family to the idea of seeking mental health support from an appropriate agency.*
- **Flexibility to offer support on all days of the week**
- **For psychologists to make proactive efforts to engage families in psychological support** (e.g. follow up of non-return of opt in letter)

In addition, both programme managers and psychologists feel that more needs to be done to ensure that the service is accessible to minority ethnic families and families who do not speak English. Whilst interpreters are used, this is not without issues.

How are different aspects of the service working?

Individual Therapy

In all programmes there is an opportunity for families to receive 1:1 support from a psychologist. Families can refer themselves, be referred by a member of the SureStart team or by a member of an external agency such as a health visitor.

The referral process

Suggesting a family seeks support from a psychologist

Many people are wary of psychologists and some early years workers would feel uncomfortable suggesting that a family should consult a psychologist in case this is seen to imply that someone is 'mad' or a 'bad parent'. In recognition of this, the psychology team has provided training to SureStart staff that covers ways of introducing the psychology service to families.

Monitoring data shows that many different SureStart staff make referrals to the psychology team which suggests that the training provided has been effective. However **it is important that programmes and psychologists take joint responsibility for ensuring other SureStart staff are equipped to identify when psychological support might be useful and how to broach this with a family.**

Appropriate referrals

Given that most programmes generally have just 18.5 psychologist hours/ week it is important that there is a clear referral process & that psychologists only take on appropriate referrals. This means that other staff need to have a clear understanding of what an appropriate referral is. This requires training and an effective dialogue between psychologists and other programme staff. Programmes and psychologists generally feel that the referral process is working fairly well but acknowledge that it takes time to build the level of understanding needed, something that can be hindered by high staff turnover and complicated by the fact that different members of staff have very different skills and experience.

Both programme managers and psychologists acknowledge that in some cases it is only the psychologist who can fully assess a family's needs. Indeed programme managers feel that one of the key assets of having a psychologist on the team is that it enables the programme to conduct a professional/ clinical assessment - to either identify

appropriate intervention or reassure a concerned parent that an apparent issue is not a real problem.

Experience has shown that it is not sensible to rely on a paper based referral system and that cases should be discussed face to face before a decision is made about what support to offer a family. *As a result when someone feels a family would benefit from psychological support it is probably best that they seek permission to discuss the issue with a psychologist rather than seeking permission to refer the family to the psychologist*, a practice that has been adopted in some programmes.

Opt in letters

When a referral is passed to the psychology team, they take responsibility for arranging an appointment. In some programmes an 'opt in' letter is used. This provides families with information about the service and asks them to return the form if they would like an appointment with a psychologist. The reason for adopting this process is threefold: to make it clear to families that it is up to them whether or not they see a psychologist and as it can help the team to manage their waiting list and reduce the number of missed appointments. Opt in letters are copied to a families Health Visitor so they are aware that support has been offered and, if appropriate, can encourage the family to access that support. The process is not used in all programmes though, in some cases due to psychologists feeling it is too formal and in one case because it was trialled and seemed to prevent families accessing the service. Where the opt in letter isn't used, psychologists simply phone the family to arrange an appointment.

Programmes have some reservations about the opt in letter process and fear it might prevent some families from accessing psychological support. Given that Sandwell has issues with adult literacy and houses many families for whom English is not a first language this is an important consideration. Analysis undertaken in October showed that 37 of the 90 referrals made between January and August 2004 had not yet led to a first appointment being made. In the majority of cases this was due to the opt in letter not being returned. Whilst this could indicate that families have decided they do not require psychological support, it could equally indicate that the opt in letter process is acting as a barrier to accessing the service. As a result, *it is recommended that the psychology team reviews whether or not to continue the opt in letter process, naturally considering the pro's and con's of doing so.*

Keeping the referrer in the loop

Whilst detailed information about the work psychologists do with individual families is confidential, Psychologists aim to feed back to referrers to confirm that support is

being provided. In addition, they routinely provide information to the GP's and Health Visitors of families they work. Programmes feel it is important that if a referral has come from another member of the SureStart team that the person is kept in the loop and is told whether or not the psychologist has made contact but note that in some cases this is not happening.

Seasonal variation

Monitoring data shows that the rate of referral in summer months is lower than others, something which psychologists report is common in mental health services. It is worthwhile bearing this in mind when planning ahead to see if it is possible to build more consultation/ group work into the periods in which the referral rate for individual work is likely to be lower.

