



# Sure Start Midwifery Service

An exploration of the role of the Sure Start  
Midwife

## Sure Start South East

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# EVALUATION OF SURE START IN COVENTRY

## Annual Report 2005 Sure Start South East Midwifery Service

### **Introduction**

Midwives and Health Visitors are particularly important in facilitating initial access to Sure Start services (Sure Start National evaluation summary, June 04) they are key people within the Sure Start team, often being the first 'face of Sure Start' and the team member who introduces the woman and her family to Sure Start and its services.

This report will focus on the development and role of the midwife within the Sure Start team. The initial Sure Start South East midwife was one of the first staff appointments to be made within the team and preceded the programme manager's arrival by six months. The midwife remained in post until March 2004, before moving to undertake further public health training.

Thus the programme remained without a midwife until January 2005. This report has looked at other Sure Start midwifery posts across the city in order to gain full understanding of the development of the role within Sure Start.

### Acknowledgements

The research was undertaken as part of the evaluation of Sure Start Coventry and was funded by Coventry City Council and Coventry Primary Care Trust. Principal investigators were Chris Coe and Nick Spencer, with Maria Stuttaford as a named researcher. Carol Aubrey is a co-investigator with Sarah Dahl as a researcher on the project. The study would not have been possible without the co-operation of the many respondents that agreed to participate and gave their time to teach us about their lives.

# The Sure Start Midwife

## The Aims:

- To explore the role of the midwife within the context of a Sure Start programme

## Methods used:

- In depth interview with midwife in post
- Interview with programme manager re vision and practice of the role of the midwife
- Interview with Senior Midwifery Manager at UCHCW
- Interview to be conducted with new midwife in post, January 05, repeat after 16 months in post.
- Interview with Sure Start Midwife in West
- Interview with Sure Start Midwife in North East
- Background information, National & Coventry wide
- Triangulation of data from other sources, user satisfaction events, case studies
- Attendance at Community midwives City wide meeting
- Participant Observation at Regional Sure Start Midwives meeting.
- Maternity Alliance Conference: Delivering integrated services for new families

## Analysis

In keeping with the action research approach to this evaluation, a variety of research methods are available to be used as appropriate. Throughout the study of the role of the Sure Start midwife, qualitative data were collected via a variety of methods, all based on a disciplined enquiry using a systematic approach that is verifiable, providing understanding and insight.

'Triangulation' of data may occur when data is collected in a variety of ways, and from a variety of sources, in this enquiry data were collected predominantly via in depth interviews, but also via conversations, Participatory Learning in Action (PLA) events, and participant observation.

Where appropriate, a qualitative statistical package, NVIVO 2 was used. Clear cut themes emerged from the initial interviews and were used to shape subsequent interview schedules and further refine a line of enquiry, while being mindful of not excluding the possibility of other emerging themes. A second researcher was also employed in the analysis in order that selective bias on behalf of a single researcher is avoided.

## The role of the midwife within the Sure Start team

*'I spoke to the midwife cos I was pregnant at the time with \* and she started telling me about the classes and that. They were starting a bump to babies and aqua natal and I thought oh! that would be really good 'cos I've always wanted to do the aqua- natal' (CS4)*

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The role is demanding, requiring the post holder to quickly acquire new skills and develop innovative ways of working within a multi disciplinary team, possibly with little time or access to her own professional body and the resulting support that that access may bring.

### Background

The Sure Start South East final plan states that the

*'Sure Start health team will provide additional support to families with low birth weight babies, postnatal depression and to first time parents, through group work in community venues and one to one contacts' (page 54).*

Both a midwife and a health visitor were specified as being part of the core team in the final plan. The Sure Start Midwife (SW) was one of the first appointments made by Sure Start South East and preceded the first programme manager by six months. SW has been in post for almost three years but left the programme in March 2004 in order to concentrate on her particular area of interest, public health, and take up a health development post. This area, she maintains, was greatly stimulated by her role with Sure Start and her increasing perspectives.

