

**SUNDERLAND
SURE START CHILDREN'S CENTRES
HETTON & HOUGHTON AND MONUMENT**

**HEALTH VISITING IN THE
COALFIELDS AREA**

July 2006

Gillian Morrow

Nigel Malin

**School of Health, Natural and Social Sciences
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In collaboration with members of the health visiting team

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INTRODUCTION TO THE EVALUATION

Two Sure Start Local Programmes were established within the Coalfields area (Hetton & Houghton and Monument), parted by a geographical area that was outside both Sure Start boundaries. Sure Start Hetton and Houghton health team realised that many challenges faced their team, including fragmentation of caseloads, increased training opportunities to Sure Start staff and uncertainty around the Sure Start agenda, which had led to negative attitudes that needed to be addressed. They developed a vision for health visiting in the Coalfields area, 'Sure Start for All', which would adopt a 'collaborative, integrated and inclusive approach' in order to ensure equal access to services, equal workload for all health visitors, and the opportunity for all staff to deliver the Sure Start and Public Health Agenda (DH, 1998; 1999a).

The purpose of the evaluation was to evaluate the effectiveness of this approach and its impact on the community. The research questions were:

1. How has the approach been developed and how successful has this been?
2. What barriers have there been and how could any remaining barriers be overcome?
3. What are the achievements of the approach?
4. What are the benefits for the Coalfields community?

NATIONAL AND LOCAL CONTEXT

'Improving health' has been one of the principle objectives of Sure Start from the outset, and remains so for children's centres. Child and family health services are a key part of the children's centre core offer. This also relates to the Every Child Matters outcomes: 'Be healthy' and 'Stay safe' and the National Service Framework for Children, Young People and Maternity Services (DH, 2004), e.g. Standards 1, 2, 3 and 5.

METHOD

The evaluation was planned as a group by the University local evaluation team and six representatives of the Health teams from Hetton and Houghton and Monument. The methods were:

- Documentary analysis, e.g. 'Sure Start for All. An Integrated Healthcare Model', internal reports and minutes of meetings.
- Semi-structured interviews with the health visiting team (n=17)
- Semi-structured interviews/written questionnaires with partner agencies and other professionals; voluntary agencies (n=7)
- Interviews /questionnaires with parents/carers (n=51)

The documentary analysis and interviews with the health visiting team were undertaken by the University evaluator and the interviews with partner agencies, other professionals and voluntary agencies and with parents/carers were undertaken by the staff representatives, who interviewed each other's

clients, rather than their own, to reduce bias. The staff representatives also distributed written questionnaires to parents/carers they encountered during the course of their practice and these were collected in sealed envelopes to ensure confidentiality. All data were anonymous.

FINDINGS

The Development of the Integrated Model

1. Aim

Prior to the emergence of the two Sure Start programmes within the Coalfields area (Hetton and Houghton; Monument), there were ten GP attached health visitors. In addition, three health visitors had a cross boundary caseload, i.e. families living in the Sure Start area, but with a GP outside the area. It was agreed that Sure Start Hetton and Houghton would appoint a further three health visitors, that Sure Start Monument would appoint two, also that two nursery nurses would be appointed to the Hetton and Houghton Programme and one to Sure Start Monument.

It was noted by some individual health visitors that, as the first Sure Start programme in the area was set up, there was some initial friction, and some tension with regard to levels of experience and the amount of training that was to be offered to Sure Start health visitors, which led to feelings of exclusion. It was felt that change had been brought about through the influence of personalities.

The aim of the Hetton and Houghton 'Sure Start for All. An Integrated Healthcare Model' was to develop a 'collaborative, integrated and inclusive approach' in order to ensure equal access to services, equal workload for all health visitors, and the opportunity for all staff to deliver the Sure Start and Public Health Agenda (DH, 1998; 1999). As a sixth wave programme, Sure Start Hetton and Houghton felt that it was in a position to learn from approaches adopted in other Sure Start local programmes. Historically, Sure Start health visitors had worked reduced caseloads from within the programme base in many areas, undertaking routine child surveillance as well as delivering the Sure Start agenda. In some areas Sure Start health visitors work independent of GP health visitors with separate baby clinics, hearing tests etc. However, the Programme considered that 'many lessons have been learned from this approach, which has led to inequity and fragmentation of caseloads, some health visitors becoming deskilled in some areas, whilst others have an abundance of training opportunities. This leads not only to some staff feeling isolated but raised issues around poor communication and lack of contact for some parents with the health visitor' (Lowery, 2004:2).

2. Early Consultation

A consultation process was undertaken by the health visiting team. The following aims emerged:

- Equal provision for all clients
- Equality of training
- Equity of workload/caseload
- Partnership with other agencies
- Develop joint objectives
- Equal access to incentives

and the following priorities were set:

- Caseload analysis and subsequent division of caseload
- Access to incentives for all clients on caseload
- Skills analysis and training schedule
- Service development in collaboration with partners
- Open door policy for all clients in the Coalfield area

3. Caseload division

It was decided that the first stage of the change would be equal division of caseloads within teams attached to GP practices but working in geographical patches. This would mean that each full-time health visitor would have approximately 174 children on their caseload. In some areas corporate caseloads would operate.

4. Skill mix

Skill mix is an integral part of *Making a Difference* (DH, 1999b). Sure Start Hetton and Houghton aimed to ‘provide a workforce that has the capacity, flexibility and diversity to provide a client-centred, responsive, evidence based quality service that optimises resource utilisation (DH, 1998)’ (Lowery, 2004:6). As part of the change process staff therefore undertook a skills analysis in order to plan further training and service development. It was anticipated that all staff would be included in the training and, although only the health team participated in the skills analysis, the training would be extended to mainstream staff, partner agencies and parents. For example, a parent who completed the first Positive Parenting course delivered in Hetton continued to offer peer support to other parents on subsequent courses and then took part in the Training for Trainers course alongside staff from Sure Start and other professionals and worked as a volunteer for the Programme. Another course provided by Sure Start Hetton and Houghton was ‘Working with Fathers’, and this was offered to team members, mainstream services and community agencies (including Houghton Access Point, The Hive and Sunderland Leisure Services). Staff were also trained in infant massage and La Leche breastfeeding peer support, and it was anticipated that all staff would have the opportunity to deliver services across the area. For example, a request to the health co-ordinator to deliver Positive Parenting to a group of young parents was passed to the Domestic Violence support worker and the Play and Learning Co-ordinator. The aim was to give team members from other teams the opportunity to undertake service delivery, ‘which in turn ensures equity and shared workload to all’ (*ibid.*).