Missed Appointments

Data on the number of missed appointments is not kept, however psychologists note that the level of missed appointments is high. In mainstream service a family would be discharged if they missed more than one appointment. This approach is not suitable for SureStart, although it is important to acknowledge that missed appointments do waste time and to look for ways of reducing their number. It might be worthwhile for psychologists to discuss this with other SureStart staff to see if they have found ways of reducing the number of missed appointments.

Group work

Psychologist offer group based support by running distinct sessions to address specific issues such as child behaviour or sleep problems, or by contributing to existing groups such as baby clubs or stay and play sessions by giving a presentation or simply chatting informally to parents.

Formal group work

Process

A number of psychologists see the opportunity to offer group work as one of the key benefits of delivering psychological support from within a SureStart programme.

However they have found this work to be time consuming as it involves peripheral tasks such as organizing venues, crèches and publicity materials.

The psychology team take the lead in determining which sessions will be run, when they will run and for promoting the sessions.

There appears to be a lot of scope for programmes and the psychology team to work together more closely. Some programmes feel that they are not kept very well informed about the sessions being planned and would like to see a programme of group activities agreed in advance so that families can be made aware of what is coming up. Psychologists also aspire to this and one of the main reasons this hasn't happened to date appears to be time.

Programmes and psychologist both agree that it would be useful for others in the programme to be involved in promoting group sessions, although this doesn't appear to have been widely implemented.

The psychology team are currently developing a number of different group sessions. Once developed, they can be rolled out in different programmes. This should enable more advance planning of what will happen when.

It is suggested that programmes and psychologists agree a schedule of group activities for each programme such that activity for the following 3-6 months is always planned in advance. Further that the administration & outreach staff within a programme play a key role in the practical arrangements, advertising the sessions and encouraging parents to attend.

Attendance

Attendance data is not readily accessible, however programmes and psychologists feel that group attendance is generally lower than they would wish. Indeed in some programmes psychologists have decided not to implement any group work yet, as they don't see it as being any more efficient than 1:1 work.

The way group sessions are promoted naturally influences attendance, hence it might improve attendance if programmes and psychologists work together more closely to promote group sessions.

Psychologists feel it would be beneficial to undertake more cross programme work as this would enable them to offer a broader range of courses to parents within a particular programme. However some programmes are wary of this approach and would rather stick to exclusive sessions. The potential benefits mean that cross programme work should be considered, however it is important that programmes work together

closely to co-ordinate such sessions and balance the needs and requirements of each set of parents.

Informal group work

Most programmes have experimented with psychologist attending existing sessions (e.g. stay & play sessions) in an informal manner. Families are informed that the visitor is a psychologist but they have been introduced primarily as members of the SureStart team.

Where this has worked, it is viewed by programmes and psychologists as a very effective approach that helps present an 'acceptable face' of psychology. Psychologists who undertake informal group work report that families have responded positively and have sought advice, sometimes as a one off and sometimes leading to more intensive 1:1 work with the family. Programme Managers feel that it is a good way to disseminate psychological knowledge in a gentle and unthreatening manner.

Certain programmes would like to see more informal group work undertaken as they feel this sits particular well with the ethos of SureStart. However **this approach doesn't sit with the style of all psychologists, either due to their personal or professional style**. It is important to acknowledge that this is the case because such an approach is unlikely to work unless the psychologist is comfortable with it. Equally though, **it is important to look for alternative ways of achieving the same aims**. In some programmes psychologists give short talks at sessions and are then available for questions/discussion with individual parents. This approach might sit better with psychologists who would not be as comfortable simply attending a session and attempting to build links with families. In addition, it might make it easier for families to approach a psychologist given that some programmes/ psychologists think that parents would be reluctant to seek advice from a psychologist when others would see them doing so.

Capacity building

Capacity building is an important element of the SureStart psychology service. This means that rather than working directly with a family, psychologists will work with them indirectly by supporting and advising other workers who already have a link with the family. The benefit of this approach is to upskill other workers, extend the reach of psychological knowledge and help ensure families benefit from a truly interdisciplinary approach. In addition, it enables a worker who has already established a rapport with a family to continue to support them, rather than the family needing to get to know/ trust someone new.

However it is a different approach and not without its teething problems...