### Defining the new role

Currently Sure Start midwives in Coventry work in parallel with the existing area community midwifery service. This model of working was not pre assigned and despite the planning that had gone into the creation of the midwifery post within the Sure Start team, it was soon clear to the appointed midwife that the practicalities of the role had yet to be determined

*'I had to define the role, it was not thought through'*

For the initial six month period the midwife worked a 'traditional' caseload but this ceased with the support of the newly appointed (first) Programme manager. The midwife felt that a traditional caseload would not allow her to meet the objectives of the Sure Start programme; she decided to concentrate on the following priority areas:

- Teenage Mums
- Increasing breastfeeding rates
- Support groups for breastfeeding mums

Stepping beyond the traditional boundaries of a midwifery role was not an easy thing to do, and she freely admits to finding working in a multi-agency team difficult at first. Her role has changed and she describes it as now being 'much wider' than the conventional role, she states that

*'Sure Start has improved the way in which I work'*

This has been facilitated by Sure Start enabling access to further, relevant training, being able to be more autonomous, to do things beyond the usual, more limited midwifery role, she feels she is able to

*'step outside and look in to see what is happening'*

The breastfeeding priority was of particular relevance as she felt that

*'extending postnatal care to improve rates of breastfeeding, which can have a profound impact on the future child's health, would be one way of helping to achieve a reduction in health inequalities'.*

The midwife reported the area having a culture of non-attendance at ante-natal classes, the reasons cited include being too far to travel, and being uncomfortable in groups and with 'established' couples. This is in line with findings from other studies, such as Report to the Department of Health Children's Taskforce from the Maternity and Neonatal workforce Group in January 2003, who found that 72% of women in their study expressed a desire for local ante-natal care.

The Sure Start midwife says it takes time to build trust, she instigated one – one sessions with mothers, building confidence and gaining trust and eventually getting them to attend group sessions.

The midwife initially found it difficult to work as a member of a multi disciplinary team, *'I did not feel adequately trained or prepared, just needed to know more- especially about social services'*. The early years worker suggested some training in social service work which SW found very useful (comprised 2 ½ days) also talking to the health visitor made her realise her needs, in comparison she felt that health visitors were more prepared for a Sure Start role.

Coventry midwifery appointments are with the University Hospital Coventry and Warwickshire NHS Trust, thus the midwives have a line manager in the programme manager and also a professional lead, the Community Midwifery Manager. Initially there were no specific structures in place regarding communication and or support. With the appointment of the midwife in the West, (August 2002) the programme manager suggested a regular three way meeting between himself, the midwife and the Senior Midwifery Manager. These have been well received and the model since adopted by the NE.

Currently there are three Sure Start midwives working in Coventry. Subsequent midwifery appointments were made in August 2002, in the West, and an appointment to North in September 2003. The midwifery appointment to the North involved a later reappointment to North East in 2004. A third midwifery appointment was made in Sure Start South East and the midwife commenced working in January 2005. A further midwifery appointment is planned for the North in 2005. Throughout 2003 – 2004, two Sure Start midwives were in practice in the city, despite geographical constraints they linked with each other for mutual projects and support. The newly appointed midwife in the South East relishes the prospect of working in a new way,

*'although I'm not going to be their named midwife for a lot of women, I'm hoping that I will be able to develop relationships that go on from early on in their pregnancy through to longer than the midwives currently do'. (MSSSE)*

It is clear from the exploration into the midwifery service that a number of issues have arisen, this report seeks to highlight tensions in new ways of working, and offer solutions where possible. It also looks at the role of the midwife in the newly designated Children's Centres.

## Tensions in new ways of working

### Expectations of a Sure Start midwife

Tensions appear to exist between Sure Start Midwives and their colleagues in the Community Midwifery service. This may be due, in part, to mismatched expectations of the role when the first Sure Start midwife was appointed to Sure Start South East. Initially the midwife carried a caseload in the 'traditional' way, however after a six month period this role was relinquished in favour of alternative ways of working which began as working very much on a one to one basis. As the midwife developed an understanding of her role and the direction it should take, the community midwives became more disenchanted by it.

The midwifery manager found the situation '*very frustrating*' and felt the following to be of importance,

*'ownership of particular clients and keeping up with the interface of the core service important'*

she feels,

*'Sure Start midwives should have a clinical component because they need to be clinically credible'*

Building on the experience of others, those coming into the post now have a much clearer idea of how they will fit into existing structures;

*'I see it as in addition to and in support of the community midwife. I'm hoping to build good relationships with my colleagues within this area. And so that they can see me as a resource, rather than... somebody that they're fighting against'. (MSSSE)*

### Lack of understanding of the role

Until relatively recently when two further Coventry Sure Start Midwifery appointments were made, community midwives appear to have had little chance to develop an understanding of the role, and therefore Sure Start midwives currently do not appear to be regarded as an addition to the service or of much value within it.