5. Service delivery

Services were established for clients from November 2003, and due to the widespread geographical nature of the area, some were rotated around the Coalfields area rather than being centralised in one area, and this approach has been maintained. Examples of courses/events delivered at this stage are:

- Family Nurturing: Delivered in partnership with, and at, Hetton Lyons Nursery, by one nursery nurse from Sure Start and one from the Nursery, open to all. Costings were split between the two service providers.
- Promoting Body Image: A 10-week course on how bodies function, the effect of disease and the benefits of healthy lifestyles, delivered by Sure Start staff at The Hive in partnership with The Hive, Houghton Access Point, Wearside Women in Need (WWIN) and the Healthy Living Centre (HLC).
- No Smoking Day Event: Also looked at accident prevention and safety in the home. Event supported by whole Sure Start team, Fire Brigade, Police, Ambulance Service, City of Sunderland Leisure Services, Sunderland TPCT, City Hospitals Sunderland, BBC Big Blue Bus, and a range of local community and voluntary agencies.

6. Incentives

Sure Start provides some 'incentives', which are tailored to match the targets set by Sure Start. It was decided that these should be available for all clients on the health visitors' caseload, irrespective of whether they lived in the Sure Start area. These incentives are:

Item	Time Given	Target
Toilet bag	Antenatal visit	Antenatal advice
Bath thermometer Fever scan Room thermometer	Primary visit	Parenting advice
Weaning bowl and feeder cup	12 weeks of age	Advice on nutrition
Bookstart	7-9 months Hearing test	Improve child's ability to learn
Bookstart Plus	2 year assessment	Improve child's ability to learn

Originally, a first aid kit was provided at the 9-month check, but this was discontinued some time ago.

7. Bridging the Gap

In December 2003 managers from Sure Start Hetton and Houghton, Monument and Sunderland TPCT worked with health visiting teams across the Coalfields area to develop services that increased equity and access for all clients in the “gap” area, i.e. those families living between the Sure Start programmes. It was intended that staff would work as one team delivering services to meet the needs of all clients, rather than as three teams. After six months some positive changes were noted by some, but not all, staff, and it was considered that there were still areas to work on with regard to integrating the team. For example, health visitors felt that there were still different methods of working causing confusion for clients and that there was still some inequity across the Coalfields area.

8. Innovation Award

Sure Start Hetton and Houghton submitted an application to the Northumberland, Tyne and Wear NHS Strategic Health Authority Innovation Awards 2004 – Celebrating and Sharing Success, in the category of Reducing health inequalities, and was successful in winning this award of £5,000. This was used to buy safety packs and first aid kits in another ‘gap’ area. These families were not able to access the home safety scheme as their address was in Co. Durham, but were on Sunderland health visitor caseloads as they had doctors in Sunderland. The money was also used to buy ‘incentive’ cups and bowls. This submission was also presented at the CPHVA national conference.

In addition, the Programme won a judge’s award for ‘Fit and fun for a healthy family’ from Sunderland Teaching Primary Care Trust (STPCT) in November 2005. This refers to a pathway of services offered to families in the area that demonstrates effective partnership working through links developed with Sunderland Leisure Services. A joint presentation was given by a member of the Sure Start team, STPCT and a member of Leisure Services at the CPHVA national conference in November 2005. A further judge’s award was won by two health visitors in 2006 from STPCT for the health and fitness group they had run in the Monument area.

The Impact of the Approach

1. Impact on the health visiting team

Interviews were carried out with 13 health visitors, including the Sure Start Health Co-ordinator (8 mainstream and 5 employed through Sure Start) and 4 nursery nurses (1 mainstream and 3 employed through Sure Start). All eight mainstream health visitors but only three of the Sure Start health visitors had worked in the area prior to Sure Start. None of the nursery nurses had previously worked in the area in a comparable capacity but had worked, for example, in a nursery.

a) Delivering the Sure Start agenda

The majority of health visitors considered that having reduced caseloads had been a significant contributory factor enabling them to become more involved in the Sure Start agenda and existing Public health work. At the same time, it was also noted that helping work towards Sure Start targets, such as an increased emphasis on working with teenage parents, had increased workload. Work was considered to be less ‘task-oriented’ with an increasing emphasis on identifying needs and having the necessary training and resources to address these needs. The approach had avoided having ‘*a Sure Start clique*’ and helped develop a fair, equitable and seamless approach not based on postcode lottery. Teams were considered to be much more diverse than previously and greatly enhanced by the employment of nursery nurses, particularly as they were achieving a higher level of expertise through their additional training. They were able to adopt a ‘*much more varied approach to the job of providing health care and a wider range of services*’. Delivering the Sure Start agenda was facilitated by ease of referral and access to a range of workers in Sure Start, such as the CPN, psychologist, paediatrician and domestic violence outreach worker, and to a range of groups for families. The provision of “incentives” was facilitating a preventative and proactive approach to health promotion. The Sure Start library for health professionals and parents helped all ‘*use the same research and evidence-based information and sing from the same hymn sheet*’. Difficulties regarding different expectations of management agencies and different systems (e.g. holidays, appraisals) were gradually being overcome to achieve greater sharing of roles and responsibilities and greater crossover regardless of employer.

b) Working together

i) Collaboration with other health visitors and nursery nurses

Staff discussed ‘team inclusivity’ as well as ‘family inclusivity’. This meant ensuring that people’s skills and training were recognised and their strengths were used appropriately. Training was open to mainstream and Sure Start health visiting teams and relevant to the similar Trust and Sure Start targets, enabled staff to see how their work linked to targets, enabled health visitors across the area to move to a more family and community oriented model and more ‘holistic’ approach, and facilitated joint working. Training has been shared between the team so that there is a small group of specialists in a number of areas, such as Infant Massage and Family Nurturing, enabling effective use of expertise. Some groups are run jointly by a health visitor and nursery nurse. Effective communication and information sharing, e.g. through team meetings, is increasing knowledge of team members’ areas of expertise, and facilitating the use of each other’s skills and knowledge and targeted seeking of advice.