Psychologists are working in this way with mainstream Health Visitors and other SureStart staff. Feedback suggests that things are working well with Health Visitors and that Health Visitors feel they have benefited from this. Reactions of SureStart staff have been more mixed. Psychologists feel that some are reluctant to work in this way either because they do not fully appreciate what the psychological approach has to offer, because they feel it amounts to them taking on the work of psychologists or because they lack confidence in their ability to work with families with mental health issues. In addition, programmes and psychologists acknowledge that SureStart staff are a diverse group and each has different skills and experience, which can make it difficult to work in this way. Staff turnover also makes things harder.

Various approaches to capacity building have been trialled. In some programmes planned consultation sessions with particular groups of staff appear to be working well, whilst in others these haven't seemed to work. Instead consultation is being undertaken on a more ad hoc basis. It seems important that staff buy in to the consultation process and genuinely want input from a psychologist. In this respect, ad hoc consultation is beneficial as it is provided when required. However ad hoc consultation is not always such an efficient use of psychologist time.

It is important that other staff understand that it is a stated aim of the psychology service to build the capacity of other staff members and that not taking on a family isn't them shirking responsibility. Programme managers might need to reassert this in some cases and take responsibility for working with staff/ psychologists to help them build a stronger working relationship.

There are undoubtedly long term benefits in psychologists working to build the capacity of other workers. However in the short term it can seem more appropriate for psychologists to take cases on, which presents a bit of a catch 22 situation which needs to be carefully balanced with the needs of the family as the central consideration.

The other consideration is that interdisciplinary working is a two way street and it is important that psychologists understand and respect what other staff bring to the table. Programme managers feel that on some occasions the psychological approach has taken more dominance than necessary and that it would be beneficial to acknowledge and draw upon the perspectives of other members of staff. In this respect, it would seem valuable for some sessions not to be 'psychology consultation sessions' but sessions where the full mix of practitioners within a team meet to discuss particular families, which is the practice adopted in some programmes.

Programmes see value in the support the psychology team is providing to mainstream health visitors although some would like to be given more information about who is attending/ the support being offered at the Health Visitor consultation sessions so

they can justify to their management boards that the investment the programme is making will benefit local families.

Something that it might be worth considering is adopting a more structured approach to capacity building, to identify specific psychological skills and competencies that different practitioners should acquire. This would enable a planned approach to training, for practitioners to have a clear appreciation of what is expected of them and, for their additional skills to be more formally acknowledged. A similar approach has recently been adopted within CAMHS in relation to developing the role of Primary Mental Health Worker - identifying the mental health training needs of School Health Nurses.

CAMHS and SureStart: Working in partnership

To have a psychologist working in an interagency, community based setting is a new thing for Sandwell. As with any new way of working, issues have arisen. Many of these haven't yet been fully resolved.

The key issues are detailed below. Each tends to equate to two different perspectives on an issue/ situation. Each requires discussion, understanding of the alternative perspective and for a workable compromise to be reached.

Client Centred or chaotic?

In comparison to many other SureStart staff, psychologists tend to work in a quite structured and boundaried manner. Being part time and out of the office quite a lot means that they tend to manage their time quite closely. Within the mainstream CAMHS service this is how they would be expected to work, as all contact with clients and most contact with colleagues would be by prior appointment. Within SureStart, families can drop in unannounced and request to see a psychologist and staff tend to work in open plan offices which naturally increases the amount of unplanned consultation between colleagues. This has benefits, but also has the potential to create conflict - the need to be responsive compared to the need to complete planned work and meet deadlines.

Programmes feel that working in a structured/ bounded way can reduce flexibility, something they see as very important within SureStart. Psychologists feel that SureStart often tries to work in a way that is too flexible and verging on the chaotic.

There is no right or wrong in these viewpoints - there are pro's and con's to both approaches however different perspectives can create resentment and so it is important for programmes and psychologists to try and agree a clear compromise. For example, it might be the case that psychologists ringfence some time during which they focus on specific planned tasks whilst other time is designated surgery time when other staff or indeed families can access a psychologists time. One thing that is important if such an approach is agreed with a programme manager is that the decision and reasons for it are clearly communicated to other programme staff so that they understand the rationale and importance of the arrangement.

The issue of boundaries presents itself in ways other than time management...

Some SureStart staff develop very close relationships with certain families, psychologists are concerned that this, coupled with the informal approach of SureStart can tend to blur the distinction between a professional and personal relationship. Given the nature of their work, it is important that psychologists keep relationships on a strictly professional basis. This doesn't mean that interaction should be 'cold' or unfriendly but does mean that certain protocols should be observed.