The midwifery manager would like to see:

*'Sure Start midwives to make a real difference and for the service to feel a vacuum if not there, there was no vacuum when the first appointed Sure Start midwife left'*

The newly appointed midwife admits that her job will be easier in some ways as she has a clearer understanding of what the role entails, she made this comment in reference to her predecessors,

*I feel quite sorry if you like for people who've come in and had to make the role... not their own, but had to define what the role is. I feel that they've had quite a tough time really. ....because it's not clear.*

### **Demonstrating their worth**

The Sure Start midwives in practice are aware of having little hard 'evidence' or ways of demonstrating the complexity of their roles. Midwives working in traditional roles calculate their activity using contact numbers, numbers of clients seen. Obviously this has little relevance for the Sure Start midwife. Evaluating their role and collecting evidence in the form of case studies has been discussed with individuals. Case studies would provide in-depth examples of the complexities of working with disadvantaged women in a variety of non- traditional ways.

This is not a local issue but one that was reflected by others at the Regional Midwives meeting, none of the midwives present were evaluating what they were doing.

Raising awareness of the role of the Sure Start midwife is important in order that the service is utilised effectively, the newly appointed Sure Start midwife acknowledges that she needs to advertise her new role, and that of Sure Start;

*And I certainly felt like that. And until I've gone round and sort of met everybody and found out what they did, I didn't realise that that service was available. So I think maybe we need to like advertise it a little bit more you know.*

### **Professional jealousy**

Professional jealousy appears to exist over the Sure Start midwives role, at what is perceived by community midwives as

*'a cushy number' i.e. working Monday to Friday with few unsocial hours, not carrying a case load, having no student midwives on placement, and always being on study leave'*

Conversely, one of the Sure Start midwives had this to say regarding the community midwives,

*'If only midwives would support and work together my job would be a lot easier'*

With greater understanding of the role of the Sure Start midwife, and how they can work as a team, many of these 'jealousies' may diminish. One midwife does carry a small caseload which she feels is a positive move in terms of integrating the midwifery service offered;

*I do carry a small case load, I will work with high risk cases or those with child protection issues - and I think this is a very good use of my time (MSSW)*

The midwife in question felt that this was seen positively by the local community midwives, and gave rise for further opportunities for positive exchanges and interaction with them.

The newly appointed midwife feels that this situation is slowly changing,

*'I don't know, professional jealousy I suppose. People thinking Oh you know they're going on these study days, they're having all this money. They've got all these resources. And I really think that it was seen as a bit of an easy number really. I do think now that it's a bit more respected really. (MSSSE)*

From the evaluation activities undertaken, it is possible to make several recommendations to strengthen the role and to improve ways of working, both within the Sure Start team and within the context of the local midwifery profession.

## **Recommendations:**

### **Improving communication**

- Regular meetings between local community midwives and Sure Start Midwives: persevere with the planned regular meetings between local midwives from whom Sure Start midwives accept referrals, give them feedback on those referrals and show just how you were able to affect a change.
- Community midwives can play a key role in raising awareness of Sure Start to those able to benefit from its services. They may play an active role and possibly raise participation in the programmes by a positive endorsement of Sure Start and the services it offers to parents and young children.
- Regular three way (Senior Midwifery manager, Programme manager and Sure Start midwife) meetings have now been instigated. These have been cited by all as helpful and these should be continued to aid information sharing, support and development.
- A presence at city wide community midwifery meetings would be advantageous, particularly in taking opportunities as they arise to demonstrate the role of a Sure Start midwife.

### **Sure Start midwives need to demonstrate**

- How they are working
- How they make a difference
- In addition to the routine record keeping in terms of contacts and registrations, evaluate appropriately. For example at the end of a course for new parents, or at the end of a series of aqua natal sessions, try and capture what people thought, what they liked, what could be improved on etc. This will help you to focus and give direction when planning new services.
- Midwives may consider using a case study approach to reveal the innovative and holistic way in which they work – the net work of people

and services within the team which they have access to, the wider local agencies that they have knowledge of (multi agency working) and the impact of your role on a woman, her family and her community. Demonstrate your worth!

This is particularly important if this type of role is to become mainstreamed, midwives need to reveal the complexities of the role and the value of working in the way that they do. Use the existing city wide community midwifery meetings to educate colleagues as to what the role involves and the value of working in this new and exciting way. Employ the case studies outlined above to 'showcase' work. Once prepared, these case studies can be used to also educate other team members regarding the role of a Sure start midwife.

### **Personal development and commitment to the midwifery profession**

Sure Start midwives should consider taking on midwifery students. This would not be in the traditional way: as in an allocation for a number of weeks, but to spend a day or number of days throughout a given period. This could be arranged through existing placements with community midwives practicing in the locality.