Through joint training and a larger workforce, health visitors and nursery nurses are able to run courses together across geographical boundaries. Because there were ‘*more people there to help you, more bodies to deliver*

*courses and cover for each other' there was generally considered to be a 'more willing workforce'. It was reported that, 'before, we were very much in separate, tiny teams and we only contacted each other when we had to, such as for clinic cover or when we were off sick. I think we can actually call ourselves a team now'. One mainstream health visitor commented that 'now we have a team spirit, because before you felt you were batting on your own', and attributed much of the change to the personalities, enthusiasm and supportiveness of the Sure Start team. The opportunity to carry out joint visits with nursery nurses as considered necessary was making these visits easier for health visitors and families, as communication was eased through the nursery nurse playing with the children. Nursery nurses have also carried out joint visits with, for example, a domestic violence support worker and community development worker. In the latter case this was, for example, to provide a "bridge" for a parent considering accessing training, providing relevant information and support. Health visitors, and nursery nurses, also acted as '*an informal support network to each other discussing cases and frustrations*', and there were opportunities to seek each other's advice and '*run ideas*' past each other.*

Team meetings were enabling staff to keep up to date with new developments and share information. Colleagues were easy to contact by telephone or e-mail.

ii) Integration with other professionals and service providers

For both Sure Start and mainstream health visitors, Sure Start had provided greater opportunities for working with other professionals, such as a psychologist, domestic violence support workers, early years workers and community workers, which supported them in addressing social, psychological, physical and environmental issues and the impact of these on people's lives. Shared location at Sure Start enabled easier access and it was easier to leave messages. It was also felt that families were more willing to attend appointments when they got to know the names of the workers involved and did not have to go through a Hospital route or travel distances. Joint visits were undertaken with, for example, a psychologist or the community paediatrician. One health visitor reported joint working with a community development worker with a client who was suffering from depression, having to give up work due to an unplanned pregnancy. Working as part of this multi-disciplinary team provided a wider resource and opportunities to '*look at who is the best person to do the job*'. It also provided welcome opportunities for informal case discussion, for example with a psychologist, community paediatrician or family support worker, and '*ideas for ways forward*'. '*We've got a community paediatrician that we didn't have before, and that's a real boon, because there is easy, direct access, a quick response for families and immediate feedback to us. Because there are more members of staff there are more people to toss ideas around with if there is a tricky situation*'. As one mainstream health visitor commented, '*nobody helped you with your caseload before, now there are more people who know the family and it can be like an informal clinical supervision*'.

Liaison with other agencies was also enabling wider input into groups and courses (e.g. Connexions worker attending Bright Stars group to discuss benefits and support for helping young people back into work, such as funding for childcare; Bridge delivering sessions to the Bright Stars group on areas of interest identified by group members, e.g. issues regarding drugs and alcohol; dental hygienist from STPCT and complementary therapists from Washington Isis Project attending the Stay and Play Babes group; worker from 'The Place' (Hendon) attending Bumps to Babes to inform and encourage use of services available to young parents) and '*bringing services to families, increasing their awareness of services available to them, rather than having to seek things out*'. Other members of the Sure Start teams (e.g. Toy Librarian, Early Years worker and Community Development Worker) have also attended groups run by the health team to provide information on activities. An example was provided of a Community Development Worker being invited to the Stay and Play Babes group to help parents follow up an idea for organising weekly walks. Attending groups and activities as part of their induction was also enabling new Sure Start workers to be more fully informed of what they could offer families.

Working with other agencies, such as dental health, meant that health visitors felt that they had become a much better informed service, for example through being able to offer more information on children's oral health, enhanced by Sure Start funded dental packs. Providing services in a variety of venues and community projects delivering different services enabled '*two-way signposting*', for example a Common Childhood Illness course was run in a venue delivering a Basic Skills course and the health visitor was able to gain information from the course leader in order to signpost one of the mothers on her course to this service.

Staff reported particularly close links with Leisure Services, facilitated in part by some similarity of targets, e.g. regarding "wellness", and Leisure Services working closely with the NHS regarding heart disease prevention. They had worked together, for example, in organising and running Ducklings swimming sessions and other courses, and by the health team "tapping into" Funzone activities for older children. Training provided by Sure Start to Leisure Services on working with fathers was enabling joint delivery of Dads and Kids sessions at the Leisure Centre. Strong links had also developed with Wearside Women in Need, The Hive (Barnardos), community access points, the Health Development Unit and the Police. These were reported to be enabling better use of expertise and access to venues that were better used by the community. Through running services in schools and nurseries and developing close links it was felt that relationships between their agencies had greatly improved and it was hoped that there may be a positive influence on children's attitudes in the future.

Some considered that whilst there was good joint working with regard to clients and that they got to know well the professionals involved, separate bases had made it more difficult to get to know other staff, particularly as not all health visitors in the area were invited to Sure Start teambuilding days.