One concern raised by psychologists is that there have been occasions of other staff walking in on a therapy session (for example to pass on a message), something which is inappropriate. To prevent things such as this happening is a shared responsibility, staff need to be informed as to why this is problematic, but it might also be worth implementing a discrete system of identifying when a room should not be disturbed.

Specialists or team members?

A characteristic of Sandwell SureStart programmes is a very team focused culture. The strength of this approach is support and everyone 'mucking in'. The potential drawbacks are that people get involved in things that don't necessarily make best use of their time and that role boundaries can become unclear.

Programmes and psychologists agree that it is beneficial for psychologists to be an integral part of the team - both in terms of the relationship between psychologists and other members of staff and between psychologists and families. This means psychologists are involved/ asked to be involved in general team activities and things such as trips.

Often, they will get involved. On some occasions though, psychologists have asserted that they are unable to do so due to other priorities. This has caused friction between the psychologist and the programme manager/ staff. Once again though, it is important to consider both perspectives. The view of psychologists is that they have a duty to make the best use of their time. The view of programmes is that all staff have individual duties and responsibilities but that sometimes other activities should take precedence. They also feel that such activities are an important levelling tool which helps staff and families see psychologists as 'another member of the SureStart team'. Both of these perspectives are patently true. **The only thing open to debate is balance, something that can only be achieved through regular and open communication.**

Feedback and accountability

All SureStart services are delivered in partnership. SureStart programmes are not legal bodies and so cannot directly employ staff. This means that all SureStart staff have two lines of accountability - one to the organization who employs them and the other to the programme they work for. Different employing agencies exert a different level of influence over the SureStart staff they employ. Some SureStart staff have very little to do with their employing agency. Others, such as the psychology team, are firmly aligned to their employing agency and, programmes appear to have limited influence on them.

Ideally the balance between the programme and employing agency should be shared. With the current situation, some programmes feel that the psychology service is operating in tandem, rather than as part of, the programme. They are not entirely clear about what they should expect from the service and so feel unable to assess whether or not the service is working as it should. Conversely psychologists feel that they are not receiving the level of support they need from the programme and that working relationships suffer as a result.

It would be worthwhile for programmes and psychologists to consider how to adopt a somewhat more formal line of accountability between psychologists and programmes.

That is not to say that psychologists should be solely managed/ accountable to programmes, just that it would be beneficial for there to be a clearly defined agreement about what psychology is expecting/ expected to do, and a clear way for psychologists to report progress - possible through some form of quarterly report. The psychology team have invested a lot of effort into establishing monitoring systems and evaluating their work. However until this evaluation was initiated most programme managers were unaware of this.

Sharing information

In an interdisciplinary setting there can be conflict between confidentiality and information sharing. The approach taken in most programmes is for psychologists to contribute basic information to programme records and have a separate filing/reporting system that another member of SureStart staff can access if strictly necessary. Whilst having a dual system adds to the workload, local guidelines and those laid down by the British Psychological Society require this and it doesn't seem to be causing significant problems at the present time. However it is something that should be regularly reviewed to ensure that the system adopted is working effectively.

Reach

Psychologists appear to believe that reach is one of the key concerns programmes have. Whilst this is important, programme managers do appreciate that psychology is a service that won't generate high reach figures. However many don't know what it is realistic to expect and so feel unable to assess whether or not things are working well - information that they need access to if they are to play a role in managing and developing the service.

Programme Managers also appreciate that to assess the value of the psychology service through reach figures alone is not possible and they would value receiving more information from the psychology team to help them understand the work being undertaken.

Physical working arrangements

SureStart programmes have needed to deliver services from a variety of locations and have been working from temporary office accommodation. With their capital funding they are able to create bases to better accommodate their needs. However as building and renovating is expensive, SureStart buildings have to be somewhere between the ideal and the affordable. This tends to equate to office space that is open plan and smaller than it ideally would be, and multipurpose consultation rooms.

When a psychologist is involved with a family there are often sensitive and confidential issues to discuss, either with the family or another professional working with the family. This can prove difficult within an open plan office as can writing reports. Most staff probably need some quiet office time at some point and it is not feasible for everyone to have an office, so once again there is a need to think laterally to balance competing requirements.