A secondment to Sure Start would have the following aims:

- would provide an excellent opportunity for a student midwife to see midwives working in untraditional roles
- provide examples of innovative practice
- provide a rich experience and knowledge of working in disadvantaged communities.
- Ultimately this would be good in terms of professional development for the Sure Start Midwife involved.
- Whilst facilitating the secondment of a student midwife, the Sure Start midwife would actively contribute to the development of the Midwifery profession, by creating opportunities for others to acquire additional skills and knowledge

### **The core role**

Inherent with professionals undertaking innovative practice with roles which are flexible and able to respond to new initiatives, are dangers of the core role becoming overwhelmed. It is essential that this does not happen.

Meeting with other Sure Staff midwives, both locally and regionally and maintaining good links with the wider midwifery body may be vital to the process of retaining one's professional identity. Being able to identify and develop critical elements of the role and keep focused would be part of the challenge.

### **The evolving role**

Sure Start South East has two designated Children's Centres. At the present it is not quite clear how the change from Sure Start to Children's Centres will be managed. Some confusion has been reported nationally regarding the role

of health within Children's Centres. Caroline Healey, author of 'Children's centres implementation update no 5' details local authority confusion in believing that Children's centres only focus on education and childcare. Healey clarifies this stating that '*in reality they are a mechanism for providing a seamless service for parents from conception to the time that the child starts school*'

So the emphasis on the crucial role of midwives within these structures is obvious and midwives will play an important part of the health component.

Midwives employed in a Sure Start capacity have developed skills, knowledge and the experience of working in an integrated and interprofessional capacity. These skills have been recognised by the National Service Framework for Children (NSF) as being 'developmental standards' that NHS organisations must work towards. One of the recommendations of the green paper 'Every Child Matters' was that the Chief Nursing Officer look at the role of nursing and midwifery in the health and well being of vulnerable children and young people, the subsequent report, published in August 2004 highlighted a number of areas for action, two of which are particularly important for midwives.

1. Strengthening the public health role of midwives and nurses
2. Greater integration and co – location of practitioners within children's centres

Within the specific recommendations is the following:

Flexible, on-going support following birth should be offered rather than a chronologically pre-determined cut off point. This latter point is something that Sure Start midwives have welcomed and integrated into their current practice.

As emerges from this report, Sure Start midwives are a step ahead. Learning to work within a multi disciplinary team and to develop a much wider role; incorporating a public health perspective, has enabled them to practice in a truly holistic fashion. Sure Start midwives have embraced this new, flexible way of working, relishing the opportunities to develop meaningful relationships with vulnerable parents and children that really can and do make a difference to people's lives. How midwives will be managed and the structures that will enable them to work in these new ways are yet to be decided, but lessons learnt from Sure Start midwives may provide the foundations on which to build future innovative and meaningful practice.

*'it's very much a holistic approach to health and health care, I don't just focus on the woman, it's the family and community, as community midwives the time constraints were huge, very frustrating... (SSMW)*

## Key points

- Midwives and Health Visitors are particularly important in facilitating initial access to Sure Start services
- The lack of health personnel for a significant period of time within Sure Start South East has undoubtedly had an impact on the programme, particularly in terms of recruiting new parents.
- The uneasy relationship that has existed until recently between Sure Start midwives and the community midwifery service will also have had an impact on Sure Start services city wide. Little evidence has been found throughout the evaluation, until very recently, of Community midwives positively endorsing and promoting Sure Start services.
- Working within the context of Sure Start allows for greater autonomy in ways of working and scope to develop a public health role
- Improving breastfeeding rates are an enormous challenge for all professionals, initiatives such as the breastfeeding cafes and training of peer supporters are a start in changing the culture of artificial feeding which has long existed in areas of disadvantage.
- All Sure Start programmes have benefited from the midwifery appointments as they form a mutually supportive and enthusiastic body.
- Accepting referrals of a small number of complex cases may be of benefit to all
- Start midwives need to self evaluate their service, consider using case studies to evaluate their work
- Accepting midwifery students on placement would be of considerable advantage to the students, midwives Sure Start and the wider midwifery profession
- Continue three way meetings between midwives, programme managers and senior midwifery manager.
- Sure Start midwives should maintain a presence at community midwifery city wide meetings in order to promote further integration, one Sure Start midwife could attend and feed back to others.
- Midwives and Health visitors will be a crucial component within Children's Centres and have now much experience to offer in terms of multi disciplinary team working and also incorporating a meaningful public health perspective in their role.