Request for Services was felt to be enabling easier and quicker referral and intervention, a more reactive service and a more acceptable community based approach rather than, in some cases, a ‘medicalised route’ through a GP. Although described by one health visitor as ‘*a huge learning curve*’, e.g. requiring learning to negotiate and work together, learning about others’ roles and responsibilities, and to deal with each other’s expectations of their service, it was allowing for greater sharing of information and ideas, which could not be achieved through referral letters. This helped decision-making on appropriate support to offer to families, for example ‘*when you are very involved you tend to look at it from one point of view, you see one problem and you can't see the wood for the trees, but others who are not as involved can sometimes see other ways of taking it*’. It also provided referrers with personal support in their work with families, and opportunities to ‘*seek direction*’. It was considered that the meetings were breaking down professional barriers and providing opportunities for professionals to ‘*get to know each other better*’ and be ‘*more than just a name*’, and this eased and encouraged further informal contact.

c) Practice and working life

Existing health visitors in the area reported their expectations and concerns when Sure Start was introduced into their area, for example positive expectations of better integration of services, and concern over a possible ‘*them and us scenario*’, or potential ‘*worry over parting with caseloads*’. Of those who were able to compare their working lives “before and after the Sure Start approach”, the majority considered that their jobs were more interesting and more diverse, they experienced greater job satisfaction and greater challenge and felt less isolated. This was particularly through the opportunity to do more than caseload work, for example group work. Whilst workload had perhaps not decreased overall, partly due to the addition of running groups, there was felt to be less pressure through reduced caseload, there was a new dimension to their work, and much greater support from other members of the team, such as covering clinics, and much easier access to nursery nurse support. One mainstream health visitor reported: ‘*It's a much nicer job because before you had heavier caseloads, it was a grind and you were running to keep up, now you have fewer clients, you're able to access more training and I'm doing things I really enjoy, and it makes life much more pleasurable – you get feedback from parents too that they enjoy what you are doing with them*’. Further, ‘*in all the grind you can't think outside the box, now you get enthused to try other things*’. There was greater flexibility, for example allowing more time to work with families with higher needs. All health visitors and nursery nurses noted that there were greater opportunities for professional development, including opportunities to extend their own interests and follow them up in practice, again for example through training appropriate to individual or group work (e.g. Infant Massage, La Leche breastfeeding peer support). As a number of different people had undertaken the same training (e.g. La Leche), they were able not only to stand in for each other but also to support each other in developing best practice. For some, training had also led to feeling more equipped and confident to assess need and deal with different issues. Knowledge of, and confidence in, the training

provided to others as well as themselves meant that staff felt '*comfortable about referring families, when I know they will be getting a good service and good support from reliable, trained people*'. Nursery nurses felt that the training they were receiving and the work they were carrying out were enhancing their career development possibilities, for example through the acquisition of transferable skills. They were also gaining valuable knowledge and ideas from health visitors, for example through joint running of Drop-in Clinics and joint home visits. Delegation of work to nursery nurses, e.g. 2-year checks and sleep and behaviour interventions, was enabling health visitors to concentrate on other areas of need and work more intensively with families as necessary, as well as providing families with appropriate strategies and resources to address their situation. Monthly meetings for nursery nurses across Sunderland provided a valuable opportunity to share ideas and develop practice.

Work had become more satisfying as the service the health team could offer families was considered to have improved through the availability of a wider range of resources (group and/or individual support), greater integration with the community and other agencies, and improved communication, which made it easier to '*follow families through and address their problems through having more things to access*'. Some staff also reported that '*moving away from a postcode lottery*' had made them feel '*easier*' and '*more comfortable*'. Training had enhanced professional development and there were opportunities and support '*to try new ideas*', e.g. an antenatal coffee morning, with a core group responsible for setting up and organising, but with others "on board" and willing to cover if and when needed.

Improvements in job satisfaction and professional development are important as they have implications for the retention and recruitment of staff.

d) Summary

Health visitors and nursery nurses considered that through the 'Sure Start approach' they had greater access to services, training and resources, which increased the amount and diversity of support they could offer families. Good sharing of skills, often acquired through training offered by Sure Start, was enabling the delivery of a variety of groups and courses. Services provided by other Sure Start teams, such as Messy Play sessions and the Toy Library meant that they were able to offer a '*much better all round service*'. Request for Services was felt to be enabling easier and quicker referral and intervention, a more reactive service and a more acceptable community based approach. Links developed with other agencies have enhanced input into groups through visiting "speakers" and made the health workers better informed themselves. It was felt that the Sure Start approach to health visiting had helped professional acceptance of, and credibility of, Sure Start as an organisation, as new initiatives can be viewed with apprehension or suspicion, particularly when existing workers in the area have long experience in their profession.

2. Impact on the Coalfields community

a) Agencies/Services within the community

Seven representatives from other agencies/organisations took part in a face-to-face interview or completed a written questionnaire, subject to their availability. The purpose was to ascertain how they had worked with the health visiting team, whether this had made a difference to their service delivery and to communication and co-ordination between agencies, and whether, in their experience, there had been an improvement in health and family support services for families with children under four since Sure Start. The agencies/organisations represented were Wearside Women in Need (WWIN), two schools, City of Sunderland Leisure Services, Connexions, general practice and midwifery.

Accessing Services

All seven respondents reported that they had found it easy to access/refer to Sure Start services through the health visiting team. Services accessed included the CPN, psychologist, domestic violence worker, family support, early years, behaviour support, the safety scheme, and groups such as Family Nurturing, Bumps to Babes, Bright Stars and the Dads & Kids Group. It was commented that the team provided prompt advice and services, and that calls were always returned quickly. Two people commented on the professional approach of the team and one commented on their enthusiasm and commitment and the support provided to her role.

The delivery of services at outreach venues (e.g. baby clinic held on school premises) was facilitating access to other Sure Start services.

Joint working and training

Ways in which other agencies had worked with the health visiting team included:

- Accessing information on health and behaviour to provide to parents
- Liaison regarding facilitating a venue in the Health Centre to see a client on a sensitive issue
- Child Protection reviews and information sharing
- Discussion of families and planning care
- Joint development of groups (Leisure Services and Sure Start jointly creating and developing the Dads & Kids Club; at their invitation, Connexions and a health visitor jointly developing the Bright Stars group for young mums and pregnant school students that had originally been set up by Connexions)
- Attendance at each other's groups (i.e. midwife attending Bumps to Babes and health visitor attending antenatal parentcraft classes)
- The representative from midwifery was invited to Coalfields meetings; one respondent had participated in shared training (Working with Fathers; Positive Parenting facilitator's course; domestic violence

training). This training had increased knowledge, provided opportunities to work with others in a multi-agency group setting and increased variety in the work role.