One way of delivering support to families is through home visits. If home visits are undertaken, the personal safety of staff needs to be the primary consideration, which is why many programmes have a policy of undertaking joint visits. This can be difficult in relation to psychological support given that it is often not appropriate for another member of staff to sit in on a psychology consultation. In such situations programmes should consider if a joint visit could be undertaken whereby the psychologist consults with the adult whilst another member of staff looks after their child in another room. A knock on benefit of this is that it might make it easier for parents to relax and talk to the psychologist if their child is being looked after elsewhere.

Administration

Monitoring data shows that psychologists spend a significant proportion of their time on administration duties (for example in March 2004, 19% of the psychology team's time was spent on administration. This covers things such as writing up case notes, keeping clients' GP informed about the service provided to the individual, referring individuals on to other services and managing the waiting list.

Whilst there are some tasks that can only be undertaken by psychologists it would be worthwhile for programmes to review if it would be more cost effective for them to seek ways of providing additional admin support to psychologists.

Recommendations

The aim of this report was to review the way the psychology service is operating within the context of SureStart. The service has the potential to make a big difference to local families, and monitoring/ evaluation data being collected on an ongoing basis is starting to record its impact. However this review has highlighted a number of issues that could prevent the service from achieving maximum impact. To help ensure that this is not the case, the following recommendations arise:

1. **Establish a far clearer specification of the contribution the psychology team will make to each SureStart programme.** This should start by clarifying the required balance between the 3 core activities (capacity building, individual therapy and group work). The specification should be sufficiently detailed to act as a clear point of reference to understand if the service is operating in the way programmes/ psychologist would like it to. For example it should outline things such as the number of formal group activities to be undertaken, the time to spent in individual therapy & regular meeting commitments.

2. For group activities (formal and informal) to be agreed in advance, on a rolling basis, so that there is an agreed programme of activity for the next 3-6 months.
3. For the psychology team to produce a quarterly report to show the output of the service. This should include information such as the group activities held, time spent on capacity building activity, number of families on the caseload, number on the waiting list, number discharged. This report should be discussed with programme managers and any issues, barriers or concerns should be identified and appropriate actions identified.
4. For the psychology team to share evaluation evidence collected with programme managers.
5. For psychologists to submit details of all direct contact with families on a monthly basis, where this is not already happening.
6. Ensure programmes are aware of the referral pathways that exist for parents with mental health needs outside of the remit of the SureStart psychology team (by reference to the document "Accessing the SureStart Psychology Service" - section on appropriate issues for referral).
7. Review the pro's and con's of an opt in letter process.
8. Discuss need for/ ways of providing additional administrative support to the psychology team, for example in relation to managing waiting lists/ arranging appointments.
9. For programme managers to take steps to satisfy themselves that the wider team understands the role and remit of the psychology team and the role non-psychologists have in promoting families mental health.
10. For psychologists to provide additional psychology awareness training as necessary.
11. For SureStart to aim to ask parents for permission to discuss their situation with the team's psychologist rather than for permission to refer them to the psychologist.
12. For programme managers and psychologists to discuss how effectively capacity building is working in each programme, identify any barriers and take joint responsibility for addressing any issues.
13. For some consultation sessions with SureStart staff to be multidisciplinary rather than psychology led.

14. Consider formalizing approach to capacity building - identifying the mental health related skills each staff group should have and implementing appropriate training/ support
15. For psychologists to review the systems they have adopted to keep SureStart staff who refer families to them informed about their contact with those families.
16. For programmes and psychologists to work together more closely to organize/ promote group activities - drawing on admin time as appropriate.
17. Consider the option of undertaking more cross programme group work.
18. In programmes where psychologists are not entirely comfortable with idea of attending play sessions in an informal capacity, look for alternative ways of providing informal support - for example by giving a short talk then being available for questions
19. For psychologists to seek views on how to reduce the rate of missed appointments from other SureStart staff.
20. For psychologists to keep attendance lists for Health Visitor consultation sessions and a record of the key issues discussed - so that programmes have access to information to demonstrate the value this work brings to families in their area.
21. For programme managers and psychologists to discuss the merits of psychologists ringfencing time for certain activities - e.g. time for ad hoc consultation, quiet time free from interruptions and, if such a system is implemented, for this to be communicated to other staff.
22. Consider the options around home visits to enable dual visits where appropriate whilst not compromising confidentiality - for example if it is possible for a second worker to attend and play with children.
23. Look for creative ways of making multipurpose rooms more amenable for psychology consultations - for example buying a screen to cover sinks/ mirrors.

Longer term:

- * Consider if there is anything else that could be done to make the service more accessible to ethnic minority families/ families who do not speak English