Communication and Co-ordination

Five of the seven respondents reported that there had been an improvement in communication and co-ordination between agencies since Sure Start. Work with asylum seekers was provided as an example. One person commented on increased ease of information sharing. One commented that there was already good communication and co-ordination. At the same time, individuals commented as follows:

'Clear channels of communication, however more regular updates of service provision would be useful so we are better able to advise our clients, e.g. monthly newsletter'.

'Good communication via Sure Start staff through Family Nurturing Programme, though not in other areas generally'.

'Need regular newsletters from Sure Start with training for staff, forthcoming events for families etc'.

Impact on service delivery and work with families

Nearly all respondents (six) reported that their liaison with the health visiting team had made a difference to their service delivery. This was through, for example:

- Greater awareness of the need for specific services for children under eight and the importance of adult intervention has led to new innovations in programme of activities
- Reaching a larger number of parents through the provision of Sure Start activities on their premises
- Offering a greater variety of activities and additional services and support to their clients
- Filling gaps i.e. through the provision of specialist knowledge
- The development of positive relationships with the health visiting team (who were described as 'positive', 'aware' and 'taking an interest') has ensured confidence in requesting their advice/services
- Greater input for families in need
- Enabling the provision of more cohesive support to clients; better able to meet clients' needs
- Enhanced support for antenatal women through visits provided by Health Care Assistant

Improvement in Health and Family Support services

Overall, it was felt that there had been an improvement in health and family support services for families with children under four since Sure Start. This was in, for example, the provision of a 'one-stop shop', improved access to a range of professionals working in the local area (e.g. community paediatrician), greater awareness among families of resources available, and through funding activities run in partnership with other organisations (e.g. Leisure Services).

Ways in which the service could be improved

It was suggested that there could be more publicity (e.g. adverts, fliers) in a wide range of venues and regular newsletters to agencies informing them of training opportunities, current services and forthcoming events for families.

b) Families with children under four

i) Service provision

Health visitors and nursery nurses considered that they were able to offer a wider variety of support, a more rounded service and greater choice to families, through group work and individual support. One of the main areas of difference noted was with regard to postnatal depression, due to the availability of groups and non-threatening informal support, such as coffee mornings, which enabled issues to be raised gradually and informally and provided opportunities for a more 'casual' route into further involvement, e.g. with a CPN. This also applied to domestic violence work. As one mainstream health visitor commented,

'You only had yourself to offer before, now you can offer different groups and community based services, which can help relieve difficulties and stop things escalating out of control, for example opportunities to meet other mums or to bond with their baby through Infant Massage, or address behaviour through Family Nurturing or nursery nurse interventions. Before you had limited time with a big caseload and could only offer brief one-to-one interventions'.

It was felt that Sure Start had:

'engaged in all areas of concern we have as health visitors, for example through setting up groups for teenage parents and providing transport to enable them to continue their education'.

Parental representation on Partnership and other similar groups was considered to be providing greater community input into the planning and implementation of services. Group provision gave more time for working in the home with families who do not wish to attend groups for whatever reason, for example having already established family and social networks. Groups are

open to all families and not based on postcode. The Sure Start database of clients means that there is:

'a ready pool of clients to deliver services to. Before we put signs up but we never knew who would come, and we didn't have lists of what people wanted, now there is a data base of people who are interested in things, for example there is a waiting list for Infant Massage'.

The larger team, in which there were two or three staff able to offer the same course meant that there was cover available if needed and this, combined with access to more venues, crèche facilities and transport, meant that courses could be offered to satellite areas. The availability of cover also meant that staff could keep services running when colleagues were absent, thus *'not leaving families in the lurch'*. Some reported that the provision of services and groups in informal settings was helping health professionals develop a more relaxed, informal relationship with their clients, for example *'the barriers come down and they talk to me in different ways'*, as well as providing opportunities for social interaction for parents and children. There were also more opportunities to offer skills gained through training in the home, e.g. Infant Massage. One person expressed concern over a perceived reduction in the availability of childcare for families to *'have a break'* and felt that this was a gap in services for those for whom *'it's not always about needing to attend a group or an appointment'*. Sure Start's emergency provision in a crisis situation was a welcome additional service that provided a quick response.

ii) Inclusivity

The 'Sure Start for All' approach enables a more equitable service for families across the Coalfields area – 'geographical inclusion'. Health visitors across the Coalfields area provide families with information about Sure Start services and ask for their consent to be included in the Sure Start database. Additional resources have enabled the delivery of some services in the home for those who are unwilling or unable to access groups, e.g. Infant Massage, Family Nurturing. Delivering services, such as groups and clinics (including drop-in clinics), in a variety of local venues, including a primary school, and at different times has increased accessibility, as have the provision of transport and crèche facilities. Specific groups, such as young parents, have been provided with targeted services, both in the home (Bumps to Babes) and in groups (Bright Stars and Bumps to Babes).

Health visitors commented that, whilst there was still some perception of Sure Start as a charity and as being related to Social Services that was impacting on uptake of services by some, over time this was reducing and Sure Start was becoming better known in the community, more talked about and more normalised. It was important that Sure Start was advertised clearly and that all workers made it clear that Sure Start was for everybody. It was, however, noted that very few ethnic minority families had accessed services. One person commented that, whilst work with fathers had developed, this was an area in which further progress should be made (e.g. engaging fathers in a

positive role in their child's development and play) and that there could be further investigation about 'what works well'. Work with children with disabilities was being developed through the establishment of a link worker and looking at how services can be adapted for those with special needs. It was acknowledged that some families were still 'hard to reach'.

iii) The Views of Families

- Knowledge and Use of Services

Fifty-one parents (and no other carers) participated in a face-to-face interview or completed a written questionnaire. All were mothers and all were of White British ethnic origin. All local areas were represented. The majority lived in Houghton (19), seven lived in Newbottle, six in Shiney Row, three in Hetton, Easington Lane, Moorsley and Penshaw, two in Fence Houses, New Herrington and South Hetton, and one in East Rainton. The majority of respondents were aged between 30 and 39 years (49%) or between 20 and 29 years (43%). Two were aged 19 or under and two were aged 40-49 years. Respondents had between one and four children (30 had one child only and two had four children). Families had heard about Sure Start in one or more ways, the majority through their health visitor (73.5%). The most common other ways were through Sure Start itself, through a midwife or through friends or relatives. Individual respondents had also heard about Sure Start from their GP, a nursery nurse, leaflets, nursery, toddler group or work. The vast majority (84.3%) felt that they knew what Sure Start had to offer. For example, Sure Start was known to:

- provide advice, support and information on health and welfare issues and facilities, and on other services for families with children under four
- provide practical help with equipment, e.g. safety equipment scheme, sun cream, breast pumps; toy library and book library; and local access to baby milk
- provide groups and courses (the most frequently mentioned being Baby Massage and Ducklings)
- provide local, informal support e.g. Drop-Ins
- provide/support activities and facilities for children (e.g. crèche, toddler groups and playgroups; trips)
- support mothers with breastfeeding

All but two of the mothers reported having received a visit/visits from a health visitor and 13 had been visited by a nursery nurse. In the latter case, this was for advice/support with their children's sleeping patterns and/or feeding, behaviour, toilet training, Portage, or a 2-year assessment. Six mothers reported accessing no additional services. They lived in Houghton (2), Moorsley, Shiney Row, New Herrington or Newbottle (one in each). The remainder (45 mothers) had accessed between one and seven additional services. The one mother accessing seven services lived in Moorsley, the one mother accessing six services lived in Newbottle and the two mothers accessing five services lived in Houghton and East Rainton. The majority of

mothers had accessed two or four additional services (31.4% and 29.4% of respondents respectively). The other service most commonly accessed by these families was the Safety Equipment scheme (37 families). Families also accessed a Baby Clinic (29 families), Infant Massage (23), Drop-in (18), Ducklings swimming sessions (14), Bosom Buddies (5), Family Nurturing (4), and Bumps to Babes, Common Childhood Illness course and Stay and Play Babes (3 each).

Some mothers reported that they did not use any/many additional services due to their unsuitable time (9 mothers, with one commenting that with a newborn baby it is easier to go to groups in the afternoon), transport difficulties (2 from Houghton, 2 from Easington Lane), lack of knowledge of services (4), not wishing to access any services in which their child was not included (3), not wishing to go alone (2, with one commenting that she would perhaps have gone to Bosom Buddies if she had known someone), disability of a family member (2, e.g. meaning attending a lot of appointments), depression (1), tending to see family or friends whilst on maternity leave (1), lack of availability of a crèche for their older child (1) or because the other services were not needed (1).

- Ease of accessing advice and support

Just over half (55%) of respondents reported that it was very easy to get advice and support about their child's health needs and development (marking the highest point on a scale from one down to five). 25.5% marked point 2, 5.9% point 3 (neutral), 7.8% point 4, and 5.9% point 5. 80.5% of responses were therefore above the midline and 13.7% below.

Of those who commented, seven commented on the ease of access by telephone (e.g. '*All I have to do is pick up the phone and speak to someone on the phone or to make an appointment for a home visit*'; '*If the health team are not in they will always ring you back*') or by calling into a clinic. One commented on the approachability of the health visiting team. One had found that '*some of the health visitors are too busy to get in touch when asked to phone clients*'.

66% of respondents reported that the health visiting team had helped them access other services. This included referrals to other professionals (e.g. counsellor; support for older child), accessing childcare, toddler groups and crèche facilities, and information on services that were subsequently taken up, e.g. safety equipment scheme, Bosom Buddies, Ducklings, toy library, drop-in and baby massage. 23.5% reported that no other services were needed.

- Relevance of the services provided by the health visiting team

76.5% of respondents had found the service they had received to be very relevant and 19.6% fairly relevant. One person had found it not very relevant ('*though fun for the children*'). Comments included:

'The service was exactly what I needed for the help and support we received from our health visitor'.

'Appropriate advice at the right time'.

'Just what I needed at the time'.

'Information relevant to babies' age and stage of development. Information from health visitor has prevented unnecessary trips to GP'.

'Good advice on weaning, given at an appropriate time'.

- Usefulness of the help and advice provided

Over half (58.8%) of respondents reported that the advice and support they had received about bringing up their child had been very useful (marking the highest point on a scale from one down to five). 17.6% marked point 2, 11.8% point 3 (neutral), 9.8% point 4, and 2% point 5. 76.4% of responses were therefore above the midline and 11.8% below. One comment made regarding lack of usefulness was that the mother had received contradictory advice from the midwife and the health visitor. The service had been useful in providing explanations and advice, ideas and information, through listening, through appropriate referral to specialist services, and through providing reassurance and confidence. One mother commented:

'I have been given advice and options, not pushed into things, not made to worry about the development of my baby'.

In some cases, the service(s) provided helped in other unexpected ways or led onto other things. For example,

'I made friends with the other women who attended the group, we still meet on a regular basis and we all joined a mother and toddler group together in Houghton'.

'One course led to another and I made new friends'.

In one case, learning about and accessing courses had led to a mother considering accessing a nursing course.

- Impact of the services provided by the health visiting team

Respondents reported that they and their children had benefited from the services provided by the health visiting team in the following ways:

- Acting on general advice from professionals
- Acting on specific advice from professionals (e.g. regarding colic, breastfeeding, weaning)
- Opportunities for both parents and children to socialise and interact

- Making friends and sharing ideas (e.g. regarding weaning)
 - Improved bonding with child/more time to bond; increased understanding between mother and child
 - Increased relaxation for mother and child
 - More and better ways of coping; increased confidence; peace of mind
 - Practical help through safety equipment; house more child friendly
 - Development of children's skills, e.g. through swimming sessions
 - Enjoyment
- Sufficiency of services or support provided and further suggestions

88% of respondents felt that they received enough help to meet their needs, two parents did not, and three did not know.

Individual respondents noted other services or support they would like from the health visiting team. These were:

- More advice on diet and sleeping; potty training
- Fitness course for mothers
- First aid course; how to deal with a choking child
- Weaning course, to provide more in-depth knowledge
- Food for ailments
- Recipe packs
- More courses on children's behaviour
- Courses to go on longer and run more often
- A list of places you can access for breastfeeding
- Longer nursery placements

Remaining Barriers And Ways In Which The Approach Could Be Further Developed

The health visiting team acknowledged that 'getting people to work together' had not been easy, but that the process has been supported well through regular meetings, individual and team appraisals, good training opportunities and opportunities to share good practice. Communication and relationships had improved over time and the hard work of the new Health Co-ordinator in continuing to develop these was acknowledged. The close similarity of Trust and Sure Start objectives had also provided a focus for working together. One person commented, however, that Sure Start health visitors were more 'target driven' than mainstream and that this raised the question of how far services were, or could be, genuinely community driven or client led. There was still lack of equality in the number of groups led by individual workers.

Whilst the success of and high attendance at some groups was noted (with waiting lists for some e.g. Infant Massage), it was also noted that group work did not suit all, and that building up a relationship with families through home visiting can often be a more appropriate and productive method for supporting

families, and that, in addition, this sometimes provided the opportunity for opportunistic work with friends and other family members who might not otherwise access services. The balancing of group and individual work can create a dilemma regarding the amount of time available for intensive support for the most vulnerable families.

Some felt that opportunities for working across different professional teams within Sure Start (e.g. joint input at particular events) were not always taken up and could be further developed. Links with community organisations and venues should be maintained and further developed, and extending links with Bridge and other course providers was suggested. It was also suggested that there could be '*more creative thinking about offering groups, and offering non health-related groups, such as recreational groups where targets could be addressed indirectly with people there to offer expertise in informal settings*'.

At the time of data collection there was concern that equal access to 'incentives' had not yet been achieved across the Coalfields area, but this has since been achieved. One person commented that joining up as one team had made it less clear how the budget operates. Another commented that it was not always clear to other services (e.g. Accident and Emergency Liaison) which health visitor to contact, and that there was still an ongoing need to develop information sharing. There was still inequality in the lack of clerical support for health visitors in Sure Start. This issue has been raised but, at the time of writing, not yet resolved.

It was considered that the approach was worthwhile, that people had worked hard to try and make it successful, that Sure Start had '*done their utmost to make us [mainstream health visitors] feel included*' and that it was important to '*keep things going*' and '*keep it nurtured*'. Communication was vital, especially in such a large geographical area, for example regarding timetabling the setting up of courses and groups in different areas and successful/unsuccessful ways of working or delivering courses. In the absence of one shared base, visits by the Health Co-ordinator to all work bases were a welcome means of sharing information in small groups in addition to large team meetings. Becoming one team should not mean losing the ability to focus on one's own area and clients. It was recognised that it had been easier for the Sure Start health workers from the two local programmes to '*come together*' because of their shared targets. It was also recognised that change, particularly changing attitudes, is a gradual process and that it sometimes take time to get all involved "*on board*", but that regular meetings and '*recognising the need for making time to be supportive to each other*' should be continued to help this process. There were also suggestions for informal lunches to further develop relationships outside of meetings, and for a mentoring/buddy system to provide support for more newly qualified health visitors and '*to show that experienced and more newly qualified workers can learn from each other*'. It was also suggested that co-location of the nursery nurses would enable better communication and better sharing of workload. In addition, it was felt that extending the provision, for example to provide school nurses with the same support and training (e.g. on sleep and behaviour management) would provide greater continuity into the older age group.

Staff felt unsure how the development of Children's Centres would affect the service they offered and some commented on lack of consultation and the dangers inherent in any imposed change and the importance of all concerned in change to be involved from the start. They felt it was important to be '*proactive about what we can offer*' and hoped that the approach would be rolled out into Children's Centres to provide the benefits to families of reduced caseloads, shared training opportunities, greater skill mix, increased accessibility of services and increased teamworking. It was considered essential to maintain and further develop a community-based approach to health services.

KEY FINDINGS

- a) Strengths of the Coalfields Health Visiting model:
 - Reduced caseloads for all health visitors in the Coalfields area, through the provision of a larger workforce, have contributed to their capacity to deliver the Sure Start and public health agendas.
 - Working as a team across the Coalfields area has avoided a 'postcode lottery' for Sure Start services and ensured a more inclusive approach. Links formed with outreach venues, the provision of crèche facilities and transport have increased the availability and accessibility of local support. Targeted services have been provided for specific groups, such as young parents, both in the home (Bumps to Babes) and through groups (Bright Stars and Bumps to Babes).
 - The health visiting team provide multiple forms of service delivery (outreach, individual support in the home, and groups). The activities place emphasis on health promotion, prevention and intervention for medical or social reasons. Staff reported that they have become able to adopt a more family and community oriented model and a more 'holistic' approach to working with families. Greater emphasis on prevention is evident through, e.g. offering Family Nurturing and Infant Massage courses at outreach venues and in the home, and through the availability of safety equipment for all and 'incentives' such as bath and room thermometers.
 - The diversity of the services available within and beyond the health visiting team has enabled the team to offer greater choice to families and a more varied approach according to needs and circumstances, e.g. group work, informal drop-ins, support in the home.
 - Additional training has increased knowledge, skills and expertise and led to a more diverse workforce. Groups of staff have developed expertise in particular areas (e.g. Infant Massage) and are able to share ideas and good practice. Staff also show

evidence of drawing on others' areas of expertise for the benefit of families.

- The increased availability of 'cover' through the larger workforce and the training of several staff in the same area of expertise have contributed to the smooth running of services (e.g. delivering courses).
- Joint working between mainstream and Sure Start health visiting teams ensures good knowledge of Sure Start services and work with families is facilitated by ease of referral both through ongoing contact with a range of professionals and through Request for Services. Joint visits take place with other professionals (e.g. psychologist, community paediatrician) and there are welcome opportunities for informal case discussion.
- The employment of nursery nurses has made a positive contribution to the working of the team, e.g. through sharing workload, providing interventions in the home (e.g. sleep, behaviour), joint running of courses and joint visits to families. The training provided to nursery nurses as part of the team and their joint work with health visitors have increased their knowledge, skills and expertise and enhanced career possibilities.
- The networks formed with other agencies have led to joint initiation, planning and delivery of groups targeted at specific groups (e.g. fathers, young parents), have enhanced input into groups (e.g. Stay and Play) and have made the team better informed.
- Links with other agencies (e.g. Wearside Women in Need, The Hive (Barnardos) and community access points) are enabling sharing of expertise and access to venues that are better used by the community.
- Representatives from other agencies reported ease of access to Sure Start, improvement in communication and co-ordination and impacts on their service delivery and work with families.
- Staff reported satisfaction with their work, through the ability to offer a wider range of resources to families, greater integration with the community and other agencies and improved communication, greater opportunities for professional development, and opportunities and support to try new ideas. Improvements in job satisfaction and professional development are important as they have implications for the retention and recruitment of staff.
- Parents have generally been well informed about Sure Start health and family support services. The majority found the services of the health visiting team easy to access (with a majority reporting that the team had helped them access other services if needed),

relevant and useful. They had benefited from practical support, general and specific advice and from social opportunities for themselves and their children, making friends and sharing ideas, increased relaxation, confidence and ways of coping, and bonding with their child.

b) Areas for Continued Improvement

- There has been much progress in the work on 'bridging the gap' between the Hetton & Houghton and Monument Sure Start areas. This model should be continued into children's centre development.
- Initial difficulties regarding different expectations of management agencies and different systems (e.g. holidays, appraisals) have gradually been overcome to achieve greater sharing of roles and responsibilities and greater crossover regardless of employer. It was noted, however, that there was still inequality regarding the lack of provision of clerical support for Sure Start health visitors.
- In recognition that change is a gradual process, and as health visitors and nursery nurses do not all share the same base, the continuation of regular team meetings is important for the continued development of communication and relationships and to ensure equality of workload. The balancing of group and individual support for families also needs to be monitored to ensure inclusivity and optimum and appropriate reach. The visits by the Health Co-ordinator to all work bases have been valued and should be continued.
- Suggestions from the team for informal lunches to further develop relationships outside of meetings and for a mentoring/buddy system for more newly qualified health visitors to provide support and enable sharing of ideas, should be considered. There were also suggestions for a shared base for nursery nurses and for extending training (e.g. on sleep and behaviour management) to other professionals e.g. school nurses to provide continuity into the older age group.
- It was reported that very few ethnic minority families had accessed services. This requires attention, e.g. through the provision of materials in other languages.
- Work with fathers has been developed well through the Dads and Kids group but may require further attention in the future in the wider community.
- The maintenance and further development of links with other agencies and with members of other teams within Sure Start are important for the ongoing development of information sharing and

appropriate input into groups, courses and activities. Some agencies noted a need for more publicity in a wide range of venues and regular newsletters to agencies informing them of training opportunities, current services and forthcoming events for families.

- Parents would welcome fitness and first aid courses, more advice on diet (e.g. weaning course, food for ailments, recipe packs), more courses on children's behaviour and information on places accessible for breastfeeding.

CONCLUSION

The health visiting team are working collaboratively across the Coalfields area and this has been facilitated through, for example, smaller caseloads, joint training, greater capacity to 'cover' each other's activities, team meetings and the support of the Health Co-ordinator. Integration with other service providers is enabling appropriate input into groups and courses and access to services in a wider range of outreach venues. The team are accessing a wide range of services and support through Sure Start, e.g. via Request for Services, informal case discussion and joint visits to families. The model has led to a more inclusive approach, whereby services are not offered according to postcode, services have been developed to target specific groups and there are increased opportunities to provide services in a range of venues, including more intensive support in the home.

The National Evaluation of Sure Start Impact Study (NESS, 2005) found that there was some evidence that programmes led by health agencies had some advantages and a few more beneficial effects. One possible reason suggested was that health-led programmes found it easier to establish contact with families, or are better placed to start working with large numbers of children and families and/or are more experienced in data sharing, thereby facilitating service integration. They note that, 'In any event, data suggesting differential benefits of health-led programmes suggests that health services need to be fully integrated in the transformation of Sure Start Local Programmes to Children's Centres (NESS, 2005, executive summary).

Promoting public health is a core element in the expected service delivery of children's centres. The key role of health visitors is acknowledged.

'Evidence suggests that parents who would benefit most from intensive parenting support are best identified in the context of universal programmes such as routine health visiting, since this reduces stigma. Children's centres should offer services to all local families, and together with co-located health visitors and midwives, will be well placed to identify

families with particular needs (disadvantaged families, parents with mental health difficulties or disabilities, or those with substance misuse problems) and to encourage them to access more intensive programmes of support' (Sure Start 2005:50).

The 'Sure Start for All' approach has contributed to greater provision of outreach and home visiting and this should be maintained and further developed in line with the recommendation of the Children's Centre Practice Guidance that there is 'a greater emphasis on outreach and home visiting as a basis for enabling greater access to services for families who are unlikely to visit a centre' (*ibid*:3).

The 'Sure Start for All' approach has shown the importance of services being delivered by a skilled, appropriately trained workforce working in close collaboration with each other and in partnership with other agencies and professionals, in the most equitable and accessible way possible for families. It is also important to recognise and develop the professional skills and the resources required to do this.

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